

CDC Healthy Schools

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](#)
- [SHAPE America \(Society of Health and Physical Educators\)](#)

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](#).



Department of Health and Social Services
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Bulletin No. 1 January 2, 2019

AKVDRS Suicide Death Update — Alaska, 2012–2017

Background

During 2012–2017, Alaska's suicide rate was either the first or second highest in the nation.¹ Suicide was the leading cause of death among Alaskans aged 10–64 years and is the sixth leading cause of death overall in Alaska.¹ The purpose of the Alaska Violent Death Reporting System (AKVDRS) is to support development, implementation, and evaluation of programs and policies designed to reduce and prevent violent deaths. This *Bulletin* provides a summary overview of recent AKVDRS suicide death data.

Methods

AKVDRS data from 2012–2017 were analyzed using the abstractor-assigned manner of death following National Violent Death Reporting System guidelines. Deaths were counted if the decedent was fatally injured in Alaska. Unadjusted (crude) rates were calculated for 2012–2017 using the most current (v. 2017) Alaska Department of Labor's population estimates data.

Results

During 2012–2017, 1,103 suicides were identified and recorded in AKVDRS and accounted for most (1,103/1,614, 69%) of the violent deaths in Alaska. The average annual unadjusted suicide rate was 25.0 per 100,000 persons overall and 29.2 per 100,000 persons aged ≥10 years.

The highest rates by sex and age were among males aged 20–24 years and 70–74 years (85.7 and 70.3 per 100,000 persons, respectively) and females aged 20–24 years (20.6 per 100,000 persons). The highest rates by race were among American Indian/Alaska Native (AI/AN) people (46.6 per 100,000 persons), followed by Whites, Blacks, Asian/Pacific Islanders, and people of two or more races (22.4, 19.9, 7.7, and 19.0 per 100,000 persons, respectively). Rates by region were highest in the Southwest and Northern regions (50.5 and 50.1 per 100,000 persons, respectively), and lowest in the Southeast region (17.3 per 100,000 persons). The Anchorage/Mat-Su region had the largest rate increase (61%) during 2012–2017.

Of the 1,103 suicides recorded during 2012–2017,

- the most commonly documented incident characteristics included proven/suspected alcohol intoxication, current depressed mood, and intimate partner problems (Figure 1);
- 397 (36%) decedents had a documented alcohol and/or substance abuse problem;
- 668 (61%) decedents were tested for alcohol; of which, 272 (41%) tested positive and 207 (31%) had a blood alcohol concentration (BAC) ≥0.08 g/dL (range: 0.01–0.65 g/dL);
- 668 (61%) decedents were tested for opiates; of which, 103 (15%) tested positive and 29 (4%) died as a result of an opiate overdose;
- 1,065 (97%) decedents had known precipitating circumstances; the most common (besides mental health and substance use problems) were physical health problems (219, 21%), criminal/legal problems (138, 13%), and job problems (125, 12%; Figure 1);
- 404 (37%) decedents had a documented current mental health problem (Figure 2); of these, 102 (25%) had a documented substance abuse problem and 241 (60%) were receiving treatment for mental illness;
- 403 (37%) decedents had intimate partner problems; of which, 132 (33%) had an identified crisis event within 2 weeks of their death;
- 563 (51%) decedents were never married, 287 (26%) were married, 191 (17%) were divorced, and 62 (6%) were widowed, separated, single, or of unknown marital status;

- 204 (18%) decedents were current or former U.S. military;
- 9 (<1%) decedents were involved in combination homicide-suicide incidents; and
- 691 (63%) deaths involved a firearm, 275 (25%) involved hanging/strangulation/suffocation, 97 (9%) involved poisoning, and 40 (3%) involved other weapons.

