



Black Youth Mental Health

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Presentation Slides



I have no disclosures or conflicts of interests.



CONTENT WARNING

Presentation will include a recount of a person's experience with suicide



Prevention Research in Substance Use and Minority Health (PRISM) Lab



- Adolescent and minority health
- Focus on risk/protection for substance use and mental health outcomes among Black youth and young adults
- Intervention programming to mitigate risk for health outcomes during adolescence in community settings

Riley Child & Adolescent Behavioral Health Unit Pediatric Care Center



Riley Hospital for Children
Indiana University Health

- Inpatient and outpatient behavioral health services (individual and group therapy)
- Specialize in Dialectical Behavioral Therapy
- Large proportion of patients have a history of substance use, suicidal ideation, attempts or non-suicidal self injury



Learning Objectives

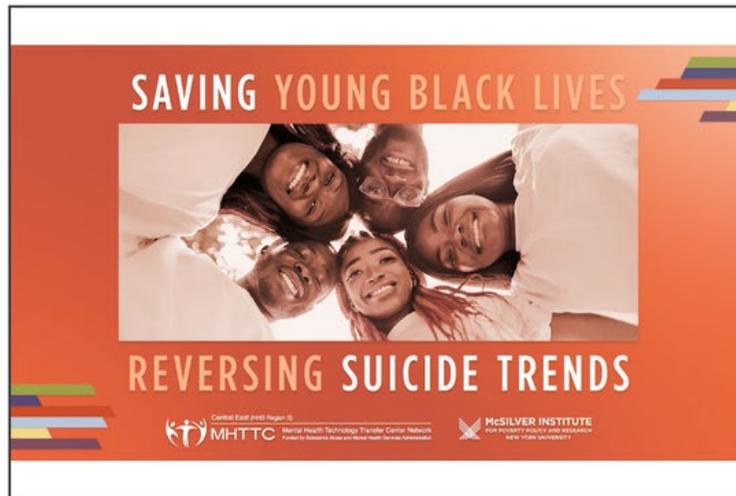
1. Understand current trends and prevalence of substance use and mental health, particularly suicide, among Black youth
2. Understand the models and frameworks used to conceptualize risk and protection among Black youth
3. Identify action steps to address substance use and mental health among Black youth at an individual, community, organization, and society level



Telling Their Story

Saving Young Black Lives: Reversing Suicide Trends

An 8-part limited-series podcast on suicide amongst African-American youth



EP2: Life after the Suicide Death of a Child - Tami Charles, Part 2

Mental health advocate and entrepreneur Tami Charles is the mother of Seven Bridges, a Black 10-year-old who died in Louisville in 2019. She discusses her son's final hours and how she is working now to spread awareness around bullying and suicide.



<https://podcasters.spotify.com/pod/show/central-east-mhttc>

<https://mhttcnetwork.org/even-one-is-too-many-preventing-suicide-among-black-american-boys-and-girls/>

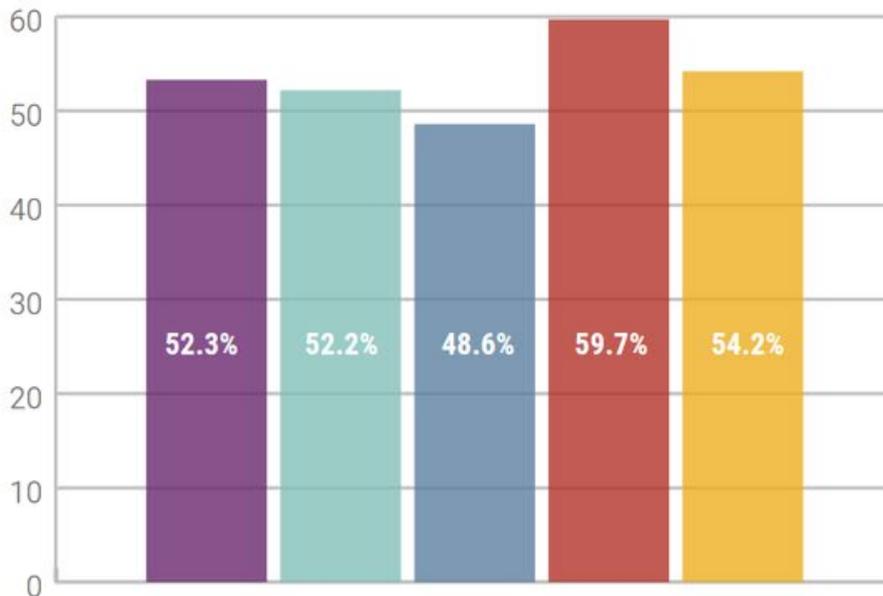




State of Mental Health for Youth of Color 2022

Percentage that Experienced Moderate to Severe Depression

Black Latino/e AAPI Native American Multiracial



KEY FINDING:

53.3% of Black youth experienced moderate to severe depressive symptoms.

Presented by

The **AAKOMA** Project

www.aakomaproject.org

Alfiee Breland-Noble and The AAKOMA Project, Inc. (2022). The AAKOMA Project's State of Mental Health for Youth of Color. Executive Summary, 2022. Arlington, VA: The AAKOMA Project



Leading Causes of Death Among Youth (10-17) from 2001-2021 by Race



Data from the National Vital Statistics System (NVSS), CDC's National Center for Health Statistics

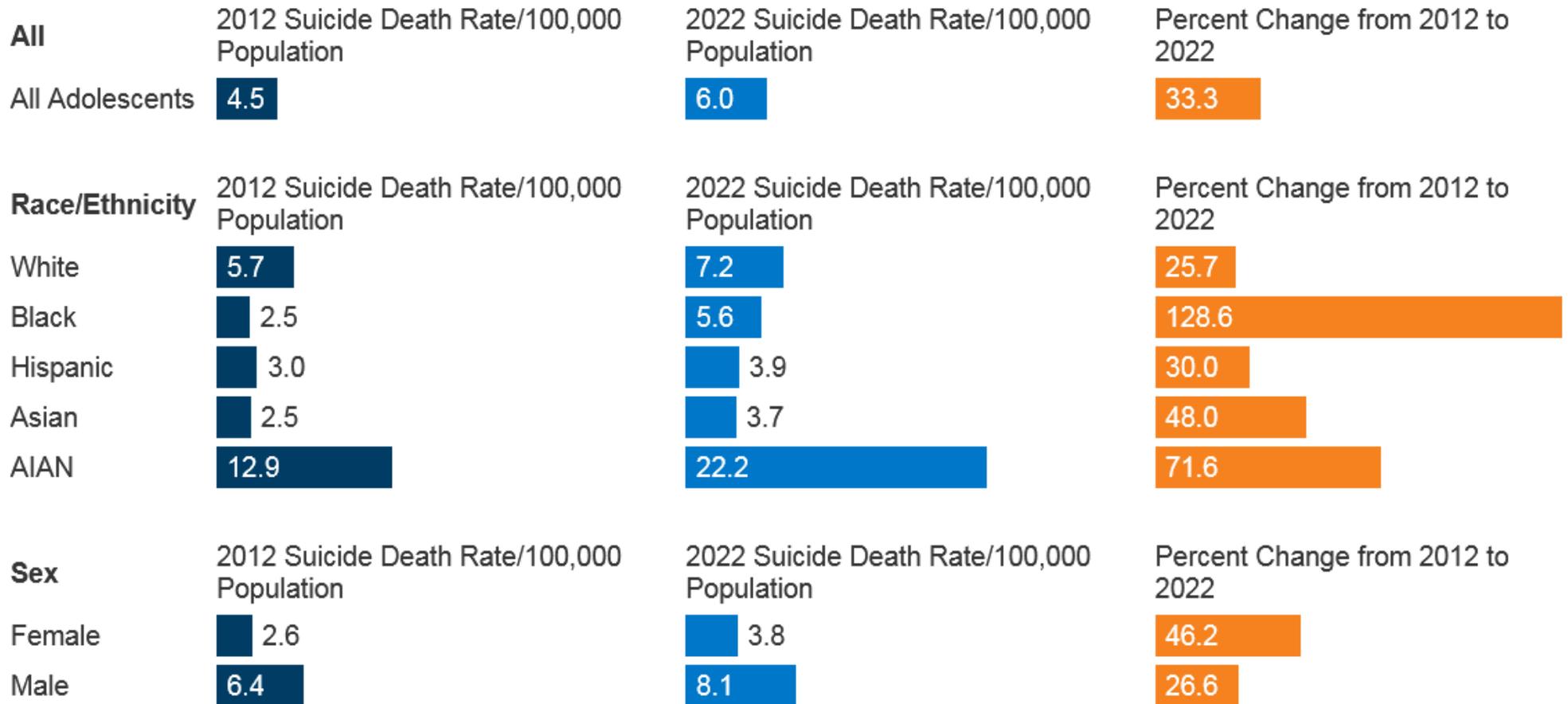


Black youth have the fastest growing rate of suicide compared to youth of any other racial/ethnic group



Figure 4

Suicide Death Rates Among Adolescents, by Race/Ethnicity and Sex, 2012-2022

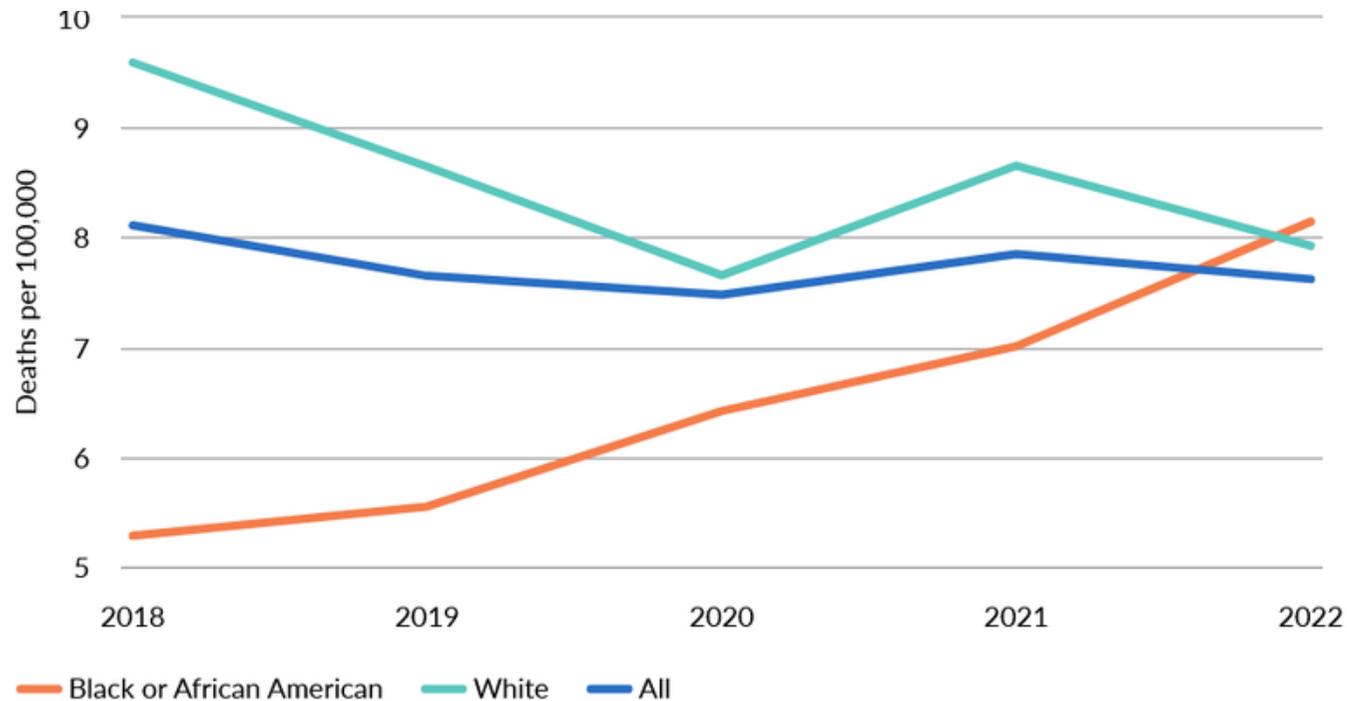


NOTE: Data for 2022 is provisional. Adolescents includes individuals ages 12-17. AIAN refers to American Indian and Alaska Native people. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Suicide deaths were classified using the following ICD-10 death codes: U03, X60-84, Y87.0.

