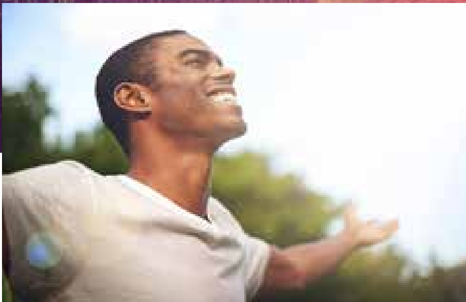
YOUTHRIVE
WE ALL SUCCEED WHEN YOUTH SUCCEED
wake county, nc

SHINING THE LIGHT

Findings from Wake County Focus Groups on Youth Suicide Prevention



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youth-thrive.org

ACKNOWLEDGMENTS

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Youth Thrive would also like to acknowledge our community partners who contributed their time and talents to this effort:

- The Alice Aycock Poe Center for Health Education
- Alliance Health
- HopeLine
- Wake County Public School System (WCPSS)
- The Youth Thrive Emotional Well-Being Action Team
- The Youth Thrive Board of Directors

Individuals from the groups above served as an informal leadership team for this project and were critical thought partners in the development and execution of key grant activities. They leveraged their connections and resources to ensure that our stakeholder and community engagement efforts were successful. Subject matter expertise was also provided by Jane Ann Miller, MPH, Public Health Program Consultant for the NC Division of Public Health, Injury and Violence Prevention, NC DHHS.

A most important "thank-you" also to all of the focus group participants who provided meaningful and profound insights to help advance the important issue of youth suicide prevention.

We also extend our gratitude to our community partners and collaborators who hosted us in their buildings: the Wade Edwards Learning Lab (the WELL), the Hope Center at Pullen, and the City of Raleigh Pathways Center.

The content of this report is solely the responsibility of the authors and does not necessarily represent the official views of the John Rex Endowment.

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INTRODUCTION

To "shine the light" on something suggests bringing into view that which is seemingly invisible or hiding in plain sight. The phrase reflects bringing clarity, information, and understanding to an issue or topic. This report on the findings of the Suicide Prevention Planning Grant, which the John Rex Endowment generously supported and made possible, seeks to spotlight the issue of youth suicide prevention.

Far too many Wake County youth die by suicide, forfeiting their promise and potential. Instead of becoming thriving adults, their lives are cut short—leaving a trail of devastated families, schools, and communities who struggle to answer why this happened and what they could have done to prevent it. Suicide is now the second leading cause of death for children ages 10–17 in North Carolina (North Carolina Institute Of Medicine and NC Child, 2019). According to the North Carolina State Center for Health Statistics, the rate of youth suicide has almost doubled over the past 10 years.

Suicide is preventable! The elimination of suicide, and the related issue of bullying, are existing, community-defined priorities. The Youth Thrive collaborative is committed to identifying the root causes of these social issues—and we are advancing strategies and solutions that support the emotional well-being of our young people, particularly those who are most vulnerable.

Viable solutions to community problems require community involvement. Through in-depth focus groups, interviews, and surveys, *Shining the Light* has captured authentic, unfiltered feedback from the community on youth suicide and its prevention. In this report you'll find information that reflects direct input from Wake County parents, youth service providers, members of the faith community, and **most importantly, from youth themselves.** Profound insights and understanding were shared about what people know, what they feel, and what they believe to be needed most to adequately address this pressing problem in Wake County. All focus group findings have been summarized to protect the confidentiality of participants.