Figure 1. Incident Characteristics of Suicides (N=1,103) — Alaska, 2007–2012*

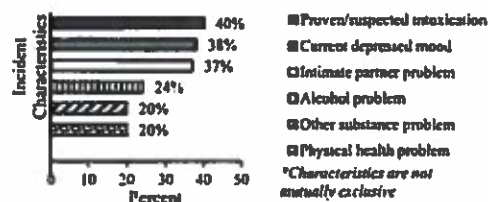
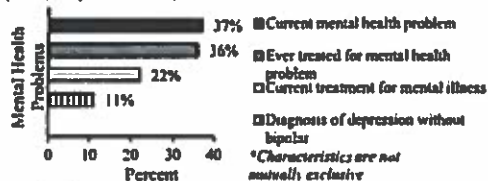


Figure 2. Mental Health Characteristics of Suicides (N=1,103) — Alaska, 2012–2017*



Discussion

Compared to 2007–2011, Alaska's average annual unadjusted suicide rate was 13% higher during 2012–2017 (increasing from 25.8 to 29.2 per 100,000 persons aged ≥10 years).² Suicide occurred in higher rates among males, AI/AN people, and persons aged 20–24 years. Although suicide rates remained highest in rural areas, rates increased in urban areas during 2012–2017.

Use of alcohol and other substances was frequently identified among suicide decedents, however, toxicology testing was not performed on all decedents during 2012–2014. Routine postmortem toxicology testing of all suicide decedents was initiated in 2015; the results of which are available in a separate report.³ Alcohol use associated with suicide declined from 45% during 2007–2011 to 41% during 2012–2017; and conversely, opiate use increased from 12% to 15%.^{2,3} Toxicology testing of suicide decedents helps improve our understanding of trends and our ability to characterize the role of substance use in suicides, which can be useful for developing targeted public health prevention strategies and clinical screening guidelines.⁴

The increase in postmortem forensic toxicology testing might have contributed in-part to the observed increase in opiate-positive test results and should be interpreted with caution.

References

- Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System. Available at: <http://www.cdc.gov/injury/wisqars/index.html>
- Alaska Epidemiology Bulletin. Summary of Violent Deaths — Alaska, 2007–2011 No. 2, January 14, 2013. Available at: http://www.dhs.alaska.gov/bulletin/docs/b2013_02.pdf
- Alaska Epidemiology Bulletin. Alaska Suicide Toxicology Project 2015–2017. Volume 21, No. 1, January 2, 2019. Available at: http://www.dhs.alaska.gov/bulletin/docs/b2019_01.pdf
- Alaska Suicide Prevention Council. Casting the Net Upstream: Promoting Wellness to Prevent Suicide. Annual Report 2017. Available at: <http://dhs.alaska.gov/Prevention/DocumentCenter/View/56379/Annual-Report-2017.pdf>

ALASKA CONTENT STANDARDS

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.

SKILLS FOR A HEALTHY LIFE

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.

ALASKA SENATE EDUCATION COMMITTEE

MARCH 10, 2021

TESTIMONY BY

Dr. Shirley Holloway

On SB 80

Good Morning Members of the Senate Education Committee.

My name is Shirley Holloway. I serve as Vice President for NAMI Alaska. I also have the honor of serving as President of the NAMI National Board of Directors. I have served on the State Board of Education and I am a former Alaska Commissioner of Education and Early Development.

I found NAMI after we lost our daughter who lived with mental illness to suicide.

As background, NAMI is the largest mental health organization in the nation – 600 affiliates and 48 state chapters. Our mission is to provide advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

NAMI Alaska was created in 1984 and serves the entire state, with affiliates in Anchorage, Fairbanks, Juneau and the North Slope. We offer, at no cost to participants, trained volunteer teachers and facilitators who have lived experiences. Our signature programs are evidenced based.

I would like to thank Senator Gray-Jackson for sponsoring SB 80: An Act Relating to Mental Health Education.

Education, early recognition and intervention, as well as, working on prevention are keys to minimizing mental health issues that are

common in our youth and adolescents and hopefully eradicating the long term disabilities caused by mental illness.

