



**Thank you for joining!**

**We will begin our webinar shortly.**

**Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly.**



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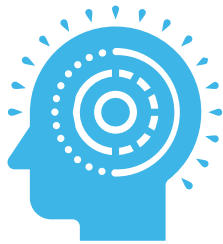
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## Suicide & COVID-19 in Minority Populations

Charma D. Dudley Ph.D., FPPR

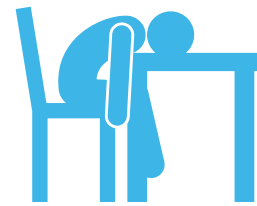
Associate Director of Behavioral Health Services



Anxiety



Depression

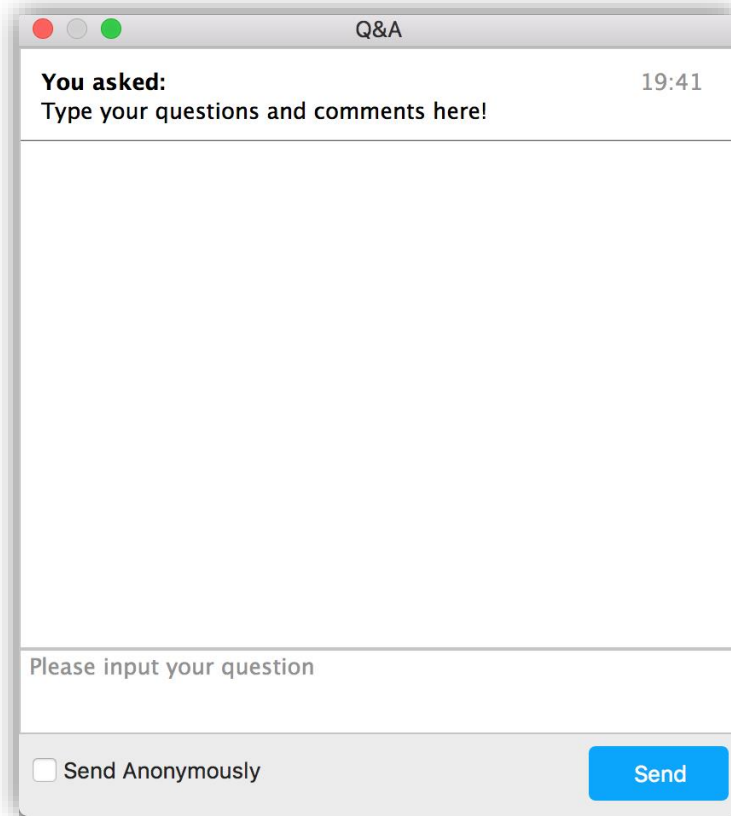


Job loss



Working  
remotely

# Housekeeping Items



A screenshot of a web-based Q&A interface. The window has a title bar with 'Q&A' and standard OS window controls. Inside, it says 'You asked:' followed by a timestamp '19:41' and the instruction 'Type your questions and comments here!'. Below this is a large text input area. At the bottom, there is a label 'Please input your question', a checkbox labeled 'Send Anonymously', and a blue 'Send' button. A blue arrow points from the list of housekeeping items on the right towards this Q&A window.

1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Polls will be used during the presentation. Please answer to be part of the discussion.
4. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
5. This webinar is being recorded and will be posted within 24 hours at [www.beaconhealthoptions.com/coronavirus/](http://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. We encourage you to consult with your legal counsel regarding the topics raised in this presentation.

