

Preventing Youth Suicide: Advocacy and Policy Priorities

Suicide is the 2nd leading cause of death in youth and young adults ages 10-24. Suicide is tragic but can be prevented.

Pediatric health clinicians, public health professionals, and other community members can engage in policy and advocacy strategies to support youth at immediate risk of suicide, and to address upstream risk and protective factors that can reduce suicide risk. Key advocacy priorities are listed below.

For full details on advocacy and policy priorities for youth suicide prevention, visit the [Blueprint for Youth Suicide Prevention](#).

	<p>Build the evidence base to address disparities in youth suicide prevention:</p> <ul style="list-style-type: none"> • Increase funding for culturally informed research for youth suicide prevention • Support research to understand and address suicide among youth from diverse populations • Expedite public access to data on youth suicide prevalence at local, state, and national levels
	<p>Increase payment and insurance coverage for mental/ behavioral health and suicide prevention services</p> <ul style="list-style-type: none"> • Support provider payment for mental health and suicide prevention services • Incentivize screening, follow-up, and collaborative care models for mental and behavioral health • Preserve and extend insurance coverage for pediatric mental and behavioral health services
	<p>Increase access to affordable, effective mental health care for all youth</p> <ul style="list-style-type: none"> • Increase funding and resources for youth access to mental health support in their communities • Promote innovative care models (eg, telehealth, teleconsultation, collaborative/integrated care) • Strengthen linkages between medical settings, schools, social services, and youth-serving systems • Promote diversity, equity, and inclusion in mental and behavioral health care
	<p>Build the mental and behavioral health workforce</p> <ul style="list-style-type: none"> • Develop a national strategy to expand diversity, supply, and distribution of the mental health workforce • Support loan repayment assistance for child and mental health professionals • Increase provider knowledge and capacity in addressing mental health needs
	<p>Address lethal means access to reduce suicide risk among youth</p> <ul style="list-style-type: none"> • Support clinicians in screening for lethal means access and providing safety counseling • Increase funding for research related to firearms and suicide prevention • Promote policies to restrict lethal means access, such as voluntary firearm removal initiatives or National Prescription Drug Take-Back Days • Promote policies that allow family members to petition a judge or law enforcement personnel to remove firearms from the environment of a person who is at risk of hurting themselves or others
	<p>Address disparities in suicide risk via education and policy change</p> <ul style="list-style-type: none"> • Educate clinicians, policymakers, and the public on disparities in suicide risk and rates • Support policies to eliminate systemic racism and discrimination • Promote enhanced suicide prevention and mental health resources for schools • Promote mental health services and suicide screening within the juvenile justice system, child welfare system, and other systems-of-care supporting youth • Provide adequate funding for culturally and linguistically appropriate suicide prevention programs
	<p>Foster healthy mental development in children and adolescents</p> <ul style="list-style-type: none"> • Encourage funding and resources for evidence-based programs to foster healthy mental development • Support policies and programs to address underlying risk factors that impact suicide risk • Encourage integration of strengths-based, trauma-informed care into clinical and school settings
	<p>Support children and adolescents in crisis</p> <ul style="list-style-type: none"> • Increase funding for suicide prevention across the continuum of care • Support policies to improve our national crisis response infrastructure • Support funding for the 988 Suicide and Crisis Lifeline and its Centers • Support funding for mobile crisis and step-down programs following crisis stabilization