SECOND NATIONAL CONFERENCE

YSRC

From Science to Solutions:
Integrating Diverse Perspectives to Close the Gap
Between Youth Suicide Research, Policy, and Practice.

Jun 10-11 | 11AM

Broadcast Virtually

Mission Statement

We are an interdisciplinary network of researchers dedicated to the study of youth suicidal behavior among diverse populations (i.e., diversity based on race, ethnicity, socioeconomic status, gender, sexual orientation, and ability), with an emphasis on understanding and decreasing disparities. Recognizing that contemporary models of suicide tend to rely on research with adult populations – despite a higher onset and growing prevalence of suicidal behavior in adolescence and emerging adulthood – our first goal is to leverage our collective expertise to **improve research on youth suicidal behavior, suicide prevention, and treatment**. Furthermore, the increasing diversity of the US population, particularly among youth, suggests a pressing need for theories and research that address issues of diversity. Thus, our second goal is to **increase research on suicide among underrepresented populations of youth** by fostering multilevel and cross-disciplinary conceptualizations of youth suicide and self-harm in the United States and other parts of the world. Additionally, we want to **disseminate what we know** among families, teachers, clinicians, youth, policy makers, media, and other consumers who are not researchers or academics but for whom suicidal behaviors are of concern. Lastly, we seek to **empower researchers from a variety of backgrounds and disciplines** to advance in their careers by mentoring aspiring and junior researchers interested in the study of youth suicidal behavior.

Schedule of Events

DAY 1- JUNE 10th

11:00AM Welcome Remarks

11:15AM Suicidal Behaviors among Asian-American Youth: Current
Research and Future Directions

12:50PM Concurrent Sessions

2:00PM Assessment of Suicidal Behaviors with Minoritized Youth

3:15PM Break

3:30PM Advancing Interventions for Minoritized Suicidal Youth

4:50PM Closing Remarks

DAY 2- JUNE 11th

11:00AM Welcome Remarks

11:05AM From the Ground Up: Capacity-Building, Community-Based
Interventions, and Dissemination

12:20PM Break

12:30PM Concurrent Sessions

1:20PM Break

1:30PM Telemedicine and Treatment of Youth Suicidal Behaviors
during COVID-19

2:45PM Evidence-based Policy in Youth Suicide Prevention

4:00PM YSRC Members Meeting

All events listed in Eastern Time (ET)

Suicidal Behaviors among Asian-American Youth: Current Research and Future Directions

(Thursday, 11:15am-12:45pm ET)

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Hyeouk Chris Hahm, Boston University

Brian Keum, University of California, Los Angeles

Camillia Lui, Public Health Institute

Summary

The goal of this panel is to bring together researchers focused on Asian-American mental health, some of whom also have a focus on suicidal behavior, to discuss the current status and advance new directions for the field.

Intersectionality, Community, and Suicide Risk among Minoritized Youth

Alexis Hopkins - Isolation and Responsibility: Black Youth, Community and Suicide Disclosure

Myeshia N Price - First Generation LGBTQ Youth Suicide Risk

Corbin Standley - Intersectionality, Social Support, and Youth Suicidality: A Socioecological Approach to Prevention

Corbin Standley - Social Justice and Equity: A Review of School-Based Suicide Prevention Programs

Andrea Wiglesworth - Understanding Suicide Risk for Youth who are Both Black and Native American: Intersectionality and Multiple-Marginalization

Assessing Suicide Risk with Diverse Youth: Approaches and Challenges

Kerri-Anne Bell - Examining Discrepant Reports of Adolescents' Self-Injurious Thoughts and Behaviors: A Focus on Racial and Ethnic Minority Families

Ana Ortin-Peralta - The Content of Suicide Ideation Varies by Suicide Attempt History among Adolescents

Phuc Nguyen - A Network Perspective on Risk Factors for Lifetime Self-harm in Women with and without Childhood ADHD

Brendan Lam - Examining the Replicability in Youth Suicide Research

Youth Suicide Risk and Resilience

Emily Mitchell - How does Childhood Traumatic Brain Injury and Non-Suicidal Self Injury Affect Suicidality Age of Onset?

Emily Mitchell - Do Childhood TBIs Contribute to an Increased Risk of Suicide Through Multiple Lifetime Suicide Attempts?

Petty Tineo - Acculturative Stress and Trauma Symptoms and Suicide Ideation among College Students: The Moderating Role of Familial Social Support

Simran Kaur - Decentering as a Moderator in the Relation Between Nonsuicidal Self-Injury and Suicide Ideation via Cognitive-Affective Factors

Rhonda Boyd, Children's Hospital of Philadelphia

Adam Miller, University of North Carolina at Chapel Hill
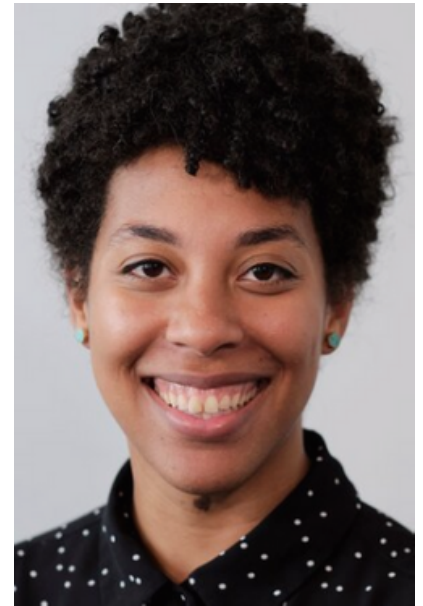
Sherry Molock, George Washington University

Lillian Polanco-Roman, The New School

Summary

The goal of this panel is to discuss the distinct approaches necessary for assessing suicidal behaviors with minoritized youth and how to implement these methods to diversify youth suicide research.

