

Provider Notice

To: **All Providers**
From: **PerformCare**
Date: **May 1, 2023**
Subject: **Suicide Prevention #11: Youth Mental Health Crisis**

For our bi-monthly communication regarding managing clients with suicidal thinking, PerformCare would like to bring provider attention to a CDC data release as it pertains to the youth and the declaration of a mental health emergency issued by the American Academy of Pediatrics (AAP) in 2021. This declaration indicated that youth mental health concerns had steadily been rising but marked increases were being seen consistent with the timing of the COVID-19 Pandemic. With this crisis came increases in suicidal thinking, attempts, and increased risk factors for adolescents, notably sadness and hopelessness (a key risk factor for suicide). Disparities among gender and LGBTQ youth were pronounced.

CDC data related to the youth mental health crisis are summarized in the Youth Risk Behavior Data Summary. You can view the full report at https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends-Report2023_508.pdf. This summary examines ten - year trends among high school students. It addresses many facets of youth mental health to include sexual behaviors, substance abuse, violence, mental health, and social determinants of health. According to this report, and specific to suicide, feelings of sadness and hopelessness have steadily increased from 2011 to 2021, with a marked jump from 2019-2021 of 47% to 57% in females, whereas there was a smaller 2% increase for males from 27% to 29%. Females seriously considered suicide at increasing rates from 24% to 30% in this same time frame. Males saw an increase of 1% (13-14). Suicide attempts increased by 2% (11-13) and remained stable in males at 7%. During the 2021 time - period half of LGBTQ+ students seriously considered attempting suicide, one in four attempted, and three in four had persistent feelings of sadness and hopelessness.

Outlined in the Youth Risk Behaviors Data Summary was a key protective factor related to school connectedness. Youth who felt more connected within their school system had less risk factors for mental health concerns. It is noted that clinicians in our network may not have the ability to implement school prevention programming, but they play a key role in impacting school connectedness. When working with youth who identify risk factors such as sadness, hopelessness, suicidal thinking, and the various other concerns outlined in the survey, as well as a lack of school connectedness, clinicians may consider this in treatment planning. Working with individual youth to identify specific interests and helping them to access supports is well within the role of clinicians, case managers etc. Types of connections identified as protective to youth are to counselors, in - school clubs for peer support, a trusted teacher and/or peer, collaboration to become involved in activities of interest etc. Thus, there is clear pathway from the treatment setting to the school.

References

<https://publications.aap.org/aapnews/news/17718?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000>

https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf