

# Preventing Trauma and Youth Suicide During COVID-19 & Beyond

## Promoting Mental Wellbeing Through In-School and Out-of-School Supports

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*The coronavirus pandemic has disrupted the lives of millions of children across the US: with schools shifting toward online learning and hybrid models, the suspension of many out-of-school activities, and increasing pressures on families. In this context, local governments and community-based partners across the country seek to increase support for young people and prevent adverse childhood experiences and youth suicide. This includes considering alternative opportunities for social connection, and school and community touchpoints that are ready to help students cope with loss and uncertainty.*

In 2018, suicide was the second leading cause of death for people between the ages of 10 to 29 in the US, and there has been an upward trend in suicide rates among young people between the ages of 10 and 24 over the last decade.<sup>1</sup> Now, amidst the COVID-19 pandemic, research on behavioral risk documents increased threats to suicide risk, with youth and parents with school-age children among the populations in the US more likely to have elevated suicide risk during this time.<sup>2,3</sup>

This brief builds upon the [October 14th, 2020 webinar \*Preventing Trauma and Youth Suicide During COVID-19 and Beyond: Promoting Mental Wellbeing Through In-School and Out-of-School Supports\*](#). It explores how agencies and organizations that support the wellbeing of youth, both in school and out of school, have adapted to the 2020 context, finding new opportunities to authentically engage with youth in ways that elevate strengths, connect to culture, and are trauma-informed. The final section highlights additional strategies needed to sustain gains in youth mental wellbeing in the long term.

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### KEY POINTS: EMERGING LEARNINGS FROM THE FIELD

- **Strive for authentic youth engagement:** Engage youth as leaders, planners, and experts in the process. Amidst the uncertainty of the pandemic, involvement in community work helps shift feelings from powerless to purposeful.
- **Consider individual and community context:** Effectively meet the needs of diverse students by being trauma-informed, strengths-based, and culturally responsive, in addition to being evidence-based.
- **Tap into school- and community-based support systems:** Particularly in times of increased strain, those already supporting youth wellbeing are well-placed to offer help. Identify and prepare trusted messengers across a wide range of settings to address the needs of youth where they naturally gather. At the same time, care for youth-facing adults as part of caring for youth.
- **Improve policies and systems:** Sustain impact through organizational policy and practice change and a focus on community determinants of health. A wellness framing prompts us to change systems—not just services—to lay the groundwork for young people to be healthy and thrive.

## How leaders have responded during COVID-19 to better support youth

Leaders in communities across the country are responding to the challenges posed by COVID-19 by building on and adapting existing efforts to promote wellbeing and prevent Adverse Childhood Experiences and suicide among youth.

CDC's Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence and Preventing Suicide: A Technical Package of Policy, Programs, and Practices outline strategies and approaches shown to be effective, and can serve as a useful starting point. A number of the strategies within these two technical packages overlap. Three key strategies highlighted in this document include:

- **Promoting connectedness**, including through access to caring adults and activities, peer norm programs, and community engagement;
- **Teaching coping and problem-solving skills**, such as through social-emotional learning; and
- **Creating protective environments**, including through organizational policies and culture.

Actions to slow the spread of COVID-19 – like sheltering-in-place and physical distancing – can make ACEs and suicide prevention strategies more difficult to initiate or adapt. To effectively reach young people with these strategies during the pandemic, practitioners across the country are prioritizing authentic youth engagement, preparing and supporting youth-facing adults, and grounding in culture. At the same time, they are envisioning policies and systems that can sustain wellbeing and prevent trauma and suicide over generations.

## Strive for authentic youth engagement

Listening to young people yields different and better solutions. Young people derive a sense of purpose and agency that can support their wellbeing when they are involved in work that makes a difference in their communities or among their peers. This may be especially important during times of infrastructure disruption, like the COVID-19 pandemic, when many people experience feelings of helplessness.

One local example of authentic youth engagement is the Brighton Youth Commission, a body of 22 youth and six adults that is appointed by the city council to study and investigate matters impacting youth in the City of Brighton, Colorado. SPEAK, or Suicide Prevention, Education, Awareness, Knowledge, is a Brighton Youth Commission initiative that engages school and community in an annual week of activities that culminates in a 5k walk in a local community park.

On a national level, National League of Cities' Council on Youth, Education and Families provides an opportunity for local elected officials and youth leaders to connect regarding issues that impact youth, children, and families. The annual City Summit includes a youth track that is planned by youth for youth. In 2020, National League of Cities adapted its conference to run virtually. One of the youth-led workshops was on breaking down stigma around mental health and suicide, including how to conduct a local planning process to build awareness about these issues.



