

Preventing Suicide

Working With Youth Who Are Justice Involved

Prepared by the
Youth in Contact With the Juvenile Justice System Task Force
of the National Action Alliance for Suicide Prevention

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Introduction

This summary describes the background of and resources produced by the Youth in Contact with the Juvenile Justice System Task Force (<http://actionallianceforsuicideprevention.org/task-force/juvenilejustice>) of the National Action Alliance for Suicide Prevention (<http://actionallianceforsuicideprevention.org>) (Action Alliance). The task force was established in June 2011 to focus attention on the needs of youth in the juvenile justice system, particularly in the areas of suicide-related awareness and education, suicide research, suicide prevention programming and training, and collaboration between the juvenile justice and mental health systems.

Youth in Contact with the Juvenile Justice System Task Force

The task force produced resources, organized by workgroup name and described in greater detail below, to provide findings, recommendations, and practical tools for juvenile justice and mental health system administrators and staff:

1: Public Awareness and Education

- *Need to Know: A Fact Sheet Series on Juvenile Suicide*
 - *Juvenile Court Judges and Staff*
 - *Juvenile Detention and Secure Care Staff*
 - *Juvenile Probation Staff*

2: Suicide Research

- *Suicidal Ideation and Behavior among Youth in the Juvenile Justice System: A Review of the Literature*
- *Screening and Assessment for Suicide Prevention: Tools and Procedures for Risk Identification and Risk Reduction among Juvenile Justice Youth*

3: Suicide Prevention Programming and Training

- *Guide to Developing and Revising Suicide Prevention Protocols for Youth in Contact with the Juvenile Justice System*

4: Mental Health and Juvenile Justice Systems Collaboration

- *Preventing Juvenile Suicide through Improved Collaboration: Strategies for Mental Health and Juvenile Justice Agencies (and summary)*

Background

Envisioning a nation free from the tragic experience of suicide, the Action Alliance was launched in 2010 by U.S. Department of Health and Human Services Secretary Kathleen Sebelius and former U.S. Department of Defense Secretary Robert Gates. This public-private partnership advances the *National Strategy for Suicide Prevention* (NSSP) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. Supporting the work of the Action Alliance are time-limited task forces working collaboratively to achieve specific NSSP objectives.

The Action Alliance's Youth in Contact with the Juvenile Justice System Task Force was co-led by:

- Melodee Hanes, JD – Acting Administrator, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs (OJJDP), U.S. Department of Juvenile Justice
- Joseph J. Cocozza, PhD – Director, National Center for Mental Health and Juvenile Justice (NCMHJJ), Policy Research Associates

The task force comprised four workgroups: Public Awareness and Education; Suicide Research; Suicide Prevention Programming and Training; and Mental Health and Juvenile Justice Systems Collaboration. Each workgroup developed products specific to its respective task with input and review by the task force's co-leads and the Action Alliance's Secretariat staff (David Litts, OD, Executive Secretary; Katie Deal, MPH, Deputy Secretary; Jason H. Padgett, MPA, MSM, Task Force Liaison; Emily Barocas, Director of Communications; and Liliya Melnyk, Communications Coordinator).

Public Awareness and Education Workgroup

Workgroup Members and Staff

- Deborah Stone, ScD, MSW, MPH (*workgroup lead*) – Behavioral Scientist, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- Christy Lentz, MSW – Senior Policy Associate, National Association of State Mental Health Program Directors (NASMHPD)
- Roy Praschil – Director of Operations, NASMHPD
- Steffie Rapp, LCSW-C – Program Manager, OJJDP
- Kathleen Skowrya – Associate Director, NCMHJJ

This group developed the *Need to Know: A Fact Sheet Series on Juvenile Suicides* (<http://actionallianceforsuicideprevention.org/JJFactSheets>) to promote awareness among individuals who work with youth involved with the juvenile justice system. It is important that these service providers – i.e., juvenile court judges and staff, juvenile detention and secure care staff, and juvenile probation staff – recognize that there is an increased risk for suicide ideation and suicidal behaviors among youth in contact with the juvenile justice system and that suicide for this target population is preventable. Each fact sheet includes: data on the prevalence of suicide among youth in the general population and in the juvenile justice system, factors that may increase and decrease the risk of suicide among system-involved youth, signs that immediate help for suicide risk is necessary, practical steps that staff can take to prevent suicide, and practical steps that systems (i.e., juvenile courts, detention and secure care facilities,

and probation departments) can take to prevent suicide.

