# Youth Suicide Prevention



# Presenters

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# Disclosures

The presenters and planners have documented no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

*Suicide can be a sensitive topic to discuss, but talking about suicide is critical to its prevention and we are grateful that you have joined us for this important conversation. If at any point during today's presentation you feel the need to step away, please feel free to do so.*

*As always, if you or someone you know is struggling, you can contact the Suicide & Crisis Line at 988 or text TALK to 741-741.*

# Objectives

- 1. Develop familiarity with suicide screening and recognition of Risk Factors, Protective Factors and Warning Signs in youth
- 2. Identify youth suicide prevention resources and programs through community partnerships
- 3. Promote equity in suicide prevention
- 4. Discuss opportunities for collaboration between school and the medical home to enhance improved access to care

# Background

- Suicide is an important health problem
- Suicide is complex, but often preventable
- We all have an opportunity to engage in meaningful activities to improve outcomes in our communities
- Suicide affects all populations
- Health equity is critical to suicide prevention

# Children's mental health is a national emergency

**Action:** Reframing mental health to address structural and systemic factors

- **Mental health is not an illness to be treated.**
- **It is critical to address the gaps and inequities in care delivery starting in childhood.**
- **Important to cultivate strong family relationships, encourage other protective factors.**

# Suicide is a Worsening Trend

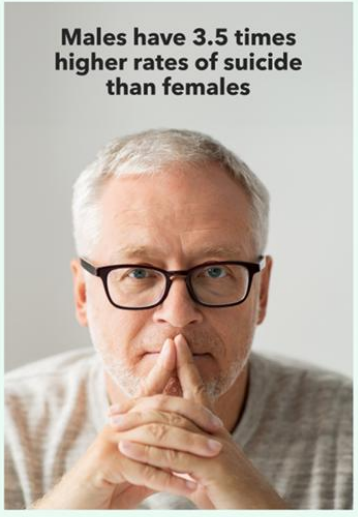
- Suicide is a leading cause of death among 10–24-year-olds
- National data indicate worsening trends in suicidality and mental health over the last decade (YRBS 2011-2023)
- Significant disparities by gender, race, ethnicity, and LGBQ+ identity



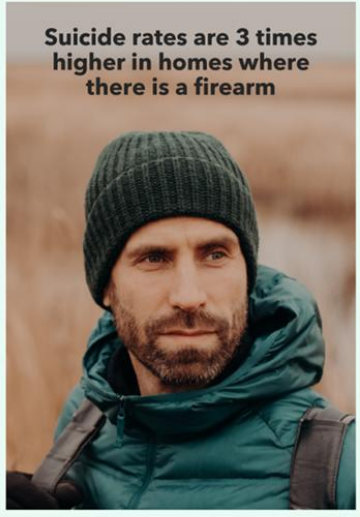
CDC: Youth Risk Behavior Survey Data Summary & Trends Report 2011-2021
https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

# Differences in Suicide Rates

Suicide rates may differ based on a variety of factors, including age, gender, geography, ethnicity, race and occupation.



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# Differences in Suicide Rates (continued)


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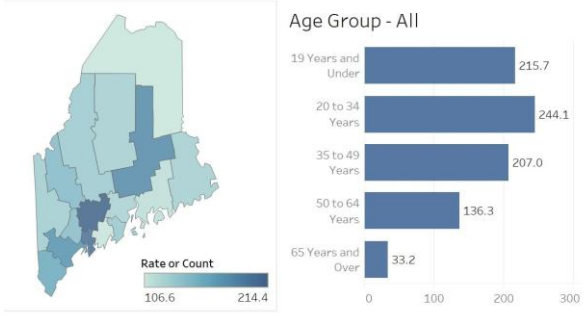
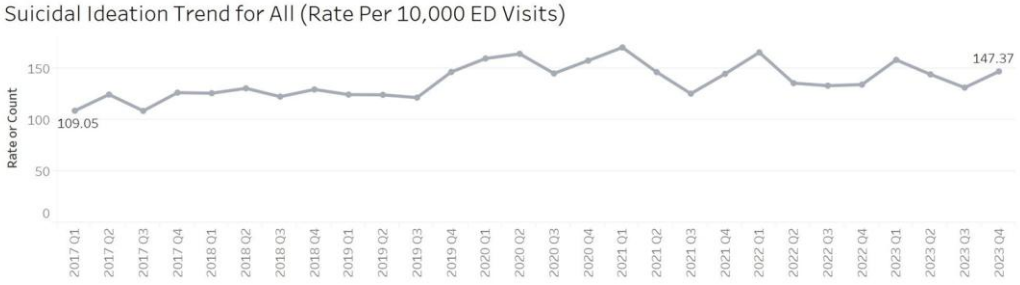
# Maine Data on Youth Suicide: Suicide Ideation