# Today's speaker



**Charma D. Dudley, Ph.D., FPPR**  
Associate Director of Behavioral  
Services



Chapter

# 01

## SUICIDE RATES AND DISPARITIES



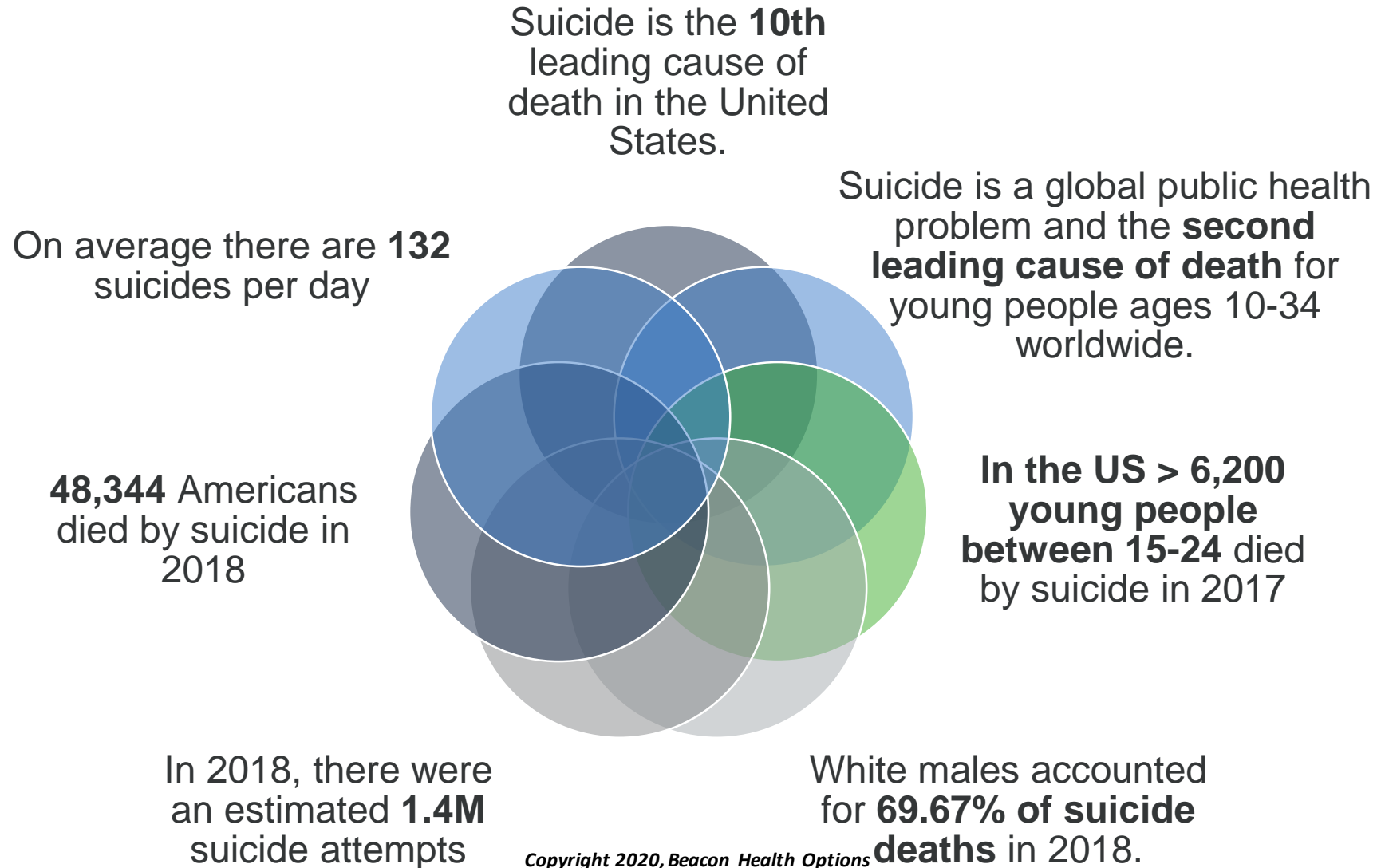
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# Suicide prevalence rates



# Suicide affects all ages and is a leading cause of death

**2<sup>nd</sup>** leading cause of death for people 10-34 years of age

**4<sup>th</sup>** leading cause of death for people 35-54 years of age

**8<sup>th</sup>** leading cause of death for people 55-64 years of age

**Other Americans disproportionately impacted by suicide:**

- Veterans and other military personnel and workers
- LGBTQ community
- Teens who are victims of bullying

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# Suicide costs and statistics

**69B**

Yearly cost in work loss and medical cost as a result of suicide deaths and attempts

**135**

The number of people a single suicide intimately affects (spouse/partner, children, parents, etc.)

