**NATIONAL CFRP**

Center for Fatality Review & Prevention

# EQUITY IN FATALITY REVIEW:
## CHILD AND YOUTH SUICIDE

TELLING STORIES TO SAVE LIVES

# KEY FUNDING PARTNER

**Federal Acknowledgement**

# HOUSEKEEPING

Before we get started

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- This webinar is being recorded and will be available on the National Center's webpage (URL: www.ncfrp.org).

- Participants are muted. Use the question-and-answer box ask questions.

- Contact the National Center (email: info@ncfrp.org) for any tech problems.

# EVALUATION

https://www.surveymonkey.com/r/32BRMMX

# Diane Pilkey, RN, MPH

**Federal Welcome and Introductions**

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**Senior Nurse Consultant**

Division of Child, Adolescent and Family Health

Maternal and Child Health Bureau

Health Resources and Service Administration

**HRSA'S VISION FOR THE NATIONAL CENTER**

# Improving Systems of Care and Outcomes for Mothers, Infants, Children, and Families

Assist state and community programs in:

- Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes.

- Improving the quality and effectiveness of CDR/FIMR processes.

- Increasing the availability and use of data to inform prevention efforts and for national dissemination.

# Agenda

At the end of this presentation, attendees will have increased knowledge about:

**DISPARITIES IN SUICIDE**

Highlight disparities and the inequities that drive these differences

**RESOURCES**

The breadth of resources available to apply these concepts to fatality review

**TAKING ACTION**

How to use this knowledge and these resources in practice

# Speakers

The speakers have no financial relationships or interests to disclose.



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National Center

# Prioritizing Personal Wellbeing

The content of today's meeting may include information about individual or aggregate fetal, infant, or child deaths. This may evoke strong feelings or other distress. Please prioritize your own wellbeing during this meeting, even if you need to step away from the meeting. Contact the Suicide & Crisis Lifeline at 988 via phone or text for additional support.

# Structural Inequity

Some families lose infants, children and youth to the types of deaths reviewed by fatality review teams not as a result of the actions or behaviors of those who died, or their parents or caregivers. Social factors such as where they live, how much money or education they have and how they are treated because of their racial or ethnic backgrounds can also contribute to a child's death. Segregation impacts access to high-quality education, employment opportunities, healthy foods and health care. Combined, the economic injustices associated with residential, educational and occupational segregation have lasting health impacts that include adverse birth outcomes, infant mortality, high rates of homicide and gun violence and increased motor vehicle deaths.

# EQUITY IN FATALITY REVIEW: CHILD AND YOUTH SUICIDE

New Guidance Report

The goal of this guidance is to highlight disparities in suicide and suicidality alongside the associated social determinants. This understanding directs how Child Death Review (CDR) teams approach the reviews of suicide deaths and our subsequent prevention efforts.

Data from the National Fatality Review-Case Reporting System (NFR-CRS) are shared for children and youth ages 5-17 years old who died by suicide, where possible. Supplemental data from additional sources are highlighted when data from the NFR-CRS are limited.



NATIONAL CFRP
Center for Fatality Review & Prevention

November 2023

**Equity in Fatality Review: Child and Youth Suicide**

National Center Guidance Report

# DISPARITIES AND INEQUITIES

And How to Apply These Concepts to Fatality Review

# Level Setting

**Health equity** is the state in which everyone has a fair and just opportunity to attain their highest level of health.

**Disparities** are preventable differences in health outcomes experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment.

Measuring disparities helps measure our progress toward achieving equity.

# 1

# RACE AND ETHNICITY

Disparities, Inequities, and How to Apply These Concepts to Fatality Review

# Historical Trauma

Trauma through racist experiences of colonialism, genocide, slavery, and oppression flows across generations to impact health.

# Racism

Ongoing experiences of racism and racial discrimination are associated with increased suicidality among young people of color.

# Racial Residential Segregation and Neighborhood Poverty

Neighborhoods that people of color were segregated to experienced disinvestment, leaving them with concentrated poverty.

# Barriers to Seeking Help and Accessing Care

For some groups, the cost of care, stigma associated with seeking help for mental health challenges, and poor quality of care are barriers.