It is vital that Alaska 's education system create a comprehensive mental health curriculum. Proper mental health is crucial to overall well being, which is why it is necessary that mental health is incorporated into existing health education curricula, programs, and courses.

Incorporating mental health education and addressing the myths that exist about mental illness also creates a broader understanding of psychiatric diseases, which will contribute to reducing stigma for those living with mental illness.

Disseminating accurate information to schools and to the community will increase the likelihood that children and teens struggling with symptoms are not viewed negatively by their peers.

If we can do that, we increase the odds that youth will accept treatment, this leading to the improved outcomes generated by early interventions.

50% of mental illness develops by 14
75% by 24

70-80% of children living with mental illness do not receive treatment.
This leads to decreased performance in school

22 million adolescents aged 12-17 have experienced a major depressive episode and the estimate is 60% of them did not receive any treatment.

The dropout rate for children with severe emotional health and mental health issues is twice that of other students.

I understand that according to the Alaska 2017 Youth Risk Behavior Health Survey, one in three Alaskan students reported feeling sad or hopeless almost every day for at least two weeks in the past year and 22.8% had seriously considered suicide.

This last year with the isolation and all of the associated issues with the pandemic, we are seeing significantly more children being seen in the ER with mental health concerns. Beginning in April 2020, the proportion of children's mental health -related ER visits among all pediatric ER visits increased and remained elevated through October. Compared with 2019 the proportion of mental health-related visits for children aged 5-11 and 12-17 years increased approximately 24% to 32% respectively.

Strengthening Alaska public school's existing health curriculum to include 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. This legislation expands existing health education requirements to include mental health curriculum in all K-12 health classrooms.

Thank you for the privilege to address you.

Thank you for considering the importance of this legislation. In these challenging times, it is now more important than ever to take action to address mental health and provide guidance and hope to all impacted by mental health issues.

THERE IS NO PHYSICAL HEALTH WITHOUT MENTAL HEALTH.

THE TIME IS NOW!.

Anchorage School District
Social Emotional Learning to Address Mental Health

Social Emotional Learning (SEL) involves teaching skills that students and adults need to be successful not only at school, but also at home, in the community, and in the workplace. This includes, but is not limited to, being self and socially aware, having the ability to manage oneself both independently and while interacting with others, listening to perspectives of others, using positive communication, being aware of cultural issues and differences, setting and achieving goals, and taking personal responsibility for learning. Social Emotional Learning is implemented by building relationships through a positive climate, directly teaching skills and strategies, and is infused into daily academics.

The Anchorage School District (ASD) teaches about mental health through its health curriculum and implicitly through implementation of SEL based on District adopted standards - sometimes referred to as “me skills” and “we skills. ” The basis of SEL for all schools is creating a safe and respectful learning environment in which students feel connected to the school, adults, and peers. Examples of this work include:

- Building a positive climate in schools where teachers greet students as they enter class and/or have classroom meetings
- Creating social contracts for how to treat each other kindly
- Establishing reset zones or safe spaces where students have the opportunity to regain self-control and reflect on appropriate behavior
- Teachers and staff work directly with students to teach replacement behaviors and have restorative conversations so interactions and learning are productive with peers and adults.

ASD’s K-8 health programming currently includes mental health literacy components. Additionally, evidence-based programs, aligned to SEL Standards, are utilized daily. These District-supported curriculums include *Second Step*, *Connected and Respected*, and *Lions Quest*. They deliberately teach the SEL skills students need for social and academic success. Students who demonstrate challenging behaviors may be experiencing trauma or mental health issues. They receive additional small group or individualized support from a school psychologist, counselor, or behavioral strategist to help them interact with peers and adults and to cope during the school day. Finally, ASD also implements programs such as *You are not Alone*, which is a youth-led suicide prevention and training program, and *Youth Mental Health First Aid and Question.Persuade.Refer (QPR)*; these programs teach staff about suicide prevention and how to identify mental health needs of students.



