2023-2024

School Mental Health Virtual Learning Series

Understanding and Preventing Youth Suicide

February 13, 2024

Introductions

Cameron Sheedy, MS

Research Coordinator, The National Center for School Mental Health at the University of Maryland School of Medicine

Share in the chat box:

- Name, Role, Location
- Why is this topic– ***Understanding and Preventing Youth Suicide***– important to you?

Technology Support

- **Slides & recording will be posted in** ~one week on the NCSMH website

www.schoolmentalhealth.org/Webinars

- Type **questions for the presenters into the Q&A box**
- Message "***Hosts and panelists***" in the chat box **for technical support**
- Message "***Everyone***" in the chat box **to share resources and provide general comments**

* *Note:* CE credits are not available for this series, but **Certificates of Attendance** are

Certificates of Attendance

Process:

1. Complete GPRA Post-Event Evaluation
2. Redirected to a *Certificate Request* form
3. Submit name and email address
4. Expect to receive Certificate within 30-45 days from webinar

Notes:

- You must attend **at least 50%** of webinar ***in real time***
- Your Zoom name **must match** name on registration form
- **If you are calling in**, email csheedy@som.umaryland.edu & confirm your phone number
- To access evaluation, use **any code** you are comfortable with & will easily remember:

Provide the last 3 digits of your personal zipcode; last 4 digits of your phone number; 2 digit birth year; first 3 letters of preferred name.
Personal Code (please use uppercase letters): Ex. 734036172BRI

Last 3 digits of your personal zipcode: 123

Last 4 digits of your phone number: 4321

2 digit birth year: 55

First 3 letters of preferred name: DOG

Next >

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Oscar Morgan
Executive Director
MHTTC Project Director

Michael Thompson
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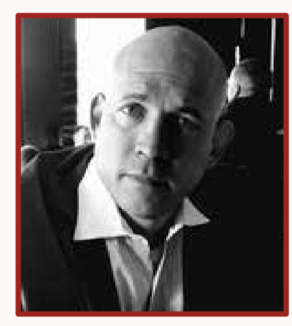

Dave Brown
Senior Associate: School-Based Training & Behavioral Health Equities

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Dana Cunningham
PGSMHI Director

Brittany Patterson
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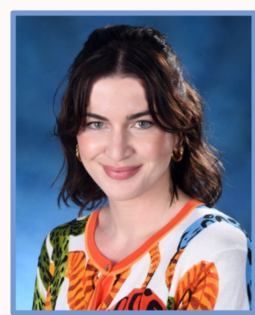

Cameron Sheedy
NCSMH Research Coordinator

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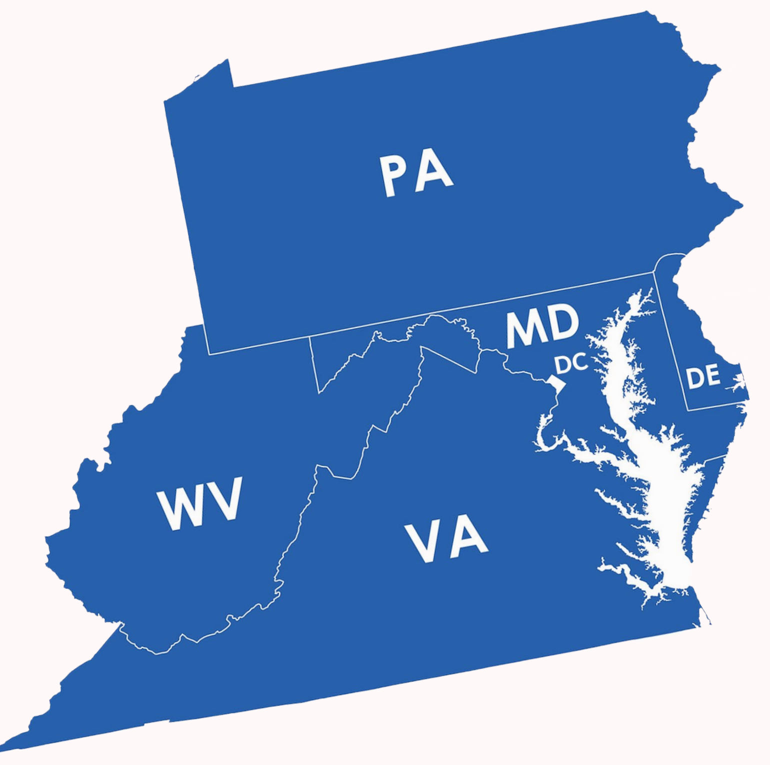
Central East MHTTC

Actions

- **Accelerates** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services
- **Strengthens** the awareness, knowledge, and skills of the behavioral and mental health and prevention workforce, and other stakeholders, that address the needs of people with behavioral health disorders
- **Fosters** regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community
- **Ensures** the availability and delivery of publicly available, free of charge, training and technical assistance to the behavioral and mental health field

Area of focus



National Center for School Mental Health

Mission

To strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

Goals

1. Advance high-quality, sustainable comprehensive school mental health systems at school, district, state, regional, and national levels.
2. Conduct research and evaluation on mental health promotion, prevention, and intervention in schools and other aspects related to the planning, delivery, and continuous quality improvement of high quality, sustainable school mental health systems.
3. Train and support diverse stakeholders and a multidisciplinary workforce in understanding, promoting, and advancing child, adolescent, and young adult mental health and wellbeing.

