

NCSBEE Voice

According to the federal Interagency Working Group on Youth Programs, suicide is the second leading cause of death among youth age 15 to 24. About 1 in 15 high school students reports attempting suicide each year, and 1 in 53 made an attempt serious enough to be treated by a doctor or a nurse. There may be as many as 100 to 200 attempts for every suicide death among young people. And the incidence of suicidal behavior is even higher for those involved in the child welfare and juvenile justice systems; those who are lesbian, gay, bisexual, and transgender; American Indian/Alaska Native youth; and those in families with military service members.

In spring 2018, the District of Columbia's Office of the State Superintendent of Education (OSSE) released results from its own Youth Risk Behavior Survey (YRBS), which captured middle and high school student data. The survey compiled self-reported behaviors over a two-year period (2015–17) and compared DC and national data. It showed an increase in suicidal behaviors among DC youth. Among heterosexual middle school students, 10.2 percent reported that they had “ever tried to kill themselves,” while 12.6 percent of their heterosexual high school counterparts reported attempting suicide. Among lesbian, gay, and bisexual youth in middle school and high school, 32.1 percent and 31 percent, respectively, reported they had attempted suicide.

These alarming statistics signal a need for state boards of education to consider the multiple environmental and social factors that are influencing young people's mental and emotional states. Some factors that come into play are well known: family function, predisposition to mental disorder, bullying and peer pressure, lack

of trusted adult figures, and misinformation about emotional distress and mental well-being. DC's OSSE and its state board keep vigilant watch on the climate of DC schools. Over the coming months, we will be working closely with parents, students, school leaders, and educators to develop quantifiable measures for school climate and student health. But these efforts alone will not be enough.

We also intentionally equip teachers, administrators, and parents to recognize the signs of emotional distress. In April 2016, the DC state board voted unanimously to update the district's health education standards, which are vital to ensuring that students learn to be healthy, safe citizens. The standards address bullying, addiction, and sexual and mental health issues, and they provide students with a framework for building skills they need to be healthy for the rest of their lives.

But standards are only the start. Sound implementation must follow. Within the past year, DC has expanded its school-based mental health service. A critical component is training teachers and staff to recognize, address, and support youth in distress. The training platform, Kognito, includes modules that increase their knowledge, skills, and abilities to foster youth mental health.

DC will continue to monitor student health through the YRBS and other survey tools. But the measure that matters most will be a decrease in suicidal behaviors among DC's young residents. ■

Thank you to Kerriann Peart, health education manager at the DC Office of the State Superintendent of Education, for her assistance on this article.



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