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.
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

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/ 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

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Chapter 01

SUICIDE RATES AND DISPARITIES
Suicide is the 10th leading cause of death in the United States.

Suicide is a global public health problem and the second leading cause of death for young people ages 10-34 worldwide.

In the US > 6,200 young people between 15-24 died by suicide in 2017.

In 2018, there were an estimated 1.4M suicide attempts.

White males accounted for 69.67% of suicide deaths in 2018.

On average there are 132 suicides per day.

48,344 Americans died by suicide in 2018.
Suicide affects all ages and is a leading cause of death

2nd leading cause of death for people 10-34 years of age

4th leading cause of death for people 35-54 years of age

8th 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

For every suicide there are 25 attempts

90% of people who die by suicide have a mental disorder at the time of their deaths

Opioid use was a contributing factor in more than 40% of all suicide and overdose deaths in 2017

54% of Americans have been affected by suicide

Firearms accounted for 50.57% of all suicides in 2018
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.

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

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.
Second leading cause of death in people of color

American Indian/Alaska Natives between the ages of 10-34.

African Americans between the ages of 15-24.

Asian Americans between the ages of 15-24.¹

Hispanic people between the ages of 15-34.

¹ 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.  

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

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

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

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

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

Minority youth with behavioral health issues often referred to the juvenile justice system instead of specialty primary care, compared to non-minorities.
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
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 (1,2).

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.
The disproportionate impact of COVID – combined with the protests against police brutality and racial injustice – are bringing to the surface decades of trauma.

Racial trauma leads to Posttraumatic Stress Disorder (PTSD).

Racial trauma has a negative impact on someone’s mental and physical health:

- Hate crimes
- Job discrimination and pay inequity
- Systemic racism which includes health disparities
- Micro-aggressions

Psychological stress can lead to physical problems – hypertension, heart attacks, diabetes and obesity, for example, all of which disproportionately affect Black people.

Racism or blaming of particular groups of people.

Racial trauma has a negative impact on someone’s mental and physical health:

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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

Why was the death of George Floyd (seemingly) the catalyst to this modern-day Civil Rights Movement?

Why now?
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)

Retraumatization

Reminder of past trauma that results in a re-experiencing of the initial traumatic event

It is every Black/African American person realizing that at any point in time, the stories that have become all too familiar could be their story
Chapter

03

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
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
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
Evidence-based interventions for mental health and suicide risk, especially those that are age-appropriate and culturally relevant for Black youth.

Evidence-based interventions that show the effect of placing social workers and other mental health professionals in schools.

The practical, systemic and cultural barriers to treatment.

The effectiveness of depression screenings to help identify Black youth at risk for suicide.
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

- Be mindful of your own mental health
- Participate in a social-media-free day
- Take respite from news and media
- Watch a comedy to lighten your mood
Diversity ≠ Inclusion

Equity ≠ Equality

Successful DEI requires a systematic approach and sustained investments.
References


## Resources

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

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.

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
Refer to Beacon’s COVID-19 webpage for the most up-to-date information
One suicide is too many.

Thank you.