Directors Nancy Lever, *Ph.D.*, & Sharon Hoover, *Ph.D.*,

Faculty Tiffany Beason, *Ph.D.*, Jill Bohnenkamp, *Ph.D.*, Elizabeth Connors, *Ph.D.*, Aijah K. B. Goodwin, *Ph.D.*, Britt Patterson, *Ph.D.*, Sam Reaves, *Ph.D.*, Cindy Schaeffer, *Ph.D.*

www.schoolmentalhealth.org

www.theshapesystem.com

@CenterforSchoolMentalHealth

Commitment

BLACK
LIVES
MATTER

- Racial and social justice lens
- Cultural responsiveness and equity
- Developing and modeling equitable and anti-racist policies and practices
- Learn, heal, grow together

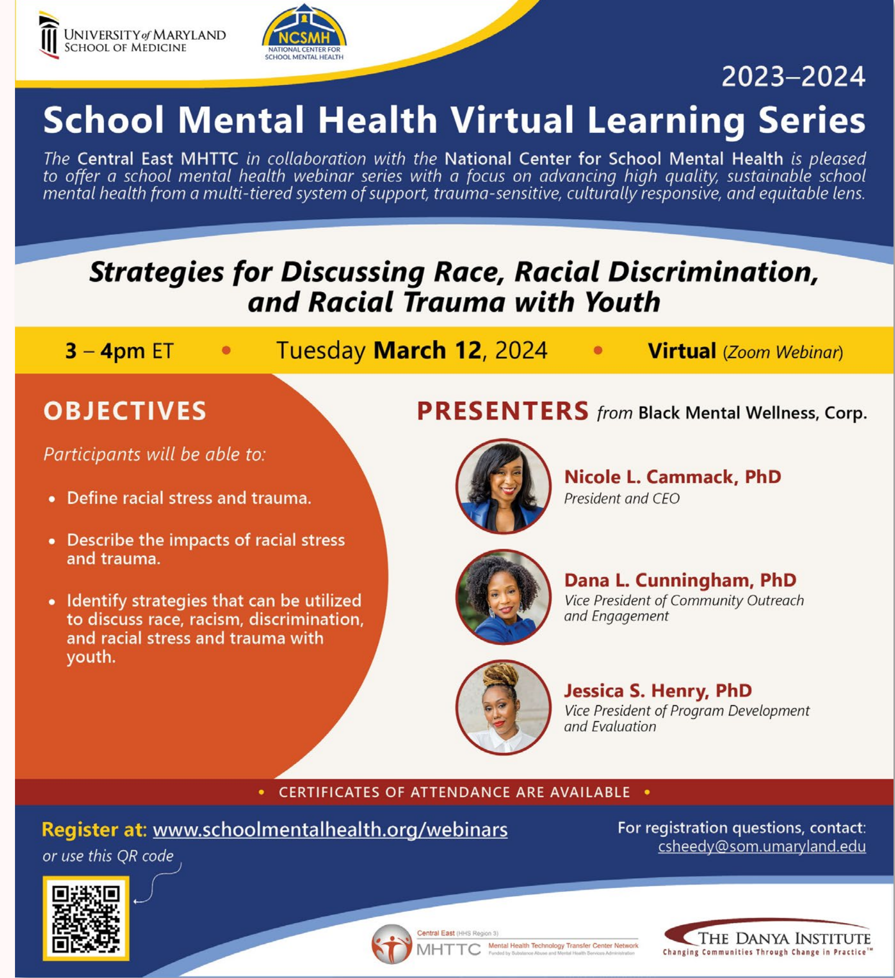
Upcoming Events

March 12, 2024, 3-4pm ET:

Strategies for Discussing Race, Racial Discrimination, and Racial Trauma with Youth

Second Tuesdays, 3-4pm ET:

School Mental Health Virtual Learning Series



Stay updated & Register for upcoming sessions:

www.schoolmentalhealth.org/webinars

Today's Objectives

1. Increase understanding of factors that contribute to youth suicide and racial disparities in suicide.
2. Explore factors within schools that contribute to mental health disparities among minoritized youth.
3. Identify resources and strategies to intervene with youth who are at risk for suicide.

Sensitive Content

As today's webinar is centered around youth suicide, portions of the content may be emotionally distressing and potentially triggering. Please take care of yourself and reach out for help if needed.

National Crisis Support Lines

988 Suicide & Crisis Lifeline

Call or text 9-8-8

Trevor Lifeline
(for LGBTQ+ youth)

Call 1-866-488-7386
Text START to 678-678

Trans Lifeline
(Mon-Fri, 1-9pm ET)

Call 1-877-565-8860

Art by Meenal Patel

Our Presenters

Janelle R. Goodwill, PhD

Neubauer Family Assistant Professor, University of Chicago Crown Family School of Social Work, Policy, and Practice

Danielle R. Harrell, PhD, LCSW

Assistant Professor, University of Texas at Arlington School of Social Work

Discussion and Q&A facilitated by:

Britt Patterson, PhD

Core Faculty & Assistant Professor of Psychiatry, National Center for School Mental Health at the University of Maryland School of Medicine

Dana Cunningham, PhD

Director of the Prince George's School Mental Health Initiative, National Center for School Mental Health at the University of Maryland School of Medicine

Janelle R. Goodwill
PhD

MY ROLES

- **Neubauer Family Assistant Professor**, University of Chicago Crown Family School of Social Work, Policy, and Practice
- **Founder and Director**, PURPOSE Lab at UChicago
- **Principal Investigator**, NIMH-funded suicide prevention intervention to support the specific mental health needs of Black students in Chicago

MY LENS

- Black
- Woman
- Trained in psychology and social work
- Untenured (still an assistant professor!)
- Identify as Christian
- Identify as straight

Multilevel Considerations for Preventing Suicide among Black Youth

Recognizing priorities for intervention and healing

Janelle R. Goodwill, PhD, MSW

School Mental Health Virtual Learning Series

Understanding and Preventing Youth Suicide | February 13, 2024

Neubauer Family Assistant Professor
Crown Family School of Social Work, Policy, and Practice
The University of Chicago

2024

- Current suicide trends across the U.S.
- Earlier contributions to Black youth suicide research
- National intiatives and priorities
- Gaps and opportunities for future work

A bit about me

- Joined UChicago faculty in July 2020
- PhD in social work & psychology from the University of Michigan
- Qualitative, quantitative, & mixed methods research
- Previously led Interventions focusing on young adult Black men's mental health
- Survey research

Current Projects

- Culturally adapted school-based suicide prevention intervention for Black youth
- Black adult's mental health during COVID-19
- Hope, joy, meaning in life
- Race & suicide in Chicago

Scope of the Problem

National leading causes of death 2015 – 2019

3rd

Leading cause of death among 15 to 24-year-old Black Americans

2nd

Leading cause of death among 10 to 34-year-olds White Americans

1st

Leading cause of death among Asian Americans ages 15 to 24 and Native American girls ages 10 to 14-years-old

CDC WISQARS, 2023

Emergency department visits for suspected suicide attempts among U.S. girls ages 12–17 have increased during the COVID-19 pandemic*

February–March 2021

51% ↑

From the same period in 2019

* After an initial drop

CDC.GOV

06/11/2021

Suicide can be prevented

- Increase social connections for youth
- Teach youth coping skills
- Learn the signs of suicide risk and how to respond
- Reduce access to lethal means (like medications and firearms)

Help is available 24/7 at suicidepreventionlifeline.org

bit.ly/MMWR61121

MMWR

Suicides increased in 2021, reaching highest level since 2018: CDC report

The suicide rate increase from 2020 to 2021 was the highest in two decades.

