

An illustration on the left side of the slide shows several hands of different colors (pink, orange, red) reaching out and overlapping, symbolizing support and resilience. The hands are set against a dark red background.

From Adversity to Resilience: Unpacking the Impact of Childhood Experiences on Youth Mental Health

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Introduction

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Senior Epidemiologist and Arizona Youth Risk Behavior Survey Coordinator who is overseeing the overall survey administration and dissemination of and the Positive and Adverse Childhood Experiences (PACES) surveillance.

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Adolescent Health Epidemiologist who monitors the health of Arizona adolescents.



1

Data Sources

2

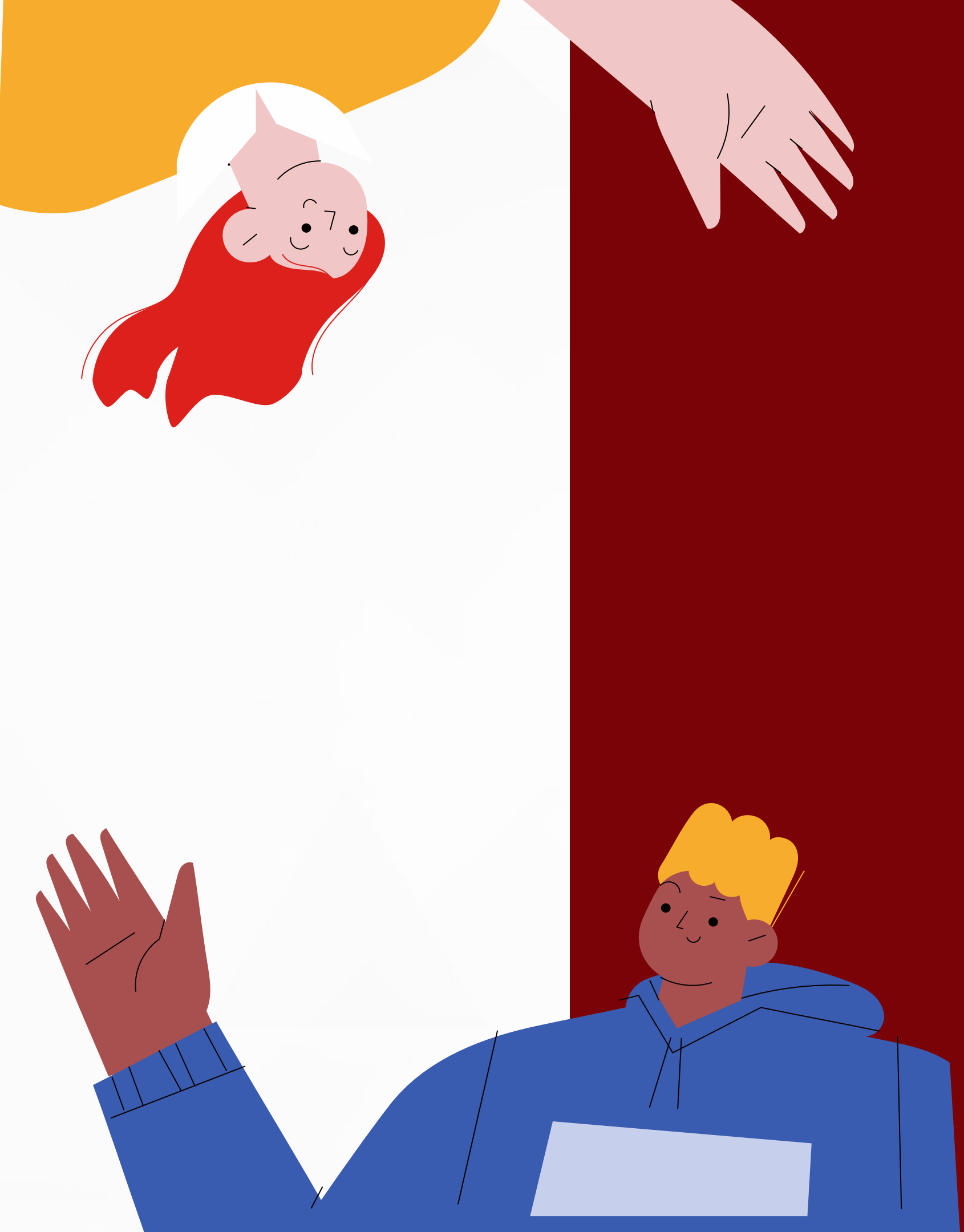
Mental Health Landscape
of Arizona Adolescents

3

Risk and Protective Factors

4

ADHS-Led Resources



Youth Risk

Behavior Survey

About the Youth Risk Behavior Survey



- Biennial population-based survey of high school students in grades 9-12 in Arizona
- Conducted in partnership with the Centers for Disease Control and Prevention
- 1,181 AZ adolescents participated in the 2021 cycle
- 2021 AZ YRBS student response rate: 79%, School response rate: 58%, Overall response rate: 46%

About the Youth Risk Behavior Survey



- The survey collects valuable information about priority health behaviors and experiences among Arizona teens.
- These health behaviors include:
 - Dietary behaviors
 - Physical activity behaviors
 - Tobacco and electronic vape product use
 - Alcohol and other drug use
 - Sexual behaviors related to unintended pregnancy and sexually transmitted infections including HIV
 - Behaviors that contribute to unintentional injuries and violence
 - Adverse Childhood Experiences (ACEs)
 - Positive Childhood Experiences (PCEs)

Supplementary Data Sources

- 2021-2022 National Survey of Children's Health
 - **Parents/guardians.**
 - National survey conducted annually, funded and directed by the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB), that provides rich data on multiple, intersecting aspects of children's health and well-being – including physical and mental health, access to and quality of health care, and the child's family, neighborhood, school, and social context.

Importance of Addressing Youth Mental Health

- Early experiences and environments **significantly shape a person's emotional and psychological well-being** throughout their life (Bomysoad & Francis, 2020)
- **Mental disorders usually start early**, with one-third beginning before age 14, nearly half by age 18, and the majority before age 25, with an average onset around 14.5 to 18 years old for all disorders (Mulraney et al. 2021)
- Youth with exposure to **childhood adversity** are at a higher risk of mental health problems (Bomysoad & Francis, 2020)



Mental Health

Landscape

of Arizona Youth

In a classroom with 30 high school students...

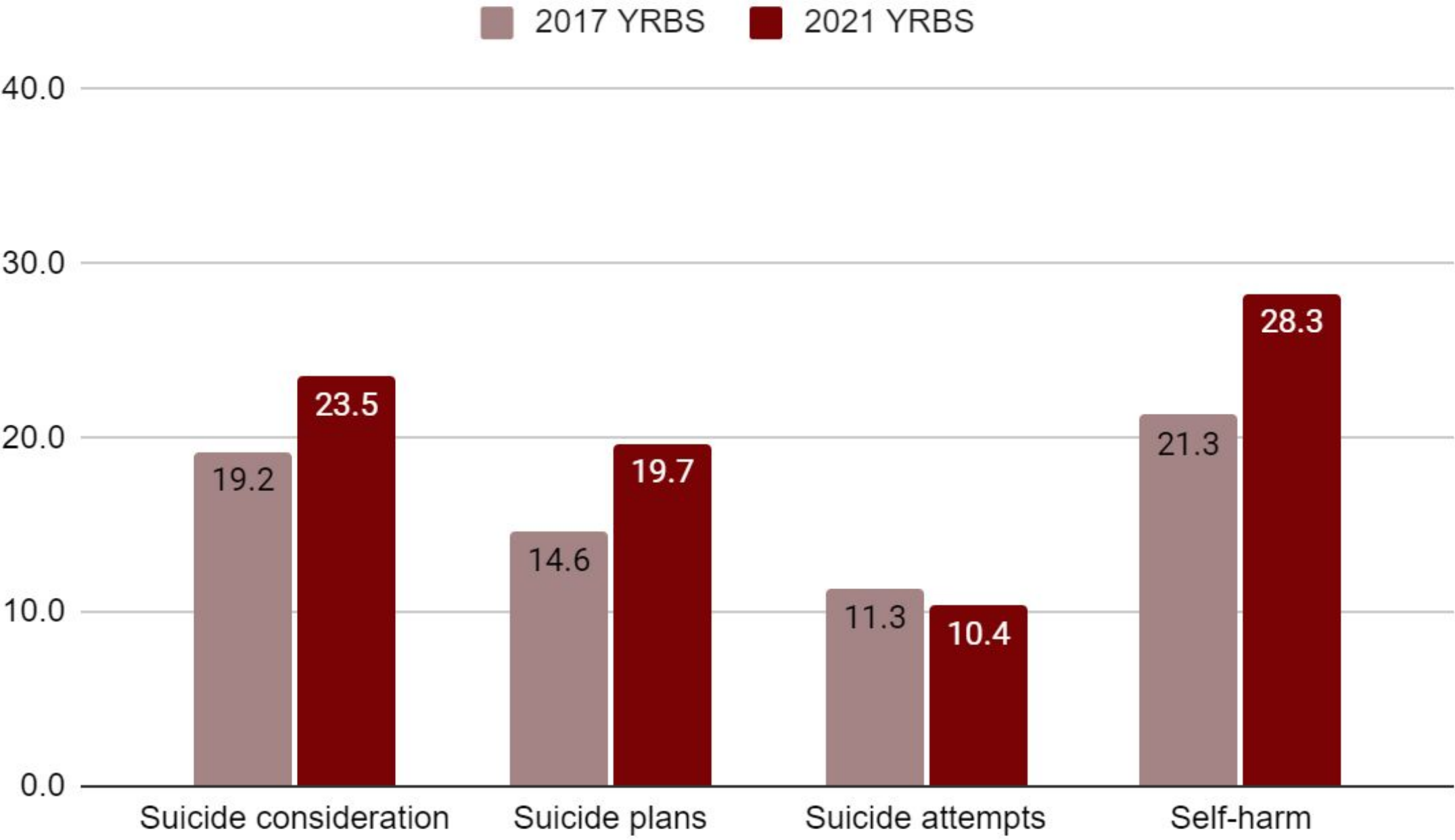
8 harmed themselves at least once last year

