

Understanding Perceptions around Mental Health and Suicide to Improve Suicide Screening: Conversations with Youth and Their Caregivers



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Background: Suicide is the second leading cause of death among adolescents and young people, claiming more than 6,000 young lives in the United States in 2019. Rates of suicide among Black youth are on the rise in comparison to other racial groups. Between 2001 and 2017, suicide among Black females and males increased by 182% and 60%, respectively. In comparison, rates of suicide among white youth have declined over time. Suicide rates for Hispanic high school girls is 30% more than non-Hispanic white girls in the same age group. Mental health is stigmatized within the Black and Hispanic community and as a result, help-seeking in times of mental distress or suicide crisis may be reduced. In a national sample, 10% of Black adults (compared to 5% of the general population) had unmet mental health needs in the past 12 months. Among reasons for not seeking care was minimization of the problem and concerns about the stigma associated with mental illness. 'Double discrimination' for being Black and for having a mental illness, is a true concern within the black community and needs to be considered when designing and implementing screening programs with this population. It is critically important to determine relevant and appropriate school-based suicide screening practices and interventions in the context of Black youth suicide in an urban setting, and the aim of this study is to identify language youth employ around mental health to develop responsive suicide risk screening practices.

Methods: Focus groups were conducted with Black and Hispanic youth ages 10 to 18 (and their caregivers) in Milwaukee, WI to elucidate relevant considerations for screening, referral, and services that are culturally safe. Additionally, focus groups will also be conducted with caretakers of Black and Hispanic youth in Milwaukee to determine familial attitudes toward youth suicide screening, help-seeking for mental health or suicide-related issues, as well as to evaluate stigma-related barriers that may affect project progress.

Results: A total of six focus groups were conducted - three with Black and Hispanic youth and three with their caregivers. Themes around stigma were identified as well as lack of trust of authority figures (e.g., administration, counselors) within the schools. These issues can negatively impact help-seeking among youth, which can hinder the identification of youth at-risk for suicide in non-responsive screening practices. At the

same time, youth and their caretakers highlighted positive aspects of peer support as well as a willingness to support others during a mental health crisis. Peer support, therefore, can be leveraged in screening efforts as well as attempts to increase help-seeking and reduce stigma.

Conclusions: Tailoring suicide risk screening efforts within the school setting to be congruent with youth and caregiver perceptions around mental health and help-seeking may increase the efficacy of these efforts. Culturally responsive screening practices for Black and Hispanic youth may decrease suicidal behavior in the Black and Hispanic communities.

Objectives:

1. Describe current trends in suicide among Black and Hispanic youth.
2. Detail a qualitative study aimed at identifying youth and caretaker perceptions around mental health and suicide to develop a culturally responsive suicide risk screening program.
3. Explore the qualitative themes from focus groups and highlight how these themes might impact school-based screening for suicide risk.

Middle and High School Principals' Perceptions and Practices for Implementing Suicide Prevention Programs for Their Students in Their Schools.



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Background: Suicide is the 2nd leading cause of death in children 10-18 years old. Suicide deaths among children have profound effect on educational communities. Secondary schools are prime locations to provide suicide prevention education as students spend most of their time in classroom learning environments. Unfortunately, many school faculty and staff are inadequately prepared to identify and intervene when a student is at risk for suicide. As the school leader, principals have the opportunity to provide and support suicide prevention programs for their students. Our search of the literature search indicated a research gap in principals' perceptions of and engagement in implementing suicide prevention programs for their students. To address the gap, we conducted a qualitative research study to explore school principals' knowledge of suicide prevention programs, their perceptions of logistical and cultural barriers, and justification for adopting suicide prevention programs.

Methods: Accessing a publicly accessible database of principals, we recruited participants via email. We focused on principals working in secondary schools where no suicide prevention work was taking place. We conducted semi-structured interviews via zoom of eight secondary school principals working in a south-central region of the United States. Interview protocol consisted of questions that aligned with the concepts of the Health Belief Model and was designed to elicit responses detailing the principal's experience with suicide among their students, identify potential barriers to