Adolescent Suicide Prevention: An Introduction to the Risk Factors of Suicide and Resources for Vulnerable Youth

September 14, 2017
3:00–4:30 p.m. ET

U.S. Department of Health and Human Services
Administration on Children, Youth and Families
Family and Youth Services Bureau
Adolescent Pregnancy Prevention (APP) Program

Learning Objectives

By the end of this webinar, participants will be able to

- Identify unique risk factors for suicide among Native Youth.
- Identify risk factors for suicide among vulnerable youth.
- Describe the impact of cyberbullying on adolescents' social wellness and mental health.
- Identify resources for technical assistance.

Presenters

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Family & Youth Services Bureau (FYSB)

Tom Anderson, MPH, Senior Strategist and Consultant, Member of the Cherokee Nation

Tribal Public Health

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Suicide Prevention and APP Programs

- Why adolescent social wellness and mental health matter to FYSB grantees:
  - As discussed at the 2017 FYSB Grantee Meeting, *Strategies for Success: A Holistic Approach to Adolescent Pregnancy Prevention*:
    - FYSB grantee programs include ongoing conversations that address socio, emotional, socio-emotional, sexual health, and mental health and wellness of adolescents.
    - FYSB grantees are on the front lines and are directly involved in programs and services that touch adolescents in a variety of settings, including some of the most vulnerable youth.
    - FYSB grantees can play a critical role in identifying, supporting, and referring youth at risk for suicide and other mental health issues.

  - FYSB programs support communities and programs that encourage adolescents to live healthy, productive, and violence-free lives.

American Indian Youth Suicide

Tom Anderson, MPH (Cherokee)

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American Indian Youth and Suicide

By participating in today's discussion

- You will be informed and able to articulate contributing factors to Native suicide.
- You will have a better understanding of the disconnect with many Natives, leading to the highest rates of suicide.
- You may come to the understanding that what you were taught, have learned, and know about American Indians is largely untrue.
- You will learn that a Native suicide prevention program titled 'Culture as Prevention' is a successful and promising path for youth suicide prevention.

American Indian Suicide: Why

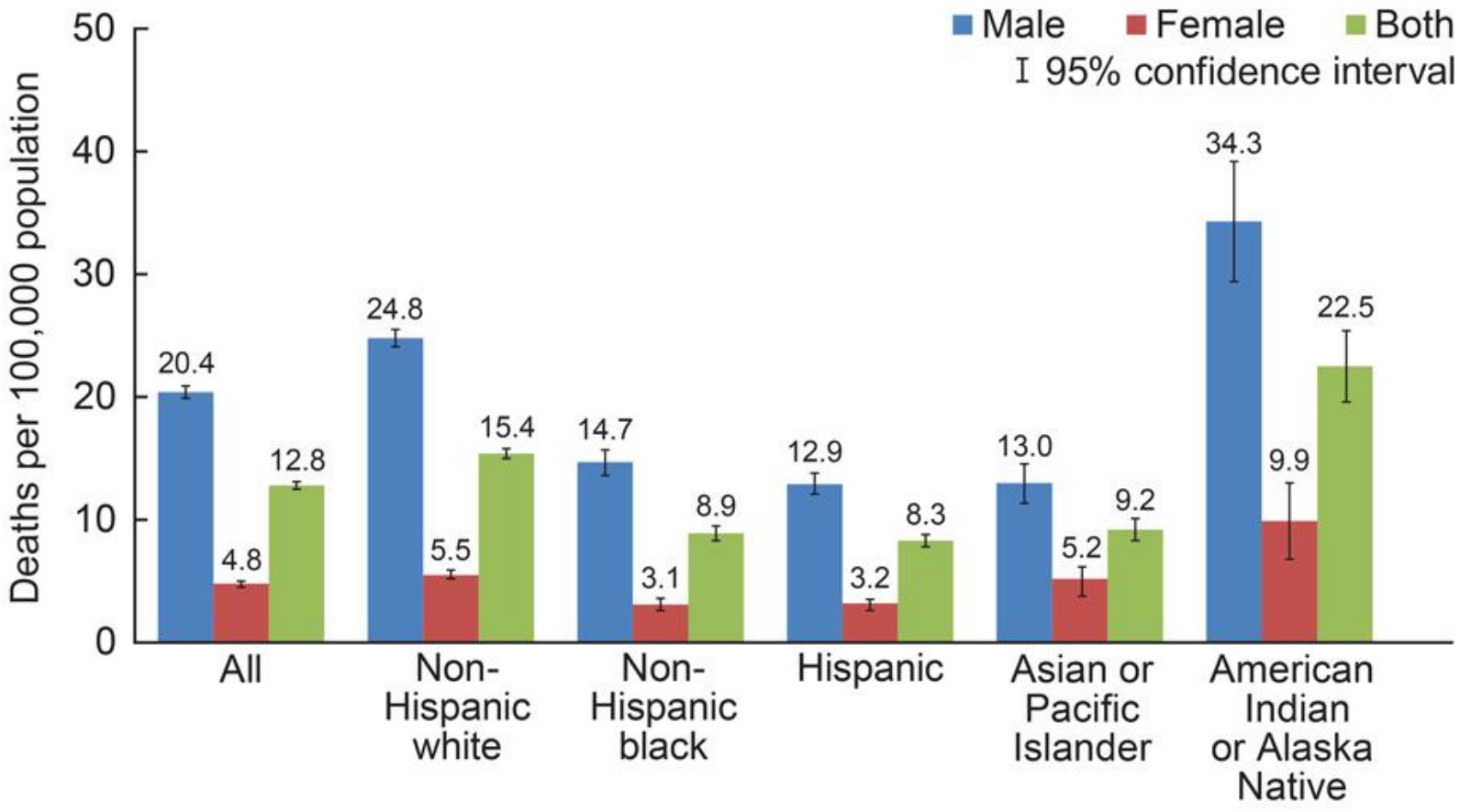
Suicide looks very different in Native communities than it does in the general population. Nationally, suicide tends to skew middle-aged (and white); but among Native Americans, ***40%*** *of those who die by suicide are between the ages of* ***15 and 24****. And among young adults ages 18 to 24, Native Americans have* ***higher rates*** *of suicide than any other ethnicity and higher than the general population.*

American Indian Suicide Impacts All!