# Lack of Culturally Relevant Prevention Strategies

For many years, research on suicide has centered a white perspective by not prioritizing study designs that involve participants of color and undervaluing research that does discuss race.
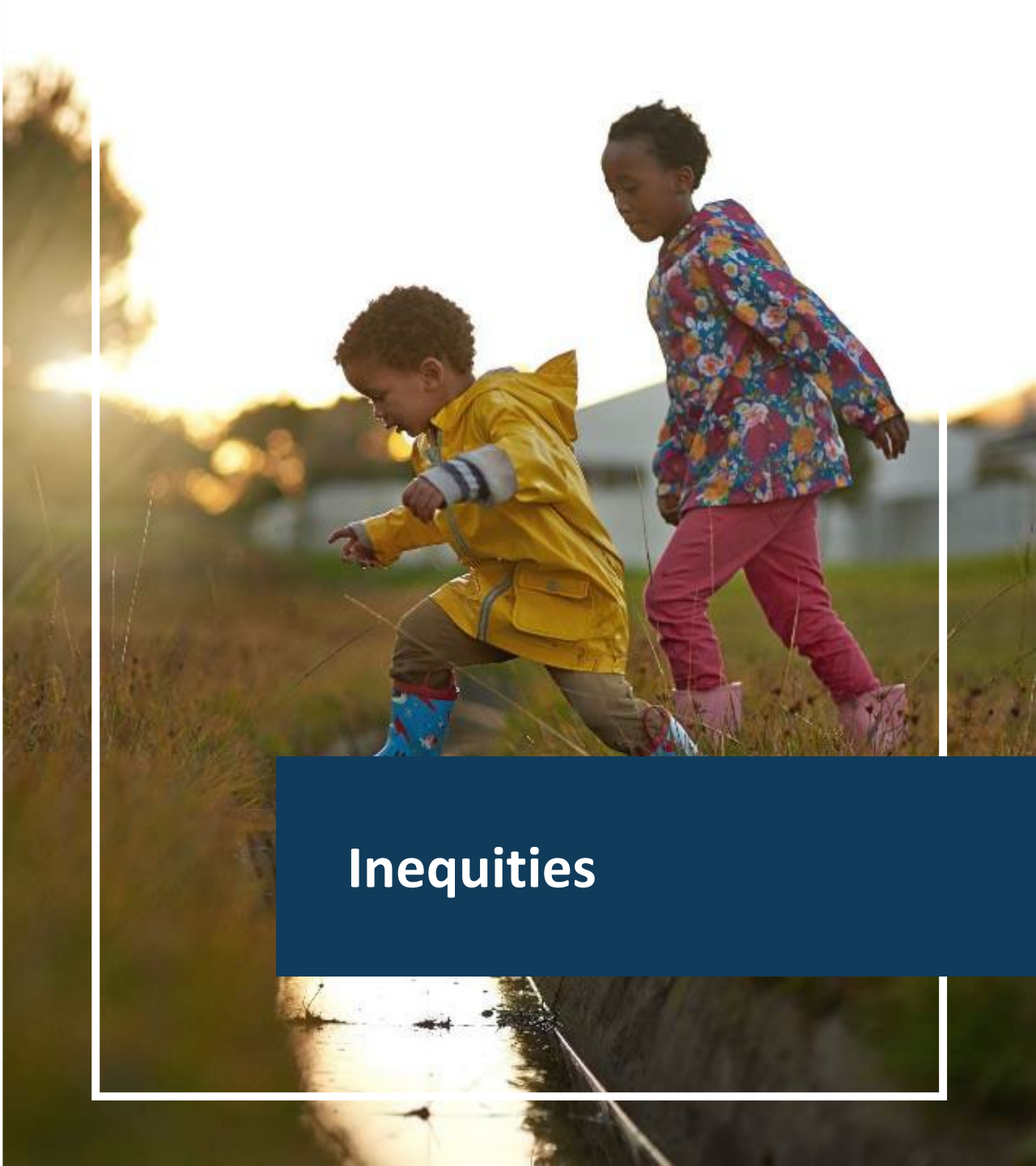
**Inequities**

# Applying These Concepts to Fatality Review

Key Tools and Considerations

Become familiar with the National Center's existing guidance.

Improving Racial Equity in Fatality Review

Improving the Coordination of Fatality Review Programs with AI/AN Communities

Provide team members with education on racial equity and implicit biases. Develop shared terminology.