METHOD

Community Conversations: What we did, who we talked to, and what we learned

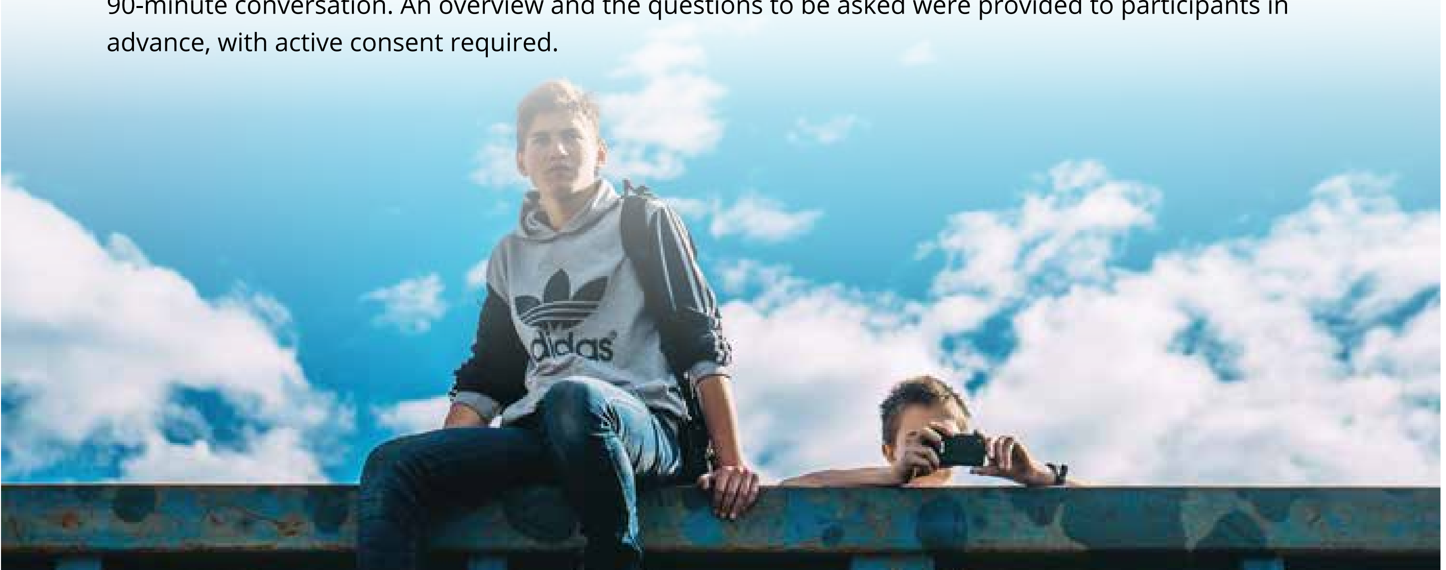
There is a wide range of publicly available information on youth suicide, from facts and stats to evidence-based approaches and strategies for prevention. Being data-driven is a core value of the work of the Youth Thrive collaborative, and incorporating community voice and perspective through qualitative data is a critical component of how we define and address issues impacting youth. The results of the community-based focus groups we conducted on suicide and its prevention are therefore the central feature of *Shining the Light.*

As a research tool, focus groups are designed to capture the perceptions and experiences of select target populations regarding a particular topic. Focus groups are widely recognized as a highly effective means of gathering information about why people think or feel the way they do. Conducting these groups allows us to record nuanced views not easily captured in a survey or other format.

Connecting directly with a diverse range of community members was essential to this effort. We convened focus groups that included the following:

- Youth: Two groups of young people, which included some youth in foster care as well as some who identified as gender fluid/LGBTQ. The groups were also racially/ethnically diverse and included youth in grades 5–12.
- Parents: One group of diverse parents of young people.
- Youth Service Providers: Two groups, which included a broad range of representatives from various sectors, such as afterschool providers, school staff, public safety, health, and mental health.
- Faith Community: This group included individuals of Muslim, Jewish, and Christian faiths.

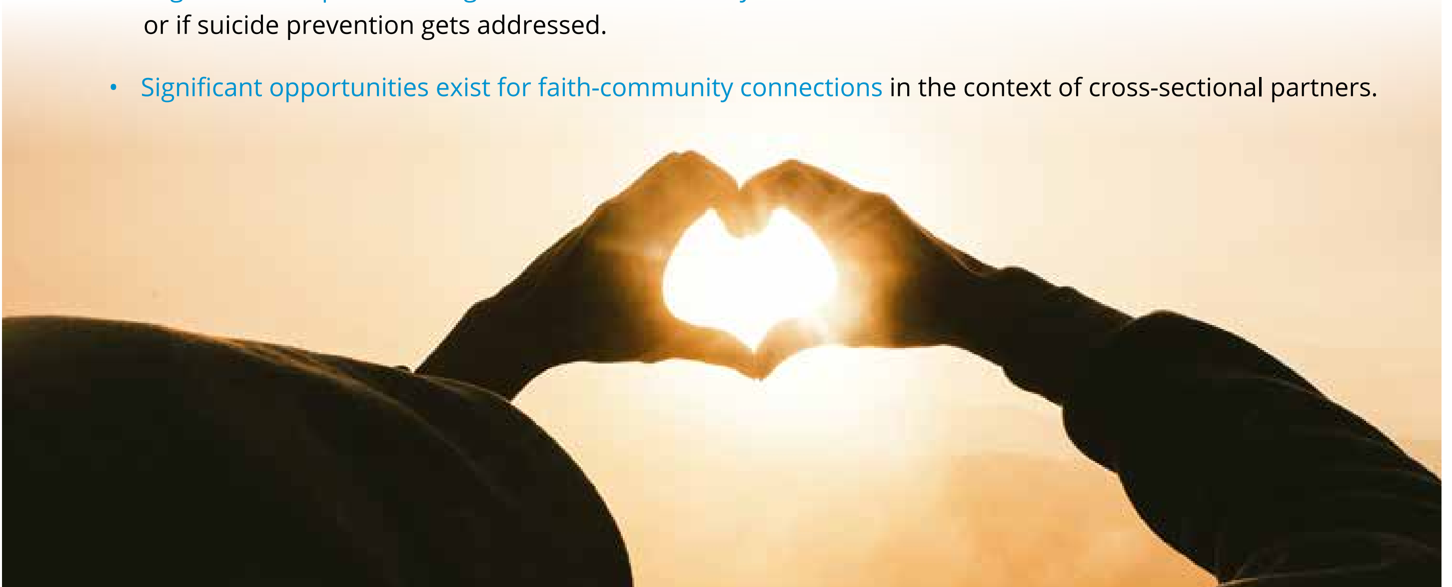
Focus groups of up to 15 were held in community/agency settings. An independent consultant (and a transcriber) facilitated each group. A licensed clinician was on-site for each focus group to provide support, should it be needed. Participants were provided with a meal and received a gift card for participation in a 90-minute conversation. An overview and the questions to be asked were provided to participants in advance, with active consent required.