**American
Foundation
for Suicide
Prevention**

March 8, 2021

The Honorable Elvi Gray-Jackson
Alaska Senator
State Capitol Room 417
Juneau, AK 99801

RE: Support HB 80 – Student Mental Health Education

Dear Senator Elvi Gray-Jackson

The Alaska Chapter of the American Foundation for Suicide Prevention (AFSP) supports the adoption of HB 60, which will include mental health in the overall health and personal safety curriculum for K-12 students and require that curriculum standards for mental health instruction be developed in consultation with the Department of Health and Social Services and representatives of national and state mental health organizations.

In 2019, we lost 32 young people ages 10-19 to suicide in Alaska, making it the 1st leading cause of death for that age group. According to the latest Youth Risk Behavior Survey (CDC, 2019), in the year before the survey, over 1 in 3 (38.1%) Alaska high school students reported feeling sad or hopeless almost every day for 2 or more weeks in a row; 25.4% seriously considered attempting suicide; 21.6% reported planning about how they would attempt suicide; and 19.7% attempted suicide one or more times. Youth suicide can be prevented through early detection of students who may be in crisis or struggling with their mental health and connecting those students and their families to resources and treatment services. We can and must do more to increase awareness of the mental health resources that are available for students who may be struggling.

Mental health is central to student success and well-being. Including age-appropriate mental health content in the overall school health curriculum for grades K-12 will help to reduce the stigma around mental health conditions and empower students to reach out for help should they notice signs of deteriorating mental health or suicide risk in themselves or their peers. Normalizing discussions on mental health and seeking help can increase the likelihood that students will connect with trusted adults and access available resources when needed.

With your support, we can act to affirm the state's commitment to improving the lives of Alaska's youth and prevent the tragic loss of life to suicide in the future. The AFSP Alaska Chapter appreciates your leadership and we look forward to working with you and your staff on these issues moving forward. Please feel free to reach out with any questions or if you would like additional information.

Sincerely,

Jim Biela

Board Member – Lead Field Advocate Alaska Chapter
American Foundation for Suicide Prevention
Phone: 907-545-4675 Email: james_biela.afspeak@yahoo.com



NAMI Alaska

National Alliance on Mental Illness

Affiliates in Anchorage, Fairbanks, Juneau, and North Slope
Serving all of Alaska

March 3, 2021

Senator FMI Gray-Jackson
Alaska State Senate
Alaska State Capitol
Juneau, Alaska 99801

Re: SB 80 - "An Act relating to mental health education."

Dear Senator Gray-Jackson,

The board of NAMI Alaska is pleased to endorse SB 80, "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 Alaska public school's existing health curriculum to include 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, SB 80 aims to decrease the stigma surrounding mental illness 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 on Mental Illness) is the statewide umbrella organization for Alaska's local and regional NAMI affiliates in Anchorage, Fairbanks, Juneau, and the North Slope. We provide education, support, advocacy, and public awareness so that all individuals affected by mental illness can build better lives. As part of our Public Policy Platform, NAMI Alaska supports efforts by policymakers and behavioral health professionals in working toward a coordinated and integrated system of care that supports prevention, intervention and wellness for all Alaskans.

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Trust
Alaska Mental Health
Trust Authority

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February 21, 2020

Representative Matt Claman
State Capitol Room 118
Juneau, AK 99801

RE: House Bill 181- An Act Relating to Mental Health Education

Dear Representative Claman,

The Alaska Mental Health Trust Authority (Trust) supports HB 181 and we thank the students and professionals who are sharing their stories and advocating for positive change in Alaska's schools and communities.

The Trust has long supported advocacy and education to eliminate stigma related to mental illness and to improve lives through early intervention and prevention. Research shows that 50% of mental illness begins by age 14, and 75% begins by age 24. Alaskan students would benefit from high quality mental health education and related services in schools to help recognize early signs of mental illness and connect with supports sooner for improved health and education outcomes. This legislation is a positive first step towards a more supportive school environment for young Trust beneficiaries.