Mary Cwik, Johns Hopkins Bloomberg School of Public Health

Cindy Huang, Teachers College, Columbia University

Linda Oshin, Rutgers University

Summary

This panel will include presentations and conversations among researchers at different stages of treatment development on what has and hasn't worked with specific populations, along with how researchers collaborate with practitioners in the field and how science interventions evolved to work in other fields. Conversations will focus on the link between evidence-based suicide intervention and community specific practice. Next steps to advance youth suicide intervention implementation and policy will also be addressed.

Moderator: Yovanska Duarte-Velez, Brown Medical Center

Justin Chen, Harvard Medical School

Spero Manson, University of Colorado, Denver

Bernice Pescosolido, Indiana University, Bloomington

Summary

The goal of this panel is to advance discussion of how we can build evidence for suicide prevention from community and clinical practice and through researcher-community partnerships, particularly for minoritized youth.

Suicide Risk among American Indian/Alaska Native Youth

Cassidy Armstrong - An Overview of Suicide and Prevention and Intervention Efforts with American Indian/Alaska Native Populations

Ferhana Begum - Understanding Firearm Meanings and Safe Storage Patterns in Rural Alaska

Lauren White - Partnering with Rural and Remote Alaskan School Districts to Adapt the Promoting Community Conversations to End Suicide (PC CARES) Intervention in the "New Realities" of Post-Pandemic Research

Suicide Research in Latin America

Janam Teckani - Suicidal Ideation and it's Relation to Depressive Symptoms and Affective Involvement in Panamanian Adolescents

Yanet Quijada - Infusing the Trauma-Informed Approach in Youth Suicide Research: Lessons from the Field

Alejandra Rossi - Online Survey Biases: Lessons Learned From Suicidal Behaviors in a Context of Great Social and Economic Inequality

Telemedicine and Treatment of Youth Suicidal Behaviors during COVID-19

(Friday, 1:30pm–2:45pm ET)

YSRC

Michele Berk, Stanford University

Catherine Carlson, University of Alabama

Michelle Carlson, Teen Line

Michele Giordano, The Trevor Project

Summary

This panel will discuss challenges to providing suicide assessment, intervention, and prevention services during the COVID-19 pandemic and how telehealth (e.g., video, Internet, mobile) can help clinicians bridge the gap in services, particularly for minoritized youth and families.

Moderator: Jazmin Reyes-Portillo, Montclair State University

Evidence-based Policy in Youth Suicide Prevention

(Friday, 2:45pm-4:00pm ET)

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Janel Cubbage,

Johns Hopkins Bloomberg School of Public Health

Marnie Davidoff,

New York City Department of Health and Mental Hygiene

Brandon Johnson,

SAMHSA, Center for Mental Health Services

Summary

This panel will provide examples of work from the youth suicide prevention policy landscape, including efforts to advance evidence-based suicide prevention policies, ways to achieve racial equity in youth suicide prevention, and how research and policy can inform suicide prevention strategies. The goal of this panel is to identify ways that researchers and policymakers can collaborate to advance equitable and effective suicide prevention in diverse communities.

Moderator: Kiara Alvarez, Harvard Medical School

Concurrent Sessions Presenters

Cassidy Armstrong

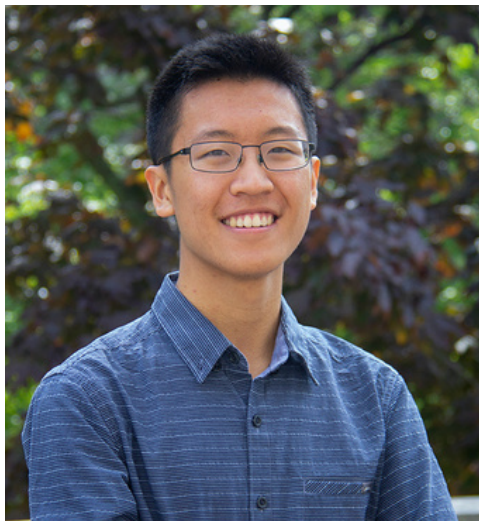**Ferhana Begum**

Kerri-Anne Bell

Ashley B. Cole

Alexis Hopkins

Simran Kaur

Concurrent Sessions Presenters

Brendan Lam

Emily Mitchell

Phuc Nguyen

Ana Ortin-Peralta

Myeshia N. Price

Yanet Quijada

Concurrent Sessions Presenters

Maricarmen Sanchez

Corbin Standley
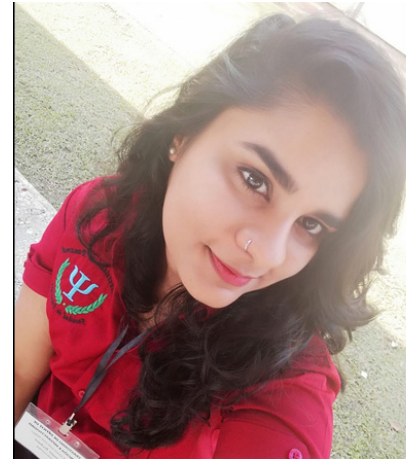
Janam Teckani

Alejandra Rossi

Petty Tineo

Lauren White

Andrea Wiglesworth

An Overview of Suicide and Prevention and Intervention Efforts with American Indian/Alaska Native Populations