- Suicide is the second leading cause of death (behind unintentional injuries) for American Indian youth ages 15-24 (Suicide Prevention Resource Center, 2013).

- The significant rate of suicide by American Indian and Alaska Native youth is a major concern for tribal leaders, families, and youth themselves.

Figure 1. Suicide rates among young adults aged 18–24, by race and Hispanic origin and sex: United States, 2012–2013



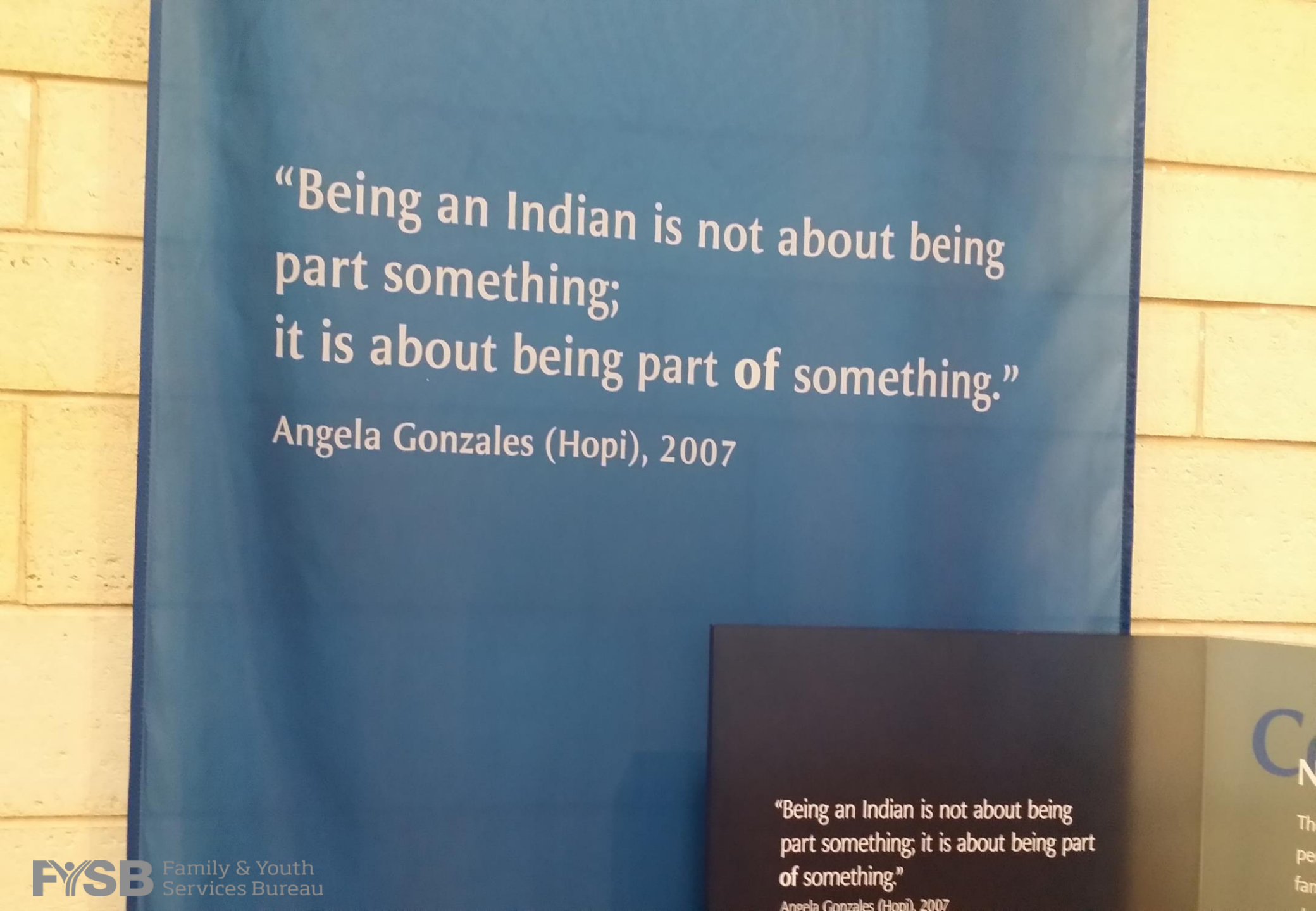
NOTES: Suicide deaths are identified with ICD–10 codes U03, X60–X84, and Y87.0. Deaths for the American Indian or Alaska Native population may be underreported by 30%, for the Asian or Pacific Islander population by 7%, and for the Hispanic-origin population by 5%. For more details, see Technical Notes in *National Vital Statistics Reports*, vol. 63, no. 3, "Deaths: Final data for 2011"; also see *Vital and Health Statistics*, Series 2, no. 148, "The validity of race and Hispanic origin reporting on death certificates in the United States."
SOURCE: CDC/NCHS, National Vital Statistics System mortality data, 2012–2013. Available from CDC Wonder online database: http://wonder.cdc.gov/ucd-icd10.html.