Photo credit: Emma Katherine Bowers

*“With SPEAK, I feel like I’m making a difference, and making sure that everyone feels supported and no one feels alone... All elected officials should invite youth to have a seat at the table on issues that impact them.”*

Giana Rocha, Youth Council Representative for Brighton, Colorado, and YEF Council Representative for the National League of Cities

## Spotlight: Broomfield Youth for Youth Summer Internship

### Related Technical Package Strategy: Promoting Connectedness

Broomfield Youth for Youth (Y4Y) is a group of local middle- and high-school students in Colorado whose work focuses on youth substance use prevention, improved wellbeing, and positive relationships. Y4Y serves as the youth voice for Communities That Care, a coalition led by the Public Health Department of the City and County of Broomfield that includes members from youth-serving organizations, city council, nonprofits, faith-based organizations, and school district administrations. In the summer of 2020, the Y4Y intensive internship shifted to a remote format due to the coronavirus pandemic, and the group chose to focus on connectivity and resilience. Y4Y adapted Sources of Strength, an evidence-based program shown to decrease suicide risk. Following training, Y4Y Teen Advisors and adult community partners engaged in weekly youth-led conversations and messaging campaigns, such as What Helps Me, to help normalize mental health topics and issues across their community. Like the SPEAK initiative in Brighton, Y4Y's work takes place at the intersection of community building and youth development. Y4Y Teen Advisor Arya Nandyal noted that COVID can present more opportunities for young people and adults to engage with one another, since many people have curtailed daily activities and are spending more time at home. For Y4Y and Communities That Care, the pandemic allowed the group to pause and reflect on what they were working toward.



Photo credit: Broomfield Youth for Youth

## Consider individual and community context

Young people aren't equally impacted by childhood trauma and suicide. Youth with intellectual and developmental disabilities, LGBTQ youth, Black and Hispanic youth, youth experiencing homelessness, youth involved in the juvenile justice system, households with substance abuse or economic stress, and military and veteran families experience the heaviest burdens of trauma.<sup>4,5,6</sup> Lesbian, gay, and bisexual students and those in justice and child welfare settings are at increased risk of suicide.<sup>7,8</sup> These inequities require a focused response.

Effective suicide prevention approaches are relevant to the experiences, beliefs, and context of the population of focus, whether young people overall or youth subpopulations. The Center for School Behavioral Health at Mental Health America of Greater Houston recently revamped its evidence-informed trainings to increase their cultural relevance, so that they more effectively meet the needs of the city's diverse students. For example, the Center's Advanced Trauma-Informed Classroom training highlights the importance of cultural awareness and equity in the classroom, and the impact of racial and historical trauma. Following Hurricane Harvey, the Center also collaborated with ReadyRosie on a coping

## Tips on how to engage youth during COVID-19 and beyond:

**Provide compensation** for young people's time and expertise.

**Engage a diversity of young people** through intentional outreach efforts. Along the way, take stock of who is involved and partner with those who can help expand your reach—especially young people.

**Be open and flexible to the way that students want to show up.** For example, this could mean holding meetings after school instead of during the work day, or incorporating creativity and artistic expression.

**Build capacity of youth-facing adults beforehand.**

Adults in an organization or coalition may have varying levels of readiness to engage authentically with young people. Completing a self-assessment can help us understand what we still need to do to be prepared to receive young people as partners in the work. The Colorado Department of Public Health and Environment's website is one of many sources of information on positive youth development, and includes a [Youth Advisor Readiness Assessment](#).

toolkit for families, including a series of before, during, and after a storm [videos](#) showing diverse parents talking calmly with their children about the storm, engaging them in preparedness activities, and checking in about how they're feeling. Cultural responsiveness has also been critically important for the Center when conducting trainings in Puerto Rico and the US Virgin Islands as part of disaster response following hurricanes.

Among all racial/ethnic groups, American Indian/Alaska Natives have the highest rate of suicide, and the rate increases steeply during childhood and adolescence.<sup>9</sup> The predominantly American Indian community of Anadarko, Oklahoma, adapted [Hope Squad](#), a national, school-based peer-to-peer model for suicide prevention, to fit community norms and needs. Southern Plains Tribal Health Board leaders carefully considered how this evidence-based program aligned with their cultural values. The collaborative invited community partners to assist in presenting the Hope Squad program modules to students, and the program in schools is supplemented with additional community-based activities. For example, to help young Native men in Anadarko stay connected during the pandemic, the collaborative hosted a virtual hand drum-making workshop over the summer. [Watch the video to learn more about youth suicide prevention in Anadarko.](#)<sup>i</sup>

<sup>i</sup> <https://us.movember.com/story/view/id/11995/a-making-connections-film>

<sup>ii</sup> For a copy of the Back to School Toolkit, email [csbinfo@mhahouston.org](mailto:csbinfo@mhahouston.org)

## Tap into school- and community-based support systems

Schools and community-based organizations have major roles in supporting the mental wellbeing of school-aged youth. Teachers and school-based mental health professionals may be the first adults that come to mind, but other youth-facing adults in and outside of the school system can have a tremendous impact as well. Many agencies and organizations support youth and their families through after-school programming and essential services. These trusted groups and institutions are part of the community or social infrastructure, and often are able to scale up efforts and fill gaps in times of crisis.

