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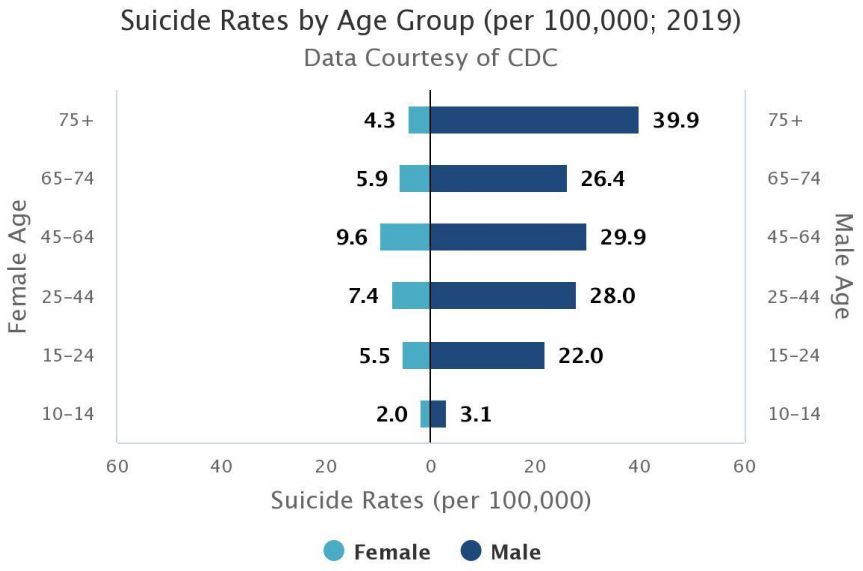
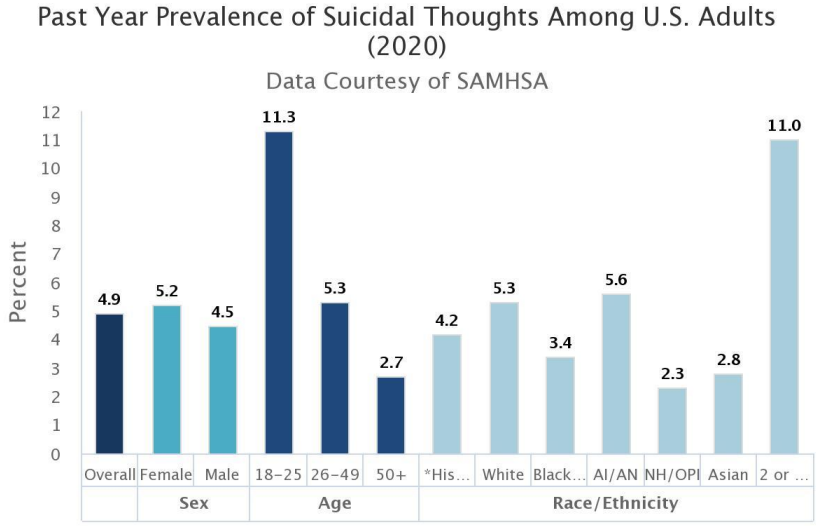
Action to Minimize Suicide and Mental Health Concerns

Suicide in America is a crisis that has only worsened over the last two decades.[1] It is an issue closely tied to mental health and has impacted almost all age groups in society. The coronavirus pandemic has elevated concerns of mental health problems and suicidal thoughts for adolescents and young adults especially. Over a third of all high school students in America reported poor mental health during the pandemic.[2] As they were cut off from friends at school, many did not have a social outlet, and a shocking nine percent of high school students reported attempting suicide. Additionally, people of color were disproportionately affected by suicidal thoughts or actions during the pandemic.[3] While these groups have been the focus of the mental health and suicide crisis more recently, other groups have been afflicted by this as well.

