



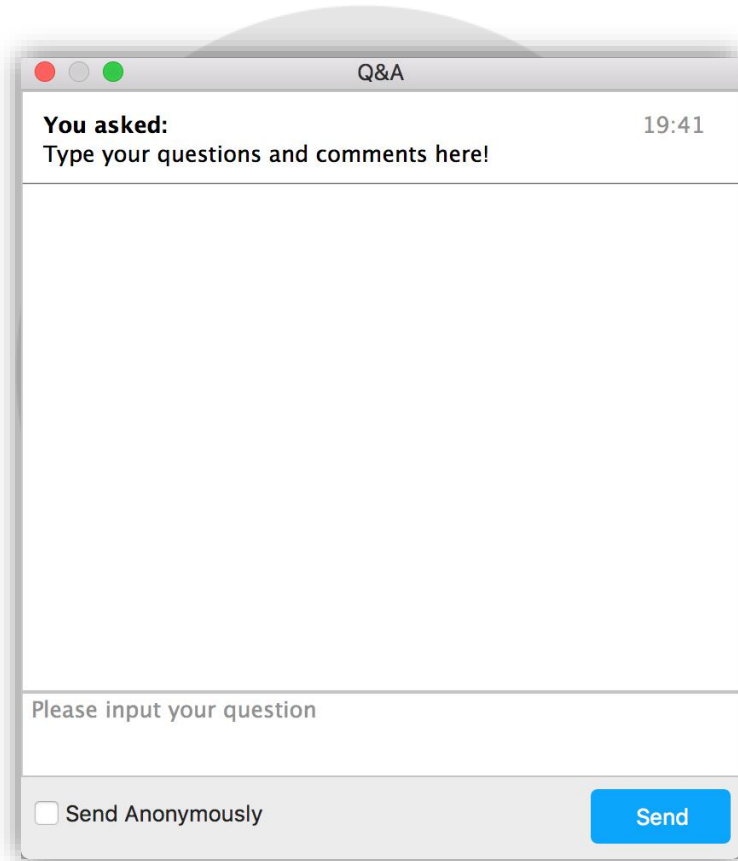
Behavioral Health Concerns

**Youth Suicide: Equity
Considerations at the Intersection
of Race, Sexuality and
Neurodiversity**

September 14, 2022



Housekeeping Items



Q&A

You asked: 19:41
Type your questions and comments here!

Please input your question

Send Anonymously Send

1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
4. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.

PLEASE NOTE: This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or providing legal advice or medical advice, diagnosis or treatment of any kind. For legal advice, we encourage you to consult with your legal counsel regarding the topics raised in this presentation. At all times, please use your own independent medical judgment in the diagnosis and treatment of your patients.

Today's Presenters



Wendy Martinez-Farmer, LPC, MBA
CEO, Georgia Collaborative ASO



Linda Henderson-Smith, PhD, LPC
Sr. Director, Children and Crisis Products

Learning Objective and Goals

Learning objective: To provide the most recent information available related to youth suicide and suicide prevention during and after COVID

Goals

- Participants will be able to describe specific youth suicide related statistics and trends for LGBTQ youth, youth of color and youth with Autism
- Participants will be able to describe pandemic specific risk considerations and implications for screening and treatment for diverse youth
- Participants will be able to describe specific safety and treatment implications for youth in the context of COVID

Messages for Today

- Talk about what we know
- How to help
- Important to talk about suicide openly
- There is hope



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Surgeon General Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic

- Recognize that mental health is an essential part of overall health.
- Empower youth and their families to recognize, manage, and learn from difficult emotions.
- **Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.**
- Support the mental health of children and youth in educational, community, and childcare settings. And expand and support the early childhood and education workforce.
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly. This includes more research on the relationship between technology and youth mental health, and technology companies should be more transparent with data and algorithmic processes to enable this research

<https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html?amp>

Chapter

01

“We help people live their lives to the fullest potential.”