KEY LEARNINGS

Youth Thrive has appreciated the emphasis on building and being a part of a learning community with respect to the development of *Shining the Light* and related activities. Our efforts, as supported by the planning grant we received from the John Rex Endowment, were intended to surface key learnings centered on ideas, attitudes, and beliefs about youth suicide prevention. Below are the most critical learnings that emerged from the community-based focus groups we conducted:

- Youth perception of mental health education is that it is sorely lacking. It is approached as a unit, a "one-shot deal" with some boosters in select grades, rather than as an ongoing learning opportunity. Formal seminars that are infrequent are not helpful; youth crave more opportunities to talk with "near peers" about their feelings, stresses, and anxieties.
- Having an identified, authentic, and trusted champion for the issue you want to address is a primary success factor, even more critical than the designations of evidence-based or best practice interventions. Essentially you can have a great product, but without the right spokesperson, the overall adoption and integration of information into a community or system of service will be challenging and likely ineffective.
- Specifically in the youth-serving organizations and systems of care, there is a concern about the imbalance of increasing awareness regarding suicide and its prevention without increasing available mental health services and supports. As an example, organizations that do not have "in-house" mental health professionals may be less comfortable and/or feel at risk of having some liability associated with not being able to appropriately identify and respond to a young person in crisis.
- Planning initiatives and related programming, particularly efforts that are addressing sensitive and/or stigmatized topics like suicide prevention must be developed and delivered within a cultural context; efforts must work *with* communities/desired demographics, not just target them.
- There is a need for increased audience segmentation and tailored efforts across sectors. While there may be some universal goals/objectives established for a suicide prevention effort, generic messages may not "stick."
- Stigma—at the personal, organizational, community, and societal level—is a tremendous factor in how or if suicide prevention gets addressed.
- Significant opportunities exist for faith-community connections in the context of cross-sectional partners.



OVERVIEW & KEY TAKEAWAYS

from *Shining the Light* Focus Groups

Wake County Youth

We were intentional about gathering a variety of young people's perspectives from two separate focus groups. The youth who participated were in grades 5 to 12 and represented a wide range of racial and ethnic groups. Some self-identified as LGBTQ. Youth had different family configurations and living situations, including being in foster care.

The first youth focus group was attended by 13 Wake County youth. The youngest was in 5th grade, and the oldest had recently graduated high school. Of the 13, seven were female, six were African American, three were Caucasian, two were mixed race, one was Latinx, and one was Asian/Indian. One had completed high school, one was in 12th grade, seven were in 11th grade, two were in 10th grade, one was in 7th grade, and one was in 5th grade. Most youth who attended were not close friends with others in the group. The teens in the first youth focus group expressed a desire to move the conversation forward, desired positive change and action, and would like to help younger generations avoid what they have personally experienced.

Teens were clear that they find mental health education in schools to be sorely lacking.

Students who experience bullying or cyberbullying are nearly two times more likely to attempt suicide.

Patchin & Hinduja, 2017

LGBTQ youth seriously contemplate suicide at almost three times the rate of heterosexual youth.

Centers for Disease Control and Prevention (CDC), 2016

What Wake County youth told us about suicide and mental health:

- Many people are affected by these issues, and we need to normalize these topics.
- Many of those who are suffering don't get help, and better support systems are needed.
- Being LGBTQ increases the likelihood of being bullied.
- Bullying is related to adverse mental health and suicide.
- Youth are aware of specific mental health issues such as panic attacks and eating disorders and can describe symptoms and "what helps."
- Youth recognize that there is a connection between having experienced trauma and thinking about suicide.
- It helps to talk about problems, especially if you can talk with someone with appropriate training and/or personal experience.
- "Having people close to you who you trust" is a protective factor.
- Academic pressures (workload, course rigor, and college acceptance) are significant stressors.

Wake County Youth *(continued)*

The second youth focus group included young people currently in foster care. Nine youth attended: two were 13; five were 14; and two were 15. Seven of the young people were female and two were male; four were Caucasian and five were African American. All indicated they had some experience with suicide and/or self-harm, either through their own personal experience or someone close to them. Several shared that they had spent time in a mental health facility and that they had therapists in addition to their county-assigned social worker.

From the perspective of the youth in the first focus group, mental health, mental illness, self-harm, and suicide are not talked about seriously in school, church, or peer settings. Teens were clear that they find mental health education in schools to be sorely lacking. Formal seminars are held infrequently and are not helpful. For the most part, high school guidance counselors do not appear to be trained to respond to or support students seeking mental/emotional help, resulting in a general lack of trust. If a faculty member became engaged and supportive, it tended to be an adult responsible for facilitating extracurricular activities, such as the coach of a sports team.