Suicide Research Workgroup

Workgroup Members and Staff

- Denise Juliano-Bult, MSW (*workgroup lead*) – Chief, Systems Research Programs and Disparities in Mental Health Research Programs, National Institutes of Health
- Laurie Garduque, PhD – Director, Justice Reform, John D. and Catherine T. MacArthur Foundation
- Thomas Grisso, PhD – Director, National Youth Screening Assessment Project, University of Massachusetts Medical Center
- Karen Stern, PhD – Social Science Analyst, National Institutes of Justice
- Barbara Tatem-Kelley, MA, MEd – Program Manager, OJJDP
- Linda A. Teplin, PhD – Vice Chair of Research, Director, Health Disparities and Public Policy, Northwestern University, Feinberg School of Medicine (Northwestern)

Additional Contributors

Karen M. Abram, PhD, Kathleen P. McCoy, PhD, and Marquita L. Stokes, MA – Northwestern

This group collected and reviewed current research on suicide and its prevention among juvenile justice-involved youth to identify gaps, to make recommendations for future research, and to develop a white paper documenting its findings. These efforts produced two documents:

- *Suicidal Ideation and Behavior among Youth in the Juvenile Justice System: A Review of the Literature* (<http://actionallianceforsuicideprevention.org/system/files/JJ-5-R1-Literature-Review.pdf>) summarizes the relevant, peer-reviewed literature on suicide in the juvenile justice system. It explores the prevalence of recent and past suicidal ideation and suicide attempts among justice-involved youth; gender and ethnic differences; and variables associated with suicidal ideation and attempt.
- *Screening and Assessment for Suicide Prevention: Tools and Procedures for Risk Identification among Juvenile Justice Youth* (<http://actionallianceforsuicideprevention.org/system/files/JJ-6-R2-Screening-Assessment.pdf>) examines the juvenile justice system's responsibilities in preventing suicide, the contexts in which screening and assessment instruments are used, current standards for instruments used in mental health and juvenile justice settings, and specific instruments that are available.

Suicide Prevention Programming and Training Workgroup

This group developed a guide for implementing accepted guidelines for juvenile suicide prevention at each critical intervention point within the juvenile justice processing continuum: referral/arrest, courts, probation, detention and secure/non-secure care facilities, and aftercare. The guide, *Guide to Developing and Revising Suicide Prevention Protocols for Youth in Contact with the Juvenile Justice System* (<http://actionallianceforsuicideprevention.org/system/files/JJ-7-P1-ProtocolGuidelines.pdf>), describes eight critical components of a sound juvenile suicide prevention program: (1) training, (2) identification, referral, and evaluation, (3) communication, (4) housing (safe environment), (5) levels of observation, follow-up, and treatment planning, (6) intervention (emergency response), (7) reporting and notification, and (8) critical incident stress debriefing and mortality-morbidity review.

Mental Health and Juvenile Justice Systems Collaboration Workgroup

This group developed recommendations for improving the level and quality of collaboration between the juvenile justice and mental health systems for suicide prevention. Members compiled recommendations for promoting collaboration between mental health and juvenile justice agencies, which they then tailored to promoting suicide prevention supports and services for youth in the juvenile justice system. This information was organized into:

- **Overarching Priorities** — This group recommends that mental health and juvenile justice agencies at the state and local levels pursue ten overarching collaborative priorities to inform joint policy and budgeting decisions associated with suicide prevention for youth involved in juvenile justice.
- **Strategies** — A master set of twelve strategies is offered to facilitate achievement of the overarching priorities. Specific strategies are applied to each overarching priority.

The priorities and strategies are presented in *Preventing Juvenile Suicide through Improved Collaboration: Strategies for Mental Health and Juvenile Justice Agencies*

(<http://actionallianceforsuicideprevention.org/system/files/JJ-9-C2-CollaborationFullVersion.pdf>), which also includes a matrix that graphically represents the strategies. The workgroup also developed an environmental scan tool as an appendix to the report to help jurisdictions assess strengths, weaknesses, opportunities, and threats across the ten overarching priorities, thereby lending direction to the process of building collaboration between agencies. A summary (<http://actionallianceforsuicideprevention.org/system/files/JJ-8-C1-CollaborationSummaryVersion.pdf>) of the recommendations presented in *Preventing Juvenile Suicide through Improved Collaboration* is also available.

Workgroup Members and Staff

- Ned Loughran, MA (*workgroup lead*) – Executive Director, Council on Juvenile Correctional Administrators
- Karen Abram, PhD – Associate Professor, Health Disparities Program, Northwestern
- Donald Belau, PhD – Psychologist, Geneva Youth Residential Treatment Center
- Lindsay Hayes, MS – Project Director, Jail Suicide Prevention and Liability Reduction, National Center for Institutions and Alternatives
- Shawn Marsh, PhD – Chief Program Officer, National Council of Juvenile and Family Court Judges
- Kara McDonagh, MSW – Program Manager, OJJDP
- Nicholas Read, MA – Research Analyst, Human and Social Development, American Institutes for Research (AIR)

Workgroup Members and Staff

- Eric Trupin, PhD (*workgroup lead*) – Director, Division of Public Behavioral Health and Justice Policy, University of Washington
- David DeVoursney, MPP – Program Analyst, Substance Abuse and Mental Health Services Administration (SAMHSA)
- Simon Gonsoulin, Med – Principal Research Analyst, AIR
- Carl Wicklund – Executive Director, American Probation and Parole Association
- James Wright, MS, LCPC – Public Health Advisor, SAMHSA

Major Findings

Major findings from the four workgroups are summarized below. Each finding is followed by a number that cross-references the work of the corresponding workgroup (listed above).