The Center for School Behavioral Health engages with families, educators, school and district leadership, and service organizations that have a campus presence. In its trainings, the Center emphasizes that caring for youth-facing adults is part of caring for youth. The theme of Mental Health America's 2020 Back to School Toolkit<sup>ii</sup> is "Coping with COVID," and includes resources and self-care tips for teachers, as well as students and parents. Recognizing the importance of continued social-emotional support during out of school time, the Center also works with after-school organizations such as the [National AfterSchool Association](#) to train after-school program staff on child trauma and equip them with information to support the mental and emotional wellbeing of children and families.

# Spotlight: New York City Bridge to School Plan

Related Technical Package Strategies: Teaching coping and problem-solving skills; Creating protective environments

In the spring of 2020, as the pandemic escalated, the Division of School Climate and Wellness at the New York City Department of Education (NYC DOE) began thinking about how NYC schools could successfully reopen in the fall. Building on the department’s pre-existing efforts related to supportive environments and restorative practices, NYC DOE leveraged the expertise of a variety of groups internally, across agencies, and in the community to inform the development of Bridge to School, a practical guide to reopening in a way that meets the needs of students, families, and educators. It includes sections for different ages (early childhood, K-5, 6-8, high school), and provides both overarching guidance, as well as suggestions for day-to-day activities. Organized around key themes of community and resilience, the plan emphasizes students’ strengths and assets. For example, it incorporates a number of activities, such as “strengths bingo,” which helps students recognize and celebrate positive qualities within themselves.



The plan was created in response to feedback from parents and families that a different start to the school year and ongoing attention to parent and student perspectives were needed amidst the pandemic. The guide includes questions to engage with families, and encourages schools to have a structured and proactive plan that emphasizes two-way communication. Similar to the Center for School Behavioral Health, the guide acknowledges that adults have also experienced a challenging year in 2020. For classroom teachers to be prepared to welcome students in a supportive way, schools need to care for them, too.

NYC DOE also recognizes the importance of engaging other partners to support students’ wellbeing. The plan recommends that schools partner with the Borough Citywide Office, parent-teacher associations, school wellness councils, and community-based organizations for a more effective re-opening. For example, parent-teacher associations have existing communication channels that can help amplify messages, maximize meeting turnout, and gather feedback.

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**Strengths Bingo: A Celebration of our Strengths**

Directions: All of the squares on this bingo sheet are amazing qualities you have within yourself which will help you in college. Find someone in the room that has done or relates to the sentence in the box, and have them sign their name.

I help pick up my brother or sister from school Name: _____ Ex. Responsible	I volunteer and do community service Name: _____ Community Service	I play a sport for my school Name: _____	I receive tutoring or have been part of a study group Name: _____	I know how to research on the internet Name: _____
I am a strong reader Name: _____ Strong Reader	It's easy for me to talk to other people Name: _____ Socialization	I am extraordinary because?	I have talked to my counselor or teacher about college Name: _____ Curiosity	I am able to remember a lot of things at one time Name: _____ Resourcefulness
I have researched my future career path Name: _____	I ask for help when I need it Name: _____ Problem Solving		I ask a lot of questions Name: _____ Curiosity	I enjoy talking in front of people and leading groups Name: _____
I have talked to my friends about college Name: _____	I am good at finding things I need Name: _____	I have a great sense of humor Name: _____	I always want to know the reason behind what I'm asked to do Name: _____ Critical Thinking	I am creative (I like to imagine, draw, paint or make things) Name: _____ Creativity

Qualities to help with our success in college and beyond!

Resourcefulness	Critical Thinking	Creativity	Time Management	Critical thinking	Problem Solving	Socialization	Curiosity
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Even with a robust plan, schools cannot take on youth wellbeing alone—it’s important to involve others in the effort, especially those who were already supporting youth before COVID. Reflecting on the successes of Y4Y and Communities That Care in Broomfield, Colorado, project coordinator Nicole Dolan encouraged local governments to seek funds for community-based

programs that bring together youth and community partners. Young people are diverse and seek support from a wide range of people and places, so preparing both traditional and nontraditional partners in a variety of settings is critical—especially since it may be more difficult for teachers to know how students are doing during remote sessions.