7 thought about attempting suicide last year

6 had plans about attempting suicide last year

3 attempted suicide last year

Rates of adolescents reporting **suicidal thoughts and plans**, as well as **self-harm increased** in the past years. (%)

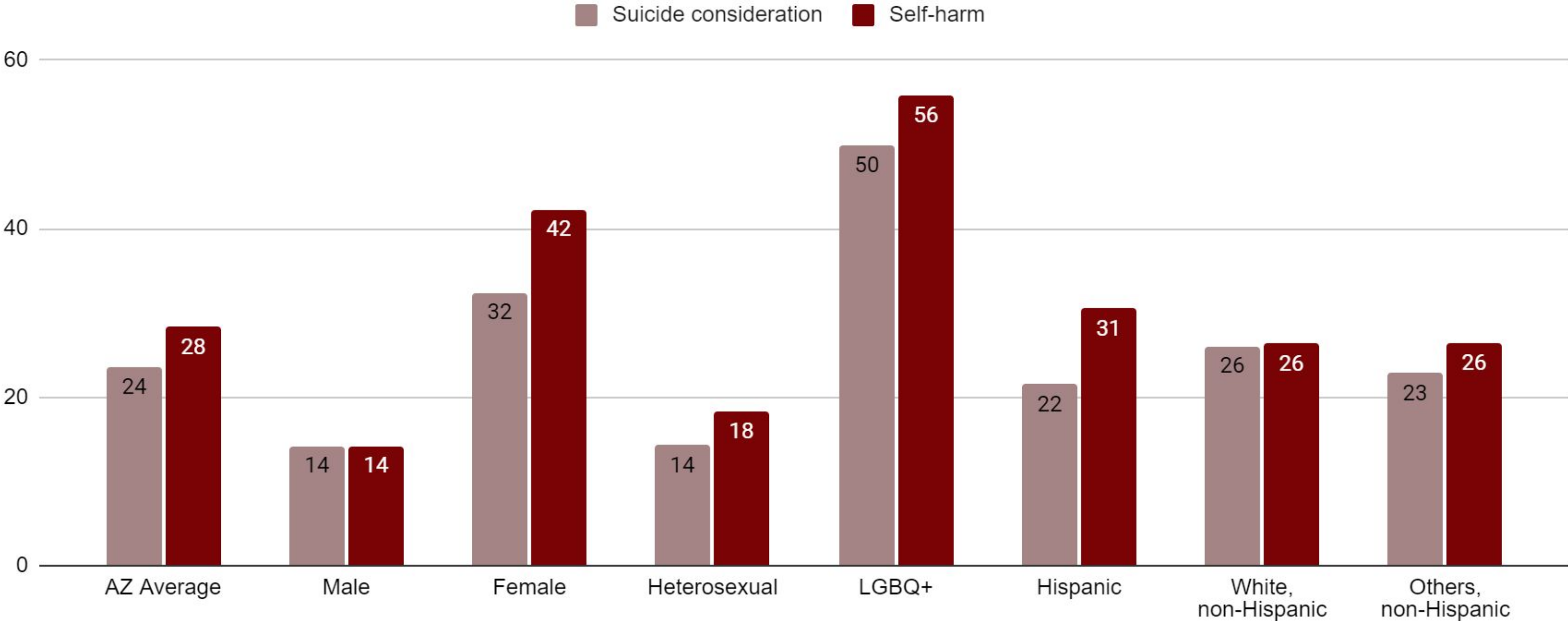


- Suicide consideration: Increased by 22%
- Suicide plans: Increased by 35%
- Self-harm: Increased by 33%



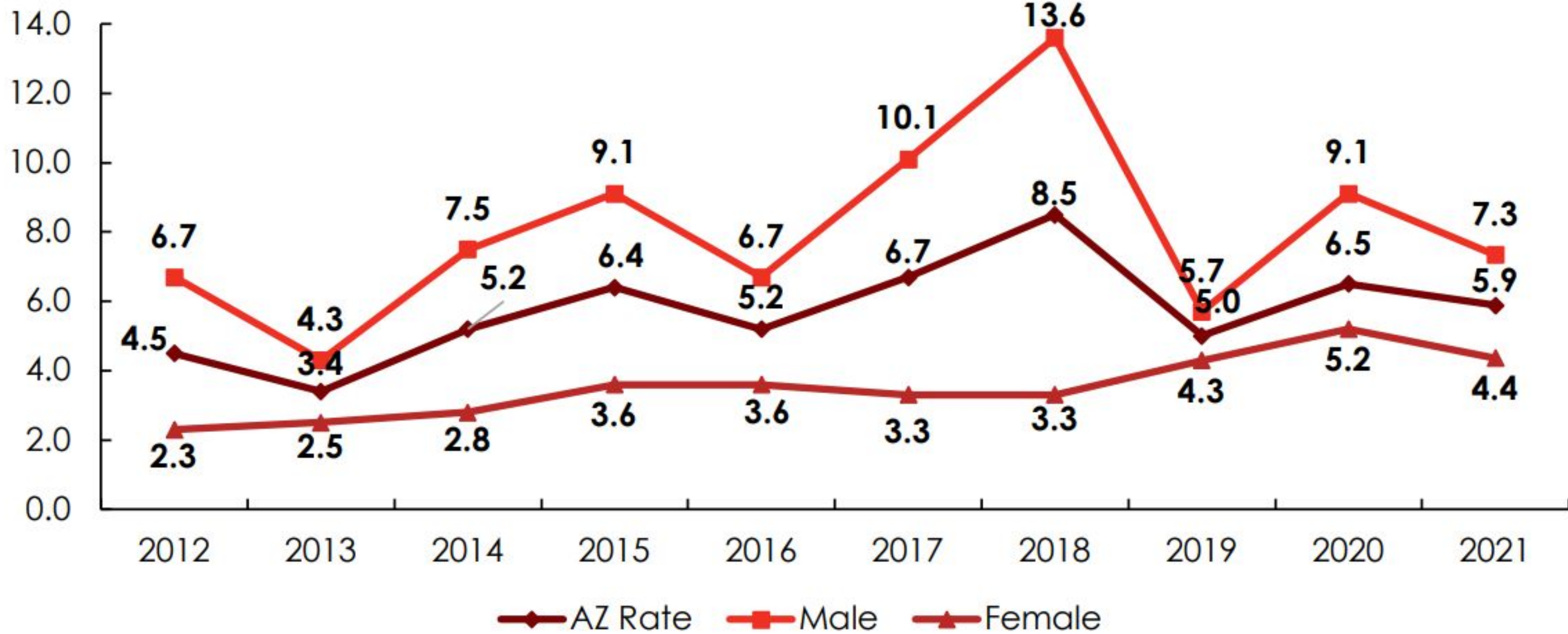
- Suicide attempts: Decreased by 8%

Female and LGBTQ+ adolescents are more likely to report **suicide consideration** and **self-harm**. (%)