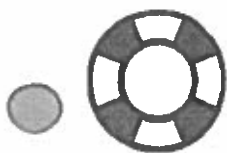
The call for mental health education for Alaskan students also highlights the need for a more comprehensive approach related to mental health supports in schools. The Trust also advocates for increased access to professional services in schools, including social workers and mental health counselors, as well as trauma-engaged consultation and professional development for staff.

We appreciate your leadership on this important issue and look forward to engaging with the legislature, administration, and community partners on improving mental health education and access to supports in schools.

Sincerely,



Michael K. Abbott,
Chief Executive Officer



**American
Foundation
for Suicide
Prevention**

March 8, 2021

The Honorable Elvi Gray-Jackson
Alaska Senator
State Capitol Room 417
Juneau, AK 99801

RE: Support HB 80 – Student Mental Health Education

Dear Senator Elvi Gray-Jackson

The Alaska Chapter of the American Foundation for Suicide Prevention (AFSP) supports the adoption of HB 60, which will include mental health in the overall health and personal safety curriculum for K-12 students and require that curriculum standards for mental health instruction be developed in consultation with the Department of Health and Social Services and representatives of national and state mental health organizations.

In 2019, we lost 32 young people ages 10-19 to suicide in Alaska, making it the 1st leading cause of death for that age group. According to the latest Youth Risk Behavior Survey (CDC, 2019), in the year before the survey, over 1 in 3 (38.1%) Alaska high school students reported feeling sad or hopeless almost every day for 2 or more weeks in a row; 25.4% seriously considered attempting suicide; 21.6% reported planning about how they would attempt suicide; and 19.7% attempted suicide one or more times. Youth suicide can be prevented through early detection of students who may be in crisis or struggling with their mental health and connecting those students and their families to resources and treatment services. We can and must do more to increase awareness of the mental health resources that are available for students who may be struggling.

Mental health is central to student success and well-being. Including age-appropriate mental health content in the overall school health curriculum for grades K-12 will help to reduce the stigma around mental health conditions and empower students to reach out for help should they notice signs of deteriorating mental health or suicide risk in themselves or their peers. Normalizing discussions on mental health and seeking help can increase the likelihood that students will connect with trusted adults and access available resources when needed.

With your support, we can act to affirm the state's commitment to improving the lives of Alaska's youth and prevent the tragic loss of life to suicide in the future. The AFSP Alaska Chapter appreciates your leadership and we look forward to working with you and your staff on these issues moving forward. Please feel free to reach out with any questions or if you would like additional information.

Sincerely,

Jim Bleja

Board Member – Lead Field Advocate Alaska Chapter
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Tom Chard
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02/22/20

Representative Matt Claman
State Capitol Room 118
Juneau AK, 99801
Representative.Matt.Claman@akleg.gov

Representative Claman –

Thank you for introducing House Bill 181. Testimony in support of the bill heard in House Education on February 17th and February 19th highlights the importance of the bill and the broad support for the legislation. The students that spoke in favor of the bill and the grave statistics from the CDC's Youth Risk Behavior Survey (YRBS), other school connectedness and climate surveys, and the data about lifelong impacts that we all struggle to turnaround were especially compelling. The bill is a very important step in reducing the stigma of mental illness that holds people back from seeking out the care they need.

We respectfully request that the Alaska Behavioral Health Association (ABHA), the Alaska Mental Health Board (AMHB), and the Statewide Suicide Prevention Council (SSPC) be added as statewide resources and that the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) be added as national resources.

