

BACKGROUND

Data from the Centers for Disease Control and Prevention (CDC) show that suicide rates among young Americans increased 56 percent between 2007 and 2017.¹ By 2017, suicide was the second leading cause of death for young people aged 10-14, 15-19, and 20-24.² The COVID-19 pandemic threatens to accelerate these alarming and tragic trends: a June 2021 CDC report found that emergency department visits for suicide attempts among adolescents aged 12-17 years increased significantly during the pandemic, including a spike of more than 50 percent among adolescent girls.³

One critical opportunity to identify young people who might be at risk for self-harm or suicide is in health care settings. However, many health care professionals do not receive training or resources to identify and respond to warning signs for suicide among patients.⁴ Health care professionals must be prepared to support young people who display warning signs for suicide by ensuring at-risk patients can be connected with crisis resources and by using evidence-based suicide prevention practices like lethal means safety.

Lethal means safety is an intentional, voluntary practice to reduce the risk of suicide by limiting access to objects that can be used to inflict self-directed violence, like firearms, medications, and sharp instruments.⁵ The data on lethal means safety are clear: individuals who reduce their access to lethal means during times of heightened risk are reducing their risk of dying by suicide.⁶

SUMMARY

The **Child Suicide Prevention and Lethal Means Safety Act** would:

- Establish a grant program to provide funding for initiatives that offer youth suicide prevention and lethal means safety education, training, and resources to health care professionals, including:
 - Validated, age-appropriate screening and risk assessment tools to identify young people who may be at high risk of suicide or self-harm;
 - Best practices in communicating with high-risk young people and their families about lethal means safety and suicide prevention;
 - Suicide prevention, intervention, and postvention strategies, including safety planning;
 - Racial and ethnic disparities in suicidality among young people;
 - State and federal firearm laws that apply to young people and their family members;
 - Secure gun storage or safety devices and counseling on the use of such devices; and
 - Referrals for high-risk young people to other providers, social services, or crisis resources.
- Establish a grant program to integrate lethal means safety and suicide prevention topics into curricula at health professional schools to ensure that future nurses, doctors, and mental and behavioral health care providers have received the education and training that will allow them to prevent lethal means injuries, deaths, and suicides among their patients.
- Create a centralized hub to provide important lethal means safety and suicide prevention information to at-risk youth and their family members, health professional schools, and health care providers.

¹ Centers for Disease Control and Prevention: [Death Rates Due to Suicide and Homicide Among Persons Aged 10–24: United States, 2000–2017](#)

² Ibid.

³ Centers for Disease Control and Prevention: [Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021](#)

⁴ Gianni Pirelli, Hayley Wechsler, & Robert J. Cramer. *The Behavioral Science of Firearms: A Mental Health Perspective on Guns, Suicide, and Violence*. (2019).

⁵ <https://www.mirecc.va.gov/visn19/lethalmeanssafety/>

⁶ U.S. Department of Veterans Affairs: [Lethal Means Safety Evidence](#)



Child Suicide Prevention and Lethal Means Safety Act

H.R. 5035

ENDORSEMENTS

The **Child Suicide Prevention and Lethal Means Safety Act** is supported by:

- America's Essential Hospitals
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Association for Psychoanalysis in Clinical Social Work
- American Association of Colleges of Nursing
- American Association of Suicidology
- American Foundation for Suicide Prevention
- American Hospital Association
- American Psychiatric Association
- American Psychological Association
- American Public Health Association
- Ann & Robert H. Lurie Children's Hospital of Chicago
- Association for Ambulatory Behavioral Healthcare
- Association for Behavioral & Cognitive Therapies
- Association for Behavioral Health and Wellness
- Association of American Medical Colleges
- Association of Maternal & Child Health Programs
- Brady
- Coalition to Stop Gun Violence
- Consortium for Risk Based Firearm Policy
- Council of Public Health Nursing Organizations
- Depression and Bipolar Support Alliance
- Everytown for Gun Safety
- Families USA
- Federation of American Hospitals
- Giffords
- Global Alliance for Behavioral Health and Social Justice
- Illinois Association for Behavioral Health
- Illinois Chapter, American Academy of Pediatrics
- Illinois Health and Hospital Association
- March For Our Lives
- Maternal Mental Health Leadership Alliance
- National Alliance for Hispanic Health
- National Alliance on Mental Illness
- National Association for Children's Behavioral Health
- National Association for Rural Mental Health
- National Association of County Behavioral Health and Developmental Disability Directors
- National Association of Pediatric Nurse Practitioners
- National Association of School Nurses
- National Association of Social Workers
- National League for Nursing
- National Register of Health Service Psychologists
- Newtown Action Alliance
- Physician Assistant Education Association
- Sandy Hook Promise
- School-Community Health Alliance of Michigan
- SMART Recovery
- The Jed Foundation
- The Kennedy Forum

COSPONSORS

The **Child Suicide Prevention and Lethal Means Safety Act** is co-led by Representative Kim Schrier, M.D. (WA-08).

CONTACT

For more information or to endorse/cosponsor the bill, contact Jack DiMatteo in Rep. Underwood's office at Jack.DiMatteo@mail.house.gov.