June 29, 2020

The Honorable Frank Pallone  
Chairman  
House Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Greg Walden  
Ranking Member  
House Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Anna Eshoo  
Chairwoman, Subcommittee on Health  
House Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Michael C. Burgess  
Ranking Member, Subcommittee on Health  
House Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden, Subcommittee Chairwoman Eshoo, and Subcommittee Ranking Member Burgess:

On behalf of the undersigned national mental health and education nonprofits, we express our strong support for Congressmen Scott Peters’ (D-CA-52) and Gus Bilirakis’ (R-FL-12) bipartisan H.R. 7293, the Suicide Training and Awareness Nationally Delivered for Universal Prevention (STANDUP) Act. This legislation will help prevent youth suicides by encouraging local, state, and tribal education agencies to implement student suicide awareness and prevention training policies for grades six through twelve.

Since 2010, suicide has been the second-leading cause of death for young Americans ages 10-24. Particularly disturbing is the number of suicides has nearly tripled since 2007 for children aged 10-14.\(^1\) From 2007 to 2015, the number of children and teens visiting the emergency room for suicide-related injuries doubled.\(^2\) In 2017, 517 Americans aged 10-14 and 6,252 aged 15-24 died by suicide.\(^3\) A recent study by Trust for America’s Health and Well Being Trust published in October 2019 found that adolescent suicide rates for young people ages 12-19 increased by 87% from 2007 to 2017.\(^4\)

As the youth suicide crisis has worsened over the past decade, certain communities have borne the brunt of this tragic escalation. Trust for America’s Health and Well Being Trust report that suicide rates among American Indian and Alaskan Native adolescents (ages 15-19) are 60% higher than the national average for all teenagers.\(^5\) Further, 48% of gay, lesbian, and bisexual adolescents report considering or attempting suicide.\(^6\)

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1. [Ten Leading Causes of Death and Injury Charts, Center for Disease Control and Prevention](https://www.cdc.gov/injury/wisqars/LeadingCauses.html)
3. [Ten Leading Causes of Death and Injury Charts, Center for Disease Control and Prevention](https://www.cdc.gov/injury/wisqars/LeadingCauses.html)
5. Ibid.
6. Ibid.
Before suicides occur, there are often warning signs present. Research shows that 70% of those who die by suicide tell someone beforehand or give another warning sign. Given the high prevalence rate of warning signs, suicide awareness and prevention trainings may mitigate youth suicides. For example, a randomized control study found a 40% drop in suicide attempts in schools that implemented the Signs of Suicide Prevention Program. By educating and empowering students to recognize the signs of suicidal ideation in themselves and their peers, these trainings can help schools and adolescents within them identify at-risk individuals, connect them to care, and avert tragedy.

The COVID-19 pandemic has heightened concerns around the mental health of Americans. According to the Well Being Trust, an approximately 75,000 additional suicides are estimated to be associated with COVID-19. Of that number, approximately 4,000 will be youths and children are twice as likely to visit the emergency room for considering or attempting suicide. Now more than ever, it is important to keep hospital beds available for COVID-19 patients and to continue community mitigation strategies. However, studies of previous pandemics, such as the Severe Acute Respiratory Syndrome (SARS), have shown that children experience increased levels of anxiety, confusion, and stress from these strategies designed to address public health pandemics. While these strategies are necessary to combat a public health crisis such as COVID-19, it is incumbent upon us to provide supports for young individuals facing unprecedented circumstances.

The STANDUP Act encourages more SEAs, TEAs, and LEAs to implement life-saving policies by conditioning the receipt of Substance Abuse and Mental Health Services Administration (SAMHSA) 520A discretionary grants that are implemented within schools, including Project AWARE. These conditions require grant recipients commit to implement suicide awareness and prevention training policies for grades 6-12 within 3 years of award receipt. The legislation provides flexibility in implementing these policies while encouraging their broader adoption by setting minimum standards for the policies, without requiring specific delivery methods or hours of training. Additionally, the legislation would create a listing of programs that can be used to fulfill these requirements, including programs that are available at no cost. In order to ensure grantees are adequately supported, SAMHSA is required to provide ongoing best practices, training, and technical assistance to local, state, or tribal education agencies implementing suicide awareness and prevention training policies under this legislation.

We appreciate your commitment to keeping America’s youth safe and expanding the use of policies that are proven to save lives. We urge the Committee and House Leadership to act on H.R. 7293 and bring the bill forward for consideration.

Sincerely,

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American Art Therapy Association
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Suicidology
American Counseling Association
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Coalition for Juvenile Justice
Collaborative for Academic, Social, and Emotional Learning
Committee for Children
Depression and Bipolar Support Alliance
Eating Disorders Coalition
Education Development Center
Families USA

Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
The Jewish Federations of North America
The Kennedy Forum
Mental Health America
National Association for Rural Mental Health
National Association of County Behavioral Health & Development Disability Directors
National Alliance on Mental Illness
National Alliance to Advance Adolescent Health
National Association of Elementary School Principals
National Association of School Psychologists
National Association of Social Workers
National Association of Secondary School Principals
National Association of State Mental Health Program Directors
National Board for Certified Counselors
National Eating Disorders Association
National Education Association
National Federation for Children’s Mental Health
National Forum to Accelerate Middle-Grades Reform
National PTA
National Register of Health Service Psychologists
Postpartum Support International
Residential Eating Disorders Consortium
Sandy Hook Promise
SARDA Schizophrenia and Related Disorders
Alliance of America
SchoolHouse Connection
School Social Work Association of America
AASA School Superintendents Association
Treatment Communities of America
The Trevor Project