**Maine ED Visits Involving Suicide Intent, 2017-2023**




## 2023 Maine Integrated Youth Health Survey (MIYHS)

- 18% of high school students seriously considered suicide in the past year
- 22.6% of high school girls seriously considered suicide in the past 12 months compared to 13% of boys
- 36% of those who identify as LGBTQ+ high school students seriously considered suicide compared to 11.6% who do not

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Maine CDC Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes: https://www.maine.gov/suicide/data-and-statistics.shtml

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# Maine Data on Suicide: Suicide Attempts

**Suicide Attempt Trends, 2017-2023**

**2023 Maine Integrated Youth Health Survey (MIYHS)**

- 10% of high school girls reported they attempted suicide at least once in the past 12 months, compared to 6% of boys


Maine CDC Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes: https://www.maine.gov/suicide/data-and-statistics.shtml

# Encounters with Pediatric Suicide Risk in Health Care

- Most who die by suicide have contact with a medical professional within 3 months of killing themselves
  - 80% of youth visited healthcare provider
  - 38% of adolescents had contact with a health care system within 4 weeks
  - 50% of youth had been to ED within 1 year
- Frequently present with somatic complaints

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Ahmedani, 2017; Pan, 2009, Rhodes, 2013; Blum, 1996

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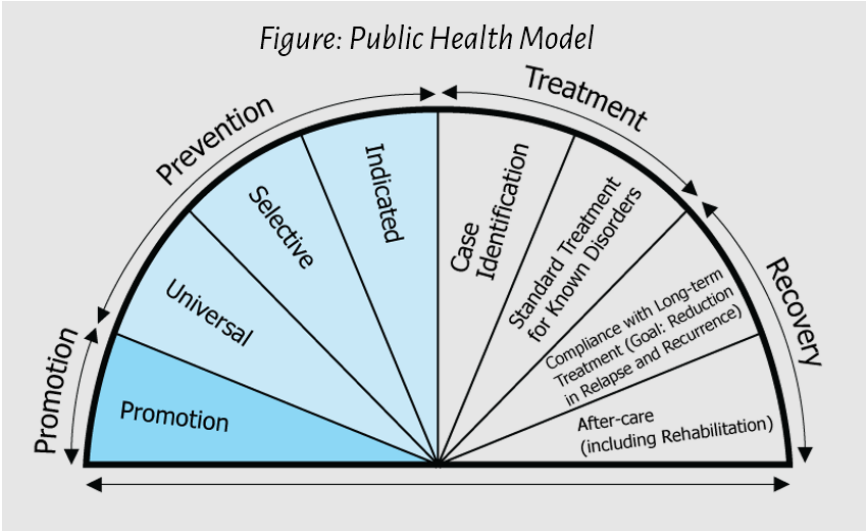
# Understanding the public health framework of youth suicide prevention

Suicide prevention as a public health approach- toolkit for everyone to use - look back at the blueprint - calls to action - universal strategies, selective screening



# Public Health Framework

Suicide among youth and young adults is a critical public health concern. Pediatric health clinicians have an important role to play in reducing the risk of suicide in this age group.

- **Universal Strategies** - Stigma reduction, Raising awareness, educating the public and families about mental health and suicice prevention
- **Selective Strategies** - Screening patients in all healthcare settings, facilitating support groups for at-risk youth, partnering with schools to increase screening and support groups
- **Indicated Strategies** - Actively checking-in with patients about suicide thoughts and behavior, offering care coordination, safety plans and follow up when treating patients for high-risk conditions
- **Treatment** - Engaging with patients about their suicidal thoughts and provigin specific clinical care steps, providing lethal means safety counseling to patients and families when suicide risk is identified
- **Recovery** - Following up with patients and supporting patients, ensuring they are continuing with mental health treatment or therapy, and fostering family or community-based support following a mental health or suicide crisis

# Recognizing Suicide Risk

## What leads to suicide?

There's no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions go on to engage in life.