Source: Jiang, C., Mitran, A., Minino, A., & Ni, H. (2015) Racial and Gender Disparities in Suicide Among Young Adults Aged 18–24: United States, 2009–2013. National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/hestat/suicide/racial_and_gender_2009_2013.htm

American Indian Suicide: Challenge?

- Data on Native American deaths are inexact, because individuals who self-identify as Native American in one survey may not be listed as such on their death certificate.

- In other words, the numbers used in this report for Native American suicides likely **undercount** the actual figure.



Setting the Stage

- American Indians and Alaska Natives (AI/AN) have certain legal rights other population groups do not have and were given the "promise of proper care and protection" by the federal government.

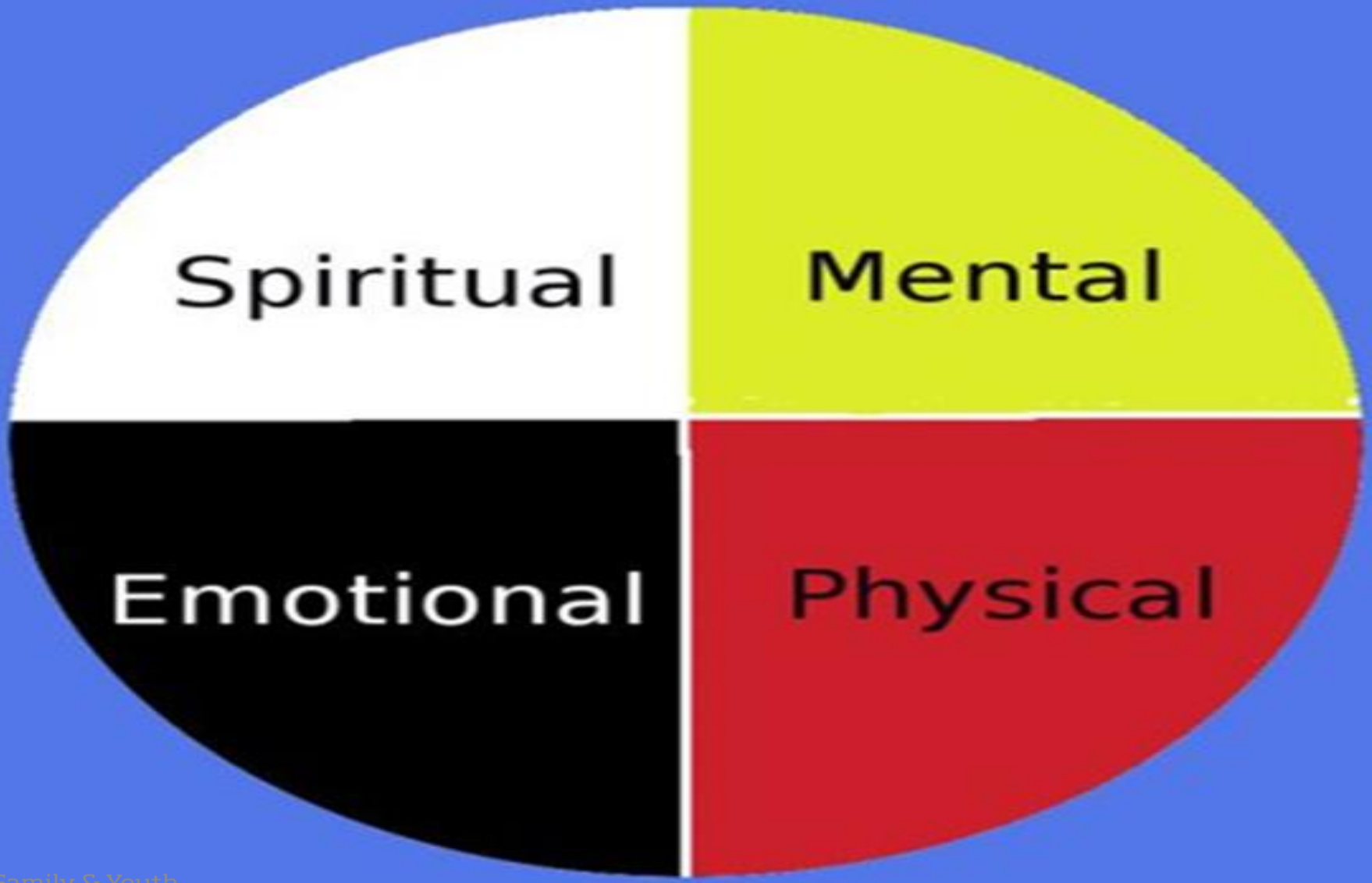
- These rights and promises were not freely given to indigenous people; rather, they were exchanged for ancestral lands and natural resources.

Setting the Stage (cont.)

- AI/AN are the only population group required to "prove" they are a citizen of a tribe.

- Federal American Indian policy resulted in a governmental trust responsibility to provide AI/AN people with education, housing, and health care.

Medicine Wheel



Indigenous World View

- This view contains thousands of years of ancient wisdom about how to live on the earth.
- High priority is given to loving the earth, preserving the earth, honoring the earth, and developing technologies that benefit people while protecting the earth.
  - The earth is a central value for everyone. This view is foreign to many.

Indigenous World View (cont.)

- Indigenous people walk in two worlds.
  - This expression implies American Indian people have an interpretation of history and community that is their own.
  - This is a dramatic alternative interpretation of the world or of reality.