Our Commitment



Beacon Suicide Statistics Conditions

Suicide data 2020

In 2020, there was 1 death by suicide **every 11 minutes**



12th leading cause of death



45,979 lives lost



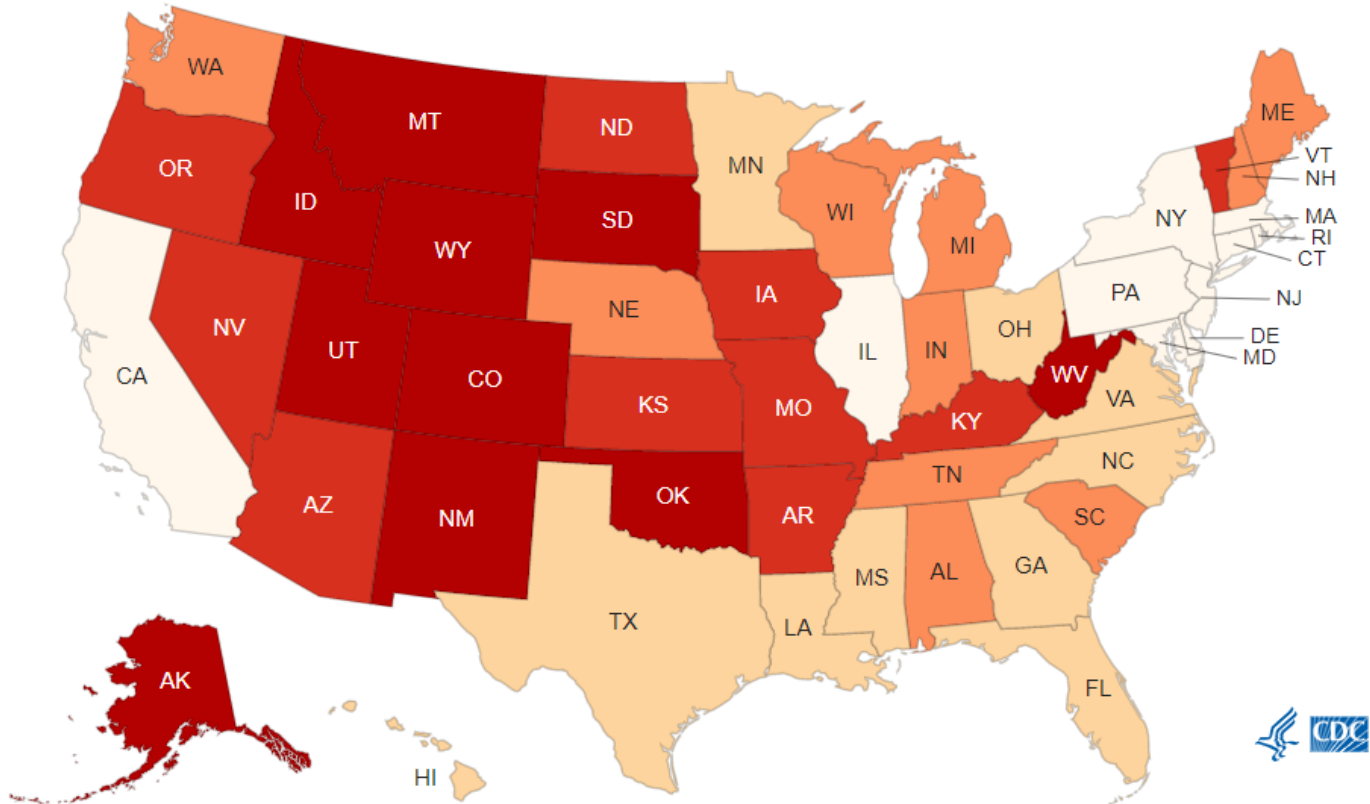
52.83% by firearm

For each suicide, **147** people are exposed



2020 rates of suicide per 100,000 residents by state

Suicide Rates by State



**National
rate
13.48**

Age-Adjusted Death Rates¹



Reason for hope

Suicide is not inevitable. For every person who dies by

suicide, **280** people seriously consider suicide but do not kill themselves

Of those who attempt suicide and survive, more

than **90%** go on to live out their lives

National statistics 2020

Think about suicide	~12.2 M adults
Plan suicide	~3.2 M adults
Attempt suicide	~1.2 M adults
Died from suicide	Approx. 40,000 adults

https://suicidology.org/wp-content/uploads/2020/03/988_final.pdf

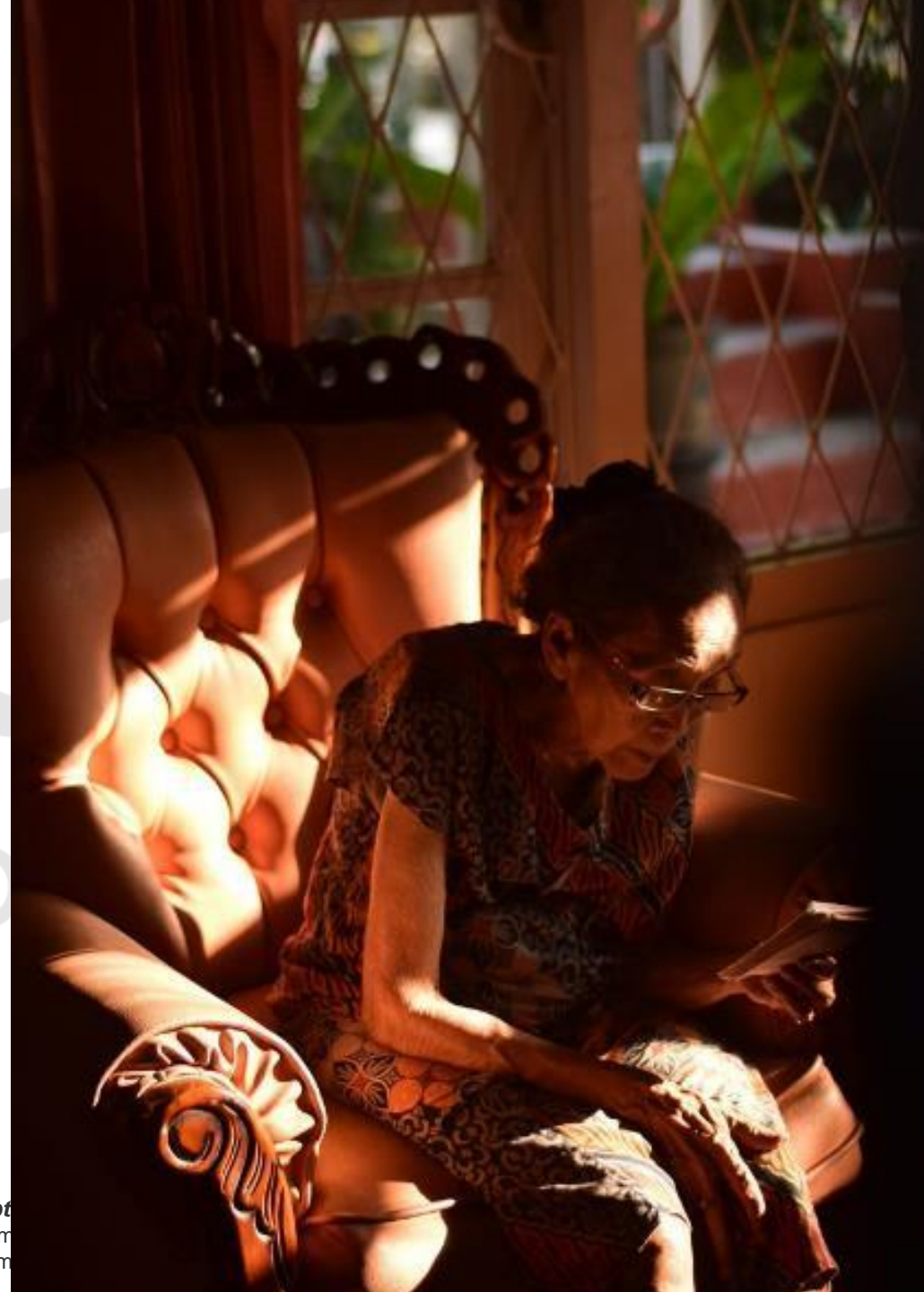
<https://www.cdc.gov/suicide/facts/index.html>



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Suicide and pandemics

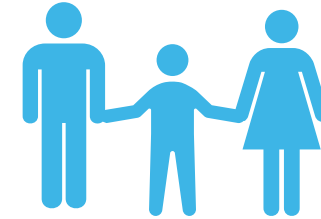
Some limited studies have suggested a rise in suicide rates after the Spanish Flu pandemic in the US in 1918-1919 and among the elderly after the SARS outbreak in Hong Kong in 2003

In both studies, social factors such as isolation, seemed to influence the rates, and the rise in rates occurred after the peak of mortality from the virus



Data related to youth attempts

Based on the most recent Youth Risk Behaviors Survey from 2019, **8.9%** of youth in grades 9-12 reported that they had made at least one suicide attempt in the past 12 months. Female students attempted almost **twice** as often as male students (11% vs. 6.6%)



Additionally, approximately **1** in **5** youth seriously considered attempting suicide, and **1** in **6** made a suicide plan.

