

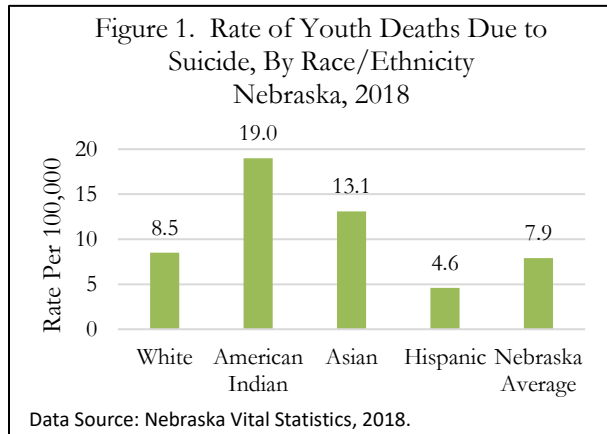
### Suicide among Nebraska Youth

According to the Centers for Disease Control and Prevention (CDC), suicide was the second leading cause of death in 2018 for youth ages 10-24, both nationally and in Nebraska, and this rate has been steadily trending upwards over the past ten years.<sup>1</sup> This demonstrates that suicide has been, and continues to be, a top cause of death in the state for young people. Nebraska Vital Records show that in 2017, the rate of youth (10-19) deaths due to suicide was 11.4 per 100,000; the National suicide rate for 2017 was 7.2 per 100,000. Further, the number of deaths for youth (10-19) in Nebraska has been steadily increasing since 2009 according to Vital Statistics data from the Nebraska Department of Health and Human Services (NDHHS).<sup>2</sup>

Suicide’s web of impact extends to friends, family, teachers, mental health professionals, medical professionals and countless others. The impact of suicide deaths is far-reaching and unbelievably detrimental. More targeted efforts in prevention, education, and clinical services to decrease the stigma surrounding mental health and provide needed help must be implemented to stop this trend.

***Criterion 1: Disparities Exist Related to Health Outcomes***

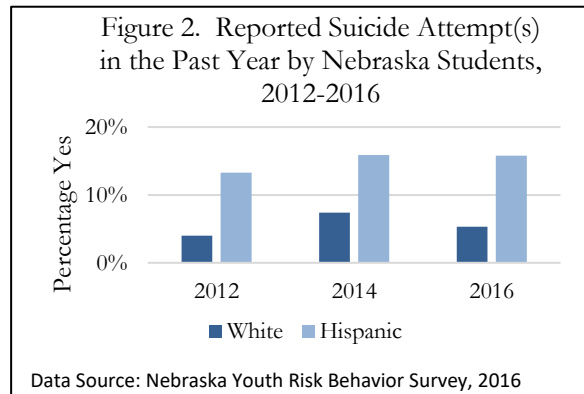
In 2018, the rate of youth deaths in Nebraska due to suicide was 7.9 per 100,000 youth (Figure 1). For American Indian youth the rate was 19.0 per 100,000 and for Asian youth the rate was 13.1 per 100,000, reflecting to a major health disparity.



According to data from the Nebraska Hospital Discharge database, the hospitalization rate for non-fatal suicide attempts in 2015 was 48.7 per 100,000 youth ages 10-19.<sup>3</sup>

Results from the 2016 Youth Risk Behavior Survey (YRBS) show that 6,503 youth

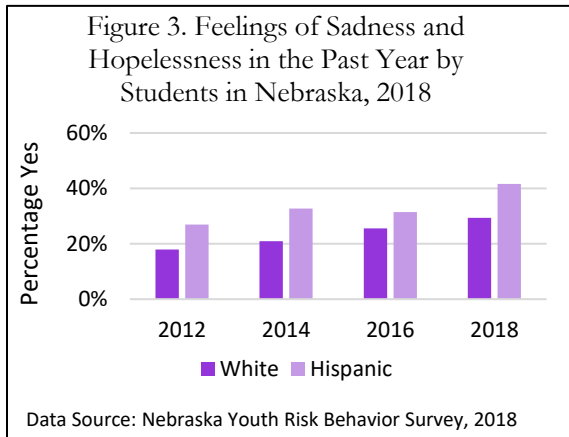
reported attempting suicide one or more times during the past 12 months (Figure 2).<sup>4</sup>



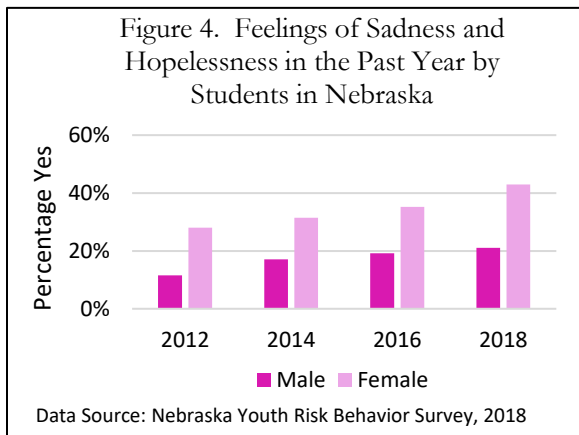
Disparities exist for ethnic groups, with Hispanic students more likely than White students to report having attempted suicide in the past year.<sup>5</sup> This disparity has been increasing in recent years.

