

Mental Health Liaison Group

February 18, 2015

The Honorable David W. Jolly
U.S. House of Representatives
Washington, DC 20515

The Honorable Danny K. Davis
U.S. House of Representatives
Washington, DC 20515

Dear Representatives Jolly and Davis:

The undersigned organizations are pleased to write in support of the legislation you recently introduced, the Garrett Lee Smith Memorial Act Reauthorization of 2015. As you know, this legislation renews the federal commitment to three critically important youth and college suicide prevention programs administered by the Substance Abuse and Mental Health Services Administration, and ensures they are best designed to meet the needs of those they are intended to serve.

Since inception, the Garrett Lee Smith Memorial Act (GLSMA) has supported 370 youth suicide prevention grants in 50 states, 46 tribes or tribal organizations, and 175 institutions of higher education. While much has been achieved thanks to the successful grants supported by the GLSMA, there remains much to do. According to the Centers for Disease Control and Prevention (CDC), suicide remains the third-leading cause of death for adolescents and young adults between the ages of 10 and 24, and results in 4,600 lives lost each year. In a nationwide survey of youth in grades 9-12 in public and private schools in the United States (U.S.), the CDC found that 16% of students reported seriously considering suicide, 13% reported creating a plan, and 8% reporting trying to take their own life in the 12 months preceding the survey. In addition, the American College Health Association's most recent National College Health Assessment survey found that about one-third of U.S. college students had difficulty functioning in the last 12 months due to depression, and over half said they felt overwhelming anxiety in the last year.

As you know, the three critical programs supported by 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. Your legislation strengthens and supports existing Garrett Lee Smith programs. First, 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 increased the authorization levels for these programs to match current federal spending. This measured increase acknowledges the important efforts that

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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 you for your support of this effort and demonstrating extraordinary leadership on youth suicide prevention. 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,

Alliance for Strong Families and Communities
American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association for Marriage and Family Therapy
American Association of Pastoral Counselors
American Association on Health and Disability*
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Orthopsychiatric Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Bazon Center for Mental Health Law
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy, and Action
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of School Psychologists
National Association of Social Workers
National Association of State Alcohol and Drug Abuse Directors
National Association of State Directors of Special Education
National Association of State Mental Health Program Directors
National Coalition for Mental Health Recovery
National Council on Problem Gambling
National Federation of Families for Children's Mental Health
Schizophrenia and Related Disorders Alliance of America

School Social Work Association of America
The Trevor Project
Tourette Syndrome Association
Treatment Communities of America

* *MHLG Observer*