<https://www.cdc.gov/suicide/facts/disparities-in-suicide.html#Age>

2020 Suicide Statistics- Youth

Suicide rate for youth ages 10-24 is 10.5 per 100,000

Top three causes of death

- 1) Accidents
- 2) Homicide
- 3) Suicide

Suicide is also the **2nd** leading cause of death after unintentional injury for **10-14** year olds

<https://suicidology.org/wp-content/uploads/2021/01/2019datapgsv2b.pdf>



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There has been a recent rise in suicide rates among African-American children of both sexes under the age of 13



“The suicide death rate among Black youth has been found to be increasing faster than any other racial/ethnic group.”

https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf

Some groups of young people ages 10-24 most at risk for suicide include non-Hispanic American Indians and Alaska Natives with a suicide rate of

33 per 100,000

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Mental Health & Suicide Risk

LGBTQ youth are not inherently prone to suicide risk because of their sexual orientation or gender identity but rather placed at higher risk because of how they are mistreated and stigmatized in society.



<https://www.thetrevorproject.org/survey-2022/>

2022 Survey of 35,000 LGBTQ Youth- Key Findings

THE TREVOR PROJECT

2022 National Survey on LGBTQ Youth Mental Health



<https://www.thetrevorproject.org/survey-2022/>



45% of LGBTQ youth seriously considered attempting suicide in the past year.



Nearly 1 in 5 transgender and nonbinary youth attempted suicide and LGBTQ youth of color reported higher rates than their white peers.

LGBTQ youth who felt high social support from their family reported attempting suicide at **less than half the rate** of those who felt low or moderate social support.

Fewer than 1 in 3 transgender and nonbinary youth found their home to be gender-affirming.

LGBTQ youth who found their school to be LGBTQ-affirming reported **lower rates of attempting suicide**.

60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.



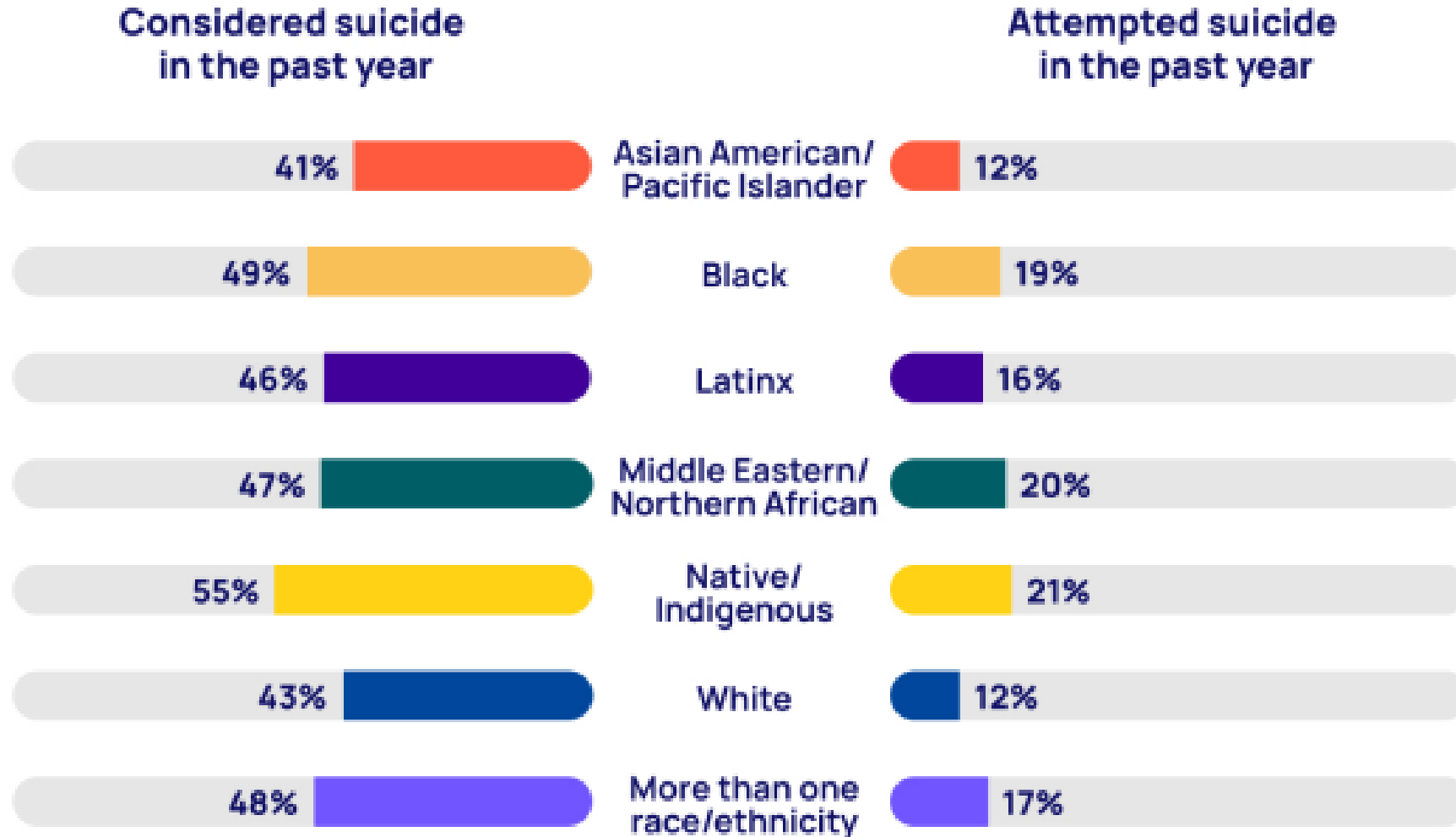
LGBTQ youth who live in a community that is accepting of LGBTQ people reported **significantly lower rates of attempting suicide** than those who do not.

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Rates of considered and attempted suicide among LGBTQ youth by race/ethnicity:



Physical Harm

Unique Challenges

LGBTQ youth who experienced anti-LGBTQ victimization – including being physically threatened or harmed, discriminated against, or subjected to conversion therapy – reported more than twice the rate of attempting suicide in the past year compared to those who did not have any of these anti-LGBTQ experiences.



Physical Harm

36% of LGBTQ youth reported that they have been physically threatened or harmed due to either their sexual orientation or gender identity.

31% of LGBTQ youth reported that they have been physically threatened or harmed due to their sexual orientation.

Impact of Current Events

The COVID-19 pandemic and record wave of anti-transgender legislation continue to negatively impact LGBTQ youth's mental health.



COVID-19

56% of LGBTQ youth reported that their mental health was poor most of the time or always due to the COVID-19 pandemic

including more than 3 in 5 transgender and nonbinary youth (62%) and nearly half of cisgender youth (49%).