The most heavily impacted by suicide among all age groups are 45-64. Suicide is the second leading cause of death in people ages 10-34. In men, a higher percentage of people aged 75 or older commit suicide than any other age group. Females and people in the 18-25 age group are most likely to experience suicidal thoughts.[4] White people are most likely to commit suicide, but the most notable recent increases in suicides are from people of color and the economically underprivileged.[5] These statistics convey the fact that suicide is a widespread issue, and no particular group is unaffected by this public health emergency.





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Because of the increasing rates of suicide, we need to readdress how we are currently combatting this issue and what policy changes are required to decrease the prevalence of suicide going forward. As of now, we have several resources and programs for suicide prevention.

The most commonly known program is the National Suicide Prevention Lifeline.[6]

The hotline's purpose is to provide immediate support for people in extreme distress who are considering suicide and need somebody to call. A significant issue with the suicide hotline is that it occasionally puts people on hold due to an overflow of calls. For a resource designed to provide immediate assistance to people in anguish, 15% of callers wait over thirty seconds on hold.[7] This is an alarming statistic that needs to be addressed. Measures have been taken already to streamline the phone call process. Similar to how a person can call 911 when dialing the police, the National Suicide Prevention Lifeline will be available at the number 988 this summer.[8] The 988 lifeline is a step in the right direction; however, it does not address the more concerning problem of overflow caller volume.

Another resource for suicide prevention currently available in the United States is school education programs. The American Foundation for Suicide Prevention (AFSP) has taken a stance on the education standards for prevention efforts. They believe that educators for grades K-12 must receive annual suicide prevention training for at least two hours.[9] The training is for teachers to interact more effectively with students and be able to recognize warning signs of suicide.[10] The AFSP policy stance also incorporates a view of intervention and care for those affected when a suicide does occur, and that proper action following tragedies is significant in improving prevention efforts.[11] In Pennsylvania, the current legislation in place for suicide prevention education does not meet the idealistic standards of the AFSP. Act 71, specifically Section 1526 of Pennsylvania legislation, is the most up-to-date suicide prevention school policy.[12] This law lays a foundation for regular staff training and response methods, but it falls short from several different angles. The bill only mandates a training to be held once every five years, although it does mandate a four-hour training, rather than the AFSP recommended two hours.[13] It also does not require or even address education programs for children in grades K-5

while solely focusing on grades 6-12.[14] Additionally, the response methods to community suicide in Pennsylvania schools are vague and are more of a recommendation of personnel that should be on a crisis response team.[15]

Inadequate state legislation on suicide prevention education is a significant dilemma that must be addressed soon. Failure to establish a more comprehensive plan for this issue will result in more of the same tragedies that can be minimized.

Recent studies showed a dramatic increase in youth suicide attempts by over twenty-six percent in 2020 compared to 2019.[16] Studies have shown that mental health and suicide prevention action is not unique to a particular age group. While it is more common to find students with mental health issues in a middle school, high school, or college setting, research has proven that there are benefits to exposing elementary school students to mental health conversations. According to an article from the Center on the Developing Child at Harvard, children are also at risk for mental health disorders, especially those who have experienced early childhood trauma.[17] The report also encourages the idea that the earlier there is an intervention with affected people, the more likely better outcomes become.[18]

The Department of Education also provides evidence that mental health issues are worsening and provides recommended action to support children.[19] Their report stated that, "Even before the pandemic, as students entered their K–12 school experience, schools were reporting earlier onset, increased prevalence, and greater intensity and complexity of student mental health needs."[20] The brief also states that the COVID-19 pandemic has further exacerbated these mental health problems while also increasing essential crisis response personnel shortages.[21] To address this growing crisis, the Department of Education recommends taking steps such as increasing educators' knowledge around mental health subjects (and as a

result, decreasing mental health stigma), increased promotion of wellness events for all members of a school, as well as strengthening communication between faculty and students.[22] The Department of Education went so far as to provide guidelines for better mental health and suicide awareness education just this past year, exemplifying the idea that this issue is at a kairotic moment and action must be taken.