SOURCE: KFF analysis of CDC National Center for Health Statistics, Provisional Mortality on CDC WONDER Online Database, 2018-2022. •

[PNG](#)

Suicide by Race Among Youth 10-19



Note: Data for this publication was downloaded from the Centers for Disease Control and Prevention's (CDC's) WONDER database on Feb. 5, 2024. Data from 2018-2022 was downloaded from "Multiple Cause of Death (Provisional)." The ICD-10 codes of interest were U03, X60-X84, and Y87. Data was downloaded for each year separately and disaggregated by race, ethnicity, and single-year age groups. If the disaggregated data had fewer than 10 deaths in the category, that data was suppressed by the CDC and not included in this analysis. Deaths and population data for 10- to 19-year-olds were then aggregated for all races/ethnicities and for Black non-Hispanic and White non-Hispanic separately. Rates were calculated according to the CDC WONDER standard: Count/Population * 100,000.

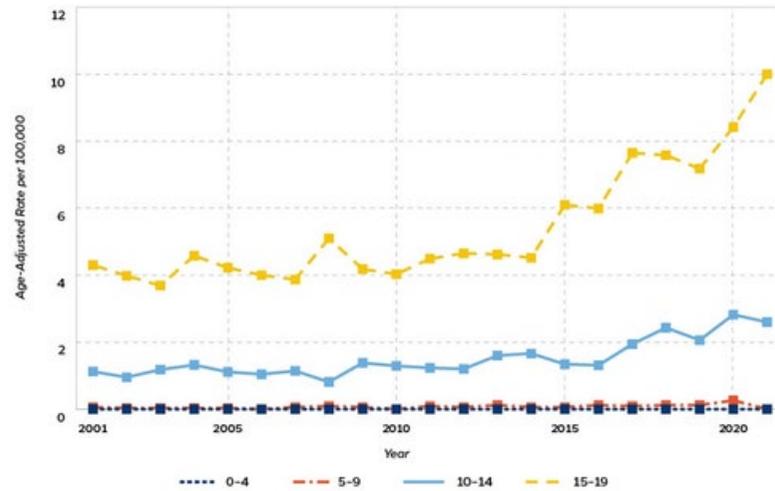
Source: CDC WONDER database



Suicide Based on Subgroup

Suicide Deaths Among Black Youth Ages 0-19 in the United States by Age Group, 2001-2021

SOURCE: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)



Percentage of Black High School Students Reporting Seriously Considering Attempting Suicide During the Past Year, 2009-2021

SOURCE: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS).
Note: Data for LGB students prior to 2015 and for 2021 is not available.

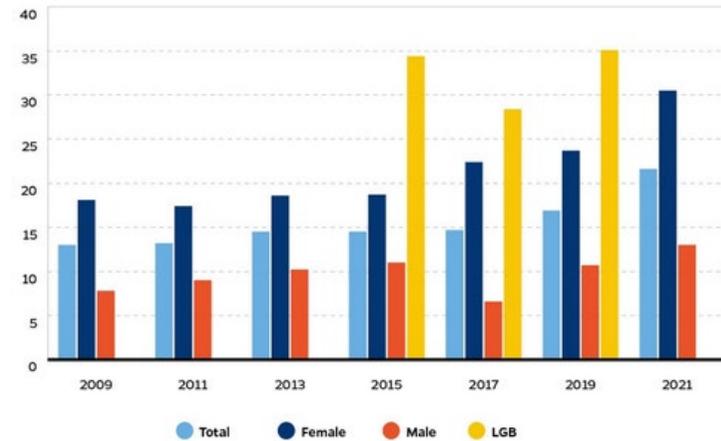
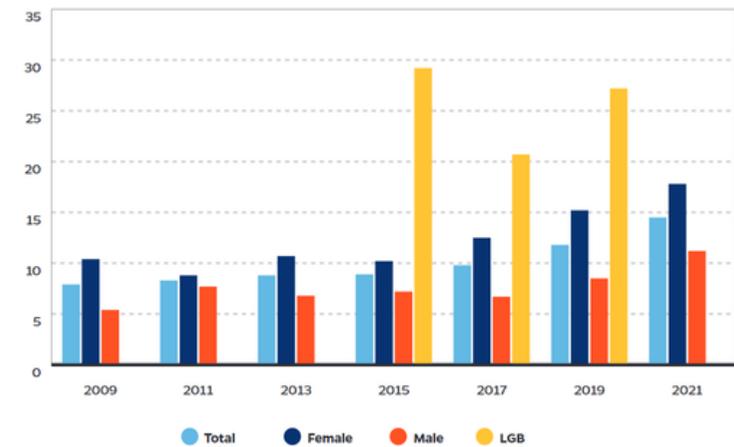


FIGURE 9. Percentage of black high school students reporting seriously considering attempting suicide during the Past Year, 2009-2021



Source: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS). Data for LGB students prior to 2015 and

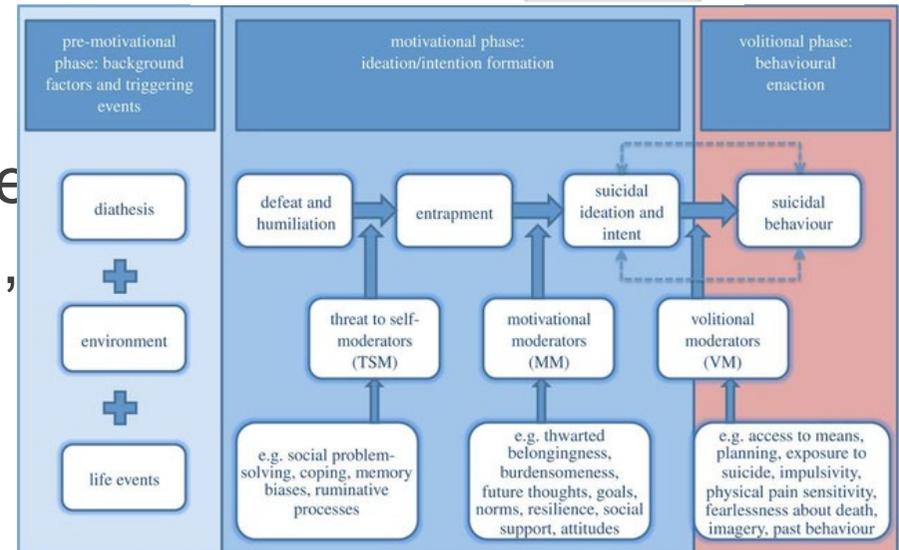
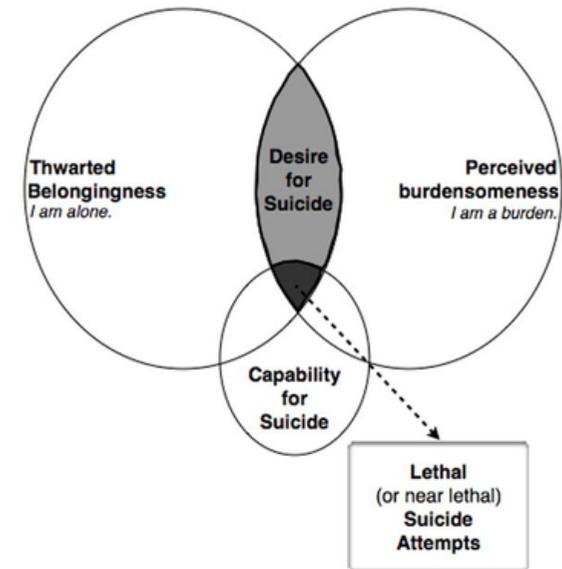


Why are Black youth thinking about
and attempting suicide?



Youth Suicide Models/Frameworks

- The Interpersonal Theory of Suicide (Joiner, 2005)
- The Integrated Motivational-Volitional Model of Suicidal Behavior (O’Conner, 2011)
- Other Models/Frameworks: diathesis–stress, desire to escape psychological pain, hopelessness, emotion dysregulation



Risk Factors

- Psychiatric diagnosis (depression)
- Substance use
- History of suicidal ideation
- Prior suicide attempts
- Bullying/peer victimization
- Family or peer conflict
- Feelings of hopelessness
- Access to lethal means
- Barriers to health care



Protective Factors

- Coping and problem solving
- Connection to family, friends, and community
- Social Support
- Access to health care



Predicting Suicide among Black Youth

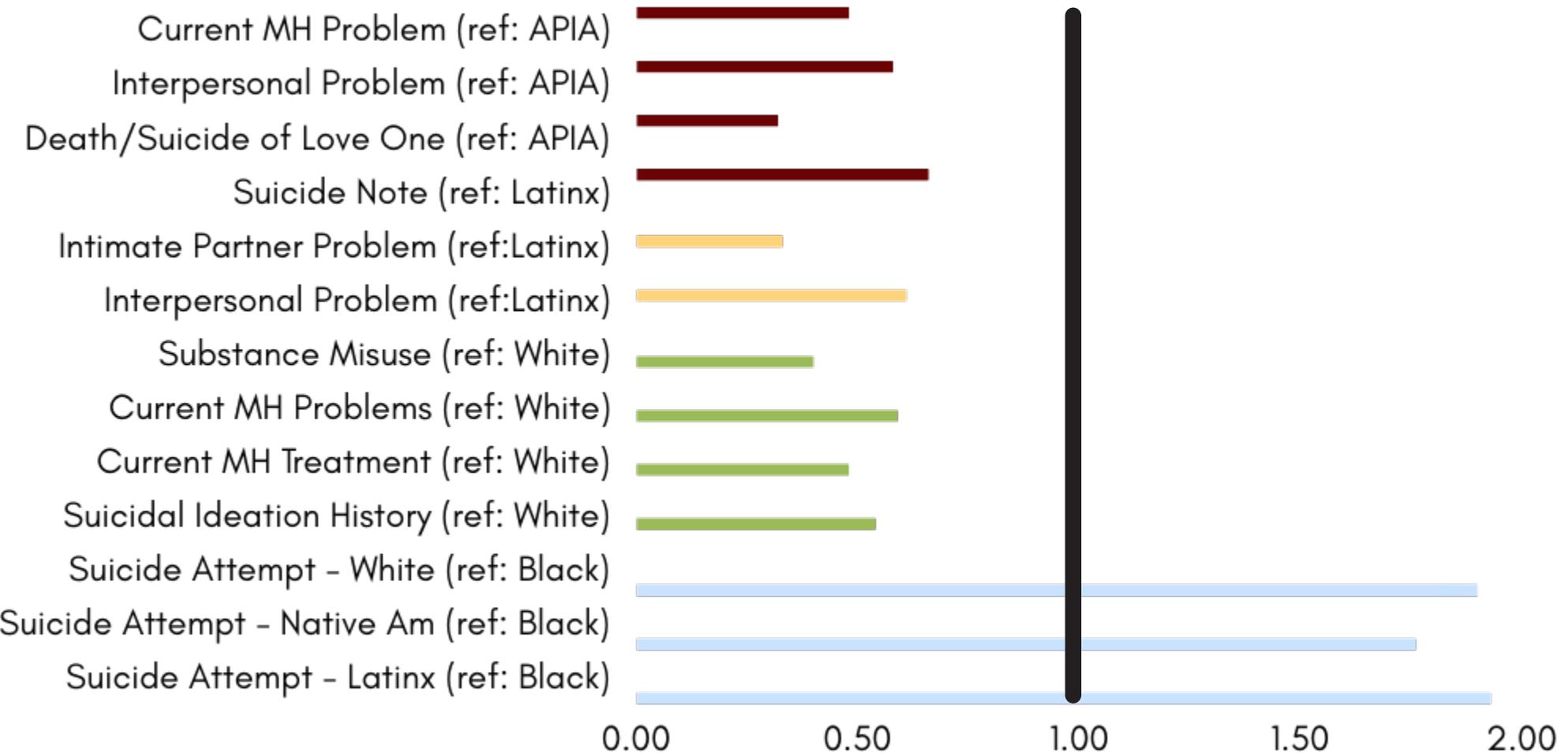
National Violent Death Reporting System, state-based surveillance system that collects data on suicide and violent deaths - contains data from multiple sources including law enforcement agencies, coroner reports, medical examiners, crime laboratories, and death certificates

