Alaska State Legislature

Representative Matt Claman

Session: State Capitol, Juneau, AK 99801 Phone: 465-4919
Interim: 1500 W. Benson Blvd., Anch, AK 99503 Phone: 269-0130

House Bill 60
Sponsor Statement v. A

"An Act relating to mental health education."

HB 60 amends the existing health education curriculum statute to include mental health curriculum in all K-12 health classrooms in order to adequately educate students on vital information pertaining to mental health symptoms, resources, and treatment and normalize conversations on mental health in schools.

Currently, the health curriculum guidelines include prevention and treatment of diseases; learning about "good" health practices including diet, exercise, and personal hygiene; and "bad" health habits such as substance abuse, alcoholism and patterns of physical abuse. But the guidelines do not address mental health.

Following passage of HB 60, the Alaska State Board of Education and Early Development and the Alaska Department of Education and Early Development (DEED) will develop guidelines for instruction in mental health in consultation with the Alaska Department of Health and Social Services (DHSS), representatives of national and state mental health organizations, and tribal organizations. Such organizations could include but are not limited to: the National Council for Behavioral Health, Providence Health and Services Alaska, Southcentral Foundation, Anchorage Community Mental Health Services, Inc., North Star Behavioral Health System, and the National Alliance on Mental Health Illness Alaska. The standards will be developed in consultation with counselors, educators, students, administrators, and other mental health organizations in order to form effective guidelines for school boards, teachers, and students.

After standards have been developed, the Alaska State Board of Education and Early Development and DEED will be responsible for implementation throughout the Alaska school system. As with existing health education curriculum, the DEED, the DHSS, and the Council on Domestic Violence and Sexual Assault will provide technical assistance to school districts in the development of personal safety curricula. An existing school health education specialist position will assist in coordinating the program statewide.

The state has a responsibility to treat the current mental health crisis in Alaska as a serious public health issue. By creating mental health education standards and encouraging schools to teach a mental health curriculum, HB 60 aims to decrease the stigma surrounding mental illnesses and increase students' knowledge of mental health, encouraging conversation around and understanding of the issue.

Distributed by the Office of Representative Matt Claman 3.3.2021

Alaska State Legislature

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Session: State Capitol, Rm 118 Juneau, AK 99801 Phone: 465-4919
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House Bill 60
Sectional Analysis — CS HB 60
Work Draft 32-LS0261\B

Section 1
Legislative Intent
Adds intent language stating it is the intent of the legislature that the Board of Education and Early Development develop guidelines for instruction in mental health in consultation with representatives of mental health organizations and regional tribal health organizations.

Section 2
AS 14.30.360. Health education curriculum; physical activity guidelines.
Amends AS 14.30.360 by removing the word "physical" when referencing instruction for health education and adding "mental health" to the list of curriculum items each district includes in their health education programs.

Section 3
AS 14.30.360. Health education curriculum; physical activity guidelines.
Amends AS 14.30.360 by clarifying that health guidelines developed by the Board of Education and Early Development must provide guidance for developmentally appropriate instruction in mental health and be developed in consultation with the Department of Health and Social Services and representatives of national and state mental health organizations.

Section 4
Amends the uncodified law of the State of Alaska by adding a new section to read "the state Board of Education and Early Development shall develop the mental health guidelines required by AS 14.30.360(b), as amended by sec. 3 of this Act, within two years after the effective date of this Act."

32-LS0261\B
Klein
3/25/21

CS FOR HOUSE BILL NO. 60(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-SECOND LEGISLATURE - FIRST SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES CLAMAN, Fields, Zulkosky, Spohnholz

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to mental health education."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 *** Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
4 to read:
5 LEGISLATIVE INTENT. It is the intent of the legislature that the Board of Education
6 and Early Development develop guidelines for instruction in mental health in consultation
7 with the Department of Health and Social Services, regional tribal health organizations, and
8 representatives of national and state mental health organizations.
9 *** Sec. 2.** AS 14.30.360(a) is amended to read:
10 (a) Each district in the state public school system shall be encouraged to
11 initiate and conduct a program in health education for kindergarten through grade 12.
12 The program should include instruction in [PHYSICAL] health and personal safety
13 including alcohol and drug abuse education, cardiopulmonary resuscitation (CPR),
14 early cancer prevention and detection, dental health, family health including infant
15 care, environmental health, **mental health,** the identification and prevention of child

abuse, child abduction, neglect, sexual abuse, and domestic violence, and appropriate use of health services.

*** Sec. 3.** AS 14.30.360(b) is amended to read:

(b) The state board shall establish guidelines for a health and personal safety education program. **Guidelines for developmentally appropriate instruction in mental health shall be developed in consultation with the Department of Health and Social Services, regional tribal health organizations, and representatives of national and state mental health organizations.** Personal safety guidelines shall be developed in consultation with the Council on Domestic Violence and Sexual Assault. Upon request, the Department of Education and Early Development, the Department of Health and Social Services, and the Council on Domestic Violence and Sexual Assault shall provide technical assistance to school districts in the development of personal safety curricula. A school health education specialist position shall be established and funded in the department to coordinate the program statewide. Adequate funds to enable curriculum and resource development, adequate consultation to school districts, and a program of teacher training in health and personal safety education shall be provided.

*** Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION. The state Board of Education and Early Development shall develop the mental health guidelines required by AS 14.30.360(b), as amended by sec. 3 of this Act, within two years after the effective date of this Act.

HOUSE BILL NO. 60

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-SECOND LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES CLAMAN, Fields, Zulkosky, Spohnholz, McCarty

Introduced: 2/18/21
Referred: Education, Finance

A BILL

FOR AN ACT ENTITLED

"An Act relating to mental health education."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** The uncodified law of the State of Alaska is amended by adding a new section to read:

LEGISLATIVE INTENT. It is the intent of the legislature that the Board of Education and Early Development develop guidelines for instruction in mental health in consultation with representatives of mental health organizations and regional tribal health organizations, including the National Council for Behavioral Health, Providence Health and Services Alaska, the Southcentral Foundation, Anchorage Community Mental Health Services, Inc., the North Star Behavioral Health System, and the National Alliance on Mental Illness Alaska.

*** Sec. 2.** AS 14.30.360(a) is amended to read:

(a) Each district in the state public school system shall be encouraged to initiate and conduct a program in health education for kindergarten through grade 12. The program should include instruction in [PHYSICAL] health and personal safety including alcohol and drug abuse education, cardiopulmonary resuscitation (CPR),

early cancer prevention and detection, dental health, family health including infant care, environmental health, **mental health,** the identification and prevention of child abuse, child abduction, neglect, sexual abuse, and domestic violence, and appropriate use of health services.

*** Sec. 3.** AS 14.30.360(b) is amended to read:

(b) The state board shall establish guidelines for a health and personal safety education program. **Health guidelines must provide standards for instruction in mental health and shall be developed in consultation with the Department of Health and Social Services and representatives of national and state mental health organizations.** Personal safety guidelines shall be developed in consultation with the Council on Domestic Violence and Sexual Assault. Upon request, the Department of Education and Early Development, the Department of Health and Social Services, and the Council on Domestic Violence and Sexual Assault shall provide technical assistance to school districts in the development of personal safety curricula. A school health education specialist position shall be established and funded in the department to coordinate the program statewide. Adequate funds to enable curriculum and resource development, adequate consultation to school districts, and a program of teacher training in health and personal safety education shall be provided.

*** Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION. The state Board of Education and Early Development shall develop the mental health guidelines required by AS 14.30.360(b), as amended by sec. 3 of this Act, within two years after the effective date of this Act.

Fiscal Note

State of Alaska
2021 Legislative Session

Bill Version: HB 60
Fiscal Note Number:
() Publish Date:

Identifier: HB060-EED-SSA-1-25-21
Title: PUBLIC SCHOOLS: MENTAL HEALTH EDUCATION
Sponsor: CLAMAN
Requester: House Education

Department: Department of Education and Early Development
Appropriation: Education Support and Administrative Services
Allocation: Student and School Achievement
OMB Component Number: 2796

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2022 Appropriation Requested	Included in Governor's FY2022 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2022**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**	**FY 2027**
Personal Services							
Travel							
Services	41.0						
Commodities							
Capital Outlay							
Grants & Benefits	30.0						
Miscellaneous							
Total Operating	**71.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Fund Source (Operating Only)

1004 Gen Fund (UGF)	71.0						
Total	**71.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Estimated SUPPLEMENTAL (FY2021) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2022) cost: 0.0 *(separate capital appropriation required)*

Does the bill create or modify a new fund or account? No

(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 06/30/23

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

Prepared By: Tamara Van Wyhe, Division Director — Phone: (907)269-4583
Division: Innovation and Education Excellence — Date: 01/22/2021
Approved By: Lacey Sanders, Administrative Services Director — Date: 03/25/21
Agency: Office of Management and Budget

Analysis

This bill seeks to amend existing health education law, AS 14.30.360 Health education curriculum; physical activity guidelines, by specifically adding mental health education to the statute. This bill advocates for students to receive on-going education on mental health by 1) explicitly adding mental health to the list of health topics districts are encouraged to include in their K-12 health education programs, and 2) requiring the State Board of Education and Early Development to provide districts with health education standards for instruction in mental health that are developed in consultation with the Department of Health and Social Services (DHSS), regional tribal health organizations, and representatives of national and state health organizations.

This fiscal note contains three one-time, multi-year expenses: 1) $30.0 for $1.5 stipends for 20 parents and qualified stakeholders for their year long participation in the research and authoring of the standards, 2) $35.0 contract for a national Mental Health Education expert to facilitate the standards process and professional development materials, and 3) $6.0 for legal fees to implement the necessary regulation changes.

The department plans to hold the necessary stakeholder engagement meetings with participating stakeholders virtually and to publish and disseminate the new Health Education/Mental Health standards electronically.

Transition language provides the State Board of Education and Early Development two years to develop mental health guidelines. A multi-year appropriation of $71.0 covering FY2022 and FY2023 would allow the department to expend funding over the two years.

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2019 Alaska Youth Risk Behavior Survey Highlights

In 2019, 1,875 Alaska students in 39 traditional high schools statewide completed the anonymous and voluntary Alaska Youth Risk Behavior Survey (YRBS) that reports many different health and social behaviors.