LGBTQ youth who reported that their mental health was “poor” most of the time or always due to the COVID-19 pandemic

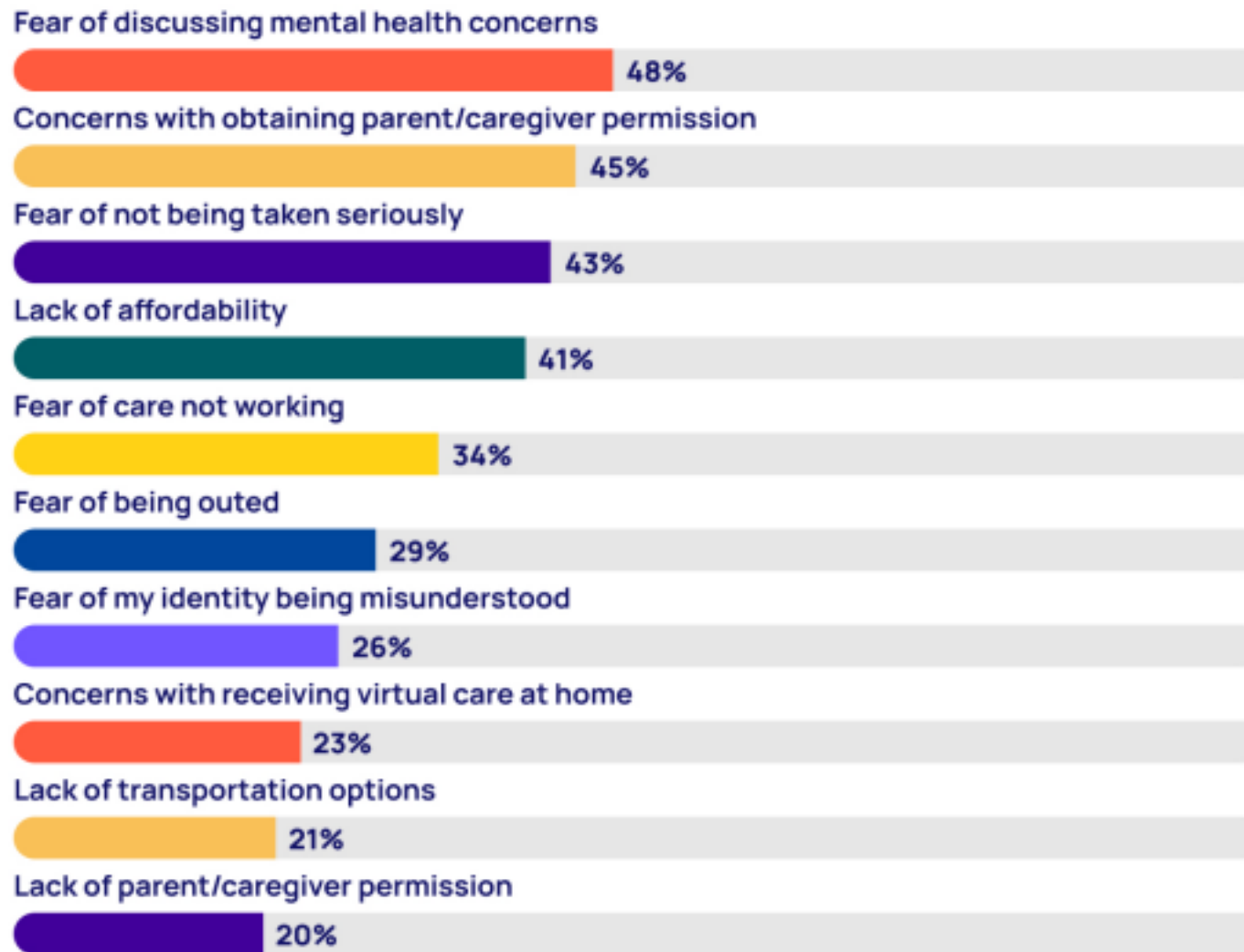
Ages 13–17



Ages 18–24



LGBTQ youth who wanted mental health care but were unable to get it cited the following top ten reasons:

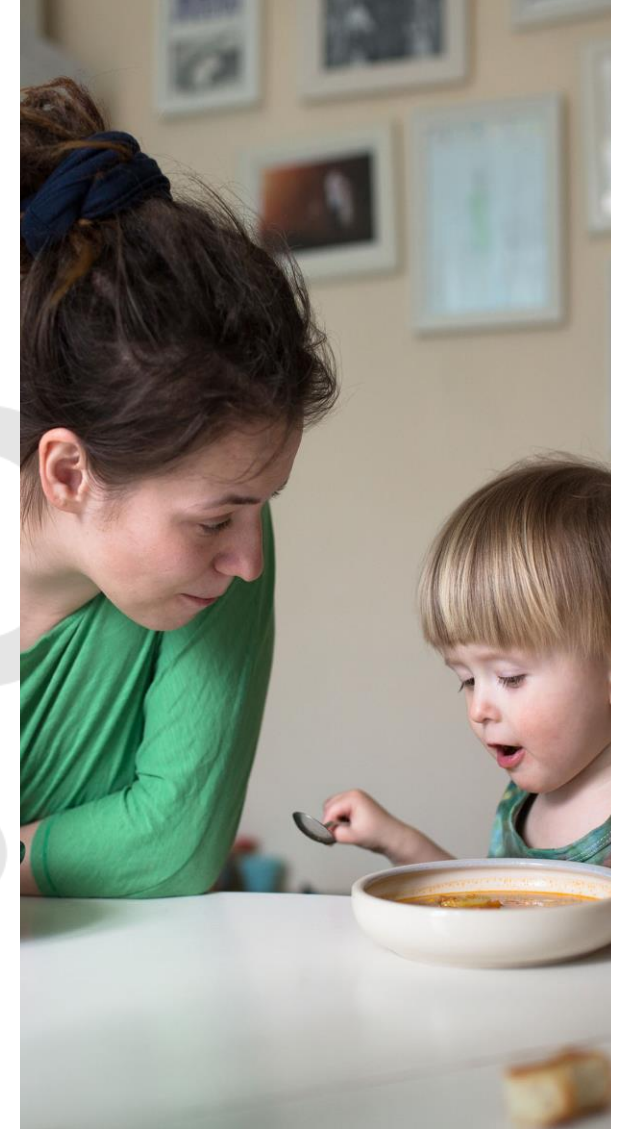


Autism and Suicide

2017 longitudinal study of adolescents 12-17 and young adults ages 18-29

- Individuals with ASD had a higher incidence of suicide attempts
- Both adolescents and young adults followed were more likely to attempt suicide later in life even after adjusting for demographics and psychiatric comorbidities
- Concluded that ASD was an independent risk factor for attempted suicide

Chen MH, Pan TL, Lan WH, Hsu JW, Huang KL, Su TP, Li CT, Lin WC, Wei HT, Chen TJ, Bai YM. Risk of Suicide Attempts Among Adolescents and Young Adults With Autism Spectrum Disorder: A Nationwide Longitudinal Follow-Up Study. *J Clin Psychiatry*. 2017 Nov/Dec;78(9):e1174-e1179. doi: 10.4088/JCP.16m11100. PMID: 28872268.