All youth in the first focus group agreed that parents were not the first “stop” in seeking help. Youth agreed that parents were either dismissive of mental health/illness topics (“You’re a teenager,” “Stop spending so much time on your phone”) or over-reactive (“Let’s go to the psychiatric hospital”). One youth summarized what may be a common belief by describing their parents as “having too much invested emotionally” in them to be able to react appropriately to their struggles with mental health. Youth further indicated they didn’t want to add to their parents’ burdens by talking about mental health issues with them.

All youth in the first focus group agreed that parents were not the first “stop” in seeking help with mental health issues.

Approximately 1 in 5 children and youth in the US experience a serious mental health concern, yet only 20% of them receive the help they need.

Centers for Disease Control and Prevention (CDC), 2019

Current research suggests that suicide ideation and attempts among adolescents have nearly doubled since 2008 (Plemmons et al., 2018) making suicide the 2nd leading cause of death for individuals 10–34 years of age.

Centers for Disease Control and Prevention (CDC), 2017

What Wake County youth told us about suicide and mental health:

- Economic stressors affecting parents cause stress for kids as well.
- Schools need counselors that are clinically trained to provide therapy. Existing counselors focus on academics and are overwhelmed.
- Some parents are uncomfortable with young people receiving care from mental health practitioners and taking medications for mental health issues.
- Talking with peers/friends about mental health issues is *not* typically helpful.
- Significant stigma remains regarding mental health issues.
- Young people generally need help with stress management.

Youth stated that they did not seek help for a variety of reasons:

- **They lack a support system that understands mental health/illness.**
- **Their parents don’t understand or they don’t want to burden their parents.**
- **School counselors weren’t helpful or they don’t trust the counselor.**
- **They don’t want to be stigmatized by friends.**

Youth in the first group shared freely about their own struggles, which were specifically identified as stress, anxiety, and depression. Teens reported that they often joke about suicide. For example, they use hyperbolic phrases in non-literal ways such as texting "KMS" [kill myself] to a friend when given a large homework assignment. This use of hyperbole contributes to obscuring serious mental health issues in other young people who use joking as a way to reach out for help. Peers and friends are rarely included in support networks, because of a lack of knowledge and understanding about mental illness coupled with strong negative stigma. Bullying—which teens indicate is more prevalent in middle school than high school—is linked to anxiety and depression.

> Teens stated that they crave more near-peer opportunities to talk about mental health/illness.

Teens in the first group stated they crave more near-peer opportunities to talk about mental health/illness. They believe education and awareness are best gained from youth who have experienced problems firsthand, rather than through presentations with statistics. They believe mental health topics (bullying; suicide and self-harm; coping with anxiety, depression, and more) should be taught starting in 5th grade and woven into multiple class curriculums in every grade. By the time a student gets to high school, it's too late to start the conversation.

Youth participating in the second focus group were very expressive in their views that low self-esteem directly contributed to the likelihood of self-harm and/or suicide and that being in the foster care system contributed to feelings of low self-worth. The level of trust and the length of the relationship with an adult caregiver directly impacts youth's willingness to talk about suicide, self-harm, and mental health. Adult caregiver examples given included a foster parent, biological parent, social worker, therapist, and teacher. Youth believed that near peers with lived experience would positively impact their willingness to have these conversations and share in a productive way, although none had experienced this firsthand. For those youth with siblings in the home, the desire to be a positive role model was strong.

The teens in the second group singled out bullying as a significant factor contributing to low self-worth and self-esteem and increased inclinations to self-harm. From their perspective, bullying was not adequately addressed in schools. The youth in foster care indicated that, while some caregivers such as therapists, counselors, and social workers did address suicide and self-harm, they believed the staff of existing programs could increase efforts to normalize this conversation.

Approximately 18% of youth report self-harming at least once, impacting 1 in 4 girls and 1 in 10 boys.

Monto, McRee, & Deryck, 2018

Self-harm occurs most often during the teenage and young adult years, though it can also happen later in life. Those at the most risk are people who have experienced trauma, neglect, or abuse.

National Alliance on Mental Health (NAMI), 2020

What Wake County youth told us about suicide and mental health:

- They may be unable to "open up" to anyone about mental health problems and may in fact actively "hide" them.
- With adult support and appropriate training, some have taken leadership roles in youth suicide prevention in the community.
- When people joke about suicide, it is often a call for help.
- Other health issues, such as experiencing a concussion or being diagnosed with a chronic illness, may contribute to depression/suicidal tendencies.
- Different cultures have very different perceptions of and reactions to mental illness and suicide prevention.
- Self-harm or "cutting" are significant problems among young people.
- Many people don't want to admit they're experiencing mental health problems, feel shame, are afraid to seek help, or don't understand that mental illnesses are "actual" illnesses.
- Young people need much more education on mental health issues, and they should be addressed on an on-going basis in the school curriculum.
- They feel a responsibility to be a positive role model for younger siblings and help other youth avoid some of the problems they've experienced.

