Speaker 1:

Welcome to the Michigan Minds podcast, a quick and informative analysis of today's top issues from University of Michigan faculty.

Speaker 2:

Thank you so much for joining Michigan Minds. I'm really looking forward to talking with you and learning from you today. So can you start by introducing yourself and sharing a little bit about your role at the University of Michigan?

Cheryl King:

Yes, I would be happy to do that. I am Cheryl King. I'm a clinical psychologist and a professor here in the University of Michigan Medical School. So I'm on the faculty in the Department of Psychiatry in our medical school here, where I also direct the Youth and Young Adult Depression and Suicide Prevention Research Program.

Speaker 2:

Awesome, thank you, and in what areas does your research focus?

Cheryl King:

My research and the research of my team, it's a very collaborative group, it's very broad ranging in relation to youth and young adult suicide prevention. But I'd have to say that as a clinical scientist, I've always been most interested in applied research, in research that we could use the findings from very soon to try to prevent youth and young adult suicide. And so we've done a lot of research related to, "How can we improve identifying young people at risk?", our screening tools, "How can we make our risk assessments stronger?", our risk formulation so we know, "Who's most at risk and who needs the most intensive intervention now?" And then also, how can we intervene to prevent subsequent suicidal behavior to prevent the tragedy of suicide? How can we go beyond our traditional treatments of psychotherapy and medication to maybe meet more the needs of these young people?

Speaker 2:

As Director of the Youth Depression and Suicide Prevention Program, can you share a bit about the team's work to develop improved screening, risk assessment and prevention or intervention strategies?

Cheryl King:

Well, let me share just a sampling of our work because it is wide ranging and it's a fairly big group now. But for instance, in the area of screening and risk assessment, we've recently learned that four factors seem to be particularly important in our risk evaluations in terms of risk for a suicide attempt, for suicidal behavior. And it's interesting because three of these four are suicide related, current suicidal thoughts, past history, the most severe suicidal thoughts the youth has ever had, and have they previously engaged in suicidal behavior? And was that multiple times? So that's three of the four suicidal thoughts and behaviors in their history. But the fourth one is school connectedness and it could be replaced by social connectedness, which is also important, but the idea that it's not all the psychiatric symptoms. Also very important to look at a young person's perception of their connectedness, and by that, what we're asking is their sense that they belong at school, people care for them at school, there's someone they could go to at school if they needed to, they have someone they could talk with, a friend.

So that's one thing we've learned because many times, people are perhaps neglecting that part of the risk assessment equation. With screening, we've also worked with a very large team nationwide to develop a computerized adaptive screening tool that gives us a lot of information about the level of risk for an attempt and warning signs. And then on the intervention end of it, we've worked on several interventions. One is what we call the Youth Nominated or Young Adult Nominated Support Team Intervention, and this is about building a really well-informed and strong network of adults around the young person at risk who understand what's going on, who the youth has nominated because they trust these people and are comfortable talking with them. And so we're strengthening and actually supporting, with weekly contact, the adults that are part of this network. So I think that gives you an idea of the range of work we're involved with.

Speaker 2:

So important. Thank you. The month of September recognizes suicide prevention month. Can you describe the importance of talking about mental health and suicide prevention and how this can help break the stigma around asking for support or reaching out?

Cheryl King:

Well, our mental health is so important. It's part and parcel of our overall health, how we feel about things, how we think about things and our experiences, how we relate to others, how we engage with the world, how actively, how we cope with interpersonal loss and conflict with other challenges that come up in our lives. We all have vulnerabilities in one or more of these areas, just like we may have physical health vulnerabilities, weak spots, maybe even disabilities. The same is true for mental health. Each of us has areas where we're stronger, areas where we may have vulnerabilities and sometimes, people need help, just like we do with other areas of our health.

And I do think that stigma, it is gradually lessened, at least in my professional lifetime, but it's still very real, and the more that we hear about mental health, getting help, "It makes sense. It would be a great thing to go get some help, to get treatment, to get services," it's like we become more comfortable with the conversation and if those who are significant others to us talk about it, encourage it, help us feel good about it, I think what's happening is we're reducing self stigma. Because one of the biggest barriers is that people themselves feel a stigma if they feel they're someone who needs to get help, and we need to reduce not only community stigma but self stigma. And I think having the conversations and have it be part of our regular discourse makes a big difference with reducing stigma.

Speaker 2:

In relation to your research and work at the Youth Depression and Suicide Prevention Program, are there any resources you can share regarding risk assessment or prevention?

Cheryl King:

Well, the good news is that there are so many resources available today, and I think to make this easy for our listeners, one excellent resource is our Suicide Prevention Research Center, and you can find their many resources at sprc.org. If you just search on S-P-R-C, for Suicide Prevention Resource Center, .org. This is a federally funded resource, so it's our tax dollars. It's kept very current. There are resources on possible prevention strategies, on recognizing risk, just about the full range of resources would be available. Another excellent site is the National Institute of Mental Health, which you can search on N-I-M-H, for National Institute of Mental Health. This is our national group that is funding science and research related to mental health. Many resources available there. Same with the CDC, the Centers for Disease Control and Prevention. Our own University of Michigan Depression Center also has many resources available if you search on that. I would say these are all sites where the resources have been carefully vetted and I think we can stand behind them.