# Recognizing Suicide Risk & Warning Signs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# Risk Factors

- Individual factors, such as:
  - Previous suicide attempts
  - Mental health conditions, such as depression
  - Social isolation
  - Substance use
- Relationship factors, such as:
  - Adverse childhood experiences
  - Bullying
  - Family history of suicide
  - Family or peer conflict
- Community and Societal factors, such as:
  - Barriers to health care
  - Stigma associated with mental health or help-seeking
  - Access to lethal means
  - Unsafe media portrayals of suicide
  - Systemic trauma or marginalizing experiences based on socioeconomic factors, race/ethnicity or gender/sexual identity

# Warning Signs

Most youth who die by suicide show some **warning signs and behavior changes**. It is important to note that not all youth who are at risk of suicide will show these warning signs, and not all youth who exhibit these behaviors are at risk for suicide. Common warning signs include, but are not limited to:

- Talking about killing oneself, feeling hopeless, feeling like a burden, or having no reason to live
- Mood changes, including depression, anxiety, and agitation
- Behavior changes:
  - Increased substance use
  - Withdrawing from activities
  - Isolating from family and friends
  - Sleeping too much or not enough
  - Giving away prized possessions
  - Irritability

# Protective Factors

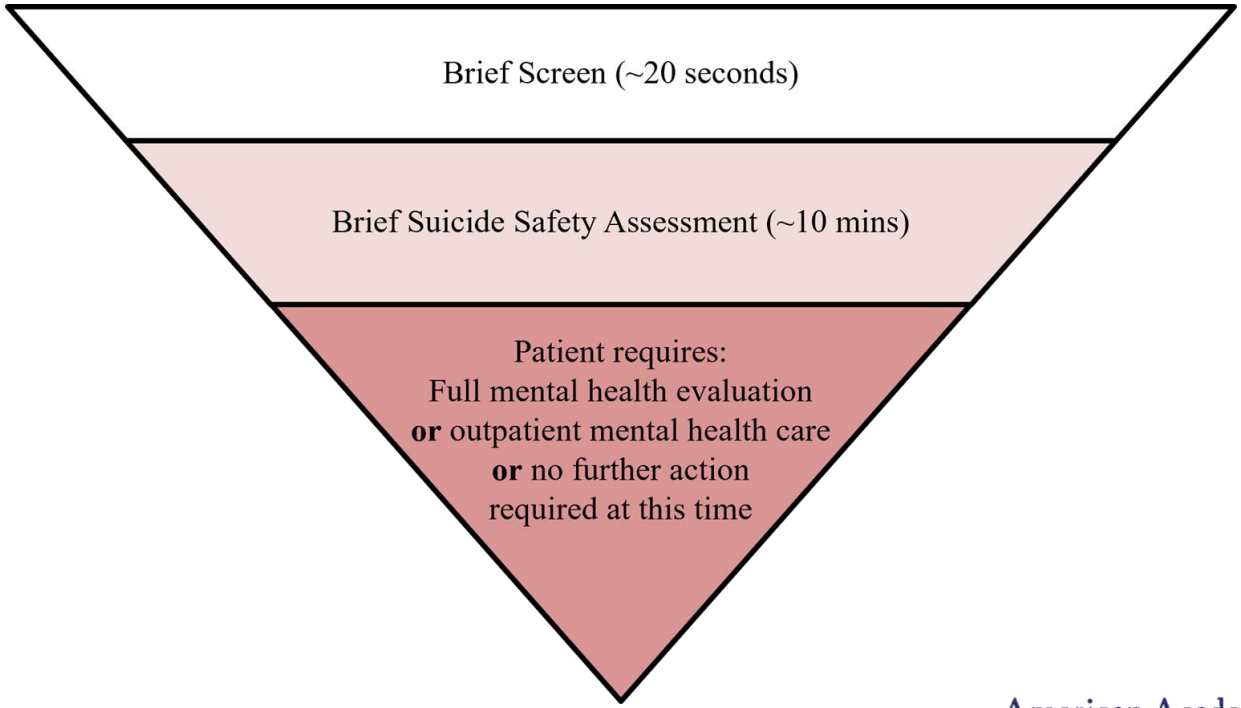
- Coping and problem-solving skills
- Connections to family, friends, SCHOOL and other community resources
- Supportive relationships with caregivers
- Access to health care
- Limited access to lethal means