OVERVIEW & KEY TAKEAWAYS

from *Shining the Light* Focus Groups

Wake County Parents

Twelve adults who are all parents of teenagers attended the parent focus group held at Wade Edwards Learning Lab. Several of the participants in the group shared that they were current or former staff or volunteers with youth-serving organizations, and two indicated they worked in schools. Eleven were female and one was male; half were Caucasian, and half were people of color.

All parents expressed concern that teen suicide and self-harm are topics that need to be "normalized." All had personal experience with these issues in varying degrees. Most parents were not sure if or where these topics are included in the school curriculum, but they agreed they should be addressed in an age-appropriate manner in all grades. Parents believed today's teens are under more stress than previous generations. They felt school guidance counselors are focused on students' academic needs and that counselors are assigned too many students to be able to support their emotional needs. These needs include depression and fear and anxiety related to bullying. Parents agreed that, whatever measures are put in place, they need to be ongoing and sustainable—not just a one-time message. They felt that a lack of vocabulary compounds the social stigma of mental health. Overall, these parents had less experience with community-based programs and interventions than with formal therapy.

All parents expressed concern that teen suicide and self-harm are topics that need to be "normalized."

13.3% of adolescents aged 12 to 17 had at least one major depressive episode in 2017. This equates to 3.2 million American teens.

National Institute of Mental Health, 2017

According to the American Academy of Child & Adolescent Psychiatry:

- The majority of children and adolescents who attempt suicide have a significant mental health disorder, usually depression.
- Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss.
- Depression and suicidal feelings are treatable mental disorders. Young people need to have their illness recognized, diagnosed, and appropriately treated with a comprehensive treatment plan.

What Wake County parents told us about suicide and mental health:

- Mental health and suicide prevention services need to be tailored to the needs of different cultures to be most effective.
- Regardless of your cultural background, mental health issues are usually a sensitive subject.
- Awareness of and openness about mental health issues has improved in recent years.
- All agreed that age-appropriate mental health education needs to be part of the school curriculum, starting in elementary school.
- The emotional impacts of physical illnesses often go unaddressed.
- The first family discussion about youth suicide and its prevention may not occur until *after* someone within the family's circle takes their own life.
- They are aware of youth self-harming behaviors.
- Some recognize the importance of self-care and appropriate processing after assisting a young person in crisis.

Wake County Parents *(continued)*

Parents all agreed that developing trusting relationships with teens was the necessary first step in having meaningful conversations about mental health issues. They noted that establishing a trusting relationship with a young person requires significant time and effort. Some emphasized that parents need to be more open to talking about mental health issues with their children. Several parents cautioned that even involved parents may be unaware of their children's emotional struggles.

Parents expressed that the schools' approach to addressing teen mental health issues was made worse by the required protocol: When a student uses a key word associated with suicide/self-harm, intervention processes are initiated. If a student wants to open up to a teacher or counselor, faculty is required to inform him or her that the conversation may not be private, depending on what is revealed. This undermines teens' trust in school personnel and makes the parents' role in supporting teen mental health even more critical.

Resources identified included: Alakid and Alateen (Al-Anon for kids and teens); older siblings who can be near peers; Life360 app to connect families and "track" kids; Teens of America; intergenerational classes; and expressive arts classes. Most parents thought 1-800 numbers aren't necessarily utilized.

Parents all agreed that developing trusting relationships with teens was the necessary first step in having meaningful conversations about mental health issues.

Protective Factors for Suicide

Protective factors contribute to safeguarding individuals from suicidal thoughts and behavior. Though protective factors are as important as risk factors, much less research on them exists. According to the CDC, protective factors include:

- Receiving appropriate clinical care for mental, physical, and substance abuse disorders.
- Ability to access a variety of clinical interventions, as well as support for seeking help.
- Support from family and community, a sense of connectedness.
- Support from ongoing medical and mental health care relationships.
- Possessing skills in problem solving, conflict resolution, and nonviolent ways of handling disputes.
- Holding cultural and religious beliefs that discourage suicide and support instincts for self-preservation.

Centers for Disease Control and Prevention, 2020

What Wake County parents told us about suicide and mental health:

- They expressed a need for resources for helping their kids build emotional resiliency, as well as education and resources regarding the mental health issues facing today's young people.
- Some expressed a desire to parent differently than their own parents, including being more emotionally available to their children.
- Some families have found it helpful to establish a "safe word" that their kids can use when they need to have a conversation about a challenging topic with parents.
- They haven't found school counselors to be helpful; they're overwhelmed with work and unable to provide clinical services.
- Trusted adults other than parents (coaches, aunts, teachers, etc.) can be invaluable sources of support.
- Some have learned that it's helpful to ask teens what they need before sharing information or giving advice.