Cassidy Armstrong; **Ashley Cole**
Oklahoma State University

Introduction: American Indian/Alaska Native (AI/AN) populations experience devastatingly high rates of suicide yet remain understudied and underserved regarding suicide prevention and intervention efforts. This presentation will provide an overview of suicide rates among AI/AN populations, including AI/AN youth, and review existing evidence-based suicide intervention and prevention efforts that were either developed with, or adapted for, AI/AN populations. **Method**: We will review what is known about suicide among AI/ANs, including defining and contextualizing AI/AN identities and cultures, providing historical and contemporary rates of suicide among AI/ANs, and discussing risk and protective factors for suicide among AI/AN youth populations. We will also review the existing evidence-based suicide intervention and prevention efforts that were either developed with, or adapted for, AI/AN populations. **Results**: According to the most recent nationally available statistics, the crude rate for suicide deaths across age groups is 13.65 per 100,000 among AI/AN populations. When examined by age groups, the crude rate for suicide deaths is 24.81 per 100,000 among AI/AN young adults (aged 15-34 years), which highlights the devastatingly high rates of suicide among some AI/AN youths compared to their same-age counterparts from other ethnic/racial backgrounds. We will discuss three evidence-based and culturally relevant suicide prevention and intervention efforts with AI/AN communities: The American Indian Life Skills Curriculum, a cultural adaptation of Dialectical Behavior Therapy, and The White Mountain Apache Surveillance Model. **Conclusions**: We will conclude this presentation with recommendations for conducting suicide prevention and intervention work with AI/AN communities, a call for future areas of research, clinical utility for individual-level and public health approaches, and recommended trainings for preventing suicide among AI/AN peoples.

Understanding Firearm Meanings and Safe Storage Patterns in Rural Alaska

Ferhana Begum; **Aneliese Apala Flaherty**; **Diane Schneeberger**; **Lisa Wexler**
MIchigan State University

Objective: Alaska Native (AN) youth are disproportionately affected by suicide, with the highest rates in the nation (3 times greater). The majority of suicide deaths in Alaska are via firearms (60%). The Family Safety Net (FSN) is a universal safe firearm storage intervention that supports adults in restricting access to firearms in their homes, building on family-centric values of AN people.. Targeting all homes is particularly important, since most households in remote Alaska have firearms, increasing suicide risk. To do this respectfully, appropriately, and effectively, our survey gathers information about local firearm storage practices, beliefs, and concerns. **Methods:** The FSN survey was created by adapting the FACTS Parent Survey and 3 focus groups done with Alaska Native adults to reflect local language, practices, and beliefs and refined using feedback from 10 community members. Using Qualtrics, the survey was distributed online to people 18+ years who lived in NWA for 5+ years. Descriptive analyses were conducted using R (Version 4.0.0) to identify safe storage patterns in homes. **Results:** The focus groups identified themes regarding firearm storage such as association, motivations, concerns, barriers and common practices, which were incorporated into the survey. Currently, 105 surveys were completed by mostly women (76%) from the largest community (83%). 73% have youth in the home (71% are under 7), and 69% of households have firearms. Long guns were stored more safely than handguns, with 19% stored at least one handgun unlocked and less than 2% loaded compared to 23% handguns stored unlocked and 11% loaded. **Conclusions:** As handguns are often used for personal protection rather than hunting, they are likely stored unsafely for quick access. Preliminary analysis suggests priority in improving home storage methods while addressing personal safety concerns. Future implementation could benefit from identifying novel ways to engage ANs in surrounding villages.

Examining Discrepant Reports of Adolescents' Self-Injurious Thoughts and Behaviors: A Focus on Racial and Ethnic Minority Families

Kerri-Anne Bell; **Ilana Gratch**; **Theresa Ebo**; **Christine Cha**
Teachers College, Columbia University

Introduction Efforts to systematically integrate reports across multiple informants have been shown to improve the prediction of clinical outcomes; however, adolescents and their parents do not always agree. Reporting on adolescents' self-injurious thoughts and behaviors (SITBs) is no exception. While prior work has revealed the presence of parent-adolescent discrepant reports, little is known about who is most likely to display such discrepancies. To address this knowledge gap, the present study examined racial and ethnic differences in parents' and adolescents' reports of adolescent SITBs. **Methods** The sample included 45 community parent-adolescent dyads (M=15.79 years, SD =1.42) reporting on adolescents' history of suicidal ideation (SI), suicide planning, suicide gesture, suicide attempt, and nonsuicidal self-injury (NSSI) via the Self-Injurious Thoughts and Behaviors Interview-Revised (SITBI-R), and the Suicide Ideation Questionnaire (SIQ). The sample was racially and ethnically diverse (42.2% White, 22.2% Black, 22.2% Hispanic, 17.8% Asian, and 15.6% other), mostly female (55.6%), and majority heterosexual (53.3%). **Results** Greater discrepancies in reports of adolescents' SI, χ2(1)=4.14, p<.05, phi=.35, NSSI, phi=.59, p<.05, and suicide plan, phi=.46, p<.05, was observed among racial minority parent-adolescent dyads compared to White dyads. Similarly, Hispanic parent-adolescent dyads yielded more discrepant reports of adolescent NSSI compared to non-Hispanic dyads, phi=.48, p<.05. Additionally, racial minority dyads had greater discrepancies in reports of adolescents' SI severity in comparison to White parent-adolescent dyads, U=8.00, z=-2.01, p<.04, r=.55. No racial differences were detected across reports of adolescent suicide gesture nor attempts, and no ethnic differences were detected for reports of adolescent SI, plan, gesture, or attempt. **Discussion** These findings shed light on specific populations among whom SITB-related informant discrepancies may be observed. This further magnifies the importance of key considerations to be taken when conducting comprehensive assessments with diverse adolescents and their families.