# Blueprint for Youth Suicide Prevention

- Educational resource
- Designed for:
  - Clinicians, public health professionals, educators, advocates
- Strategies to support youth via:
  - Clinical pathways
  - Community partnerships
  - Policy and advocacy
- Co-authored by AAP and AFSP, in collaboration with experts from NIMH
- Endorsed by 18 medical/public health organizations


**www.aap.org/suicideprevention**

# The Blueprint is Based on a 3-Tiered Universal Suicide Risk Clinical Pathway

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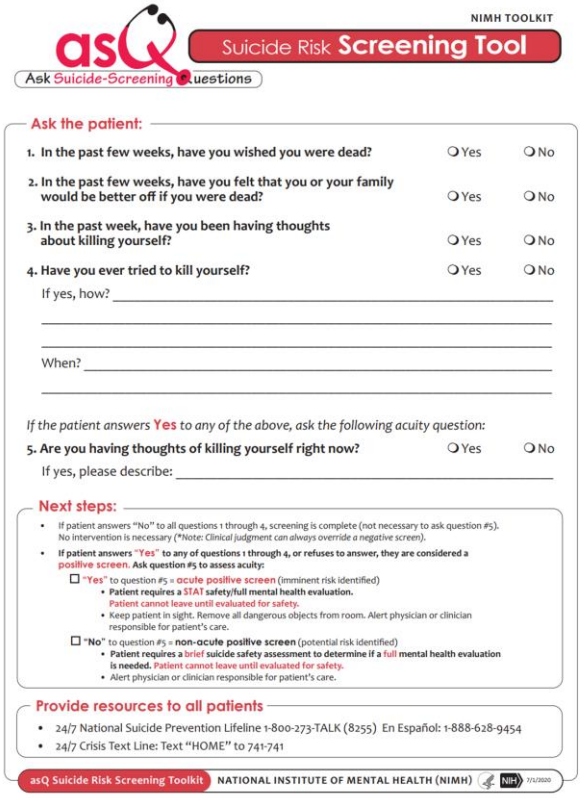
# Screening vs. Assessment: What's the Difference?

- Suicide risk screening
  - —Identify individuals at risk for suicide
  - —Oral, paper/pencil, computer
- Suicide risk assessment
  - —Comprehensive evaluation
  - —Confirms risk
  - —Estimates imminent risk of danger to patient
  - —Guides next steps

# Tier 1: Brief Screen (Less than 1 Minute)

- Age recommendations for screening:
  - —Youth ages 12+: universal screening
  - —Youth ages 8-11: screen when clinically indicated
  - —Youth under age 8: screening not indicated. Assess for suicidal thoughts/behaviors if warning signs are present
- Anyone who is trained can screen for suicide risk

# EXAMPLE SCREENING TOOL: ASQ



NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

**Ask the patient:**

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No
3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No
4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

If yes, how? _____

When? _____

*If the patient answers* **Yes** *to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

If yes, please describe: _____

**Next steps:**

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

**Provide resources to all patients**

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) | NIH | 7/1/2020

Horowitz, Bridge…Pao, et al (2012) *JAMA Pediatrics*

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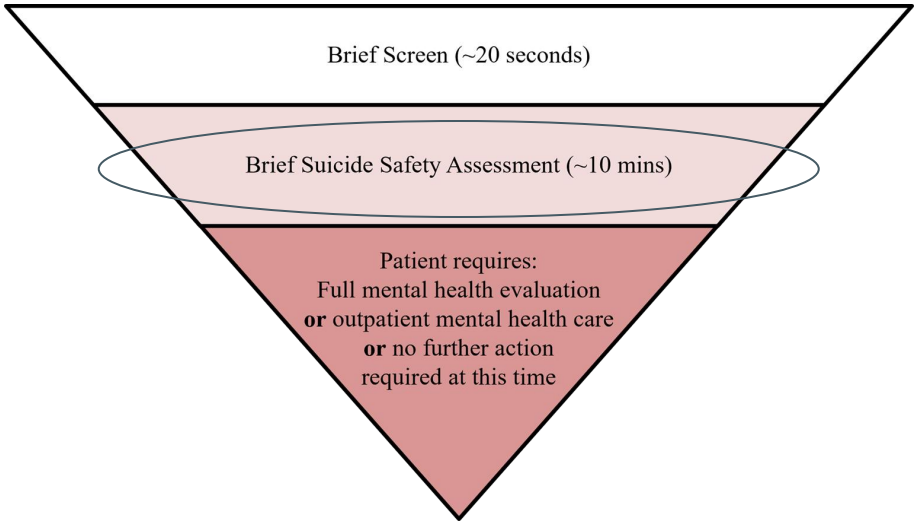
# What Happens When a Patient Screens Positive?

