



Equitable Suicide Prevention for Youth Impacted by the Juvenile Legal System

Presented By: Jocelyn Meza, PhD
University of California, Los Angeles (UCLA)





Financial Disclosures

Dr. Meza has received funding from:

- Patient-Centered Outcomes Research Institute (PCORI (2022-2027))
- American Psychology- Law Society (2021-2022)
- National Academy of Sciences Ford Foundation (2017-2018)
- National Science Foundation (NSF) (2014-2017)

Disclaimers

- The opinions expressed in this presentation and on the following slides are solely of the presenters and not necessarily those of UCLA-David Geffen School of Medicine.
- This presentation may contain copyrighted material which has not been specifically authorized by the copyright owner. This presentation operates under the assumption that material presented is for “fair use” purposes. If you wish to use the presented copyrighted material for purposes that go beyond “fair use” please obtain permission from the copyright owners.
- This presentation is for educational purposes only and should not be replicated, shared, or modified without permission of the authors/presenters.



Disclaimer/Trigger Warning

- Even though our research team was very careful about the information we included here, some of the information here may be triggering to people prone to self-harm, and as such, audience discretion is advised.
- If you or anyone you know need help finding support and crisis resources please call the National Suicide Prevention Lifeline

Dial 988

Roadmap of Presentation



Highlight scope of the problem



Report significant disparities for youth in JLS

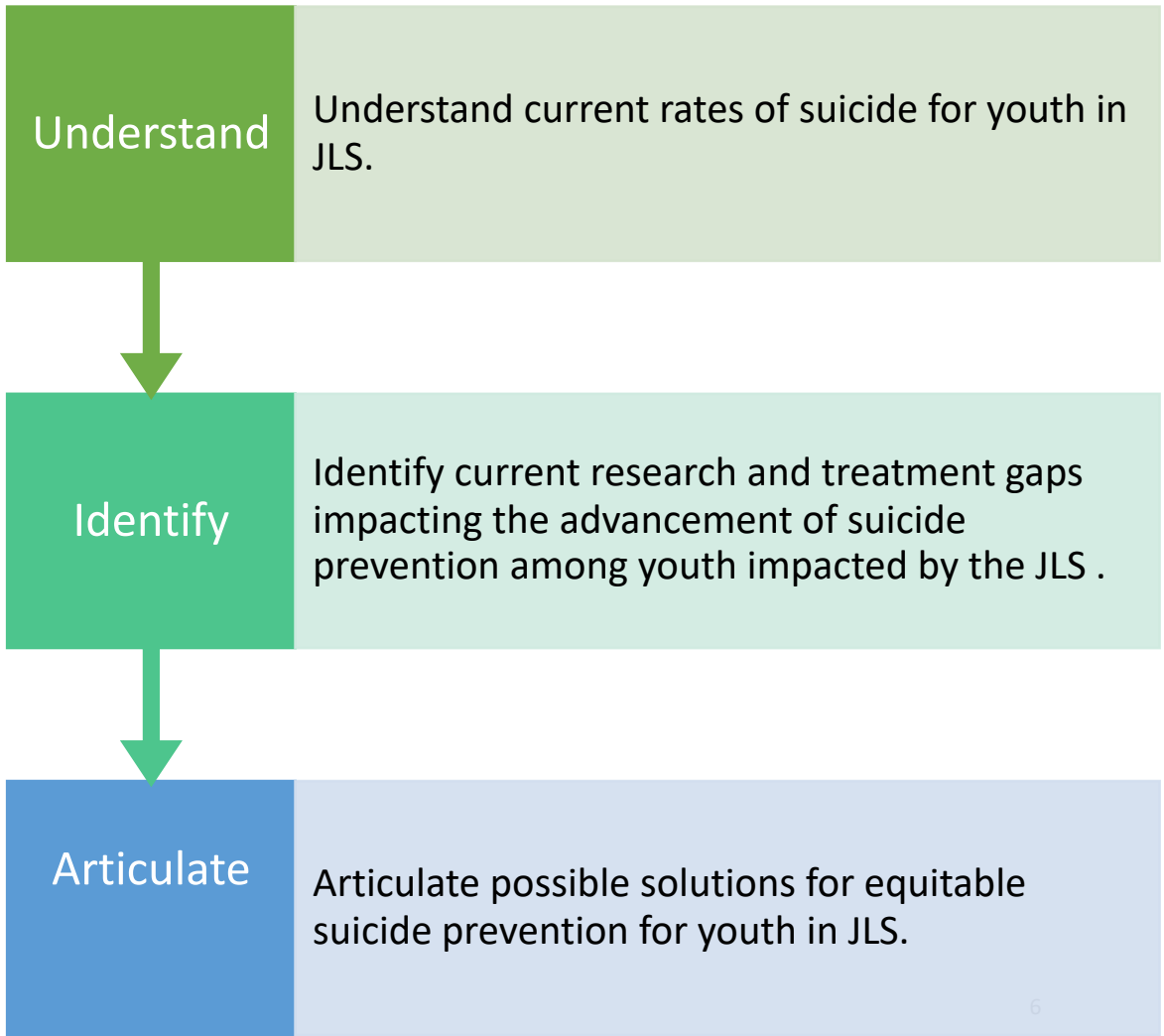


Review current “drivers” of these inequities



Discuss possible solutions for health equity in JLS

Learning Objectives



10 Leading Causes of Death, United States 2019, All Races, Both Sexes

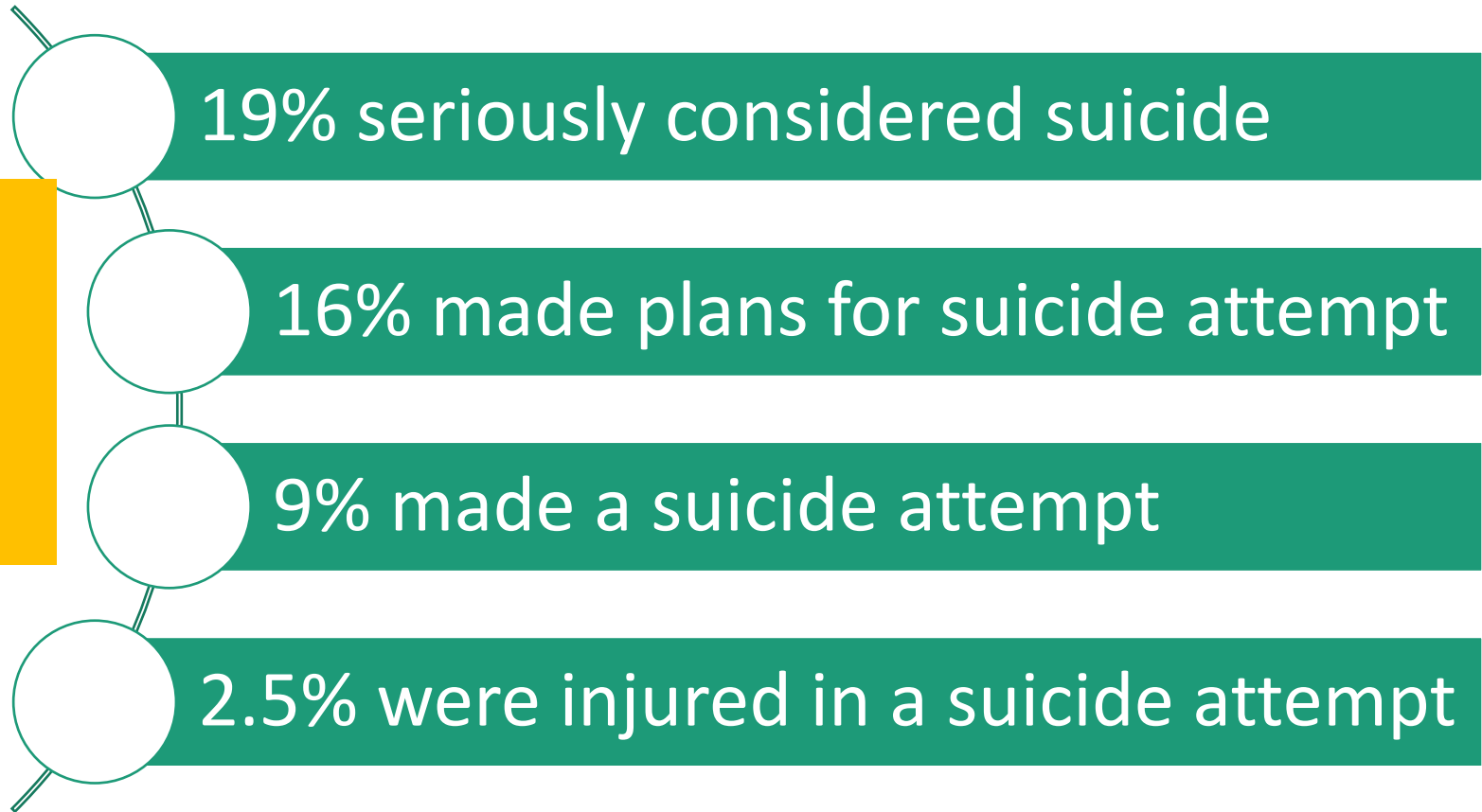
SCOPE of
the
PROBLEM

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies	Unintentional Injury 4,149	Unintentional Injury 714	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury 24,070	Malignant Neoplasms 35,587	Malignant Neoplasms 111,765	Heart Disease 531,583	Heart Disease 659,041
2	Short Gestation 3,445	Congenital Anomalies 416	Malignant Neoplasms 371	Suicide 534	Suicide 5,954	Suicide 8,059	Malignant Neoplasms 10,695	Heart Disease 31,138	Heart Disease 80,837	Malignant Neoplasms 435,462	Malignant Neoplasms 599,601
3	Unintentional Injury 1,266	Malignant Neoplasms 285	Congenital Anomalies 192	Malignant Neoplasms 404	Homicide 4,774	Homicide 5,341	Heart Disease 10,499	Unintentional Injury 23,359	Unintentional Injury 24,892	Chronic Low. Respiratory Disease 133,246	Unintentional Injury 173,040
4	SIDS 1,248	Homicide 284	Homicide 155	Homicide 191	Malignant Neoplasms 1,388	Malignant Neoplasms 3,577	Suicide 7,525	Liver Disease 8,098	Chronic Low. Respiratory Disease 18,743	Cerebrovascular 129,193	Chronic Low. Respiratory Disease 156,979