**1M**

The number of suicide attempts each year

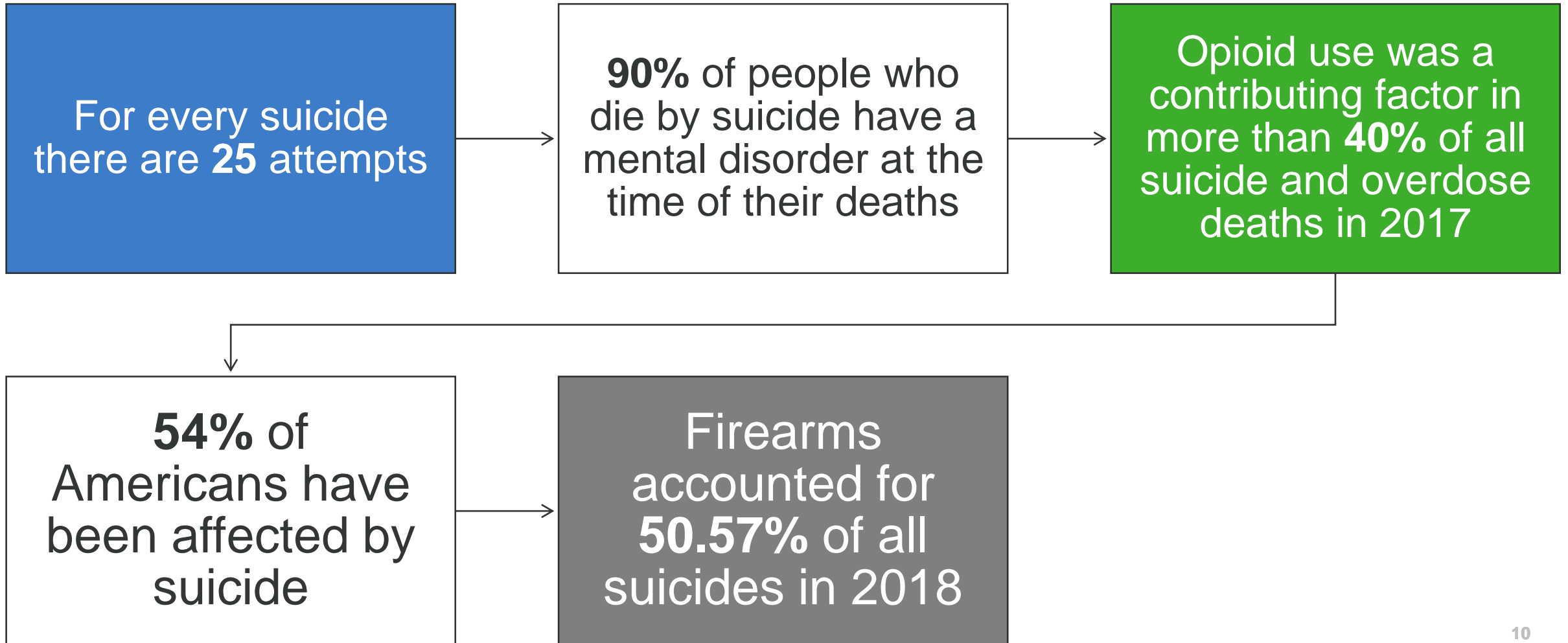
**48K**

The number of deaths by suicide

**3.5x**

The number of men who die by suicide than women

# Suicide prevalence rates



# Prevalence rates in communities of color

NAMI estimates Black Americans are **20%** more likely to be diagnosed with a serious mental health issue than the general population.

MHA predicts over **2.2 million** Asian Americans and Pacific Islanders live with mental illness, and over 21% of the entire U.S. Indigenous population is diagnosed with a mental illness.

A report from the U.S. Surgeon General found that from 1980 - 1995, the suicide rate among African Americans ages 10 to 14 **increased 233%**, as compared to **120%** for non-Hispanic whites.

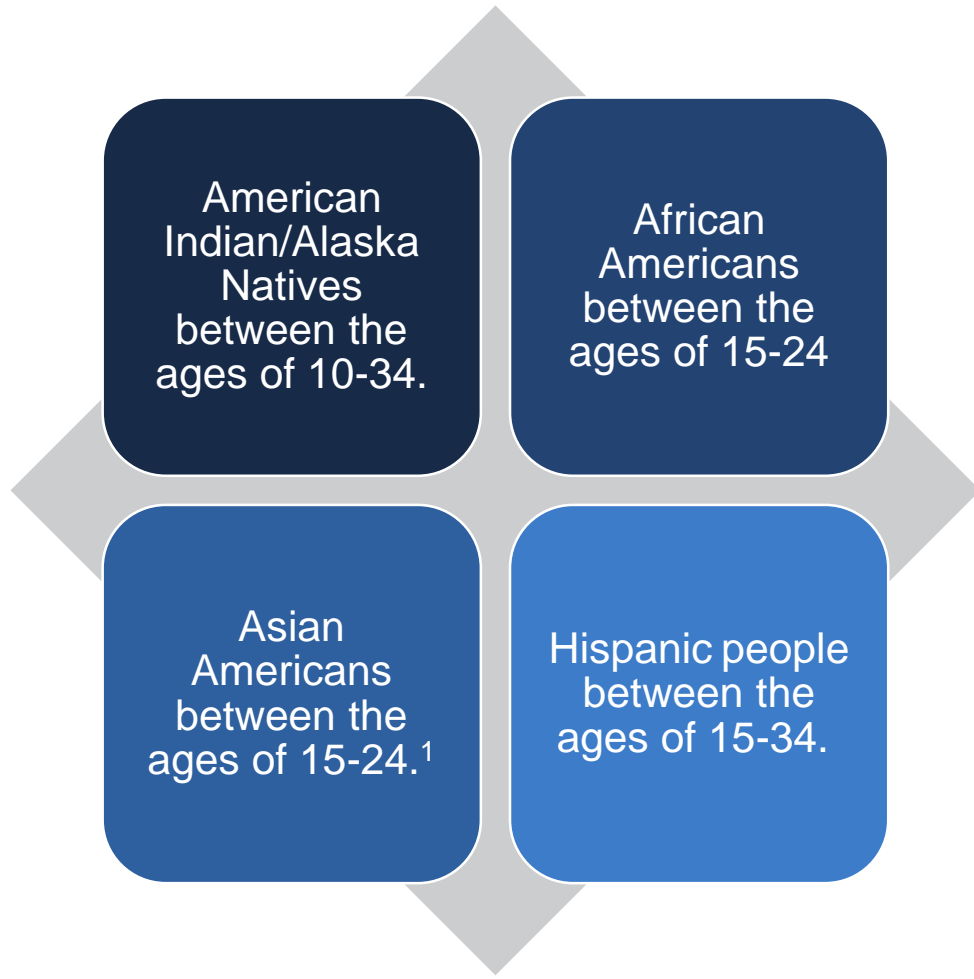
Mental Health America (MHA) estimates **8.9 million** Latin or Hispanic identifying people in the U.S. are diagnosed with a mental illness every year.