Suicide Deaths Among Arizona Adolescents

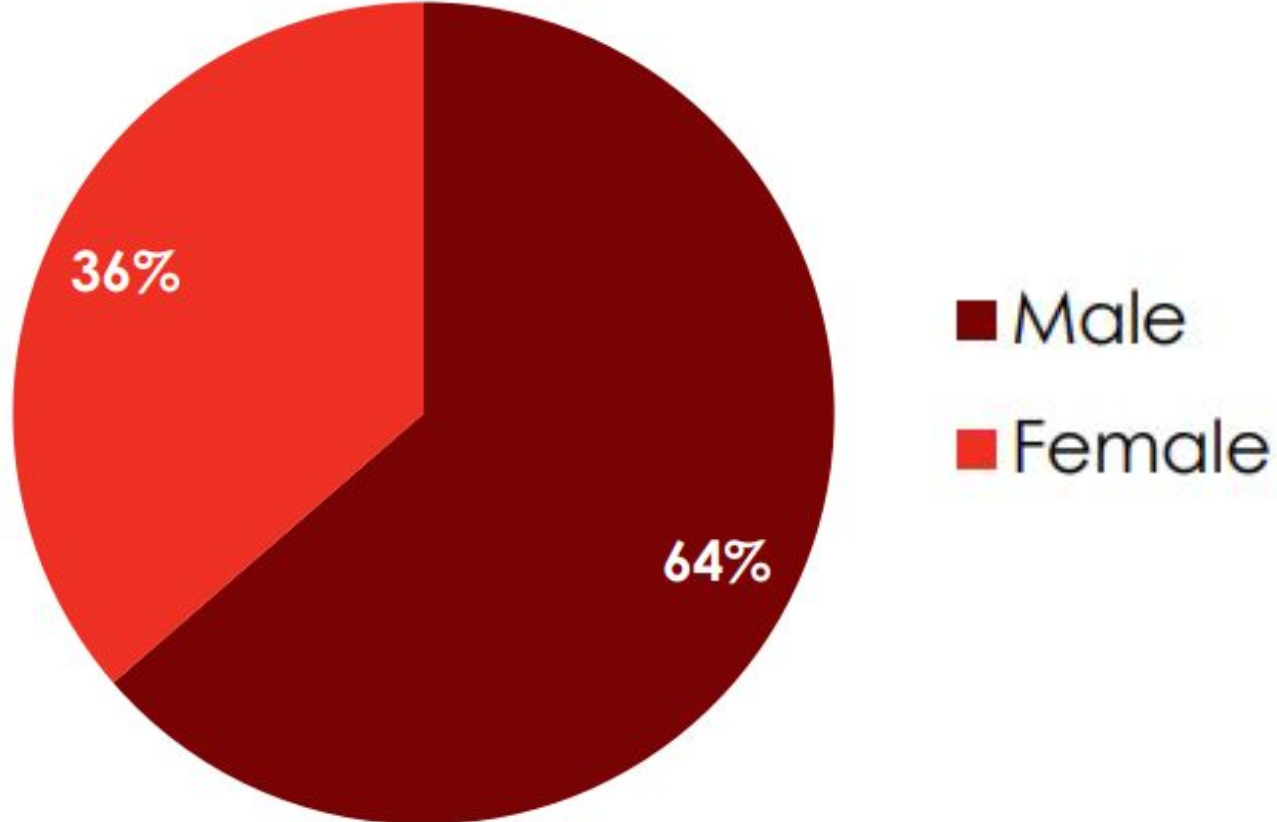
Mortality Rate per 100,000 Children due to Suicide by Sex, Ages 10-17 Years, Arizona, 2012-2021



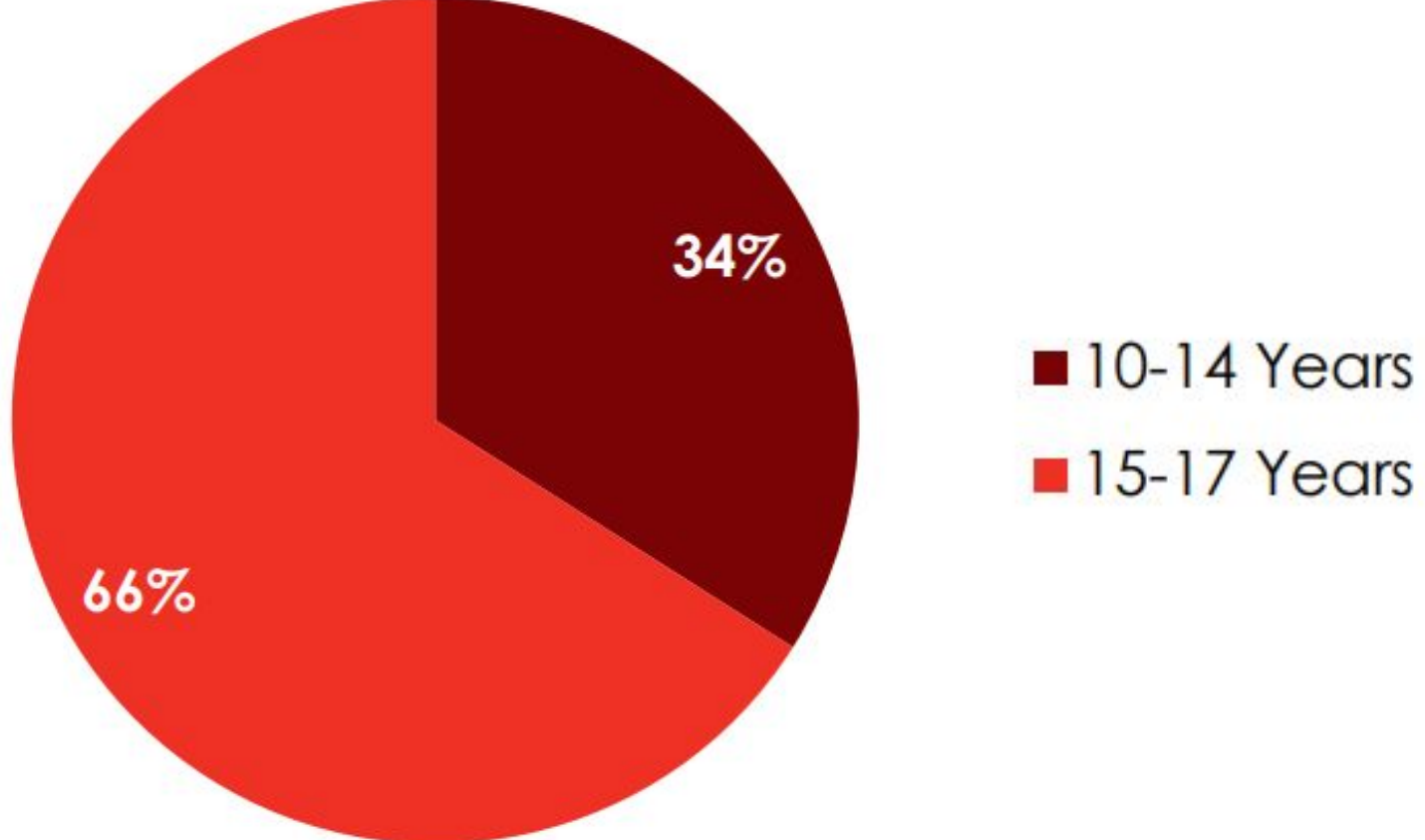
Based on the 29th Arizona Child fatality Review Report

Suicide Deaths Among Arizona Adolescents

Percentage of Suicide Deaths among Children by Sex, Ages 10-17 Years, Arizona, 2021 (n=44)



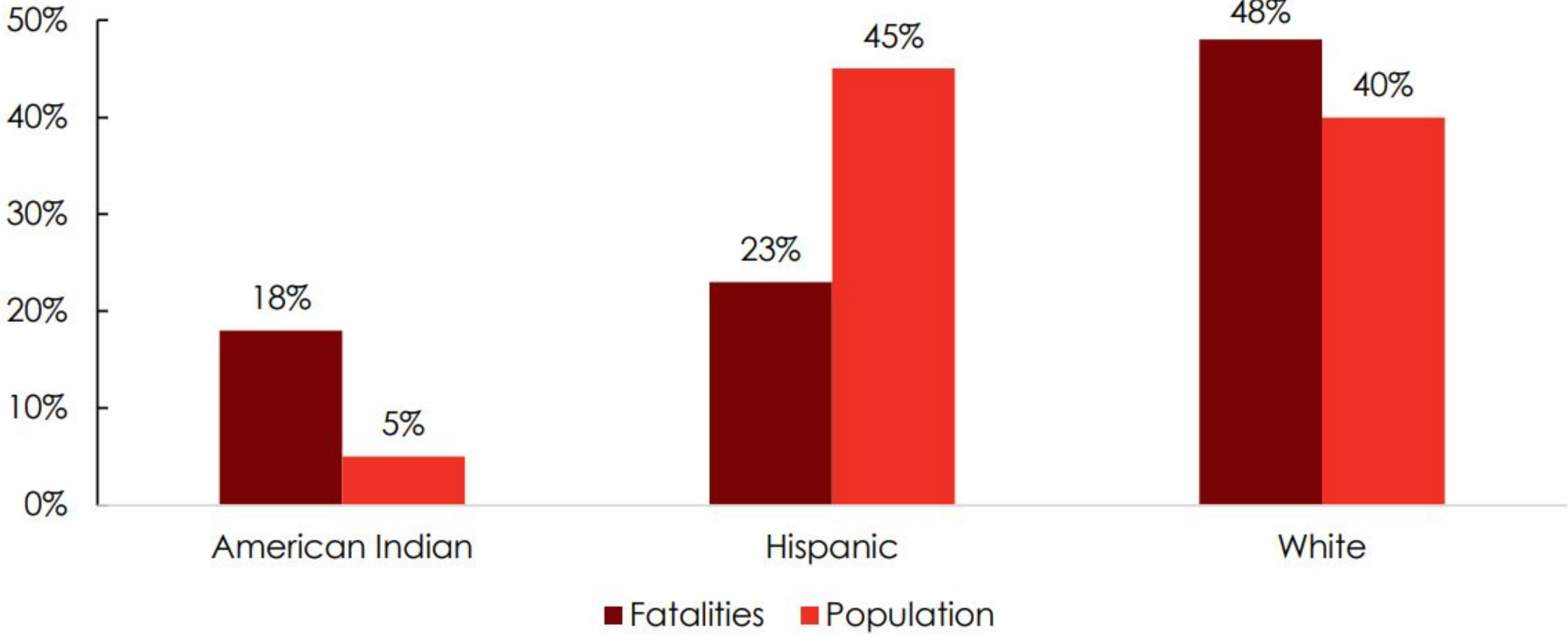
Percentage of Suicide Deaths among Children by Age Group, Ages 10-17 Years, Arizona, 2021 (n=44)