5	Maternal Pregnancy Comp. 1,245	Heart Disease 133	Heart Disease 91	Congenital Anomalies 189	Heart Disease 872	Heart Disease 3,495	Homicide 3,446	Suicide 8,012	Diabetes Mellitus 15,508	Alzheimer's Disease 120,090	Cerebrovascular 150,005
6	Placenta Cord Membranes 742	Influenza & Pneumonia 122	Chronic Low. Respiratory Disease 69	Heart Disease 87	Congenital Anomalies 390	Liver Disease 1,112	Liver Disease 3,417	Diabetes Mellitus 6,348	Liver Disease 14,385	Diabetes Mellitus 62,397	Alzheimer's Disease 121,499
7	Bacterial Sepsis 603	Perinatal Period 57	Influenza & Pneumonia 52	Chronic Low. Respiratory Disease 81	Diabetes Mellitus 248	Diabetes Mellitus 887	Diabetes Mellitus 2,228	Cerebrovascular 5,153	Cerebrovascular 12,931	Unintentional Injury 60,527	Diabetes Mellitus 87,647
8	Respiratory Distress 424	Septicemia 53	Cerebrovascular 37	Influenza & Pneumonia 71	Influenza & Pneumonia 175	Cerebrovascular 585	Cerebrovascular 1,741	Chronic Low. Respiratory Disease 3,592	Suicide 8,238	Nephritis 42,230	Nephritis 51,565
9	Circulatory System Disease 406	Cerebrovascular 52	Septicemia 36	Cerebrovascular 48	Chronic Low. Respiratory Disease 168	Complicated Pregnancy 532	Influenza & Pneumonia 951	Nephritis 2,269	Nephritis 5,857	Influenza & Pneumonia 40,399	Influenza & Pneumonia 49,783
10	Necrotizing Enterocolitis 354	Benign Neoplasms 49	Benign Neoplasms 31	Benign Neoplasms 35	Cerebrovascular 158	HIV 486	Septicemia 812	Septicemia 2,176	Septicemia 5,672	Parkinson's Disease 34,435	Suicide 47,511

Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

Youth
Suicide
Ideation
and
Behavior



Latinas Attempting Suicide

When Cultures, Families, and Daughters Collide

- Significant racial/ethnic disparities:
 - Particularly, for Native American/Alaskan Native youth, increasing rates among Black and Latinx youth, with the highest suicide attempt rates in Black girls.

Scope of the Problem



	Nationwide (overall)	Non- Hispanic White	Non- Hispanic Black	Hispanic/Latinx
Seriously Thought About Suicide	18.8%	19.1%	16.9%	17.2%
Planned for Suicide	16%	15.7%	15%	14.7%
Suicide Attempts	9%	7.9%	11.8%	8.9%
Female Suicide Attempts	--	9.4%	15.2%	11.9%
Male Suicide Attempts	--	6.4%	8.5%	5.5%
Near Lethal Attempts that Resulted in Injury, Poisoning or Overdose	--	2.1%	3.3%	3.0%

Note: Data from High School Youth Risk Behavior Survey, 2019.



*A major GAP in the data is
understanding structural
intersectionality*



Suicide is the **LEADING** cause of death for youth impacted by the Juvenile Legal System (JLS)



Youth
Suicide
Ideation
and
Behavior
Among
Detained
Youth

70% history of suicidal behavior

46% prior suicide attempt

31% suicidal ideation

24% suicidal gestures

Estimates from: National survey of juvenile confinement facilities

Risk Factors for Suicide Among Youth Impacted by JLS

- Childhood trauma (90% of detained youth)
- Low educational interest
- Sexual abuse (**3.01**; 2.22–4.08), homelessness (**1.49**; 1.12–1.98), and running away from home (**1.38**; 1.06–1.81)