Isolation and Responsibility: Black Youth, Community,, and Suicide Disclosure

Alexis Hopkins; **Kirsty Clark**; **Ashley Hagaman**
Yale School of Public Health

Background. Incidence of death by suicide amongst Black youth is rising in the United States and represents a critical yet under-studied component of suicide research. The present study examines how Black young adults who experienced suicidality (i.e., thoughts, ideation, attempts) in their youth turned to their social support systems and communities for support. **Method**. The first author conducted 17 semi-structured interviews of Black young adults [range=18-25] who reported experiencing suicidality during their childhood [range 7-17]. Interviews were audio recorded and transcribed verbatim; we drew upon a grounded theory approach to generate themes related to interpersonal relationships and community support during the youth's period of suicidality. **Results**. Two central themes detailed Black youth's experience turning to their social support systems and communities while experiencing suicidality. First, participants described how they believed that seeking help would only further isolate them and perhaps even make their life worse. Drawing upon past experiences, they saw that expressing negative emotions could result in getting in trouble, being ostracized, or exposing their suicidality. Second, participants described a strong sense of responsibility to their communities and how the role they played in their community (e.g., family, peer group, school) prevented them from being able to disclose their suicidality and seek help. Although they felt isolated from their communities, they saw themselves as integral pieces to them, which created a sense of guilt at the idea of further burdening these communities or leaving them to deal with the aftermath of a suicide. **Conclusion**. We uncovered novel Black youth-specific experiences that were associated with hesitancy to disclose their suicidality, limited help-seeking, and elucidated the impact of community on Black youth's suicidality. Findings delineate critical considerations for suicide prevention tactics and interventions for this understudied and vulnerable population.

Examining Decentering as a Moderator in the Relation Between Non-Suicidal Self-Injury and Suicide Ideation via Cognitive-Affective Factors

Simran Kaur[1]; **Beverlin Rosario-Williams**[2]; **Regina Miranda**[1][2]
[1] Hunter College, CUNY
[2] The Graduate Center, CUNY

Objective: Given the high prevalence of self-injury but low treatment-seeking among young adults, brief, accessible interventions might help reduce risk of self-injurious thoughts and behavior in this population. This cross-sectional study examined the moderating effects of decentering—a cognitive-affective regulation strategy—in the relation between non-suicidal self-injury (NSSI) and suicide ideation via cognitive-affective factors that increase risk for both NSSI and suicide ideation. **Methods**: College students (N = 125, 79% women), ages 18-27, pre-screened for moderate levels of depression and anxiety, completed self-report measures of NSSI, decentering, rumination, hopelessness, depressive symptoms, and suicide ideation. **Results**: Young adults with past-year non-suicidal self-injury scored lower on decentering than their peers without NSSI. Decentering was associated with lower levels of all cognitive-affective risk factors and moderated the relation between NSSI and rumination, but not the relation between NSSI and hopelessness and depressive symptoms. Decentering moderated the indirect effect of past-year non-suicidal self-injury on past-week suicide ideation via rumination, but not via hopelessness or depressive symptoms. **Conclusions**: Decentering is a potential cognitive-affective regulation strategy for targeting factors that increase risk of self-injurious thoughts and behaviors. Future studies should examine decentering as a buffer against risk using designs that allow for conclusions about temporal order of effects.

Examining the Replicability in Youth Suicide Research

Brendan Lam[1]; **Jeremy Stewart**[2]
[1] Holland Bloorview Kids Rehabilitation Hospital, Bloorview Research Institute
[2] Queen's University

Introduction: Successful replication is important for a strong science. However, the replicability of many studies in Psychology have been questioned. Estimating replication rates can provide insight on the state of a field prior to conducting replication studies, which are costly and still less incentivized. The relatively novel Z-curve approach more accurately estimates replication rates than previous approaches. Here, we aimed to estimate the statistical power of the field of youth suicide research. We hypothesized that the expected discovery rate (i.e., the mean power of all studies) would range between 60 - 70%. **Method:** The database PsycINFO was searched for articles that focused on youth suicide. Eighty articles were randomly sampled and hand coded for search criteria. Specifically, results had to contain chi-square, t, F, or z-scores to calculate the exact p-values, which were converted to z-scores. We fit a Z-curve to 763 z-scores using an expectation-maximization algorithm. This study was pre-registered, and all materials and deviations can be found at https://osf.io/w8zxm/. **Results:** The observed discovery rate was 60%, 95% CI[56, 63], and the expected discovery rate was 25.2%, 95% CI[9.1, 53.2], indicating a discrepancy between the observed power and power when corrected for publication bias. The expected replication rate was 65.3%, 95% CI[56.1, 74.5], meaning that around 65.3% of studies are expected to get statistically significant results in a direct replication. The Soric False Discovery Rate was 15.6%, 95% CI[4.6, 52.6], which is the estimated Type I error rate. **Conclusions:** Relative to social psychology, our results indicate that youth suicide research has a better replication rate. However, there is room for improvement when compared to the field of cognitive psychology. Open science practices (e.g., having journals encourage registered reports) and larger sample sizes are key steps that can be taken to improve the state of our field.

Do Childhood TBIs Contribute to an Increased Risk of Suicide Through Multiple Lifetime Suicide Attempts?

Emily Mitchell[1]; **Angela Page Spears**[3]; **Sarah R. Sullivan**[1][2]; **Marianne Goodman**[1][2]
[1] James J. Peters Veterans Affairs Medical Center
[2] Icahn School of Medicine at Mount Sinai
[3] Teachers College, Columbia University

Introduction: TBI is associated with a higher risk of suicide. It remains unknown if the timing of the TBI has an impact on suicidality. Understanding if childhood TBI may contribute to increased suicide risk will help to better elucidate if those who sustain a childhood TBI should be monitored for suicide risk. The aim of this study is to explore whether childhood TBI increases future suicide risk. **Method:** A sample of 89 Veterans with suicidality (determined by CSSRS) were recruited from a VA. Participants were then administered the SITBI as well as the OSU TBI Identification Method. Participants were 89.9% male and racially diverse (37.1% Black, 33.7% White, 9.0% Multiracial, 1.1% Native American, and 15.7% Other; 44.9% Hispanic). **Results:** To analyze how TBI status and number of lifetime attempts are associated, an ANOVA was run by three TBI groups (no TBI, childhood TBI, and adult TBI) and the SITBI question regarding number of suicide attempts in lifetime. Between the TBI groups, the number of suicide attempts was found to be significantly different ($F_{(2,71)}$ = 4.678, p =.012). Looking at the multiple comparisons for this outcome, there was a statistically significant difference between the number of attempts for those with no TBI (M=2.4, SD=1.6) and those with childhood TBI (M=4.4, SD=3.3), those with childhood TBI having significantly more attempts, p=.028. **Conclusions:** These results suggest that those with a childhood TBI are at risk for multiple suicide attempts. Because of a higher number of attempts than those without TBI, those with a childhood TBI should be increasingly monitored for risk. This finding confirms a strong relationship between suicide and TBI, and suggests interventions start earlier (i.e., childhood TBIs).

How does Childhood Traumatic Brain Injury and Non-Suicidal Self Injury Affect Suicidality Age of Onset?

Emily Mitchell[1]; **Angela Page Spears**[3]; **Sarah R. Sullivan**[1][2]; **Marianne Goodman**[1][2]
[1] James J. Peters Veterans Affairs Medical Center
[2] Icahn School of Medicine at Mount Sinai
[3] Teachers College, Columbia University

Introduction: Over the last 50 years, school-based suicide prevention programs have been developed and implemented in an effort to curb rising suicide rates among youth. Despite these efforts, however, research has found mixed evidence to suggest such programs have a significant effect on their intended outcomes (e.g., knowledge about suicide and its warning signs, help-seeking behavior, and student empowerment) and no evidence suggesting such programs decrease youth suicide rates. This review of school-based suicide prevention programs goes beyond traditional empirical outcomes to evaluate programs against a set of criteria informed by social justice and equity principles, including intersectionality and systems change. **Methods**: A systematic review was conducted using ProQuest to find relevant articles published between 2010 and 2020 focused on school-based suicide prevention programs. A total of 40 articles met final inclusion criteria and were then coded using the criteria related to intersectionality, systems approaches, ecological approaches, equity, social support, and empirical support. **Results:** Overall, beyond the mixed empirical support for SBSP programs, such programs also typically fail to include equity and social justice as guiding principles in their design and implementation. Findings suggest existing programs are overly focused on individual risk identification and behavior change and rarely include key elements of social justice and equity. **Conclusions:** Findings suggest there is a great need for social justice-oriented programs that foster holistic belongingness and support for youth. Recommendations for future suicide research and program design, as well as for school-based programs in particular, are discussed.

A Network Perspective on Risk Factors for Lifetime Self-Harm in Women with and without Childhood ADHD

Phuc Nguyen; **Joseph W. Tu**; **Jocelyn I. Meza**; **Stephen P. Hinshaw**
UC Berkeley

Introduction. Suicide is the second leading cause of death for youth ages 10–24. Identifying key risk factors has become a priority in suicide research across recent decades. Given its heterogeneity, suicidality may not be explained by any single risk factor but instead by complex configurations of factors. Traditional hypothesis testing methods often fail to consider these risk factors as a complex system, whereas data-driven approaches (e.g., machine learning) are limited in generalizing to the population. Adopting a network perspective can thus be advantageous, given this ability to visualize potential underlying complexity while being theoretically informed. Networks can also help to generate hypotheses that can be then tested empirically by future research. **Method.** A sample of 228 girls with ADHD and comparison girls, initially aged 6–12 years, from the Berkeley Girls with ADHD Longitudinal Study (BGALS) was evaluated at Wave 1 and Wave 2 (five years later). Separate mixed graphical models (MGMs) were generated cross-sectionally for each wave, with various childhood and adolescent theoretically driven and developmentally appropriate risk factors for predicting lifetime suicide attempt (SA) and non-suicidal self-injury (NSSI) by Wave 4 (mid-20s). **Results.** Childhood impulsivity (W1) and adolescent inattentive symptoms (W2) were associated with lifetime NSSI, whereas adverse childhood experiences (ACEs) were associated with lifetime SA, when adjusting for the influence of all other risk factors. **Conclusions.** As an extension of complexity science, network analysis offers a window into the complex relationships among risk factors. Our findings suggest childhood and adolescent risk factors that may set the stage for lifetime SA and NSSI in girls with and without ADHD. including the influence of childhood impulsivity vs. adolescent inattentive symptoms, along with adverse child experiences. Complex relations among risk factors may offer initial group-level hypotheses, from which clinical researchers may develop intervention targets.