In 2017, suicide was the **second** leading cause of death for African Americans aged 15 to 24.

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# Second leading cause of death in people of color



# Prevalence rates in children of color



AI/AN, Asian, Native Hawaiian, and other Pacific Islander high school youth have the highest percentages of past-year serious thoughts of suicide and past-year suicide plans.

Black high school youth appear to have a slightly higher percentage of past-year suicide attempts and past-year attempts requiring medical treatment.<sup>6</sup>

The suicide death rate for AI/AN populations is higher than that of the overall U.S. population for both males and females.

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# Youth risk behaviors survey from 2017



7.4% 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 (9.3% vs. 5.1%).

Black students reported the highest rate of attempt (**9.8%**) with white students at 6.1%.

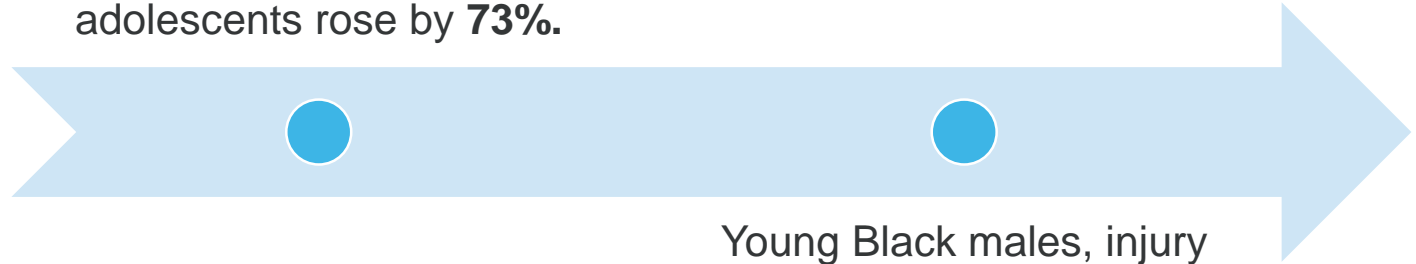
Rates were highest for Black students (**3.4%**) requiring treatment vs. 2.4% of all other students.



# Ring the alarm: The crisis of Black youth suicide in America



From 1991 to 2017, suicide attempts by Black adolescents rose by **73%**.



Young Black males, injury from suicide attempt rose by **122%** — indicating they are using more lethal means.



# Disparities

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Only **1 in 3** African Americans who need mental health care receive it.

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African Americans often experience more severe forms of mental health conditions due to unmet needs and other barriers.

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Approximately **50 – 75%** of youth in the juvenile justice system meet criteria for a mental health disorder.

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Minority youth with behavioral health issues often referred to the juvenile justice system instead of specialty primary care, compared to non-minorities.

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# Barriers



Distrust of the health care system.



Lack of insurance, access to care.



Mental illness stigma.



Lack of provider diversity, cultural competence and linguistic capacity.



Inadequate support for mental health service in health care and insurance safety net programs.



Discrimination.



Failure to screen appropriately for mental health issues during early school years



Lack of available services in the community



Lack of training and clinical supervision

Chapter

# 02

## 2020 AND THE IMPACT ON EVENTS



# COVID-19 impact

Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during **April–June of 2020**, compared with the same period in 2019 <sup>(1,2)</sup>