# Here's What Should NOT Happen

- Do not treat every young person who has a thought about suicide as an emergency
- The Blueprint is a guide to avoid unnecessary interventions

1:1 sitter

# Tier 2: Follow-up Positive Screens with a Brief Suicide Safety Assessment

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# Brief Interventions that can Make a Difference in Suicide Prevention

- Safety planning
- Lethal means safety counseling
- Providing resources
  - —National Suicide Prevention Lifeline
  - —Crisis Text Line




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# Promoting equity in Suicide Prevention

*Identity on its own is not thought to lead to higher risk of suicide. Rather, experiences of discrimination and inequities impact youth development, mental health and risk for suicide.*

We can promote equity in these ways:

- Educate clinicians, schools, community program leaders about health disparities
- Differences in expression of distress between populations
- Provide examples such as those in Blueprint (school to prison pipeline)
- Promote trauma-informed approaches in schools/orgs/health systems
- Meaningful engagement of community members, lived experience

# SUICIDE RISK SCREENING FOR UNDERSERVED POPULATIONS

- Many underserved populations at higher risk for suicide are understudied by research
  - Black, Indigenous, and people of color (BIPOC)
  - Individuals who are LGBTQ+
  - Individuals with ASD or NDD
  - Child Welfare System
  - Juvenile detention centers
  - Rural areas
- Screening can help identify youth who are underserved and at risk for suicide and link them to care

# Promoting Health Equity in Clinical Settings

**Pediatric health clinicians can promote health equity…**

- Addressing the impact of systemic discrimination on health
- Discussing LGBTQ+ identities in a way that is not stigmatizing or discriminatory
  - **Promotes inclusion and non-judgmental listening**
- Integrating these topics in history taking and counseling
  - (See **Two Critical Steps Before You Begin**)

**Building a welcoming practice to serve all patients…**

- Use a patient's names and pronouns
- Provide accessible communication through translation, interpreters, or technology.
- Engage family and community members in program development and gather feedback

# Promoting Health Equity in Clinical Settings

- **Universal screening can support equity:**
  - Questions are asked of all patients
  - (See **Screening for Suicide Risk in Clinical Practice**)

- Validated, evidence-based screening tools can identify risk
  - Establish whether existing screening tools are equally effective in understudied populations
  - Given the public health threat, available tools can be utilized now
  - (See **Conducting a Brief Suicide Safety Assessment**)

- Pediatric health clinicians can address disparities
  - Connect youth and families to accessible supports
  - Practice culturally appropriate care and referrals

# Talking About Suicide Risk

- Use and Evidence-Based Clinical Pathway to Guide Screening and Management of Suicide Risk
  *The best way to support a person who is thinking about suicide is to ask them directly and listen to the answer*

- Provide Trauma-Informed, Patient-Centered Care
  *Many different factors contribute to an individual's risk for suicide Pediatric healht clinicians should center their efforts around the patient's needs and experiences.*

- Language and Stigma
  *Language matters when speaking about sucide. Avoid terms that perpetuate stigma or blame.*

- Considerations for Confidentiality and Safety
  *Confidential care is a key tenet of adolescent health care and allows an opportunity for youth and clinicians to have an open, honest discussion. This helps prepare the youth to be an active partner in their own health care.*

https://downloads.aap.org/AAP/PDF/Resource_Talking%20About%20Suicide%20Risk%20Clinical%20Resource_final.pdf?_ga=2.185274849.995576541.1682944814-2023193174.1682001128

# Community and School Partnerships

## Practical Tips for Clinical-Community Partnerships

- Tools to support clinicians in partnering with schools and community organizations in preventing youth suicide
  - —Team-based, collaborative care models
  - —Suicide prevention strategies for schools, universities, community organizations
  - —Supporting youth in the juvenile justice system or child welfare system
  - —Tips for making your voice heard at the community level
  - —Promoting equity in suicide prevention efforts