Precipitating Circumstances: relationship problems (family problem), history of abuse, interpersonal violence experiences (victim or perpetrator), school problems, death of a family member or friend, legal problems, and suicide-related circumstances (disclosed intent to die by suicide)

Clinical Conditions: current mental health problem and/ or treatment, mental health diagnosis, alcohol/ drug-related circumstances, presence of alcohol or drugs at time of death, and physical health concerns

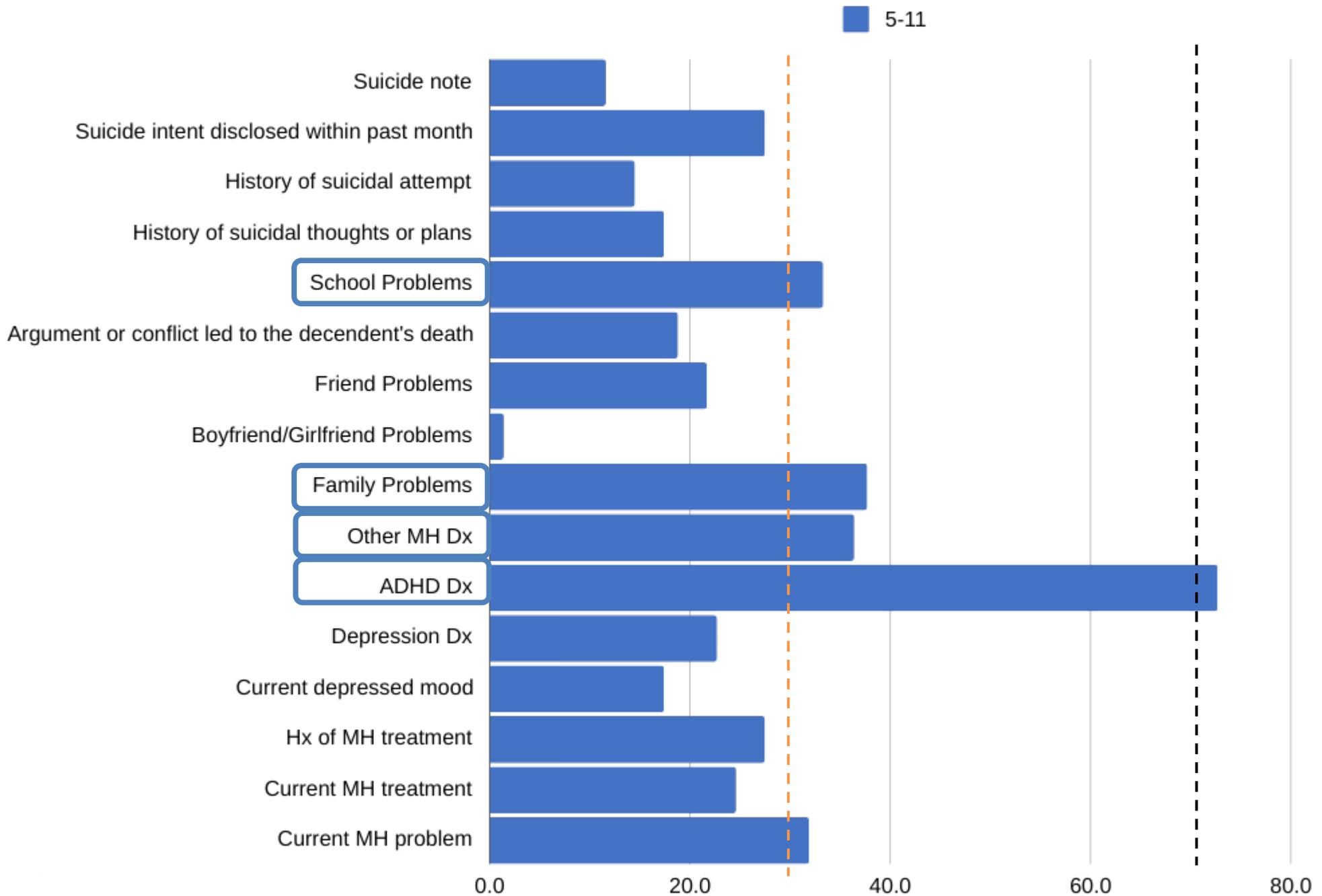


Predicting Suicide among Black Youth



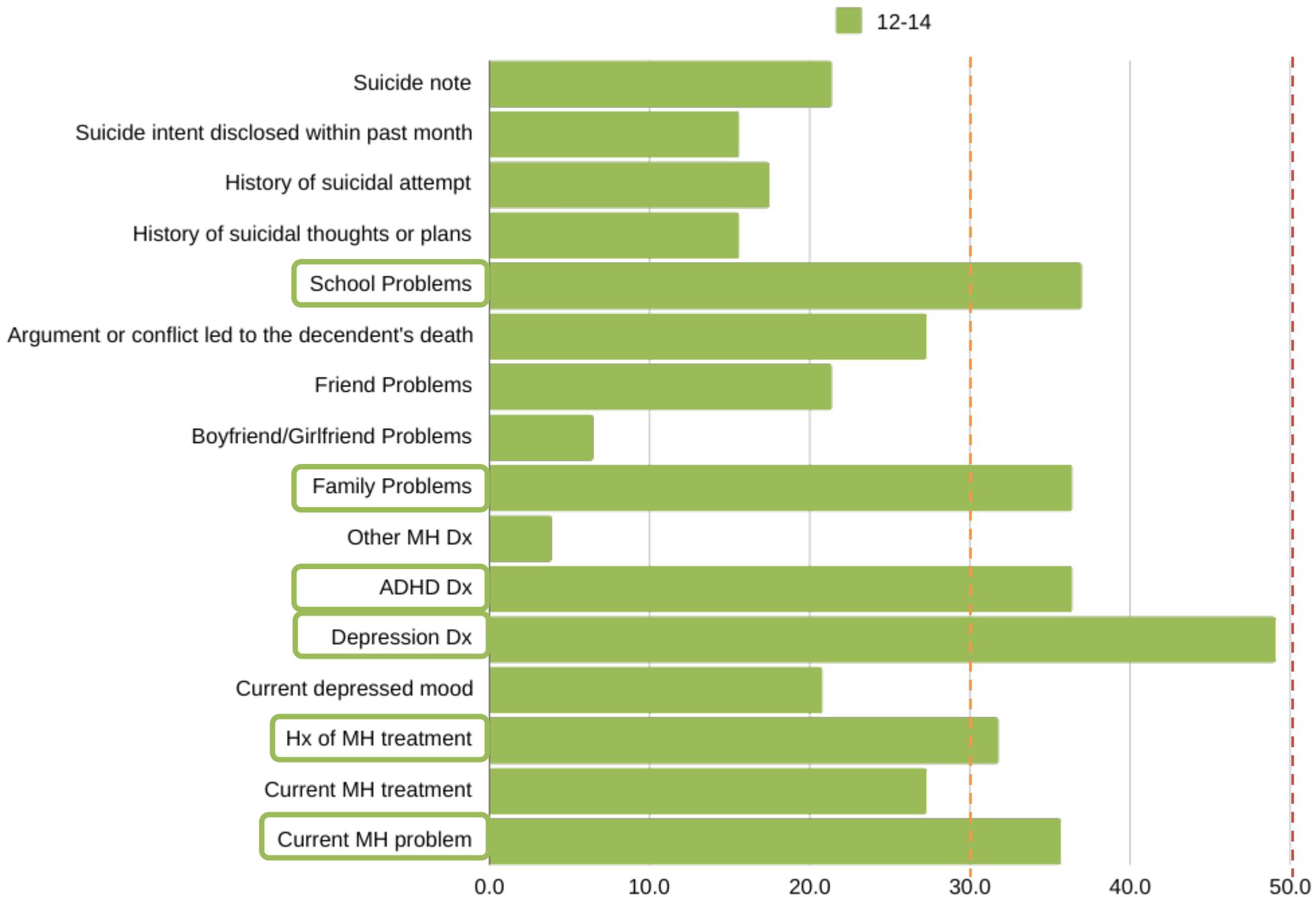
Lee, C. S., & Wong, Y. J. (2020) Cultural Diversity and Ethnic Minority Psychology





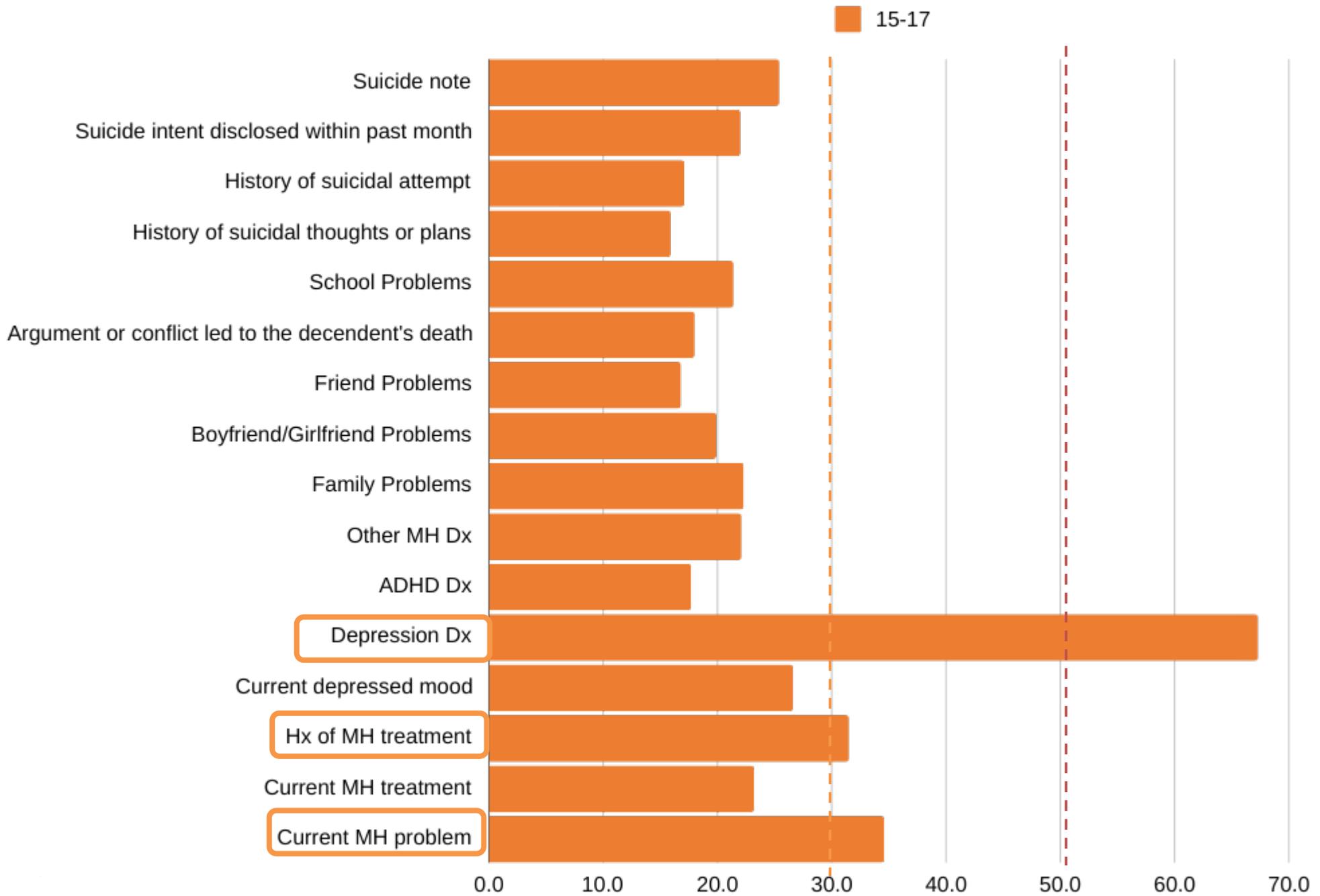
Sheftall et al. (2022). Journal of the American Academy of Child & Adolescent Psychiatry





