

# Issue Brief - AB 2246

## Policies

Author: Dianne Vargas, Ed.D.  
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### IMPLICATIONS FOR SCHOOLS

Young people spend much of their time within the school environment, which makes schools an important venue for screening adolescents for suicidal behaviors and providing preventive education and risk management. Thomas Joiner's Interpersonal Theory of Suicide (ITS) proposes that a lethal or near lethal suicide attempt requires the presence of three factors; *thwarted belongingness* (perceived loneliness or exclusion); *perceived burdensomeness* (perceived low self-or social worth) and *capability for suicide* (past experience of or exposure to self-injury and suicide). Knowing these factors, has important implications for school-based mental health policies and interventions aimed at reducing youth suicide and self-harm.

According to the 2015 Youth Risk Behavior Survey, more than 1 in 6 high school students in the U.S. reported having seriously considered attempting suicide in the 12 months preceding the survey, and more than 8% of students (about 1 in 12) reported having attempted suicide in the preceding 12 months (Centers for Disease Control and Prevention, 2015).

**Suicide has been called:**

**"A permanent solution to a temporary problem." – QPR Institute**

### AB 2246

A bill that requires the adoption of suicide prevention, intervention, and follow-up plans by local California school districts with students in grades 7-12. The bill requires local education agencies to develop their policies in conjunction with suicide prevention experts, school and community stakeholders, and school mental health professionals.

**Based on the 2015 Youth Risk Behaviors Survey, 8.6 percent of youth in grades 9-12 reported that they had made at least one suicide attempt in the past 12 months. Girls attempted twice as often as boys (11.6% vs. 5.5%) and teens of Hispanic origin reported the highest rate of attempt (11.3%), especially Hispanic females (15.1%) when compared with white students (6.8%) and White females (9.8%) (Centers for Disease Control and Prevention, 2015).**

### PREVENTION

There are 2 key tasks for schools in preventing youth suicide: (1) Schools can identify students at risk, and (2) Schools can refer students at risk to a mental health professional for assessment and evaluation (within or outside the school setting), according to school protocol or policy. Mandated suicide prevention training is required annually to ensure that all school personnel have a baseline understanding of suicide risk and the referral process. Prevention efforts cannot be done in isolation. Identifying risk factors and warning signs should be built on a foundation that responds to two serious issues currently facing schools – students at **high risk** of suicide and a death by suicide in the school community.

# Take Action

## INTERVENTION

A school's (district) suicide policy should include:

- Process for screening and/or assessing suicide risk
- Address Bullying incidents immediately
- Notification of parents
- Referrals to mental health service providers
- Document the process of all screenings



**Bullying is associated with increases in suicide risk in young people who are victims of bullying (Kim, Leventhal, Koh, & Boyce, 2009) as well as increases in depression and other problems associated with suicide (Gini & Pozzoli, 2009; Fekkes, Pipers, & Verloove-Vanhorcik, 2004).**

For more information about this issue brief or to request a training, contact Dr. Dianne Vargas at CSU, Stanislaus: [dvargas@csustan.edu](mailto:dvargas@csustan.edu)

## POSTVENTION

Postvention are the services that schools should provide; including counseling, after the experience of a traumatic event, especially to those directly affected by a suicide. Postvention plans need to be put into place before an incident occurs. Areas that need to be addressed in your district/school policy include:

- Release of information
- Safety Plan
- Re-Entry meetings
- Reduce contagion

## RESOURCES

If you are someone you know is having suicidal thoughts, contact the National Suicide Prevention Lifeline

- Call 1-800-273-TALK (1-800-273-8255)
- Use the [online Lifeline Crisis Chat](#).

Both are free and confidential. You'll be connected to a skilled, trained counselor in your area.

Centers for Disease Control and Prevention. Web-Based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: National Center for Injury Prevention and Control. Available online: <http://www.cdc.gov/injury/wisqars/index.html>

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Substance Abuse and Mental Health Services Administration. Results from the 2016 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2017. <https://www.samhsa.gov/data/>.