

Suicide Prevention & Youth Mental Health

Breakout Session #1

Child Fatality Prevention System Summit

March 30, 2023



Today

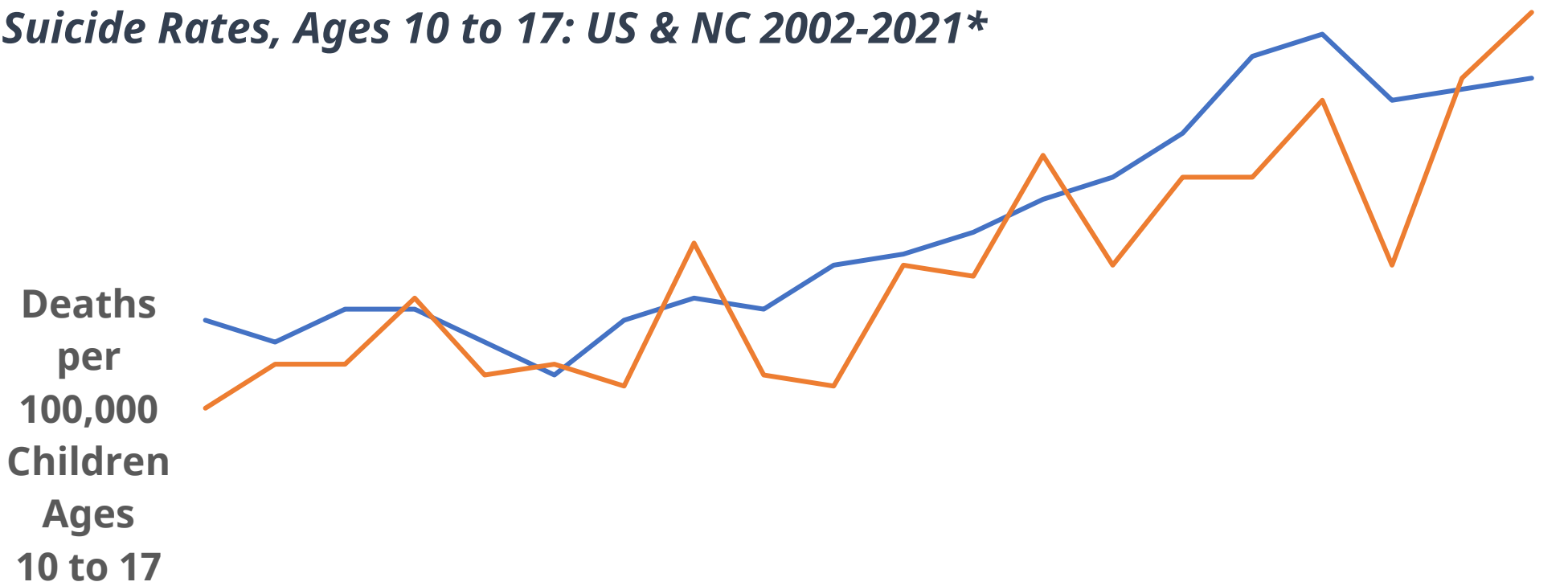
- **Big picture:** youth suicide and the mental health crisis
- **The CFP system CAN make a difference** with suicide prevention
- **Data**
- Highlights of the **NC Suicide Action Plan**
- **Examples of prevention programs within reach** for communities
 - Faith Leaders for Life (and understanding at-risk youth)
 - Youth Mental Health First Aid

*Note: The topic of **firearm safe storage and access to lethal means** is a very important aspect of suicide prevention – it will be covered in a different breakout session today at 1:00 on violence prevention & access to lethal means*

Among children ages 10 to 17, suicide rates increased in both the US and NC over the last two decades

*Suicide Rates, Ages 10 to 17: US & NC 2002-2021**

The 2021 youth suicide rate in NC was the highest of two decades

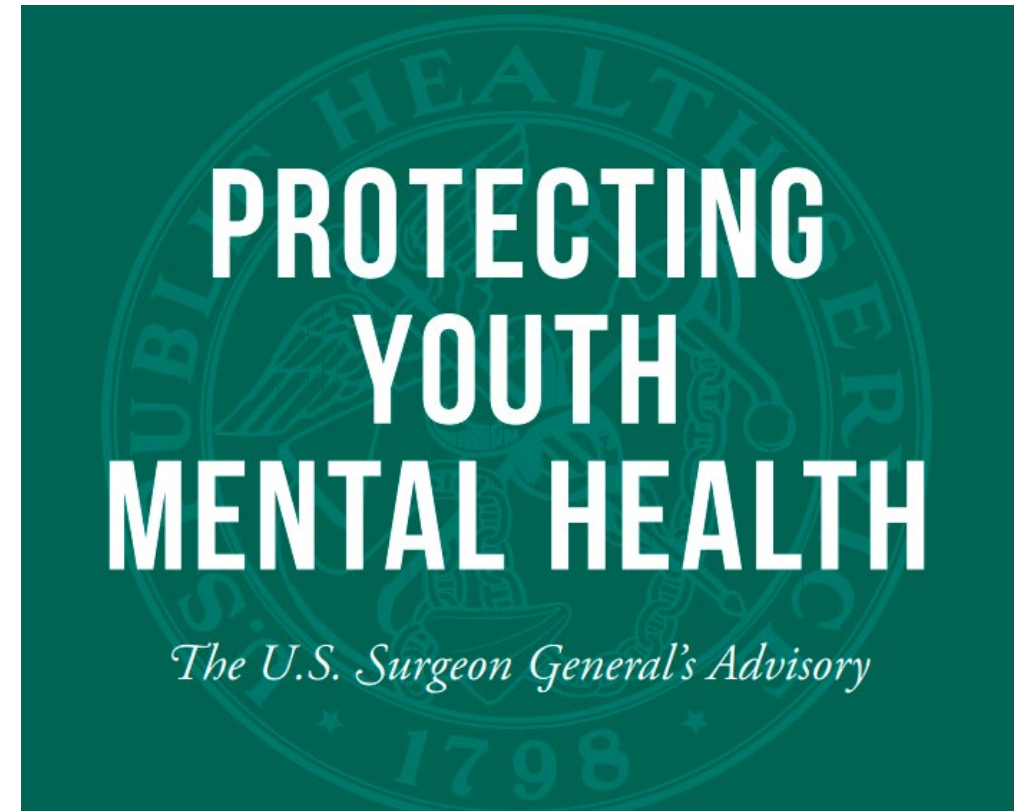


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
— US	2.9	2.7	3.0	3.0	2.7	2.4	2.9	3.1	3.0	3.4	3.5	3.7	4.0	4.2	4.6	5.3	5.5	4.9	5.0	5.1
— NC	2.1	2.5	2.5	3.1	2.4	2.5	2.3	3.6	2.4	2.3	3.4	3.3	4.4	3.4	4.2	4.2	4.9	3.4	5.1	5.7

** Suicides include the following ICD mortality codes : X60-X84 (Intentional self-harm; Y87.0 (Sequelae of intentional self-harm), U03 (Suicide Terrorism)*

NATIONAL CALLS TO ACTION ON YOUTH MENTAL HEALTH

U.S. Surgeon General Advisories “are reserved for significant public health challenges that need the nation’s immediate awareness and action.”

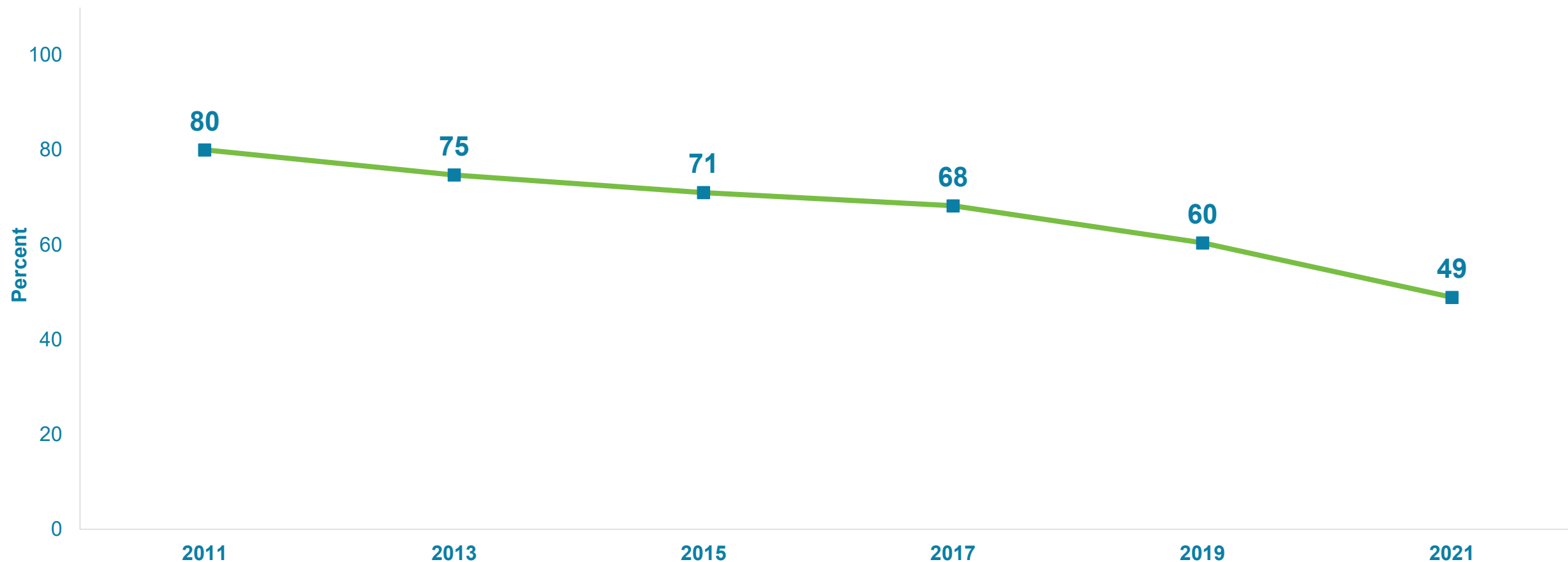


AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

American Academy of Pediatrics, American Academy of
Child and Adolescent Psychiatry and Children’s Hospital
Association

The Emergency Care
Research Institute put the
[pediatric mental health crisis
at the top of their 2023 list](#)
of most pressing patient
safety concerns.