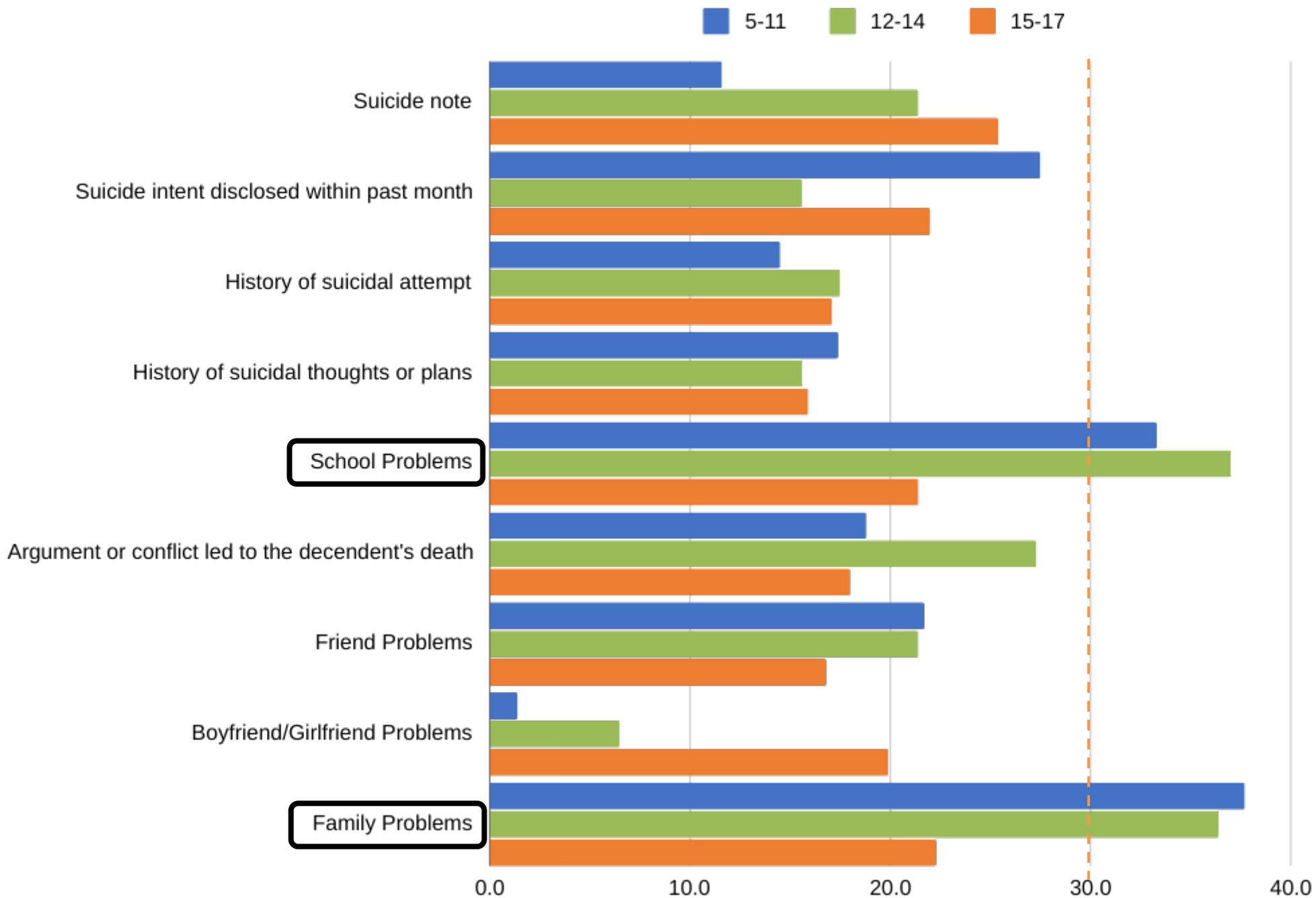
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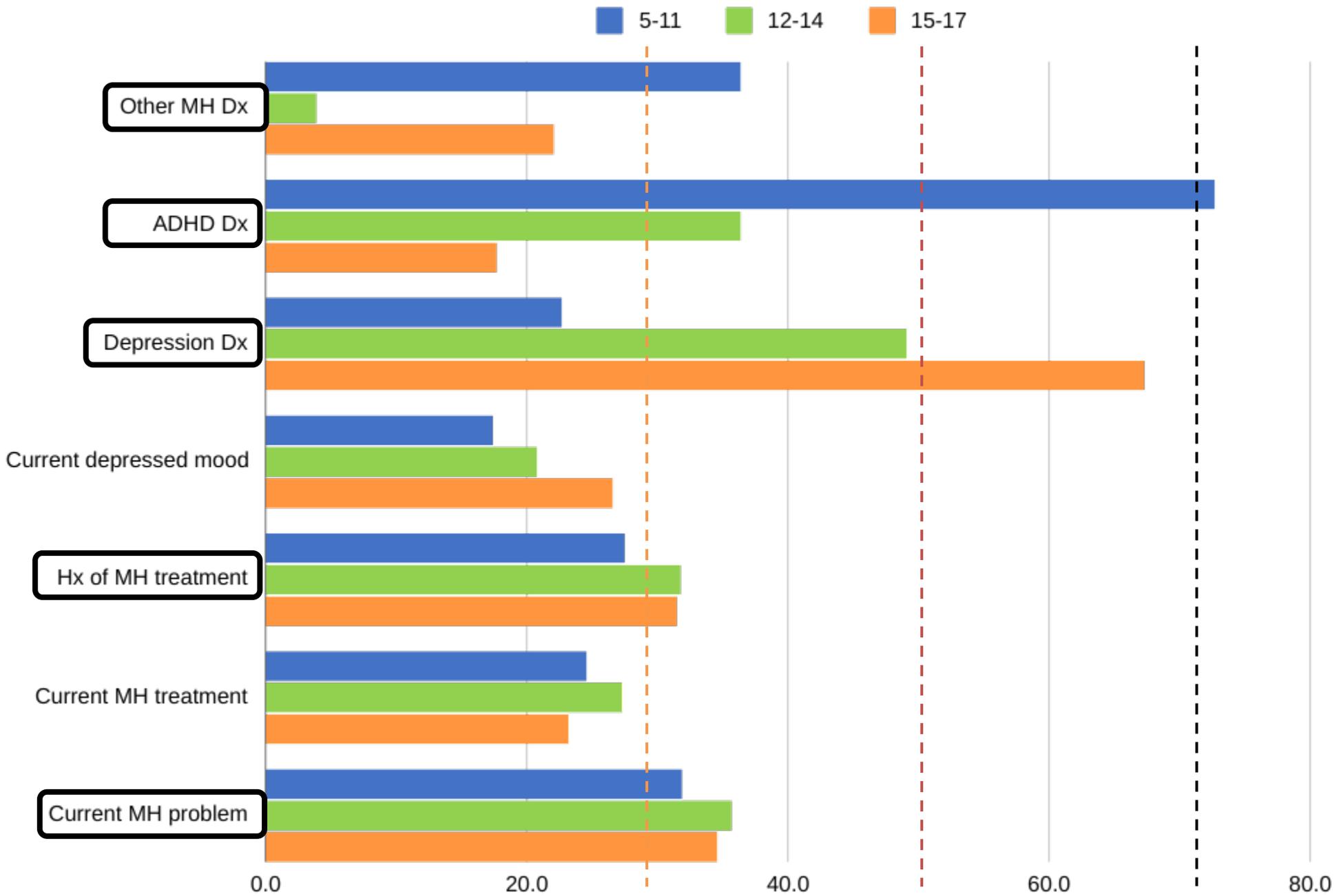
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Patterns of Suicidal Thoughts, Plans, and Attempts

1. Patterns of past 12-month suicide thoughts, plans, and attempts among high school youth using 2015, 2017, and 2019 Youth Risk Behavior Survey

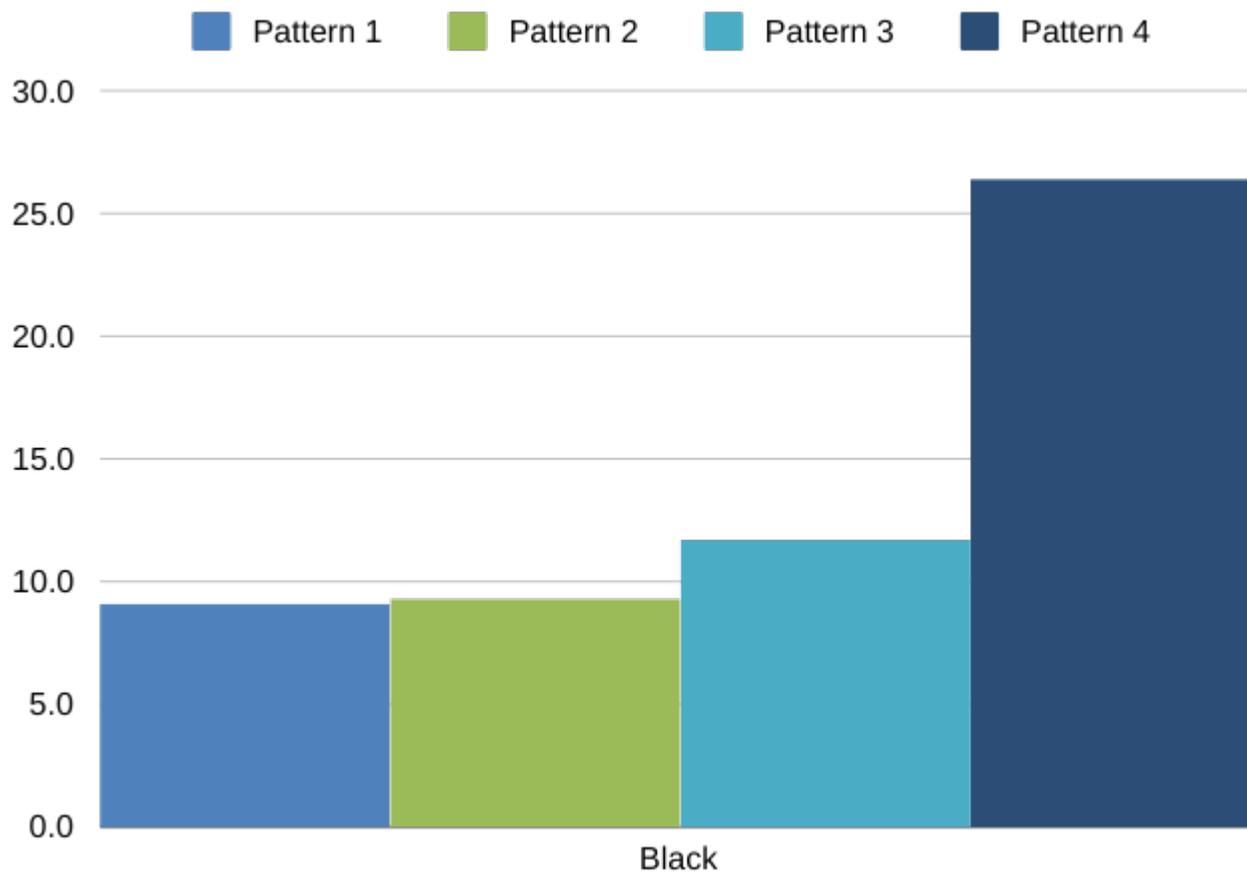
2. Four patterns

1. Suicide thoughts only
2. Suicide thoughts and plans without attempt
3. Suicide attempt with thoughts and/ or plan
4. Suicide attempt without thoughts or plans