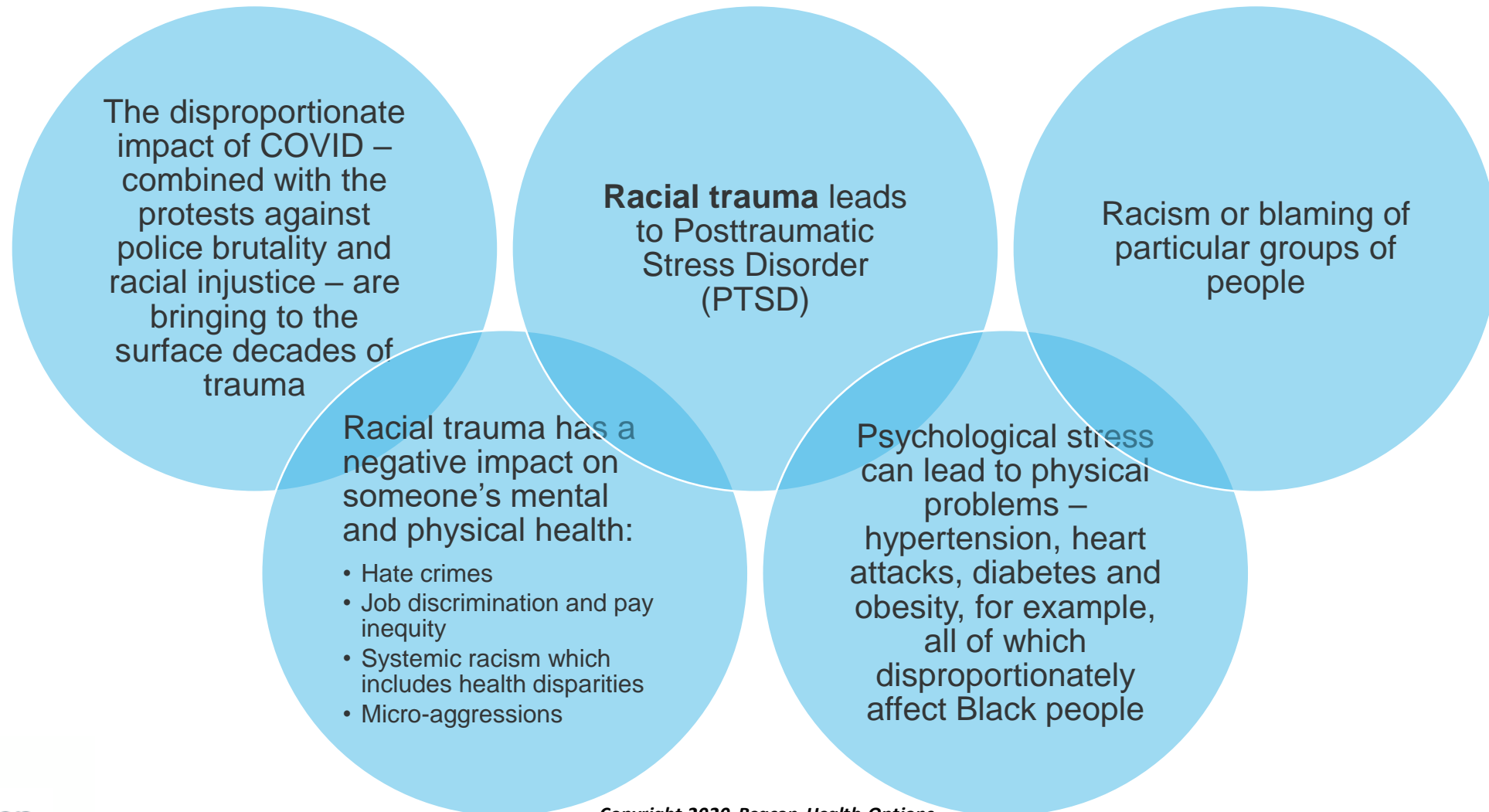
**40.9%** of respondents reported at least one adverse mental or behavioral health condition

**30.9%** of respondents reported symptoms of anxiety disorder or depressive disorder

Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation

Roughly **10%** of respondents reported seriously considering suicide.

# COVID-19 impact on minority mental health



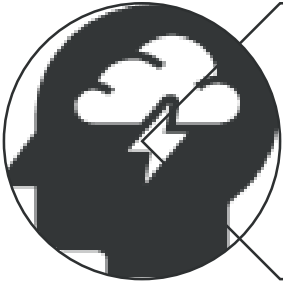
# COVID-19 and stigma

Certain racial and ethnic minority groups, including Asian Americans, Pacific Islanders, and black or African Americans experience stigma

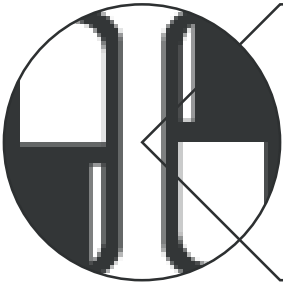
People who tested positive for COVID-19, have recovered from being sick with COVID-19, or were released from COVID-19 quarantine

Other frontline workers, such as grocery store clerks, delivery drivers, or farm and food processing plant workers

# COVID-19 and stigma



Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.



Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019 (CDC, Mortality Report)



Less than 0.001% of Chinese people have coronavirus yet more than 99.999% have already experienced corona racism in the United States and Globally



# Current racial tension



# The power of unfiltered media



## Positive:

- This has allowed for a collective response and an awareness that these are not isolated events

## Negative:

- It has also served to chronically re-traumatize the masses by witnessing the deaths of Black/African American people at the hands of the police

# Recurring videos and images



Michael Brown (18)



Freddie Gray (25)



Tamir Rice (12)



Eric Garner (27)



Ahmaud Arbery  
(25)



Atatiana Jefferson  
(28)



Breonna Taylor  
(26)