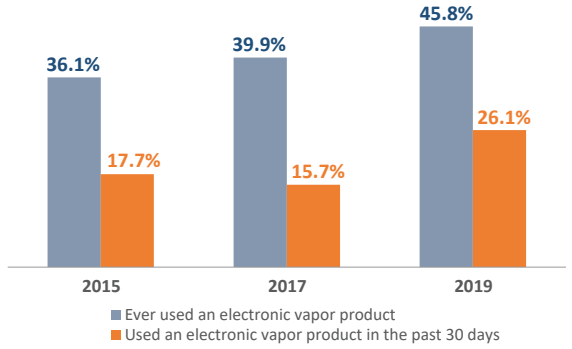
The 2019 survey showed a significant increase in the percentage of adolescents vaping, feeling sad and hopeless, and attempting suicide. About 1 out of 4 adolescents currently vape. During the past year, more than 1 out of 3 felt sad or hopeless, and 1 out of 5 attempted suicide. This report highlights the challenges and improvements for Alaska high school students statewide.

The following is a brief summary of 2019 Alaska YRBS results showing the health risk behaviors and protective factors of Alaska's traditional high school students.

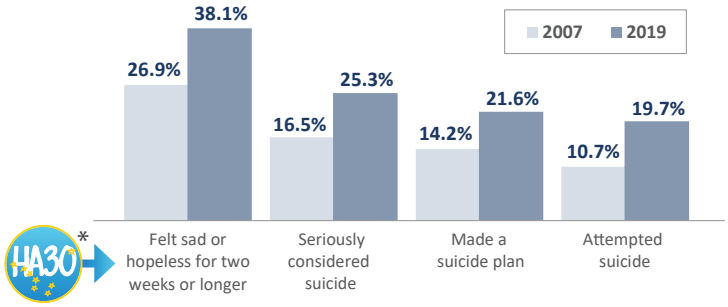
Increases in Risk Factors

Alaska high school students are increasingly using e-cigarettes, feeling sad or hopeless, and attempting suicide.

Current use of e-cigarettes is up among Alaska high school students, after being flat since 2015.



Since 2007, there have been significant increases in students feeling sad or hopeless, and considering, planning for, and attempting suicide in the past 12 months.



Vaping[1]

Between 2015 and 2019, there was a statistically significant increase in students starting to use and currently using electronic vapor products like e-cigarettes.

Current use means using at least once during the past 30 days. In 2019, 7.5% of Alaska high school students were currently smoking cigarettes, compared to 26.1% currently using e-cigarettes. That's a significant increase from 2017, when 15.7% were using e-cigarettes.

Obesity[2]

In 2019, 14.8% of Alaska high school students were obese, an increase from 10.9% in 2007.

Mental Health

The percentage of students attempting suicide during the past year nearly doubled, from 10.7% in 2007 to 19.7% in 2019. In fact, this measure increased significantly as of 2017 (12.1%).

Screen time

Between 2007 and 2019, more adolescents spent long periods of time in front of screens. More than half of students spent three or more hours each day on an average school day watching television, playing video or computer games, or using a computer, smartphone, or tablet for something other than school work (56.7% in 2019; 49.9% in 2007).[3]

* HA30 This symbol marks YRBS measures that are included in the 30 Healthy Alaskans 2030 health objectives.

[1] Use of electronic vaping products is termed, "vape", "vaping" or "vaped". Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods; such as JUUL, Vuse, MarkTen (not currently on the market), and blu.
[2] Percentage of students at or above the 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.
[3] Including time spent watching television or on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media, for some thing that was not school work, on an average school day.

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New YRBS Questions in 2019

Emotional Health

66.3% Could control their emotions

61.4% Could remain calm when things go wrong

Homelessness

11.6% Experienced homelessness[4]

Physical Activity

20.9% Walked or rode their bike to or from school 3 or more days in an average week (when weather allowed).

Drugs

6.9% Ever used benzodiazepines differently than how a doctor told them or without a prescription.

Access to Guns

48.9% Could access a loaded gun.

Bullying

16.3% Were bullied outside of school or on the way to or from school in the past 12 months.

Other Areas of Concern

Many other behaviors have not changed significantly, but remain at levels that warrant concern.

Physical Activity

HA30

Only 17.9%

Met the physical activity recommendations of 60 minutes every day in the past week for good health.

Sugary Drinks

49.1%

Consumed sugary drinks[5] one or more times each day in the previous week.

Injury Prevention

Among students who drove in the past month:

29.8% Texted or emailed while driving.

12.0% Drove after using marijuana.

Sexual Activity

26.2% Had sex in last 3 months.

Among students who had sex in the past 3 months:

13.2% Used both a condom and another contraceptive.

15.7% Did not use any method to prevent pregnancy.

HA30

34.5% Smoked cigarettes or cigars, used smokeless tobacco (including Iqmik), or used electronic vapor products in the past 30 days.	**12.4%** Engaged in binge drinking[6] in the past 30 days.	**15.9%** Had their first drink of alcohol before age 13 (more than a few sips)	**21.6%** Used marijuana in the past 30 days.	**9.9%** Tried marijuana for the first time before age 13.	**3.6%** Ever used methamphetamines.