Implicit Bias (Racial Equity Tools)

Anti-Racism Toolkit (Georgetown University)

Discuss race and ethnicity in a respectful, non-stigmatizing way.

Talking About Disparities (FrameWorks Institute)

Bias-Free Language (American Psychological Association)

Consider neighborhood and community context with supplemental data sources.

PeriStats (March of Dimes)

City Health Dashboard (NYU Langone Health)

Kids Count (Annie E. Casey Foundation)

Make prevention recommendations that prioritize equity. See guidance for examples.

**2**

# SEXUAL ORIENTATION AND GENDER IDENTITY

Disparities, Inequities, and How to Apply These Concepts to Fatality Review

# Level Setting

**LGBTQ+:** An umbrella term that collectively refers to people who are lesbian, gay, bisexual, transgender, queer, and questioning. The '+' represents those who are part of the community, but for whom LGBTQ does not accurately capture or reflect their identity (e.g., intersex, asexual, pansexual, agender, bigender, and genderqueer).

## Heterosexism and Transphobia

LGBTQ+ youth are systematically impacted by the stigma that stems from heterosexism and transphobia in families, schools, communities, and policies.

## Non-inclusive School Curricula

LGBTQ+ inclusive sex education is associated with reduced suicidal ideation, increased mental health, and lower experiences of bullying among LGBTQ+ youth.

## Limited Access to Safe and Affirming Spaces

Affirming practices such as the use of chosen names, access to preferred restroom, and safe spaces can help to create supportive environments and reduce suicidality.

## Limited Access to Informed and Affirming Health Care

Providing health care that is informed, affirming, and inclusive is critical to improve health outcomes among LGBTQ+ youth.

## Lack of Informed Prevention Strategies

Universal interventions do not adequately address the unique experiences of LGBTQ+ youth, such as coming out and the stigma stemming from heterosexism and transphobia.

**Inequities**

# Applying These Concepts to Fatality Review

Key Tools and Considerations

Develop shared terminology.

Sexual orientation, gender identity, mental health, and suicide resources (The Trevor Project)

Discuss sexual orientation and gender identity in a respectful, non-stigmatizing way.

GLAAD Media Reference Guide – 11th Edition (GLAAD)

Bias-Free Language (American Psychological Association)

Utilize other data sources that can provide information about the experiences of LGBTQ+ youth.

Youth Risk Behavior Survey (CDC)

School Climate Survey (GLSEN)

School Health Profiles (CDC)

Make prevention recommendations that prioritize equity. See guidance for examples.

# 3

# GEOGRAPHY

Disparities, Inequities, and How to Apply These Concepts to Fatality Review

## Geographic and Social Isolation

Living in a rural area can be isolating, where many residents are self-reliant for survival. This can decrease a person's sense of connectedness.

## Limited Access to Mental and Behavioral Health Care

Mostly owed to shortages in qualified clinicians and long travel times to any health care facility.