Wake County Parents *(continued)*

Takeaway ideas for other parents included:

- Let teens know they are loved unconditionally; learn to listen rather than fix; talk honestly about mental health topics; initiate a conversation on the topic of suicide if it occurs in your community.
- Establish a safe word: When your child uses your agreed upon safe word, it triggers the parent to relax, open up, and fully listen; allow your kids to determine when they want advice; ask permission to give advice.
- Don't devalue social media communication and texting; teens view these as meaningful ways to communicate.

Takeaway ideas for the school system included:

- Start mental health education in elementary school; build it into the curriculum like health or nutrition; include it in the list of 21st century skills, so it is recognized as a necessary life skill.
- Provide professional development opportunities such as compassion training and mental health first aid for faculty; offer appropriate workshops and classes to parents.
- Identify a WCPSS system-wide mental health day or week.
- Involve art expression within the mental health classes and workshops for students.

Parents agreed that professional development opportunities like compassion training and mental health first aid need to be made available to school personnel.

Risk Factors for Suicide

A combination of factors at various levels (individual, relationship, community, and societal) may contribute to a person's risk of suicide:

- Family history of child abuse/neglect.
- History of mental disorders, particularly clinical depression.
- History of alcohol and substance abuse.
- Impulsive or aggressive tendencies.
- Cultural and religious beliefs (e.g., the belief that suicide is a noble resolution of a personal dilemma).
- Local epidemic of suicide.
- Barriers to accessing mental health treatment, including the unwillingness to seek help due to stigma.
- Loss (relational, social, work, or financial).
- Physical illness.
- Easy access to lethal methods.

Centers for Disease Control and Prevention, 2020

What Wake County parents told us about suicide and mental health:

- The children in one family may have very different needs and personalities that require varying approaches.
- Suicide remains a taboo subject in many communities.
- Academic pressures are a significant source of stress for many young people.
- Bullying contributes significantly to the prevalence of youth suicide.
- Parents want to protect their kids while also giving them the tools to cope with life's challenges.
- It's important to give young people the message that parents will love them "no matter what."
- Getting kids involved in the arts, athletics, and other activities is extremely beneficial.
- Social-emotional learning and resiliency training for young people need to be priorities at school.

OVERVIEW & KEY TAKEAWAYS

from *Shining the Light* Focus Groups

Wake County Youth Serving Organizations

The general stigma of suicide was identified as a barrier that needed to be overcome.

The two youth-serving organizations focus groups that were held had 25 total attendees representing Wake County nonprofits and Wake County government agencies. Of the nonprofits, 10 different organizations were represented. Three of these organizations had developed programs and resources that directly relate to the subject of youth self-harm and suicide.

Of the government agencies represented, one was a statewide agency; three were Wake County agencies; one represented a municipality in Wake County; and two represented Wake County municipal public safety departments. Many attendees in both groups wore multiple "hats" and brought additional experience through their community engagement in addition to the agencies or organizations they represented.

While most participants indicated they had touched on the subject of suicide either proactively or reactively with their organizations' target families, there were clear messages of need for more knowledge and resources to further this conversation. Some of the larger organizations were less likely to integrate messages of self-harm and suicide prevention into existing programming, given their lack of in-house mental health professionals. However, all participants agreed that action was needed and that concrete ways to further this conversation were important. The general stigma of suicide was identified as a barrier that needed to be overcome. Multiple participants stressed that adults can build trust with young people by being open and honest.

What Wake County youth serving organizations told us about suicide and mental health:

- Teens benefit from presentations by individuals in their 20s, because they perceive them as near peers who understand the issues they face.
- Staff are careful about the language they use regarding suicide and attempt to reduce the stigma associated with mental health issues.
- Staff and parents without a clinical background are afraid to talk about suicide with youth. They're unsure what to say and do and fear making the situation worse.
- Some parents misperceive warning signs of suicide as attention-seeking behavior.
- LGBTQ youth are at significantly greater risk of suicidal ideation. With proper training, adults could help ensure that school climates are more affirming and welcoming.
- School staff need training in cross-cultural competencies to adequately address suicide prevention and mental health issues.
- Staff training needs to be provided on a regular basis, and presenters should consider different learning styles.
- Adults who work with youth need to be aware of the resources available for teens and be able to help them access those resources.
- Bullying, substance abuse, and other issues need to be addressed as risk factors for suicide.
- Adults working with youth need to let them take ownership of these issues, empower them to be leaders and train others, and teach them how to advocate for themselves.
- Youth also need to understand, however, when to reach out to adults for help for themselves or a friend.

Wake County Youth Serving Organizations
(continued)

Many participants emphasized that resources or programs need to be culturally-sensitive and that some communities, notably the African American community, have unique historical cultural barriers that should be addressed. Action plans should only be developed with the engagement of the whole community; programs need to be "with" the target community, not "for" the target community, including the youth themselves. Success factors identified included peer-to-peer and near-peer education, cultural sensitivity training for staff, strategic follow-up and actionable plans post-program (not "one and done"), and separate but coordinated trainings for youth and parents/caregivers.