Romanelli et al. (2022). Prevention Science



Patterns of Suicidal Thoughts, Plans, and Attempts



Pattern 1: Suicide thoughts only
Pattern 2: Suicide thoughts and plans without attempt
Pattern 3: Suicide attempt with thoughts and/ or plan
Pattern 4: Suicide attempt without thoughts or plans

Romanelli et al. (2022). Prevention Science



Predicting Suicide among Black youth

1614 Black youth (urban school district in Southeast, grades 5-12), a non-significant effect of family bond, teacher support, and religiosity in predicting suicide thoughts or attempts

Fitzpatrick et al. (2008). Suicide and Life-Threatening Behavior



Models for Understanding Racial Health Inequity

1. Cumulative Disadvantage Theory

- early advantage or disadvantage is critical to how groups become differentiated over time
- <https://www.youtube.com/watch?v=eBb5TgOXgNY>

2. Minority Stress

- Minority Stress Model (Meyer, 2003): sexual orientation related health disparities due to stigma related to status. Along a continuum from distal factors (e.g., discrimination and victimization) to proximal personal processes (e.g., internalization of stigma)

3. Weathering Hypothesis

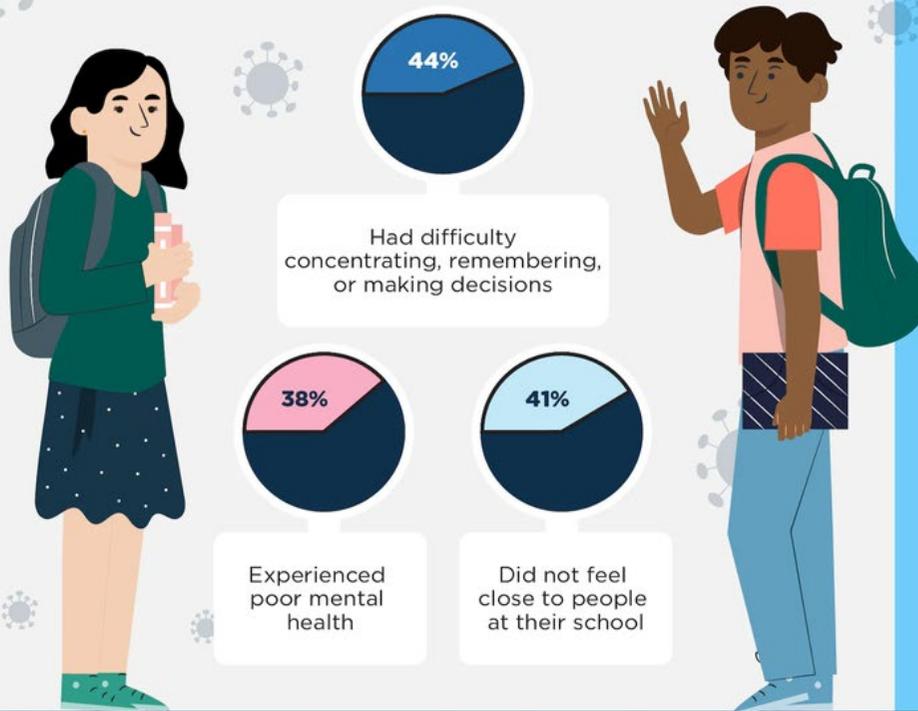
- Stress related to living in a race-conscious society that stigmatizes and disadvantages African Americans may cause disproportionate physiological deterioration (Geronimus et al., 2006)



Racism

More than 1/3 of all U.S. high school students felt they had been **treated unfairly at school** because of their race or ethnicity. Asian, Black, and Multiracial students were **most likely to experience racism in school**.

Students who experienced racism:



Students who experience racism in school feel less connected to others at school, **depriving them of an important protective factor** for their health and well-being.



Personally-mediated Racism

Microaggressions

Microaggression: brief, everyday exchanges that send demeaning messages to a target group

- Often subtle and indirect in nature and can be manifested in the verbal, nonverbal, visual, or behavioral realm
- Often enacted automatically and unconsciously, although can be intentional
- Make the target feel unwelcome, isolated, unsafe, and alienated



<https://youtu.be/8RfwnibEd3A?si=W3vIzgm4z3dNm9b4>



Culturally-Relevant Factors

- Racism (person mediated, vicarious, structural)
- Discrimination based on minoritized identities/Intersectionality
- Racial identity
- Violence exposure



A Social-Ecological Model of Racism & Anti-Racism

Framing racism and anti-racism within a social ecological model promotes an understanding of the multifaceted, overlapping, and interactive factors that contribute to and maintain racial inequities, as well as strategies that can be employed across multiple levels in order to eliminate racism, address its multiple impacts, and achieve a more just society.

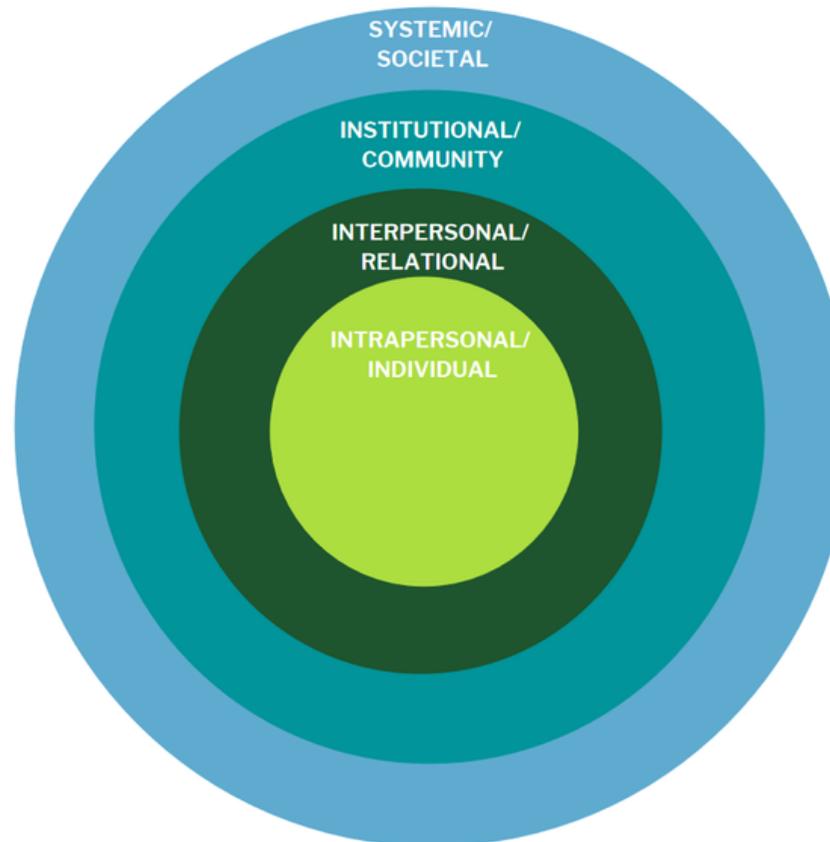
RACISM

A complex system of beliefs, attitudes, behaviors, practices, policies, and laws borne out of the ideology of White supremacy—that is, the internalized belief of White people’s presumed superiority and entitled power over people of other races and ethnicities. Racism presumes a hierarchy of human value and regards “Whiteness” as the standard against which other races and ethnicities should be compared.



ANTI-RACISM

An active process of identifying and challenging racism and redistributing power in an equitable manner, by changing policies and practices within systems and organizations, as well as individual beliefs, attitudes, and behaviors.



Harper Browne, C. & O'Connor, C. (2021). Social ecological model of racism & anti-racism. Center for the Study of Social Policy.



A Social-Ecological Model of Racism & Anti-Racism

SYSTEMIC/ SOCIETAL RACISM

Historical and current macro-level ideology, values, laws, policies, & practices that create and sustain differential access to power, privilege, opportunity, and resources within and across systems and that result in inequitable outcomes such as:

- Public policies that have systematically removed Native, Black, Latinx, and Asian peoples from their homes and communities
- Inadequate responses to and protections from environmental hazards and disasters for Native, Black, Latinx, and Asian communities
- Lower home values in Black neighborhoods than in White neighborhoods, resulting in a lower tax base for schools and other services
- Longer sentences for Black people than White people when convicted of similar crimes
- Less access to quality health care for Native, Black, Latinx, and Asian peoples

SYSTEMIC/ SOCIETAL ANTI-RACISM

Ideology, values, norms, laws, policies, & practices that create and sustain equitable access to power, privilege, opportunity, and resources within and across the functioning of systems and in their outcomes, characterized by:

- Valuing and protecting the fundamental humanity and rights of all people
- Acknowledgement of the racist roots of laws, policies, and systems that result in disparate outcomes—and specific, targeted efforts to redress and counteract them
- Commitment to directing resources and supports to those who have been harmed by racism
- Developing and implementing new strategies to achieve goals like public safety and child protection
- Leadership by and alongside individuals and communities who have been harmed

INSTITUTIONAL/ COMMUNITY RACISM

Discriminatory policies, procedures, and practices in organizational and community contexts that create, result in, and sustain differential access to power, privilege, opportunity, & resources, such as:

- Rules that penalize Native, Black, Latinx, and Asian peoples based on their physical traits or cultural expressions
- Lack of availability or access to quality goods, services, and resources
- Adulthood bias—perceiving Native, Black, and Latinx children as less innocent and more accountable for their actions than their White peers
- Constant threat of harassment, danger, or assault

INSTITUTIONAL/ COMMUNITY ANTI-RACISM

Recognizing and eliminating discriminatory policies, procedures, and practices in organizational and community contexts in order to create and sustain equitable access to power, privilege, opportunity, and resources, characterized by:

- Settings that are accessible, welcoming, and affirming to all
- Assessment of policies, procedures, and practices that lead to disparate outcomes
- Adoption of new policies, procedures, and practices to replace or counteract harmful ones and to repair harm done
- Swift responses to racist actions or display of bias

INTERPERSONAL/ INDIVIDUAL RACISM

Verbal and non-verbal prejudiced and discriminatory interactions between individuals, such as:

- Stigmatization
- Social exclusion/ostracism
- “Micro”aggressions—intentional or unintentional environmental, behavioral, verbal, or racial indignities
- Racial profiling
- Police brutality

INTERPERSONAL/ INDIVIDUAL ANTI-RACISM

Verbal & non-verbal interactions between individuals, characterized by:

- Appreciation for each person’s unique identity, experiences, and perspectives
- Not making or acting on assumptions about a person based on perceived race, ethnicity, national origin, gender, sexuality, or disability
- Willingness to apologize and/or make reparations for harm caused

INTRAPERSONAL/ INDIVIDUAL RACISM

Negative racialized ideas, feelings, and attitudes, such as:

- Personal racism—Stereotypical, prejudiced, or biased beliefs and feelings about other races and ethnicities
- Internalized racism—Acceptance of racist ideas, feelings, and attitudes about one’s own group