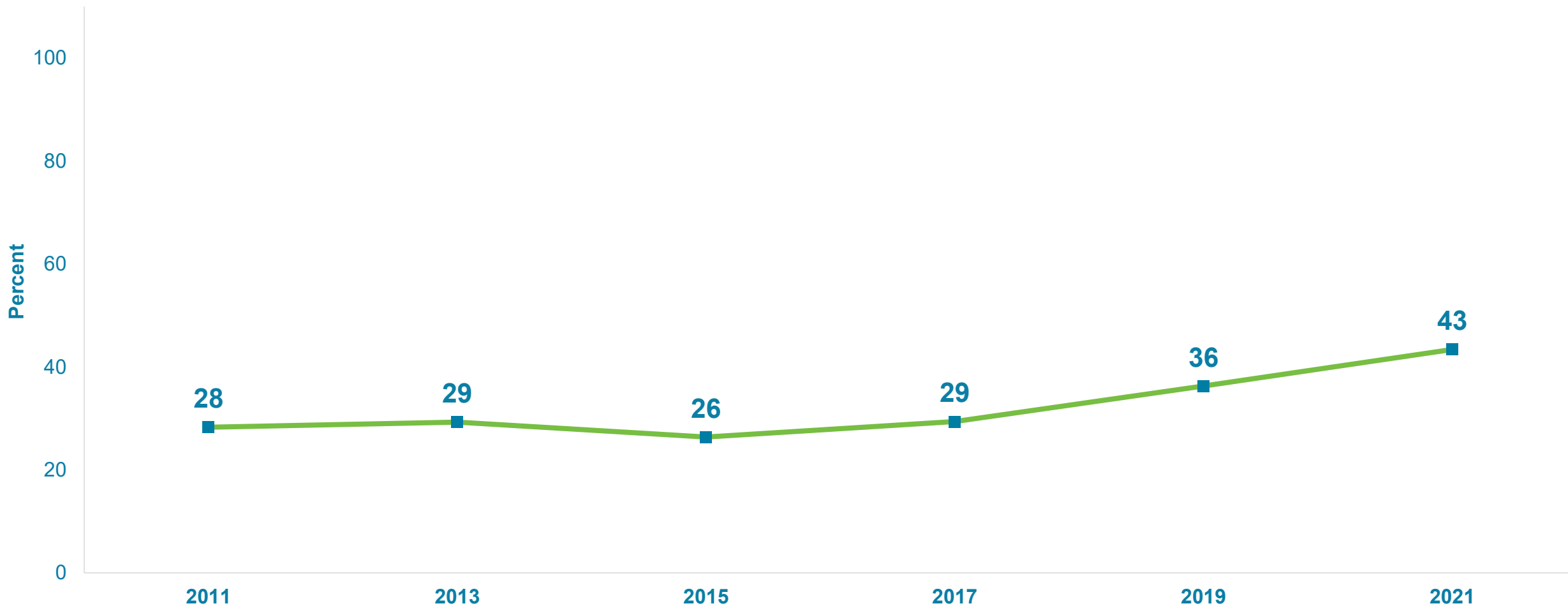
Percentage of High School Students Who Strongly Agree or Agree That They Feel Good About Themselves



*Decreased 2011-2021 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

North Carolina - YRBS, 2011-2021 - QN109

Percentage of High School Students Who Felt Sad or Hopeless



*Almost every day for ≥ 2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey

†Increased 2001-2021, no change 2001-2015, increased 2015-2021 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$).

Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

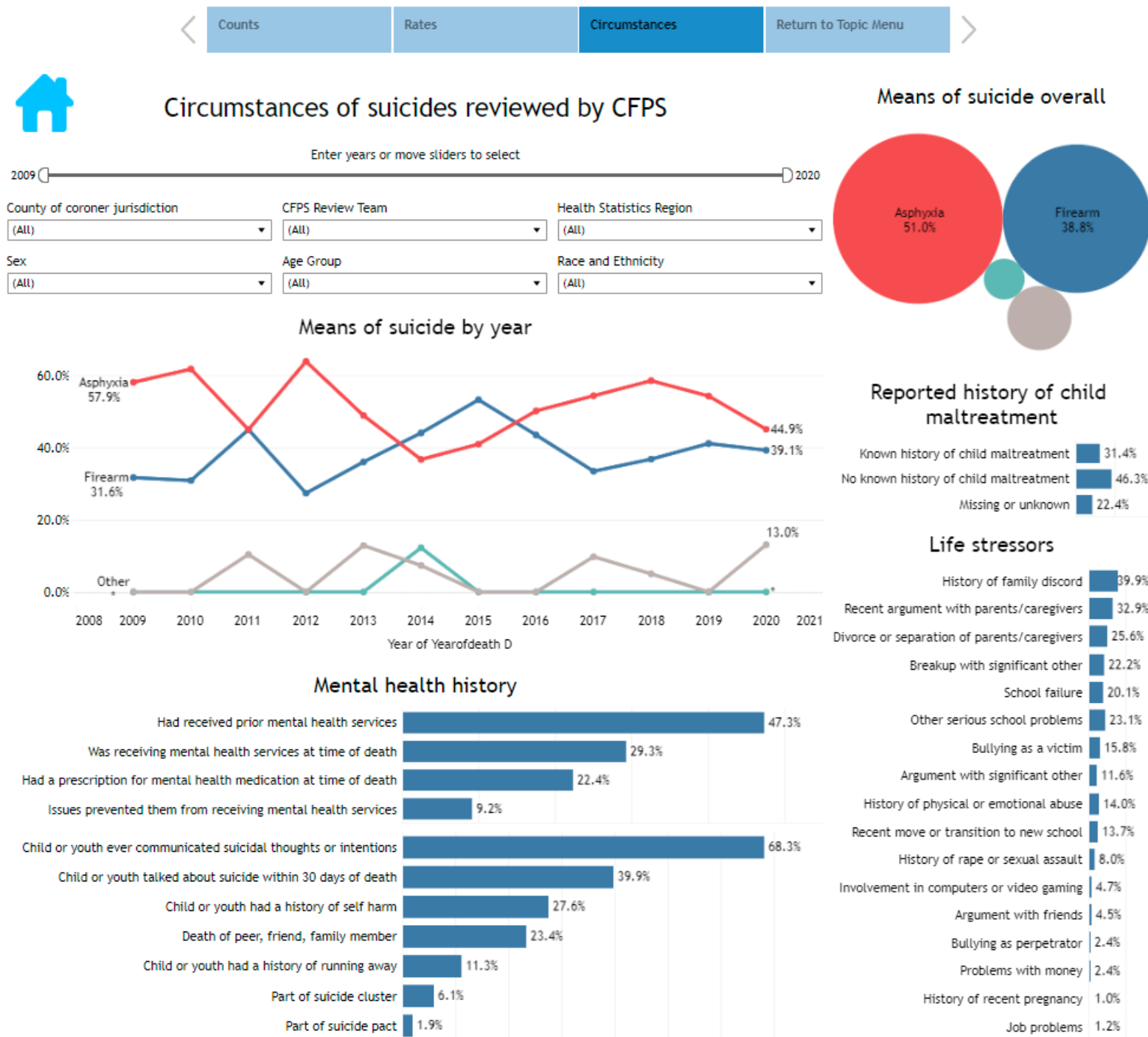
North Carolina - YRBS, 2011-2021

The CFP System CAN make a difference!

- Examples of **local teams** in NC collaborating in their community on suicide prevention initiatives
- **State Team** in NC, who gets some information from local CFPTs, makes recommendations related to suicide prevention to CFTF
- **NC Child Fatality Task Force:**
 - Funding to **expand CALM** (Counseling on Access to Lethal Means) training via school safety grants
 - New law requiring **suicide prevention training for school personnel and a risk referral protocol in schools**
 - Progress with education and awareness around **firearm safe storage**
 - Continues to recommend and advocate for **funding for more school nurses, social workers, counselors, and psychologists**
 - Recommending funding for **statewide school health electronic data system**
 - **Bringing attention to the data and issues:** state leaders, media, communities– and getting widespread attention (more than 20 media stories following CFTF 2023 Annual Report release, most focusing on increase in child firearm deaths and youth suicide)

Here's what's possible in NC with DATA!

This screenshot of *one tab* of a [suicide dashboard from Colorado's Child Fatality Prevention System](#) provides an example of the type of data report that could be produced in North Carolina through participation in the [National Fatality Review Case Reporting System](#) that has been used in 48 states but not NC.



