

Advocacy and Policy Priorities for Youth Suicide Prevention



A joint initiative of the American Academy of Pediatrics
and the American Foundation for Suicide Prevention



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Introduction

[Suicide](#) and [suicidal behavior](#) among youth and young adults is a major public health crisis. Suicide is the 2nd leading cause of death among people 10-24 years of age in the United States (US), and [rates](#) have been rising for decades. Our children should grow, thrive, and live long, healthy lives; yet among youth in the US who die, over a quarter die from suicide.

As today's youth navigate their social and emotional development, various forms of health inequities, systemic discrimination, and recent challenges from the COVID-19 pandemic have added stress and barriers to overall health. Stressors such as social isolation, losses, grief, academic and extracurricular disengagement, and financial hardships for families have exacerbated mental health symptoms and other suicide risk factors. [According to a Centers for Disease Control and Prevention \(CDC\) report](#), the proportion of mental health–related emergency department (ED) visits for suicide attempts in early 2021 among adolescents 12–17 years of age increased 31% compared with the same period in 2019.

Suicide is complex but often preventable. Pediatric health clinicians, adults working with youth in school and community settings, families, and peers can play a critical role in identifying and supporting youth at risk for suicide.

Suicide affects all populations. Youth of any race, ethnicity, gender identity, sexual orientation, socioeconomic status, or community may be at risk for suicide.

Health equity is critical to suicide prevention. [Research shows significant disparities](#) in suicide rates, risk, and care for youth across cultures and communities. Race is a social construct, and a history of systemic racism within the healthcare system and scientific research community has resulted in an evidence base that does not include sufficient information about trends in suicidal thoughts, behaviors, and risk factors among Black youth, Indigenous youth, Latino youth, Asian American youth, and youth from other communities of color. Few studies have fully assessed the impacts of racism, discrimination, and historical or intergenerational trauma on suicidal ideation among affected youth; yet [research](#) has shown that experience with discrimination impacts youths' risk for suicidal thoughts. Furthermore, youth access to developmentally and culturally responsive mental health services is limited in many communities, clinics, and schools.

In order to truly serve all youth, there is a critical need for dedicated research and suicide prevention programs to support [Black youth](#), [Indigenous youth](#), [Latino youth](#), [Asian American youth](#), and [youth who identify as lesbian, gay, bisexual, transgender, queer, or two-spirit \(LGBTQ2S+\)](#). There is also a critical need to understand and address suicide prevention in communities that have been marginalized or underserved, including (but not limited to) youth in rural communities, youth in low-resource urban settings, [youth with special healthcare needs](#), youth in the child welfare system, youth who have experienced family disruption, youth who are homeless, and youth involved in the juvenile justice system. Multi-sectoral [strategies](#) are needed to identify and support youth at risk, as well as to address the upstream factors and social determinants of health (SDOH) that cause and intensify disparities.

These sobering realities are a call to action—**pediatric health clinicians and other adults who work with youth can make a difference**. Now more than ever there is an urgent need for national leadership and partnerships to advance youth suicide prevention.

Advocacy and Policy Priorities for Youth Suicide Prevention

Note: this addendum to the Blueprint for Youth Suicide Prevention was developed by the American Academy of Pediatrics and the American Foundation for Suicide Prevention. The National Institute of Mental Health (NIMH) did not contribute to the Advocacy section of this Blueprint and any information described in this section does not necessarily reflect the views of NIMH, the National Institutes of Health, the Department of Health and Human Services, or the US government broadly.

Suicide is complex and tragic. It can also be preventable.

Pediatricians, other medical professionals, public health professionals, and community members can engage in policy and advocacy strategies to support youth at immediate risk of suicide, and to address upstream risk and protective strategies that can reduce suicide risk.

Suicide prevention advocacy can focus on any layers of the public health strategy to reduce suicide, outlined earlier in this Blueprint. Examples include:

- **Universal strategies:** advocating for funding for suicide prevention programs and education; promoting mental health parity; promoting education on suicide prevention for school personnel in all communities
- **Selective strategies:** promoting training and skill-building for professionals who work with populations at elevated risk for suicide
- **Indicated strategies:** advocating for policies requiring effective brief interventions for youth with suicidal ideation or behavior; promoting resources for continued recovery for at-risk youth, such as support groups

Policy and advocacy priorities for youth suicide prevention are outlined below. These strategies can be pursued at the community, state, or federal level.