Based on the 29th Arizona Child fatality Review Report

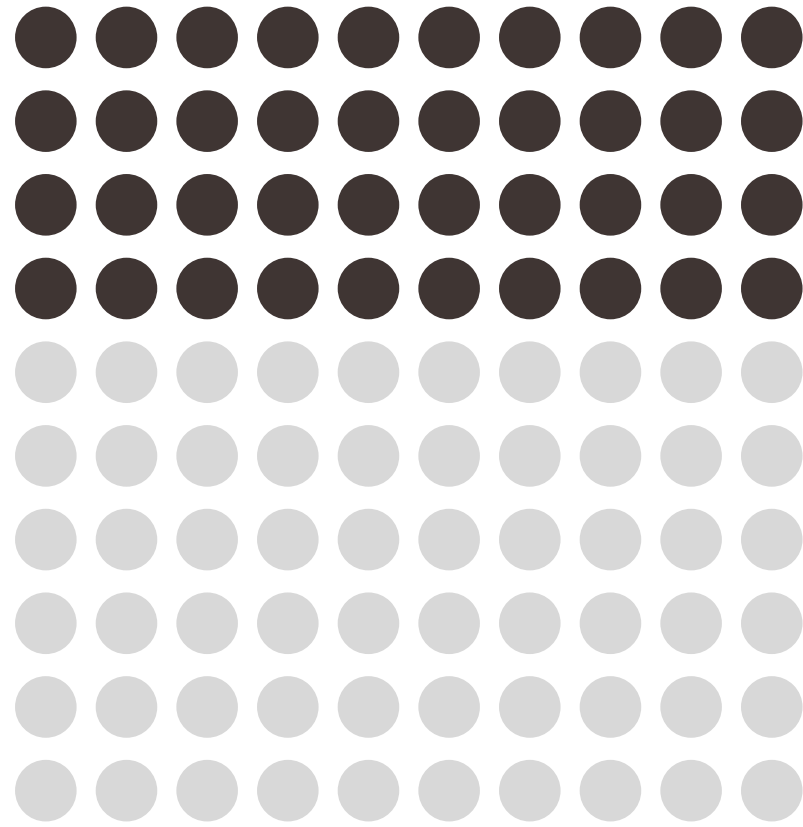
Suicide Deaths Among Arizona Adolescents

Percentage of Suicide Deaths among Children by Race/Ethnicity, Ages 10–17 Years, Compared to Population, Arizona, 2021 (n=44)*



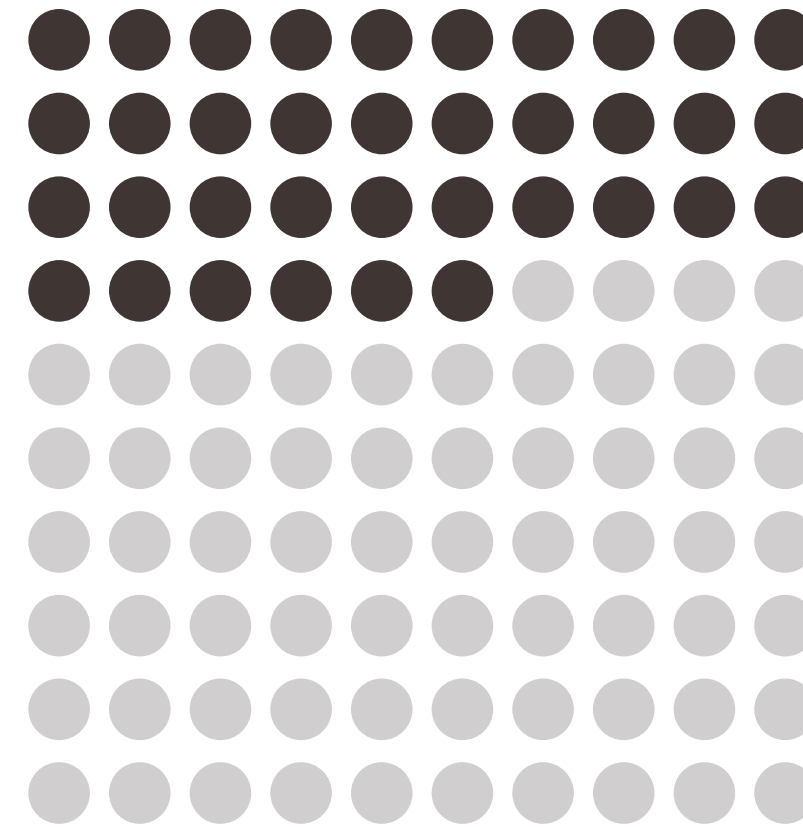
*Data for Black and Asian children suppressed due to counts less than 6. Based on the 29th Arizona Child fatality Review Report

Almost 4 in 10 Arizona adolescents report **poor mental health**.



40%

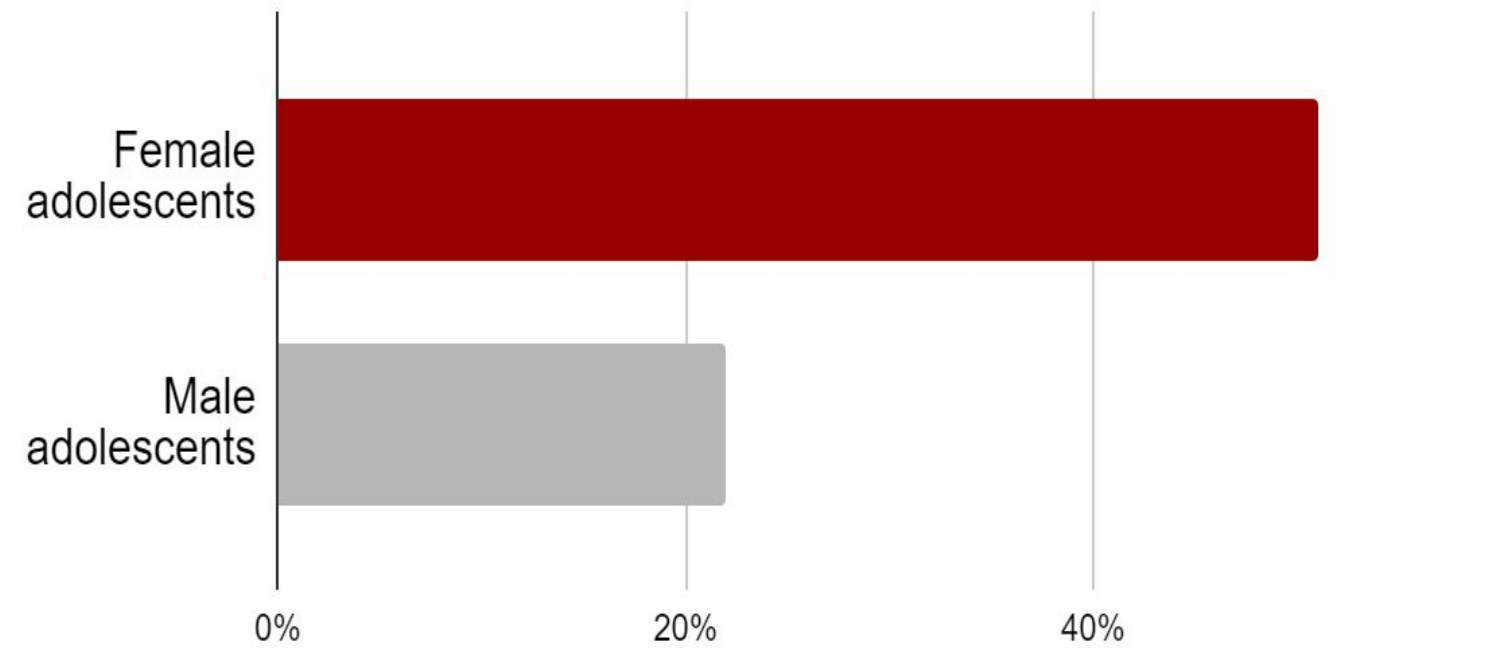
of adolescents report
poor mental health
during the COVID-19 pandemic