Risk Factors for Suicide Among Youth Impacted by JLS

ADHD, Conduct problems and ODD

Depression and Anxiety

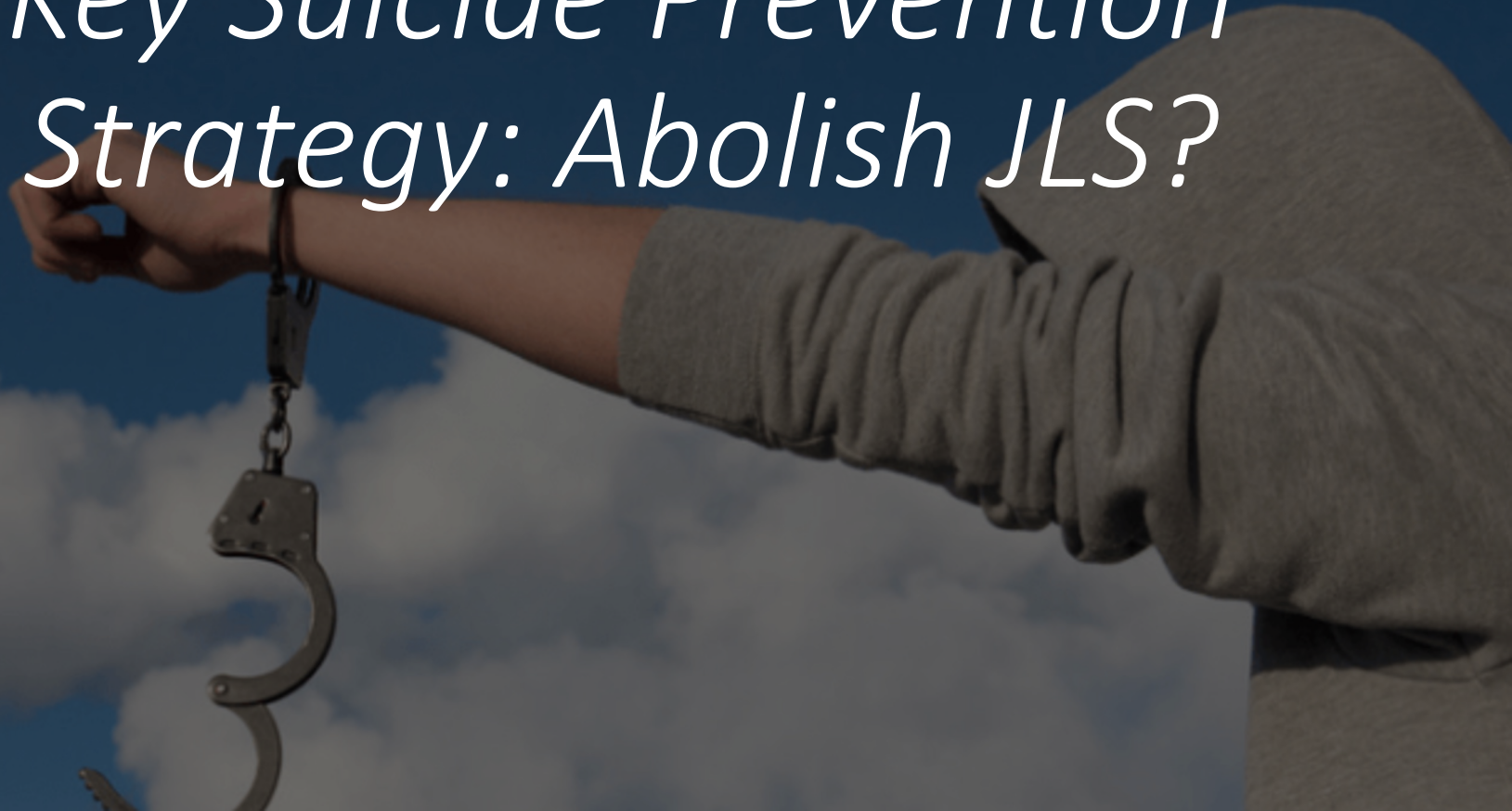
Substance abuse

Dating violence

Parental incarceration and child welfare out of home placements



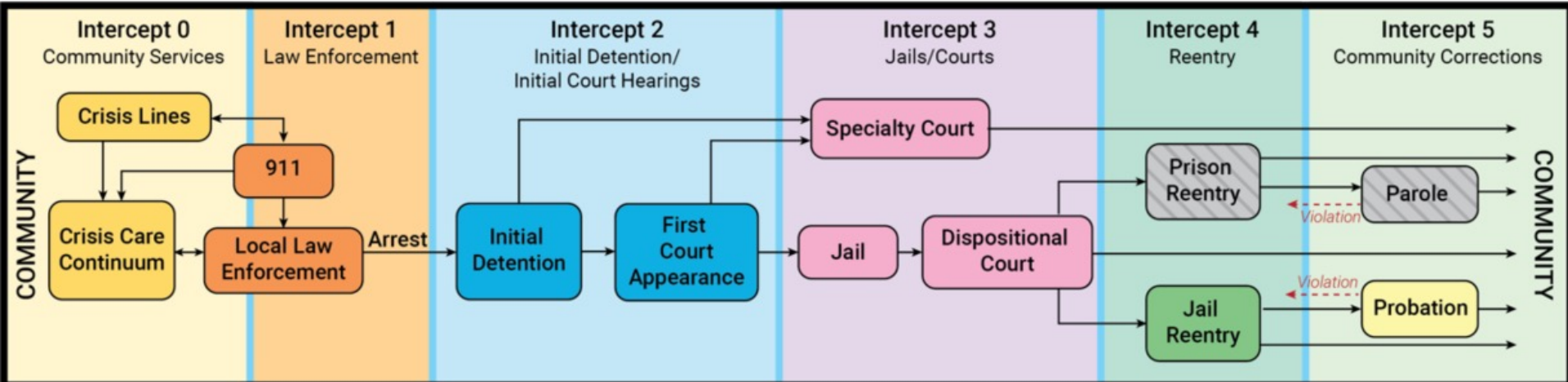
*Key Suicide Prevention
Strategy: Abolish JLS?*



Equitable Solutions for Suicide Prevention

Youth In the Juvenile Legal System

Sequential Intercept Model



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>
© 2019 Policy Research Associates, Inc.



Suicide Prevention in Juvenile Legal System: Clinical Perspectives

Sean Snyder, MSW; Angela Tunno, PhD; Jocelyn Meza, PhD

Intercept 0	Community/ Prevention	Problem: School to Prison Pipeline	Possibilities: Anti-racist school organizational and policy changes
Intercept 1	Crisis / Law Enforcement	Problem: Criminalization of Suicidality	Possibilities: 988 Implementation; Trauma- Informed & Anti-Racist Police Response
Intercept 2	Courts	Problem: Setting Not Designed for Suicide Prevention Practices	Possibilities: Universal Screening with Risk Mapping
Intercept 3	Confinement	Problem: Detention Increases Suicide Risk; Prevention Not Uniform	Possibilities: Divert from Detention; Implement SAFETY-A
Intercept 4	Reentry	Problem: Engaging Parents in Reentry Process	Possibilities: Coordinated Care through EBP like SAFETY-A