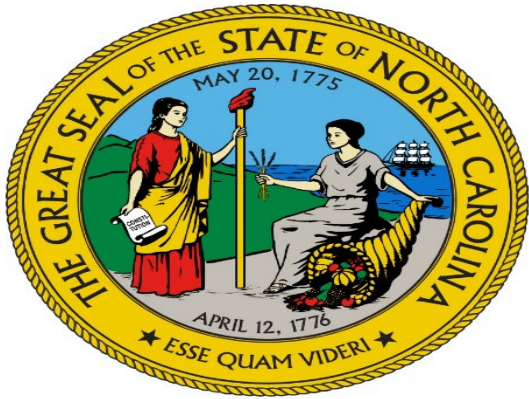
Youth Suicide Resources from the National Center for Fatality Review and Prevention (<https://ncfrp.org/>)

“Best Practices in Reviewing Suicides” – guide for team reviews

“Suicide Prevention Recommendations Based on Child Death Review” – report contains data and recommendations from team reviews of suicide deaths

Journal articles using NFR-CRS data (from child death review teams across the country) related to youth suicide:

- Joshi DS, Lebrun-Harris LA, Shaw E, Pilkey D, Collier A, Kinsman S. **The Need for Improved Collaboration between Schools and Child Death Review Teams.** J Sch Health. 2023 Feb;93(2):135-139. doi: 10.1111/josh.13225. Epub 2022 Jul 29. PMID: 35906765.
- Palusci VJ, Schnitzer PG, Collier A. **Social and demographic characteristics of child maltreatment fatalities among children ages 5-17 years.** Child Abuse Negl. 2023 Feb;136:106002. doi: 10.1016/j.chiabu.2022.106002. Epub 2023 Jan 6. PMID: 36621053. (Article addresses maltreatment deaths and suicide)
- Schnitzer, P. G., Dykstra, H., & Collier, A. (2023). **The COVID-19 Pandemic and Youth Suicide: 2020–2021.** Pediatrics, 151(3). <https://doi.org/10.1542/peds.2022-058716>
- Schnitzer, P. G., Dykstra, H. K., Trigylidas, T. E., & Lichenstein, R. (2019). **Firearm suicide among youth in the United States, 2004–2015.** Journal of Behavioral Medicine, 42(4), 584-590. <https://doi.org/10.1007/s10865-019-00037-0>



NC Department of Health and Human Services

Youth Suicide and Mental Health Trends

Ty Lautenschlager

CSTE Applied Epidemiology Fellow

Injury and Violence Prevention Branch

Child Fatality Prevention Summit

March 30, 2023

Overview

- Youth Suicide
 - Trends
 - Demographics
 - Mechanism
 - Circumstances
- Burden of Nonfatal Self-Inflicted Injuries
- Youth Risk Behavioral Survey

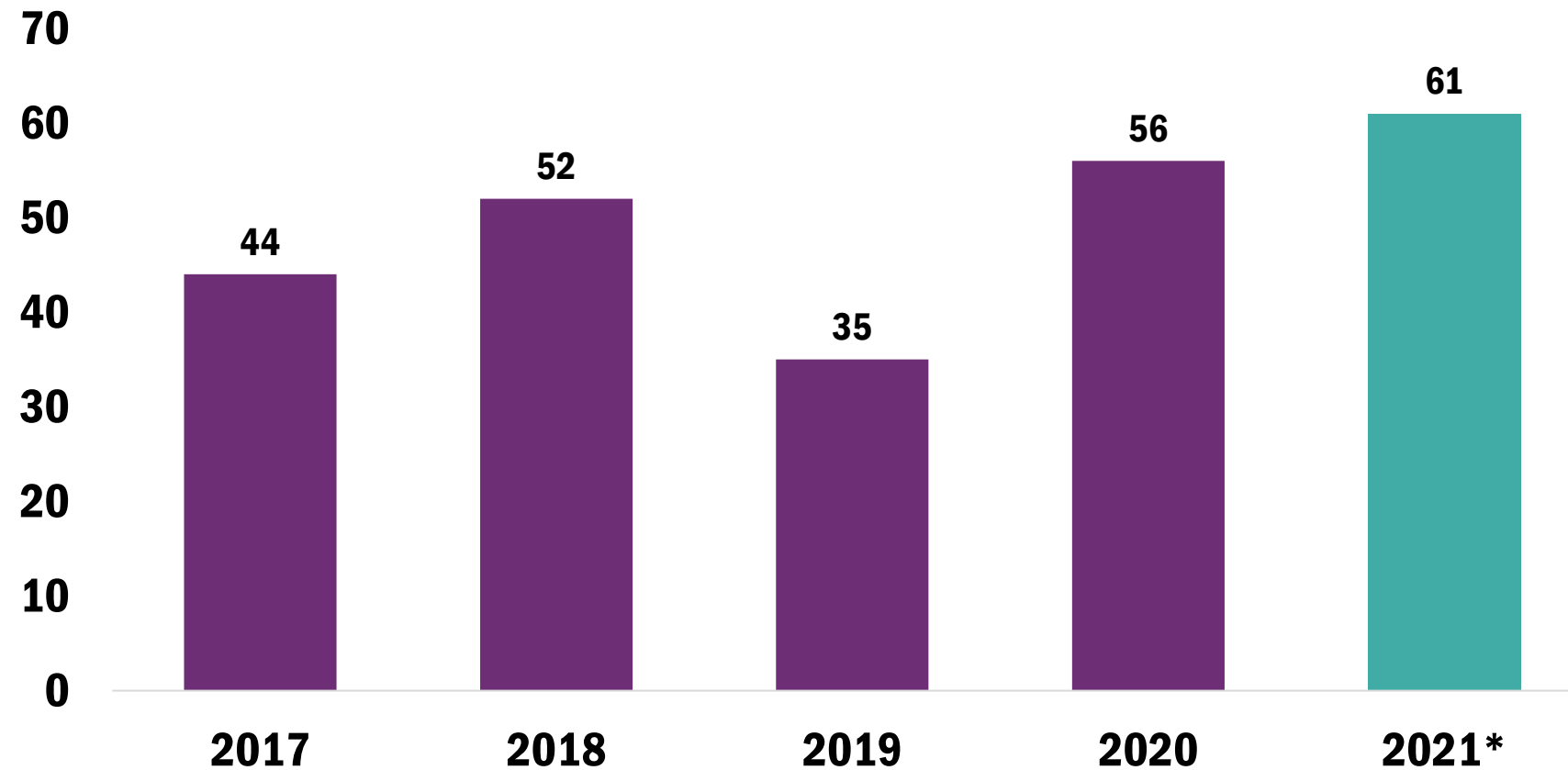
Data Sources and Limitations

- NC Violent Death Reporting System (NC-VDRS)
 - Data final through 2020
 - 2021 data are provisional and subject to change
- Population Data
 - 2021 data subject to change; currently using 2020 data year as a proxy for 2021

Suicide Death Among Youth

Youth suicide continued to increase in 2021*

Number of North Carolina Child (Ages 10-17) Suicide Deaths, 2016-2021*



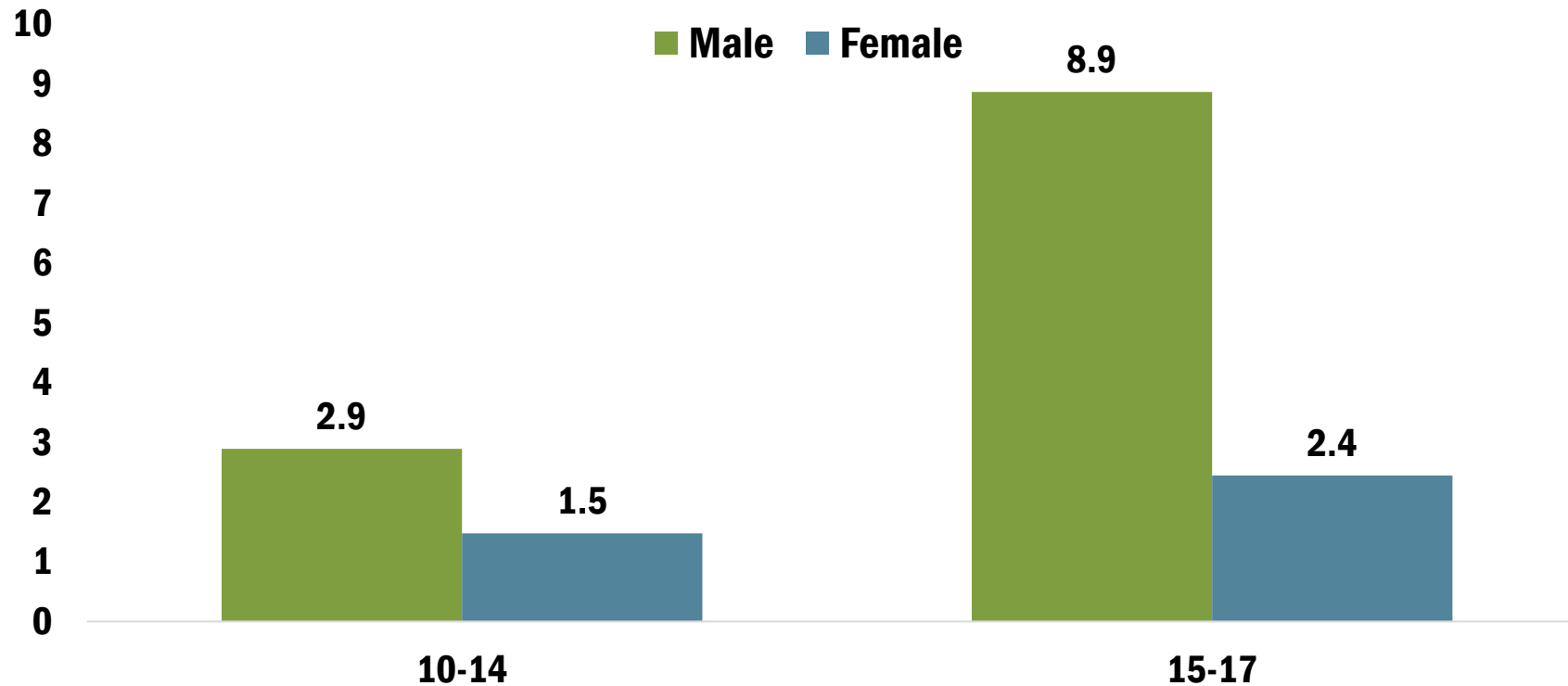
* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (Only one child death under the age of 10 from 2020 was excluded)