[4] Homelessness includes having slept away from parents' or guardians' home because they were kicked out, ran away, were abandoned, or felt unsafe in their home in the past 12 months.
[5] The percentage of students who drank soda, sports drink (such as Gatorade or PowerAde); energy drink (such as Red Bull, Rockstar, or Monster); or another sugar- sweetened beverage (such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight) one or more times per day (during the past seven days).
[6] Binge drinking: Females - four or more drinks of alcohol in a row, within a couple of hours; Males - five or more drinks of alcohol in a row, within a couple of hours.

Other Areas of Concern (cont.)

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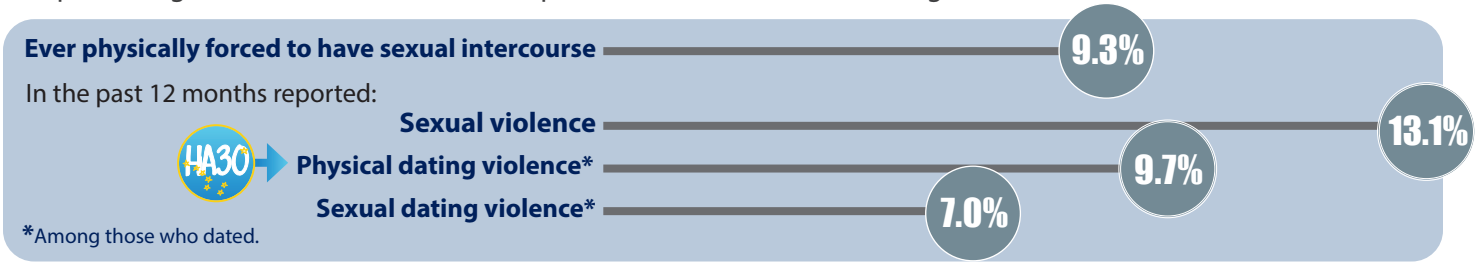
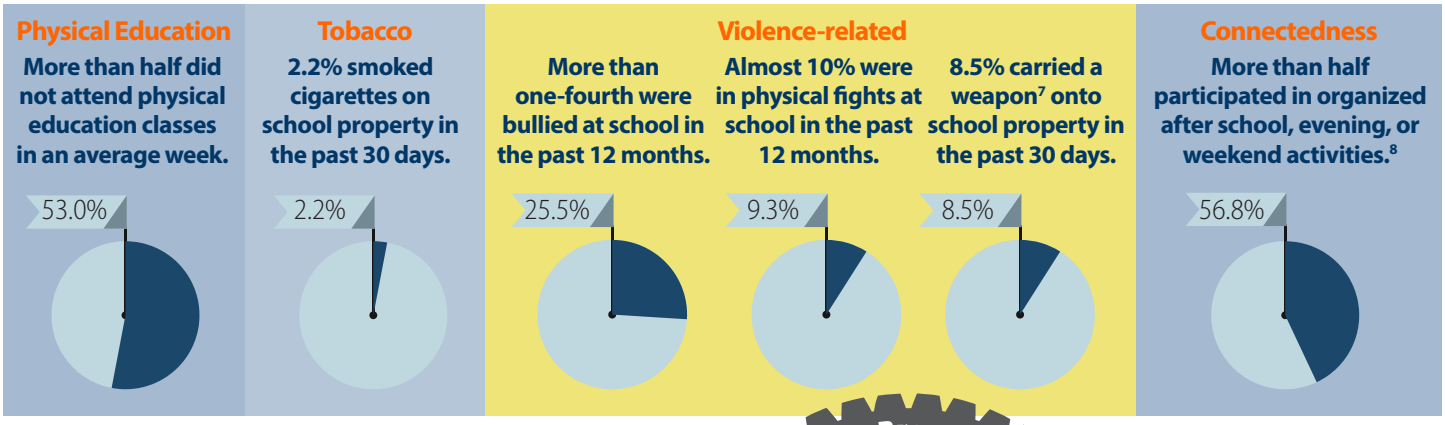
Violence

The percentage of Alaska students who experience violence is concerning.



Health and Risk Behaviors at School

High school students spend more time at school than any place other than home. Therefore, it is important to understand the extent to which students experience health risk and protective behaviors at school. These results may be used to develop programs and policies that reduce health risk behaviors and strengthen social supports.



Improvements

There were significant decreases in cigarette smoking, secondhand smoke exposure, riding with a driver who had been drinking alcohol, and not wearing a bicycle helmet.

Injury Prevention

14.7%

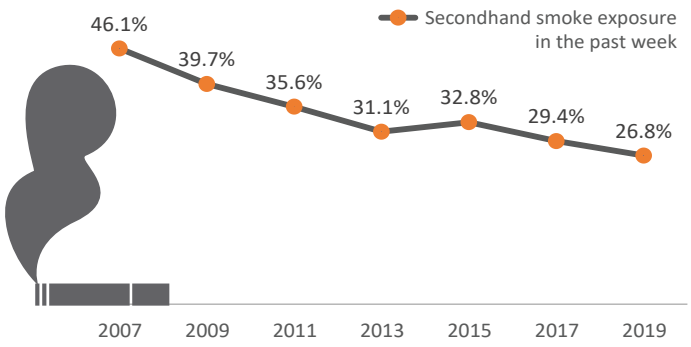
Rode in a car driven by someone who had been drinking alcohol during the past 30 days in 2019, **down from 23.5% in 2007**.

Among students who rode a bicycle in the past 12 months, 64.5% rarely or never wore a helmet in 2019, **down from 76.0% in 2007**.