Autism and Suicide Continued

A recent study concluded that individuals 10 years of age and older diagnosed with autism spectrum disorder had a rate of suicide and suicide attempts **3x** that of all other individuals adjusting for sex and age during the same time period (1995-2016)

90% of those who died by suicide had a co-morbid psychiatric condition

Kölves K, Fitzgerald C, Nordentoft M, Wood SJ, Erlangsen A. Assessment of Suicidal Behaviors Among Individuals With Autism Spectrum Disorder in Denmark. *JAMA Netw Open*. 2021;4(1):e2033565. doi:10.1001/jamanetworkopen.2020.33565



Chapter

02

“We help people live their lives to the fullest potential.”

Our Commitment



Best Practices

con
ions

Interpersonal theory of suicide, Dr. Thomas Joiner

Suicidal desire	Suicidal capability	Suicidal intent	Buffers/Connectedness		
Suicidal ideation <ul style="list-style-type: none"> ▪ Killing self and or others 	History of suicide attempts	Attempt in progress	Immediate supports		
Psychological pain	Exposure to someone else's death by suicide		Plan to kill self/other <ul style="list-style-type: none"> ▪ Method known 	Social supports	
Hopelessness	History of/current violence to others	Preparatory behaviors		Planning for the future	
Helplessness	Available means of killing/self other			Expressed intent to die	Engagement with the helper
Perceived burden on others	Currently intoxicated		Ambivalence for living/dying		Core values/beliefs
Feeling trapped	Substance abuse				
Feeling intolerably alone	Acute symptoms of mental illness <ul style="list-style-type: none"> ▪ Recent dramatic mood change ▪ Out of touch with reality 	Sense of purpose			
	Extreme agitation/rage <ul style="list-style-type: none"> ▪ Increased anxiety ▪ Decreased sleep 				



Lethal means access and COVID-19

Reducing access to means is key and the helper must take into account changes in living situation. This may mean modifying existing crisis plans or other plans to restrict means.



COVID-19-related risks

- Large quantities of Tylenol and other over-the-counter meds purchased to prepare for COVID-19
- Many are getting three months or more of prescription medications
- May be living with others with large quantities of medications
- Firearms sales are up
- Potentially living with others/others living with them - verify gun storage practices, which may be different than they are typically for the patient in their own home or when they are living alone

Interventions for suicidal individuals with an evidence base

Dialectical behavior therapy

(DBT)

Marsha Linehan
University of Washington

Cognitive behavioral therapy for suicide prevention

(CT-SP)

Greg Brown & Aaron Beck
University of Pennsylvania

Brief CBT

(BCBT)

Craig Bryan and David Rudd
University of Utah

The collaborative assessment and management of suicidality

(CAMS)

CAMS-4Teens

David Jobes
Catholic University of America
Suicide Prevention Lab

Safety planning has a strong evidence base

Step	Patient safety plan template
1	Warning signs (thoughts, images, feelings, behaviors) that a crisis may be developing:
2	Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (distracting and calming activities):
3	People and social settings that provide distraction: Names/phone numbers/places
4	People I can ask for help with the crisis: Names/phone numbers
5	Professionals or agencies I can contact during a crisis: Names/addresses/phone numbers
6	Making the environment safe (removing or limited access to lethal means):
The one thing that is most important to me and worth living for is:	

<https://www.sprc.org/resources-programs/patient-safety-plan-template>

Postvention is a strong means of prevention

- There is evidence that exposure to the suicide of another person can increase risk of suicide
- Young people can be particularly vulnerable to exposure and need informed intervention
- Several organizations offer postvention services for those impacted by suicide, including clinicians

<https://afsp.org/ive-lost-someone>

<https://afsp.org/practical-information-for-immediately-after-a-loss>

<https://www.sprc.org/resources-programs/youth-suicide-prevention-intervention-and-postvention-guidelines-resource-school>



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Congressional Black Caucus- Ring the Alarm

- Recommendations
 - NIH/NIMH Funding and Attention
 - Demonstration Projects
 - Promoting Best Practices
 - Community Engagement and Awareness
National Website and Repository for Data on Suicidal Behavior
 - Engagement of State and Local Governments
 - Ongoing Work of the Task Force