Source: NC Violent Death Reporting System, 2016-2021*;

Suicide death rates are 2.7 times higher in male youth than female youth

North Carolina Child (Ages 10-17) Suicide Death Rates, by Age and Sex 2016-2021*

Rate per 100,000



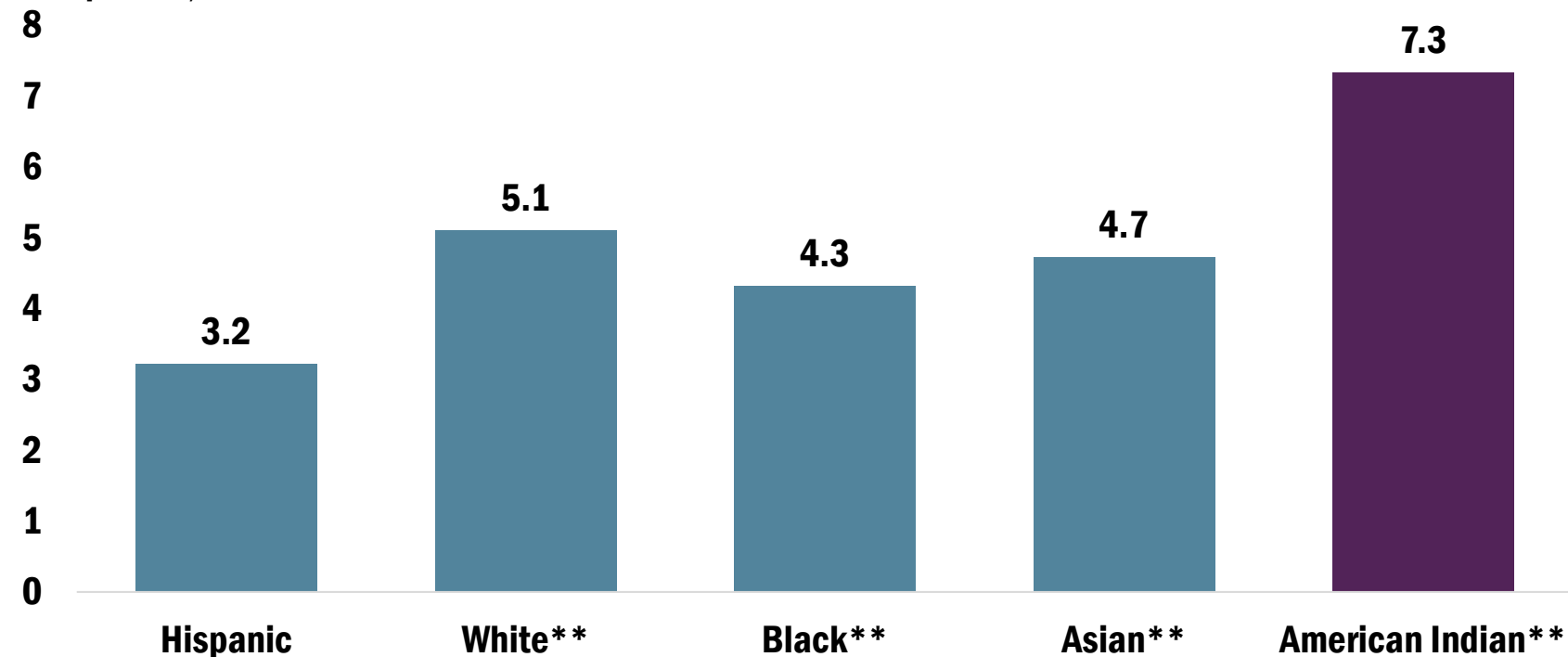
* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (Only one child death under the age of 10 from 2020 was excluded)

Source: NC Violent Death Reporting System, 2016-2021*;

Suicide rates are highest among Non-Hispanic American Indian youth

North Carolina Child (Ages 10-17) Suicide Death Rates, by Race/Ethnicity 2016-2021*

Rate per 100,000

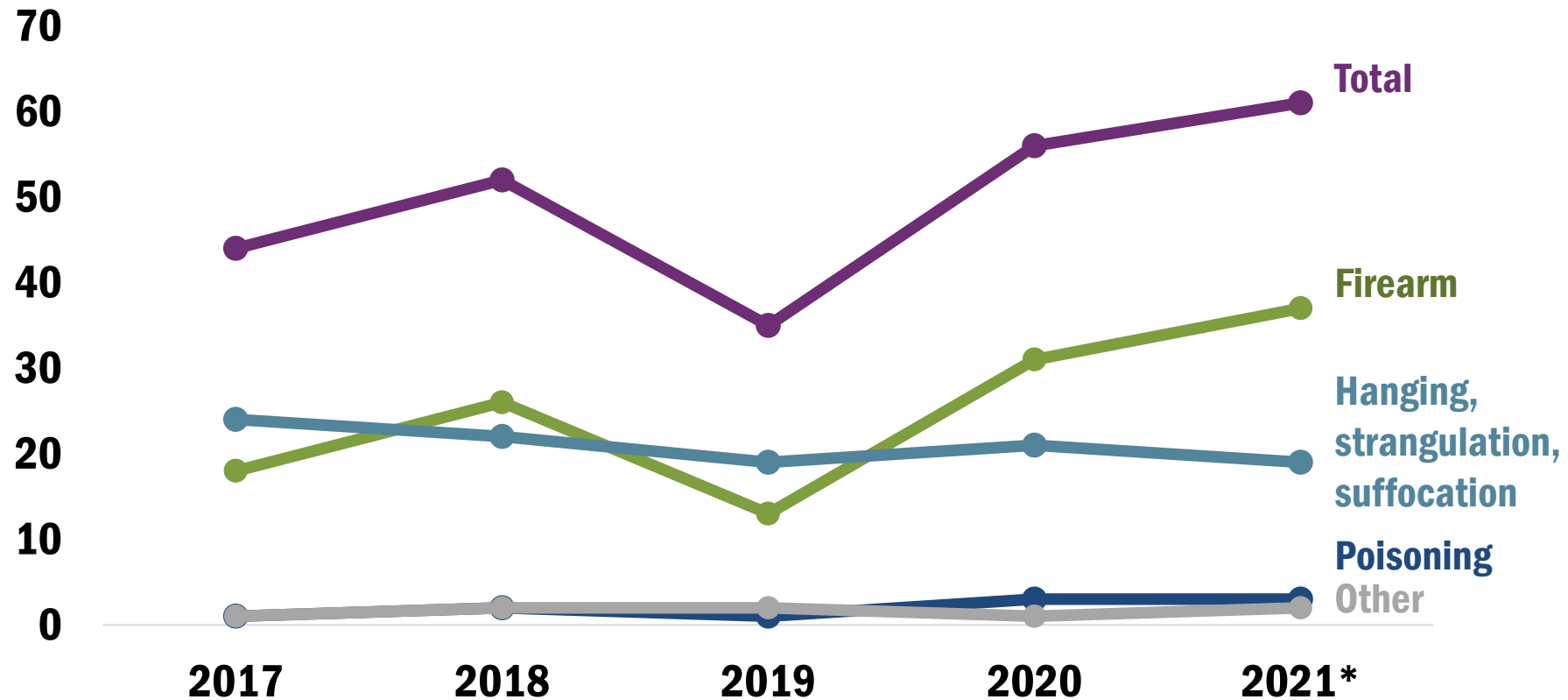


** Non-Hispanic

* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (One child death under the age of 10 was excluded from 2020). Chart excludes 2 deaths due to unknown race/ethnicity
Source: NC Violent Death Reporting System, 2016-2021*