Cross-organization partnerships would likely make better use of resources to support trainings, including the need for mental health professionals to be involved or included in supporting roles. Overall, all participants agreed that this discussion needs to be addressed and integrated into programs and curriculum in a strategic, purposeful, and inclusive way. Program content and presentation need to be on-going, culturally sensitive, and appropriate to various audiences (youth, staff, and parents/caregivers). Trainings and follow-up should address the specific barriers of social stigma and existing misconceptions of youth self-harm and suicide.

Many participants emphasized that resources or programs need to be culturally-sensitive.

According to the Centers for Disease Control:

- Alcohol and drug abuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior.
- The use of alcohol and some drugs can result in a loss of inhibition, increase impulsive behavior, lead to changes in the brain that result in depression over time, and be disruptive to relationships (thereby causing a loss of social connection).
- Excessive acute ingestion of drugs and/or alcohol can result in death. According to data from the National Violent Death Reporting System, alcohol was a factor in approximately one-third of the reported suicides in 2007.

What Wake County youth serving organizations told us about suicide and mental health:

- Adults serving youth need written materials to guide their conversations with young people about sensitive topics. Being able to hand a teen a pamphlet increases the likelihood that they will revisit the information.
- The school system needs to prioritize social-emotional learning ahead of curriculum; parents need to value social-emotional learning as much as letter grades for core subjects.
- Mental health education needs to be embedded in the curriculum and present in multiple subjects.
- Adults need to model self-care and the development of a support system.
- Adults may focus on a youth's negative behaviors such as theft, without recognizing that mental illness or other factors may be involved.
- The ratio of school counselors to students is extremely inadequate.
- The ways in which youth utilize technology for communication present both a barrier and an opportunity.
- We need to create a culture of caring at each organization that serves youth.
- We need to give credit to parents who are supportive of their kids.
- Pay attention to any joking comments made about suicide and use them as an opportunity to connect and find out more.

OVERVIEW & KEY TAKEAWAYS

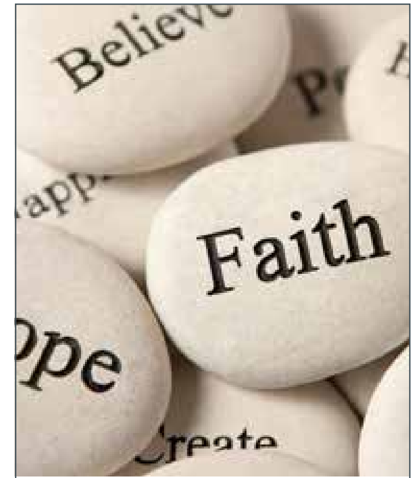
from *Shining the Light* Focus Groups

Wake County Faith Community and Leadership

The faith community and leadership focus group consisted of 12 attendees representing the following faiths: Muslim (6 individuals), Jewish (1), and Christian (5). Some communities were more proactive than others in confronting both mental health issues and teen suicide by participating in mental health first aid trainings, presenting sermons about mental health and mental illness, and organizing mental health task forces or committees as part of their structure.

There was a stated desire and need for more culturally-sensitive mental health practitioners. Leaders noted that many congregants want to see a mental health professional who is of the same faith, even though there are other challenges/barriers to consider: insurance, finances, geography, and accessibility. Even a directory of mental health practitioners who have received specific types of cultural sensitivity training would be helpful.

Fear, stigma, and skepticism were identified as issues regardless of faith. "Just pray and read the Bible" and "Just pray and read the Quran" weren't considered to be acceptable responses. Fears among older congregants and parents who have been less Americanized than their children were discussed: It was noted that people are particularly afraid to talk about mental illness, because they may believe you can't have a life and a mental illness. Parents of a child with a mental health issue might think "No one will marry my child" or feel that the illness brings shame to the family. Language barriers as well as a gap in knowledge may also exist.



Fear, stigma, and skepticism were identified as issues regardless of faith. "Just pray and read the Bible or Quran" was not considered an acceptable response to those in crisis.

Although suicide exists in every country, age group, and religious group, suicidal behavior is "differently determined and has different meanings in different cultures." Clinicians often fail to consider the effects of culture, despite its clear role in suicidal behavior.

Psychiatry Advisor, 2017

What Wake County faith leaders told us about suicide and mental health:

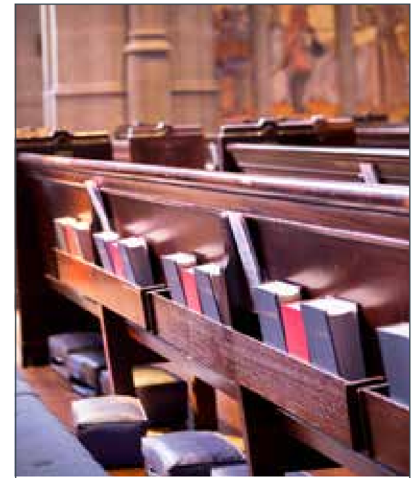
- Different faith communities have undertaken a variety of efforts to address the topic of youth suicide, including: coordinating presentations by outside experts, collaborating with other community organizations to provide services, conducting mental health trainings, and giving sermons on mental health issues.
- Faith leaders should model the behaviors they hope to see in their congregants.
- They believe bullying and teen technology use (particularly social media) contribute to young people's mental health issues.
- Faith leaders need to raise the subject of mental health, including suicide, on a regular basis. They find that, when they do, congregants express their appreciation.
- They find that significant stigma is still attached to mental health issues and that a high level of trust needs to be established before people will open up.
- We need to teach youth and parents that it's okay for an individual to take medicine to treat a mental health condition; it's like any other illness.
- Public school staff need to be aware that faith-based communities are a referral resource for young people with mental health issues.

