

How Teens Use Trauma Services: Differences based on Suicide Risk and Ethnoracial Identity



In 2021, suicide was the second leading cause of death among youth ages 10-14 and third leading cause of death among youth ages 15-24 in the United States. In recent decades, Black and Hispanic/Latine youth are increasingly reporting higher rates of self-injurious thoughts and behaviors compared to their Non-Hispanic White peers. Understanding where Black and Hispanic youth who are at elevated risk for suicide (i.e., reporting self-injurious thoughts or behaviors) are utilizing services can tell us where and how to improve identification efforts to enhance suicide prevention.

What is the issue?

- Black and Hispanic/Latine youth are experiencing disproportionate increases in risk for suicide, defined as the presence of reporting self-injurious thoughts or behaviors.
- This risk is exacerbated by greater exposure to specific types of adverse childhood experiences and trauma exposures, such as race- and ethnicity-based discrimination, community violence, and parental involvement in the legal/carceral system.
- The identification and referral of youth at risk for suicide within healthcare sectors is often hindered by systemic access barriers, such as cost of services, access to insurance.
- Service sectors outside of healthcare, such as social services and schools, may offer additional opportunities to identify and refer youth at risk, but less is known regarding mental health service utilization from these non-healthcare services.

What are the findings?

- Non-Hispanic Black adolescents reporting suicide risk were less likely to receive mental health services compared to:
 - Black adolescents without suicide risk
 - Non-Hispanic White adolescents with suicide risk
- General healthcare services, such as emergency department and primary care services were more likely to be used by adolescents reporting suicide risk compared to adolescents without risk.
- Schools and social services were equally likely to be utilized, regardless of suicide risk.

What can you can do?

- 1 Routine screening** for suicide risk amongst youth is key to identification. Consider the screening tools used to assess for suicide risk, and whether they have been validated amongst samples of Hispanic and Black youth.
- 2 In all youth-serving settings, providers have a key role in referring youth to needed services. Adopt a holistic approach** by not only referring to targeted mental health services, but also considering what community resources could be beneficial (i.e., individualized education plans, food insecurity).
- 3 Engage in early prevention efforts** to reduce exposure to adversity, such as abuse and community violence, in turn reducing future risk for suicide.

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The Core Data Set was developed as a central part of the mission and vision of National Child Traumatic Stress Network (NCTSN), which seeks to raise the standard of care for children who have experienced trauma. The NCTSN Core Data Set was the first collection of behavioral health data to include a set of forms and assessment measures designed to systematically capture important demographics, trauma exposure, client functioning, service use, and treatment information for youth and families affected by trauma. The Core Data Set includes information from 74 NCTSN sites that received referrals for 19,073 children who experienced trauma between the years of 2004 and 2012.

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