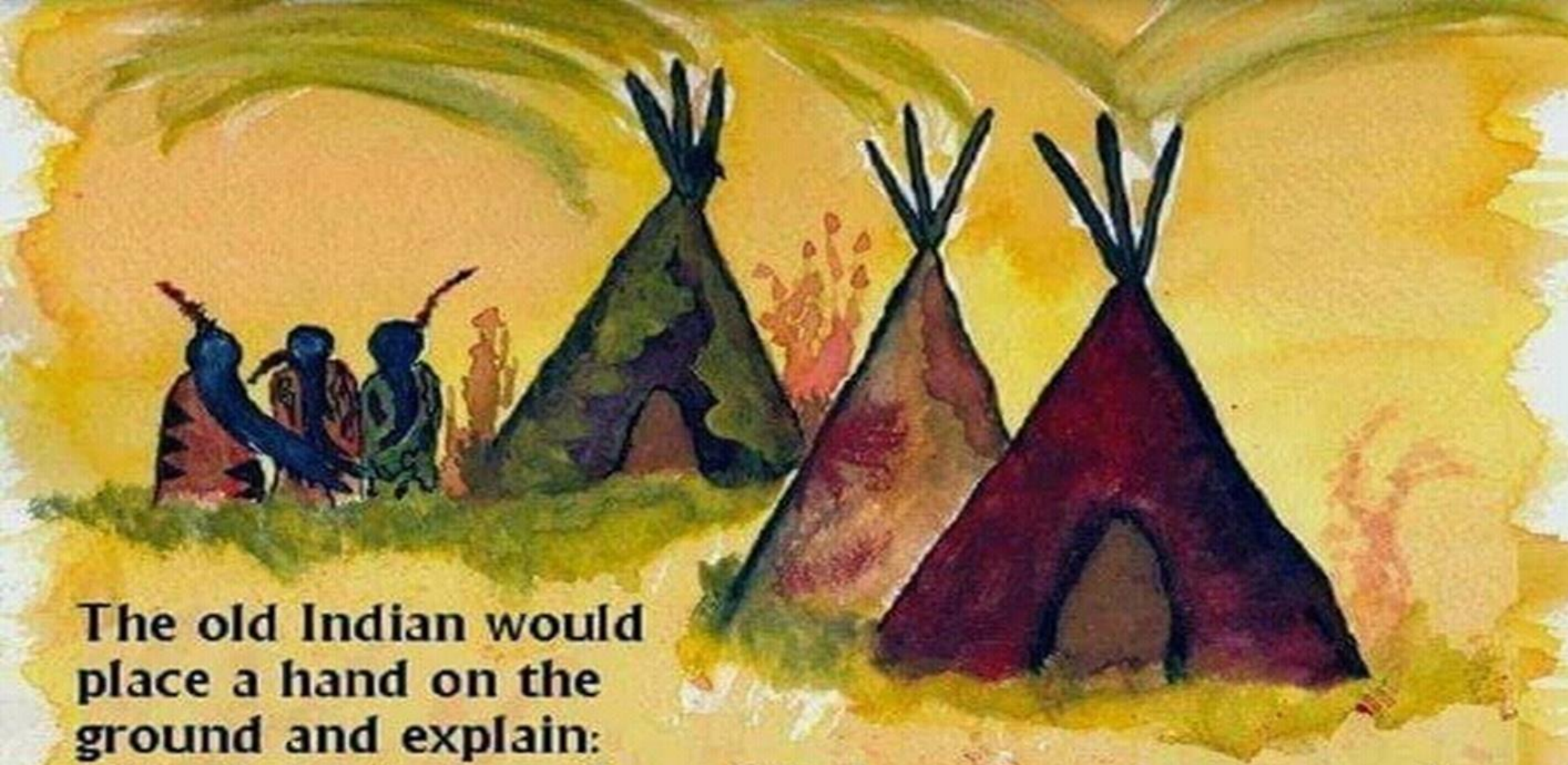
Indigenous World View (cont.)

- Multiculturalism, multiple worldviews, multiple cosmic visions, and even multi-verses are thought more appropriate in reality than the view of a single universe.

- Respect and appreciation of others' worldviews and religions is a general feature of American Indian relations.

"The Earth and myself are of one mind"

Chief Joseph (Nez Perce) 1887



The old Indian would place a hand on the ground and explain: "We sit in the lap of our Mother. From her we, and all other living things, come. We shall soon pass, but the place where we now rest will last forever." So we, too, learned to sit or lie on the ground and become conscious of life about us in its multitude of forms.

Intergenerational Trauma

- American Indians experienced massive losses of lives, land, and culture from European contact and colonization, resulting in a long legacy of chronic trauma and unresolved grief across generations.

- This phenomenon, labeled **historical unresolved grief**, contributes to the current social pathology of high rates of suicide, homicide, domestic violence, child abuse, alcoholism, and other social problems among American Indians.

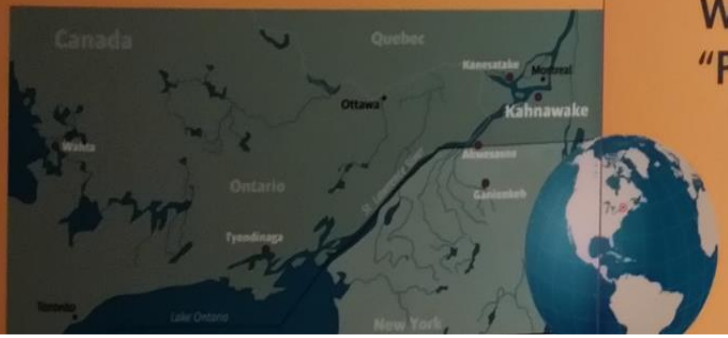
Intergenerational Trauma (cont.)

- The concept of historical unresolved grief and trauma among American Indians is exacerbated by historical as well as present social and political forces.
- Abundant literature on Jewish Holocaust survivors and their children has been used to delineate the intergenerational transmission of trauma, grief, and the survivor's child complex.
- Interventions based on traditional American Indian ceremonies and modern western treatment modalities for grieving and healing of those losses should be combined.