Suicide prevention and mental health awareness must be addressed immediately. The problem can be minimized by mandating the implementation of reasonable programs to educate both students and teachers at the elementary school level. As mentioned previously, the ASFP strongly encourages a comprehensive education plan for suicide prevention and mental health awareness.[23] Multiple studies have produced various approaches to combating youth mental health.

One such study, conducted at the University of Wisconsin-Madison in 2007, analyzed this problem through forgiveness education.[24] The study was conducted on 5th graders and teachers from multiple schools, focusing on impoverished areas where young students are more prone to poor mental health earlier in life.[25] The study was conducted beginning with teachers who attended a workshop on forgiveness education for about two hours.[26] The experiment's premise was to split the participating teachers and classrooms into two subsets: experimental and control groups.[27] The researchers gave the experimental group access to the full test curriculum, "The Journey Toward Forgiveness," while the control group received more basic resources currently used for forgiveness education.[28] Observers measured factors including forgiveness, anger, and depression in both study groups before and after the respective education implementation periods.[29]

The findings from the study revealed that the most significant improvement indicated by "The Journey Toward Forgiveness" category was improving anger scores in students.[30] Results showed how effective the curriculum was in this section. However, the curriculum did not provide substantial results in terms of categories like forgiveness and depression, although there was a slight improvement in these areas.[31] Certain students showed more remarkable improvement in specific categories than others, proving that different individuals reacted differently to the material.[32] It is also significant to note that teacher feedback on the curriculum was very positive, and they believed the program was beneficial.[33] Overall, this method provides a viable option for elementary mental health education, even in underprivileged communities.

Another psychological research study conducted in urban elementary schools in 2011 pioneered a mental health education program model called BRIDGE.[34] There were fundamental similarities and differences between implementing this program methodology and the forgiveness education programs. The BRIDGE study was also conducted in poor communities without ample resources.[35] Moreover, researchers provided training to teachers on the foundations of the program.[36] Key differences in this study were that a BRIDGE consultant collaborated with teachers and observed how the program was being implemented in the classroom.[37] BRIDGE differs from the forgiveness program because the study was conducted in two parts: Phase I collected data on the curriculum, which was then refined for Phase II, where the program was re-implemented, and final results were analyzed.[38] The interactive teacher-consultant approach also emphasized the utilization of CLASS strategies (ex. Positive class reinforcement) to promote wellness and positive behavior techniques to the class as a whole rather than target students with mental health issues.[39]

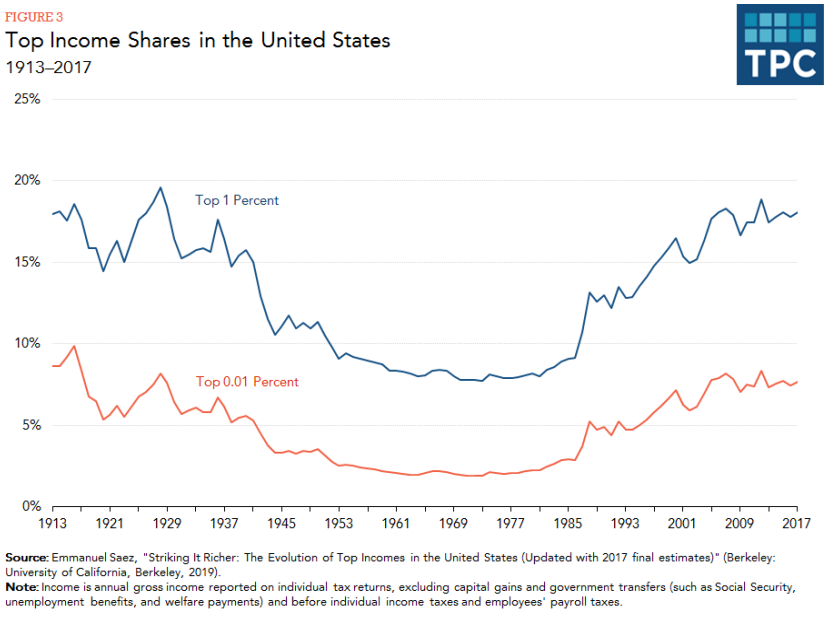
The outcomes of this experiment were robust. Over ninety percent of teachers observed in the experiment used at least one BRIDGE program strategy they learned in training or during discussions with their consultant.[40] Even more promising is that teachers utilized around six different methods on average in their classrooms.[41] The findings did reveal that strategies unintentionally focused on the "target students" more often than anticipated, but generally, teachers and consultants reported that students responded well to the instruction, and the education was not extra material. Rather, the program was integrated into the typical school curriculum.[42] This research offers another feasible option to implement mental health and suicide prevention awareness in elementary education.