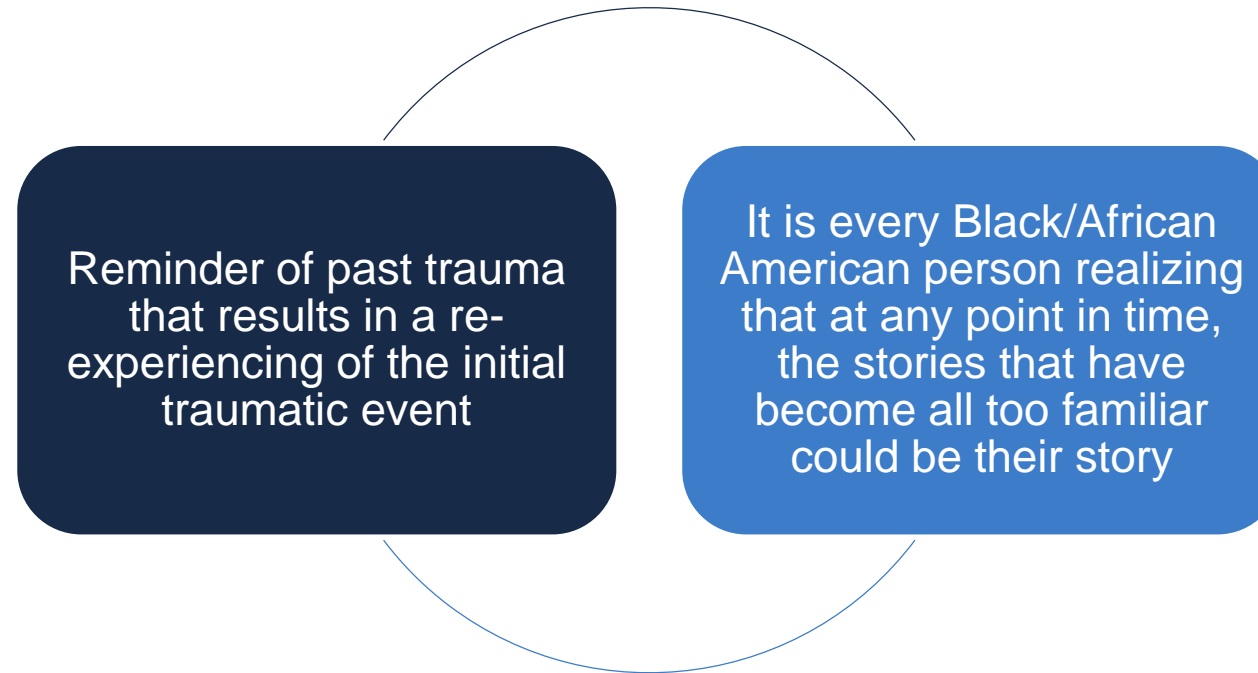


Elijah McClain  
(23)



George Floyd  
(46)

# Retraumatization





Chapter

# 03

## WHAT CAN WE DO?



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# What can we do?

People must be able to access affordable, comprehensive health care, including mental health care that specifically addresses suicide prevention.

Training for primary care physicians and all clinicians must be offered on how to better screen for mental health and suicide risk; and how to detect risk and provide lifesaving treatment.

We need to improve our understanding about help seeking and how to have caring, informed conversations about mental health.  
(American Foundation for Suicide Prevention)

# Primary care providers and suicide

**70%** of individuals who die by suicide visited their primary care providers within one year of their death

**45%** visited within 30 days of their death

**18%** of elderly visited on the same day as their death

The question of suicide was seldom raised

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# Suicide care in behavioral health care settings

Suicide prevention is a core responsibility for behavioral health care systems

Many licensed clinicians are not prepared

- **39%** report they don't have the skills to engage and assist those at risk for suicide
- **44%** report they don't have the training

ZEROSuicide In health and behavioral healthcare Education development center Inc

# What can we do?

## Improve

- Improve access to and delivery of care

## Create

- Create stigma free/protective environments

## Connect

- Connect people within their communities

## Teach

- Teach coping and problem-solving skills

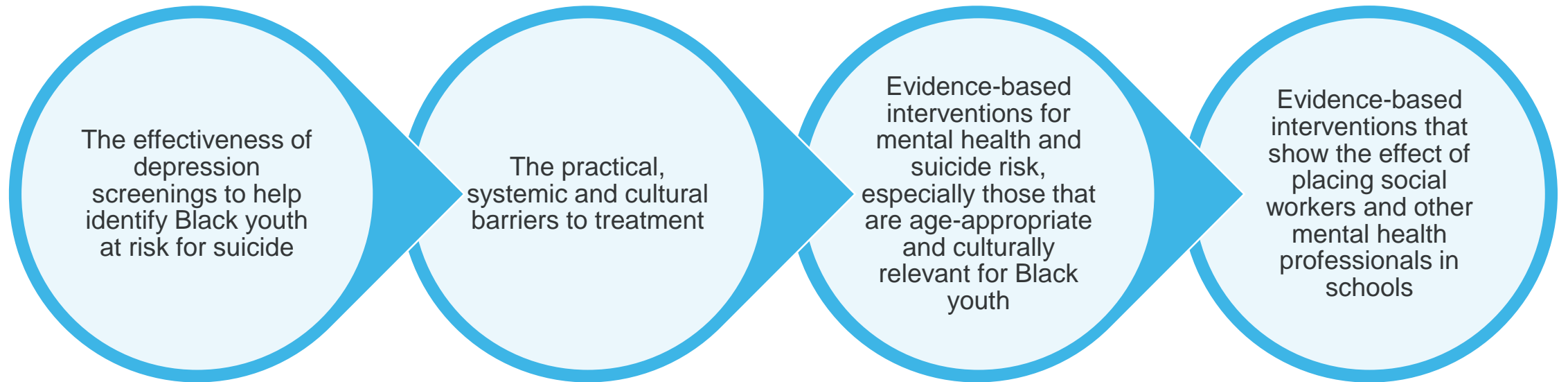
## Prevent

- Prevent future risk

## Identify and support

- Identify and support people at risk

# Congressional Black Caucus Report



# Congressional Black Caucus Report

## Develop

Develop a screening tool that identifies suicidal thoughts, ideation and self-harm, as well as a protocol on how to treat and connect Black youth to care