www.aap.org/suicideprevention

# Natural Champions to Engage in Suicide Prevention

| Schools, Colleges, and Universities | Community, Faith, or Parent Organizations | Sporting, Scouts, or Youth Groups | Medical Professionals or Groups | Juvenile Justice System | Child Welfare System | Lawmakers or Policy Organizations |
|---|---|---|---|---|---|---|
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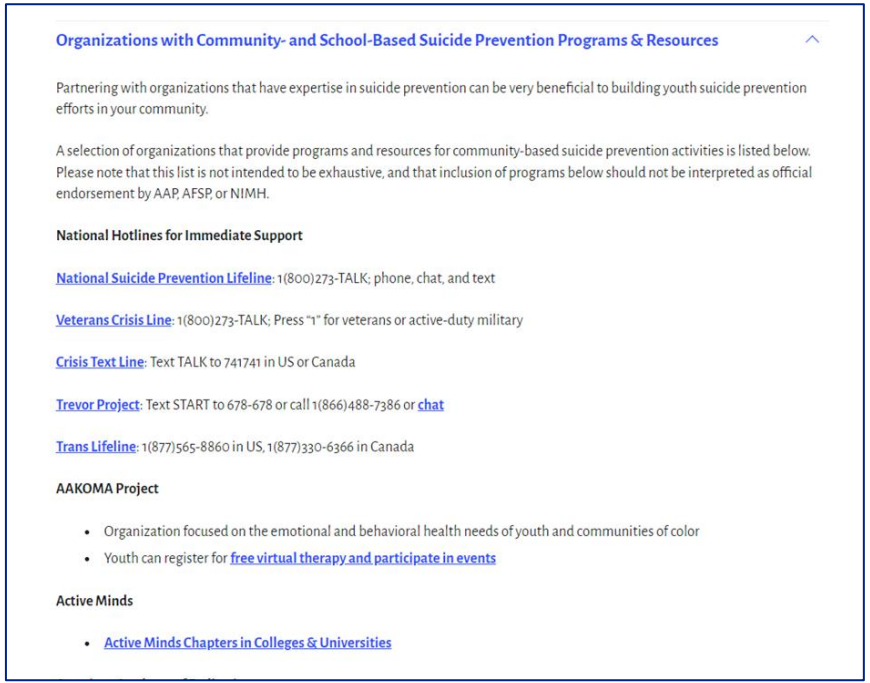
# Community and School Resources

**Educational Programs and Community Resources:**

- Links to evidence-based suicide prevention education programs
- Links to community-based mental health & suicide prevention resources, tailored for use with diverse populations and identities

**www.aap.org/suicideprevention**



**Organizations with Community- and School-Based Suicide Prevention Programs & Resources**

Partnering with organizations that have expertise in suicide prevention can be very beneficial to building youth suicide prevention efforts in your community.

A selection of organizations that provide programs and resources for community-based suicide prevention activities is listed below. Please note that this list is not intended to be exhaustive, and that inclusion of programs below should not be interpreted as official endorsement by AAP, AFSP, or NIMH.

**National Hotlines for Immediate Support**

National Suicide Prevention Lifeline: 1(800)273-TALK; phone, chat, and text

Veterans Crisis Line: 1(800)273-TALK; Press "1" for veterans or active-duty military

Crisis Text Line: Text TALK to 741741 in US or Canada

Trevor Project: Text START to 678-678 or call 1(866)488-7386 or chat

Trans Lifeline: 1(877)565-8860 in US, 1(877)330-6366 in Canada

**AAKOMA Project**

- Organization focused on the emotional and behavioral health needs of youth and communities of color
- Youth can register for free virtual therapy and participate in events

**Active Minds**

- Active Minds Chapters in Colleges & Universities

# Local Community Resources

**Educational Programs and Community Resources:**

- ❖ American Academy of Pediatrics
- ❖ American Foundation for Suicide Prevention
- ❖ Centers for Disease Control
- ❖ NAMI - Maine
- ❖ Suicide Prevention Resource Center
- ❖ Yellow Tulip Project

# Accessing Help 24/7

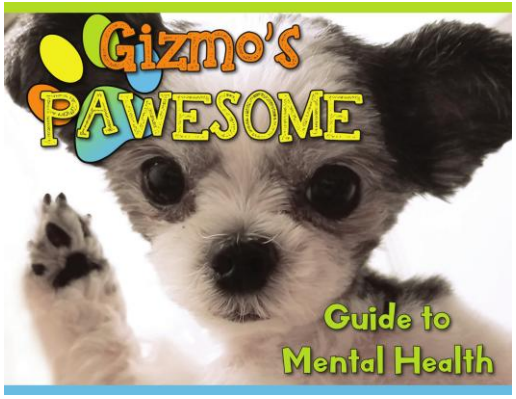
988 Suicide & Crisis Lifeline
**Dial 988**
(Press 1 for Veterans, press 2 for Spanish)
**Text 988** (English only)

