

---

HOUSE BILL 1138

---

State of Washington

64th Legislature

2015 Regular Session

By Representatives Orwall, Haler, Blake, Carlyle, Kochmar, Reykdal, Appleton, S. Hunt, Pollet, Tarleton, Ortiz-Self, Gregerson, Bergquist, Ormsby, Senn, Riccelli, Ryu, Tharinger, Walkinshaw, and Fey

Read first time 01/14/15. Referred to Committee on Higher Education.

1 AN ACT Relating to creating a task force on mental health and  
2 suicide prevention in higher education; creating new sections; and  
3 providing an expiration date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

6 (a) According to Mental Health America's Parity or Disparity: The  
7 State of Mental Health in America 2015 Report, Washington ranks  
8 fourth in states with the highest prevalence of mental illness and  
9 lowest access to care. The report finds that, in Washington, both  
10 adults and youth have worse mental health outcomes than residents of  
11 other states. The report shows that Washington ranks third in states  
12 with the highest prevalence of behavioral concerns. The report  
13 estimates that there are over one million adults with mental illness  
14 in Washington, and almost one quarter of a million adults with  
15 serious thoughts of suicide.

16 (b) According to the national college health assessment survey,  
17 sponsored by the American college health association, almost ten  
18 percent of college students reported that they had seriously  
19 considered attempting suicide and 1.5 percent of students reported  
20 that they had attempted suicide within the last school year. There  
21 are approximately four hundred thousand students attending

1 Washington's two-year and four-year public and private institutions  
2 of higher education, so based on national averages, about forty  
3 thousand Washington students have suicidal ideation, and about six  
4 thousand have attempted suicide in the past year.

5 (c) According to the state department of health:

6 (i) Suicide is the second leading cause of death for Washington  
7 youth between the ages of ten and twenty-four. Suicide rates among  
8 Washington youth remain higher than the national average;

9 (ii) In 2012 and 2013, over two hundred youth between the ages of  
10 eighteen and twenty-four committed suicide. Those same years, over  
11 one thousand youth ages eighteen to twenty-four required  
12 hospitalization due to a self-inflicted nonfatal injury; and

13 (iii) The average cost for each completed suicide for youth  
14 between the ages of ten and twenty-four is nearly two million dollars  
15 in future work loss and five thousand dollars in medical costs. The  
16 estimated cost for each nonfatal suicide attempt that results in  
17 hospitalization is about eleven thousand dollars in work loss and  
18 nine thousand dollars in medical costs.

19 (d) According to the national center for veterans studies at the  
20 University of Utah, veterans face an elevated risk of suicide as  
21 compared to the general population; nearly half of college students  
22 who are United States military veterans have had thoughts of  
23 suicide. Nearly eight percent of veteran college students reported a  
24 suicide attempt compared to a little over one percent of other  
25 college students.

26 (2) Therefore, the legislature intends to convene a task force on  
27 mental health and suicide prevention in higher education to determine  
28 what policies, resources, and technical assistance may be needed to  
29 support the institutions of higher education in improving access to  
30 mental health services and improving suicide prevention responses.

31 NEW SECTION. **Sec. 2.** (1) Forefront at the University of  
32 Washington shall convene a task force on mental health and suicide  
33 prevention at Washington's public and private institutions of higher  
34 education to determine what policies, resources, and technical  
35 assistance are needed to support the institutions in improving access  
36 to mental health services and improving suicide prevention responses.

37 (2) Membership of the mental health and suicide prevention in  
38 higher education task force shall be as provided in this subsection.

1 (a) The following agencies and organizations shall each appoint  
2 one member to the task force: The student achievement council, the  
3 council of presidents, the state board for community and technical  
4 colleges, the independent colleges of Washington, the workforce  
5 training and education coordinating board, the northwest career  
6 colleges federation, the Washington department of veterans affairs,  
7 the Washington department of social and health services, and the  
8 Washington department of health; and

9 (b) Forefront at the University of Washington shall invite campus  
10 counselors and mental health experts; experts on suicide assessment,  
11 treatment and management; mental health and suicide prevention  
12 advocates; veterans center staff; experts on lesbian, gay, bisexual  
13 and transgender issues, and ethnic and minority affairs experts;  
14 campus administrators; and students to be members of the task  
15 force. The invitees must represent the various demographics and  
16 geographies of the state.

17 (c) The task force may form subgroups of members that research,  
18 discuss, and make recommendations on one or more topics in  
19 furtherance of the overall goals of the task force.

20 (3) The task force shall choose its cochairs from among its  
21 membership. Forefront at the University of Washington shall convene  
22 the initial meeting of the task force and the cochairs shall convene  
23 subsequent meetings.

24 (4) Staff support for the task force must be provided by  
25 Forefront at the University of Washington.

26 (5) The task force, in cooperation with the state's public and  
27 private institutions of higher education, shall collect data related  
28 to mental health services, suicide prevention and response, and  
29 completed suicides at the public and private institutions of higher  
30 education in Washington, to the extent that data is available. This  
31 data may include:

32 (a) Protocols for responding to students in distress that cover  
33 intervention, treatment, reentry, and post-crisis intervention;

34 (b) Data on on-campus use of student behavioral health services  
35 over the past five years;

36 (c) Data on available funding for on-campus student behavioral  
37 health services over the past five years;

38 (d) Data on the number of mental health professionals and  
39 chemical dependency professionals working on campus and the number of  
40 students on campus over the past five years;

1 (e) Data on student suicide attempts and deaths over the past  
2 five years;

3 (f) Information on courses or seminars focusing on early  
4 identification of mental health issues, providing early access to  
5 mental health services, and intervention offered at the campus over  
6 the past five years;

7 (g) Information on student groups raising awareness about suicide  
8 prevention and behavioral health promotion;

9 (h) Information on efforts to screen students for behavioral  
10 health disorders and suicidal ideation;

11 (i) Information on efforts to reduce access to lethal means, such  
12 as locking dorm balconies or prescription medication drop-off  
13 campaigns;

14 (j) Information on the relationship between emotional distress  
15 and student withdrawal; and

16 (k) Information on the availability of online behavioral health  
17 resources on institution web sites.

18 (6) Subject to funds appropriated specifically for this purpose,  
19 the expenses of the task force must be paid by the University of  
20 Washington.

21 (7) The task force shall report its findings and recommendations  
22 to the governor and the appropriate committees of the legislature by  
23 November 1, 2016. The report must include:

24 (a) A summary of the data reviewed by the task force;

25 (b) Best practices and policies for providing mental health  
26 services and preventing suicide at institutions of higher education;

27 (c) Recommendations on resources and technical assistance  
28 required to increase awareness of behavioral health needs on campus  
29 and support institutions of higher education in preventing suicide on  
30 campus.

31 NEW SECTION. **Sec. 3.** This act expires July 1, 2017.

--- END ---