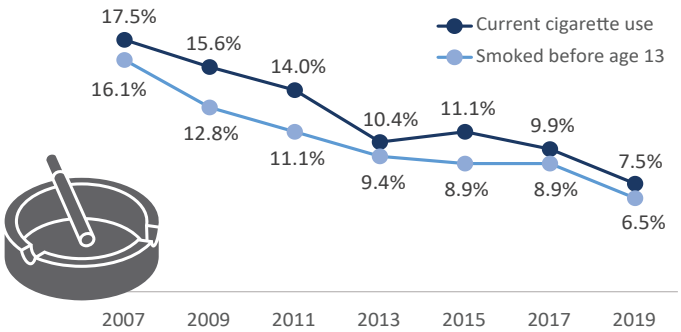
64.5%

Tobacco Improvements between 2007 and 2019:

There was a significant decrease in second-hand smoke exposure.



There was a significant decrease in current smoking and starting to smoke by age 13.



[7]Such as a gun, knife, or club, on at least one day during the 30 days before the survey.
[8]Such as school clubs; community center groups; music, art, or dance lessons; drama; church; or cultural or other supervised activities.

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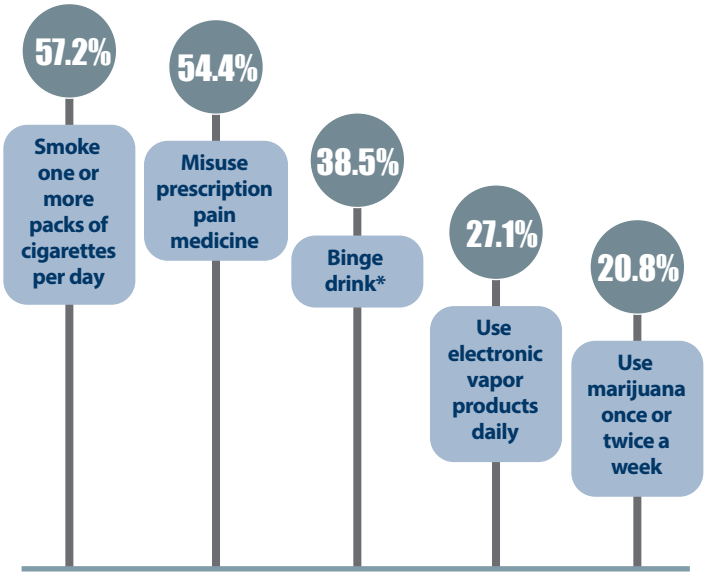
Perceptions & Connections

Risk perceptions

Adolescents perceived less risk of harm from binge drinking, electronic vapor product use, and marijuana use than from cigarette smoking or misuse of prescription pain medicine.

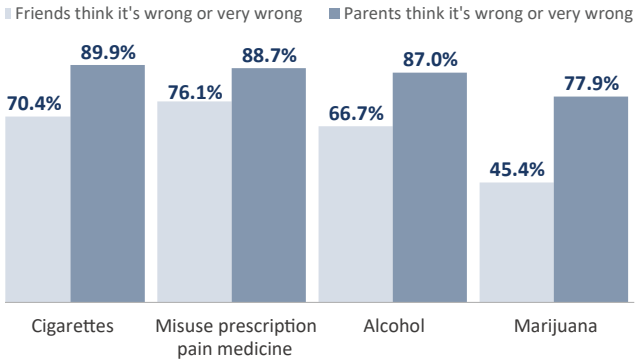
Alaska high school students believe people greatly risk harming themselves if they:



* Consume five or more drinks of alcohol in a row, once or twice a week.

Perceptions of friends and parents

Adolescents perceived that parents were more likely than their peers to think substance use is wrong. This gap was largest for marijuana use.



Social supports and connectedness

Less than half:

- Felt comfortable seeking help from three or more adults besides their parents (48.6%).
- Agreed that they feel like they matter to people in their community (47.8%).
- Talked with one of their parents about what they are doing in school nearly every day (38.3%).

More than half:

- Agreed that their teachers really care about them and give them a lot of encouragement (59.0%).

About the 2019 YRBS

The Youth Risk Behavior Survey (YRBS) is a school-based survey of Alaska high school students. Every other school year, the YRBS collects important information about the health and social connections of Alaska high school students. Alaska's survey is part of a national effort run by the U.S. Centers for Disease Control and Prevention.

Healthy Alaskans

Healthy Alaskans, Alaska's state health improvement plan, monitors progress toward maximizing the health potential of Alaskans, including Alaska adolescents. Healthy Alaskans 2020 included eight YRBS measures among 25 leading health indicators, or health objectives. Healthy Alaskans 2030 includes six YRBS measures among its thirty health objectives, noted in this report.

More information on Healthy Alaskans is available online: www.healthyalaskans.org.

Alaska 2019 YRBS Stats

Participants included:

- **1,875** high school students from
- **39** traditional high schools in Alaska

Student participation was:

- **Anonymous**
- **Voluntary**
- **With parents' consent**

Students answered questions about:

- **Physical activity and nutrition**
- **Tobacco, alcohol and drug use**
- **Injury prevention**
- **Violence and bullying**
- **Suicide**
- **Sexual behaviors**
- **Connections with peers, adults, and community**

Find more 2019 YRBS data online:

- **View the 2019 Data Dashboard**
- **Learn about Alaska's YRBS**

Published May 2020

This publication was supported by Grant/Cooperative Agreement #NU87PS004290, funded by the Centers for Disease Control and Prevention (CDC).