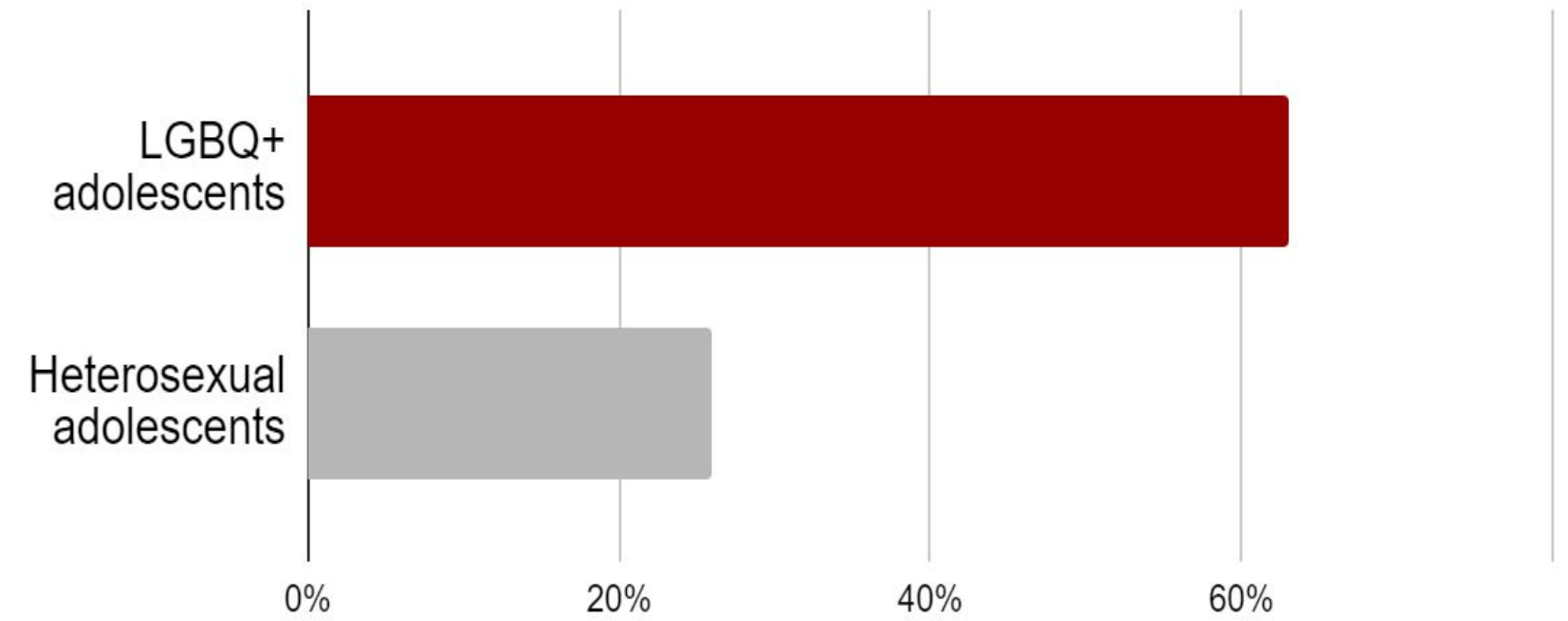
36%

of adolescents report
poor mental health
in the past 30 days

Female and LGBTQ+ adolescents are more likely to report **poor mental health**.

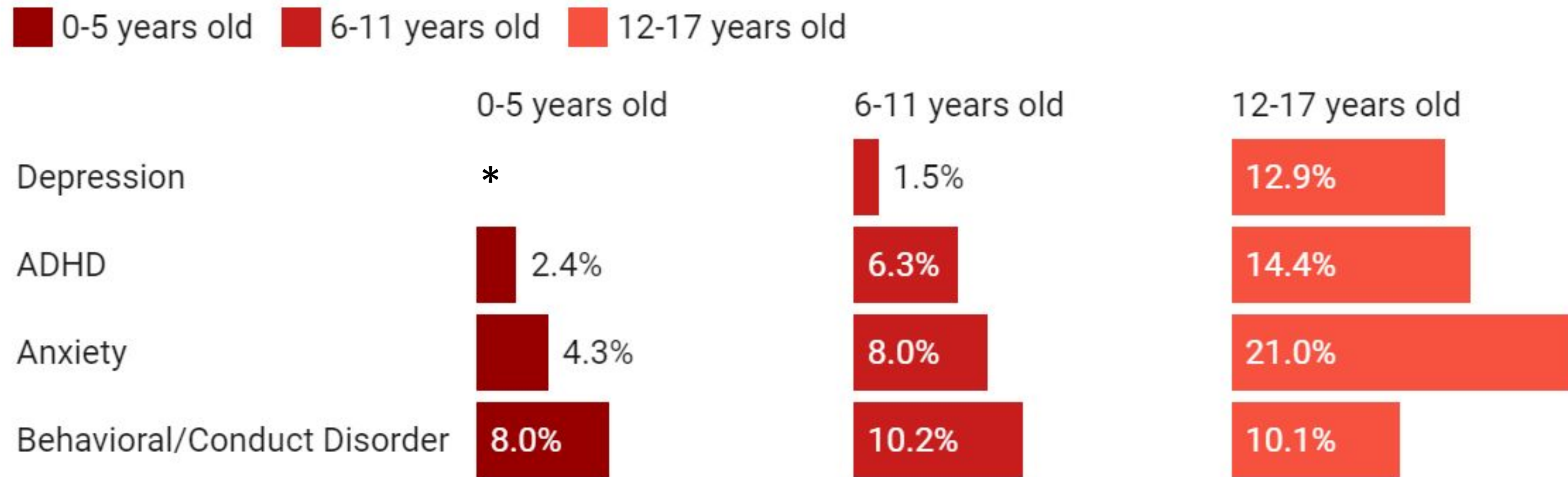


51% of female adolescents
&
22% of male adolescents
report poor mental health in the
past 30 days



63% of LGBTQ+ adolescents
&
26% of heterosexual adolescents
report poor mental health in
the past 30 days

Lifetime diagnoses of **Anxiety**, **Depression**, and **ADHD** among Arizona youth **increase with age**.

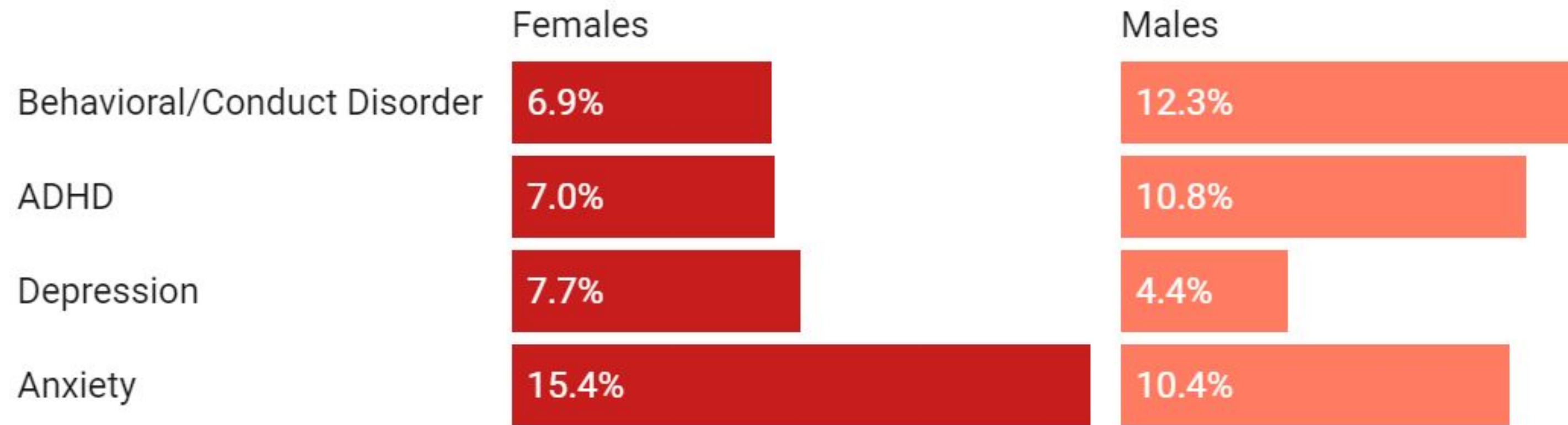


* Data was suppressed due to counts less than 6.

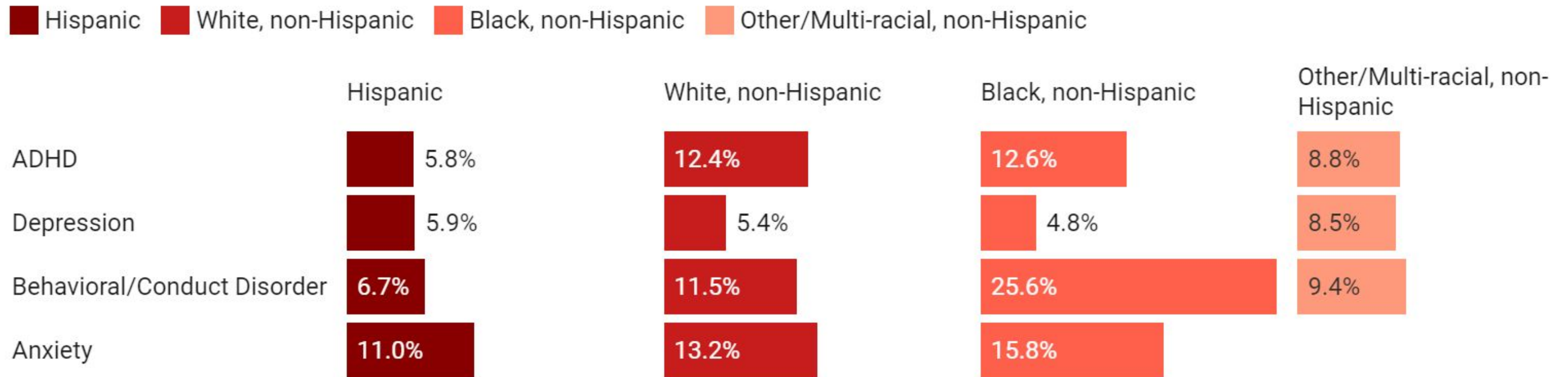
More females than males are diagnosed with **anxiety** and **depression** among children, ages 0–17.

