

NEW MEXICO SCHOOL BOARDS ASSOCIATION

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Break-Out Session: Strengthening our school community—a collaborative approach to counter the high rate of suicide among Native American youth.

TOPIC

SB 417: NATIVE AMERICAN SUICIDE PREVENTION

SB 417 passed both House and Senate and was signed into law by Governor Martinez at a bill signing event held in Shiprock, NM in April 2011. Originally, the legislation required Behavioral Health Purchasing Collaborative, in consultation with the Indian Affairs Department, to create a statewide clearinghouse for Native American suicide prevention with an appropriations request for an amount of \$450,000. The bill was **amended** in Senate Finance Committee that removed the appropriations altogether. The bill was **amended again** in House Health & Government Affairs Committee that removed any cost implications for the Human Services Department, but, instead, inserted language that read, “subject to available funding to establish a statewide clearinghouse and technical assistance.”

In years 2009 and 2010, the Mescalero Apache Tribe and the Eastern Navajo communities in New Mexico experienced a youth suicide “cluster.” The communities suffered tremendous loss of several young people between the ages of 14-21. In response to the crisis, partnerships between the public school district, the Tribes, various state agencies, Indian Health Services and local community experts/traditional healers converged to respond to the tragic problems that occurred one after another for a period of time.

Since SB 417 was signed into law without funding, reliance on existing programs is essential. Building the core infrastructure for a statewide clearinghouse must move forward. The Center for Rural and Community Behavioral Health, UNM Department of Psychiatry, in collaboration with Behavioral Health Purchasing Collaborative, will take the lead with the initial step to develop a website and consultation line. The CRCBH has expertise in data analysis and management and will coordinate data collection.

The next important step would be to apply for additional funding to expand clinical support and follow-up efforts. One option is to request the Legislative Finance Committee for a certain amount of appropriations that will augment other funding sources.

School boards and superintendents have an important role in being accountable toward youth suicide prevention at their respective schools.

- 1. Schools are much better at identifying young people who act out than those who are depressed or anxious, as they are more quiet and avoidant. Sometimes no one knows there has been an issue until the student has tried suicide or left school.**
- 2. Depressed/anxious kids have higher rates of dropping out or leaving school. They also end up with lower grades because they can't concentrate in school. Half of all mental health problems start by the age of 14.**
- 3. One in five kids has mental health issue at any one point in time. Only 30% of these kids ever access mental health care.**
- 4. Schools have a role in helping kids access mental health support because this is where they spend most of the day (when school is in session).**
- 5. Identify strategies/techniques that may work in your school: (a) culturally-based testing instruments; (b) teacher preparation programs that meet language and cultural needs; (c) increase number of Native teachers, administrators and principals.**
- 6. Screening is important for early identification of young people with depression.**
- 7. School teachers, counselors/health professionals need to work collaboratively with community/Indian Health Service mental health service providers, including tribal social service programs.**
- 8. County public health providers are available for technical assistance.**
- 9. Unrecognized and untreated mental illness is the main culprit for all youth suicides.**

Currently, Center for Rural and Community Behavioral Health (CRCBH) provides clinical and systems support to tribes through a telebehavioral health partnership with Indian Health Service, as well as to the school-based health centers in the state through Department of Health. They would continue to provide this support to communities in need and work to expand services. In addition, CRCBH faculty and staff have provided on-site and televideo direct service, consultation, supervision and training to tribal communities throughout the state in developing responses to suicide.

Hopefully, these steps could be integrated into efforts to get the statewide clearinghouse started.