



# Public Health Law

Office for State, Tribal, Local and Territorial Support  
Centers for Disease Control and Prevention

## ***Healthy People 2020* Law and Health Policy Project: Legal and Policy Resources Related to Mental Health and Mental Disorders**

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The *Healthy People 2020* (HP2020) goal for mental health and mental disorders is to “improve mental health through prevention and by ensuring access to appropriate, quality mental health services.”<sup>1</sup> Generally, the term “mental health” refers to “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”<sup>2</sup> This term differs from “mental disorders,” which refers to health conditions “characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning.”<sup>3</sup> The HP2020 objectives range from improving the status of the nation’s mental health to expanding treatment for mental health services.

The Law and Health Policy Project report for the mental health and mental disorders topic focuses on suicide prevention efforts across the United States.<sup>4</sup> Approximately 30,000 people lose their life to suicide each year, making suicide the 10th-leading cause of death in the United States.<sup>5</sup> Prevention efforts take place at “all levels of society,” starting with the individual and reaching to his or her family, community, and the “broader social environment.”<sup>6</sup> The resources below address general suicide prevention, bullying and suicide prevention among children and adolescents, and suicide prevention in tribal communities.

### **General Suicide Prevention**

The overall goal of suicide prevention includes reducing factors that increase risk, called risk factors, and increasing factors that promote resilience, called protective factors.<sup>7,8</sup> The following resources explore a variety of laws and policies that could help reduce risk factors or increase protective factors.

- Theresa A. Stipe, Ramona K. Finnie, John A. Knopf et al., [Effects of Mental Health Benefits Legislation: A Community Guide Systematic Review](#), 48(6) AM. J. OF PREVENTIVE. MED. 755 (2015).
- NAT’L ALLIANCE ON MENTAL ILLNESS, [State Mental Health Legislation 2015: Trends, Themes & Effective Practices](#) (Dec. 2015).



- Jennifer Stuber, Paul Quinnett, [Making the Case for Primary Care and Mandated Suicide Prevention Education](#), 43 SUICIDE AND LIFE-THREATENING BEHAVIOR 117–24 (2013) (subscription required).
- US DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE SURGEON GENERAL AND NAT'L ACTION ALLIANCE FOR SUICIDE PREVENTION, [2012 National Strategy for Suicide Prevention: Goals and Objectives for Action](#) (Sept. 2012).
- SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., [State Profiles of Mental Health and Substance Abuse Services in Medicaid](#) (2005).
- C. Shirk, NAT'L HEALTH POL'Y FORUM, [Medicaid and Mental Health Services](#), (Oct. 2008).
- SUICIDE PREVENTION RESOURCE CTR., [State Suicide Prevention Plans \(no date\)](#).
- HARVARD SCHOOL OF PUB. HEALTH, [Firearm Access Is a Risk Factor for Suicide](#) (no date).

## Preventing Bullying and Suicides among Children and Adolescents

Bullying is one type of youth violence that threatens young people's well-being. Bullying can result in physical injury, social and emotional difficulties, and academic problems. Bullying behavior and suicide-related behavior are closely linked.<sup>9</sup> Youth who report frequently bullying others and youth who report being frequently bullied are at increased risk for suicide-related behavior.<sup>10</sup> Several objectives across the *HP2020* spectrum address bullying and suicides among children and adolescents.<sup>11</sup> The resources listed below explore how law and health policies can address these concerns.

- [Ann Marie's Law](#), Ill. Pub. Act 99-0443 (Aug. 2015).
- PA. DEP'T OF EDUC., [Model Youth Suicide Awareness and Prevention Policy](#) (June 2015).
- STOPBULLYING.GOV, [Policies and Laws](#) (May 2015).
- NAT'L TRAINING & TECHNICAL ASSISTANCE CTR., OFFICE OF JUVENILE JUSTICE & DELINQUENT PREVENTION, DEP'T OF JUSTICE, [Bullying and Civil Rights: An Overview of School Districts' Federal Obligation to Respond to Harassment](#) (June 2011) (webinar).
- David B. Goldston, Christine M. Walrath, Richard McKeon et al., [The Garrett Lee Smith Memorial Act Suicide Prevention Program](#), 40(3) SUICIDE & LIFE-THREATENING BEHAVIOR 245–56 (2010) (subscription required).
- Lucas Godoy Garraza, Christine M. Walrath, David B. Goldston et al., [Effect of the Garrett Lee Smith Memorial Suicide Prevention Program on Suicide Attempts Among Youths](#), 72(11) JAMA PSYCHIATRY 1143–49 (2015) (subscription required).
- AM. FOUND. FOR SUICIDE PREVENTION, THE AM. SCHOOL COUNSELOR ASS'N, THE NAT'L ASS'N OF SCHOOL PSYCHOLOGISTS & THE TREVOR PROJECT, [Model School District Policy on Suicide Prevention: Model Language, Resources, and Commentary](#) (no date).