Build the Evidence Base to Address Disparities in Youth Suicide Prevention

Expand funding for culturally informed research into key topics for youth suicide prevention:

- Prevention
- Recognition of suicide risk
- Suicide prevention interventions
- After suicide/Postvention efforts (recommended response after a suicide occurs)
- Understanding and addressing stigma around suicide and mental health
- Responsible media and social media reporting on suicide
- Lethal means prevention and access restriction

Expand funding for research to better address suicide among Black youth, Indigenous youth, Latino youth, Asian-American youth, and other youth of color, with a focus on studies that aim to:

- Identify risk and protective factors
- Establish effective prevention/intervention strategies
- Understand cultural views of mental health and help-seeking
- Explore mental health utilization, engagement, and motivation for mental health treatment
- Develop research instruments that disaggregate data for different populations
- Adapt and validate existing screening tools for Black youth, Indigenous youth, and youth of color
- Build, adapt, and validate evidence-based care pathways and interventions that are developmentally, culturally, and linguistically appropriate

- Understand the impact of racism and historical and intergenerational trauma on suicide risk among Black youth, Indigenous youth, and youth of color
- Understand and address practical, systemic, and cultural barriers to mental health treatment

Expand funding for research to better address suicide among youth who identify as lesbian, gay, bisexual, transgender, queer, questioning, or two-spirit (LGBTQ2S+), with a focus on studies that aim to:

- Identify risk and protective factors
- Establish effective prevention/intervention strategies
- Adapt and validate existing screening tools for youth who identify as LGBTQ2S+
- Build, adapt, and validate evidence-based care pathways and interventions that are developmentally, culturally, and linguistically appropriate
- Understand the impact of discrimination on suicide risk among youth who identify as LGBTQ2S+
- Understand the impact that inclusive environments have on suicide risk among youth who identify as LGBTQ2S+
- Understand and address practical, systemic, and cultural barriers to mental health treatment

Expand funding for research to better address the intersection of identities that may be at increased risk of suicide, with a focus on studies that aim to:

- Identify risk and protecting factors
- Establish effective prevention/intervention strategies
- Adapt and validate existing tools/interventions for youth
- Understand the impact of discrimination on suicide risk

Expand funding for research to better address suicide risk in children under age 12, with a focus on studies that aim to:

- Identify risk and protective factors
- Establish effective prevention/intervention strategies
- Adapt and validate existing tools/interventions for younger children and their parents/caregivers

Expand funding for research to better address suicide risk in children and youth with special health care needs, with a focus on studies that aim to:

- Identify risk and protective factors
- Establish effective prevention/intervention strategies
- Understand how to implement developmentally appropriate screening protocols for youth with cognitive or language impairments

Expand funding for research that better addresses community needs, including:

- Community and youth engagement efforts that place the population-of-focus at the center of the research design
- Research-community partnerships
- Research in real-world settings, including effectiveness studies

Expand funding for research to understand the impact of policy changes on suicide rates

Require that research studies addressing youth suicide prevention include communities of color, LGBTQ2S+ populations, and other populations at highest risk in their sampling

Expedite public access to data on youth suicide prevalence at the local, national, and state levels

- Increase quality of prevalence, including accuracy of cause of death, attempts and ideation

Promote diversity in suicide prevention research

- Prioritize diversity in allocation of grant funding and in study section membership (race, gender/gender identity, sexual orientation, age)
- Encourage the continued investment and expansion of research programs that increase funding to suicide prevention researchers from underserved communities, including:
 - T32 programs
 - Minority Fellowship programs
 - Diversity supplements from NIH
 - National Institute of General Medical Sciences (NIGMS) Program
 - AFSP research grants
- Encourage researchers and funders to engage lower-resourced institutions that are more likely to support underserved communities
- Prioritize efforts to continually refresh the workforce pipeline to engage new researchers from communities that are underrepresented in medicine and science