The Alaska Behavioral Health Association (ABHA) is the statewide network of behavioral health treatment providers. ABHA's members are providing behavioral health treatment from Prince of Wales to the Utqiagvik and from Eagle out to Adak. Our 70+ member organizations including tribal and non-tribal, for-profit and non-profit, secular and religious-based mental health and substance abuse treatment providers have come together to advance our common goal of access to quality, cost-effective treatment available to all Alaskans. Our providers are in the communities and often in the schools. We can offer both the technical expertise and the local understanding of the culture of the community to help achieve the intent of HB181.

The Alaska Mental Health Board (AMHB) is statutorily designated (A.S. §47.30.661) as the state planning and coordinating body for the purpose of federal and state laws relating to mental health services. The Board has several statutory responsibilities including: preparing and maintaining the comprehensive mental health plan, providing public forums for discussion of issues related to mental health services, advocating for the needs of individuals with mental disorders, and advising the legislature in matters affecting persons with mental disorders including about the development of necessary services and the effectiveness of programs. The Mental Health Board should be added because of their unique statutory role and responsibilities.

The Statewide Suicide Prevention Council (SSPC) is also established in statute (A.S. 544.29.300). The Council has the statutory responsibility to improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities; broaden the public's awareness of suicide and the risk factors related to suicide; develop healthy communities through comprehensive, collaborative, community-based, and faith-based approaches; and developing partnership between public and private entities that will advance suicide prevention efforts in the state. Beyond their statutory responsibilities, the Statewide Suicide Prevention Council can help implement the intent of HB181 with the experience they have gained working in partnership with the Department of Education and Early Development (DEED) to implement suicide prevention training in school districts across the state.

The Centers for Disease Control and Prevention (CDC) have research and evidenced-based resources and guidelines that can be used by educators in classrooms in furtherance of House Bill 181's intent. Additionally, the CDC developed and maintains the Youth Risk Behavior Surveillance System (YRBSS). The survey has been the go-to source for data that helps us better understand some of the challenges students face. Alaska's YRBSS survey data is comparable to other states and to national averages. The surveys also provide good trend data including on topics such as persistent feelings of sadness or hopelessness, serious suicidal thoughts and suicidal attempts. Importantly, the survey results have been used to identify some of our biggest challenges and they have also been used to show the resilience and strength of our young people. Alaska's Department of Health & Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion helps facilitate the YRBSS program in our state.

Finally, ABHA recommends adding the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to the list of national resources. SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. Congress established SAMHSA in 1992 to make substance use and mental disorder information, services, and research more accessible to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA hosts nationwide Recovery Month activities every September to increase awareness and understanding of mental and substance use disorders and celebrate the people who recover. Students and schools could easily join in the activities as part of their health education efforts. SAMHSA also maintains a directory of evidenced-based practices including "Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools;" "After a Suicide: A Toolkit for Schools;" "Understanding A First Episode Of Psychosis Young Adult (Fact Sheets);" and "Supported Education Evidence-Based Practices (EBP)."

In addition to the more specific request to add the aforementioned resources to help support the bill, ABHA more generally recommends the following to help ensure success.

- Develop standards and support for educators to implement the Intent of House Bill 181;
- Support school-based behavioral health services;
- Support community-based services that provide access to treatment;
- Incorporate all 8 Skills for a Healthy Life from Alaska Content Standards;¹
- Continue to support the Youth Risk Behavior Survey and other School Connectedness and Climate Surveys;

¹ Alaska Content Standards: Skills for a Healthy Life can be found online at: <https://education.alaska.gov/akstandards/Skills-for-Healthy-Life.pdf>. Accessed 21 Feb 2020.

- Continue to support the collaboration between the Statewide Suicide Prevention Council (SSPC) and Department of Education and Early Development (DEED) that has provided resources for training and suicide prevention activities in school districts across the state.

Effectively engaging with these resources can implement House Bill 181 in a more cost-effective manner. Using existing resources and relying on state and local expertise can help avoid the unnecessary effort and cost of recreating the support needed to implement House Bill 181. Incorporating the more general recommendations will help ensure that this important legislation has the impact intended.