## Increased Stigma Associated with Mental Health

A sense of independence may foster shame about mental illness, which can ultimately run deep and across generations within families.
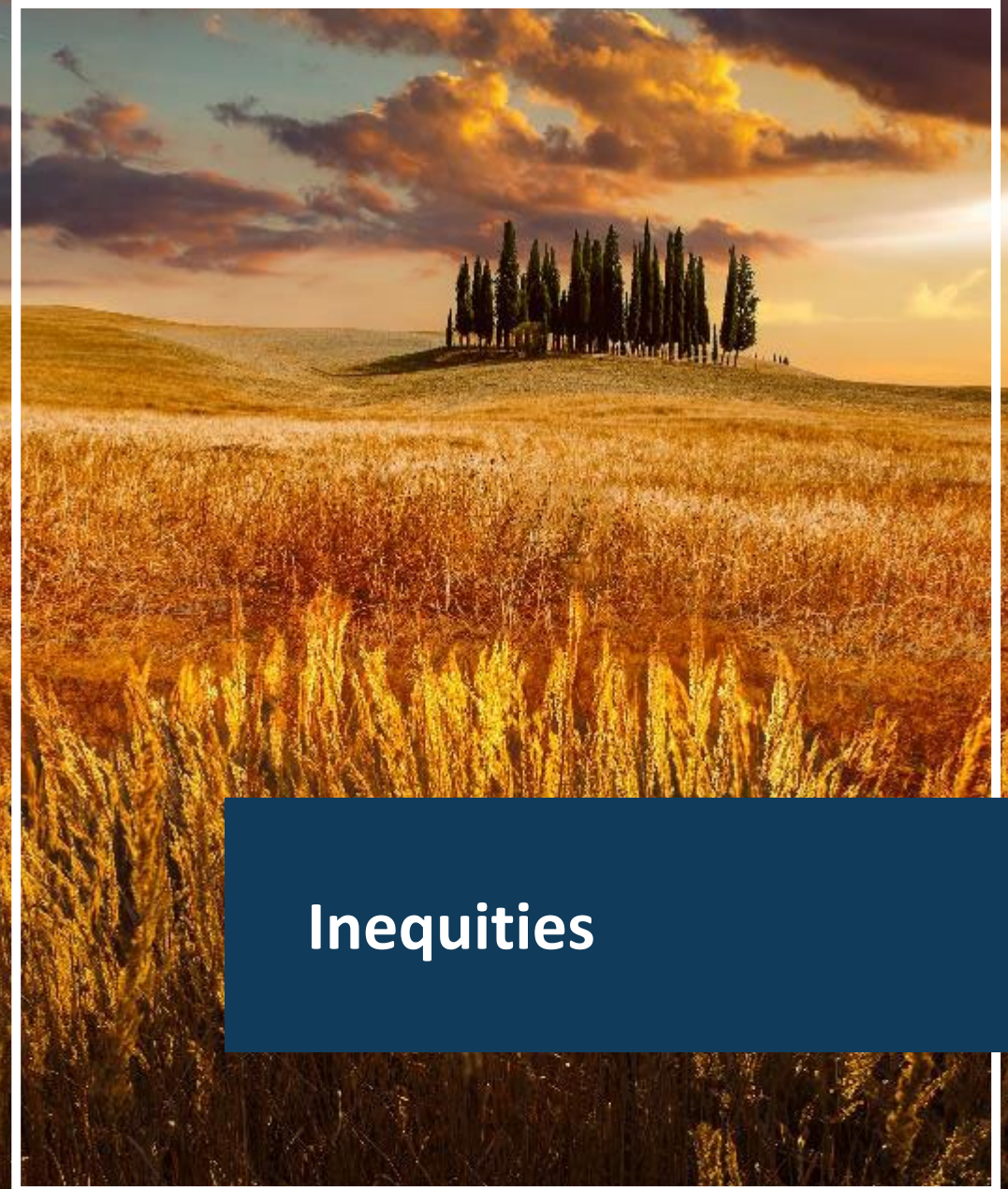
## Increased Stigma Associated with Seeking Help

Many people living in rural areas report not wanting to seek help because of the stigma and lack of anonymity when accessing services.

## Increased Access to Firearms

Owning and using firearms is more common among rural residents. Firearms are used for protection, hunting, agricultural needs, and recreation.

## Inequities

# Applying These Concepts to Fatality Review

Key Tools and Considerations

Discuss firearms in a respectful, non-judgmental manner that emphasizes autonomy and options.

Conversations about firearms can be difficult but should not be avoided. Normalize the conversation by discussing the risk of firearms without stigma.

Consider neighborhood and community context by utilizing supplemental data sources.

HRSA Map Tool (HRSA)

Rural Data Explorer (Rural Health Information Hub)

Kids Count (The Annie E. Casey Foundation)

Make prevention recommendations that prioritize equity. See guidance for examples.

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# CHILDREN AND YOUTH WITH DISABILITIES

Disparities, Inequities, and How to Apply These Concepts to Fatality Review

# Level Setting

The UN Convention on the Rights of Persons with Disabilities identifies people with disabilities as individuals who have long-term physical, mental, intellectual, or sensory impairments which, when combined with negative attitudes or environmental barriers, prevents them from taking a full and active role in society. This broad definition of disability is used for purposes of this report.

## Ableism

Youth with disabilities are systematically impacted by the stigma, prejudice, and discrimination that stems from ableism in communities, systems, and policies.

## Barriers to Quality Health Care

Youth with disabilities lack access to care specific to their needs. Providers hesitate to take on routine care for people with disabilities and disability-specific care can be cost-prohibitive.