Kahnawa'kehró:non

My ancestors fought hard to remain who they are, and because of my ancestors' defense of their culture, I am here today. Now I have the responsibility to do the same—to defend the language and culture.

Tekaronhio:ken, 2003



We are Kahnawa'kehró:non—
"People Who Live by the Rapids."
We also call ourselves
Kanien'kéhaka—"People of the
Flint"—and the language we speak
is Kanien'kéha. Others know us
Mohawks. As part of the Iroquois

Community Impact of Suicide

- One of the most difficult things to hear is when the community says: **‘We can grieve no more. We’re cried out. We just can’t respond anymore to the problem.”**

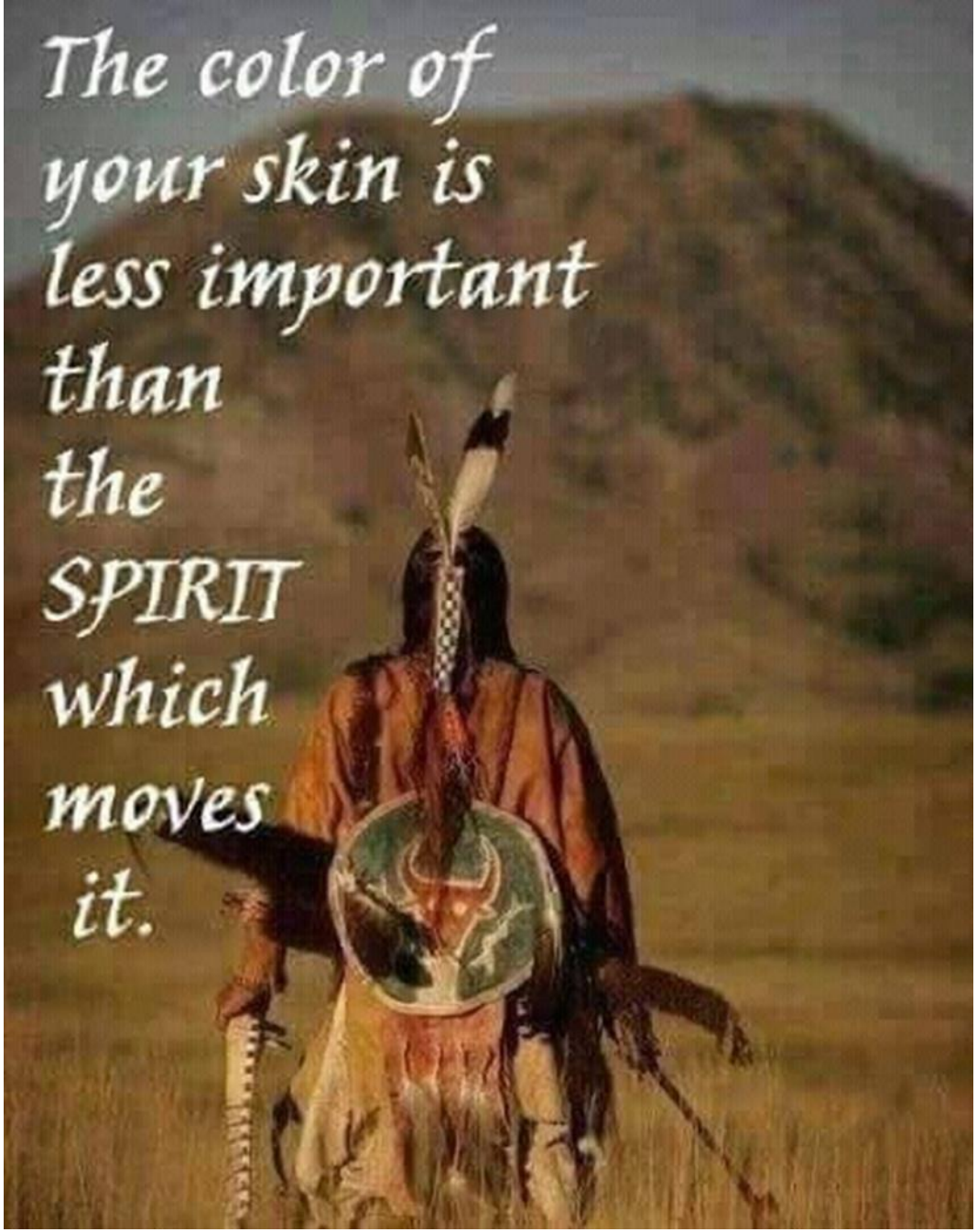
- This really does have an impact.

Recap: Understanding Tribal Youth Suicide Prevention

- There is no word for suicide in many languages.
- Native people walk in two paths.
- ‘Culture is Prevention’ youth program.
- Elder involvement is one key to youth suicide prevention.

Additional Resources

- To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaskan Native Youth and Young Adults,
  a manual from the Center for Mental Health Services and the Substance Abuse and Mental Health Services Administration
- The National Native Children's Trauma Center: https://www.nnctc.org/


The color of
your skin is
less important
than
the
SPIRIT
which
moves
it.

Poll: Voices from the Field

- What kind of vulnerable youth does your program work with? *(Mark all that apply.)*
  - A) LGBTQ
  - B) Justice-involved
  - C) Pregnant and/or parenting
  - D) Youth exposed to trauma
  - E) American Indian
  - F) Other [please enter your response]

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Adolescent Suicide Prevention: An Introduction to the Risk Factors of Suicide and the Resources Available to Youth

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services.