By Mary Kekatos
April 12, 2023, 11:01 PM

Bullying awareness heightened after teen suicide
A 14-year-old girl died by suicide after a video of her being beaten by classmates in her school hallway was posted online... Read More

Suicides increased during the second year of the COVID-19 pandemic, new federal data shows.

There were 48,183 people who died by suicide in 2021, according to a report published Thursday by the Centers for Disease Control and Prevention.

It comes after two consecutive years of declines and is an increase of 4.7% from the 45,979 deaths recorded in 2020. It's also the highest number recorded since 2018, when 48,344 Americans died by suicide.

2024

CDC Report 2023

HIGHEST

suicide rates were found in American Indian/Alaskan Natives -- rate of 28.1 per 100,000

INCREASES

in suicide among Black Americans of 19.2% and Hispanic or Latinx groups of 6.8%

DECREASES

found only among White Americans during the beginning of the COVID-19 pandemic

Morbidity and Mortality Weekly Report

Notes from the Field

Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021

Deborah M. Stone, ScD[1]; Karin A. Mack, PhD[1]; Judith Qualters, PhD[1]

Suicide is a serious public health problem in the United States. After 2 consecutive years of declines in suicide (47,511 in 2019 and 45,979 in 2020), 2021 data indicate an increase in suicide to 48,183, nearly returning to the 2018 peak (48,344) with an age-adjusted rate of 14.1 suicides per 100,000 population (versus 14.2 in 2018).* To understand how this increase is distributed across racial and ethnic groups, CDC analyzed changes in racial and ethnic age-adjusted and age-specific suicide rates during 2018–2021.

Suicides were identified from the National Vital Statistics System multiple cause-of-death mortality files for 2018–2021. Age-adjusted rates and 95% CIs were calculated using the direct method and the 2000 U.S. standard population. Hispanic or Latino (Hispanic) persons could be of any race, and racial groups excluded persons of Hispanic ethnicity. Persons with unknown ethnicity were excluded from race and ethnicity groups but were included in the overall total. Differences in rates from 2018 to 2021 were compared using z-tests when deaths were ≥100; p-values <0.05 were considered statistically significant. When deaths were <100, differences in rates were considered significant if CIs based on a gamma distribution did not overlap. This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy.†

Age-adjusted 2021 suicide rates were highest among non-Hispanic American Indian or Alaska Native (AI/AN) persons (28.1 per 100,000) overall; this group also experienced the highest relative percentage change during 2018–2021 (from 22.3 to 28.1 per 100,000; a 26% increase) (Table). Age-adjusted rates also increased significantly among non-Hispanic Black or African American (Black) persons (from 7.3 to 8.7; a 19.2% increase) and for Hispanic persons (from 7.4 to 7.9; a 6.8% increase) during 2018–2021. Non-Hispanic White (White) persons were the only group to show an overall age-adjusted rate decline compared with that in 2018 (from 18.1 to 17.4; a 3.9% decline).

Suicide rates among persons aged 10–24 years increased significantly during 2018–2021 among Black persons (from 8.2 to 11.2; a 36.6% increase). Among those aged 25–44 years, rates increased significantly overall (5%) and among AI/AN (33.7%), Black (22.9%), Hispanic (19.4%), and non-Hispanic multiracial (20.6%) persons during the examined period. Rates among persons aged 45–64 years decreased significantly overall (–12.4%) and among non-Hispanic Asian (Asian) (–15.9%), Hispanic (–9.3%), and White persons (–11.5%). No significant changes were noted among persons aged ≥65 years.

These analyses demonstrate disparities in suicide rates among populations based on race and ethnicity and age group in the context of overall suicide rates nearly returning to their 2018 peak after 2 years of declines. Significant increases among young Black persons aged 10–24 years and across multiple racial and ethnic populations aged 25–44 years raise particular concern. Suicide is a complex problem related to multiple risk factors such as relationship, job or school, and financial problems, as well as mental illness, substance use, social isolation, historical trauma, barriers to health care, and easy access to lethal means of suicide among persons at risk (*1*). Moreover, suicide rates might be stable or even decline during a disaster, only to rise afterwards as the longer-term sequalae ensue for individual persons and within families and communities (*2*). As the nation continues to respond to the short- and long-term impacts of the COVID-19 pandemic, remaining vigilant in prevention efforts is critical, especially among disproportionately affected populations where longer-term impacts might compound preexisting inequities in suicide risk.

The findings in this report are subject to at least three limitations. First, children aged <10 years were excluded from age group category analyses because self-harm intent can be difficult to ascertain in young children (*3*). Second, age-specific rates for some racial groups could not be reported because of small numbers. Finally, racial and ethnic group designation might involve misclassification (*4*).

Research indicates that suicide is preventable through a comprehensive public health approach (*1*) that relies on data to drive decision-making, multisectoral partnerships to expand reach, and implementation and evaluation of multiple culturally relevant prevention strategies. CDC's Suicide Prevention Resource for Action (*1*) supports states and communities to prioritize interventions with the best available evidence that can save lives. For persons in crisis, help is available through the U.S. Substance Abuse and Mental Health Services Administration's 988 Suicide & Crisis Lifeline (https://www.988lifeline.org or by texting or calling 988).

* https://wonder.cdc.gov/mcd-icd10-expanded.html (Accessed January 11, 2023).
† 45 C.F.R. part 46, 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 3501 et seq.