Centers for Disease Control and Prevention

National Health Education Standards

The National Health Education Standards (NHES) were developed to establish, promote, and support health-enhancing behaviors for students in all grade levels—from pre-Kindergarten through grade 12. The NHES provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Importantly, the standards provide students, families and communities with concrete expectations for health education.

First published in 1995, the NHES were created in response to several model standards being developed for other areas of education by educational leaders across the United States in the early 1990s. With support from the American Cancer Society, the Joint Committee on National Health Education Standards was formed to develop the standards. Committee members included:

- American Public Health Association
- American School Health Association
- American Association for Health Education (AAHE)

Over the last decade, the NHES became an accepted reference on health education, providing a framework for the adoption of standards by most states. A review process begun in 2004 resulted in revisions to the NHES that acknowledged the impact and strength of the original document and took into account more than 10 years of use nationwide. The *2nd edition National Health Education Standards—Achieving Excellence* promises to reinforce the positive growth of health education and to challenge schools and communities to continue efforts toward excellence in health education.

A Look at the Health Standards

The NHES are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health.

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
Standard 3	Students will demonstrate the ability to access valid information, products, and services to enhance health.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.

Creating an Effective Health Education Curriculum

Although the NHES provides a framework for health education, teachers, administrators, and policymakers, it should also take into account the characteristics of an effective health education curriculum.

Page last reviewed: March 27, 2019

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SKILLS FOR A HEALTHY LIFE

A

A student should be able to acquire a core knowledge related to well-being.

A student who meets the content standard should:

1) understand that a person's well-being is the integration of health knowledge, attitudes, and behaviors;
2) understand how the human body is affected by behaviors related to eating habits, physical fitness, personal hygiene, harmful substances, safety, and environmental conditions;
3) understand and identify the causes, preventions, and treatments for diseases, disorders, injuries, and addictions;
4) recognize patterns of abuse directed at self or others and understand how to break these patterns;
5) use knowledge and skills to promote the well-being of the family;
6) use knowledge and skills related to physical fitness, consumer health, independent living, and career choices to contribute to well-being;
7) understand the physical and behavioral characteristics of human sexual development and maturity; and
8) understand the ongoing life changes throughout the life span and healthful responses to these changes.

B

A student should be able to demonstrate responsibility for the student's well-being.

A student who meets the content standard should:

1) demonstrate an ability to make responsible decisions by discriminating among risks and by identifying consequences;
2) demonstrate a variety of communication skills that contribute to well-being;
3) assess the effects of culture, heritage, and traditions on personal well-being;
4) develop an awareness of how personal life roles are affected by and contribute to the well-being of families, communities, and cultures;
5) evaluate what is viewed, read, and heard for its effect on personal well-being; and
6) understand how personal relationships, including those with family, friends, and co-workers, impact personal well-being.

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C

A student should understand how well-being is affected by relationships with others.

A student who meets the content standard should:

1) resolve conflicts responsibly;
2) communicate effectively within relationships;
3) evaluate how similarities and differences among individuals contribute to relationships;
4) understand how respect for the rights of self and others contributes to relationships;
5) understand how attitude and behavior affect the well-being of self and others; and
6) assess the effects of culture, heritage, and traditions on well-being.

D

A student should be able to contribute to the well-being of families and communities.

A student who meets the content standard should:

1) make responsible decisions as a member of a family or community;
2) take responsible actions to create safe and healthy environments;
3) describe how public policy affects the well-being of families and communities;
4) identify and evaluate the roles and influences of public and private organizations that contribute to the well-being of communities;
5) describe how volunteer service at all ages can enhance community well-being; and
6) use various methods of communication to promote community well-being.

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State of Alaska Epidemiology Bulletin

Department of Health and Social Services
Adam Crum, MSPH, Commissioner
Anne Zink, MD, Chief Medical Officer

3601 C Street, Suite 540
Anchorage, AK 99503 http://dhss.alaska.gov/dph/Epi

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Bulletin No. 5 September 25, 2020

Adolescent Suicide Death, AKVDRS Update — Alaska, 2016–2019

Background

During 2016–2019, two out of three violent deaths in Alaska were due to intentional self-harm (suicide).[1] In 2018 (the most recent data available), one out of five deaths among adolescents aged 12–19 years in the United States (U.S.) were due to suicide. Nationally, the suicide rate among adolescents increased by 17% during 2016–2018 (from 7.5 to 8.8 per 100,000, respectively).[2] This *Bulletin* provides an update on adolescent suicide deaths in Alaska.

Methods

Alaska Violent Death Reporting System (AKVDRS) data from 2016–2019 were analyzed using the abstractor-assigned manner of death per the National Violent Death Reporting System guidelines. Deaths were counted if the decedent was fatally injured in Alaska and was aged 12–19 years. Unadjusted (crude) rates were calculated using Alaska Department of Labor population estimates.