The opposite is true for behavioral conduct problems and ADHD.

■ Females ■ Males

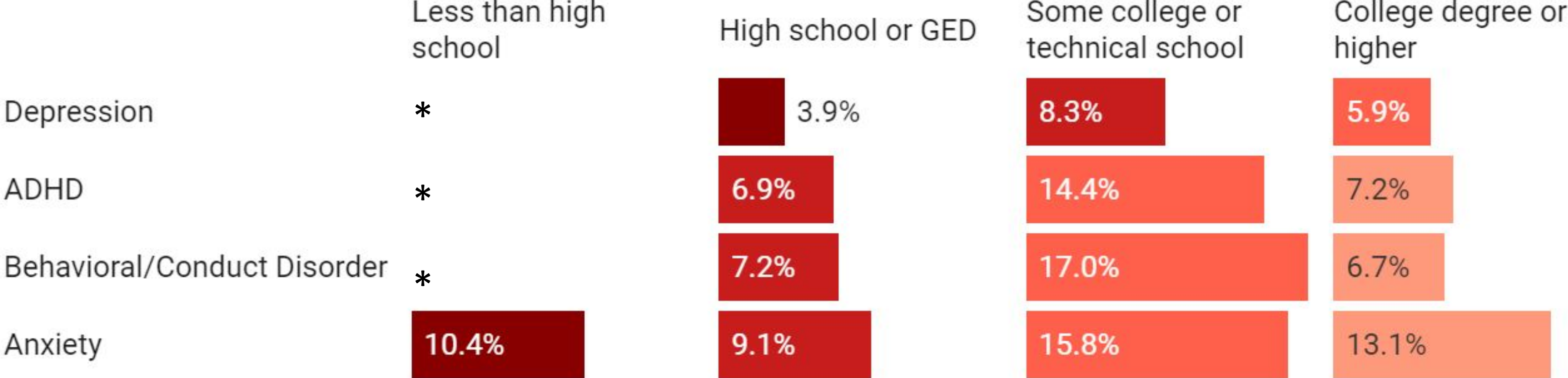


Prevalence of mental health diagnoses among Arizona children, ages 0-17 years, by race/ethnicity



Prevalence of mental health diagnoses among Arizona children, ages 0-17 years, by household education

■ Less than high school
 ■ High school or GED
 ■ Some college or technical school
 ■ College degree or higher



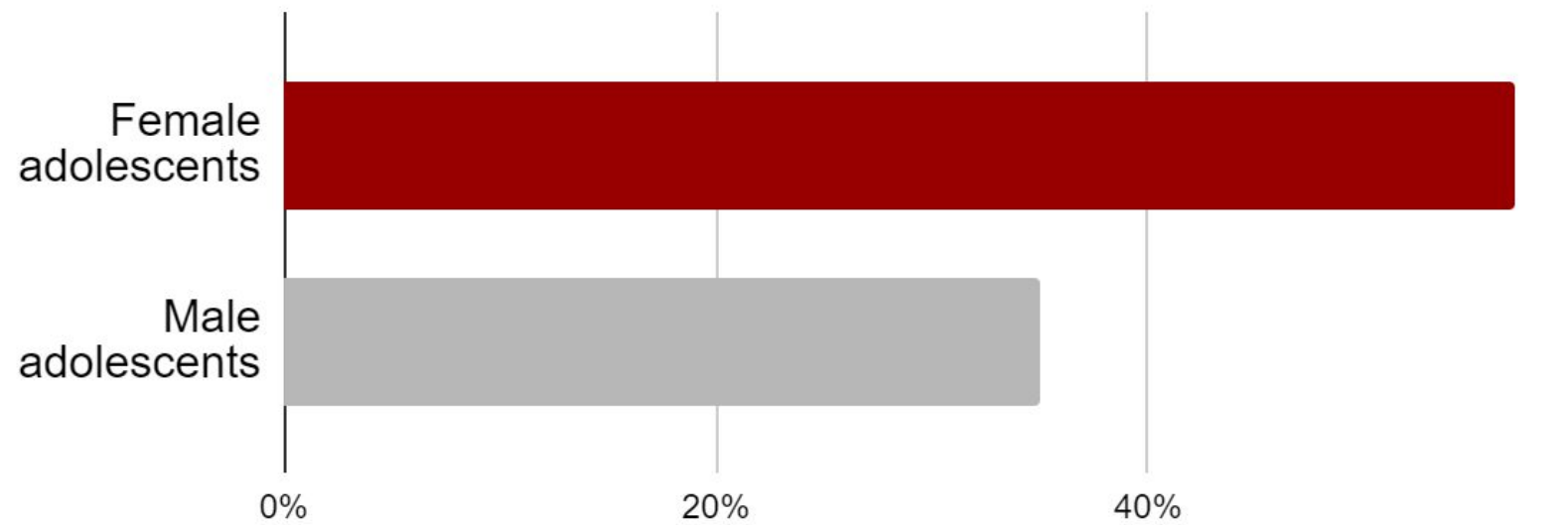
* Data was suppressed due to counts less than 6.

In a classroom with 30 high school students...

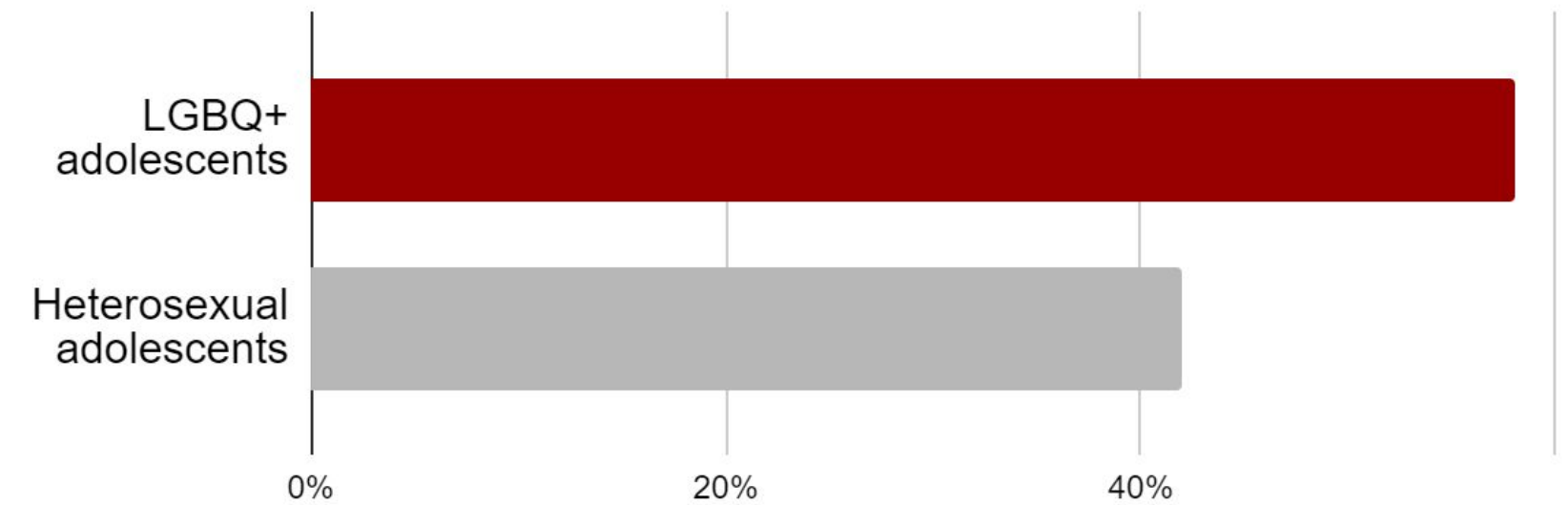
24 are trying to control their weight (lose, gain,
or stay the same)

14 are trying to lose weight

Female and LGBTQ+ adolescents are more likely than their male and heterosexual peers to desire weight loss.



57% of female adolescents
&
35% of male adolescents
report the desire to lose weight.



58% of LGBTQ+ adolescents
&
42% of heterosexual adolescents
report the desire to lose weight.

1 in 2

teens who are trying to lose weight

1 in 3

teens who are trying to stay the same weight

**are engaging in
unhealthy weight control behaviors**

i.e., to lose or keep from gaining weight include going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals.

