

Can Teachers Stop Teens From Considering Suicide? New York State Thinks So.

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The internal voice in

Maddy Horowitz's head regularly told her she was *nothing*. She had just finished her junior year of high school, a crazy whirlwind of taking and re-taking the SAT and ACT tests, college applications, student council, volleyball, and the resume-building often expected of high-achieving American

teenagers.

The extroverted, straight-talking, athletic 17-year-old was known around her Fairport, New York high school for creating silly rap songs and dressing in goofy outfits — she had a banana costume she wore to school occasionally, just because. But amid this busyness, Horowitz had gotten trapped in an anxiety loop that went like this: *You need to do more. Nothing you do is good enough. You are nothing.* Then her boyfriend broke up with her and her three best friends went away for the summer, and the voice said: *You're barely living anymore, anyway.* Horowitz considered — and eventually attempted — ending her short life.

Unfortunately, Horowitz isn't unique. Over the last decade, rates of anxiety and depression have risen steadily, particularly in the United States. Hospitalizations for suicidal thoughts or attempts [have almost doubled](#). And [teen suicides rose 30 percent in boys and more than doubled in girls](#) since 2007, making it the [second leading](#) cause of death for young people, according to the Centers for Disease Control and Prevention.

It's a national epidemic that no one quite knows how to stop, but New York state is hoping that a relatively simple intervention could change things: injecting mental health education into the school day.

In the first law of its kind in the U.S., passed unanimously in 2016, New York is [now requiring](#) the state's schools to teach students about mental health from kindergarten all the way through 12th grade.

“It's a public health approach. We want students to have

functional knowledge to take care of their own mental health and the mental health of those around them,” John Richter says. He is the director of public policy at the Mental Health Association in New York State (MHANYS), which advocated for the legislation for five years before it was passed. It went into effect this summer, but it’s unclear how many schools have begun implementing any new mental health lessons yet.

“If this law had passed years ago, maybe I would never have attempted suicide,” Horowitz says. She doesn’t remember waking up after her attempt. She doesn’t remember the rest of the summer. It wasn’t until months later, when her 12th grade health class discussed anxiety disorders, that she had what she calls a “lightbulb moment.” “I thought everything I was going through was normal,” she says. “I didn’t know it was a mental illness.”

By requiring that mental health be discussed every year, students “will know the warning signs sooner, they’ll know their resources sooner, and most importantly, they’ll know what’s happening to them sooner!” Horowitz says over the phone as she sits in the quad at Ithaca College, where she is now an undergraduate student.

It’s hard to find someone — a parent, student, or teacher — who thinks this law is a bad idea. But how much does it actually change things? The law says that mental health must be covered as part of health instruction in all grades, but doesn’t explain what that means. In practice, that may mean some schools won’t change a thing, especially since there’s no state-level enforcement. The mandate also [provides no funding](#) to train teachers or develop their own mental health curriculum, leading some to question the ultimate efficacy of

the legislation or lawmakers' commitment to address this issue in a meaningful way.

While the mandate is more of a nudge than a forceful push, it did prompt the state to offer official guidance for teaching mental health. In July, the New York State Education Department published [a document with suggested mental health curriculum](#), which includes almost 100 learning objectives for students of all ages. There is also a state-funded online [School Mental Health Training and Resource Center](#), where teachers can find lesson plans and sign up for online trainings and webinars.

A sample lesson plan has kindergarteners watch an episode of the popular PBS cartoon Daniel Tiger's Neighborhood called "Daniel's Day of Many Feelings." Then, the teacher is supposed to lead a discussion about expressing emotions and introduce any staff members, such as a school social worker, who students could talk to if they're having trouble with their feelings. Meanwhile, a middle school lesson explains the "health triangle," which is the idea that physical, mental/emotional, and social health are all equally important parts of wellness. Students then brainstorm what kinds of problems — sleep deprivation, stress, poor nutrition, strained relationships — might go on which side of the triangle and discuss how they all impact one another.

Enterprising schools and teachers have been doing these kinds of lessons for years. Colleen Clancy, a health teacher in Catskill, New York, is one of them. "She would discuss the different mental illnesses...show how common they are, like how many people have anxiety, how many people have depression," says Georgianna Velie, a former student. "She

normalized it and made it not seem like something way out there.”

Even before Velie took Clancy’s class, she was exposed to mental health education via a suicide prevention presentation that some of Clancy’s students lead every year for sixth through 12th graders. That’s six years of, as Clancy describes it, being “reminded of what their resources are, reminded of the warning signs and symptoms, and risk factors for people who are suicidal and/or in crisis.” A video at the presentation prompted Velie, then in seventh grade, to recognize her own depression and talk to her parents about it, which led to medication and therapy.

The gap between Velie and Horowitz’s school experiences — Horowitz almost died and only later learned about mental illness in health class — shows what a huge impact school can have on students struggling with mental well-being. After all, teachers are sometimes more aware of what’s happening in a student’s emotional life than her parents. It was a trusted teacher, not a parent, to whom Horowitz first confessed her suicide attempt.

Clancy, meanwhile, regularly has kids waiting to talk to her about their troubles after class. She will listen without judgment, and will sometimes walk them to the guidance counselor’s office or offer a website or a hotline she thinks would help the student. While she is more comfortable than most in dealing with students in crisis, she says, “I don’t think a teacher needs to feel like they have to go any further than just sharing the knowledge.”

However, the idea of being responsible for students’ mental

health, even in a small way, can feel overwhelming. A survey of more than 100 secondary teachers, [published in a 2017 study in *School Mental Health*](#), found that “limited training, fears of making the situation worse, and fears of legal repercussions were barriers that kept teachers from intervening with potentially suicidal students.” In a country where sometimes public school teachers don’t have sufficient budgets for basic supplies, skepticism that they’ll receive the necessary training is justified. And the sense of being too overwhelmed to teach mental health may be more amplified in schools already dealing with [violence](#) and [high teacher turnover](#).

Adding to those barriers is the fact that class time is already packed with other priorities. “We all appreciate the public recognition that mental health is an important topic for our students to learn about,” said Jennifer Mead, a health teacher at Waterford-Halfmoon Union Free School District. But that is “matched by a frustration with our ability to teach it all in the time we have, in a way that’s actually meaningful to our students,” she says.

Elementary teachers are supposed to teach health alongside all the regular subjects, like language arts and math, but “that’s generally not happening,” says Colleen Corsi, who is the executive director of The New York State Association for Health, Physical Education, Recreation, and Dance (NYS-AHPERD). In seventh through 12th grade, dedicated health teachers only spend two semesters with students and they must cover 36 topic areas, Corsi says, making her pessimistic that mental health will get covered appropriately. She says it is simply unrealistic to expect mental health to get its fair due

alongside nutrition, CPR, sexual health, opioid and heroin prevention, first aid, bullying, and all the other mandated topics. She offers a solution by way of more legislation: additional mandated time to teach health.

Horowitz, who is studying to become a health teacher, likes that idea of legislation mandating more health education for all students. She also likes the state education department's more sweeping vision that urges schools to embed mental health and wellness into the school climate by creating partnerships with community mental health services and providing regular mental health trainings and workshops for staff, students, and parents.

Horowitz's story, by way of a [TEDx Talk](#) she gave earlier this year, is already being used in some schools hoping to open a dialogue about mental health. Horowitz is thinking about showing it to her own students when she becomes a teacher. "The whole premise of putting mental illness and mental health in a more visible light just by teaching about it or by being more vulnerable and accessible — it makes a difference. And I think that students will have those aha moments, those light bulb moments, when they'll say 'I should do something.'"

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