Results

During 2016–2019, 90 adolescent suicides were identified and recorded in AKVDRS and accounted for 11% (90/796) of total suicide deaths in Alaska. The average annual unadjusted suicide rate was 28.8 suicides per 100,000 adolescents aged 12–19 years. Annual rates ranged from 23.0 to 41.1 per 100,000 adolescents (Figure 1). Annual average rates were highest among males and American Indian/Alaska Native (AI/AN) youth (47.9 and 78.9 per 100,000, respectively). The suicide rate among Alaska Native adolescents nearly doubled from 2018 to 2019 (Figure 2). Rates by region were highest in the Northern and Southwest regions (116.1 and 112.5 per 100,000 persons aged 12–19 years, respectively), followed by the Interior, Gulf Coast, Anchorage, Mat-Su, and Southeast regions (30.4, 24.5, 15.4, 12.1, and 10.7 per 100,000, respectively).

Toxicology testing for drugs and/or alcohol was performed for 88 (98%) decedents; of which, 38/88 (43%) had a positive toxicology result; 27/88 (31%) were positive for marijuana use and 18/38 (47%) were positive for alcohol use prior to death.

Circumstances were known for 90 (100%) of the decedents. Frequently identified characteristics included the following:

- 45 (50%) had a history of suicidal ideation;
- 35 (39%) had a known mental health problem;
- 42 (38%) were reported to be depressed;
- 31 (34%) had a history of treatment for a mental illness;
- 31 (34%) had disclosed suicidal thoughts or intent to die by suicide with potential time to intervene;
- 29 (32%) left a suicide note or message;
- 17 (19%) had history of previous suicide attempts; and
- 17 (19%) were currently receiving mental illness treatment.

The most frequent method used by decedents was a firearm (56, 62%), followed by hanging/strangulation/suffocation (31, 34%), and all other methods (3, 3%).

Specific circumstances identified included the following:

- familial relationship stressors (27, 30%);
- intimate partner problem (22, 24%), of which, 11/22 (50%) were in crisis;
- argument preceding the incident (27, 30%);
- school problem (e.g., grades, bullying, detention; 18, 20%);
- experienced recent death of a friend or family member (7, 8%); and
- experienced a recent suicide of a friend or family member (5, 6%).

Figure 1. Number and Rate of Adolescent Suicides (N=90) — Alaska, 2016–2019

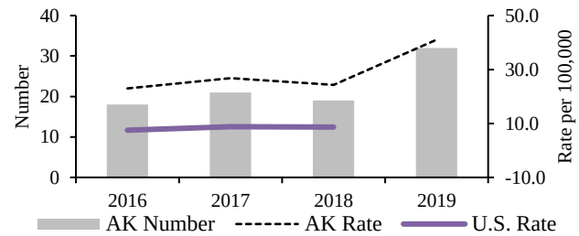
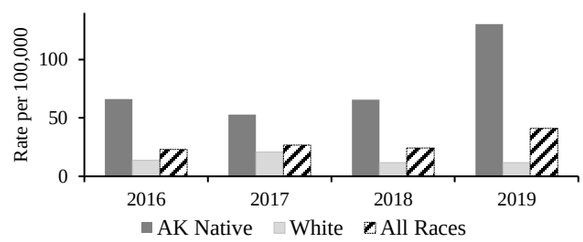


Figure 2. Rate of Adolescent Suicides by Race (N=90) — Alaska, 2016–2019



Discussion

Alaska's average annual adolescent suicide rate at 28.8 suicides per 100,000 was 3.2 times higher than the average annual U.S. rate during 2016–2018. It is not known at this time if national data will mirror Alaska's 2019 increase, which appears to be driven by a concerning increase among AI/AN youth. Coupled with rapid physical and psychological changes during this time in life, some adolescents may be overwhelmed by life stressors, exhibiting symptoms of mental pain including guilt, hopelessness, angst, fear, and rage.[3] Substance misuse is one of the most common risk factors of suicide and is known to increase the risk of suicidal ideation and behavior such as mood changes after intoxication. While life events play a role, their significance increases markedly while under the influence.

Concurrent conditions and challenges may exacerbate existing psychosocial stress levels (e.g., bullying, poverty, and traumatic events).[4] CDC's Preventing Suicide provides a range of helpful strategies that promote overall health and build positive relationships and cultural connectedness, which are vital for reducing suicidal thoughts, attempts, and deaths.[5,6] The Suicide Prevention Resource Center also provides specific resources for teens including free contact by text, phone (1-800-273-TALK or 1-877-266-HELP), and online chat with a trained specialist for emotional support and information.

References

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3. Becker G, et al. Re-examining the mental pain-suicidality link in adolescence: the role of tolerance for mental pain. *Suicide Life Threat Behav* 2019;49(4):1072–84.
4. CDC. Violence Prevention. Suicide. Coping with stress. Available at: https://www.cdc.gov/violenceprevention/suicide/copingwith-stresstips.html
5. Alaska Suicide Prevention Council. Recasting the Net: Promoting Wellness to Prevent Suicide, 2018–2022. Available at: http://dhss.alaska.gov/SuicidePrevention/Documents/Reports/2018-2022-RCTN-Implementation-Report.pdf
6. Goldston DB, et al. The Garrett Lee Smith memorial suicide prevention program. *Suicide Life Threat Behav* 2010;40(3):245–56.

