Dear Senators:

The undersigned organizations in the Mental Health Liaison Group are pleased to write in support of the legislation you will soon introduce, the Garrett Lee Smith Memorial Act Reauthorization of 2011. This legislation renews the commitment to critically important youth and college suicide prevention programs administered by the Substance Abuse and Mental Health Services Administration, as well as strengthens those programs, ensuring they are best designed to meet the needs of those they are intended to serve.

The Garrett Lee Smith Memorial Act (GLSMA) currently supports grants in 35 States and 16 Tribes or Tribal organizations as part of the State/Tribal Youth Suicide Prevention and Early Intervention Program as well as funds programs at 38 institutions of higher education through the Campus Suicide Prevention program. While much has been achieved thanks to the successful grants supported by the GLSMA, there remains much to do. In 2007, suicide was the third leading cause of death for young people ages 15-24 years and the second leading cause of death among college students. According to the Center for Disease Control and Prevention, “a nationwide survey of youth in grades 9-12 in public and private schools in the United States (U.S.) found that 15% of students reported seriously considering suicide, 11% reported creating a plan, and 7% reporting trying to take their own life in the 12 months preceding the survey.” The 2010 American College Health Association’s National College Health Assessment II noted that 45.6% of students surveyed reported feeling that things were hopeless and 30.7% reported feeling so depressed it was difficult to function during the past 12 months.

Since its creation in 2004, the Garrett Lee Smith Memorial Act has provided resources to communities and college campuses all across the country, and supported needed technical assistance to develop and disseminate effective strategies and best practices related to youth suicide prevention.

Our organizations support all three elements of the GLSMA, which provide a comprehensive approach to addressing the national problem of youth suicide. Specifically, the State and Tribal program fosters the creation of public-private collaborations and the development of critically needed prevention and early intervention strategies. Next, the Campus Suicide Prevention Program enhances services, outreach and education for students with mental health or substance
use disorders and calls for the development of best practice for the delivery of such services. Finally, the Suicide Prevention Resource Center provides information and training to States, Tribes, and tribal organizations, institutions of higher education, and public organizations or private non-profit groups in an effort to prevent suicide among all ages, particularly among high risk groups, such as youth.

We are especially pleased that you have included modest but needed growth in the authorization levels for these programs. This measured increase acknowledges the important efforts that have come from the development of these programs as well as the significant work that remains to build suicide prevention capacity across the country.

Our organizations are grateful to you and your colleagues for your strong bipartisan approach regarding this program. We thank Senators Murkowski, Durbin and Tom Udall for joining with you in support of this effort and demonstrating extraordinary leadership on youth suicide prevention.

We are most grateful to you and your staff for your tireless work on this legislation over the past years. Your unwavering leadership and commitment to youth suicide prevention undoubtedly has important implications for the current and future health and wellbeing of our nation’s youth. We welcome the opportunity to work with you and your staff to ensure that the Garrett Lee Smith Memorial Act is promptly reauthorized.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Pastoral Counselors
American Association on Health and Disability *
American Counseling Association
American Dance Therapy Association
American Foundation for Suicide Prevention/SPAN USA
American Group Psychotherapy Association
American Orthopsychiatric Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
American Psychotherapy Association
Association for Ambulatory Behavioral Healthcare
Association for the Advancement of Psychology
American Psychiatric Nurses Association
Anxiety Disorders Association of America
Bazelon Center for Mental Health Law
Center for Clinical Social Work
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Mental Health America
NAADAC, the Association for Addiction Professionals
National Association of County Behavioral Health and Developmental Disability Directors
National Association of State Mental Health Program Directors
National Alliance on Mental Illness
National Association for Children’s Behavioral Health
National Association for Rural Mental Health
National Association of Mental Health Planning & Advisory Councils
National Association of Psychiatric Health Systems
National Association of School Psychologists
National Association of Social Workers
National Coalition for Mental Health Recovery
National Council for Community Behavioral Healthcare
National Council on Problem Gambling
School Social Work Association of America
Therapeutic Communities of America
Tourette Syndrome Association
U.S. Psychiatric Rehabilitation Association
Witness Justice

* not a MHLG member