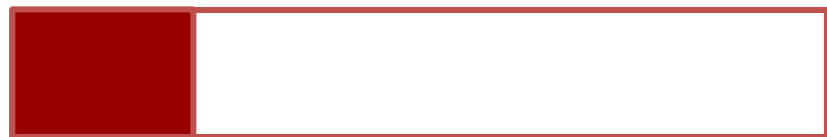
Association between **poor mental health** and **unhealthy weight control behaviors**

51%

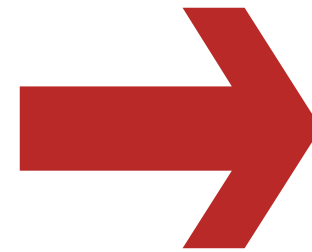


of adolescents who reported poor mental health

18%



of adolescents who did not report poor mental health



engaged in unhealthy weight control behaviors

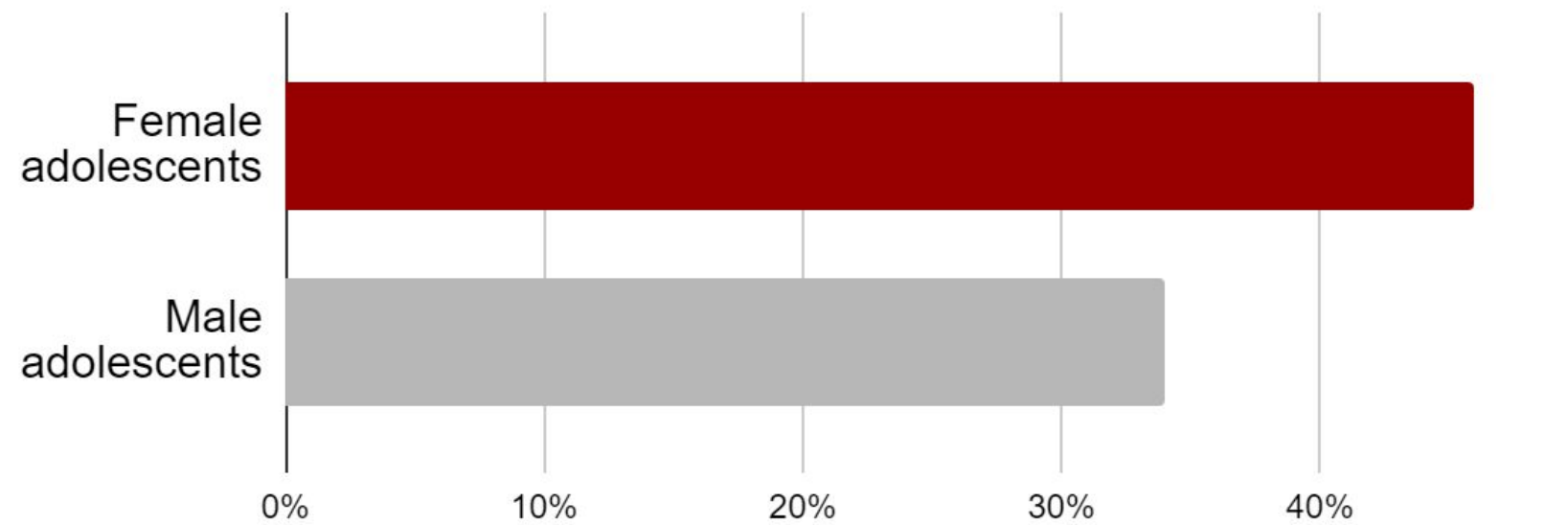
In a classroom with 30 high school students...

3 first tried cigarette smoking before age 13

12 have ever used an electronic vaping product (EVP)

5 are currently using an EVP

Female and LGBTQ+ adolescents are more likely to have ever used an EVP.

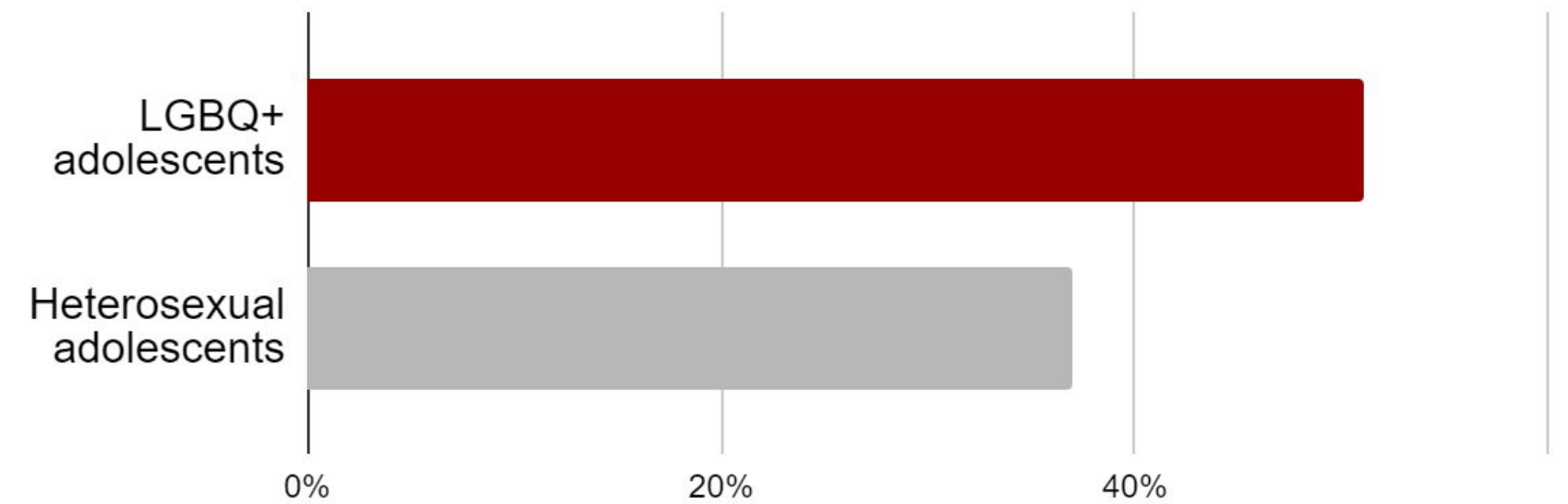


46% of female adolescents

&

34% of male adolescents

report they have ever used an EVP.

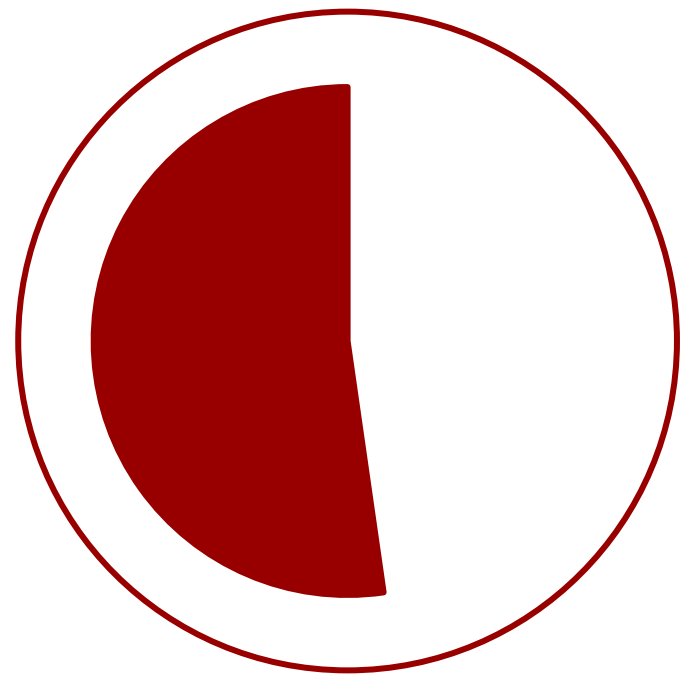


51% of LGBTQ+ adolescents

&

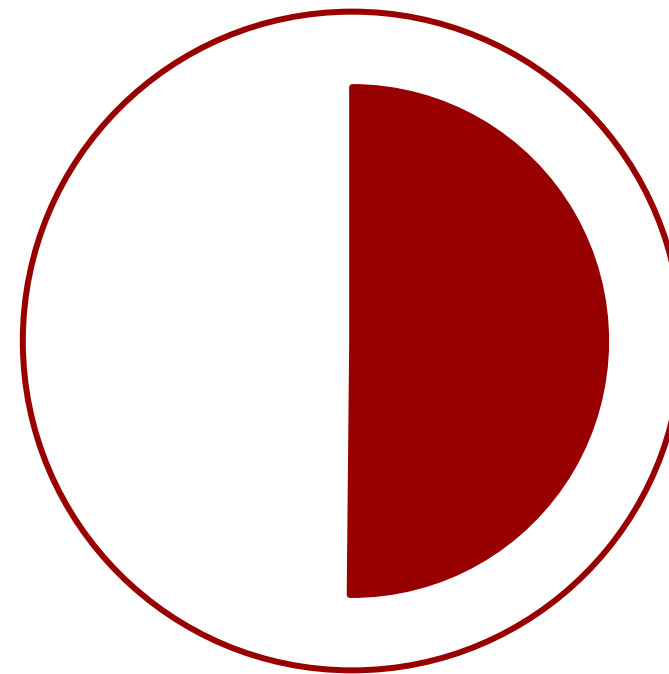
37% of heterosexual adolescents

report they have ever used an EVP.



52%

of adolescents currently using an EVP get EVPs from their friends and family



1 in 2

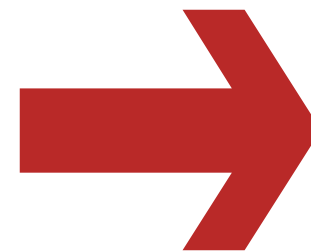
adolescents who currently use an EVP are trying to quit

Association between **poor mental health** and **EVP use**

54%



of adolescents who reported poor mental health



ever used an EVP

32%



of adolescents who did not report poor mental health

Flourishing is an important indicator that represents an optimal state of well-being and functionality.