- THE JASON FOUND., [Jason Flatt Act](#) (no date).

## Suicide Prevention in Tribal Communities

Suicide rates in American Indian and Alaska Native communities are among the highest of any racial/ethnic group in the nation.<sup>12</sup> A range of complex, interrelated risk factors include “mental health disorders . . . [and] intergenerational trauma.”<sup>13</sup> Cooperation among tribal, federal, and other partners is imperative to create a safety net of interconnected programming—health, education, law enforcement, public health and well-being, economic development, and physical and behavioral health—to maximize effectiveness of services and to protect individuals against suicide risk.<sup>14</sup> The following resources survey how policies and programs can address suicide prevention in tribal communities.<sup>15</sup>

- CAL. MENTAL HEALTH SERVS. AUTH., [Culture and Community: Suicide Prevention Resources for Native Americans in California](#) (2014).
- SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., [To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults](#) (2010).
- INDIAN HEALTH SERV., [Methamphetamine and Suicide Prevention Initiative Making a Difference in Schools](#) (no date).
- Native Am. Suicide Prevention Clearinghouse, [About Native American Suicide Prevention Clearinghouse](#) (no date).

## Acknowledgments and Disclaimers

This document was developed by Julia Charles, JD, Oak Ridge Institute for Science and Education fellow with the Public Health Law Program (PHLP) within the Centers for Disease Control and Prevention’s Office for State, Tribal, Local and Territorial Support.

For further technical assistance with this inventory, please contact PHLP at [phlawprogram@cdc.gov](mailto:phlawprogram@cdc.gov). PHLP provides technical assistance and public health law resources to advance the use of law as a public health tool. PHLP cannot provide legal advice on any issue and cannot represent any individual or entity in any matter. PHLP recommends seeking the advice of an attorney or other qualified professional with questions regarding the application of law to a specific circumstance. The findings and conclusions in this summary are those of the author and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

For further technical assistance with this inventory and for questions regarding the *HP2020* Law and Health Policy Project, please contact Angela McGowan at [angela.mcgowan@hhs.gov](mailto:angela.mcgowan@hhs.gov).

*Published May 19, 2016.*

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<sup>1</sup> US DEP'T OF HEALTH & HUMAN SERVS., Mental health and mental disorders. In: [Mental Health and Mental Disorders: Overview](#) (updated Feb. 2016).

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> Additional topics that address suicide prevention include Adolescent Health, Injury and Violence Prevention, and Education and Community-Based Programs.

<sup>5</sup> CTRS. FOR DISEASE CONTROL & PREVENTION, NAT'L CTR. FOR INJURY PREVENTION & CONTROL, [10 Leading Causes of Death by Age Group, United States—2013; Suicide Datasheet](#) (2015).

<sup>6</sup> CTRS. FOR DISEASE CONTROL & PREVENTION, [Suicide: Prevention Strategies](#) (updated Aug. 2015).

<sup>7</sup> CDC. [Suicide Prevention](#) (updated Oct. 2015).

<sup>8</sup> *HP2020* Mental Health and Mental Disorders Objective #1. *See also HP2020* Health-Related Quality of Life & Well-Being Objective #1.2 ("increase the proportion of adults who self-report good or better mental health").

<sup>9</sup> CTRS. FOR DISEASE CONTROL & PREVENTION, [The Relationship Between Bullying and Suicide: What We Know and What It Means For Schools](#) (Apr. 2014).

<sup>10</sup> *Id.*

<sup>11</sup> *See, e.g., HP 2020* Mental Health and Mental Disorders Objectives #2 (reduce suicide attempts by adolescents), #6 (increase the proportion of children with mental health problems who receive treatment), and #4.1 (reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes). Other *HP2020* topics also address bullying and suicide prevention efforts. *See HP2020* Education and Community-Based Programs Objective #2 (increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in suicide), *HP2020* Adolescent Health Objective #3.1 (increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems), *HP2020* Adolescent Health Objective #9 (increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity), and *HP2020* Injury and Violence Prevention Objective #35 (reduce bullying among adolescents).

<sup>12</sup> Caroline Jiang, Andreea Mitran, Arialdi Miniño et al., [Racial and Gender Disparities in Suicide Among Young Adults Aged 18–24: United States, 2009–2013](#) (Sept. 2015).

<sup>13</sup> INDIAN HEALTH SERVS., [Suicide Prevention Program](#) (no date).

<sup>14</sup> *Id.*

<sup>15</sup> *HP2020* Educational and Community-Based Programs Objective #10.3 (increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and state agencies) providing population-based primary prevention services for mental illness).