Intercept 5	Community Supervision	Problem: 20% of Probation Officers Screen for Suicide	Possibilities: Gatekeeper Training with Probation; Capacity Building for EBPs



Questions

JIMeza@mednet.ucla.edu



HEART

Health Equity & Access
Research & Treatment

LAB

Thank you!

Implement anti-racist school organizational and policy changes.


Screen for potentially traumatic events and connect families to appropriate resources.



Intercept 0:
Prevention

Address racism and discrimination related to trauma for ethnoracially minoritized youth.

Develop suicide risk protocols that are mandatory and systematically implemented throughout states.



Intercept 1:
Law
Enforcement

Provide training in trauma-informed care for all first responders/mobile crisis teams that target racial bias and anti-racism training.

De-police crisis responses to suicide (i.e. development of a new 3-digit dialing code [988]).

Provide private and safe spaces to youth to complete their screening in court settings.

Train staff to provide equitable administering, scoring, and responding to the risk assessment screening tool.



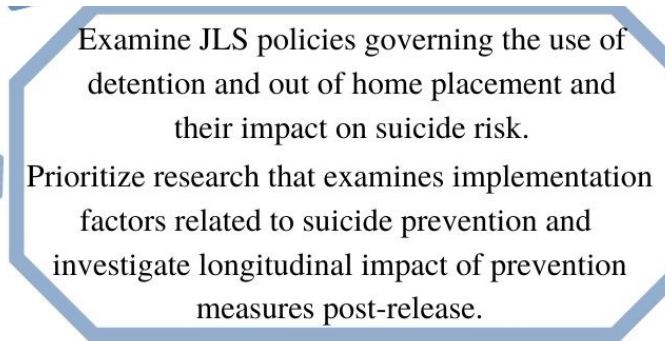
Intercept 2:
Courts

Develop and sustain active partnerships with community mental health agencies to ensure timely response to referrals.