Stone et al., 2023

There were problems before the pandemic

Disparities in Suicide among children

Black children ages **5 - 11** more than **2x** likely to die by suicide

Children younger than 12 **more likely** to have problems in their relationships compared to adolescents

Children also **less likely** to report depression before suicide relative to adolescents

Bridge et al., 2015, 2018
Sheftall et al., 2016

Each of the previous studies included:

- National data sources
- Focus on racial differences/disparities
- Data collected across several years
  - Bridge et al. → 1993 – 2012
  - Sheftall et al. → 2003 – 2017

How does this shape your understanding of the 2023 report from the CDC?

Racial Disparities

Examining differences across race groups

2019

Suicide attempts increased significantly among Black high school students from 1999 – 2017

(Lindsey et al., 2019)

2020

Black youth less likely to have reported an attempt before dying by suicide

(Lee & Wong, 2020)

2021

Suicides among Black girls significantly increased from 2003 – 2017

(Sheftall et al., 2022)

Precipitating Factors

RELATIONSHIPS Conflict with romantic relationships, friends, or parents	**SCHOOL** Black youth <15 more likely to report problems at school (e.g., bullying)	**LEGAL INVOLVEMENT** Black youth decedents more likely than other race groups to have history of involvement
DIAGNOSES Depression/dysthymia among youth >14, and ADD or ADHD present among younger Black children	**SUBSTANCES** Black youth decedents ages 15 and older more likely to use marijuana relative to younger Black youth	**PREVIOUS HISTORY** Black girls reported history of previous suicide planning and attempt relative to Black boys

Trends of Suicidal Behaviors Among High School Students in the United States: 1991–2017

Michael A. Lindsey, PhD, MSW, MPH,[a,b] Arielle H. Sheftall, PhD,[c,d,e,f] Yunyu Xiao, MPhil,[a,b] Sean Joe, PhD, MSW[g]

abstract

OBJECTIVES: To determine if racial and ethnic subgroups of adolescents are at high risk for engagement in suicidal behaviors.

METHODS: Using the nationally representative school-based Youth Risk Behavior Survey from the years 1991 to 2017, we conducted logistic regression analyses to examine trends by different racial and ethnic groups, with each suicide indicator serving as a dichotomous outcome. Participants included 198 540 high school students.

RESULTS: Across all sex and race and ethnic groups, there were significant linear decreases in self-reported suicidal ideation and suicide plans from 1991 to 2017. Female adolescents (odds ratio [OR], 0.98; $P < .001$) had significant decreases in attempts over time. Black adolescents had positive linear trends for suicide attempts among both boys (OR, 1.04; $P < .001$) and girls (OR, 1.02; $P = .003$). Black adolescent boys (OR, 1.04; $P = .048$) had a significant linear increase in injury by attempt.

CONCLUSIONS: The results suggest that, over time, black youth have experienced an increase in suicide attempts, which is troubling because attempts are the most prominent risk factor associated with suicide death. For black boys, a significant increase in injury by attempt occurred, which suggests that black boys may be engaging in increasingly lethal means when attempting suicide. Examining trends of suicidal thoughts and behaviors over time by sex and race and ethnicity allow us to determine where to focus prevention and intervention efforts. Future research should examine the underlying reasons for these changes observed in US high school students.

[a]McSilver Institute for Poverty Policy and Research and [b]Silver School of Social Work, New York University, New York, New York; [c]Center for Suicide Prevention and Research, [d]Center for Innovation in Pediatric Practice, and [e]The Abigail Wexner Research Institute, Nationwide Children's Hospital, Columbus, Ohio; [f]Department of Pediatrics, College of Medicine, Ohio State University, Columbus, Ohio; and [g]George Warren Brown School of Social Work, Washington University in St Louis, St Louis, Missouri

Drs Lindsey and Sheftall conceptualized and designed the study and drafted the initial manuscript; Ms Xiao conducted the data analysis and drafted the initial manuscript; Dr Joe conceptualized the study; and all authors reviewed and revised the manuscript, approved the final manuscript as submitted, and agree to be accountable for all aspects of the work.

DOI: https://doi.org/10.1542/peds.2019-1187

Accepted for publication Aug 2, 2019

Address correspondence to Michael A. Lindsey, PhD, MSW, MPH, McSilver Institute for Poverty Policy and Research, New York University, 41 E 11th St, Suite 704, New York, NY 10003. E-mail: michael.lindsey@nyu.edu

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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WHAT'S KNOWN ON THIS SUBJECT: Suicide is the second leading cause of death among adolescents. Racial and ethnic disparities have been discovered in suicide deaths. Racial and ethnic differences in trends of youth suicidal ideation, plans, and suicide attempts, however, remain understudied.

WHAT THIS STUDY ADDS: This study uncovered racial and ethnic differences in trends of suicidal behaviors. Suicide ideation and suicidal plans decreased among US adolescents between 1991 and 2017. Subgroup findings indicate suicide attempts increased only among black adolescents.

To cite: Lindsey MA, Sheftall AH, Xiao Y, et al. Trends of Suicidal Behaviors Among High School Students in the United States: 1991–2017. *Pediatrics.* 2019;144(5): e20191187

Importance of this peer-reviewed paper

- Team comprised primarily of social work scholars
- Found that Black youth were more likely to attempt suicide within the last 12 months relative to other groups
- Used to advocate for NIH to dedicate funds that focus on Black youth suicide prevention

Published in December 2019

Led by:

- Rep. Bonnie Watson Coleman
- Michael Lindsey, PhD, MSW
  - Dean of the Silver School of Social Work at NYU
- Host of other researchers, lawmakers, clinicians, and community leaders

Full report available at: https://watsoncoleman.house.gov/imo/media/doc/full_taskforce_report.pdf

Suicide in Black Americans is not a new topic

Prior research offers the following critical insights:

Reminder #1

Black scholars warned about the increase in Black youth suicide in the late 1980s

Reminder #2

Gap between Black and White youth suicides narrowed from 1980 - 1995

Reminder #3

Suicide recognized as the third leading cause of death among Black youth ages 15 to 24-years-old as early as 1986

Peer-reviewed studies published in 1988 and 1989

Jewelle Taylor Gibbs, PhD is a social work scholar and was the first Black woman to earn tenure across the University of California system