INTRAPERSONAL/ INDIVIDUAL ANTI-RACISM

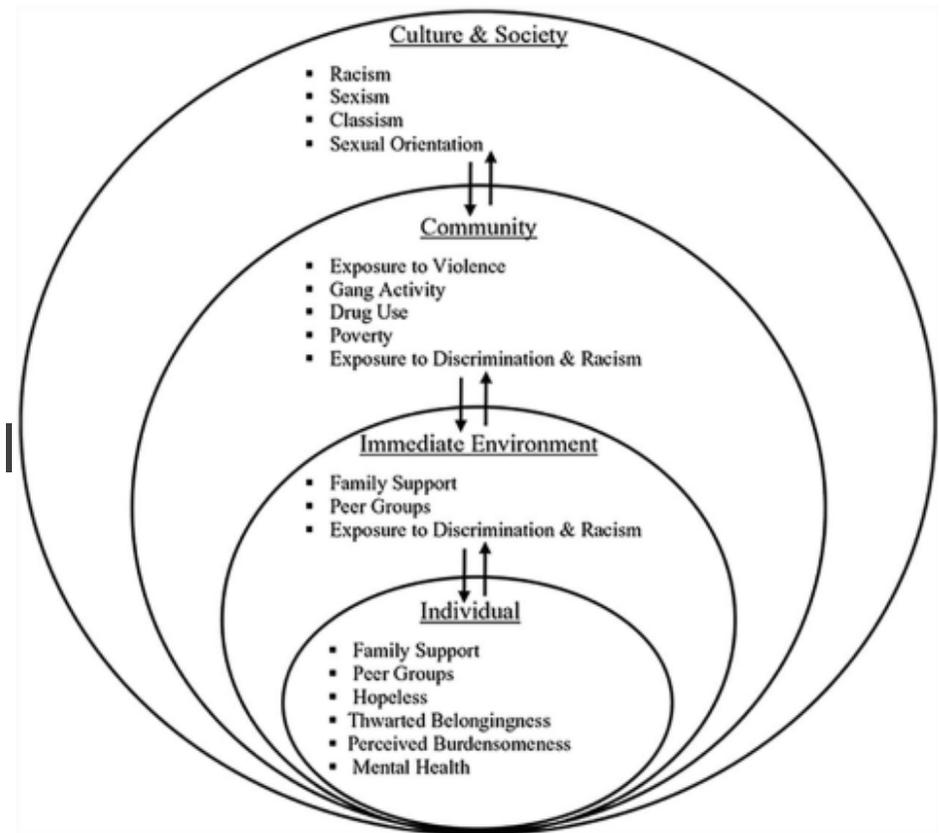
Personal reflection to counteract one’s own racialized ideas, feelings, and attitudes, including:

- Understanding how one’s own racial socialization and identity have shaped and been influenced by personal life experiences
- Examining the personal impact of living in a racist society

Model for Suicide among Black youth

Figure 3: Interpersonal-Psychological Theory of Suicide through an Intersectional Framework

- Individual level factors— thwart belongingness, perceived burdensomeness, hopelessness, and acquired capability for suicide
- Understood within sociological and cultural context on how oppression based on social identities and contextual factors impacts youth and families



Opara et al. (2022). Journal of Black Studies

INDIANA UNIVERSITY SCHOOL OF MEDICINE



Culturally-Based Suicide Models

Limitations

- Limited empirical evidence of the models
- Limited attention to protective/ resiliency factors
- Top-down approach, excluding youth and caregiver voice in the development of models/ frameworks – miss pieces of the puzzle

Velez-Grau (2023) focus groups 29 Black and Latinx youth aged 13-17 on meaning ascribed to belongingness and perceived burdensomeness

- Being who you are
- Connection related to true acceptance
- Unmet parental expectations
- Financial pressures
- Role of culture, faith, language, and social media

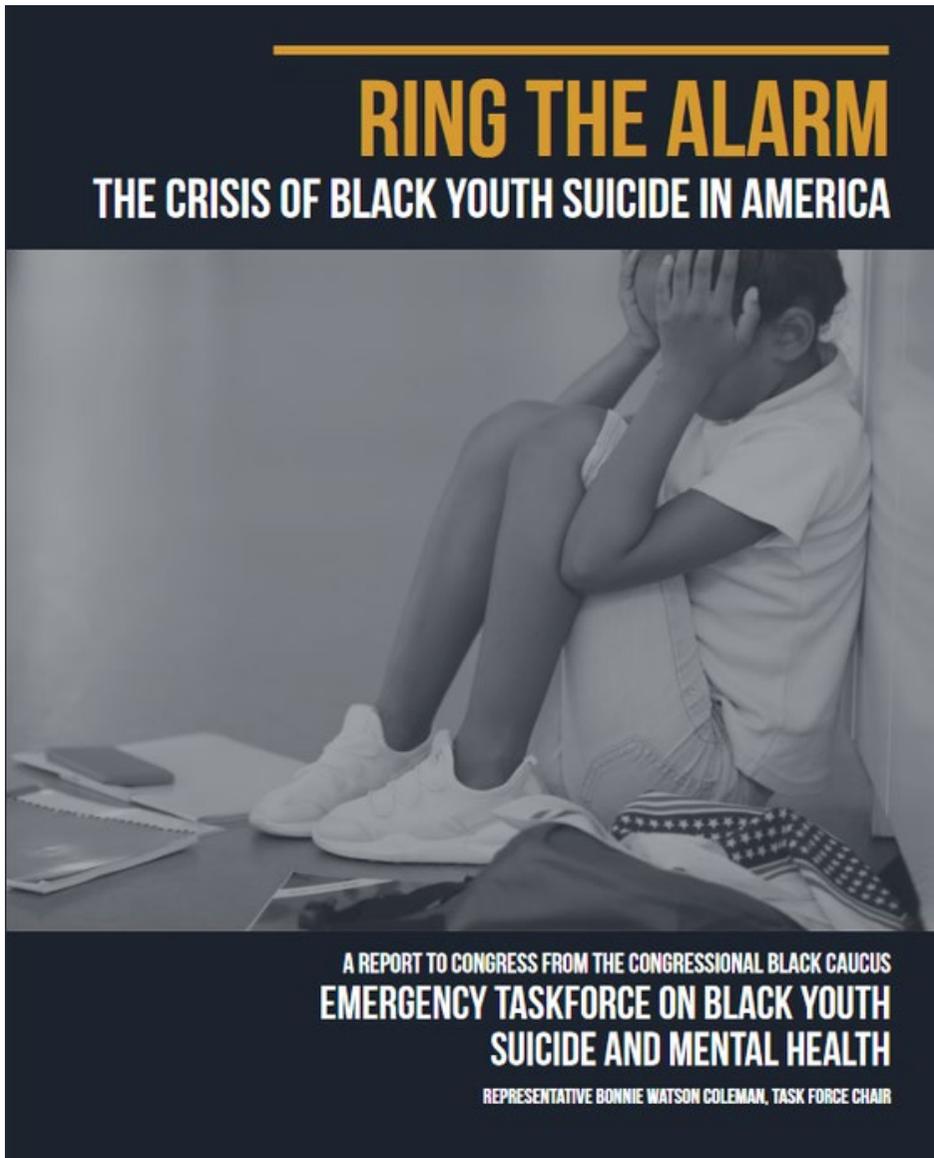


What can you/we do?

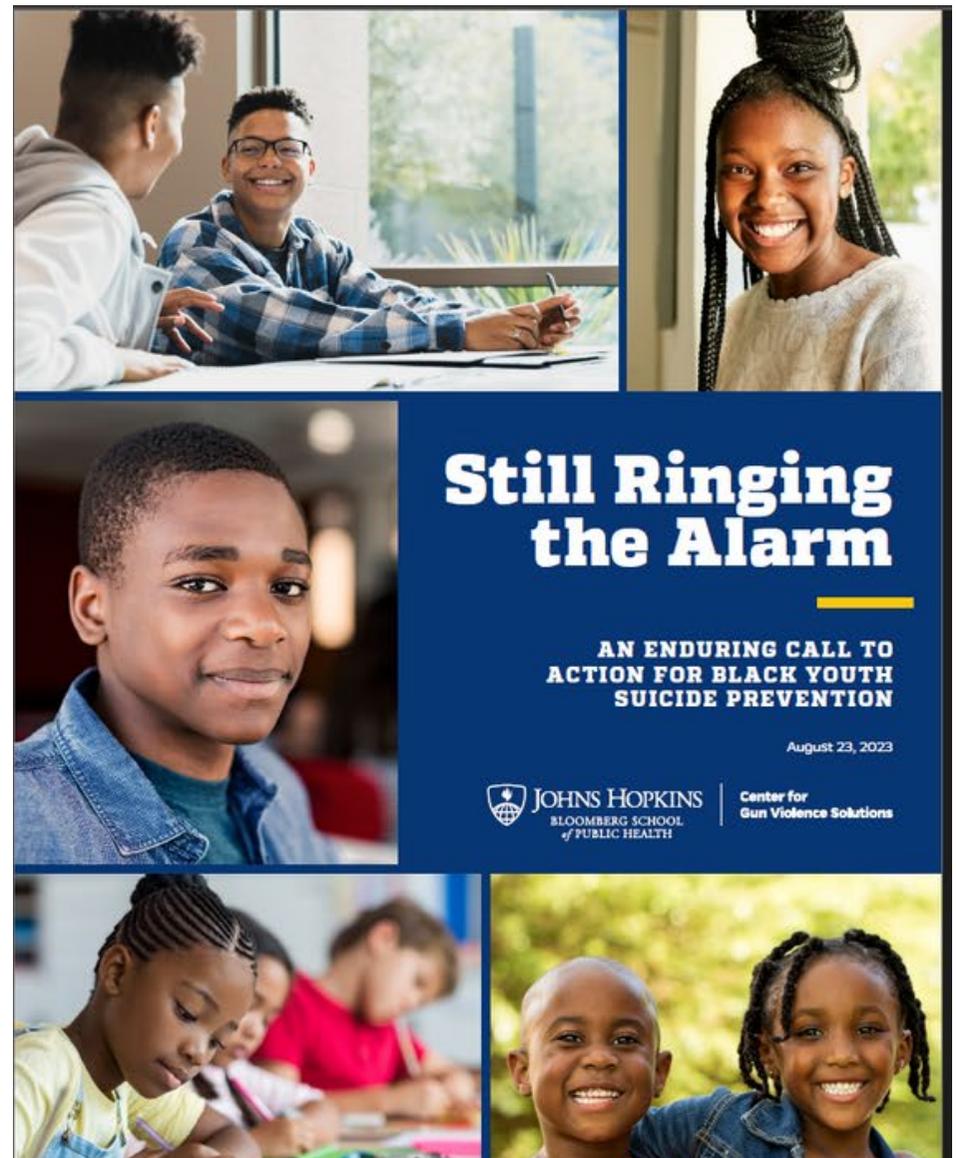


What can you/we do?
Researchers





Congressional Black Caucus (2020)

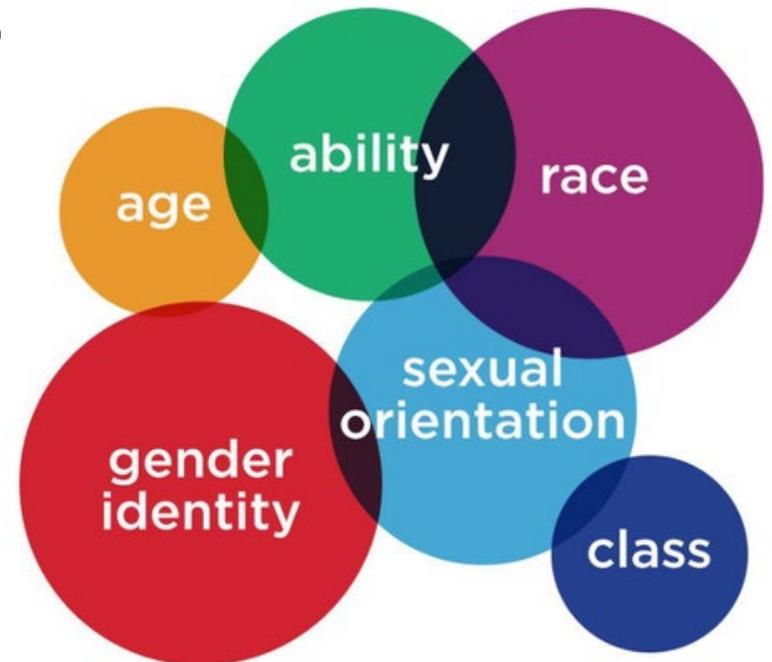


Janel Cubbage and Leslie Adams (2023)