We are happy to help support this legislation in both its adoption and implementation. Thank you again for your leadership in addressing this issue.



Tom Chard
Alaska Behavioral Health Association

Cc: Bev Schoonover, Executive Director Alaska Mental Health Board and Statewide Suicide Prevention Council; Gina Agron, Department of Health & Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey (YRBS) Coordinator.



March 10, 2020

The Honorable Neal Foster
House Finance Committee
State Capitol
Juneau, AK 99801

Dear Representative Foster and Members of the Committee

The Alaska Public Health Association supports HB 181 which encourages public schools in Alaska to provide mental health education for students in grades K-12 and provides for the development of State guidelines for instruction.

ALPHA has a long history of promoting school health education that is "comprehensive". Comprehensive school health education curriculum addresses multiple critical topic areas K-12, including **mental and emotional health**, alcohol and other drugs, tobacco prevention, safety, violence prevention, healthy eating/nutrition, physical activity, sexual health, and personal health and wellness.

ALPHA advocates for the development and adoption of updated State standards for health education in Alaska that are grade-level specific, aligned with the National Health Education Standards and informed by the Centers for Disease Control and Prevention. In addition, ALPHA recognizes the need for curriculum training and technical assistance for health education teachers.

The Alaska Public Health Association (ALPHA) is a statewide organization of public health professionals and others dedicated to improving the health of all Alaskans, and is affiliated with the American Public Health Association. We believe that quality school health education can lead to improved health and educational outcomes for students.

Sincerely,

Jayne Andreen
Policy Committee Co-Chair

cc: Representative Claman



January 31, 2020

Representative Matt Claman
Chair, House Judiciary Committee
State Capitol Room 118
Juneau, AK 99801

Dear Representative Claman,

Thank you for introducing House Bill 181.

At the NEA-Alaska Delegate Assembly on January 18th, 2020, NEA-Alaska members came together and voted to support passage of House Bill 181. It is clear to our membership that mental health curriculum is an important tool in supporting Alaska's students.

We appreciate and applaud your approach of seeking student input during the development of this legislation. In addition, our teachers and counselors appreciate the opportunity to offer input and support the development of effective and appropriate standards. Alaska educators are on the front lines of the student mental health crisis and have a lot to offer to this policy conversation.

It is an unfortunate and sad fact that our public schools lack the resources, counselors and mental health professionals necessary to systematically address the student mental health crisis in any serious or comprehensive manner. However, by raising awareness and beginning a conversation with students and educators about mental health issues we can reduce stigmas and build knowledge and awareness around mental health and mental health resources.

Thank you for your leadership on this issue. We look forward to supporting House Bill 181 as the legislative process unfolds.

Sincerely,

Tim Parker
President, NEA-Alaska

From: Jordan Posamentier
To: Rep. Matt Claman
Subject: Letter of Support for HB181
Date: Thursday, February 06, 2020 8:47:23 AM
Attachments: Outlook-Salmicet.org

Dear Representative Claman,

On behalf of Committee for Children, I am writing to express our support for HB181. As a global nonprofit dedicated to helping children everywhere, including Alaska, thrive socially, emotionally, and academically, we applaud your efforts to include instruction standards on mental health into health guidelines and to encourage this type of instruction in public school systems.

If there is opportunity to work on this bill, we would suggest including the insertion of *evidence-based instruction on SEL with mental health instruction*. Skills from all five SEL competencies, self-awareness, self-management, responsible decision making, social awareness, and healthy relationships, demonstrate an impact on promoting student well-being; thus, it would be beneficial to add SEL in instruction for students. As a case in point, Anchorage School District provides a shining example and leadership in SEL.

Perhaps of further interest to this legislation, Committee for Children recently published a resource that examines the connection between SEL and youth suicide prevention, which you can access here.

Your educator workforce probably knows us by our flagship evidence-based SEL program, Second Step. But we do more than develop programs. As you advance this and related policy, we are here to serve as a resource, whether it be to connect you with our researchers, experts in the field, or SEL experts in your state, or to provide advocacy, policy support, or thought partnership.