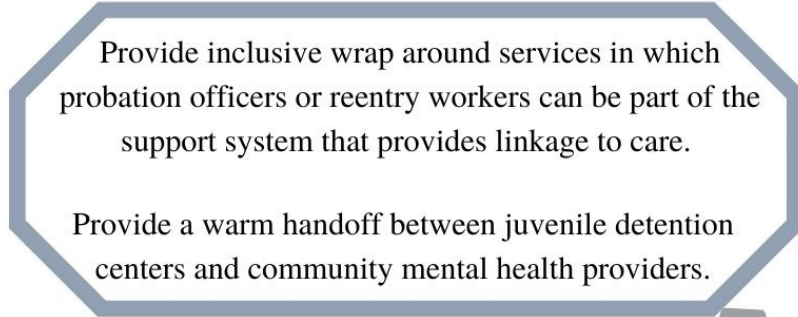
Implement trauma-informed suicide screening and risk assessment, coupled with brief and effective interventions.

Develop and implement more robust reporting guidelines that go beyond self-report.



Examine JLS policies governing the use of detention and out of home placement and their impact on suicide risk.

Prioritize research that examines implementation factors related to suicide prevention and investigate longitudinal impact of prevention measures post-release.

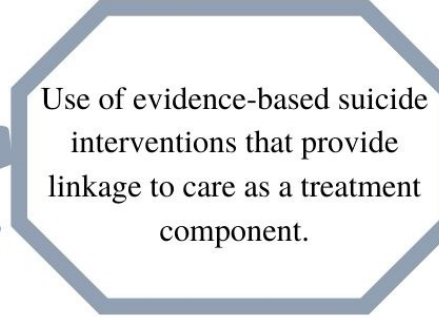


Provide inclusive wrap around services in which probation officers or reentry workers can be part of the support system that provides linkage to care.

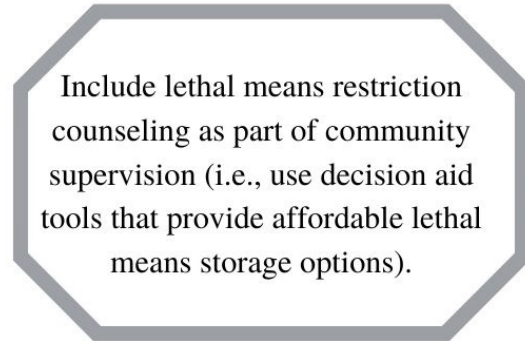
Provide a warm handoff between juvenile detention centers and community mental health providers.



Intercept 4:
Reentry



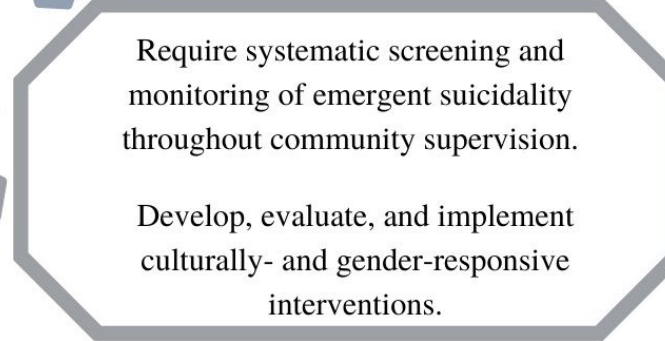
Use of evidence-based suicide interventions that provide linkage to care as a treatment component.



Include lethal means restriction counseling as part of community supervision (i.e., use decision aid tools that provide affordable lethal means storage options).



Intercept 5:
Community
Supervision



Require systematic screening and monitoring of emergent suicidality throughout community supervision.

Develop, evaluate, and implement culturally- and gender-responsive interventions.