## Develop

Develop a certification program for medical personnel, clinicians, school personnel and others who interact with Black youth in an educational or healthcare setting

## Establish

Establish online and regional training programs for school-based personnel and mental health providers on how to recognize signs of depression, suicidal behaviors and other mental health problems

# Self-care

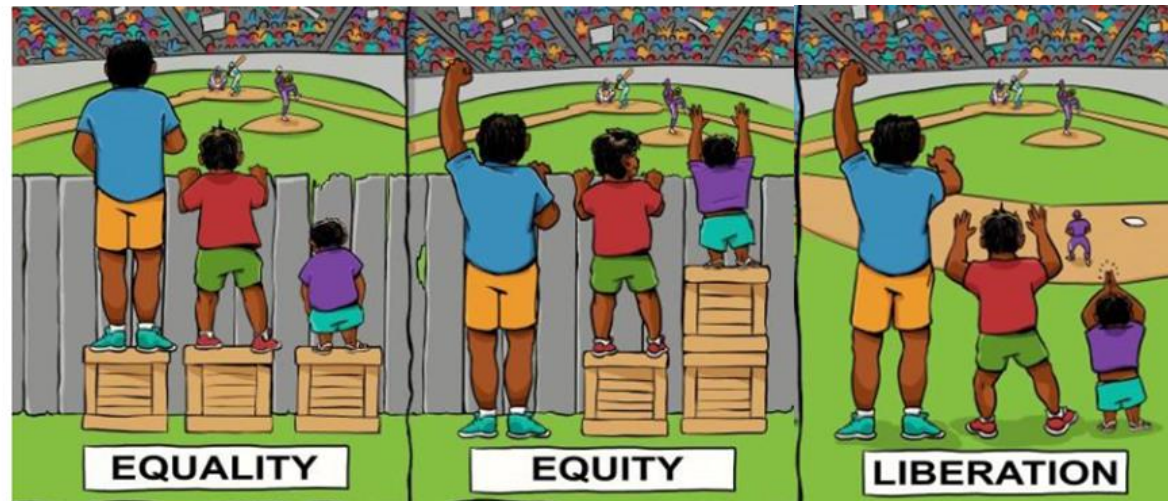


# Diversity, Equity, and Inclusion

Diversity  $\neq$  Inclusion

Equity  $\neq$  Equality

Successful DEI requires a systematic approach and sustained investments.





Chapter

# 04

## RESOURCES



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# References

1. National Center for Health Statistics. (2017) Health, United States, 2016: With Chartbook on Long-term Trends in Health. (Library of Congress Catalog Number 76–641496). Hyattsville, MD.
2. Joe, S., Silvia, S. C., & Romer, C. (2008). Advancing prevention research on the role of culture in suicide prevention. *Suicide and Life-Threatening Behavior*, 38(3), 354-362.
3. CDC. (2015). Suicide Facts at a Glance 2015. <https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.PDF>
4. Feuer, V., Havens, J. (2017). Teen Suicide: Fanning the Flames of a Public Health Crisis. *Journal of American Association of Child and Adolescent Psychiatry*, 56(9), 723-724. <https://doi.org/10.1016/j.jaac.2017.07.006>
5. American Foundation for Suicide Prevention. (2020). [Http://Afsp.Org/](http://afsp.org/); American Foundation for Suicide Prevention. <https://afsp.org/>
6. 2017 – 2020 NAMI New Hampshire. (2019). NAMI NH – Improving lives affected by mental illness. [Naminh.Org](http://naminh.org). <https://www.naminh.org/>
7. The Trevor Project. (2020). *The Trevor Project — Saving Young LGBTQ Lives*. The Trevor Project. [Http://www.thetrevorproject.org](http://www.thetrevorproject.org)
8. Education Development Center. (n.d.). Zero Suicide - In Health and Behavioral Healthcare. [Zerosuicide.Edc.Org](http://zerosuicide.edc.org). Retrieved October 16, 2020, from <http://zerosuicide.sprc.org/toolkit>
9. Taylor, S. (2020). *PSYCHOLOGY OF PANDEMICS : preparing for the next global outbreak of infectious disease*. Cambridge Scholars Publis.
10. Tillery, A. B. (2019). Tweeting racial representation: how the congressional Black Caucus used Twitter in the 113th congress. *Politics, Groups, and Identities*, 1–20. <https://doi.org/10.1080/21565503.2019.1629308>