Increase Payment & Insurance Coverage for Mental, Behavioral Health, and Suicide Prevention Services for Youth

Support provider payment for mental health and suicide prevention services, via development (if necessary), recognition and appropriate valuation of codes used to report necessary services:

- Behavioral and developmental screening and assessment
- Behavioral health counseling
- Telehealth for mental and behavioral health services
- Family therapy
- Care management services
- Preventive care
- Mental health care for conditions that don't meet diagnostic criteria for specific mental health disorders
- Consultation services
- Services provided by nurses in clinics and schools
- Team-based approaches to screening and care management
- In-office follow-up services when mental health resources are unavailable

Incentivize screening and follow-up for mental and behavioral health needs at well-child visits

Incentivize financially sustainable collaborative care models for mental and behavioral health needs

Support the development of payment models that better account for patient needs across specialties and clinical disciplines

Encourage the development of payment models that support integrated, team-based care for children and families

Preserve and extend public and private insurance coverage for mental and behavioral health services for children

- Enforce federal and state mental health parity laws
- Ensure providers who deliver services through telehealth receive equitable payment for their services
- Advocate for Medicaid and Children's Health Insurance Program (CHIP) coverage of telehealth services across state-lines
- Incentivize mental and behavioral health care providers to join (and remain in) provider networks

Ensure payment to primary care providers for provision of appropriate mental and behavioral health care to children

Support billing for the services of community health workers that strengthen the chain of care

Increase Access to Affordable, Effective Mental Health Care for Youth

Increase funding and resources to ensure youth can access mental and behavioral health support in their communities, including:

- Substance use treatment programs
- Inpatient treatment facilities
- Outpatient treatment facilities
- Counseling services
- Evidence-based community-level programs
- School-based mental and behavioral health services
- Mental and behavioral health services on college campuses
- Pediatric Mental Health Care Access programs (also called Child Psychiatry Access Programs)

Increase funding and resource to promote innovative care strategies in areas with few mental and behavioral health providers:

- Telehealth services
- Teleconsultation models, including Pediatric Mental Health Care Access programs and mHealth innovations
- Crisis lines to support outpatient referral and follow-up
- Collaborative or Integrated Care Models
- Mental health task-shifting and task-sharing

Ensure that beyond the pandemic, telehealth for mental health and substance use treatment continues to be a part of the comprehensive set of care options available to children and families

Incentivize the integration of mental and behavioral health services into primary care

- Increase training of primary care providers and mental and behavioral health professionals in prevention, early identification, and intervention
- Incentivize the integration of behavioral health workforce into primary care settings via collaborative or integrated care models
- Foster development of new sustainable models of co-location of mental health providers into primary care settings
- Incentivize the integration of mental health professionals into the pediatric medical home

Strengthen linkages between medical settings, social services, and other youth-serving systems to address intersecting needs of children and families

- Schools
- Mental and behavioral health care
- Primary and subspecialty care
- Juvenile justice
- Child welfare

Promote training in suicide risk screening and support for all adults who work with children, including:

- Medical professionals
- Mental and behavioral health professionals
- Childcare workers
- Home visitors and early intervention providers
- Educators and school personnel
- College and university faculty and personnel
- First responders
- Child welfare workers
- Juvenile justice personnel
- Social workers
- Coaches
- Staff leading extracurricular activities

Promote mental, behavioral health, and suicide prevention competencies during training and in continuing educational requirements across disciplines

- Pediatrics
- Family Medicine
- Primary Care
- Emergency Department
- Subspecialty Care
- Obstetrics/Gynecology
- Nursing

Promote equity, diversity, and inclusion in mental and behavioral health care

- Promote policies, training, and hiring practices to establish culturally and linguistically competent clinics, clinicians, and care navigators
- Require anti-bias and cultural sensitivity education during training, continuing education, and Board Certification

Build the Mental and Behavioral Health Workforce

Develop a nationwide strategy with public and private partners to expand the supply, diversity, and distribution of the mental and behavioral health workforce to address pediatric mental and behavioral health needs