## Inaccessible Transportation and Public Buildings

Accessibility of the built environment is crucial to ensuring that people with disabilities can fully participate in society.

## Isolation and Limited Social Supports

Youth with disabilities share that participating in social activities, being with friends and family, and feeling valued and capable are vital to their personal wellbeing.

## Lack of Resources

The cost of raising a child with a disability and limited access to skilled child care for children with disabilities are significant challenges for families.

**Inequities**

# Applying These Concepts to Fatality Review

Key Tools and Considerations

Discuss mental health and disability in a respectful, non-stigmatizing way.

Dos and Don'ts When Talking About Mental Health (On Our Sleeves)

Use Person-First Language to Reduce Stigma (Mental Health First Aid)

Communicating With and About People with Disabilities (CDC)

Utilize other data sources that can inform us about youth with disabilities more broadly.

Students with Disabilities (NCES)

Data and Statistics on Disability and Health (CDC)

Kids Count (The Annie E. Casey Foundation)

Make prevention recommendations that prioritize equity. See guidance for examples.

# Intersectionality

**A framework developed by Kimberlé Crenshaw**

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- Social systems of oppression intersect and shape the lives of people with multiple identities and social statuses.

- Children and youth who identify with multiple stigmatized and minoritized identities are among the most impacted by suicide, as different inequities overlap and create a compounding effect.

- Since suicide is a complex and multifaceted problem, intersectionality is crucial in understanding suicide risk, and should always be considered during the review and prevention discussion.

**Race**

**Geography**

**Gender identity**

**Ability**

**Other identities**

**Sexual orientation**
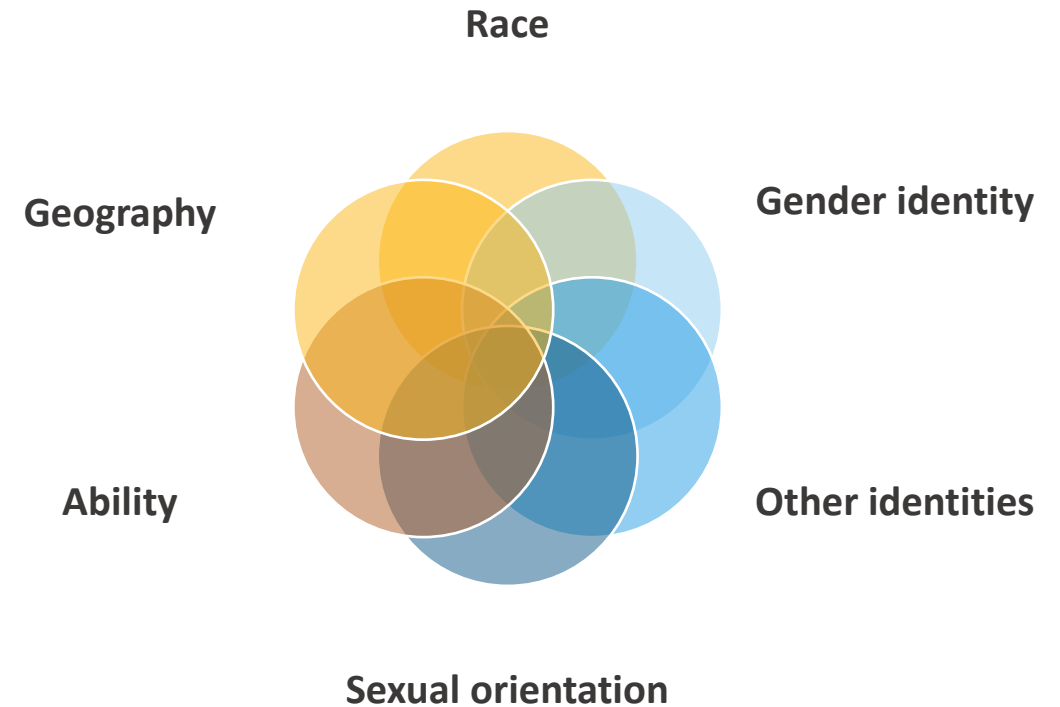
# Additional Tools

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Overarching Tools and Strategies

Become familiar with the National Center's existing guidance.

Suicide Prevention Best Practices

Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams

Life Stressors Guidance

Utilize education and resources from the Suicide Prevention Resource Center, including the Best Practices Registry.

