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Youth Suicide Prevention

Local Educational Agencies Lack the Resources and Policies Necessary to Effectively Address Rising Rates of Youth Suicide and Self-Harm

Background

Nationwide, suicide was one of the leading causes of death among young people in 2017. In California, the annual number of suicides of youth ages 12 to 19 increased by 15 percent from 2009 to 2018, while instances of youth committing self-harm increased by 50 percent during the same period. Because youth spend much of their time in schools, school personnel are well positioned to recognize warning signs of suicide. In 2016, a new law required local educational agencies (LEAs)—which include county offices of education, schools districts, and charter schools—that serve students in grades 7 to 12 to adopt suicide prevention policies. We conducted an audit of suicide prevention efforts at six LEAs.

Key Recommendations

- Education should annually encourage LEAs to adopt the elements in state law and in its model suicide prevention policy.
- Public Health should establish the support program for school health centers as required by law, and assist LEAs in identifying available funding to support their efforts to provide mental health services.
- LEAs should revise their policies to comply with state law and incorporate the best practices in Education's model policy to ensure that teachers and staff can respond consistently, promptly, and appropriately to reduce suicide risk.

Key Findings

- The six LEAs we reviewed have not adopted youth suicide prevention policies and training that fully address all the statutory requirements and the best practices that the California Department of Education (Education) recommends. Thus, teachers and staff may be unprepared to identify warning signs or provide resources for at-risk students.
 - » None of the LEAs obtained feedback from all relevant stakeholders when developing policies and some of the LEAs' policies did not establish response teams to convene after a student dies by suicide.
 - » None of the LEAs' suicide prevention trainings included all the elements required by state law or recommended by Education.
- None of the more than 1,000 LEAs that reported personnel information to Education employed the recommended number of school counselors, nurses, social workers, and psychologists—known collectively as mental health professionals—and 25 percent of the LEAs did not employ even one such professional.
- Although school health centers—clinics located on or near school grounds— increase youth access to mental health care and reduce the factors that lead to youth suicide and self-harm, the State has done little to foster their implementation. The California Department of Public Health (Public Health) has yet to establish a school health center support program, despite a 2007 law requiring it to do so.
- LEAs could increase the number of mental health professionals they employ by seeking federal and local funding, such as Mental Health Services Act and Medi-Cal funds.

Instances of Youth Committing Self-Harm Increased Over Ten Years