Increase availability of providers in medically underserved areas and health professional shortage areas

Increase diversity of mental and behavioral health workforce

- Support the development and funding of pipeline programs to increase diversity in the mental and behavioral health workforce
- Incentivize fellowship training and college programs to recruit diverse groups of students to pursue careers in mental and behavioral health
- Support the development and funding of programs that support and mentor diverse groups of people over the course of their education, training, and careers in mental and behavioral health

Support loan repayment assistance for child mental health professionals, pediatric subspecialists, psychiatrists, and other behavioral health clinicians, particularly those who practice in underserved areas

Identify new and expanded opportunities for accelerated behavioral health training programs for pediatric residents, pediatricians, and pediatric nurse practitioners (eg, Triple Board Program)

Increase provider knowledge and capacity in identifying and providing treatment for mental and behavioral health needs

- Embed evidence-based approaches to suicide prevention and suicide loss support in training programs, continuing medical education, and Board Certification
- Integrate anti-bias education into training programs and continuing medical education
- Incentivize cultural and linguistic competency training for the mental and behavioral health and primary care workforce

Expand licensing requirements to include suicide prevention and mental health aptitudes for all healthcare providers

Expand workforce training programs

- Examples include: HRSA Graduate Psychology Education Program, HRSA Behavioral Health Workforce Education and Training Program, Children's Hospitals Graduate Medical Education Program, SAMHSA Minority Fellowship Program

Recognize peer supports and community health workers as integral behavioral health practitioners

Expand the mental health workforce by training non-mental health professionals in key community settings (eg, after-school programs, youth-serving community organizations) in evidence-based practices to identify mental health problems/suicide risk and interventions

Address Lethal Means Access to Reduce Suicide Risk Among Youth

Encourage training and policy efforts to support clinicians in screening for lethal means availability and providing lethal means safety counseling to youth and caregivers

Increase funding for research related to firearms and suicide prevention, including studies that aim to:

- Assess the efficacy of firearm policies in reducing suicide rates
- Assess the efficacy of physician educational efforts in changing attitudes and behaviors around firearms and suicide risk when paired with provision of safe firearm storage devices
- Determine how to best to bring promising practices to scale

Promote voluntary firearm removal initiatives (eg, temporary transfer exceptions, community storage options, and the creation of state voluntary do-not-sell lists)

Promote policies such as Extreme Risk Protection Orders (ERPO) or Red Flag Laws that allow family members and friends to petition a judge or law enforcement personnel to remove firearms from the environment of a person at risk of hurting themselves or others.

Promote policies to restrict access to medications, including National Prescription Drug Take Back Days and lock boxes

Increase funding and resources to promote education for parents/caregivers, youth, and the public about lethal means in the home, including:

- Safe storage of weapons
- Safe storage of medication
- Importance of limiting access to lethal means across the age spectrum (young children, school-age children, teens)
- Provision of safe firearm storage devices for families with firearms

Collaborate with leaders from the gun-owning community on firearm suicide prevention education

Address Disparities in Suicide Risk

Educate clinicians, policymakers, public on the increasing rates of suicide among Black youth, Indigenous youth, other youth of color, and youth who identify as LGBTQ2S+

Educate clinicians, policymakers, the media, and the public about the importance of safe messaging when discussing suicide and disparities in suicide rates

Support policies to eliminate systemic racism and discrimination

Support appropriate medical care and school policies for youth who identify as LGBTQ2S+

- Advocate for bans on conversion therapy
- Oppose proposals to limit access to or delay sexual, reproductive, and/or gender-affirming care
- Support gender-affirming care for youth who identify as transgender or gender-diverse
- Support participation in sports, physical education, and extracurricular activities by all youth, including allowing transgender youth to play on teams that align with their gender identity
- Support access to bathrooms, locker rooms, and other public accommodations in accordance with an individual's identity.
- Support use of youth's pronouns and names
- Advocate for no tolerance anti-bullying and harassment policies that include specific protections for youth who identify as LGBTQ2S+
- Ensure that personal identifiable and medical information related to gender identity, sexual orientation, and other sensitive issues are kept confidential