Crisis Text Line
**Text TALK to 741741 for English**

**Text AYUDA to 741741 for Spanish**

# Example Programs





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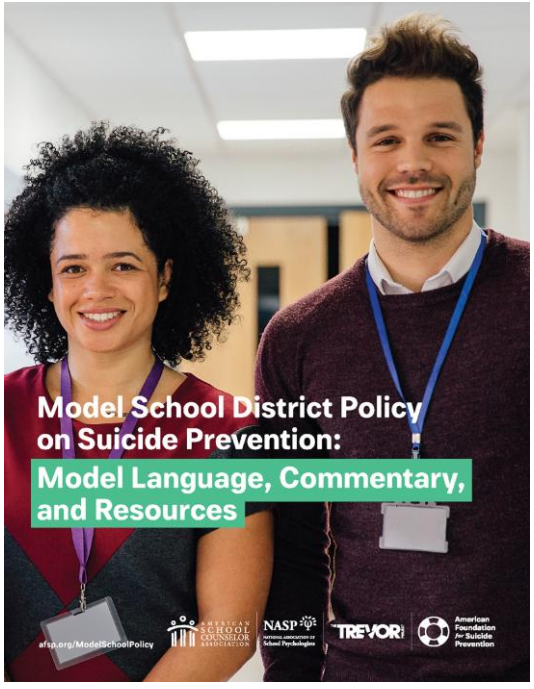
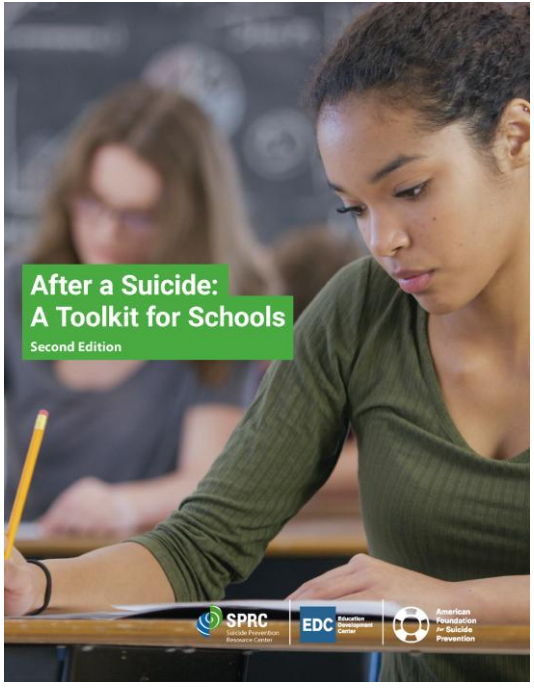
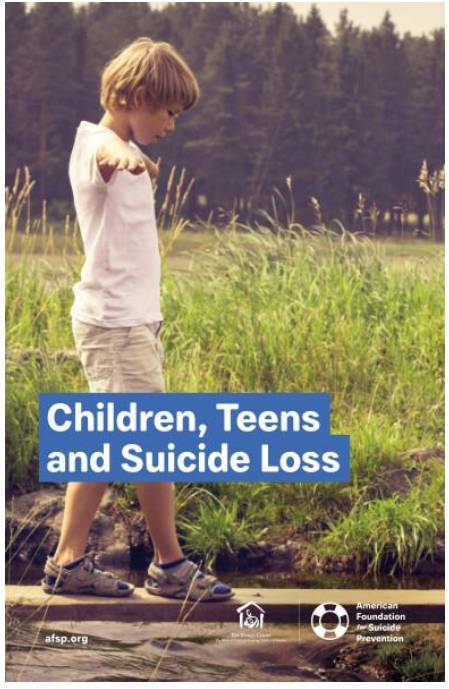
# Example Programs

- American Indian Life Skills Program
- ASIST (Applied Suicide Intervention Skills Training)
- Kognito for High School Educators
- LEADS for Youth: Linking Education and Awareness of Depression and Suicide
- Lifelines Curriculum
- safeTALK
- START
- Talk Saves Lives
- QPR
- Youth Aware of Mental Health
- NAMI Maine Youth Suicide Prevention Awareness