The Content of Suicide Ideation Varies by Suicide Attempt History among Adolescents

Ana Ortin-Peralta[1]; **Natalia Macrynikola**[2]; **Jhovelis Mañanà**; **Christina Rombola**[3]; **Evan Gilmer**[3]; **Sandra Runes**[4]; **Muhammad Waseem**[4]; **Regina Miranda**[2][3]
[1] Yeshiva University
[2] The Graduate Center, CUNY
[3] Hunter College, CUNY
[4] New York City Health + Hospitals

Introduction. Self-report measures of suicide ideation (SI) tend to yield a total score indicating severity or frequency of SI but overlooking the specific nature of SI that might be indicative of risk of engaging in suicidal behavior. Recent studies suggest that the form of SI and suicide-related imagery may help identify which individuals will transition from thinking about to attempting suicide. This study examines differences in the content of SI among adolescents with recent SI, with or without a history of suicide attempts (SAs), and a recent SA. **Methods**. One hundred and eight adolescents, ages 12-19, from racially/ethnically diverse backgrounds were recruited from an emergency and outpatient departments and one outpatient clinic in the Bronx, NY. Adolescents completed a semi-structured interview about the form and content of their recent SI and were classified based on the event for which they were enrolled in the study, SI or SA. The SI group was divided further based on whether they had a SA history (SI/Past SA) or not (SI/No SA). **Results**. The SA and SI/Past SA groups more often had SI for 4 hours or more than the SI/No SA group. The SA group more often thought about ingestion than in the SI/No SA group and about what would happen to their bodies after the SA than in both SI groups. Wish to die was stronger among adolescents in the SA and SI/Past SA groups than the SI/No SA group. The majority of adolescents reported imagery during their SI. Additional results will be discussed during the presentation. **Conclusions**. Our findings suggest differences in SI content by SA history. SI characteristics, such as duration of the SI or thoughts about a method, should be considered when conducting suicide risk assessments, as they distinguish between different levels of suicidal behavior.

First Generation LGBTQ Youth Suicide Risk

Myeshia N Price; **Amy E. Green**
The Trevor Project

Purpose: Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth face significant disparities in suicide risk. However, LGBTQ youth represent a diversity of experiences, including youth who are first generation immigrants. First generation immigrants often experience considerable stressors, including discrimination, acculturation stress, and immigration concerns. Examination of suicide risk at the intersection of these two identities is limited. This study examined suicide risk among first generation LGBTQ youth. **Methods:** We analyzed a large national quantitative cross-sectional survey of over 9,000 first generation immigrant LGBTQ youth ages 13 to 24 across the U.S. **Results:** Overall, 38% of first generation LGBTQ youth reported seriously considering suicide in the past year and 15% reported a past-year suicide attempt. After controlling for demographic variables, these rates were not significantly different from LGBTQ youth whose parents were born in the U.S. First generation LGBTQ youth who reported worrying about themselves or their family being detained or deported due to their immigration status (aOR = 1.63) and who experienced discrimination based on their actual or perceived immigration status (aOR = 2.63) had significantly higher odds of reporting a suicide attempt in the past year compared to those who did not experience these risk factors. First generation LGBTQ youth who were Latinx, Asian/Pacific Islander, Black, and more than one race or ethnicity reported higher rates of both of these risk factors compared to first generation LGBTQ youth who were White. **Conclusion:** These findings suggest that being part of a first generation immigrant family is not, in and of itself, associated with disparities in suicide for first generation LGBTQ youth. Rather, it is first generation LGBTQ youth's unique societal experiences that place them at risk. Prevention efforts should be tailored to specifically address the unique challenges and stressors for first generation LGBTQ youth.

Infusing the Trauma-Informed Approach in Youth Suicide Research: Lessons from the Field

Yanet Quijada[1]; **Carolina Inostroza**[2]; **Pamela Vaccari**[2]; **Julie Riese**[3]; **Carolina Hausmann-Stabile**[3]
[1] Universidad San Sebastian
[2] Universidad de Concepcion
[3] Bryn Mawr College

Adolescent suicidal behaviors and suicide are a serious public health problem in Chile and around the world. Advancing research in youth suicidal behaviors is needed to understand how to reduce the rates of suicide. In these studies, researchers often enroll suicide survivors, individuals who have been exposed to suicidal behaviors and suicide. Suicidal behaviors and suicide, and related phenomena (e.g., victimization) can qualify as traumatic experiences because they entail at least some threat to physical integrity and life. Given the high prevalence of suicidal behaviors and suicide, researchers must approach participants, families, and communities with care to prevent re-traumatization. In our presentation, we will discuss how investigators can infuse the SAMHSA (2014) Trauma-Informed (TI) model in their work. The TI approach describes ways in which we can better serve individuals who have experienced trauma. Our discussion will be organized around research stages and tasks: study design, recruitment, data collection and analysis, and care for the research team. We will illustrate the integration of the TI model key elements and principles with examples from work in youth suicide research conducted in Chile between 2017 and 2018. We posit that infusing the TI model in research aligns with the ethical mandate of beneficence. Despite framing our reflections within the Chilean context, we believe that our experiences conducting research with populations impacted by traumatic events can help other researchers interested in working with traumatized populations. By sharing our reflections, we hope to encourage other investigators around the globe to incorporate the TI approach in their studies' design and implementation.