Most youth suicides involved a **firearm**, 2017-2021*

Number North Carolina Child (Ages 10-17) Suicide Deaths, by Mechanism 2016-2021*

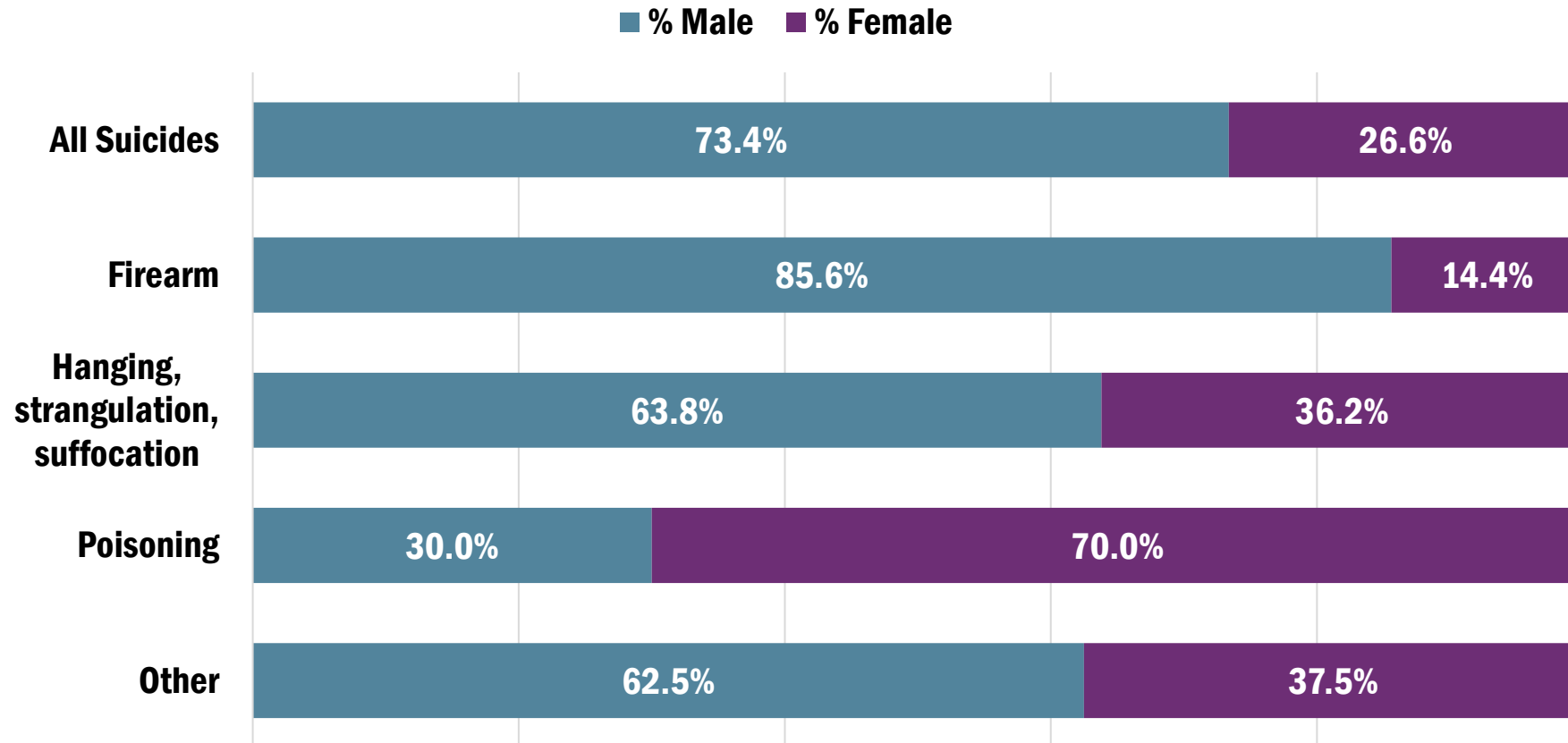


* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (One child death under the age of 10 was excluded from 2020)

Source: NC Violent Death Reporting System, 2016-2021*

Youth males are more likely to use a firearm

North Carolina Child (Ages 10-17) Suicide Deaths, by Mechanism 2016-2021*

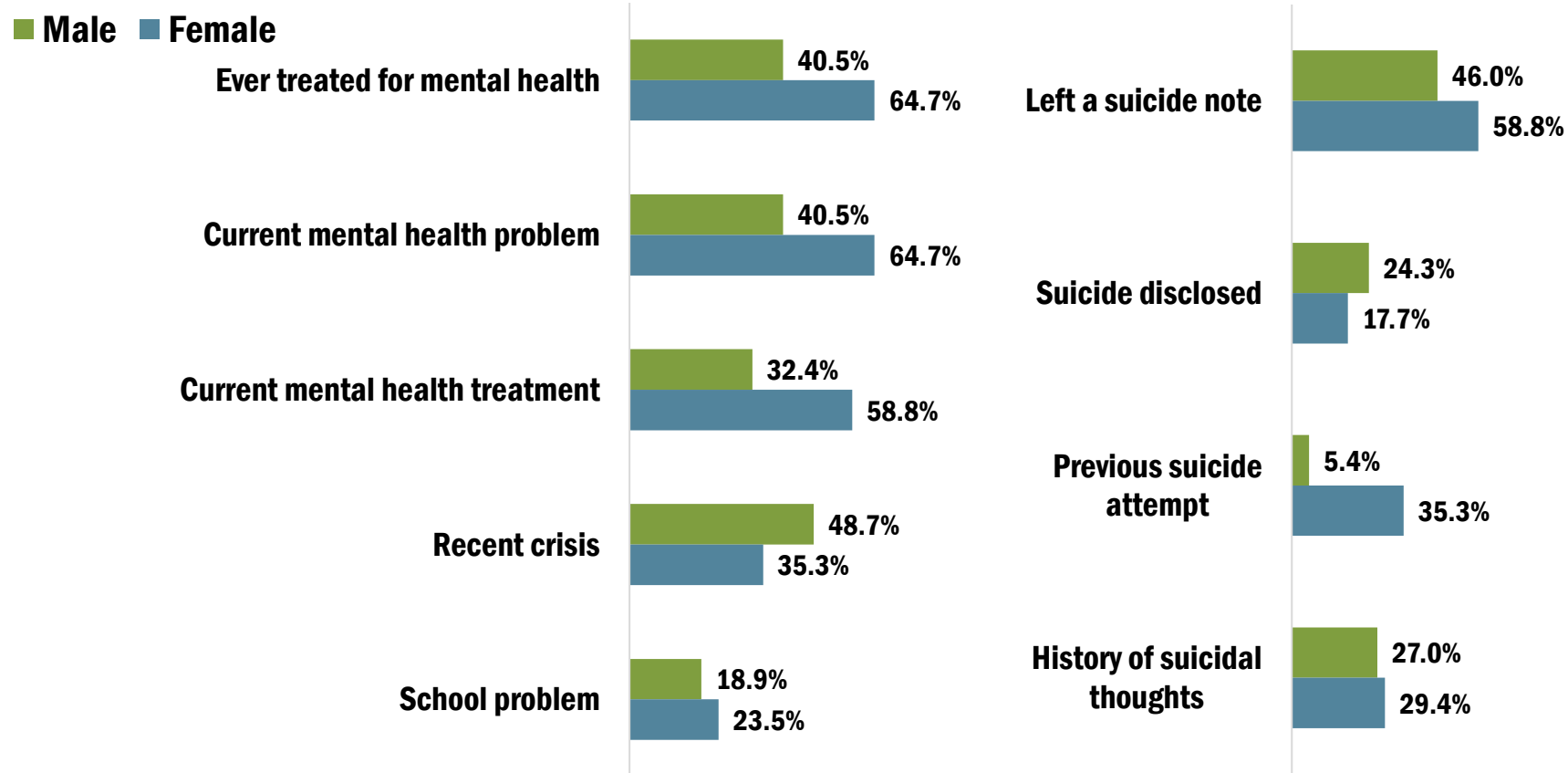


* 2021 data are provisional and subject to change; Note: limited to NC residents ages 10-17 (One child death under the age of 10 from 2020 was excluded)

Source: NC Violent Death Reporting System, 2016-2021*

Youth females were more likely than males to have a previous suicide attempt

Precipitating Suicide Circumstance Data, North Carolina Child (Ages 10-17), 2020

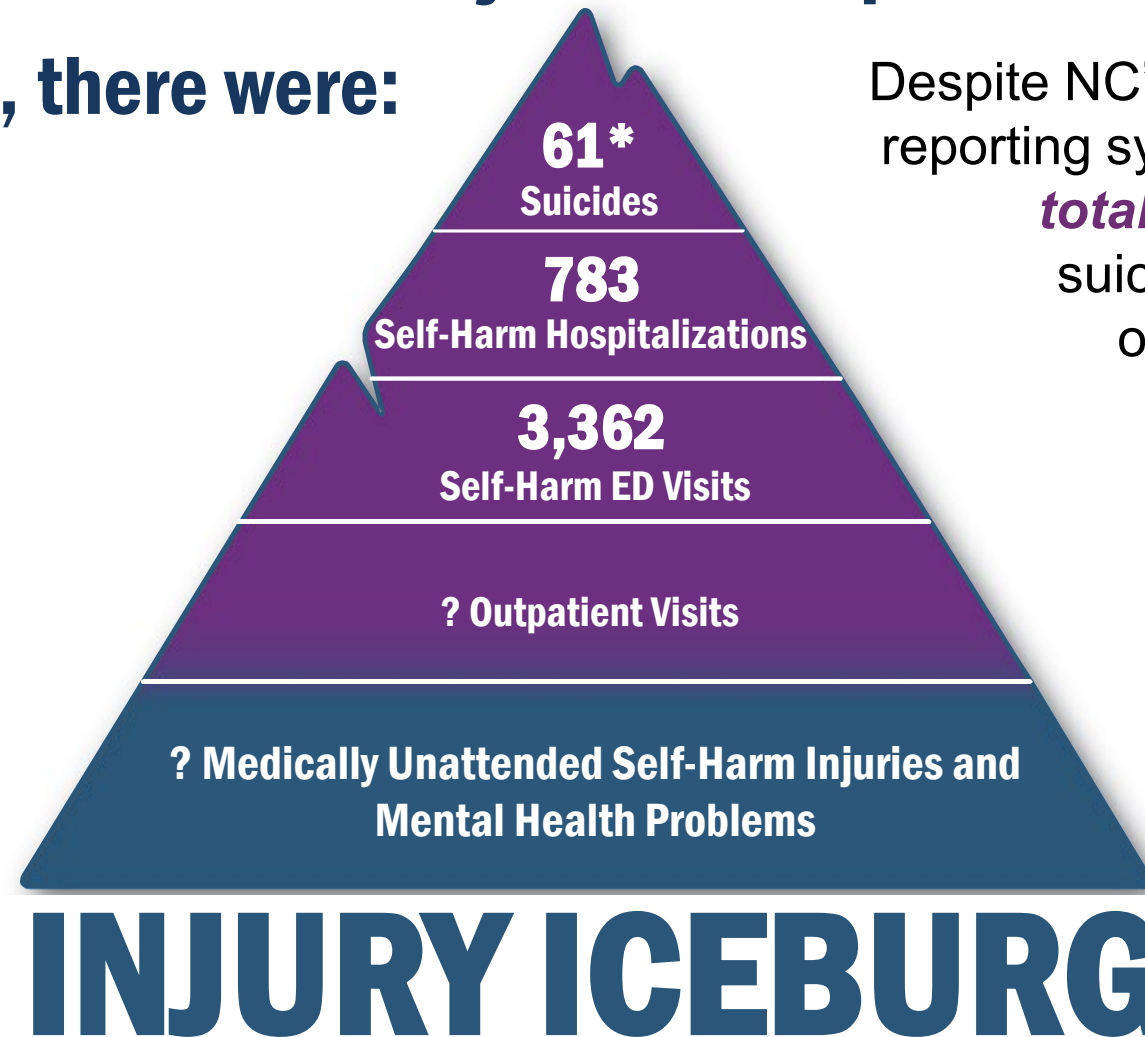


Note: Limited to NC Residents 10-17 (One child death under the age of 10 from 2020 was excluded); 96.4% of victims had circumstance data available
Source: North Carolina Violent Death Reporting System (NC-VDRS), 2020

Burden of Self-Inflicted Injuries among Youth

Suicide deaths are just the tip of the iceberg

In 2021*, there were:



Despite NC's excellent reporting systems, the **total burden** of suicide-related outcomes in the state is **unknown**.