Promote enhanced suicide prevention and mental health resources for schools

- Encourage implementation of evidence-informed suicide prevention and mental health programs and policies in schools and on college campuses

- Increase resources for mental health services and mental and behavioral health providers in schools
- Promote trauma-informed care principles in schools
- Establish national standards in social-emotional learning for Early Childhood through Grade 12
- Promote curricula that teach youth how to process and communicate emotion, recognize signs of deteriorating mental health or suicide risk, and reach out to a trusted adult for help
- Support schools in engaging families in social-emotional education
- Provide incentives to ensure school-based health providers are adequately trained to recognize the mental and behavioral health needs of children and offer culturally sensitive and responsive evidence-based services
- Support schools in building mental health 504 plans and Individualized Education Plans (IEP) with consideration for reducing suicide risk among this higher-risk population
- Normalize conversation about mental health in schools, and allow excused absences for mental and behavioral health concerns
- Promote healthy postvention efforts in the wake of a suicide at school

Promote mental health services and suicide screening for youth within the child welfare system.

- Ensure all children and youth have timely access to initial and comprehensive health assessments and all necessary services indicated during assessment
- Expand access to trauma-informed, evidence-based psychosocial interventions for children and youth in care provided in a community setting
- Promote thorough, coordinated communication between child welfare system, primary care providers, and schools related to a child's suicide risk, attempts, or behaviors and appropriate follow-up care
- Promote policies to support youth involved with the child welfare system as they transition to adulthood and adult medical care

Promote suicide prevention services for children within the juvenile justice system, including:

- Initial mental health screenings for all youth confined for more than 1 week
- Efforts to ensure that confined youth receive at least the same level and standards of mental health and substance use care as non-confined youth accessing care in their communities
- Implementation of trauma-informed care principles in detention facilities
- Comprehensive suicide prevention programs that include ongoing suicide risk assessment within all juvenile justice facilities
- Confinement facilities should recognize and respond to the unique needs of justice-involved youth, youth who identify as LGBTQ2S+, and youth with chronic medical, mental health, and developmental needs.
- Promote continuation of Medicaid coverage for youth while in juvenile detention

Provide adequate funding and resources for programs aimed at developing, maintaining, or enhancing culturally and linguistically appropriate suicide prevention programs for children, adolescents, and families

Foster Healthy Mental Development in Children and Adolescents

Encourage funding and resources for evidence-based community/school programs intended to foster resilience and healthy mental and emotional development in youth and families

Increase funding for research to develop and scale up-stream interventions to promote healthy mental and emotional development in youth and families

Support policies and programs that address and mitigate the underlying factors that can contribute to suicide risk, including:

- Poverty
- Racism
- Discrimination
- Housing needs
- Gaps in insurance coverage
- Gaps in access to health care
- Stigma
- Violence
- Trauma

Encourage education and training to integrate strengths-based, trauma-informed care into clinical, community, and school settings

Support a national agenda to ensure families have access to high-quality childcare and educational environments from early childhood through adolescence

Increase funding and support for community programs that foster youth engagement, connection, and participation

Promote youth access to clean and safe outdoor recreation spaces

Support Children and Adolescents in Crisis

Increase funding to address suicide prevention for children and adolescents across the continuum of care, including:

- Pediatric training for crisis response
- Initiatives to relieve stress on emergency departments and inpatient units
- Mobile crisis intervention and follow-up services
- Intensive community-based services and supports, including case management
- Therapeutic foster care and other family-based settings that can prevent unnecessary congregate care

Increase funding and resources to support access to step-down programs (partial hospitalization, intensive outpatient programs) following crisis stabilization

Support policies intended to improve our national crisis response infrastructure

- Support effective implementation of 9-8-8
- Crisis-training for first responders
- Trained crisis-response teams as an alternative to having law enforcement respond to mental health emergencies
- Behavioral health workforce development for professionals and paraprofessionals and staff training for crisis call centers

Support funding for the 988 Suicide and Crisis Lifeline and its Centers

Support funding to enhance the promotion and accessibility of crisis response services