Youth Suicide Prevention: The Evidence Base and Moving to Scale

Invited lecture · Holly Wilcox

Dr. Holly Wilcox is a Professor in the Johns Hopkins Schools of Public Health, Medicine and Education. Her areas of expertise are in population-based prospective studies of suicidal behaviors; studies of the effectiveness of community-based programs and policies embedded into service sectors; data linkage and harmonization; and intergenerational studies. More recently, she has become focused on translating research results into practice and scaling up and sustaining best practices. Dr. Wilcox is the president elect of the International Academy of Suicide Research. She has served as an advisor to several national and international organizations to make the case for a more public health-oriented suicide prevention agenda including the National Institutes of Health, National Academies of Sciences, Engineering, and Medicine, World Health Organization/UNICEF, Pan American Health Organization (PAHO), National Collegiate Athletic Association (NCAA), and the National Network of Depression Centers. She also holds an Affiliate Investigator affiliation with the Centre for Research Excellence in Suicide Prevention (CRSEP) of the Black Dog Institute in Australia.

Abstract. Over the COVID 19 pandemic, the Adolescent Behaviors and Experiences Survey (ABES) in the United States showed that over 1 in 3 high school students reported poor mental health, and nearly half reported emotional distress. The pandemic has exacerbated health disparities in historically marginalized populations with more than 25% of LGBTQ+ students, reporting attempting suicide during the past year compared to 5% in cisgender students. There are several examples of approaches that reduce suicidal thoughts/behaviors in youth at the universal level by targeting aggressive disruptive behaviors in primary schools (e.g., Seattle Social Development Project, Good Behavior Game, Family Check Up, Fast Track) as well as by directly addressing suicide risk in teenagers in school (e.g., Signs of Suicide, Youth Aware of Mental Health). Several evidence-based programs aim to reduce suicide in higher risk populations including youth with depression (e.g., antidepressant medications + CBT), youth with exposure to trauma and posttraumatic stress disorder (e.g., Prolonged Exposure Therapy for Adolescents, Project Chrysalis), youth in the child welfare system (e.g., Multidimensional Treatment Foster Care), Hispanic middle school students (e.g., Familias Uni-

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das), parentally suicide bereaved children and adolescents (e.g., Family Bereavement Program), and indigenous youth (e.g., American Indian Life Skills). Evidence-based treatment approaches include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Attachment-Based Family Therapy, Multisystemic Therapy, Youth-Nominated Support Team, Promoting CARE, Family-Based Crisis Intervention, and Systemic Crisis Intervention Program. One of the largest challenges for the field of suicide prevention is that many of these programs never reach those who could benefit from them. There is an urgent need to align suicide prevention with policy and advocacy goals, and embed suicide prevention practices in schools, hospitals and other settings so they are just part of the way we deliver services. There is a need to maintain high quality of implementation and embrace technology as well as continuous learning and quality improvement.