Date: February 23, 2018 **Staff:** Devin Nelson & Alyson Williams	**POLICY ANALYSIS** **PREPARED FOR THE BOARD OF DIRECTORS**	Health District OF NORTHERN LARIMER COUNTY

HB 18-1177 YOUTH SUICIDE PREVENTION:

Concerning multiple approaches to help prevent youth suicide

Details

Bill Sponsors:	House – *Michaelson Jenet (D)* Senate – *Fenberg (D) and Coram (R)*
Committee:	House Committee on Public Health Care & Human Services
Bill History:	2/2/2018- Introduced in House- Assigned to Public Health Care & Human Services
Next Action:	3/6/2018- Hearing in House Committee on Public Health Care & Human Services

Bill Summary

This bill requires the Office of Suicide Prevention (OSP), within the Colorado Department of Public Health and Environment (CDPHE), to create opportunities for youth suicide prevention training programs, and coordinate a statewide awareness campaign regarding youth suicide. The bill mandates a decrease in the age of consent for outpatient psychotherapy services without permission from an adult or legal guardian from 15 years of age to 12 years of age.

Background

Youth Suicide Rates in Colorado

In 2015, Colorado ranked ninth for the highest suicide rate in the United States and is consistently among the top ten states with the highest suicide rates nationally.[1] Among youth and young adults ages 10 to 24, suicide remained the leading cause of death in Colorado[1]. The 2015 Healthy Kids Colorado Survey found that nearly 17.5 percent of high school aged youth reported considering suicide and 7.8 percent reported making one or more suicide attempts in the previous year.[1] In 2016, 83 people completed suicide in Larimer County.[3] Of these 83 cases, 4 were under the age of 18, with the youngest being 15 years of age.[2]

Training Programs

According to the Suicide Prevention Resource Center (SPRC), there are four evidence-based youth suicide prevention programs currently in the U.S.[3] Both *Kognito At-Risk for High School Educators*[4] and *Lifelines Curriculum*[5] provide access to training programs for high school staff in order to act as gatekeepers by recognizing at-risk youth. *Sources of Strength* is a program that trains peer leaders to conduct well-defined messaging activities that aim to change peer group norms influencing coping practices and problem behaviors (i.e. self-harm, drug use, unhealthy sexual practices).[6] Lastly, the *Emergency Department Means*

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[1] Brummett, S., Fine, E., Hindman, J., & Myers, L. (2017). *Office of Suicide Prevention Annual Report 2016-2017*. Department of Public Health and Environment. Retrieved from https://www.colorado.gov/pacific/sites/default/files/PW_ISVP_OSP-2016-2017-Legislative-Report.pdf

[2] Wilkerson, J. (2017). *2016 Annual Report*. Loveland: Office of the Larimer Counter Coroner. Retrieved from https://www.larimer.org/sites/default/files/uploads/2017/2016-annual-report.pdf

[3] Suicide Prevention Resource Center. (2018). *Resources and Programs*. Retrieved from https://www.sprc.org/resources-programs?type=All&program_evidence%5B%5D=1&populations=141&settings=All&problem=All&planning=All&strategies=All&state=All

[4] Suicide Prevention Resource Center.(2012). *Kognito At-Risk for High School Educators*. Retrieved from https://www.sprc.org/resources-programs/kognito-risk-high-school-educators

[5] Suicide Prevention Resource Center. (2009) *Lifelines Curriculum.* Retrieved from https://www.sprc.org/resources-programs/lifelines-curriculum

[6] Suicide Prevention Resource Center. (2011).*Sources of Strength.* Retrieved from https://www.sprc.org/resources-programs/sources-strength

Restriction Education program trains parents to restrict access to firearms, alcohol, and prescription/over-the-counter drugs in the home only once their child has been seen in the emergency department. [7]

The SPRC states that, "family members, friends, teachers, coaches, coworkers, and others can play an important role in recognizing when someone is at risk or in crisis and then connecting that person with the most appropriate sources of care. But these individuals may need training on how to identify suicide risk and provide assistance."[8] However, currently the four main OSP community grantees do not include any partnerships regarding suicide prevention trainings for non-professionals.[9]

In Larimer County, The Alliance for Suicide Prevention of Larimer County offers a *Hope for Today* training for community members to understand suicide, suicide prevention methods, and other mental health topics. [10] The Alliance also provides school-based suicide education and prevention programs in the Thompson School District and Poudre School District. The Health District of Northern Larimer County conducts the CAYAC (Child, Adolescent and Young Adult Connections) program, which conducts community education like Youth Mental Health First Aid Training.