*2021 NC-VDRS data are provisional and subject to change

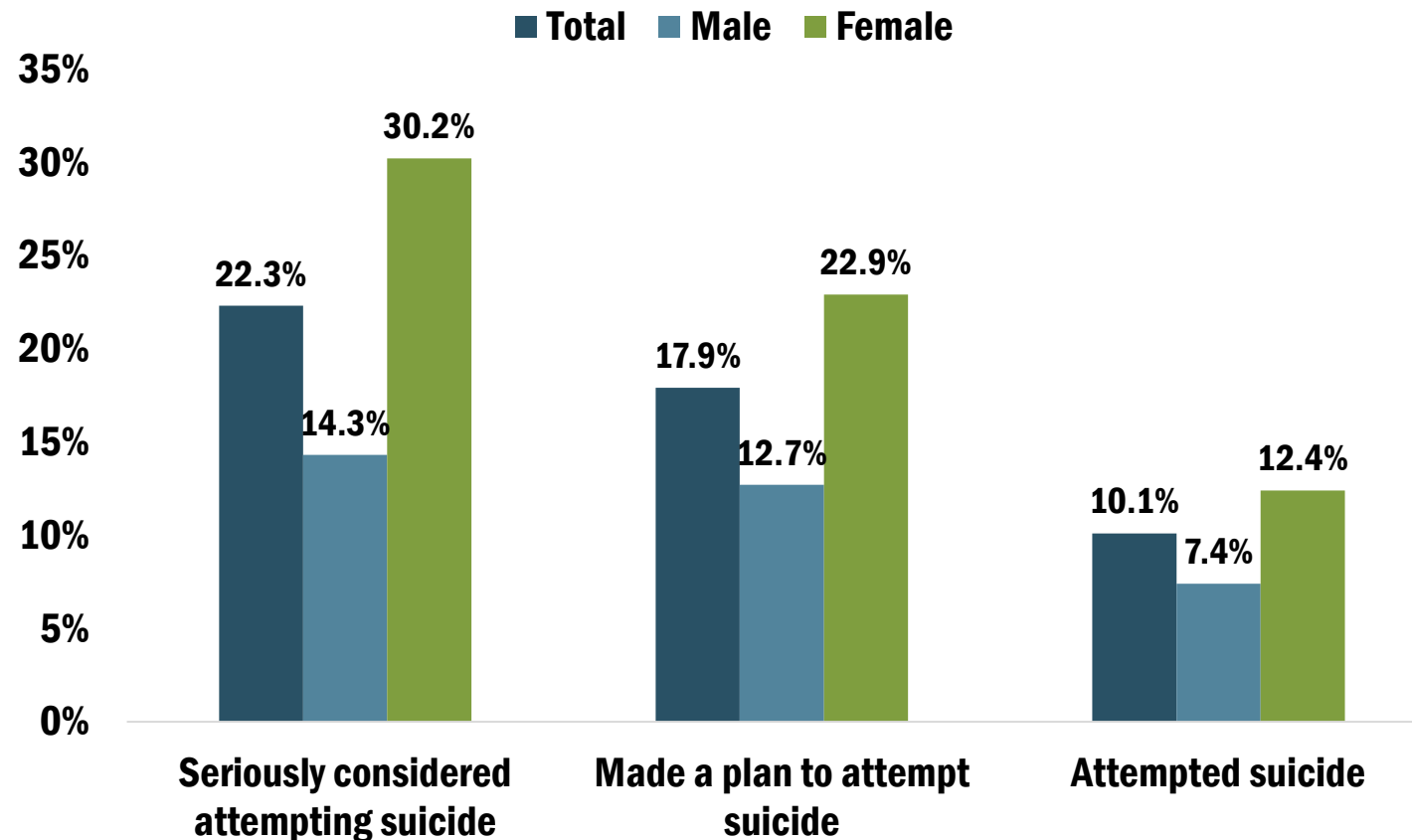
Note: limited to NC residents ages 10-17

Source: NC Violent Death Reporting System, 2021*; NC State Center for Health Statistics, Hospital Discharge Data, 2021; NC DETECT, 2021

Youth Risk Behavioral Surveillance Survey

High school females were more likely to have had suicidal behavior in the last year*

Suicidal Behavior Among High Schoolers, by Sex and Severity, 2021

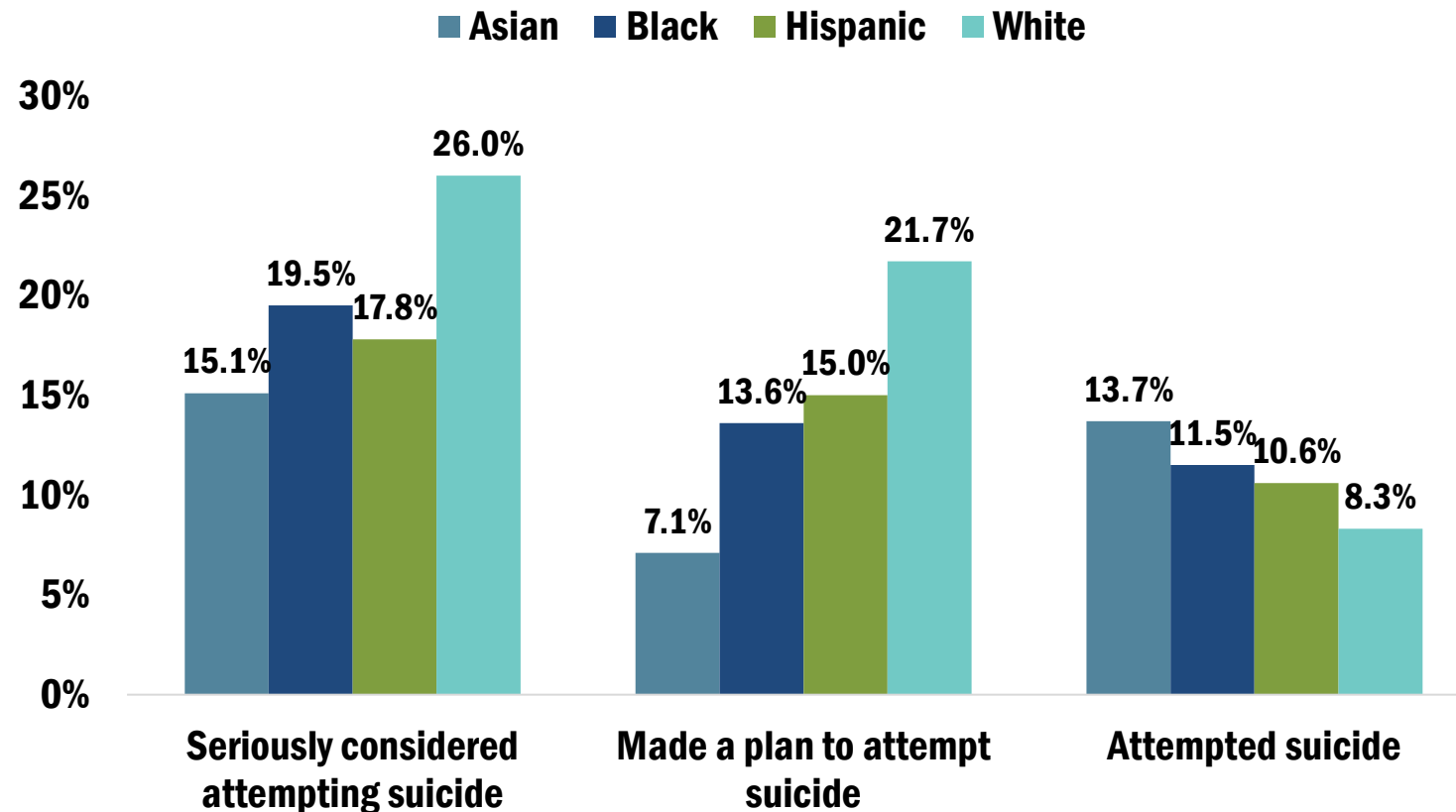


*Survey responses are in reference to suicidal behavior in the previous 12 months

Source: North Carolina High School Youth Risk Behavior Survey, NC Department of Public Instruction, 2021

Asian high schoolers were more likely to have had attempted suicide in the last year*