Online Survey Biases: Lessons Learned From Suicidal Behaviors in a Context of Great Social and Economic Inequality

Alejandra Rossi[1]; **Gricelda Ferrero**[1]; **Misale Moreno Frias**[2]; **Valentin Brodsky**[3]; **Sofia Soto**[2]
[1] Universidad Católica de Córdoba
[2] Casa del Joven, Ministerio de Salud del Gobierno de la Provincia de Córdoba
[3] CONICET Argentina

Introduction. Youth suicidal behaviors are a growing public health concern in Argentina. For example, suicide represents the second cause of death among youth, and the rates of youth suicide increased 328% between 1997 and 2008. During the early stages of the COVID-19 pandemic, there was speculation that the conditions of social isolation, economic distress, and limited access to mental health services would increase the risks for suicidal behaviors among individuals with pre-existing vulnerabilities. In this presentation, we will discuss the lessons learned from a project on the risk factors for suicidal behaviors during the pandemic among young Argentineans. **Method**. We collected data online between November and December 2020 from 245 participants ages 18 to 24. Online surveys are becoming increasingly popular as data-gathering tools, and are promoted to be cost-effective when compared to other methods. They are also considered a safer, socially-distant, approach to collect data during the pandemic. Most research on online data collections, however, has been conducted in high income countries, and we know little about how this method impacts the quality of data collected in context of social and economic inequality. **Results**. Data cleaning and preliminary analysis showed that online data collection with youth in Argentina has multiple drawbacks that affect the scientific validity of the data that may be related to the country's social and economic disparities and differential access to internet and computers/smartphones. We discovered that online tools may lead to data collection problems such as non-random survey desertion; lack of representation of low-income groups; and overrepresentation of female and high-educated groups. **Conclusions**. We argue that sampling biases may arise because of accessibility issues resulting from economic disparities and gender dynamics. We conclude the presentation offering strategies to collect quality and representative data about protective and risk factors for youth suicidal behaviors in the context of great social and economic disparities such as that of Argentina.

Intersectionality, Social Support, and Youth Suicidality: A Socioecological Approach to Prevention

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Objective: This study examined the relationship between social support and suicidality among youth from a public health perspective by using (1) a socioecological framework, and (2) an intersectional approach to social identity. **Methods**: Secondary analysis of cross-sectional survey data (N = 5058) involved means comparisons and a series of standard and hierarchical regression analyses. **Results**: Youth with intersecting marginalized identities (i.e., females and racial and sexual minority youth) were significantly more likely to report higher suicidality scores. Social support at the family, school, and community levels was significantly associated with lower suicidality scores, and the combination of family and school support was associated with the lowest suicidality scores. Finally, family support significantly reduced the relationship between intersecting marginalized identities and suicidality. **Conclusions**: Findings highlight the importance of protective factors in every context in which youth live, learn, and play. Measuring and reporting social identities as well as their intersections adds to our understanding of both risk and prevention.

Social Justice and Equity: A Review of School-Based Suicide Prevention Programs

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Introduction: Over the last 50 years, school-based suicide prevention programs have been developed and implemented in an effort to curb rising suicide rates among youth. Despite these efforts, however, research has found mixed evidence to suggest such programs have a significant effect on their intended outcomes (e.g., knowledge about suicide and its warning signs, help-seeking behavior, and student empowerment) and no evidence suggesting such programs decrease youth suicide rates. This review of school-based suicide prevention programs goes beyond traditional empirical outcomes to evaluate programs against a set of criteria informed by social justice and equity principles, including intersectionality and systems change. **Methods**: A systematic review was conducted using ProQuest to find relevant articles published between 2010 and 2020 focused on school-based suicide prevention programs. A total of 40 articles met final inclusion criteria and were then coded using the criteria related to intersectionality, systems approaches, ecological approaches, equity, social support, and empirical support. **Results:** Overall, beyond the mixed empirical support for SBSP programs, such programs also typically fail to include equity and social justice as guiding principles in their design and implementation. Findings suggest existing programs are overly focused on individual risk identification and behavior change and rarely include key elements of social justice and equity. **Conclusions:** Findings suggest there is a great need for social justice-oriented programs that foster holistic belongingness and support for youth. Recommendations for future suicide research and program design, as well as for school-based programs in particular, are discussed.

Acculturative Stress and Trauma Symptoms and Suicide Ideation among College Students: The Moderating Role of Familial Social Support

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Introduction: Throughout their lives, minority young adults are more likely to be exposed to traumatic events, which can lead to increases in suicide ideation (SI). Additionally, due to increased stressors associated with greater autonomy and peer influences, experiencing acculturative stress during young adulthood may exacerbate their trauma symptoms, which can exacerbate SI. Research has also shown that family and social support are significant protective factors of these mental health outcomes. Therefore, the aim of this study was to fill in missing gaps in the literature and examine the relationship between familial acculturative stress and trauma symptoms and SI, and the moderating role of familial social support among young adults. **Method:** Participants were 419 diverse college students from Montclair State University in New Jersey, who completed an online survey examining mental health symptoms and cultural factors among college students. Participants completed the SAFE Acculturative Stress Scale, Multidimensional Scale of Perceived Social Support, PTSD Checklist, Screen for Adult Anxiety Related Emotional Disorders, and the Beck Scale for Suicide Ideation. **Results:** Of the total sample, 81.4% (n=341) were female with a mean age of 19.59 (SD=2.22), and approximately 60% of participants identified as a racial/ethnic minority individual. Additionally, about 15% (n=64) of participants reported experiencing SI in the past two weeks and 58% (n=243) reported experiencing symptoms consistent with PTSD in the past month. Moderated linear regression analyses revealed a significant acculturative stress-buffering effect of familial social support on trauma symptoms (B= -.10, SE= .04, p<0.05), as well as SI (B= -.14, SE= .06, p<0.05). **Implications:** These results suggest that assessing acculturative stress levels, as well as familial social support are especially important when assessing for trauma and suicide risk among young adults. Additionally, these findings may inform intervention efforts when working with suicidal youth.