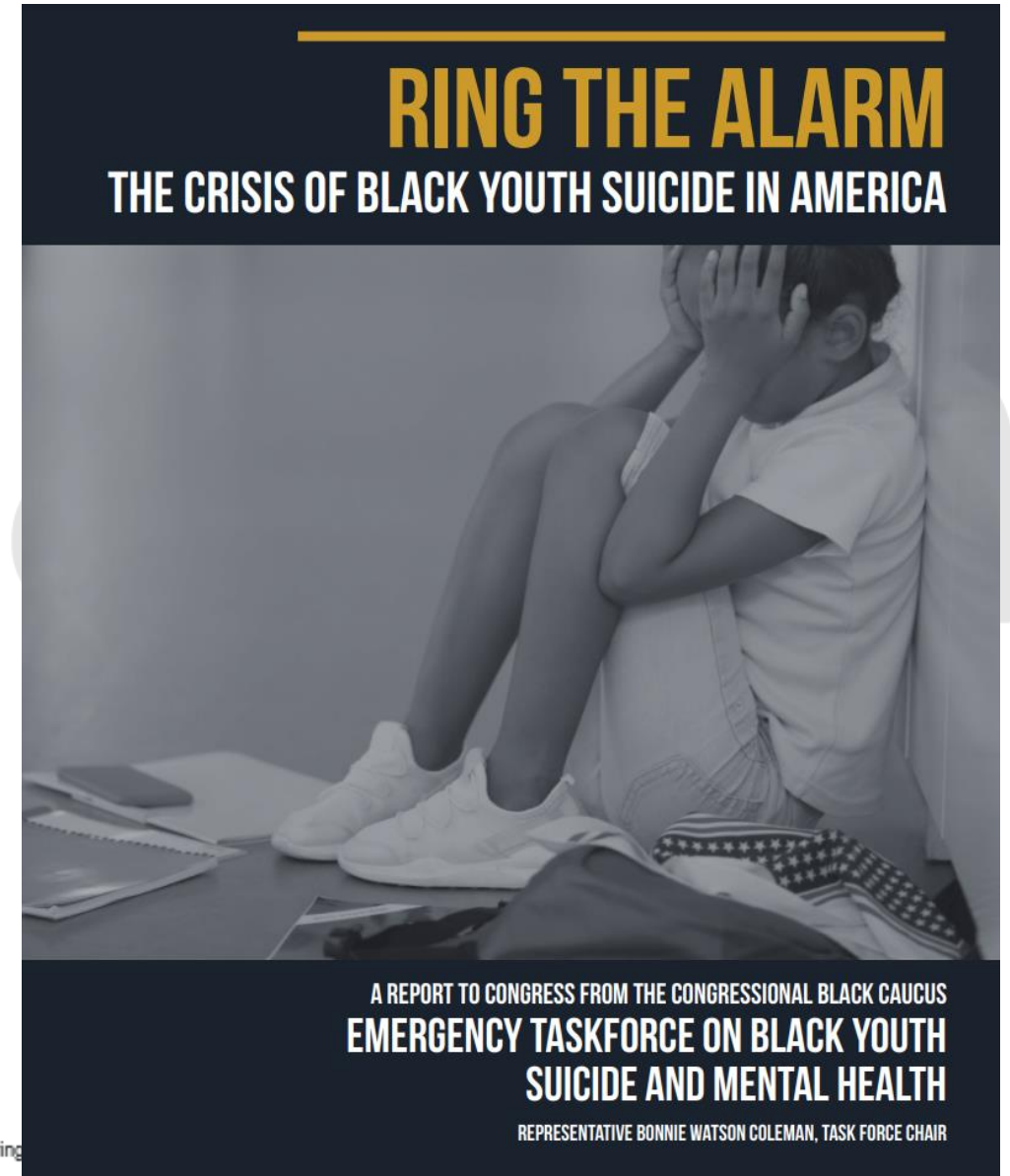
https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf



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Reducing risk for LGBTQ youth



LGBTQ youth who had access to spaces that affirmed their sexual orientation and gender identity reported lower rates of attempting suicide.

Transgender and nonbinary youth attempt suicide less when **respect is given to their pronouns** and they are allowed to **officially change their legal documents.**



Transgender and nonbinary youth who reported having **pronouns respected** by all of the people they lived with **attempted suicide at half the rate** of those who did not have their pronouns respected by anyone with whom they lived.



Ways to Support the LGBTQ Youth in Your Life

LGBTQ youth who lived in an accepting community, had access to LGBTQ-affirming spaces, and/or felt high social support from family and friends reported significantly lower rates of attempting suicide in the past year.



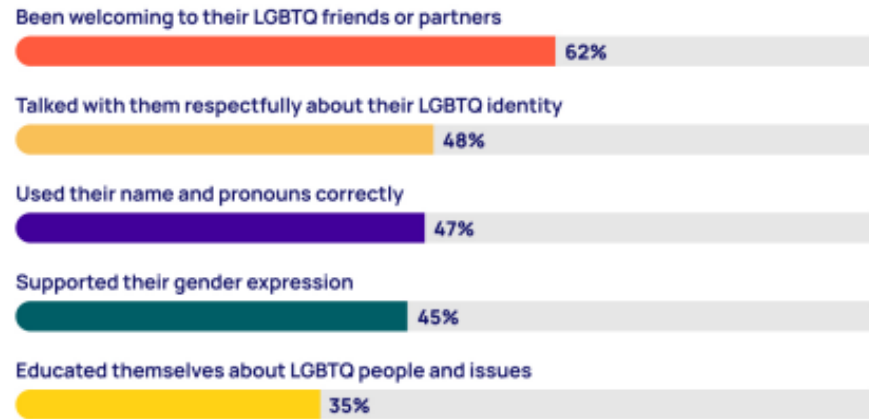
Access to Affirming Homes & Schools

LGBTQ youth who live in a community that is accepting of LGBTQ people reported significantly lower rates of attempting suicide compared to those who do not.

Nearly 2 in 5 LGBTQ youth reported living in a community that is somewhat or very unaccepting of LGBTQ people.

Support from Parents & Caregivers

Five most common ways that LGBTQ youth reported feeling supported by their parents or caregivers



“

The fact that very simple things – like support from family and friends, seeing LGBTQ representation in media, and having your gender expression and pronouns respected – can have such a positive impact on the mental health of an LGBTQ young person is inspiring, and it should command more attention in conversations around suicide prevention and public debates around LGBTQ inclusion.

Amit Paley (he/him)
CEO & Executive Director, The Trevor Project

”

Autism and Suicide Resources

**Crisis Supports
for the Autism
Community**

**Autism Resource for
Warning Signs of
Suicide:
Considerations for the
Autism Community**



<https://suicidology.org/wp-content/uploads/2020/12/Autism-Warning-Signs-3.pdf>

<https://suicidology.org/wp-content/uploads/2019/07/Autism-Crisis-Supports.pdf>

Warning signs for someone with Autism may look very different than someone who is neurotypical

- No reason for living; no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all of the time
- Feeling trapped - like there's no way out
- Hopelessness
- Withdrawal from friends, family, and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes



988 Went Live 7/16/22

- Policy Brief
- Leadership summit recording
- Excellent keynote – Lisa Morgan sharing a deeply personal story about crisis and autism