Factors Related to Sex Differences in Suicidal Behavior Among Black Youth: Implications for Intervention and Research

Jewelle Taylor Gibbs
Alice M. Hines
University of California at Berkeley

A review of suicidal behavior among Black youth, 15 to 24 years of age, indicates significant differences between males and females in rates and patterns of attempted and completed suicide. The heuristic value of three major theories of suicide is discussed in terms of Black youth suicidal patterns. Methodological issues of the validity and reliability of suicide statistics for Black youth are also examined. Sociocultural factors contributing to sex differences in Black youth suicide are analyzed, as well as family, school, peer, and community experiences that reinforce these factors. Young Black males appear to be more vulnerable than young Black females to suicide because of their differential exposure to multiple risk factors in all of these domains. Implications for future research on this neglected topic are discussed and proposals are offered to enable practitioners to develop more effective strategies of prevention and early intervention in order to reduce the rates of Black youth suicide.

Suicide in Blacks is a youthful phenomenon; it is the third leading cause of death in the 15- to 24-year age group (U.S. Bureau of the Census, 1987). While suicide increases with age in all other ethnic groups except American Indians, it peaks among Blacks in the 25-34 age group, then decreases. Since 1960, the suicide rate has doubled for Black females, but it has nearly tripled for Black males (U.S. Department of Health and Human Services [DHHS], 1986). Compared to White youth 15 to 24 years of age, Blacks have a much lower suicide rate, but male-female differences are similar in both groups (see Table 1). Among younger adolescents, 10 to 14 years of age, recent statistics suggest that the gap between overall Black and White rates is narrowing and that Black female suicide rates are increasing relative to the rates for Black

Journal of Adolescent Research, Vol. 4 No. 2, April 1989 152-172

© 1989 Sage Publications, Inc.

Conceptual, Methodological, and Sociocultural Issues in Black Youth Suicide: Implications for Assessment and Early Intervention

Jewelle Taylor Gibbs, PhD
University of California–Berkeley

Suicide among blacks is a youthful phenomenon. At a time when they should be developing an identity, exploring career options, or beginning a family, too many young blacks are destroying themselves, either by suicide, by homicide, or in fatal accidents. In all other ethnic groups except American Indians, suicide rates increase with age, yet the suicide rate among blacks peaks during the young adult years (25–34) and decreases with age. Suicide is the *third* leading cause of death in black youths in the 15–24 age group, after homicides and accidents; and 47% of all black suicides occur in the 20–34 age group (U.S. Bureau of the Census, 1986).

In the past 25 years, the overall suicide rate of black youths (aged 15–24) has more than doubled, with males between 20 and 24 accounting for most of that increase. However, while scholarly interest in the phenomenon of youth suicide has grown rapidly during this period, few researchers have focused on the particular issues involved in the suicidal behavior of black youths. Thus, a review of the literature on black youth suicide reveals limited conceptual approaches, few clinical investigations, and even fewer empirical studies of this group.

This gap in the literature is of particular concern, in view of the comparative trends in rates and patterns of suicide and suicidal behavior among black and white youths in the 15–24 age range. From 1960 to 1983, the suicide rate for black youths in the 15–24 age group doubled for black females (from 1.3 to 2.7 per 100,000) and nearly tripled for black males (from 4.1 to 11.5 per 100,000), following almost identical trends in the pattern of white male and white female suicide rates (see

Suicide and Life-Threatening Behavior, Vol. 18(1), Spring 1988

© 1988 The American Association of Suicidology

My religious beliefs are very important to me

(N =7,704 adolescents who previously attempted suicide)

50
40
30
20
10
0

Strongly Disagree Disagree Agree Strongly Agree

Black Youth
Asian Youth
Latino/a Youth
Multiracial Youth
Nat. Amer/Alaskan Indian
Nat. Hawaiin/Pac. Islander
White Youth

Goodwill, J.R. & Yasui, M. (2022). Mental health service utilization, school experiences, and religious involvement among a national sample of Black adolescents who attempted suicide: Examining within and cross-race group differences. *Child and Adolescent Social Work Journal.*

My religious beliefs are very important to me

(N =7,704 adolescents who previously attempted suicide)