- ✿ Youth suicide is a significant, yet preventable, public health problem.
 - Suicide is the second leading cause of death among youth ages 10–18.
 - About one in thirteen high-school students attempted suicide in the past year. (1)
- ✿ Youth involved with the juvenile justice system have increased risk of suicide.
 - Risk factors for suicide are much more prevalent among youth involved with the juvenile justice system than youth who are not involved with the juvenile justice system.
 - Youth in juvenile justice residential facilities have nearly three times the rate of suicide compared with their peers in the general population. (1)
- ✿ There are risk factors that may increase the risk of suicide among youth. Such factors include: mental health or substance abuse disorders; suicide or other death of friend or family member; and social isolation, relationship problems, or separation from family. (1)
- ✿ There are protective factors that may decrease the risk of suicide among youth. Such factors include: cultural or religious beliefs that discourage suicide; connectedness and support; suicide-resistant housing; and collaborative communication between systems. (1)
- ✿ There are steps that juvenile justice personnel can take to prevent suicide, such as ensuring access to effective mental health and substance abuse services, understanding the risk and protective factors related to suicide, and knowing the warning signs that may lead to suicide. (1)
- ✿ Juvenile justice systems can do more to help prevent suicide by providing suicide prevention training; ensuring that a standardized suicide risk screening is provided; and creating an emergency response protocol. (1)
- ✿ Much of the research reviewed relied on data collected 10–30 years ago. Furthermore, findings varied widely: from 21.9 suicides per 100,000 youth to 57 suicides per 100,000 youth. New research studies must be conducted to determine a current and reliable rate of suicide prevalence among youth involved in the juvenile justice system. (2)
- ✿ It is clear that suicidal ideation and behavior are quite prevalent among justice-involved youth: up to one-third of juvenile justice-involved youth report having experienced suicidal ideation in the past year and up to 36.7 percent have attempted suicide over their lifetimes. However, information on number of attempts, preparatory acts, method of attempts, etc. remains scant, which hinders the development of research-based suicide prevention programming. (2)
- ✿ Risk factors associated with suicide among youth in contact with juvenile justice system need to be explicitly identified. While juvenile justice youth with a history of depression or sexual abuse were found to be at increased risk of suicidal ideation and behavior, other factors proven to impact suicide in the general population – e.g., lack of social support, family history of suicide – have not been sufficiently researched for youth in juvenile justice. (2)
- ✿ Little has been done to date to empirically test the effectiveness of preventive interventions and programs in reducing suicide risk among justice-involved youth. This needs to change, beginning with the implementation of randomized clinical control trials of currently existing programs. Adaptability of successful preventive interventions used in other high-risk populations to juvenile justice youth should also be studied. (2)
- ✿ Juvenile justice providers should implement currently available tools for both detecting and intervening with individuals at risk for suicide.
 - Screening tools should be administered to every youth entering the juvenile justice system.
 - Assessment tools, which provide a more refined evaluation of suicide risk and identify individualized clinical and social circumstances, should be used in reducing suicide risk.(2)

- ✿ Many of the screening and assessment tools have not been validated for juvenile justice populations. This calls for increased empirical testing on related factors, such as the validity of standard cut-off points in screening tools for justice-involved youth. (2)
- ✿ Suicide prevention programs should include strategies at all points of youth contact within the juvenile justice system: referral/arrest, courts, probation, detention and secure/non-secure care facilities, and aftercare. (3)
- ✿ While some variation will exist, all eight critical components of a comprehensive juvenile suicide prevent program should be incorporated at each point of contact. These components include: training; identification, referral, and evaluation; communication; housing; levels of observation, follow-up, and treatment planning; intervention; reporting and notification; and critical incident stress debriefing and mortality-morbidity review. (3)
- ✿ In recognition of the higher rate of suicidal ideation and behavior among justice-involved youth, thoughtfully planned collaboration across all levels of government and jurisdictions is strongly urged. The collaboration of two systems in particular – mental health and juvenile justice – will greatly enhance the provision of appropriate services to this vulnerable population. Overarching priorities and specific strategies exist to facilitate greater collaboration. (4)

The National Action Alliance for Suicide Prevention is the public-private partnership advancing the *National Strategy for Suicide Prevention* (NSSP) (<http://actionallianceforsuicideprevention.org/NSSP>) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. The Action Alliance envisions a nation free from the tragic experience of suicide. For electronic copies of this paper or for additional information about the Action Alliance and its task forces, please visit <http://www.actionallianceforsuicideprevention.org>.