Youth and Suicide

- Suicide is the second leading cause of death for youth ages 10-24.
- In 2015, 5,491 youth aged 15-24 died by suicide.
- The 2015 Youth Risk and Behavior Survey found that in the previous 12 months among high school students 17.7% seriously considered suicide; 14.6% made a plan for suicide; 8.6% attempted suicide one or more times; and 2.8% made a suicide attempt that had to be treated by a doctor or nurse.
- Girls are more likely to attempt suicide, but boys are 4.34 times more likely to die by suicide than girls.

Disparities

- During the 12 months before the survey, 29.9% of students nationwide had felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities. The prevalence of having felt sad or hopeless was higher among female (39.8%) than male (20.3%) students (CDC, 2015).

- The suicide rate among American Indian/Alaska Native (AI/AN) adolescents and young adults ages 15 to 34 (19.5 per 100,000) is 1.5 times higher than the national average for that age group (12.9 per 100,000).

Disparities

- The prevalence of all five suicide-related behaviors (feeling sad or hopeless, seriously considering attempting suicide, having made a suicide plan, attempting suicide, and making a suicide attempt resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse) also was higher among female than male students (CDC, 2015).

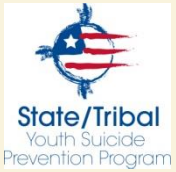
- Among Hispanic students in grades 9-12, those who seriously considered attempting suicide (18.9%), made a plan about how they would attempt suicide (15.7%), attempted suicide (11.3%), and made a suicide attempt that required medical attention (4.1%), was consistently higher than white and black students. Hispanic females were the highest in all categories (Kann et al., 2016).

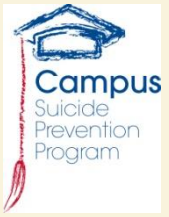
Risk Factors

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Family history of suicide or previous suicide attempt(s)
- Loss of relationship(s)
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation

SAMHSA's Eight Major Suicide Prevention Components

- Garrett Lee Smith State and Tribal Suicide Prevention Grant Program
- Garrett Lee Smith Campus Suicide Prevention Grant Program
- National Strategy for Suicide Prevention
- National Suicide Prevention Lifeline
- Crisis Center Follow-up Grant Program
- Suicide Prevention Resource Center
- Native Connections
- Zero Suicide





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Purpose of Garrett Lee Smith (GLS) State & Tribal Suicide Prevention Grant Program

- The purpose of this program is to support states and tribes (including Alaska villages and urban American Indian organizations) in developing and implementing statewide or tribal youth (age 10-24) suicide prevention and early intervention strategies.
  - The program includes collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations; these efforts should include both a strong community component and a strong health system component.
  - The ultimate goal of this program is to reduce suicide deaths and nonfatal suicide attempts. Heightened efforts have been placed on ensuring care transitions and data surveillance.

Purpose of GLS State & Tribal (cont.)

- Goals are accomplished through a number of activities. Some, but not all of which, are gatekeeper trainings, screening programs, coalition and task force building, outreach and awareness campaigns, and direct services.
- Grantees must use NREPP or evidence-based programming and can create specific training and screening for target populations. Most states focus on middle and high school training, with recent increases in primary care and emergency department collaborations.
- States currently receive $3.7 million over 5 years.
- All states have received GLS funding.

The Garrett Lee Smith (GLS) Suicide Prevention National Outcomes Evaluation is supported through contract no. HHSS2832012000071/HHSS28342002T (reference no. 283-12-0702) awarded to ICF International by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).

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THE IMPACT OF GLS SUICIDE PREVENTION PROGRAM ON YOUTH SUICIDAL BEHAVIOR

Lucas Godoy Garraza (ICF International); Christine Walrath (ICF International); David Goldston (Duke CSSPI); Hailey Reid (ICF International), Richard McKeon (SAMHSA)



Implications

- Results suggest there is an important reduction on youth suicide and attempts following the implementation of GLS.

  - More than 400 deaths were avoided between 2007-2010. (There were 776 county-years where GLS trainings were implemented during 2006-2009 and 41,000 youth aged 10-24 on average per county [i.e. 776*41K*-1.33/100,000]).

  - More than 100,000 attempts among youth 16-23 were avoided during approximately the same period. (There were 776 county-years where GLS trainings were implemented during 2006-2009 and 29,000 youth 16-23 on average per county [i.e. 776*29K*-4.9/1,000]).

Implications (Cont.)

- Continuous reductions require sustained public efforts.
- GLS may have been more effective in rural communities.
- Gatekeeper trainings should be part of comprehensive suicide prevention strategy.

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

- The Lifeline is a telephone network composed of 160 independent crisis centers across the country dedicated to preventing suicide. By dialing 1-800-273-TALK, people in emotional distress or suicidal crisis have 24/7 access to trained workers who can offer support and empathy and refer callers to additional crisis services, if needed.
- Using innovative technology, callers are routed to their nearest crisis center, ensuring that they receive culturally relevant support and information about local community services. Since its launch in 2005, the Lifeline has seen a steady increase in call volume and answers more than 120,000 calls per month and has taken more than 7 MILLION calls to date.

National Suicide Prevention Lifeline 1-800-273-TALK (8255) (cont.)

- Network of 160 local crisis centers nationwide
- Regional back-up capacity
- Collaborates with Veterans Administration for “Press 1” option
- Answered 1.5 million calls in 2016
- Answered over 7 million calls to date
- Added 24/7 chat services in February 2014

Using Chat and Text

- Increase in requests for online-based crisis intervention services.
- Need to access populations that are typically hard to engage over the phone, including the hearing impaired, youth, people with social anxieties and phobias, gender questioning.
- Create a safe space online where people can access help.
- Online dis-inhibition effect – same for text and chat.

Text

- Text was originally piloted with SAMHSA supplemental funds through Lifeline.
- Several states, in partnership with local centers, are creating regionalized responses.
- Public and private organizations are answering demand (e.g., YouthLine in Oregon, TeenLine in LA, Crisis Text Line, and Text4Life in Minnesota).