50
40
30
20
10
0

White Youth
27%

Black Youth
39.78%

Strongly Disagree Disagree Agree Strongly Agree

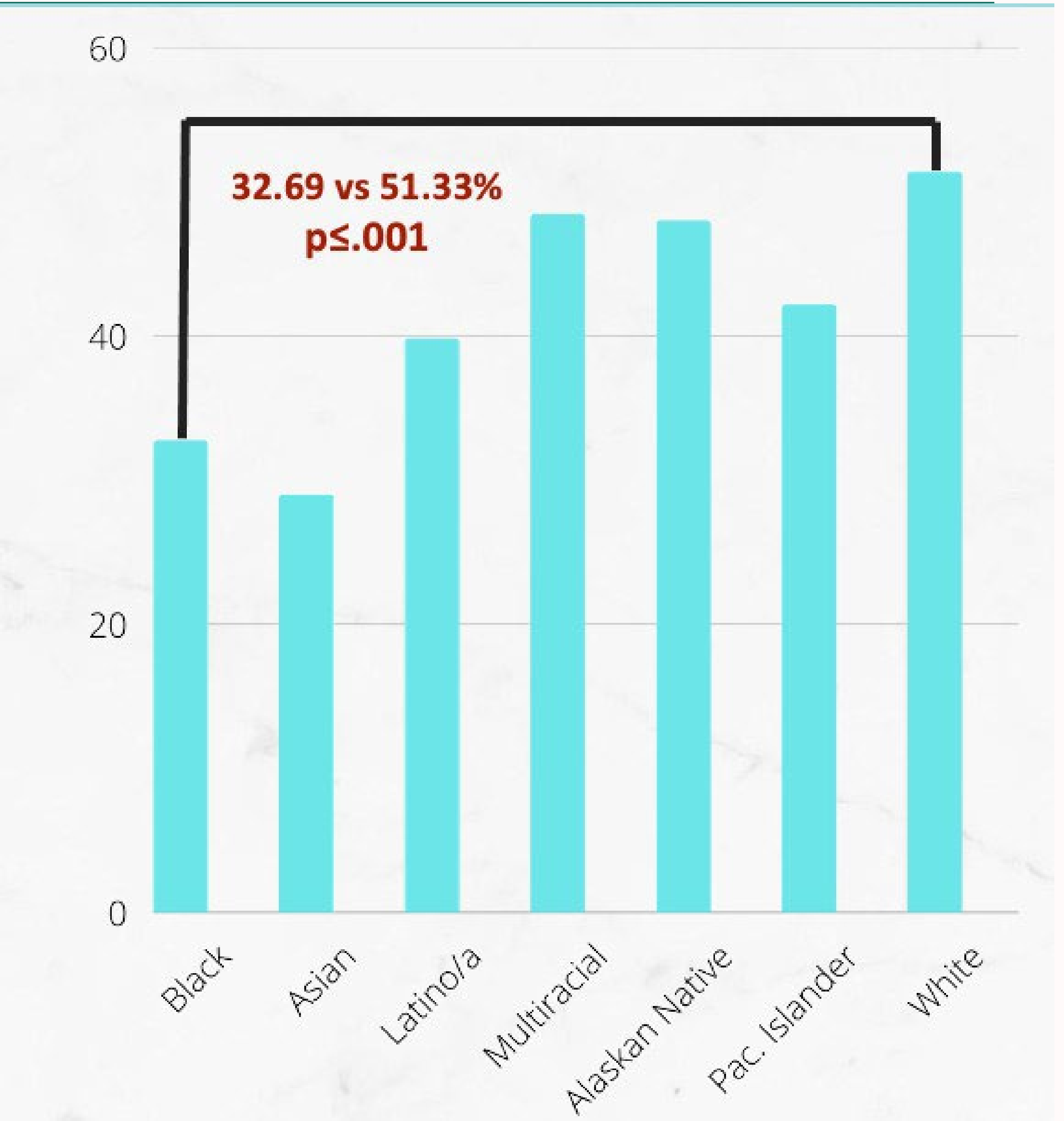
Black Youth
Asian Youth
Latino/a Youth
Multiracial Youth
Nat. Amer/Alaskan Indian
Nat. Hawaiin/Pac. Islander
White Youth

Goodwill, J.R. & Yasui, M. (2022). Mental health service utilization, school experiences, and religious involvement among a national sample of Black adolescents who attempted suicide: Examining within and cross-race group differences. *Child and Adolescent Social Work Journal*.

Did you Receive Emotional Treatment from a Therapist in the Past Year?

(N =7,704 adolescents who previously attempted suicide

Goodwill, J.R. & Yasui, M. (2022). Mental health service utilization, school experiences, and religious involvement among a national sample of Black adolescents who attempted suicide: Examining within and cross-race group differences. *Child and Adolescent Social Work Journal*.



Current Insurance Coverage

(N =7,704 adolescents who previously attempted suicide

Goodwill, J.R. & Yasui, M. (2022). Mental health service utilization, school experiences, and religious involvement among a national sample of Black adolescents who attempted suicide: Examining within and cross-race group differences. *Child and Adolescent Social Work Journal*.

- **68**% of Native American/Alaska Native youth,
- **58**% of Black youth, and
- **50**% of Latino/a youth were insured via **Medicaid/CHIP**

- **37.33**% of Multiracial youth,
- **27.02**% of Asian youth, and
- **29.80**% of White youth were insured via **Medicaid/CHIP**

What implications does this have for youth accessing potentially life-saving mental health treatment?

What Gains Have Been Made Since the 1980s?

Gains to Date

- Effective interventions have been developed to address suicide prevention among youth ***broadly***
- Several of these interventions are designed for hospital/psychiatric settings
- School-based suicide prevention interventions have been implemented among high school students

Remaining Gaps

- Culturally tailored suicide prevention interventions for Black youth remain scant
- Few school-based suicide prevention interventions for middle and elementary school students
- Few universal and multilevel interventions made available

Thank You

Danielle R. Harrell
PhD, LCSW

MY ROLES

- **Assistant Professor**, University of Texas at Arlington School of Social Work
- **Licensed Clinical Social Worker (LCSW)**, Texas and Louisiana
- **Research Consultant**, Uplift Education Charter School System

MY LENS

- African American
- Female
- Heterosexual
- Christian
- Middle class
- Non-disabled

MENTAL HEALTH SYMPTOMS AS PREDICTORS OF SUICIDAL BEHAVIORS IN PRETEENS: THE PROTECTIVE ROLE OF SCHOOL CONNECTEDNESS

February 13, 2024

Presented by:

Danielle R. Harrell, PhD, LCSW

University of Texas at Arlington School of Social Work

Email: danielle.eugene@uta.edu

Faculty Profile

Talking Points

- Risk and protective factors in the school setting
- Study findings and implications
- Culturally Appropriate Resources

RISK AND PROTECTIVE FACTORS IN THE SCHOOL SETTING

Risk Factors[1-2]

- Negative social and emotional environment at school
  - *Exposure to stigma & discrimination*
  - *Lack of respect and fair treatment*
- Limitations in school physical environment, including lack of safety and security
  - *Aggressive/violent behavior*
  - *Bullying others or being bullied by others*
- Limited access to school-based mental health care and supports
- Hx of suspensions and expulsions

Protective Factors[2-3]

- Positive school experiences
  - *Safe and respectful climate*
- Adequate or better academic achievement
- Parental involvement in school
- Access to school-based mental health supports
- Increased connections to the school community
  - *Close supportive bonds with caring adults and peers*

What is School Connectedness?

Key Definitions

- *"characterized as students feeling psychologically attached to or identifying with the school community"*[4]
- *"students' belief that peers and adults in the school support, value, and care about their individual well-being as well as their learning/academic progress"*[5]

Defining Features

- ***Sense of attachment*** (e.g., feel part of their school)
- ***Identification with school environment*** (e.g., have a sense of pride; happy to be at school)
- ***Valued, supported, and cared for by peers and adults*** (e.g., feel close to people at school)
- ***Safety*** (e.g., feel safe at school)

Why is School Connectedness Important?