# Resources

1. Alexander, V. (2018). How to Outsmart Your Own Unconscious Bias | Valerie Alexander | TEDxPasadena [YouTube Video]. In YouTube. <https://www.youtube.com/watch?v=GP-cqFLS8Q4>
2. Concepts Unwrapped, Implicit Bias. (2018, October 31). Implicit Bias | Concepts Unwrapped. YouTube. <https://youtu.be/OoBvzl-YZf4>
3. Acho, E. (200 C.E., June 1). <https://twitter.com/themanacho/status/1267609472589090816>. Twitter. <https://twitter.com/thEMANacho/status/1267609472589090816>
4. Cadet, D. (2020, May 28). Dear White People, Your Black Colleagues Aren't Okay. Www.Refinery29.Com. [https://www.refinery29.com/en-us/2020/05/9841376/black-trauma-george-floyd-dear-white-people?utm\\_source=email&utm\\_medium=email\\_share](https://www.refinery29.com/en-us/2020/05/9841376/black-trauma-george-floyd-dear-white-people?utm_source=email&utm_medium=email_share)
5. McIntosh, P. (1988). White Privilege: Unpacking the Invisible Knapsack. <https://www.racialequitytools.org/resourcefiles/mcintosh.pdf>
6. Flicker, S. S. (2020, May). Anti-racism resources for white people (A. Klein, Ed.). Google Docs. [https://docs.google.com/document/d/1BRIF2\\_zhNe86SGgHa6-VIBO-QgirlTwCTugSfKie5Fs/edit](https://docs.google.com/document/d/1BRIF2_zhNe86SGgHa6-VIBO-QgirlTwCTugSfKie5Fs/edit)
7. Starks, M.D., S. (2019). Best Practice Highlights. Psychiatry.Org. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/best-practice-highlights-for-working-with-african-american-patients>
8. Murray, M.D., P. (2017). Mental Health Disparities: African Americans. Psychiatry.Org.
9. Olivet, J. (202 C.E., May 29). Dear White People: Use Your Words. Use Your Actions. Use Your Power. Jo Consulting. <https://www.jeffolivet.com/jeffs-blog/2020/5/29/dear-white-people-use-your-words-use-your-actions-use-your-power>
10. Shutack, C. (2020, October 4). 103 Things White People Can Do for Racial Justice. Medium. <https://medium.com/equality-includes-you/what-white-people-can-do-for-racial-justice-f2d18b0e0234>
11. Color of Change. (2019b). Color Of Change helps you do something real about injustice. Colorofchange.Org. <https://colorofchange.org/>

# NAMI 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 Floyd and many others
- [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)

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](#), [Change Zero](#), [The Innocent Project](#)

# Commitment to diversity, equity, and inclusion

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At NAMI, we believe a diverse, inclusive and equitable organization (or Alliance) is one where all employees, volunteers and members — regardless of gender, race, gender identity, ethnicity, national origin, age, sexual orientation, education, disability, veteran status or other dimension of diversity — feel valued and respected.

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NAMI is committed to a nondiscriminatory approach and to providing equal opportunity for employment, participation and advancement in all programs and worksites.

Chapter

# 06


## QUESTIONS



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# Refer to Beacon’s COVID-19 webpage for the most up-to-date information



Who We AreMembersBrokersProvidersSolutionsContact

COVID-19 Information and Resources: MEMBERS | CLIENTS | PROVIDERS

HOME / CORONAVIRUS AND YOUR MENTAL HEALTH / PROVIDER RESOURCES

## Provider Resources

Beacon Health Options is strongly committed to our members, clients and providers to ensure that mental health needs are being met during this stressful time.


We recognize that many of our members and providers are being encouraged or mandated to stay at home in order to prevent community spread of coronavirus. When clinically appropriate, telehealth can be an effective way for members to begin or continue their care through a mental health provider safely from their homes via phone, tablet or computer-enabled web cam.

The policy changes contained in these documents are intended to apply to most of our members and plans and offer general guidance only. Not all health plans have adopted the leniencies we describe (especially with respect to certain commercial, Medicaid and employer plans). If you are unsure of coverage please contact the National Provider Service Line at 800-397-1630.

Please note that since this is a rapidly evolving situation, any new state and federal mandates will override any guidance we have provided.

**GENERAL**

- > Delivering substance use disorder care via telehealth – [video](#) | [powerpoint](#)
- > Compassion fatigue for providers and clinicians – [video](#) | [powerpoint](#)
- > Effective management of a remote team webinar – [video](#) | [powerpoint](#)
- > Telehealth for IOP and PHP – [video](#) | [powerpoint](#)
- > Exploring wellbeing in a pandemic – [video](#) | [powerpoint](#)
- > Crisis planning utilizing telehealth: Managing risk – [video](#) | [powerpoint](#)
- > [Provider FAQs: IOP & telehealth](#)
- > [Provider FAQs: PHP & telehealth](#)
- > [ABA/COVID-19 FAQs](#)
- > [Business support FAQs for providers](#)
- > [Coronavirus general and mental health FAQs](#)
- > [Telehealth 101: What you need to know to get started – video](#) | [powerpoint](#)
- > [Beacon Health Options partners with Psych Hub to develop COVID-19 resource hub](#)



Member Resources

Client Resources

[Provider Resources](#)

Additional Resources +

Español

Beacon COVID-19 provider resources & webinars LINK

# Thank You



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One suicide is too many.

Thank you.

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