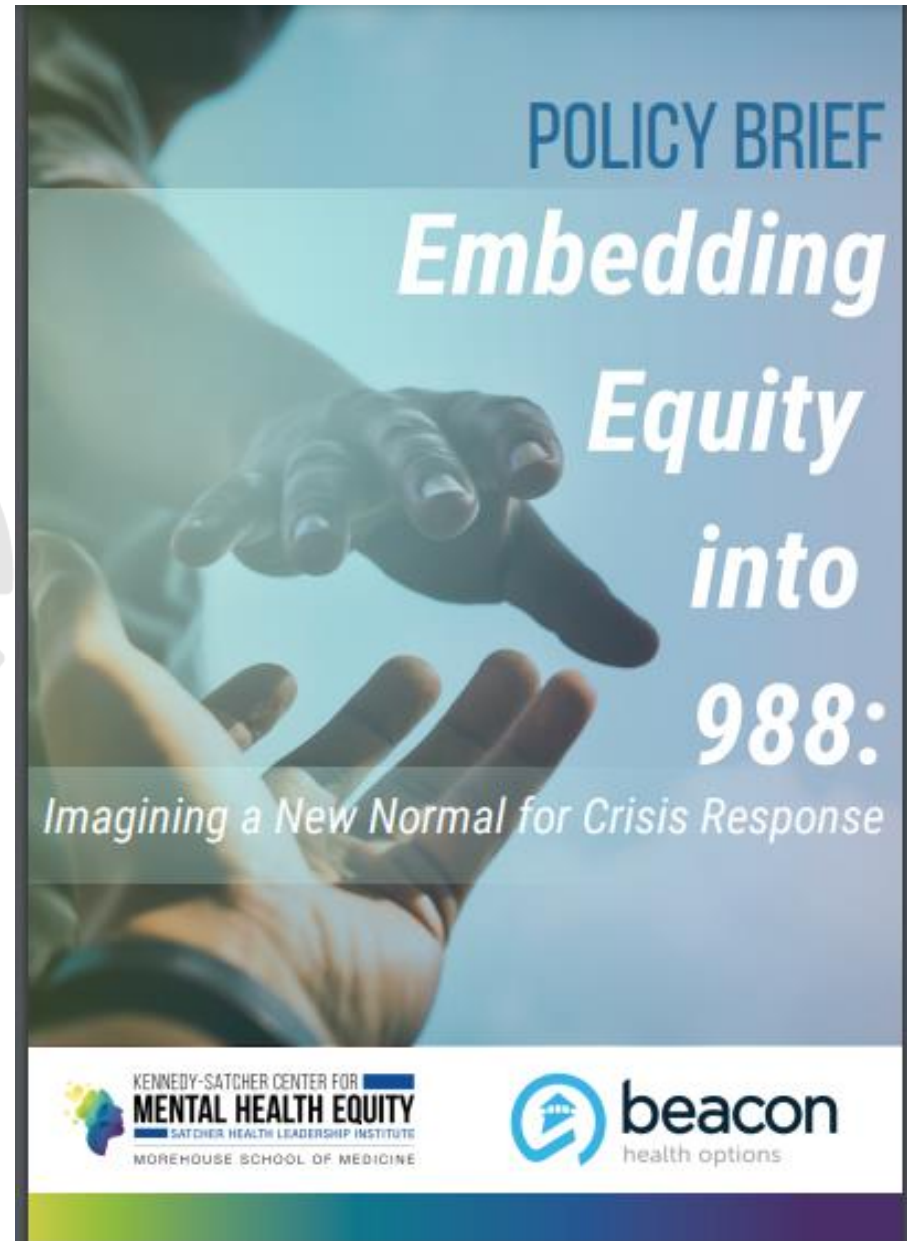
<https://www.youtube.com/watch?v=Ofd9gl8TNoM>

https://kennedysatcher.org/wp-content/uploads/2022/06/988-Policy-Brief_Final.pdf



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Equity in 988

In the Leadership Experience Survey, 92.6% of respondents found the current U.S. psychiatric emergency response system is not equitable, while the remaining 7.4% were unsure.

Recommendation 1:



Advance equity by prioritizing visibility of groups that are historically excluded or inadequately reached by our psychiatric emergency systems

Recommendation 2:



Deployment of law enforcement in psychiatric emergency response should only be as needed

Recommendation 3:



An effective crisis response team for psychiatric emergencies includes licensed mental health professionals and peer recovery specialists as essential personnel. Psychiatrists, nursing professionals, and medical interpreters should be available on call for streamlined response

Recommendation 4:



Mobile crisis units should be placed at local medical and mental health clinics. An equitable crisis response should be inclusive of individuals and environments that are reflective of the cultural and linguistic needs of the community.

Recommendation 5:



Targeted comprehensive training for key personnel should prioritize enhancing specific skills that can contribute to more equitable outcomes

Recommendation 6:



Provide callers the option to opt-in and consent to use of geolocation or remain confidential and anonymous when they dial 988

Optimistic considerations

“There may be a silver lining to the current situation. Suicide rates have declined in the period after past national disasters (e.g., the September 11, 2001 terrorist attacks).

One hypothesis is the so-called pulling together effect, whereby individuals undergoing a shared experience might support one another, thus strengthening social connectedness.”

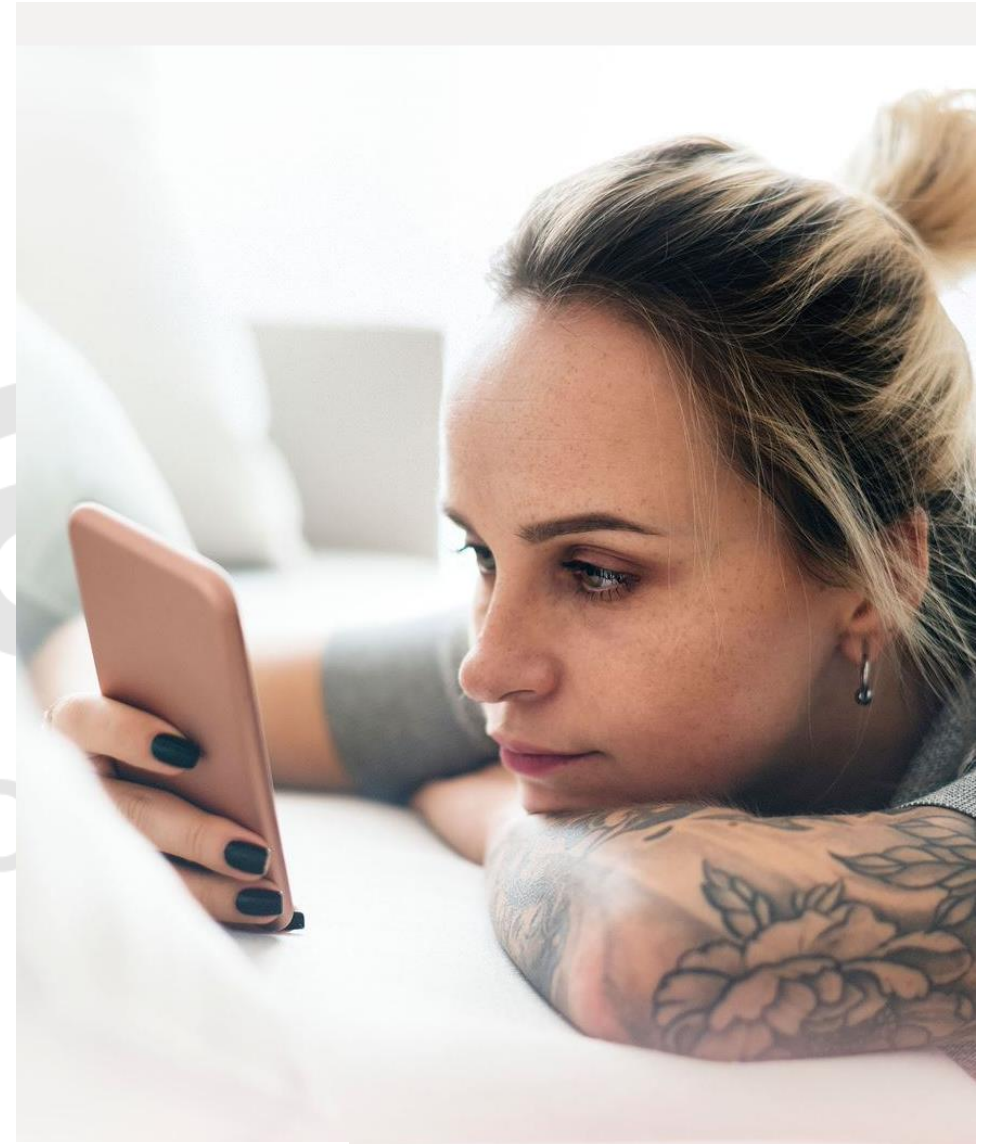
<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584>