Chat

- Lifeline, in partnership with Contact USA, created nationwide response.
- In February 2014, it went 24/7.
- Lifeline is using chat for follow-up as well.
- Lifeline is reaching new people. Through the program, Lifeline has significantly increased the reach to young people. Evaluation indicates that 44% of those who reach out via chat are under the age of 20 (75% are under 29). They are also a high-risk group with 53% entering the chat reporting current suicidal thoughts (and an additional 27% with suicidal thoughts in the "recent past").

Cyberbullying

- Bullying that takes place using electronic technology
- Electronic technology includes devices and equipment such as cell phones, computers, and tablets, as well as communication tools, including social media sites, text messages, chat, and websites.
- “Starts on Twitter the night before and ends up in school the next day.”

Cyberbullying Statistics

- The 2016 Youth Risk Behavior Surveillance System (CDC) indicates that, nationwide
  - 20.2% of students in grades 9-12 experienced bullying on school property (24.8% girls, 15.8% boys)
  - 15.5% of students in grades 9-12 were electronically bullied (21% girls, 8.5% boys)
- The 2016 School Crime Supplement (National Center for Education Statistics and Bureau of Justice Statistics) indicates that
  - The percentage of students who reported being bullied was lower in 2013 (21%) than in every prior survey year (28% each in 2005, 2009, and 2011 and 32% in 2007).
  - 11.5% of students in grades 6-12 experienced cyberbullying.

Cyberbullying Warning Signs

Experiencing Cyberbullying

- Stops using devices
- Appears nervous or jumpy when using devices
- Appears angry, depressed, or frustrated after being online
- Avoids discussions about what they are doing online
- Becomes unusually secretive
- Desires to spend more time with parents rather than peers

Cyberbullying Others

- Switches screens, hides device when adult is close by
- Uses device all hours of the night
- Laughs excessively while using their device and will not share why
- Avoids discussions about what they are doing online
- Increasing insensitivity toward peers
- Appears overly conceited about their tech skills and abilities

(Hinduja and Patchin, 2015)

Effects of Bullying

Kids who are bullied	Kids who bully others	Kids who are both bullied and bully others	Bystanders
• Depression • Anxiety • Health complaints • Decreased academic achievement • Of note: LGBTQ students experience bullying at far greater rates	• Abuse alcohol and other drugs in adolescence and as adults • Get into fights, vandalize, drop out of school • Engage in early sexual activity • Be abusive toward their romantic partners, spouses, or children as adults	• Greatest risk for suicide	• Increase use of tobacco, alcohol, or other drugs • Increased mental health problems • Miss or skip school

Bullying and Suicide

- Both victims and perpetrators of bullying are at a higher risk for suicide than their peers. Children who are both victims and perpetrators of bullying are at the highest risk (Kim & Leventhal, 2008; Hay & Meldrum, 2010; Kaminski & Fang, 2009).

- All three groups (victims, perpetrators, and perpetrator/victims) are more likely to be depressed than children who are not involved in bullying (Lazar, 2012). Depression is a major risk factor for suicide.

- Bullying is associated with increases in suicide risk in young people who are victims of bullying (Kim, Leventhal, Koh, & Boyce, 2009) as well as increases in depression and other problems associated with suicide (Gini & Pozzoli, 2009; Fekkes, Pipers, & Verloove-Vanhorcik, 2004).

Bullying and Suicide

Teen Health and Technology Study funded by the National Institute of Child Health and Human Development (N= 3,777), 2011

- Contrary to media reports and public opinion, the data suggest that the association between bullying and suicide appears mostly to be explained by other influential characteristics.
- The relative odds of recent suicidal ideation are three to four times higher for youth who have been bullied in the past year.
- Once other important factors, such as self esteem, depressive symptomatology, and coercive discipline are taken into account, the association between bullying and suicide is no longer statistically significant.

- This is true for both boys and girls.

Other Risk Factors Play a Critical Role

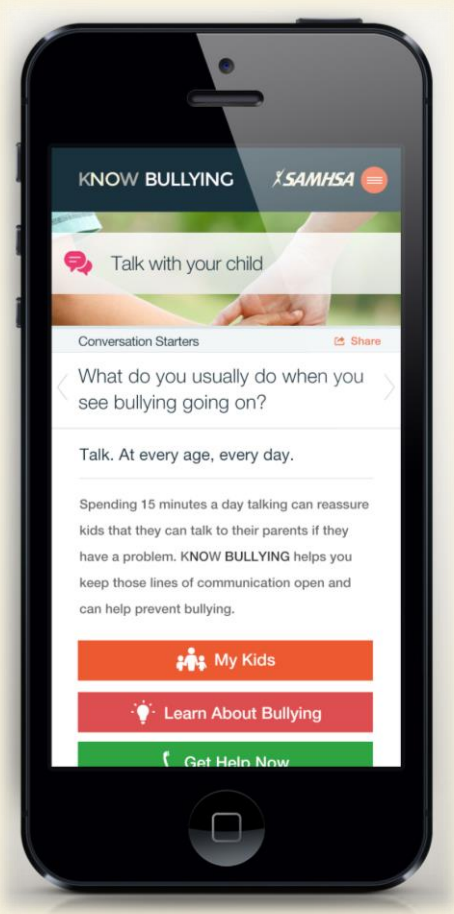
- Family history of suicide or child maltreatment
- History of depression or other mental illness
- Alcohol and substance abuse
- Impulsive or aggressive tendencies
- Isolation
- Local epidemics of suicide
- Easy access to lethal methods

Things to Remember

- There's a difference between causation and correlation.
- Most research demonstrates that bullying is a **risk factor** for many outcomes, but is not the only "cause."
- Not all who experience or engage in bullying will have these outcomes.
- Not everyone who has these outcomes was bullied.