Return to Ground Zero

- Challenge assumptions from predominantly White models and studies with minimal diversity, and viewing suicide through a whitecentric lens
- Speak directly with Black youth families to understand how suicid behaviors arise and progress
- Include Black youth of diverse backgrounds



Research

1. Talk directly to Black youth, Black families, and Black community members about substance use, mental health, and suicide
2. Engage with trusted community organizations/ institutions
 - Build trust
 - Understand risk and protective factors for Black youth
 - Understand what works and doesn't work
 - Determine best practices for messaging and implementing programming or other resources



Study on Black Youth Suicide



MARYLAND

Leslie Adams, PhD
Holly Wilcox, PhD



INDIANA

Tamika Zapolski, PhD
Myeshia Price, PhD
Stephen Strakowski, MD
Leslie Hulvershorn, MD



GEORGIA

Sycarah Fisher, PhD
Isha Metzger, PhD



Working Alongside the Community

1. Youth and Community Advisory Boards (YCABs) comprised of Black youth, their families and community stakeholders
2. Expert and Stakeholder Advisory Panel (ESAP) includes relevant stakeholders in the Black community, state-level officials, government officials, and national experts in Black youth suicide
3. Partnership with local youth-serving organizations and community stakeholders for Black youth
4. Partnership with churches, barber/ beauty shops, community mental health agencies, hospitals, and local/ state government agencies

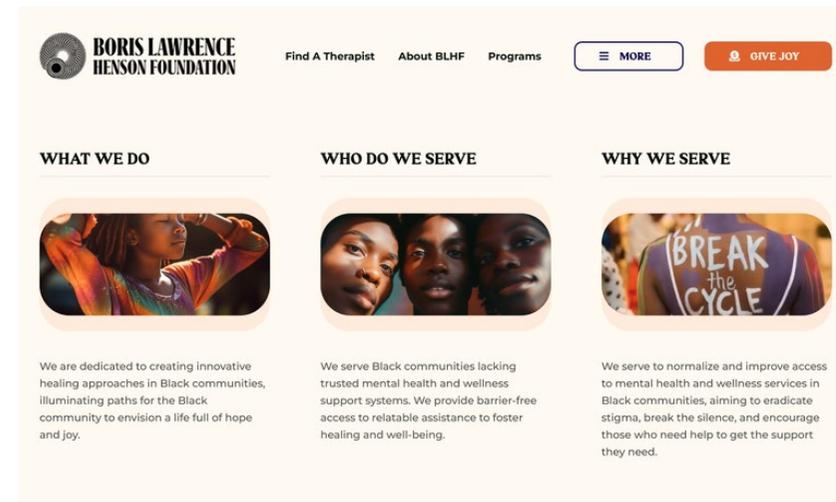
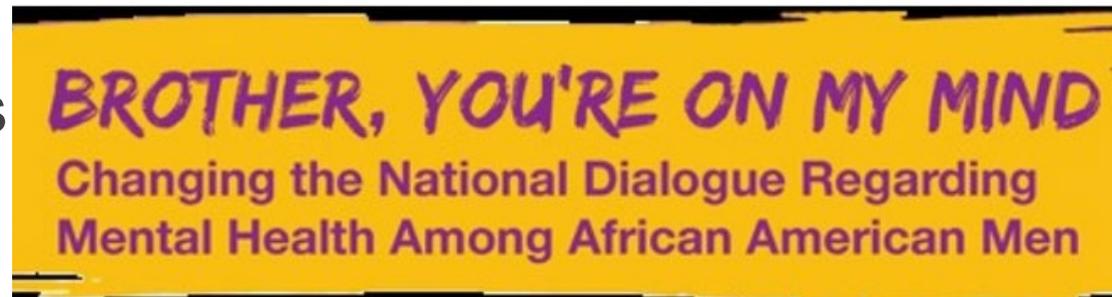
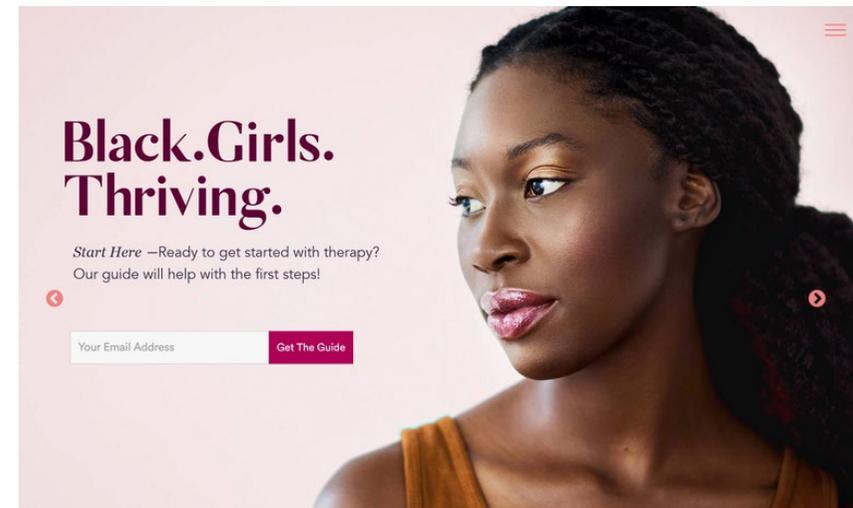


What can you/we do?
Community/Schools/Parents



Changing the Narrative

- Create safe and supportive spaces for Black youth
- Talk about mental health and suicide – ask questions and decrease stigma
- Build upon strengths in the Black community
- Engage in discussions to understand and reduce/eliminate barriers



NAMI Sharing Hope: Mental Wellness in the Black/African Ancestry Communities



[https://www.nami.org/Support - Education/ Mental-Health-Education/ NAMI-Sharing-Hope-Mental-Wellness-in-the-Black-African-Ancestry-Communities](https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Sharing-Hope-Mental-Wellness-in-the-Black-African-Ancestry-Communities)



Culturally Responsive Teaching

- Discuss stressors, including racism, and how it can impact mental and physical health
- Great material on racial trauma and healing by Dr. Isha Metzger
- Create a safe place where students feel safe to express their thoughts and emotions without judgment
- Provide resources and referrals

RACISM HURTS

What Allies Can Do

Listen,
Support,
Act!

FOR MORE INFO & RESOURCES:
<https://tinyurl.com/RacialTraumaGuide>

EMPOWER
ENGAGING PRAGMATICS IN PREVENTION, OUTREACH, WELLNESS, EDUCATION & RESEARCH

Department of Psychology
Franklin College of Arts and Sciences
UNIVERSITY OF GEORGIA

Cultivating Awareness & Resilience through Empowerment (C.A.R.E.) Package

Emotion Regulation

The purpose of emotion regulation is to help recognize and communicate feelings you have about experiences with interpersonal and racial stressors.

Once you are able to identify and communicate your feelings, you can begin to tolerate distressing emotions and then to change the thoughts that you have about them that are inaccurate or harmful.

What recent experiences have you had with racial discrimination, and how did they make you feel?

Angry, Anxious, Hopeless, Overwhelmed, Sad, Confused, Afraid, Conflicted

EMPOWER
ENGAGING PRAGMATICS IN PREVENTION, OUTREACH, WELLNESS, EDUCATION & RESEARCH



Coping with Racial Trauma



What is Racial Trauma?

Racial trauma is the result of experiencing and witnessing racial stressors including racism, discrimination and violence against people of color. These acts of racism and discrimination create an environment in which a person of color feels unsafe and vulnerable in their community simply for existing in their own skin.



Effects of Racial Trauma

- Re-experiencing distressing events
- Chronic stress
- Hypervigilance
- Depression
- Anxiety
- Physical pain
- Cardiovascular disease
- Hypertension
- Respiratory complications



Coping with Racial Trauma

- PROTECT**
 - Avoid triggers and set boundaries
- PROCESS**
 - Talk to like-minded friend/family members and know when to seek support.
 - Recognize symptoms (e.g., anxiety, anger)
- PRACTICE SELF-CARE**
 - Engage in behavioral coping (e.g., exercise, deep breathing, body scanning)
 - Use cognitive skills (e.g., prayer, meditation)
- PROTEST**
 - Peacefully protest, organize a group of like-minded peers, sign petitions

<https://www.drishametzger.com/care-package-for-racial-healing>

Being a Better Ally



For more information, visit:
psychology.uga.edu



Look for Opportunities to Speak and Act

- Use your position of privilege to address injustice and intolerance
- Amplify voices that may be marginalized before speaking for them
- Have conversations about racial trauma and racism – don't shy away or feel that it's taboo!



Inform Yourself

- Reflect on your privilege with an eye toward growth, not guilt
- Take the time to learn about different races and ethnicities
- Watching films, listening to new music, trying new foods, are just a few ways to learn about different groups



Engage in Activism

- Support anti-racist organizations
- Support business owned by people of color (POC)
- Encourage anti-racist education
- Cite and read literature by POC
- Push back on your power by sharing your power with POC
- Engage in action (e.g., rallies, protests, petitions) and support leaders who promote anti-racist ideals

Helping Children and Teens Cope with Racism



For more information visit
psychology.uga.edu



Infants & Toddlers

Infants and toddlers will not fully understand racism and experiences of discrimination, but if parents are experiencing racism, this could influence family routines, parents' moods and feelings, and family interactions. As a caregiver, take care of yourself and look for changes in your child's behavior such as increases in irritability, crying, or withdrawn behavior so you can support and help soothe them.



Children

- Children may notice changes in caregivers' mood and stress.
- Children may also experience racism themselves such as teasing and bullying. Have honest conversations with your child about racism.
- Offer comfort and help your child make connections with supportive friends.
- Model emotional expression and label your emotions when you are also experiencing racial stress.



Adolescents

- Adolescents may struggle to cope with fear, anxiety, anger, and sadness stemming from racism.
- Teens may argue more than is typical with parents or withdraw.
- Monitor social media time and content and have conversations about what your teen is seeing.
- Talk with your teen about racial violence and experiences of racism.
- Validate their feelings (e.g., "It's okay to feel this way when people say things like that").
- Encourage coping.

Self-Care For People Of Color

We recognize that many mental health conditions are being triggered as a result of the economic crisis and repeated racist incidents and death.

Learn more about **mental health conditions** including **anxiety disorders**, **depression** and **post stress disorder**.

- Coping with **anticipatory grief**
- Coping with **traumatic stress**
- Read about **Racial Battle Fatigue**

Treatment Directories

- **Association of Black Psychologists Directory**
- **Inclusive Therapists**
- **Innopsych**
- **LGBTQ Psychotherapists of Color Directory**
- **National Queer and Trans Therapists of Color Network**
- **Psychology Today Directory of African American Therapists**
- **Therapy for Black Men**

Educational Resources On Racism And Inequality

Understanding the context of racism and recent events

- **Video** on understanding racism and the reactions to the death of George
- **Video** on understanding the perspectives of your colleagues of color
- **Article** on “White Privilege: Unpacking the Invisible Knapsack”
- **List** of Anti-Racism resources

Understanding the context of racial inequality that impacts mental health

- **APA Best Practices** on working with Black patients
- **APA Mental Health Facts** for Black Americans (2017)

Black Mental Health Resources

Please note: The resources included here are not endorsed by NAMI and NAMI is not responsible for the content of or service provided by any of these resources.