Suicidal Behavior Among High Schoolers, by Race/Ethnicity and Severity, 2021

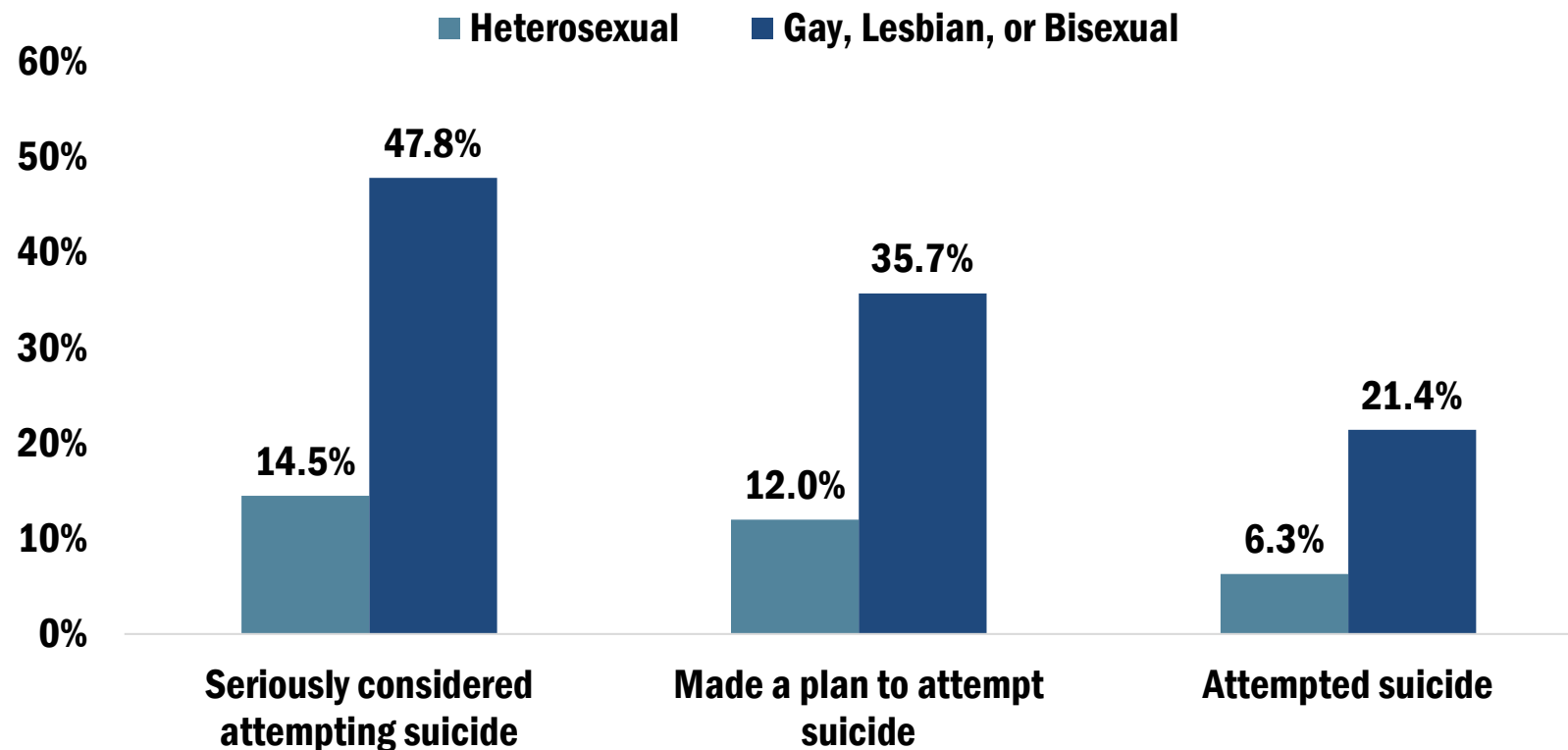


*Survey responses are in reference to suicidal behavior in the previous 12 months

Source: North Carolina High School Youth Risk Behavior Survey, NC Department of Public Instruction, 2021

Gay, lesbian, and bisexual high schoolers were more likely to have suicidal behavior* than their heterosexual classmates

Suicidal Behavior Among High Schoolers, by Sexual Identity and Severity, 2021



*Survey responses are in reference to suicidal behavior in the previous 12 months

Source: North Carolina High School Youth Risk Behavior Survey, NC Department of Public Instruction, 2021

Questions?

Ty Lautenschlager

ty.lautenschlager@dhhs.nc.gov

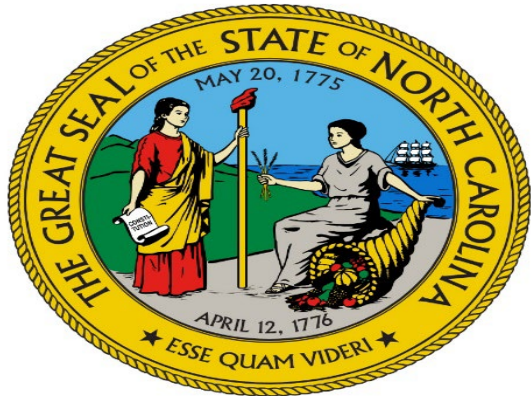
Shana Geary

shana.geary@dhhs.nc.gov

Scott Proescholdbell

scott.Proescholdbell@dhhs.nc.gov

<https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/>



NC Department of Health and Human Services

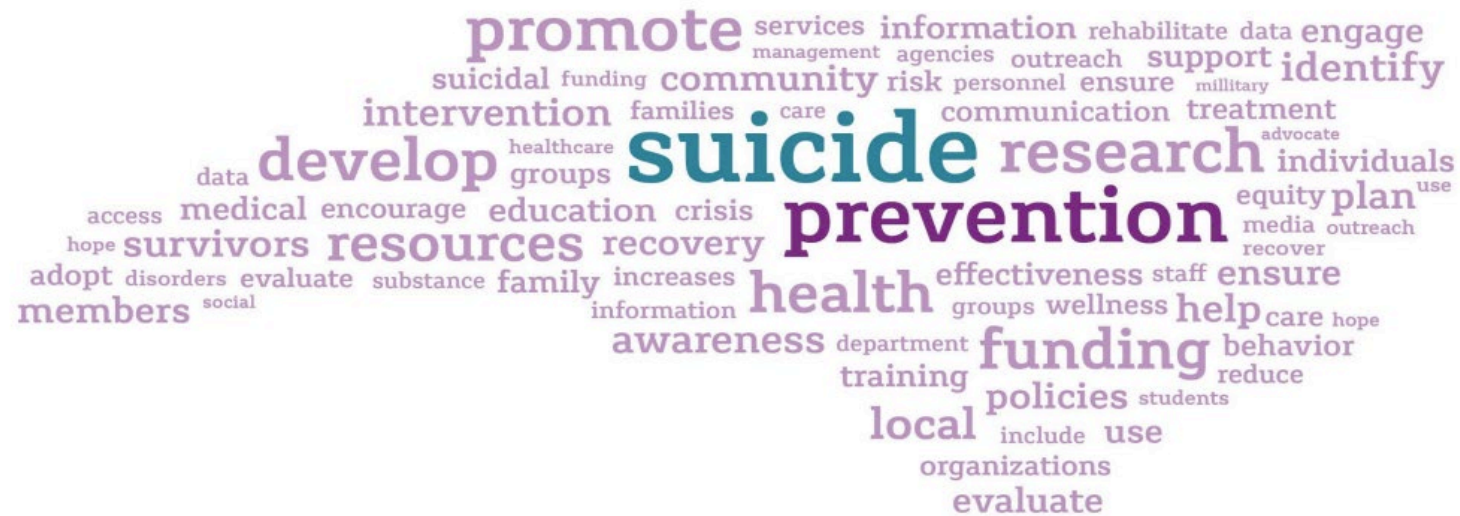
NC Comprehensive Suicide Prevention (CSP)

Anne L. Geissinger
CSP Team Lead & Program Coordinator

March 30, 2023

North Carolina

SUICIDE PREVENTION ACTION PLAN



2022



<https://injuryfreenc.dph.ncdhhs.gov/preventionResources/docs/CSP-ActionPlanFinal.pdf>

Coordinated Infrastructure

- Comprehensive Suicide Prevention Advisory Council (CSPAC)
- Statewide Coalitions
 - Firearm Safety Teams Coalition
 - Faith Leaders for Life Coalition

Reduce Access to Lethal Means

- To be reviewed in an afternoon session

Increased Community Awareness and Prevention

- NC Inventory of Suicide Prevention Efforts
- Collaborate on youth suicide prevention and training with Division of Public Instruction (DPI)
 - How to be an Ally

Identify Populations at Risk

- Provide suicide prevention gatekeeper training, which educates individuals about detection and referral for care of at-risk individuals
 - ASIST (Applied Suicide Intervention Skills Training) both workshops and train-the-trainer events
 - Gatekeeper trainings in communities including Faith Leaders for Life
- Support mental health awareness and training, e.g., Mental Health First Aid Training

Provide Crisis Intervention with Specific Focus on Priority Populations

Examples:

- Promote use of 9-8-8 Suicide & Crisis Lifeline
- Expanding mobile crisis services
- Child facility-based crisis center

More information on the NC Suicide Action Plan & DHHS Suicide Prevention and Mental Health Resources

- **Information about accessing mobile crisis and facility-based crisis:**
<https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/crisis-services>
- **NC DPH Injury & Violence Prevention Branch suicide prevention pages for data, programs, resources:**
<https://injuryfreenc.dph.ncdhhs.gov/preventionResources/Suicide.htm>
- **NC Suicide Action Plan:**
<https://injuryfreenc.dph.ncdhhs.gov/preventionResources/docs/CSP-ActionPlanFinal.pdf>