The 2018 Nebraska Risk and Protective Factor Student Survey (NRPFSS) reported 16.1% of 8<sup>th</sup> grade students, 17.7% of 10<sup>th</sup> graders and 16.3% of 12<sup>th</sup> grade students had considered attempting suicide during the past 12 months. Data from the 2018 YRBS shows that 17.7% of students considered attempting suicide during the past 12 months; 12.7% male and 22.8% female. These data highlight

additional age and gender disparities related to suicide.



32% percent of youth completing the YRBS survey in 2018 reported feeling sad or hopeless almost every day for two weeks. This number was up from both the 2016 survey results (27.0%) and the 2014 survey results (24.1%). Hispanic students reported feeling sad or hopeless at a higher rate than White students (Figure 3), while female students reported feeling sad or hopeless at a significantly higher rate than males (Figure 4).



**Criterion 2: Data Exists to Document the Problem**

Several data sources provide data on youth suicide in Nebraska. The Youth Risk Behavior Survey (YRBS) is conducted biennially in

Nebraska and monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth.

Data are also available through the CDC Web-based Injury Statistics Query and Reporting System (WISQARS), an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of valid and reliable sources.

The Nebraska Risk and Protective Factor Student Survey (NRPFS) is part of the Student Health and Risk Prevention Surveillance System (SHARP) that administers surveys to youth enrolled in Nebraska schools. SHARP is jointly sponsored by the Nebraska Department of Education (NDE) and NDHHS, and collects information on substance use, bullying, and risk and protect factors affecting problem behaviors.<sup>2</sup>

Additional data to document suicidal risk factors, behaviors and outcomes come from Nebraska Hospital Discharge Data, Nebraska Vital Statistics, the Nebraska Child Death Review Team (CDRT)<sup>6</sup>, and the Nebraska Violent Death Reporting System (NVDRS)<sup>7</sup>.

**Criterion 3: Alignment, use the priority to maximum advantage**

A [Nebraska State Suicide Prevention Plan](#)<sup>8</sup> was developed for 2016-2020 through a collaboration of NDHHS, the Nebraska State Prevention Advisory Council, Nebraska Statewide LOSS Team (Local Outreach to Suicide Survivors) Development Group, Nebraska State Suicide Prevention Coalition and its associated community coalitions, Regional Behavioral Health Authorities of Nebraska<sup>9</sup>, and University of Nebraska Public Policy Center.<sup>10</sup> The plan focuses on healthy, empowered individuals, families and

communities; clinical and community prevention services; treatment and support services; and surveillance, research and evaluation, and sets out strategies to move toward the ultimate goal of zero suicides.

Community coalitions working on suicide prevention include the Nebraska State Suicide Prevention Coalition and six county/regional level coalitions from the Omaha-Metro Area, Northeast Nebraska, and Buffalo, Hall, Lincoln/Lancaster and Seward counties.

The Santee Sioux Nation Society of Care, The Suicide Prevention Resource Center, Nebraska Youth Suicide Prevention Initiative and the Kim Foundation are additional organizations focusing on decreasing the suicide rate among young people in Nebraska.

There are several grants awarded to agencies in Nebraska focused on reducing suicide rates, including Substance Abuse and Mental Health Services Administration SAMHSA grants awarded to Santee Sioux Nation Society of Care, a Garrett Lee Smith Grant awarded to the University of Nebraska-Lincoln, and an Advancing Wellness and Resiliency in Education (AWARE) grant from SAMHSA awarded to NDE and NDHHS.

Although these and other state and local agencies and community-based organizations are working to address the rising number of youth suicide deaths, collaboration across agencies has proven to be challenging. Many of these initiatives are working in silos and therefore limiting the impact of the work being done, providing ongoing opportunities for enhancements of efforts in this area statewide.

***Criterion 4: Strategies Exist to Address the Problem/An Effective Intervention is Available***

There are multiple strategies that exist to address youth suicide. Trainings are available that any adult who has contact with a youth can take to increase their knowledge regarding mental health concerns, suicide, and what can be done to help someone in a crisis. Two such trainings offered across the state include Question, Persuade and Refer (QPR)<sup>11</sup> and Youth Mental Health First Aid (YMHFA)<sup>12</sup>.

Nebraska Legislative Bill 923 (2014) mandated all appropriate public school personnel receive at least one hour of suicide awareness and prevention training each year. Resources<sup>13,14</sup> are available for schools, and some schools in Nebraska have established peer-to-peer suicide prevention programs.