Suicidal Ideation and it's Relation to Depressive Symptoms and Affective Involvement in Panamanian Adolescents

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Introduction. Adolescence is a time of multiple physical, social and psychological changes, and there is a greater vulnerability to experience mental health conditions and risk behaviors that can lead to suicidal ideation. The aim of this study was to screen for the presence of suicidal ideation, depressive symptoms, and affective involvement; it was established as a correlation hypothesis that the higher the functional affective involvement, the lower the presence of depressive symptoms in the group of adolescents with suicidal ideation. **Method.** This was a descriptive-correlational non-experimental cross-sectional study. The sample consisted of 122 adolescents, ages 15 to 18, who participated voluntarily with the authorization of a responsible adult. The Beck Depression Inventory and Family Functioning Scale were used. A descriptive analysis of the variables studied and a correlational analysis between the variables of depression and affective involvement in adolescents with suicidal ideation were performed. **Results.** Suicidal ideation was reported by 30.3% of adolescents. From this group with suicidal ideation, 70.3% presented depressive symptomatology at moderate and severe levels. 51.4% presented functional affective involvement and 48.6% reported an absence; 45.6% presented dysfunctional involvement and 48.6% reported an absence. An average negative correlation was found between depression and functional affective involvement (r = -0.48), and a low positive correlation between depression and dysfunctional affective involvement (r = 0.14). **Conclusions.** The adolescents reported the presence of suicidal ideation and high depressive symptoms, and it was also observed that many of these adolescents do not perceive within their family environment affective bonds that could play a protective role. It was observed how vital it is to inquire about the presence of suicidal ideation in school settings. We recognize that in our Panamanian society there is a need for public policies and laws on mental health issues that contribute to eliminate stigma and reduce risk behaviors and, above all, deaths by suicide

Partnering with Rural and Remote Alaskan School Districts to Adapt the Promoting Community Conversations to End Suicide (PC CARES) Intervention in the "New Realities" of Post-Pandemic Research

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Summary Because suicide is deeply connected to local, historical, and relational contexts, effective suicide prevention strategies require adaptation to the unique needs of diverse communities while maintaining adequate fidelity of evidence-based practices. Promoting Community Conversations to End Suicide (PC CARES) builds the capacity of local people in close-knit rural Alaska Native communities to take preventative actions based on their own relationships, roles, and priorities. Pre-COVID, the intervention consisted of a series of learning circles delivered by local facilitators who attended a 40-hour, in-person training. These 2-5 individuals would recruit community members to regular gatherings and host discussions about different aspects of suicide prevention and how to apply evidence-based best practices to their personal and cultural contexts, developing plans for taking action with the shared goal of promoting self- determined, evidence-informed, community-based suicide prevention.

After the pandemic made gathering and travel health hazards, we adapted the process to remotely-delivered learning circles that partner schools (which had the will and existing infrastructure to connect staff with the research team) and behavioral health providers in two rural and remote regions in Alaska. Teachers, administrators, school and mental health counselors have attended 6 learning circles that address a spectrum of prevention strategies and local research—from "upstream" primary prevention, to secondary/indicated prevention, to responding as a school and community in the event a suicide occurs ("postvention"). Lessons learned from this adaption process can be helpful to others working to navigate community-specific priorities, evidence-based approaches, school-based interventions, and cross-sector research relationships.

Understanding Suicide Risk for Youth who are Both Black and Native American: Intersectionality and Multiple-Marginalization

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Introduction: Previous research has shown that multiracial youth experience rates of depression, suicide thoughts, and suicide behaviors at similar rates of Native American youth, the highest suicide risk group (Subica & Wu, 2018). Yet, the suicide literature fails to address suicide among multiracial youth. Aims of the current study were to 1) identify differences in suicide risk among monoracial and biracial Black, Native American, and White youth and 2) examine the impact of additional intersectional identities (i.e., biological sex, sexual minority status, and low income status) on suicide ideation and attempt. **Method**: The sample included 188,816 White youth (WH), 14,220 Black youth (BL), 2,804 Native American youth (NA), 496 Black and Native American biracial youth (B-NA), and 5,569 White and Native American biracial youth (W-NA) who participated in the Minnesota Student Survey. An ANOVA was run to examine racial group differences in lifetime SI/SA. Logistic regression analyses were then run to examine the relationship between additional intersectional identities and race (with both BL and NA reference groups) in predicting SI/SA. **Results**: Results revealed that B-NA reported significantly higher SI and SA than BL or WH, but did not differ significantly from NA or W-NA. W-NA reported significantly higher SI/SA than NA. When examining the impact of sexual minority status, there was a significant interaction, where B-NA youth experienced less of an increase in odds (e.g., flatter slope) of SA as compared to BL and NA when endorsing sexual minority group membership. **Conclusions**: Biracial B-NA youth show distinct patterns of SI/SA when examining additional intersectional identities. This work represents a preliminary step in understanding suicide risk and resilience for youth who identify as both Black and Native American. Future work is needed to better understand B-NA experiences and how these might relate to SI/SA.

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Thank You

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