School connectedness is a **malleable mechanism** that contributes to:

- Improved academic outcomes (i.e., higher grades/test scores, better attendance)[6-7]
- Improved sense of belonging and engagement[8]
- Positive social interactions among school community[8]
- Perceptions of safety[9]
- Decreased aggressive and violent acts[10]
- Lower instances of peer victimization and bullying[11-12]
- Decreased symptoms of emotional distress, depression, and anxiety[13-15]
- Reduction in suicide-related behaviors[16-19]

How is School Connectedness Measured?

Primarily through student surveys
(Ranges from asking a single question to a 74-item scale)
Primarily asked to high schoolers

- Youth Risk Behavior Surveillance System (YRBSS)[20]
  - "Do you agree or disagree that you feel close to people at your school"
- Adapted Scale from National Longitudinal Study of Adolescent Health[21]
- Other scales developed to understand the multidimensionality of the construct
  - ***Psychological Sense of School Membership scale*** *(18 items)*
  - ***School Connectedness Scale*** (51 items)

    (Assess connections to teacher, peers, school)
  - ***Hemingway Measure of Adolescent Connectedness*** *(74 items; fee)*

    (Assess connections to teacher, peers [3], school)

In the last month, how often did you…

Probe: Please tell me if you felt this way not once in the past month, 1 to 2 times in the past month, about once a week, several times a week, or every day?

	NOT ONCE IN PAST MONTH	1-2 TIMES IN PAST MONTH	ONCE A WEEK	SEVERAL TIMES PER WEEK	EVERY DAY	REF	DK
E1A. Feel like you were part of your school? Would you say that you felt this way not once in the past month, 1 to 2 times in the past month, about once a week, several times a week, or every day?	0	1	2	3	4	-1	-2
E1B. Feel close to people at your school?	0	1	2	3	4	-1	-2
E1C. Feel happy to be at your	0	1	2	3	4	-1	-2
E1D. Feel safe at your school?	0	1	2	3	4	-1	-2

STUDY FINDING AND IMPLICATIONS

Research Question and Hypotheses

RQ: Whether school connectedness moderated the association between mental health symptoms and suicidal behaviors (i.e., suicidal ideation and suicide attempt) among preteens (9–12) from majority minority, low-income households?

H_1: poorer mental health would be positively associated with suicidal behaviors

H_2: school connectedness would be negatively associated with suicidal behaviors

H_3: school connectedness would moderate the association between mental health symptoms and suicidal behaviors

Participant Characteristics (n=2,826)

- 52% male
- average age of 9.3 years
- 53% Black/African-American and 25% Hispanic/Latino
- 93.2% of primary caregivers were biological mothers, followed by biological fathers (3.7%), and grandparents (2.2%)
- 2% experienced suicidal ideation and 2% experienced suicide attempts within a 6-month period
- 10% reported receiving MH services

Measures Used

Suicidal Ideation (1 item) and Suicide Attempt (1 item)

- "Child talks about killing self"
- "Child deliberately harms self or attempts suicide"

Mental Health Symptoms (3 subscales)

- Anxious depressed (12 items)
- Withdrawn depressed (8 items)
- Aggressive behavior (18 items)

School Connectedness (4-item scale)

Major Findings

Suicidal Ideation

- Compared to females, **males had almost 5xs** higher odds of suicidal ideation
- Odds of suicidal ideation were
  - *20% higher with every one-point increase in anxious depressed scores*
  - *18% higher with every one-point increase in aggressive behavior scores*

Suicide Attempt

- **Black preteens were more than 5xs** more likely to experience a suicide attempt compared to their White peers
- Odds of a suicide attempt were 21% higher with every one-point increase in aggressive behavior scores
- Significant interaction effects
  - *between withdrawn depressed symptoms and school connectedness*
  - *between aggressive behavior and school connectedness*

Discussion

1. Externalizing symptoms may be more prevalent in preteens at risk for suicide-related behaviors in comparison to internalizing symptoms.

- Across both models, aggressive behaviors were associated with suicidal ideation and suicide attempt.
- Surprisingly, withdrawn depressed symptoms were not associated with SI or SA in preteens. This finding contradicts well-established research that indicates sadness, depression, and withdrawn behaviors as the most prevalent predictors of suicidal behaviors in older adolescents.[22-23]
- This finding provides support for developmental differences and the need for developmentally appropriate assessments and interventions to include early screenings of self-harm and suicide.

Discussion

2. The direct association of school connectedness on suicidal ideation and suicide attempt was not significant.

- This finding does not support previous research that provides empirical evidence that higher school connections are associated with reduced reports of suicidal ideation and attempts.[15, 24-26]
  - May be due to the measurement of school connectedness
  - Another explanation may be due to underreporting by parents
    - Stigma/cultural sanctions around mental health
  - Additionally, young children tend to be less able to verbalize thoughts of not wanting to be alive
    - May talk about “not wanting to be around anymore” or “going away and not coming back” rather than explicitly mentioning hurting or killing themselves[27]

Discussion

3. When school connectedness was either low, moderate, or high, preteens with lower withdrawn depressed symptoms were less likely to experience a suicide attempt [AND] as aggressive behaviors increased, the odds of a suicide attempt increased as levels of school connectedness decreased.

- This finding provides support for school connectedness altering the magnitude of mental health symptomology on suicide attempt.
  - *Serving as a protective factor*
- However, this buffering effect was not significant for suicidal ideation.

Implications

- Findings raise awareness of important racial, gender, and developmental differences that are key to accurate assessment, screening, and early identification of risk factors.
- A need for culturally and developmentally specific suicide prevention strategies in schools for elementary and middle school aged youth.
  - engage students in meaningful activities where they feel connected to the school community (e.g., school wide initiatives, listening sessions)
  - screen and assess students upon the onset of aggressive behaviors and other mental health conditions to prevent the occurrence of self-harming behaviors.
  - identify and implement culturally relevant strategies
- A need for a prevention paradigm shift and reframing
  - Instead of “How do we make sure our kids do not harm themselves?” we should ask them, “What does it mean to live a healthy life?”