Speaker 2:

Thank you for providing those resources. We'll include links to those in our article. As the suicide rate among American adolescents has risen drastically over the last decade, one of the greatest challenges is identifying at risk youths, so they can receive the mental health services they need. A screening tool called Computerized Adaptive Screen for Suicidal Youth, or CASSY, is a personalized system to better detect suicidal youths. Can you share a bit more about this tool and how it can assist those at risk?

Cheryl King:

The CASSY is something that we have worked on most recently, so I think as a team, we're excited about the CASSY. It's a new type of screening tool. It is a computerized adaptive tool, and what that means is that when we're screening, we don't ask everyone the same questions. If you're familiar with most screening tools that you pull off a website or out of a magazine, you're answering a set of questions and then you turn and you see, "How did I score on that?" But it doesn't work equally well for everyone, and in a computerized adaptive tool, after the first few questions, the subsequent questions asked depend on how you responded to the earlier ones. So different people get questions that go into more depth and they get different numbers of questions. This would be somewhat similar... People are familiar with aptitude tests where some people end up being presented with more problems or perhaps harder problems.

So it's adaptive and that becomes important with suicide risk because there's not one set of risk factors that characterizes all young people at risk for suicide. If we were to put together a whole room full of people at risk, we'd see it's really heterogeneous in terms of risk factors. We might have someone who is misusing alcohol and drugs, severe mood swings, perhaps even diagnosed with a bipolar disorder. We may have another young person who is severely depressed, worried, ruminating, they have never used alcohol or drugs in their life and they don't have big mood swings. They're always down, and there's a whole range of combinations of risk that may lead someone to decide to try to take their own life. So by having an adaptive tool, you can go in different directions with questions that may all relate to higher risk.

One thing that this tool does is it gives us an estimate of the probability of a suicide attempt within the next few months. It's a risk estimate. But it also gives the person who administers the tool information about any warning signs the youth endorsed. If they said they had a plan, for instance, they had intent, that would pop up and the person would see it as a warning sign. So you can use the tool to get a, "Yes, no, are they at risk?" But you can also use it to get a probability and to get some of the warning signs and different settings. For instance, an emergency department could set their risk threshold in a different place depending on their capacity to go in and do more comprehensive mental health evaluations and respond to the young person.

Speaker 2:

Thank you. I wanted to talk a little bit about the TEDMED 2022 talk, The Power of Caring, Forming a Circle of Support Around Suicidal Teens. You describe findings about the important role adults have in supporting young adults at risk. What are a few key messages from this research and how can adults support youth with suicide prevention?

Cheryl King:

Well, I think one message is not surprising. It's that the adults in young people's lives are incredibly important and they can make a very big difference. It's not that adolescents and young adults are always sharing a lot with the other adults in their lives or with their parents, and yet these adults can make a huge difference, and what we've learned is that if we support the adult that the youth connects with and feels can be helpful to them, and we support them in terms of their concerns and with information that they may need, help them understand what's going on with the young person, understand why these treatments have been recommended, how they can encourage the youth to follow through with the treatments, how they might talk with the youth about suicide risk, how they might help them if they're being bullied, how they might collaborate with them on a plan if they're experiencing sleep disturbance, how they might just respond to the youth in a more sensitive way when they learn that they've identified as non-binary or they're a gender minority and the adult hadn't previously understood that.

There are a lot of ways that having the adults more informed and supportive can make a difference. I think the second message is that, "Yes, we need traditional evidence based treatments for people with significant mental health concerns and suicide risk," and by this I mean our psychotherapies, our effective medications, but we do not need to rely solely on psychotherapy and medication. Psychotherapy is often once a week for six weeks or 12 weeks, very short term in a young person's life. Medications may have side effects. It may work to be on them a long time, but they're treating the symptoms, perhaps effectively, but they're not helping the young person learn coping strategies, develop better relationships with others, learn to manage the depression and have a quality of life. So I think the second take home is, "Let's keep our traditional evidence-based treatments, but think of what else we need to really address the risk in young people."

Speaker 2:

Thank you. As the podcast comes to a close, what is one thing you hope listeners remember from this conversation?

Cheryl King:

There are far too many young people thinking about suicide, engaging in suicidal self-harmful behavior, and tragically dying by suicide, and we can make a difference. Suicide is preventable. Maybe we won't ever prevent 100% of all suicides, but we can surely do much better than we're doing today, as we have seen the rate rising in recent years. And what we're learning is that if we integrate science with practice, with programs in the community, with good ideas for prevention, figuring out new ways to screen that are more accurate, new ways to assess risk that are more accurate, effective intervention strategies, by doing this work, which takes all of us, we have people participating, we have people with ideas, we have people conducting the science, we are learning better ways to screen, to evaluate and to intervene. And for those at risk, this will make a difference in beginning to drive down the number of suicides that we're seeing.

Speaker 2:

Is there anything else you would like to share?

Cheryl King:

Well, I invite everyone to check out some of the resources so that if there is someone in your life, in your community, in your family, who is at risk, that you may have a richer understanding and perhaps become more comfortable with how you might respond to that individual.

Speaker 2:

Fantastic. Thank you so much. It has been an absolute honor to talk with you today and learn from you. Thank you for taking the time to join us.

Speaker 1:

Thank you for listening to the Michigan Minds Podcast, a production of the University of Michigan. Join the conversation on social media with #umichimpact.