Awareness Campaign

At the national level, the Substance Abuse and Mental Health Services Administration (SAMHSA) has sponsored a campaign specifically aimed at youth mental health, called *Caring for Every Child's Mental Health Campaign*. [11] At the state level, Colorado has not sponsored any youth-aimed suicide awareness campaigns.

Both Louisiana and Kentucky have enacted youth suicide prevention campaigns at the state level. In September 2006, the Louisiana Partnership for Youth Suicide Prevention (LPYSP) was awarded a 3-year Youth Suicide Prevention and Early Intervention grant. A key component of the program was a media campaign designed to raise awareness of youth suicide and the resources available to those in need. An analysis of this campaign in relation to the volume of hotline calls found that LPYSP media campaigns appear to be fairly successful at raising awareness of the *Lifeline* national hotline. The combined estimated impact of the media campaign represented approximately 12 percent of all Louisiana calls received by the hotline in the 47-month period considered in the analysis. [12] There is no data to be found on the youth suicide campaign launched in Kentucky; however the campaign's website documents that fourteen adolescent lives have been saved through the Stop Youth Suicide Campaign since it began in 2000.[13]

Age of Consent

Currently, minors in Colorado must be 15 years of age or older to consent, without the permission of a parent or legal guardian, to receive mental health services rendered by a facility or professional mental health provider.[14] As of 2015, approximately 34 states found minor consent to be sufficient for receiving

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[7] Suicide Prevention Resource Center. (2010). *Emergency Department Means Restriction Education.* Retrieved from https://www.sprc.org/resources-programs/emergency-department-means-restriction-education

[8] Identify and Assist Persons at Risk. (2018). Retrieved from https://www.sprc.org/comprehensive-approach/identify-assist

[9] Office of Suicide Prevention Community Grantees. (2018). Retrieved from https://www.colorado.gov/pacific/cdphe/office-suicide-prevention-community-grantees

[10] The Alliance for Suicide Prevention of Larimer County. *Hope for Today*. Retrieved from http://allianceforsuicideprevention.org/education-programs/hope-for-today/

[11] Substance Abuse and Mental Health Services Administration. (2017). *Caring for Every Child's Mental Health.* (2017). Retrieved from https://www.samhsa.gov/children

[12] Jenner, E., Jenner, L. W., Matthews-Sterling, M., Butts, J. K., & Williams, T. E. (2010). Awareness effects of a youth suicide prevention media campaign in Louisiana. *Suicide and life-threatening behavior*, *40*(4), 394-406. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20822366

[13] Stop Youth Suicide Campaign. Retrieved from http://www.stopyouthsuicide.com/default.htm

[14] Voluntary applications for mental health services - treatment of minors, CO Rev Stat § 27-65-103 (2016)

outpatient mental health services; however, the age varies by state. Of those 34 states, only California[15][16], Illinois, and Georgia have an age of consent at 12 years of age.[17]

According to Kerwin et al. (2015), "adolescents might be discouraged from seeking help for personal problems if parents were told about the adolescent's concerns and behaviors. Furthermore, it was thought that giving minors more control over their health care decisions might enhance their response to treatment. As a result, many states began to accord minors limited autonomy to provide consent for treatment of sensitive and private issues, such as pregnancy, sexually transmitted diseases, and drug, alcohol or mental health problems."

When a similar bill to lower the age of consent for inpatient and outpatient mental health care to 12 years of age was introduced during the 2017 Colorado legislative session, Denver Health, the Center for Health Progress, and the Colorado Association for School-Based Health Care came out in support of the bill. Colorado Christian University, Colorado Family Action, and Christian Home Educators of Colorado opposed the bill. [18]

This Legislation

The Office of Suicide Prevention (OSP), within CDPHE, must approve at least three non-profit organizations to participate in a statewide coordinated program of youth suicide prevention training, particularly among people who are regularly in contact with youth, but are not in a profession that generally provides suicide prevention training opportunities (i.e. camp counselors, recreation center employees, youth group leaders, clergy, and parents). By October 1, 2018, and then every quarter thereafter, OSP must post a list online of approved youth suicide prevention training classes or programs offered by approved nonprofit organizations throughout the state. The offered classes and programs must be free to the public and CDPHE must reimburse the organizations for any direct or indirect costs associated with the program.[19]

This bill creates an additional duty for OSP to create and implement a statewide awareness campaign about both suicide and youth suicide and include information regarding the suicide prevention hotline. This campaign may include but is not limited to the use of written, electronic, radio, and television media.