Wake County Faith Community and Leadership *(continued)*

Clergy noted that youth and teens are more interested in talking about these issues than their parents. Bullying, social media, technology, and substance use are all related to teen suicide and self-harm. Near-peer mentors were referenced as a positive way to impact younger teens and pre-teens, and facilitating these interactions would be appropriate to organize at the faith community level. Clergy who had spoken about mental health issues from the pulpit noted that congregants expressed appreciation, as well as a desire to hear and know more. It was emphasized that the conversation should be continual, not "one and done."

Some discussion on the connection between schools and faith-based communities noted that teachers and school faculty need to be aware of religious leaders as a referral source for some of their students. When parents serve on PTSAs and connect them with their faith communities, they build synergy. Some Wake County high schools are more actively engaging in this conversation than others, with at least one offering suicide prevention classes. Students who create their own faith-based organizations at schools (e.g., Muslim Student Association) can take up the topic. In one instance, a church that meets in a school has offered professional development for its teachers as a way to give back.

Another important theme that emerged in conversations with faith leaders was how the language used to describe mental health may differ depending on faith, culture, or a specific belief system. Some congregations may be addressing mental health issues using culturally-specific language. For example, phrases like "the enemy" or "being in one's right mind" are sometimes used to reference threats to what may be considered mental health. Being aware of these semantic differences provides greater opportunity to both deepen our understanding of how communities address mental health issues and how we may need to think about tailoring our messages in ways that increase impact and foster greater understanding.



In general, congregants seem to be more comfortable going to their own leaders in their faith community before they approach mental health practitioners.

Certain risk factors such as depression, anxiety, and mental illness are common in all cultural group. Because these factors may present and be conceptualized differently across different cultures, we must tailor mental health and suicide prevention efforts creatively to the needs of each culture.

Psychiatry Advisor, 2017

What Wake County faith leaders told us about suicide and mental health:

- Our culture has changed so quickly in terms of technology use (including social media) that adults are unequipped to help teens navigate the new communications landscape.
- Faith communities want to be a safe place for youth and a resource for those who need help with mental health issues.
- They expressed a community need for more culturally-sensitive mental health practitioners.
- They asserted that a person can be mentally healthy while living with a mental illness.
- Youth and parents need to understand that it's okay to ask for help.
- They noted that focusing on resilience and coping can be extremely helpful when addressing these issues.
- Faith leaders echoed staff of youth serving organizations in their belief that "near-peer mentors" are a highly effective prevention strategy.

NEXT STEPS FOR WAKE COUNTY

Informed by *Shining the Light* Focus Groups

Considerations for Next Steps

We hope the information and thoughtful feedback provided by focus group participants have given you a greater depth of understanding regarding the issue of youth suicide prevention. Our objective was to hear directly from members of our Wake County community, so that youth voices, lived experience, and local perspectives are amplified in ways that help us to guide the directionality of this work moving forward.

Our learnings suggest that there is no "one size fits all" programmatic response to effectively integrating suicide prevention. As organizations and/or individuals, we recognize that we may be in varied "places" in our work on youth mental health and suicide prevention, and we encourage you to consider opportunities to deepen and expand your efforts. As you and/or your organization consider next steps and/or potential actions, here are some reflection points from our Key Learnings to consider:

- Do we have adequate strategies and structures in place to hear from youth, and to understand what is sometimes a gap between what we have to offer and what youth say they need?
- Have we created a safe space and an open culture—through our policies, programs, and/or personnel—that facilitate our talking about and addressing youth mental health and suicide prevention?
- Are we staying informed? How are we using what we know—facts, stats, and best practices—to reduce the stigma associated with mental health issues?
- Do we have a structured system in our own agencies and/or through partners that we can call on to support our work with young people, especially those in crisis?
- Have we identified at least one action we can take—as individuals, as an organization, or as a community—that may ultimately help save the life of a young person?

Youth Thrive as a community collective remains focused on the emotional well-being of our Wake County youth. Be sure to continue to stay connected as we collaborate with our partners to provide up-to-date information and concrete opportunities for capacity-building, community involvement, and overall advocacy in advancing efforts for all youth to thrive.

Youth-thrive.org

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As indicated, statistics in this report were culled from reputable sources. Youth Thrive is happy to share more detailed information regarding these references upon request.