The Pennsylvania Legislature must take decisive action to improve our state's mental health elementary education. The bill needs to increase school faculty suicide prevention training in Pennsylvania while mandating an attainable program for elementary schools on mental health and suicide prevention education, as mentioned previously.[43] The government will also need to increase funding for the addition of these programs by raising tax revenue. While this issue is an urgent emergency, persistence with policy-based action can significantly reduce the effects of mental health issues and suicidal thoughts or actions in children, adolescents, and adults.
In order to effectively enact the policy proposal, the Pennsylvania Legislature must take the following steps to ensure success:

1. Increase tax revenue by fundamentally changing the income tax policy in our state.

The first step toward reaching the end goal of minimizing suicide and mental health effects does not directly correlate to either topic. Like most legislative proposals, this plan will

require funding, and a complete reallocation of the current Pennsylvania budget is improbable. With that said, the most appropriate course of action to collect necessary funding is through taxation. Pennsylvania currently has a flat-tax state income tax of just 3.07%.[44] This comes in as the lowest flat-tax rate in the country by state.[45] In addition, Pennsylvania remains one of just twelve states that does not have any state tax on retirement income plans (401k, IRA).[46] Research shows that a progressive tax system (with tax brackets like the federal income tax system) eventually is beneficial for increasing government revenue and decreasing income inequality if other fiscal policies remain constant.[47] Progressive taxes can lessen income inequality because it forces wealthier people to pay a higher portion of their income in the upper tax brackets.[48] Supplying a solution for increased funding for suicide prevention and education programs while also combating rising income inequality makes it even more impactful for Pennsylvania's Legislature to take action.



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2. Modify Act 71, Section 1526 of Pennsylvania law.

Step two in the policy review and revision process will focus on Act 71, Section 1526 of Pennsylvania legislation.[49] Congress must expand suicide prevention training requirements for faculty and teachers to levels consistent with the Department of Education and the American Foundation for Suicide Prevention's model recommendations.[50] This means requiring annual suicide prevention training and an expansion of training programs to faculty in grades K-5.[51] In addition, by using funding raised from the revamp of our state income tax system, Pennsylvania teachers will be better equipped to recognize the signs of poor mental health and suicide in their students.

3. Mandate a BRIDGE, Forgiveness Education, or similar program as a part of every Pennsylvania elementary education curriculum.

The third step legislators must consider in creating long-lasting change in suicide prevention efforts is to require schools to provide an elementary mental health curriculum. Pennsylvania legislators must seriously consider the depth of research and evidence behind the BRIDGE program and the Forgiveness Education program.[52] Two of the main concerns about implementation that often arise in education policy-making center around accessibility and equity. These programs were specifically tested in under-resourced schools to put such fears to rest.[53] If the programs have succeeded in these school districts, then affluent areas with adequate resources should be able to execute these programs with ease. It is dependent on the

Pennsylvania Legislature to initiate the policy changes and the funding to make these solutions successful.

Suicide and mental health awareness are issues that are becoming increasingly important to address in a modern context. Several factors, including the pandemic and lack of proper mental health education, have led to a rise in suicides and mental health issues for people of all ages. In Pennsylvania, our education standards do not meet recommended policy, and state lawmakers have the ability to change this. By introducing legislation with increased suicide awareness training for educators and mandating an elementary mental health curriculum, our state can blaze a trail for other U.S states to follow.

Endnotes

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