There are trainings specific for Mental Health Providers, including Assessing and Managing Suicide Risk (AMSR).<sup>15</sup> Some interventions mental health providers can utilize with individuals experiencing suicidal ideations and behaviors include Cognitive Behavioral Therapy (CBT)<sup>14</sup> and Dialectical Behavior Therapy (DBT).<sup>14</sup>

LOSS (Local Outreach to Suicide Survivors) teams are one way of providing support to suicide loss survivors. LOSS teams consist of trained mental health professionals acting as volunteers to bring immediate support to survivors of suicide. Eleven LOSS teams across Nebraska provide immediate assistance, follow-up contact and coordinate utilization of services and support groups for survivors.

***Criterion 5: Severity of Consequences***

Mental health concerns, suicidal thoughts and behaviors and death by suicide are all on the rise among youth in Nebraska. In 2018, a Nebraska youth died by suicide every 17 days.<sup>2</sup> Not only does suicide result in the end of life, but it also has a great financial burden. According to the Suicide Prevention Resource Center (SPRC), the annual national estimated cost of suicide attempts and completions is \$93.5 billion.<sup>14</sup> The average cost of one suicide is \$1,329,553 in associated medical costs and lost wages. However, the true toll of suicide fatalities are unknown in its far-reaching life-altering impacts to family, friends, teachers, coaches, ad infinitum. Suicide and suicidal behavior are preventable. In fact, SPRC highlights for every “\$1.00 spent on psychotherapeutic interventions... saved \$2.50 in the cost of suicides”. If more targeted, intentional, collaborative efforts are not

implemented, this number will continue to rise and more youth in Nebraska will die by suicide.

***If this issue is selected as one of the Title V MCH priority needs in 2020, what do you expect this issue to look like five years from now? What kind of progress can you expect for the next five years?***

With prioritization from Title V MCH, more statewide, intentional and collaborative efforts will also be identified to decrease the stigma surrounding mental health concerns and suicidal thoughts and behaviors. It is expected an increase in preventions services, education, early interventions and access to mental health services. Many lives are expected to be saved from work done through this initiative, and suicides will no longer be the second leading cause of death for Nebraskan youth.

<sup>1</sup> Centers for Disease Control and Prevention. Ten Leading Causes of Death and Injury. <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

<sup>2</sup> Nebraska Department of Health and Human Services. Vital Statistics. <http://dhhs.ne.gov/Pages/vital-records.aspx>

<sup>3</sup> Nebraska Hospital Association. Hospital Discharge Data. 2015 Statewide Data. Internal Request. [https://www.nebraskahospitals.org/health\\_data/](https://www.nebraskahospitals.org/health_data/)

<sup>4</sup> Nebraska Department of Education. Nebraska Youth Risk Behavior Survey. <https://www.education.ne.gov/csh/2016-17-ne-yrb-s-results/>

<sup>5</sup> Bureau of Sociological Research. Nebraska Risk and Protective Factor Survey (NRPFS). <https://bosr.unl.edu/nebraska-risk-and-protective-factor-student-survey-nrpfss>

<sup>6</sup> Nebraska Department of Health and Human Services. Nebraska Child Death Review Team. <http://dhhs.ne.gov/Pages/Child-Death-Review.aspx>

<sup>7</sup> Nebraska Department of Health and Human Services. Nebraska Violent Death Reporting System. <http://dhhs.ne.gov/Pages/Violent-Death-Reporting.aspx>

<sup>8</sup> Nebraska State Suicide Prevention Plan. <https://www.sprc.org/sites/default/files/NEBraska%20STATE%20SUIC%20PREV%20PLAN%202016-2020.pdf>

<sup>9</sup> Nebraska Regional Behavioral Health Authorities. [https://edn.ne.gov/cms/sites/default/files/u1/pdf/se10SE22%20Regional\\_Behavioral\\_Health\\_Authorities.pdf](https://edn.ne.gov/cms/sites/default/files/u1/pdf/se10SE22%20Regional_Behavioral_Health_Authorities.pdf)

<sup>10</sup> University of Nebraska Public Policy Center. <http://ppc.unl.edu/>

<sup>11</sup> GetTrainedToHelp. Question, Persuade and Refer (QPR). <https://gettrainedtohelp.com/en/home/qpr>

<sup>12</sup> Youth Mental Health First Aid. <https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

<sup>13</sup> Substance Abuse and Mental Health Services Administration. Prevention Suicide: A Toolkit for Schools. <http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

<sup>14</sup> Suicide Prevention Resource Center. <https://www.sprc.org/>

<sup>15</sup> Zero Suicide Institute. Assessing and Managing Suicide Risk. <http://zerosuicideinstitute.com/amrs>