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Chapter

03

“We help people live their lives to the fullest potential.”

Our Commitment



Resources

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National Helplines

National Suicide Prevention Lifeline

988



<https://suicidepreventionlifeline.org/>

Lifeline Chat

Crisis Text Line

Text Home to 741741

CRISIS TEXT LINE |



Trevor Project

1-866-488-7386

Text START to 678678



Treavor Chat

<https://www.thetrevorproject.org/>

Disaster Distress Helpline

Disaster Distress Helpline

📞 Call or 📱 Text 1-800-985-5990

🌐 DisasterDistress.samhsa.gov

SAMHSA



1-800-799-7233

Text LOVEIS to 22522



covidmentalhealthsupport.org

Contact Information

Wendy Martinez Farmer, LPC MBA

wendy.farmer@beaconhealthoptions.com



Linda Henderson-Smith, PhD, LPC

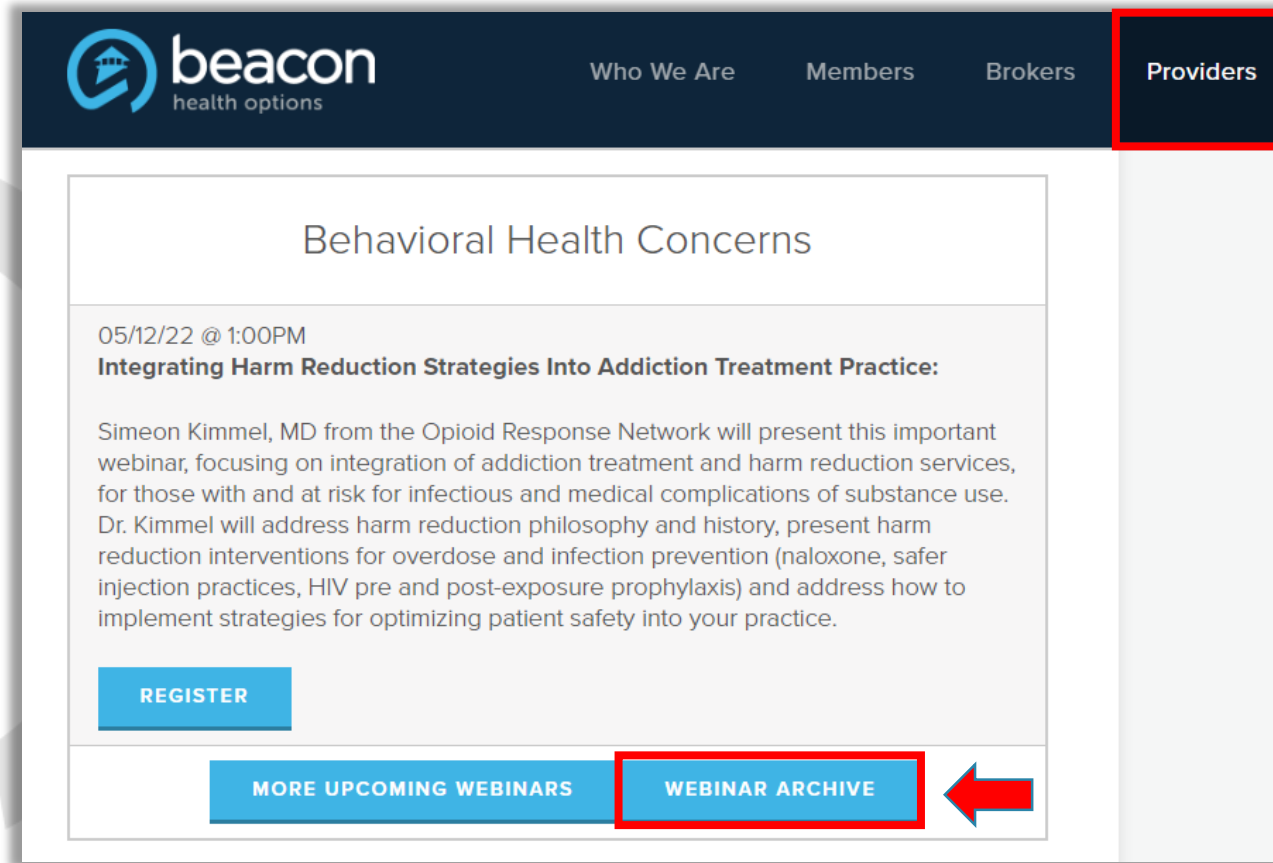
Linda.HendersonSmith@beaconhealthoptions.com



Questions & Answers



Refer to Beacon's Provider webpage to see up to date info on upcoming trainings and webinar recordings



The screenshot shows the Beacon Health Options website. The top navigation bar includes links for "Who We Are", "Members", "Brokers", and "Providers", with "Providers" highlighted in a red box. The main content area features a webinar titled "Behavioral Health Concerns" scheduled for 05/12/22 @ 1:00PM. The webinar title is "Integrating Harm Reduction Strategies Into Addiction Treatment Practice:". The description mentions Simeon Kimmel, MD from the Opioid Response Network, presenting on harm reduction philosophy and interventions. Below the description is a blue "REGISTER" button. At the bottom of the content area, there are two blue buttons: "MORE UPCOMING WEBINARS" and "WEBINAR ARCHIVE", with a red arrow pointing to the "WEBINAR ARCHIVE" button, which is also highlighted in a red box.

Beacon provider resources & webinars link:

[Webinar Archive | Beacon Health Options](#)



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