This bill lowers the age from 15 years of age to 12 years of age to have legal access to outpatient psychotherapy services without the consent or notification of the youth's parent or legal guardian. Additionally, the provider is not required to provide notification to the patient's parents or guardians that these services are being accessed by the patient. The mental health professional would be immune from civil or criminal liability unless the mental health professional acted negligently or outside the scope of their practice. If the minor were to communicate a clear and imminent threat to inflict bodily harm on themselves or others, the mental health profession shall immediately notify the a minor's parent, parents, legal guardian, or any other person having custody or decision-making responsibility with respect to the minor. Further, the mental health provider may, in addition to notification, take other appropriate action, including

[15] The bill that lowered the age of consent to 12 in California was supported by Equality California, the National Association of Social Workers California Chapter, Mental Health America of Northern California, and the Gay Straight Alliance Network (New CA Minor Consent Law Increases Teens' Access to Mental Health Care.

[16] National Center for Youth Law. (2010). NEW CA MINOR CONSENT LAW INCREASES TEENS' ACCESS TO MENTAL HEALTH CARE. Retrieved from https://youthlaw.org/publication/new-ca-minor-consent-law-increases-teens-access-to-mental-health-care/)

[17] Kerwin, M. E., Kirby, K. C., Speziali, D., Duggan, M., Mellitz, C., Versek, B., & McNamara, A. (2015). What can parents do? A review of state laws regarding decision making for adolescent drug abuse and mental health treatment. *Journal of child & adolescent substance abuse*, *24*(3), 166-176. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4393016/

[18] Bill Detail: HB17-1320. Retrieved from http://www.coloradocapitolwatch.com/bill/0/HB17-1320/2017/1/

[19] A fiscal note for this legislation has not been released so the projected expenditures are not known at this time.

but not limited to hospitalizing the patient. This bill does not alter the age of consent to seek and obtain inpatient mental health services from fifteen years of age.

Reasons to Support

The training program could provide access to suicide prevention education for people who are most regularly in contact with adolescents such as camp counselors, recreation center employees; youth group leaders, clergy, and parents. Clinicians, if they even have youth clients, may only see adolescents a few times a year, so expanding education access may be an effective way to increase awareness and action. If signs of suicide are recognized earlier by members of the community, it could decrease the rate of suicide in this demographic.

Some research has shown that campaigns could be an effective tool to increase knowledge and use of suicide hotlines. If more adolescents are aware that hotlines are an option, they may feel more inclined to use them in moments of crisis.

Decreasing the age of consent could provide greater access to mental health services for communities such as homeless youth, LGBTQ youth whose parents do not condone mental health services or would refuse consent, and youth who are embarrassed or ashamed of their need for mental health services/do not want to worry or disappoint their parents. The Gay Straight Alliance has particularly pushed for greater access to mental health services among youth as they may not feel ready or able to open up to their parents. This may be an effective way to get adolescents identifying as LGBTQ access to mental health services.

Supporters

- Public Health Nurses Association of Colorado
- Colorado Mental Wellness Network

Reasons to Oppose

There are very few evidence-based training programs already in place to educate the public; therefore it makes it difficult to find an evidence-based program to put into action easily. Further, this bill does not require anyone to participate in the training programs so it is questionable as to how many people in the community would attend/whether the outreach would be great enough to have an effect with so few organizations putting on trainings. It may be valuable to provide surveys to figure out how interested the community would be in this type of training before investing.

In terms of the campaign, opposition may argue that there is very little literature regarding the effectiveness of campaigns in decreasing the suicide rate, particularly among adolescents. Without proof of effectiveness, some may argue that it may not be the best place to invest money for suicide prevention.

Opponents of lowering the age of consent to 12 for outpatient care point towards the cognitive abilities of an adolescent to make decisions affecting their long-term welfare, as well as parents' rights to help find the best source of care for their child.[16] Some assert that they have the right to be aware if their child is suffering from mental health issues. Furthermore, they have the right to choose the best course of action including types of services received or which provider the child sees. Additionally, the mental health professional that is providing services to the youth can advise the parent/guardian about the services that have been given or are needed with or without the consent of the minor. This could cause confusion to the minor about the confidentiality of their time with a mental health provider. Another cause for confusion is that the age of inpatient treatment has remained at 15 years, which could make it more difficult to explain or understand when a child can access different types of care without parental consent.

Opponents

- No organizational opposition has not been made publicly available at this time.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.