Provide team members with training and education on equity and implicit biases.

Roots of Health Inequity (NACCHO)

Implicit Bias Resource Guide (NICHQ)

Implicit Bias: Concepts Unwrapped (McCombs School of Business)

Develop co-created community agreements.

Co-creating community agreements in meetings (Drawing Change)

Developing community agreements (National Equity Project)

Use best practices for communicating about suicide.

Words Matter: Suicide Language Guide (CAMH)

Language Matters: Talking About Suicide (Texas HHS)

Make prevention recommendations that prioritize equity. For additional examples and up-to-date resources, visit these sites.

Suicide Prevention Resource Center

National SOGIE Center

National Strategy for Suicide Prevention

National Institute of Mental Health

# MOCK CASES

Applying These Concepts to Fatality Review

# Meet Jake

A Mock Case

Jake is a 13-year-old, Black male who died due to suicide by hanging. Jake lived in an urban area and had been diagnosed with ADHD. Since his ADHD diagnosis the year prior, he had not been receiving regular mental health services. He expressed suicidal thoughts to a caregiver 3 months prior to his death. During the death investigation, a friend of Jake's shared that Jake had been depressed recently but did not feel comfortable asking for help from adults at school.

# Meet Jake

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# REFLECT

- **What are some contextual factors to consider?**

- **What resources could you use to ensure an equitable case review?**

- **What prevention recommendations might be made that consider equity?**

# Applying What We've Learned

Jake: A Mock Case

| Contextual Factors to Consider | Tools to Use Prior to and During the Review | Possible Prevention Recommendations |
|---|---|---|
| • The possible ongoing effects of redlining in Jake's urban neighborhood<br>• Potential limited access to mental health services<br>• Systemic inequities for Black children in schools | • Supplemental data sources to understand neighborhood context (e.g., City Health Dashboard, American Community Survey)<br>• Educational resources for team members on racial equity and implicit biases<br>• Discuss mental health in a respectful, non-stigmatizing way | • Support policies, training, and workforce development to ensure that school staff are knowledgeable about the unique needs of young people of color and that they reflect the populations they serve<br>• Develop and evaluate anti-oppressive, culturally relevant prevention strategies |

# Meet Sarah

A Mock Case

Sarah is a non-binary sixteen-year-old who died due to suicide by firearm. Sarah lived in a rural area. Sarah had been experiencing bullying and discrimination at school, which caused them to feel depressed and worthless. Their chosen name and pronouns were not being used consistently in school. Sarah's school also did not have a Gender and Sexuality Alliance (GSA) group or inclusive anti-bullying policies.

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# REFLECT

- **What are some contextual factors to consider?**

- **What resources could you use to ensure an equitable case review?**

- **What prevention recommendations might be made that consider equity?**

# Applying What We've Learned

Sarah: A Mock Case

| Contextual Factors to Consider | Tools to Use Prior to and During the Review | Possible Prevention Recommendation(s) |
|---|---|---|
| • Structural stigma perpetuated by transphobia<br>• Limited access to safe, affirming spaces in school and community<br>• Lack of inclusive school policy and curricula<br>• Limited access to informed and affirming health care in rural areas<br>• Increased access to firearms as a lethal means | • Supplemental data sources to understand context (e.g., HRSA's Health Workforce Shortage Areas)<br>• Respecting Sarah's name and pronouns during the entire review process<br>• Education to team members on gender terminology<br>• Discuss firearms in a respectful, non-judgmental manner that emphasizes autonomy and options | • Support the development of GSAs, LGBTQ+ inclusive school curricula, anti-harassment policies, and anti-bullying policies<br>• Name, pronoun, and bathroom affirmation for gender-diverse youth<br>• Support mental health workforce development in rural areas<br>• Support lethal means restriction and safety by empowering communities to implement proven approaches |

# QUESTIONS

## WHAT ADDITIONAL INFORMATION WOULD BE HELPFUL?



### USE THE QUESTION-AND-ANSWER BOX

The box is located at the bottom of the screen.

### UNANSWERED QUESTIONS

All unanswered questions will be answered and posted on the National Center's website (URL: **www.ncfrp.org**).

# EVALUATION

https://www.surveymonkey.com/r/32BRMMX

# CONTACT INFORMATION

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