At Risk Youth; Faith Leaders for Life

Kenya Procter, MA

Trainer, Faith Leaders for Life

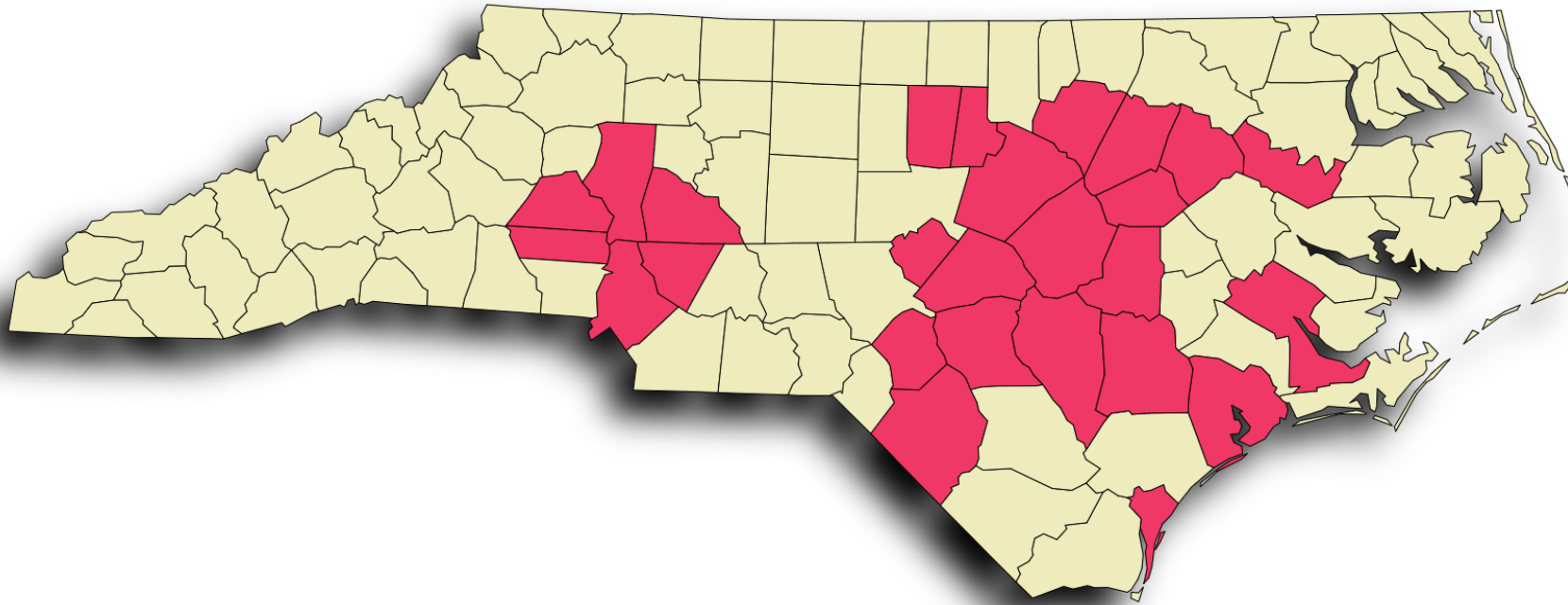
&

Former Board Chair, NC Chapter of the American
Foundation for Suicide Prevention

Faith Leaders for Life

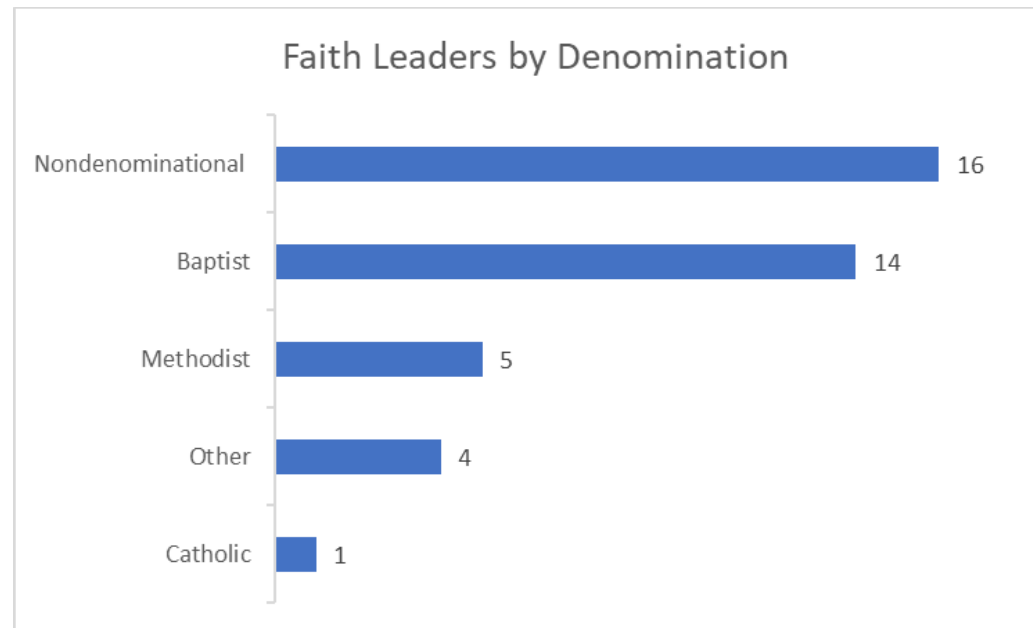
- Program purpose
- Program description
 - Provide LivingWorks Faith
 - Convene 5 weekly discussion groups for faith leaders
 - Each faith leader is given 10 licenses for LivingWorks Start
 - Participant follow up

Faith Leaders for Life



Faith Leaders for Life

- Demographics of participants
 - 43 faith leaders, 55 congregants
 - 35/43 leaders represent BIPOC congregations
 - Leaders serving approximately 24,740 NC congregants



Quote from FLFL participant


"This was an amazing, life changing training. It has provided me the skill set to have tough conversations. This training has enabled me to also speak with my church in ways in which we can strengthen our ministry."

Information on How to Get Involved With FLFL

- Connect with trained faith leaders in your area; information provided by NC IVPB.
- Email abigail.coffey@dhhs.nc.gov to receive the next application and request the PDF of this one-pager.

Faith Leaders for Life (FLFL)

Prevent suicide. Protect life. Promote Hope.
A suicide prevention program for faith communities.




?

Have you had a suicide loss or suicide attempt in your community?


Would you like to learn how to prevent suicide and provide care after a loss?

Faith Leaders for Life (FLFL) is a free program for faith communities that involves:




ONLINE TRAINING

Participants receive 7 hours of online training, including powerful videos with suicide loss survivors and faith leaders talking through how to manage the needs of a community to prevent loss, respond and provide postvention services related to suicide. Note - this training can be started and stopped at any time; you don't have to do it all at once.



VIRTUAL BOOK CLUB

Every week for 4 weeks, 20+ faith leaders will meet to talk about a section of the online training. A trained facilitator with experience in North Carolina faith communities and suicide prevention will lead the book club. The book club is a great opportunity to deepen understanding of the training and it provides a chance to talk with fellow faith leaders about challenges, barriers, and opportunities.



CONTACT LIST


A contact list of FLFL participants is provided so that all participants can reach out to each other in times of need. This program is actively engaged in building partnerships across faith traditions and the state.

UPCOMING FLFL GROUPS INCLUDE:

- Summer 2023 #1: May 25 – June 22
- Summer 2023 #2: July 13 – August 10
- Fall 2023: TBD
- Winter 2023: TBD

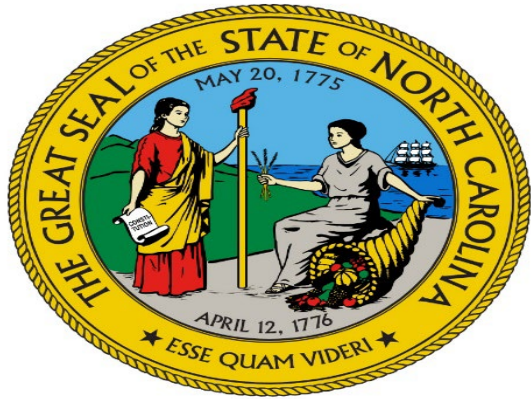
To apply for this training or get more information, please contact:

ABBY COFFEY
abigail.coffey@dhhs.nc.gov



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Chronic Disease and Injury Section • Injury and Violence Prevention Branch
<https://injuryfreenc.dph.ncdhhs.gov/> • NCDHHS is an equal opportunity employer and provider • 02/2023



NC Department of Health and Human Services

Youth Mental Health

First Aid and teen Mental Health First Aid

**Sharon Bell,
Child Behavioral Health Manager
Division of Child and Family Wellbeing**

March 30, 2023

FUNDING

Governor Cooper has committed \$5 million in GEER funds to the NC Department of Health and Human Services to support Youth Mental Health First Aid and teen Mental Health First Aid training for adults who work with youth ages 12-18

Funding is in place now and training will begin this spring and continue through 2024.

YOUTH MENTAL HEALTH FIRST AID



Youth MHFA training teaches adults who work with youth, including teachers and school staff, how to identify and support youth ages 12-18 who are experiencing mental health and substance use challenges and how to help in crisis situations. Teen MHFA trains students on how to identify and support their peers.

WHAT MENTAL HEALTH FIRST AID COVERS:

- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD)
- Common signs and symptoms of substance use challenges
- How to interact with a child or adolescent in crisis
- How to connect the youth with help
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying

TEEN MENTAL HEALTH FIRST AID

Designed for teens in grades 10-12, or ages 15-18

Teens learn:

how to identify, understand and respond to signs of a mental health or substance use challenge in their friends and peers. The training gives teens the skills to have supportive conversations with their friends and teaches them how to get help from a responsible and trusted adult.



NEXT STEPS AND HOW TO GET INVOLVED WITH YOUTH/TEEN MENTAL HEALTH FIRST AID

Priority Groups:

Schools- Public, Charter, Private
Child and Youth Community Organizations/Agencies

Stakeholder Focus Groups:

will be held across the state in May 2023 to assess training needs and challenges organizations are experiencing when addressing youth mental health.

Instructor Trainings:

provided beginning in Summer 2023 at no cost to interested candidates and certified instructors will be able to provide trainings in their local communities at no cost to schools or community organizations.

More information is available:
Ruby Brown-Herring: ruby@rbhwellness.com
Alexis Barnes: Alexis.Barnes@dhhs.nc.gov

Questions & Discussion

- **Questions for presenters?**
- **Discussion by attendees (time permitting!):**
what kinds of challenges have you faced in your child fatality prevention system work related to youth suicide and youth mental health