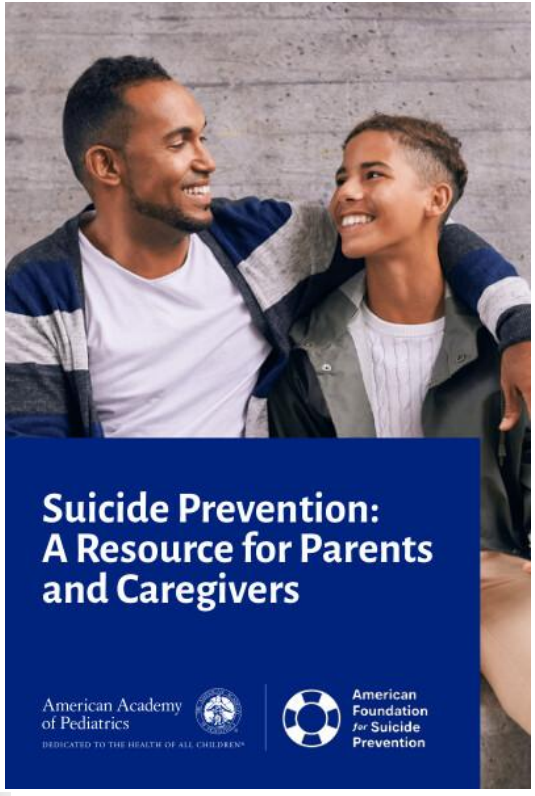
# EXAMPLE RESOURCES

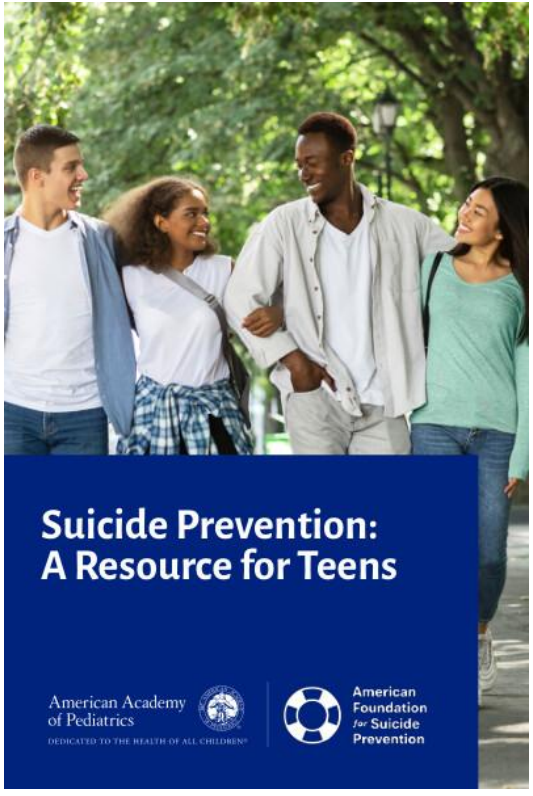


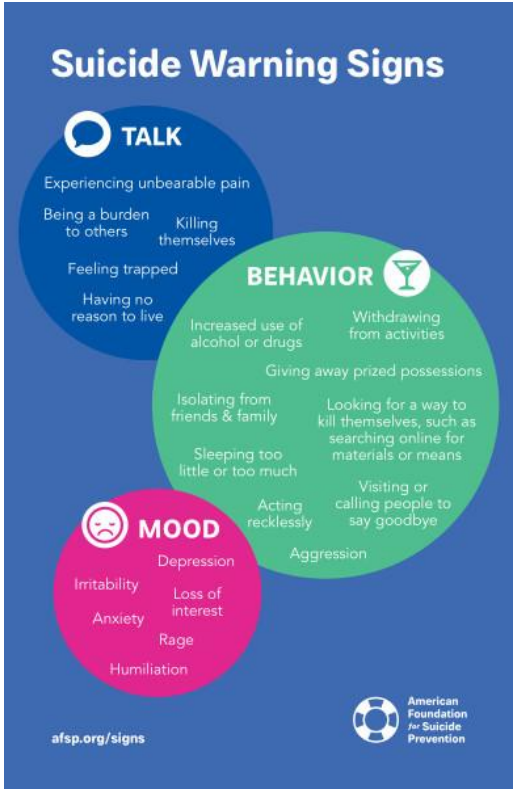



# EXAMPLE RESOURCES

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