Thank you for your work to further and improve students' learning experiences in Alaska.

Sincerely,

Jordan Posamentier

Jordan Posamentier | Director of Policy & Advocacy
206-673-6258

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alaska childrens trust

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3 February 2020

Representative Matt Claman
Alaska State Legislature
Capital Building, Rm 420
Juneau, AK 99801

Re: HB 181: An Act Relating to Mental Health Education

Dear Representative Matt Claman,

Alaska Children's Trust (ACT) extends its support for HB 181, "An Act relating to mental health education." Alaska Children's Trust works to prevent child abuse and neglect across the state.

House Bill 181 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 181 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 181 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 181 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 181 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 181 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

Together we can prevent child abuse and neglect



Anchorage School District

Education Center

5530 E. Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4000 • www.asd12.org

February 27, 2020

Alaska House Education Committee
Alaska Capitol Building
Juneau, Alaska 99801

Dear Members of the House Education Committee,

As superintendent of Alaska's largest school district, I am writing today to offer support for House Bill 181 Public Schools: Mental Health Education.

We recognize the many mental health issues students face daily. Helping our youth to recognize what encompasses mental health and providing access to appropriate resources is critical to ensure their overall well-being, health, and safety.

House Bill 181 seeks to expand the existing health curriculum statute to include mental health curriculum in all K-12 health classrooms. It aims to ensure students are adequately educated on vital information about mental health symptoms, resources, and treatment.

We applaud and support the tenets of HB 181 to include mental health curriculum within K-12 health education. This education is another step to breaking down the stigma and barriers that surround mental health. Helping students to understand that mental illness is common and treatable will empower them to know not only that they are not alone, but that they can still be successful in their life goals. We are very supportive of the efforts included in HB 181 to improve the well-being of Alaskan students.

Additionally, given the intricacies of implementing curriculum in K-12 schools, the Anchorage School District suggests that school districts be participants in the planning process when the curriculum is developed at the state level. This would ensure the implementation of very important and sensitive topics included in mental health education are implemented with the utmost care and effectiveness within schools.

In closing, I want to reiterate our support for HB 181. Approval of this bill will improve awareness of mental health for the students of Alaska.

Respectfully,


Deena M. Bishop, Ed.D.
Superintendent

Educating All Students for Success in Life

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4020 Folger Street • Anchorage, Alaska 99508 • 907-563-1000 • (Fax) 907-563-2045 • e-mail: info@acmhs.com • website: www.acmhs.com

January 28, 2020

Representative Matt Claman
House of Representatives

Dear Representative Claman,

We were so pleased to learn about House Bill 181, the bill requiring public schools in Alaska to include mental health curriculum in eight grade health classes. Thank you for championing this important piece of legislation. We are honored to be named as one of the organizations to help develop the curriculum and look forward to that work!

As part of our work at the Power Center (formerly Alaska Youth Advocates) and Alaska Seeds of Change, we were selected to be part of a national learning collaborative to improve access to mental health care and reduce anxiety and depression for transition age youth, ages 13-23. One of the biggest goals of the project is to increase young people's awareness of their own mental health, what common mental health conditions are and how they might manifest themselves, and to reduce the stigma and increase knowledge about getting help for those conditions. What isn't known can be scary, and young people need to know that mental health treatment CAN help and that is possible to live full and satisfying lives, even with a chronic serious mental illness. This legislation goes a long way toward expanding that knowledge base in Alaska!

As an agency, we have previously worked with the Department of Education and Early Development on initiatives to promote trauma-informed schools, and we are eager to partner again for this work. Some of our staff are in the process of finalizing a "Mental Wellness 101" workshop that we will use internally, so they are primed and ready!

Thank you again for your leadership in introducing this legislation.

Yours sincerely,

Jim Myers
CEO