



Law and Policy Pathways to Addressing Rising Youth Suicide Rates

Death by suicide is the second leading cause of death for young people ages 10-24. Certain youth populations, children and young people, are particularly vulnerable, including rural, Indigenous, and LGBTQ youth. Black youth have also experienced troubling increases in suicide deaths and attempts. Female youth historically have higher rates of suicide attempts relative to male youth, but male youth have higher rates of death by suicide; there is evidence, however, that this gap is narrowing due to increased rates of completed female youth suicides. There is broad consensus that suicide risk is multi-factored. Youths may also fall within multiple at-risk populations. As such, effective suicide prevention strategies require a multi-dimensional, holistic, and intersectional approach. This resource can assist in decision-making processes and resource allocation to reduce youth suicide.

Public Health Issues:
How law and policy can help:

Expand evidence-based suicide prevention strategies

- ➔ **Build and coordinate** suicide prevention infrastructure at state, tribal, local, and community levels.
- ➔ **Implement Garrett Lee Smith** funded gatekeeper training (e.g., ASIST, QPR)
- ➔ **Adopt state laws** to support the 988 hotline (e.g., funding, awareness, mobile crisis response)
- ➔ **Require counseling and education** on restricting lethal means (e.g., firearms, medication)
- ➔ **Coordinate and improve** suicide data surveillance

Utilize community: ground suicide prevention activities in multiple settings

- ➔ **Prevent ACEs** using parenting and family skills programs addressing risk factors like substance abuse and internalizing behavior.
- ➔ **Mitigate ACEs** by adopting social and emotional learning programs in place of exclusionary school disciplinary practices
- ➔ **Require multi-factored suicide risk screenings** in emergency departments with a follow-up plan
- ➔ **Focus suicide prevention efforts on high-risk youths** in juvenile detention centers, foster care systems, and homeless shelters
- Require in-service suicide prevention training** for teachers and other staff via the Jason Flatt Act
- Re-direct school reporting suicide-risk tip lines** to a primary mental health team response, rather than law enforcement

Rural youth: increase access to suicide prevention and treatment

- ➔ **Integrate mental health services** into primary care
- ➔ **Incorporate suicide prevention** in licensing and continuing education requirements for healthcare providers (NV)
- ➔ **Expand telehealth services**
- ➔ **Build community knowledge and support** for suicide prevention using peer norm groups like the Sources of Strength program (ND, ID)
- ➔ **Enact child access prevention laws** to discourage unsafe firearm storage

LGBTQ youth: decrease risk factors related to inequity and discrimination

- ➔ **Reduce legal barriers to mental health treatment** by revising parental consent laws (CO)
- ➔ **Establish trainings in educational** and other settings on how to create gender affirming environments and LGBTQ youth safe spaces
- ➔ **Provide legal and policy support** for transgender youth to access facilities and participate in youth activities that conform to a youth's gender identity
- ➔ **Eliminate discriminatory health insurance policies** impacting transgender youths' health care

Indigenous youth: build up culturally informed and inclusive strategies

- ➔ **Adapt evidence-based tools** like the Zero Suicide framework to meet the diverse cultural needs of Indigenous youth (MT)
- ➔ **Offer culturally informed curricula** in schools that teach life skills that promote protective factors, such as the AILS program
- ➔ **Create a community of practice** like P.C. Cares that gives local communities a voice and self-determination in formulating local suicide prevention strategies (AK)
- ➔ **Empower Indigenous youth** by including them on committees, councils, or advisory boards addressing youth suicide reduction

Network law and policy experts are available to consult on this and other public health issues at no cost. Contact April Shaw.