(Contributed by Deborah Hull-Jilly, MPH; and Scott Saxon, BS; Injury Surveillance Program, Section of Epidemiology; and Ashley Hannigan, MA; University of Alaska Anchorage; Leah Van Kirk, BA; Division of Behavioral Health. Special thanks to Dr. Cristin Rolf.)

alaska children's trust

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5 March 2021

Representative Matt Claman
Alaska State Legislature
Capital Building, Rm 118
Juneau, AK 99801

Re: HB 60: An Act Relating to Mental Health Education

Dear Representative Matt Claman,

Alaska Children's Trust (ACT) extends its support for HB 60, "An Act relating to mental health education." Alaska Children's Trust works to prevent child abuse and neglect across the state.

House Bill 60 works to expand existing health education requirements by directing the Board of Education and Early Development to develop guidelines ensuring the inclusion of mental health education in grades Kindergarten through 12th grade. ACT supports HB 60 both for its capacity to increase identification of child abuse and neglect through greater discussion of mental health; and to promote resilience within our childhood population.

Alaska has one of the highest per capita rates of child abuse and neglect in the country. HB 60 works to increase awareness of the signs and symptoms of mental illness, which supports early identification and intervention in cases of child abuse and neglect. HB 60 also works to reduce stigma surrounding mental health by empowering youth to seek resources for support and treatment in cases of mental illness.

Alaska Children's Trust also supports HB 60 for working to promote resilience within Alaska's youth population. The Adverse Childhood Experiences (ACEs) study demonstrated the significant influence of childhood experiences in shaping lifetime health. Abuse, neglect, and family dysfunction both directly affect a child's mental health status in the short term and as they grow to become members of society. While recognizing that adversity is a natural part of life, ACT supports this bill's aim of providing youth with the tools necessary to address trauma through healthy coping skills.

House Bill 60 aligns with our core goals of fostering healthy development in children, promoting resilience, and strengthening families across Alaska. ACT applauds Representative Claman's willingness to openly address the importance of mental health in our childhood population. We look forward to continuing to work together to advance these shared goals.

Sincerely,

Trevor J. Storrs
President/CEO

NASW ALASKA CHAPTER
National Association of Social Workers

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March 12, 2021

Representative Matt Claman
State Capitol Room 420
Juneau, Alaska 99801

RE: Letter of Support for House Bill 60

Dear Representative Claman:

The National Association of Social Workers (NASW) – Alaska Chapter enthusiastically endorses the passage of HB 60, "Public Schools: Mental Health Education."

The burden of mental illness in Alaska continues to grow and the stigma associated with mental illness presents barriers to care and to services. Mental illness not only impacts individuals but is a public health issue that also affects families and communities. Despite the movement towards mental health awareness, many gaps still exist for those suffering with mental illness. The inclusion of mental health in the K-12 school curriculum will go a long way toward closing this gap. Education is an effective way of reducing the stigma and barriers that surround mental health. Educating our students on mental health will empower them to reach out for services earlier, which has been shown to improve outcomes.

Social workers are one of the largest providers of mental health services in the United States and both the NASW and NASW-AK are committed to spreading awareness and understanding of mental health needs. Therefore, the board of the National Association of Social Workers – Alaska Chapter strongly supports this bill.

Thank you for your careful consideration of this very important legislation.

Most Respectfully,

Nina Corbett, MSW, LCSW-NC
National Association of Social Workers
Alaska Chapter President

NAMI Alaska
National Alliance on Mental Illness
Affiliates in Anchorage, Fairbanks, Juneau, and North Slope
Serving all of Alaska

March 19, 2021

Representative Matt Claman
Alaska State House of Representatives
Alaska State Capitol
Juneau, Alaska 99801

Re: HB 60 - "An Act relating to mental health education."

Dear Representative Claman,

The board of NAMI Alaska is pleased to endorse HB 60, "An Act relating to mental health education."

This legislation amends the existing health education curriculum statute to provide mental health education as part of the overall K-12 health curriculum in order to adequately educate students on vital information pertaining to mental health symptoms, resources, and treatment. Strengthening the existing health curriculum in Alaska public schools by including mental health education and awareness will teach students to recognize the warning signs of mental distress and provide them with the language and resources to connect to help.

Half of all lifetime mental illness begins by age 14 and early identification and intervention are essential to keep young lives on track. If mental health education were taught in schools as part of the overall health curriculum, a very large number of students would be aware of signs to help themselves or others, as well as opening up a dialogue relating to mental health concerns and discovering resources to get help.

By creating mental health education standards and encouraging schools to teach a mental health curriculum, HB 60 aims to decrease the stigma surrounding mental illnesses and increase students' knowledge of mental health, encouraging conversation around and understanding of this issue.

Thank you for sponsoring this important legislation.

Respectfully,

Ann Ringstad
Executive Director
NAMI Alaska

NAMI Alaska (National Alliance for Mental Illness) is the statewide umbrella organization for Alaska's four local and regional **NAMI** affiliates in Anchorage, Fairbanks, Juneau and the North Slope. Our mission is to eliminate the stigma of mental illness. We provide education, support, advocacy, and public awareness so that all individuals affected by mental illness can build better lives. As per our Public Policy Platform, NAMI Alaska supports efforts by policymakers, and behavioral health stakeholders in working toward a coordinated and integrated system of care that supports prevention, intervention and wellness for the entire family.

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