*“We are living the cultural trauma of a generation right now with the pandemic; It has brought to light longstanding challenges and disparities with long history, and also gives us a common experience: young people are experiencing all the emotions of this moment just like adults are. We have an opportunity in this moment to look at what we have that is already inadequate and figure out how we can make it better to meet this moment and to meet the future so that the cultural trauma we are experiencing now doesn't become historical trauma for several generations into the future.”*

Dr. Nia West-Bey, Center for Law and Social Policy (CLASP)

## Improve policies and systems

The social isolation and grief of the COVID-19 pandemic call for immediate action at the individual and relationship levels to promote connectedness and healthy coping skills among youth. Sustaining these efforts in the long term, however, requires efforts at the organizational, community, and societal levels. This includes examining organizational policies and practices and asking, “How does or could this support mental health and equity?” For example, the Center for School Behavioral Health has supported school districts in reviewing their codes of conduct and other policies that might be exacerbating inequities and driving disproportionate rates of incarceration.

Preventing trauma and suicide over generations also requires a focus on community determinants of health. Community conditions lay the groundwork for young people to be healthy, safe, and well. For example, strengthening economic supports is included as an upstream strategy in the CDC’s technical packages to prevent suicide and ACEs. The COVID-19 pandemic has called attention to additional equity concerns like broadband internet access, especially as more people rely on telehealth to access care. Recognizing that broadband internet access is integral to equitable outcomes, particularly during periods of infrastructure interruption, a number of municipalities are finding ways to provide free internet access. In Hartford, for instance, the city is partnering with philanthropy to install a citywide network of outdoor wireless access points.

Working with youth, families, schools, and community-based organizations, local governments have a critical role in supporting youth mental wellbeing during the COVID-19 pandemic and future periods of infrastructure disruption. Changing policies and systems and investing in collaborative, community-based efforts with young people are key to preventing trauma and suicide now and in the long term.

## Related resources

- Watch Prevention Institute’s webinar recording: [Preventing Trauma and Youth Suicide During COVID-19 and Beyond: Promoting Mental Wellbeing Through In-School and Out-of-School Supports](#).
- The American Youth Policy Forum is continually updating its [COVID-19 Response Information Hub](#), which includes resources relevant to youth experiencing homelessness, justice-involved youth, rural populations, youth with disabilities, youth in foster care, and English-language learners—some of the subgroups at risk for ACEs and suicide that require a focused response.
- For more on how youth-led organizing can be healing for participants, read The Aspen Institute’s report, [Scan of the Field of Healing Centered Organizing: Lessons Learned](#).
- For an example of students in action, check out [this video](#), where Beyond Differences’ Teen Board Members discuss social isolation during COVID-19.
- Recommendations to support school-aged youth during the pandemic align well with those described in the Center for Law and Social Policy (CLASP) report: [10 Core Competencies for Youth and Young Adult Centered Mental Health Systems](#), produced in partnership with youth. While this report focuses on mental health systems, the competencies are readily applicable to public health practice across systems and sectors.

Sharing resources and lessons learned across communities will help all of us navigate this period of uncertainty. This brief is part of a series of tools and trainings that support local government and community partners in preventing adverse childhood experiences and suicide, particularly during periods of infrastructure disruption. Additional resources and tools are available on [Prevention Institute’s website](#).

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<sup>1</sup> CDC Vital Statistics, 2018.

<sup>2</sup> Moutier, C. Suicide Prevention in the COVID-19 Era: Transforming Threat Into Opportunity. *JAMA psychiatry*; 2020. Retrieved from <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2772135>.

<sup>3</sup> Wellbeing Trust. Projected Deaths of Despair During COVID-19: The COVID Pandemic Could Lead to 75,000 Additional Deaths from Alcohol and Drug Misuse and Suicide. Retrieved from <https://wellbeingtrust.org/areas-of-focus/policy-and-advocacy/reports/projected-deaths-of-despair-during-covid-19>.

<sup>4</sup> Peterson, S. Populations at Risk. *The National Traumatic Stress Network*. <https://www.nctsn.org/what-is-child-trauma/populations-at-risk>. Published May 25, 2018.

<sup>5</sup> Sacks, V. & Murphey, D. The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. *Child Trends*. Published February 20, 2018. <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity/>.

<sup>6</sup> Dierkhising, C.B., Ko, S.J., Woods-Jaeger, B., Briggs, E.C., Lee, R. and Pynoos, R.S. Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network. *European journal of psychotraumatology*; 2013. 4(1): 20274. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/#:~:text=One%20study%20found%2092%25%20of,et%20al.%2C%202004>.

<sup>7</sup> CDC. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. Atlanta, GA: U.S. Department of Health and Human Services.

<sup>8</sup> Office of the Surgeon General (US); National Action Alliance for Suicide Prevention (US). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention. US Department of Health & Human Services (US); 2012 Sep. Appendix D, Groups With Increased Suicide Risk. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK109909/>.

<sup>9</sup> CDC Vital Statistics, 2018.