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ORIGINAL PAPER

Suicidal Behaviors in Early Adolescence: The Interaction Between School Connectedness and Mental Health

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Abstract
Previous research has identified mental health symptoms such as depression and aggression as contributing factors associated with suicidal ideation and attempts in adolescence. However, much of this work has focused on older adolescents (ages > 14) resulting in a dearth of knowledge about early adolescents under 12 years. Moreover, much less is known about school connectedness as a protective factor in the relationship between mental health symptoms and suicidal behaviors. This study examined the interaction effect between school connectedness and mental health symptoms on suicidal behaviors among early adolescents aged 9–12 years. Data were drawn from the Fragile Families and Child Wellbeing Study and yielded an analytic sample (n = 2826) that was majority male (52%), Black (53%), and with an average age of 9.3 years. Data were analyzed using multivariate logistic regression. Among participants, 2% experienced suicidal ideation, and 2% experienced suicide attempts. Black adolescents were more than five times more likely to experience a suicide attempt compared to their White peers (AOR = 5.37; 95% CI = 1.71–16.95; p = .004). There was a significant interaction effect between withdrawn depressed symptoms and school connectedness (AOR = .95; 95% CI = .91–.98; p = .006), and between aggressive behavior and school connectedness (AOR = 1.02; 95% CI = 1.01–1.03; p = .001) on suicide attempts. School connectedness did not moderate the relationship between mental health symptoms and suicidal ideation. The findings have important practical implications, which are discussed.

Keywords Early adolescence · Suicidal behaviors · School connectedness · Minoritized youth · Mental health

Introduction

Adolescent suicide is a serious public health crisis, prompting substantial research attention in recent years (Harman et al., 2021; King et al., 2019). Although uncommon prior to middle adolescence, suicide is the fifth leading cause of death among youth aged 7–11 years in the USA (CDC, 2021b). The fastest-growing rates of death by suicide are among Black and Hispanic youth ages of 10–14 (Horowitz et al., 2020). In comparison with their White peers, Black youth under 12 years of age are twice as likely to die by suicide (Bridge et al., 2018) and Hispanic youth are more likely to report disproportionate rates of suicidal thoughts and attempt (Cervantes et al., 2014). In 2020, an analysis of the national mortality statistics from the Centers for Disease Prevention and Control (CDC) revealed a suicide rate of 0.4 per 100,000 youth between the ages of 7 and 11 years, with 5.3% of the early adolescent population dying by suicide compared to 2% a decade earlier (CDC, 2021b). An additional analysis reported rates in youth aged 5–11 years increased by 14.7% annually between 2012 and 2017 (Mishara & Stijelja, 2020). Although these figures represent the number of early adolescents who died by suicide, it is important to recognize that many more report suicidal behaviors (Sánchez-Teruel et al., 2020). Suicidal behaviors most commonly refer to suicidal ideation, suicide plan, and suicide attempt (SAMSHA, 2020). Suicidal ideation, which ranges from feeling that life is not worth living to intrusive and chronic preoccupation with self-destruction (Harmer et al., 2021; Van Meter et al., 2019), is relatively common in early adolescence, with nearly 20% of 12-year-olds reporting such feelings in the past month (Simcock et al., 2021). Suicidal ideation is a serious matter as it increases the risk of suicide attempts, a non-fatal,

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CULTURALLY APPROPRIATE RESOURCES

- Suicide Prevention Resource Center-Best Practices Registry
  - SPRC's library of suicide prevention programs and interventions that incorporate best practices, national frameworks and culturally relevant approaches.
- Guidance for Culturally Adapting Gatekeeper Trainings
  - This tool provides a series of questions to guide the cultural adaptation of gatekeeper training programs.
- Creating Linguistically and Culturally Competent Suicide Prevention Materials
  - This guide is designed to help practitioners produce suicide prevention materials for specific cultural and linguistic communities.

Key Takeaways

Young children experience emotional distress that could lead to thoughts of suicide

- Can have desire to die but not always fully understand implications of that
- Expression of these thoughts differ than what current assessments suggest you ask (explicit statements vs use of their developmental language)
- Ask anyway ("Are you thinking about ending your life?")

Suicidal behavior among children look significantly different than that of adolescents

- Important for assessment and intervention
- May not say anything at all, but display acts of aggression, violence, or impulsion
- Behavioral issues do not necessarily warrant disciplinary actions instead assess and provide mental health supports

Train school personnel that have access to kids (e.g., gatekeeper programs)

- Do not overlook paraprofessionals, custodians, bus drivers, cafeteria staff
- Dispel myth, [school personnel] not providing counseling but instead receiving training to recognize the language and risk factors

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Discussion

What steps or resources would you recommend for identifying and supporting youth who may be at risk for self-harm in the school setting?

Audience: please share your thoughts and/or any resources that you are aware of in the chat box.

What factors can help reduce or prevent suicide among Black youth?

What are your recommendations for fostering hope in youth? What about during and after experiences of suicidal ideation?

Audience share in the chat box:

What do you say or do to foster hope in youth?

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Audience
Q & A

Resources

- **The Positive Urban Research and Prevention of Suicide Experiences (PURPOSE) Lab**
- **Ring the Alarm: The Crisis of Black Youth Suicide in America**
- **Mental Health Resources for Marginalized Communities**, *American Foundation for Suicide Prevention*
- **Sharing Hope: Mental Wellness in the Black/African Ancestry Communities**, *NAMI*
- **Helping the Suicidal Person: Tips and Techniques for Professionals**, *Stacey Freedenthal*
- **Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention**, *Terri A. Erbacher, Jonathan B. Singer, Scott Poland*
- **Active Minds Resources & Campaigns**
- **The Steve Fund Knowledge Center**
- **The Jed Foundation Mental Health Resource Center**
- **Best Practices Registry**, *Suicide Prevention Resource Center*
- **Guidance for Culturally Adapting Gatekeeper Trainings**
- **Creating Linguistically and Culturally Competent Suicide Prevention Materials**
- **Mental Health First Aid**
- **LivingWorks safeTALK Training**
- **Question, Persuade, Refer (QPR) Training Courses**
- **Columbia-Suicide Severity Rating Scale** *[Screening Tool]*
- **Assessing the Validity of the Ask Suicide-Screening Questions in Black Youth**, *Horowitz et al.*
- ***School Mental Health Virtual Learning Series***