Black Emotional and Mental Health Collective (BEAM)

Group aimed at removing the barriers that Black people experience getting access to or staying connected with emotional health care and healing through education, training, advocacy and the arts.

Black Men Heal

Limited and selective free mental health service opportunities for Black men.

Black Mental Health Alliance — (410) 338-2642

Provides information, resources and a “Find a Therapist” locator to connect with a culturally competent mental health professional.

Black Mental Wellness

Provides access to evidence-based information and resources about mental health and behavioral topics from a Black perspective, as well as training opportunities for students and professionals.

Black Women’s Health Imperative

Organization advancing health equity and social justice for Black women through policy, advocacy, education, research and leadership development.

Boris Lawrence Henson Foundation

BLHF has launched the COVID-19 Free Virtual Therapy Support Campaign to raise money for mental health services provided by licensed clinicians in our network. Individuals with life-changing stress or anxiety related to the coronavirus will have the cost for up to five (5) individual sessions defrayed on a first serve basis until all funds are committed or exhausted.

Ways To Take Action As An Ally Or Champion For People Of Color

- **Article** on being a white ally through word, actions and power
- **Article** on being a white ally for racial justice
- Community based organizations to partner with: **Color of Change**, **Black Lives Matter**, **Campaign Zero**, **Innocence Project**

Books to Read

- **Eloquent Rage: A Black Feminist Discovers Her Superpower** by Dr. Brittney Cooper
- **Me and White Supremacy** by Layla F. Saad
- **So You Want to Talk About Race** by Ijeoma Oluo
- **How To Be An Antiracist** by Dr. Ibram X. Kendi

Training



QUESTION, PERSUADE, REFER (QPR) GATEKEEPER SUICIDE PREVENTION TRAINING

3 steps anyone can learn to help prevent suicide.



WHAT IS A GATEKEEPER?

Anyone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide.
That means ALL of us!

IN THIS 2 HOUR *VIRTUAL* COURSE, YOU WILL LEARN HOW TO:

- ✔ Cite the common causes of suicidal behavior
- ✔ Recognize the warning signs of suicide
- ✔ Talk with someone who may be at risk for suicide and persuade them to get help
- ✔ Refer at-risk individuals to appropriate resources
- ✔ Unravel myths about suicide

<https://qprinstitute.com/>

HOPE SQUAD | PURPOSEFUL, POWERFUL SUICIDE PREVENTION

What is Hope Squad?

Hope Squad is a school-based, peer-to-peer, suicide prevention program that empowers trained and mentored students who are nominated by their peers to perform acts of intentional outreach. This comprehensive program supports elementary, middle and high school students through an evidenced-based gatekeeper curriculum making it a critical component within any MTSS platform.

Making a Difference ... EVERY DAY!

Prevention, Prevention, Prevention:

Empowering, training and resourcing **Hope Squad** members through a QPR-approved, evidence-based curriculum is key. Research tells us that 7 out of 10 students will confide in a peer that they are struggling before they will tell an adult. Connecting peer-to-peer, harnessing support early, positions a school to be in a *proactive posture* minimizing the risk for a potential crisis later.

Foster a Supportive Community:

Intentionally connecting with faculty, fellow students and families, **Hope Squad** members engage in an inclusive comprehensive approach. Proactively building bridges of collaboration results in a connected community moving towards a single goal ... *saving lives!*

Peer-to-Peer Makes All the Difference:

Hope Squad members will learn to create a safe and non-judgmental space, where individuals feel heard, understood, and valued. **Hope Squad** members are equipped to stand in the gap and provide timely assistance for a struggling peer.

World Class Training, Resources & Support:

Everything you need to launch a successful **Hope Squad** is provided for you, no guesswork, no downtime, just plug and play.

*Saving lives ...
one student
at a time.*

It may take a village to raise a child, but at **Hope Squad** we believe it takes an entire community to save one, will you join us?

CONTACT

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<https://hopesquad.com/>



Training



WHY YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18.

10.2%

of youth will be diagnosed with a substance use disorder in their lifetime.

Source: Youth Mental Health First Aid**

1 IN 5

teens and young adults lives with a mental health condition.

Source: National Alliance for Mental Illness*

50%

of all mental illnesses begin by age 14, and 75% by the mid-20s.

Source: Archives of General Psychiatry***

WHO SHOULD KNOW MENTAL HEALTH FIRST AID?

- Teachers.
- School Staff.
- Coaches.
- Camp Counselors.
- Youth Group Leaders.
- Parents.
- Adults who Work with Youth.

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.

THREE WAYS TO LEARN

- **In-person** – Learners will receive their training as an 8-hour, Instructor-led, in-person course.
- **Blended** – Learners complete a 2-hour, self-paced online course, and participate in a 4.5- to 5.5-hour, Instructor-led training. This Instructor-led Training can be:
 - » A video conference.
 - » An in-person class.

Learn how to respond with the Mental Health First Aid Action Plan (ALGEE):

- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

Sources

* National Alliance on Mental Illness. (n.d.). Kids. <https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids>

** Mental Health First Aid. (2020). *Mental Health First Aid USA* for adults assisting children and youth. National Council for Mental Wellbeing.

*** Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 62(6), 593-602. doi: 10.1001/archpsyc.62.6.593

To find a course or contact a Mental Health First Aid Instructor in your area, visit MHFA.org or email Hello@MentalHealthFirstAid.org.

[https:// www.mentalhealthfirstaid.org/](https://www.mentalhealthfirstaid.org/)



WHY teen MENTAL HEALTH FIRST AID?

teen Mental Health First Aid (tMHFA) is a training program for teens brought to the United States by the National Council for Mental Wellbeing in partnership with Born This Way Foundation.

It teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of mental health and substance use challenges in their friends and peers.

49.5%

of adolescents ages 13-18 live with a mental disorder. More than 1 in 5 (22.2%) of them experience a severe impairment.

Source: National Institute of Mental Health

50%

of all mental illnesses begin by age 14, and 75% by the mid-20s.

Source: Archives of General Psychiatry***

Suicide is the second-leading cause of death for youth age

15-19

Source: National Center for Health Statistics

THREE WAYS TO TEACH AND LEARN

- **In-person** – Lessons are conducted in person in six 45-minute sessions or three 90-minute sessions.
- **Blended** – Teens complete a self-paced online lesson, then participate in six live, Instructor-led sessions. These Instructor-led sessions can be:
 - » Video conferences.
 - » In-person classes.

WHAT IT COVERS

- Common signs and symptoms of mental health and substance use challenges.
- Common signs and symptoms of a mental health crisis, particularly suicide.
- The impact of school violence and bullying on mental health.
- How to open the conversation about mental illnesses and substance use with friends.
- How to seek the help of a responsible and trusted adult.

WHO TAKES OR TEACHES tMHFA?

- Teens in grades 10-12 or ages 15-18.
- High schools, organizations partnering with a high school and youth-serving organizations are eligible to teach tMHFA.

Sources:

National Institute of Mental Health. (n.d.). *Statistics: mental illness*. <https://www.nimh.nih.gov/health/statistics/mental-illness>

Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 62(6), 593-602. doi: 10.1001/archpsyc.62.6.593

National Center for Health Statistics. (n.d.). *Adolescent health*. https://www.cdc.gov/nchs/fastats/adolescent_health.htm

To bring tMHFA to your community, visit MHFA.org/teens.

**BORN THIS WAY/
FOUNDATION**

<https://www.namiindiana.org/programs/youthmhfa>



INDIANA UNIVERSITY SCHOOL OF MEDICINE

Resources

- Engage with mental health stakeholders in the community
- Increase accessibility of mental health services
- Ensure the use of culturally informed care
- Discuss 988—the national suicide prevention lifeline (understand how it is implemented in Black communities and its impact on Black youth)

[https:// 988indiana.org/](https://988indiana.org/)

Every 40 seconds,
someone loses
their life to suicide.

It's time to raise awareness and
recognize our role to help prevent it.

 Ask.

 Listen.

 Encourage them
to seek help.

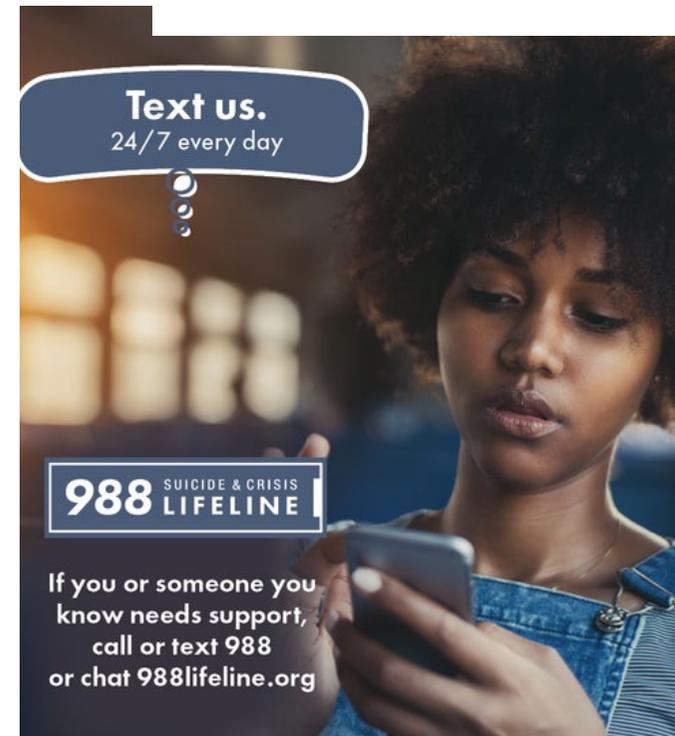
Information Source:
World Health Organization | www.who.int



Text us.
24/7 every day

988 SUICIDE & CRISIS
LIFELINE

If you or someone you
know needs support,
call or text 988
or chat 988lifeline.org



To be seen, to be heard, and to be understood.

So often the stigma surrounding mental health issues and therapy prevents Black women from taking the step of seeing a therapist. This space was developed to present mental health topics in a way that feels more accessible and relevant.



Mental health within the black community | Davonte Sanders-Funches |
TEDxNorthCentralCollege

<https://youtu.be/H96BP91-6sE?si=vkG1hjuULuN9EzF4>





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- Sheftall, A. H., Vakil, F., Ruch, D. A., Boyd, R. C., Lindsey, M. A., & Bridge, J. A. (2022). Black Youth Suicide: Investigation of Current Trends and Precipitating Circumstances. *Journal of the American Academy of Child and Adolescent Psychiatry*, 61(5), 662–675. [Link](#)
- Social-Ecological Model of Racism & Antiracism: [Link](#)
- Opara, I., Assan, M. A., Pierre, K., Gunn III, J. F., Metzger, I., Hamilton, J., & Arugu, E. (2022). Suicide among Black children: an integrated model of the interpersonal-psychological theory of suicide and intersectionality theory for researchers and clinicians. *Focus*, 20(2), 232-240. [Link](#)
- Ring the Alarm: The Crisis of Black Youth Suicide in America. [Link](#)
- Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention. [Link](#)

References - Media



- Saving Young Black Lives: Reversing Suicide Trends 8-Part Series: [Link](#)
- Youth Racial Microaggressions: [Link](#)
- NAMI Sharing Hope: [Link](#)
- Mental health within the black community | Davonte Sanders-Funches | TEDxNorthCentralCollege [Link](#)

References - Websites



- Information and Resources on Black youth suicide: [Link](#)
- Mental Health among Youth of Color: www.aakomaproject.org
- Dr. Isha Metzger: [Link](#)
- NAMI Black/ African American Mental Health: [Link](#)
- Question. Persuade. Refer. (QPR): [https:// qprinstitute.com/](https://qprinstitute.com/)
- Hope Squad: [Link](#)
- Mental Health First Aid: [Link](#)
- NAMI Sponsored Youth Mental Health First Aid: [Link](#)