KNOWBullying: App for Parents and Teachers

- Conversation starters
- Interactive educational content
- Set notifications for 15+ conversation starters
- Develop profiles for children
- Conversation simulations
- Rate our content
- Share on social networks and save to favorites
- Visit http://store.samhsa.gov/home



Stopbullying.gov

Partners: SAMHSA, CDC, HRSA, ASPA, ED, Justice

- **Repository for federal efforts**
- **Regular blog posts**
- **Very active social media presence**
- **Resource database**
- **Many useful tools and resources for all audiences**

Bullying Prevention Training Center

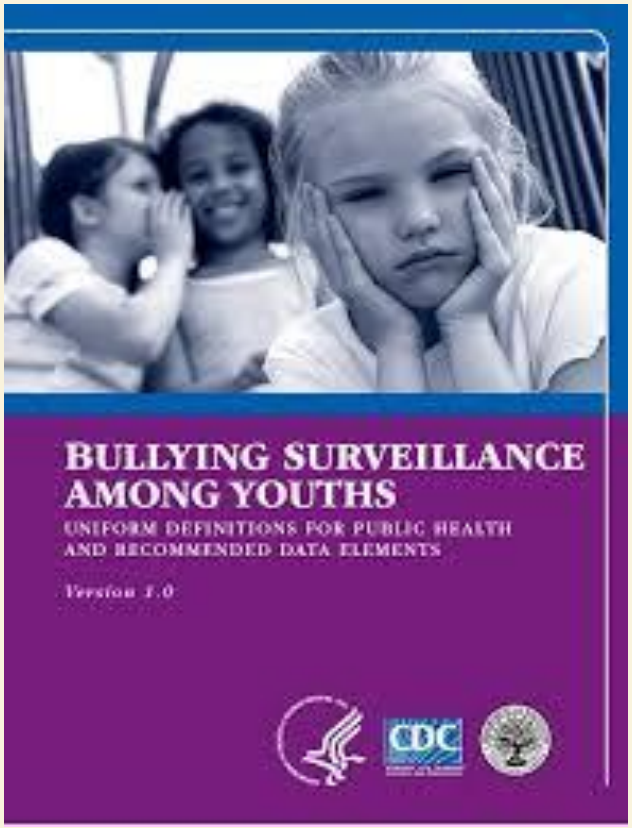
- **Take the Course!**
- Getting Started
- Organizing a Community Event
- Working With Stakeholders
- Training for Educators and School Bus Drivers

Bullying and Suicide

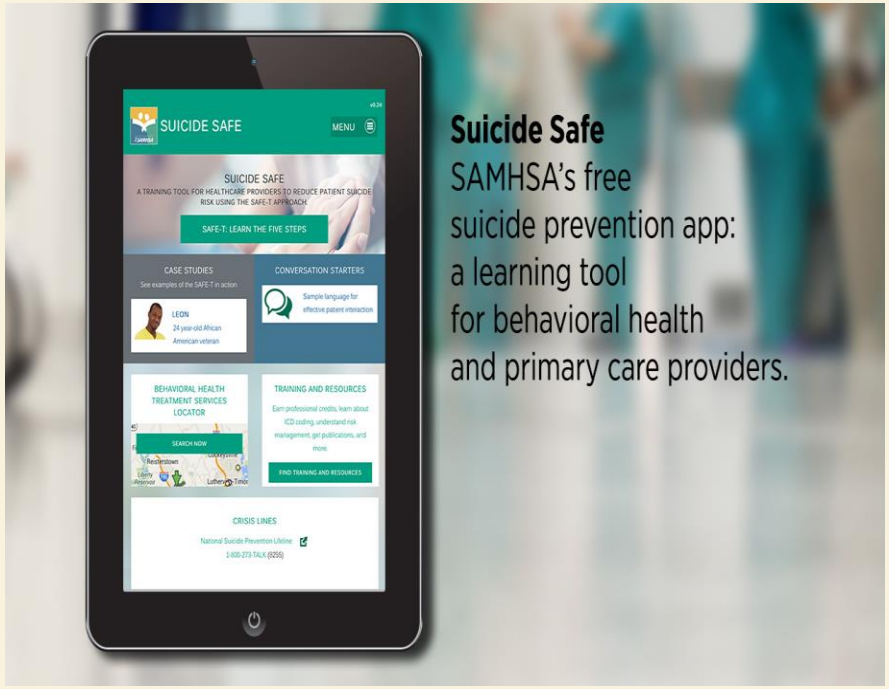
New bullying and suicide resource for school personnel: **The Relationship between Bullying and Suicide: What We Know and What it Means for Schools (CDC, 2014).**

The resource describes:

- The most current research findings about the relationship between bullying and suicide among school-aged youth; and
- Evidence-based suggestions to prevent and control bullying and suicide-related behavior in schools.



Suicide Prevention App



- How to use SafeT approach
- Case studies
- Conversation starters
- Treatment options and referrals

Suicide prevention learning based on the nationally recognized Suicide Assessment Five-step Evaluation and Triage (SAFE-T) practice guidelines

Risk Factors and Warning Signs

https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/

https://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Wallet-Card-Suicide-Prevention-Learn-the-Warning-Signs/SVP13-0126

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Poll: Voices from the Field

- Please type your responses to the following question:
  - *What types of activities/efforts are you implementing to address suicide prevention, social wellness, and mental health in your programs?*

Questions?

Closing Remarks

- Thank you for your participation.

- This webinar and recording will be posted on the Resources page of The Exchange: https://teenpregnancy.acf.hhs.gov/resources

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