Flourishing items for 0–5 year olds

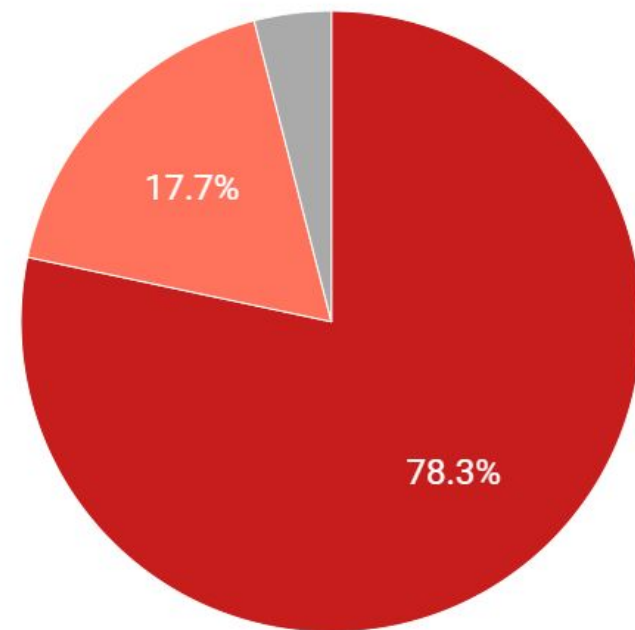
1. Is affectionate and tender with parent;
2. Bounces back quickly when things don't go their way;
3. Shows interest and curiosity in learning new things;
4. smiles and laughs.

Flourishing items for 6–17 year olds

1. Shows interest and curiosity in learning new things;
2. Works to finish tasks he or she starts;
3. Stays calm and in control when faced with a challenge.

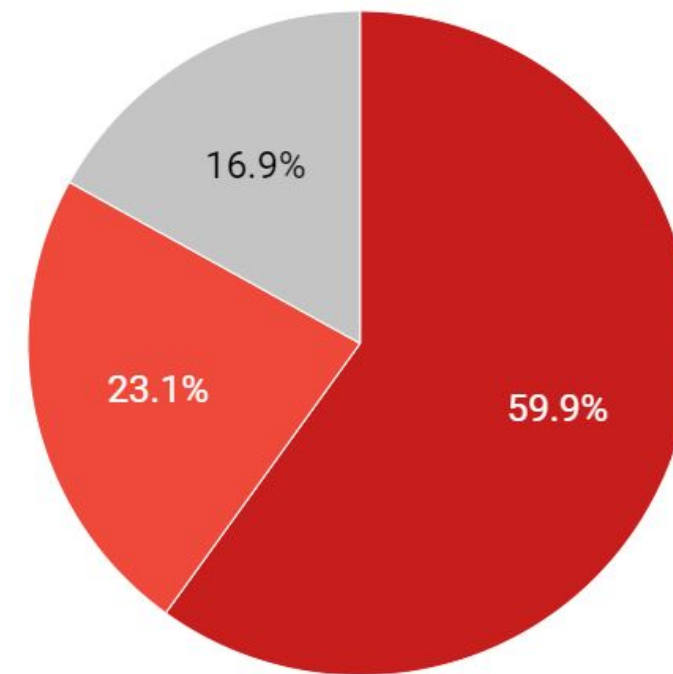
4 in 5 children, ages 0–5, met all four criteria for flourishing, and **6 in 10** children, ages 6–17, met all three criteria for flourishing.

■ Meets all 4 flourishing items
■ Meets 3 flourishing items
■ Meets 0-2 flourishing items

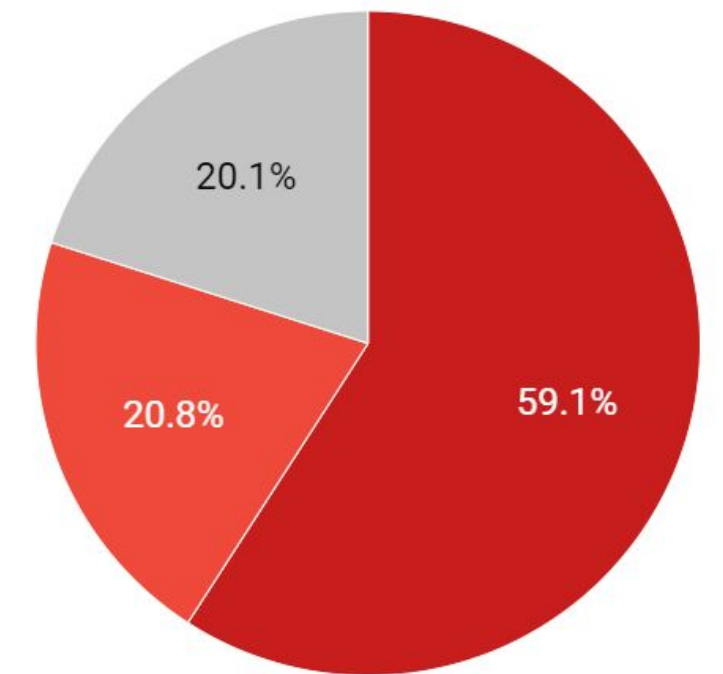


0-5 years old

■ Meets all 3 flourishing items
■ Meets 1 flourishing item
■ Meets 0 flourishing items



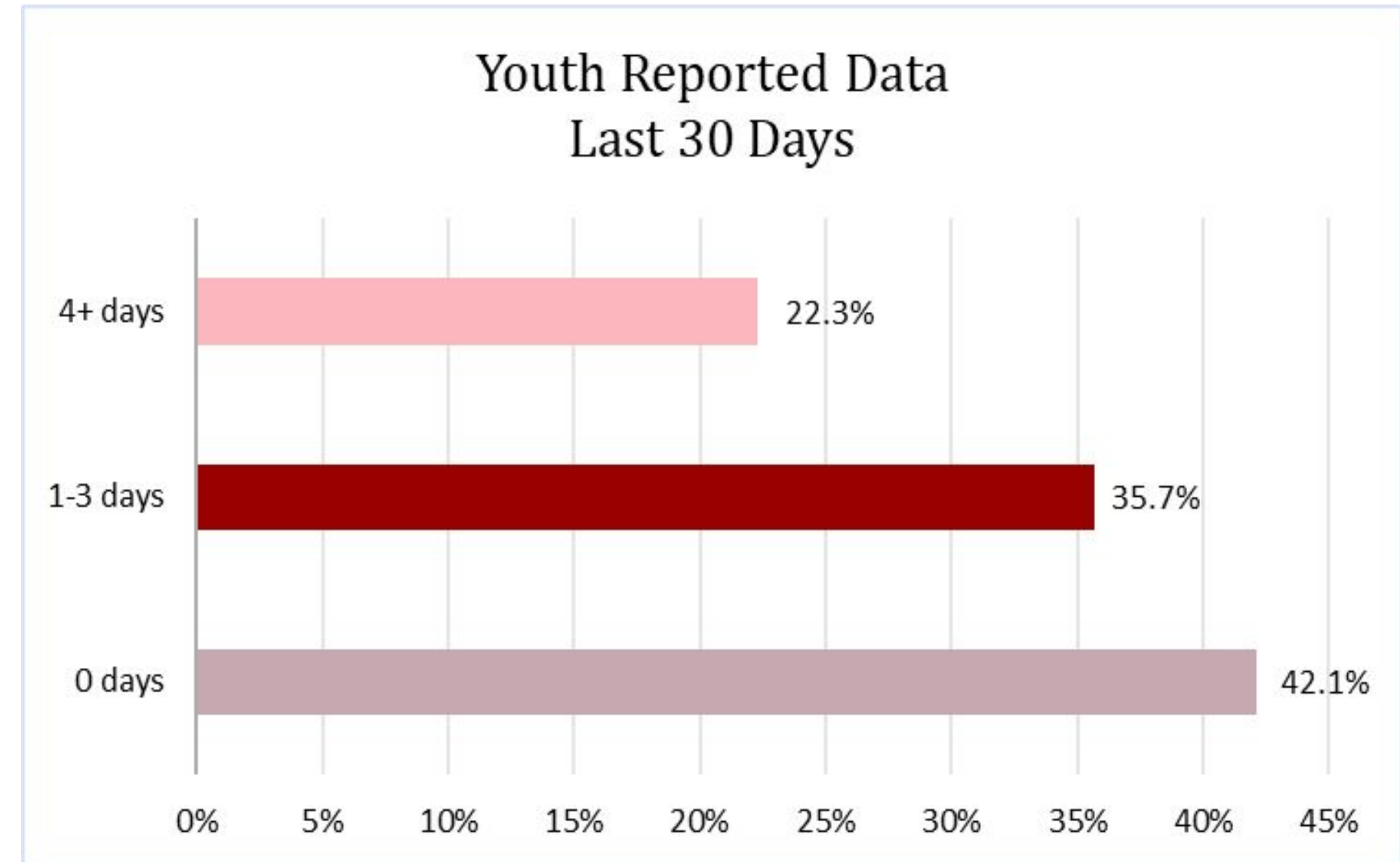
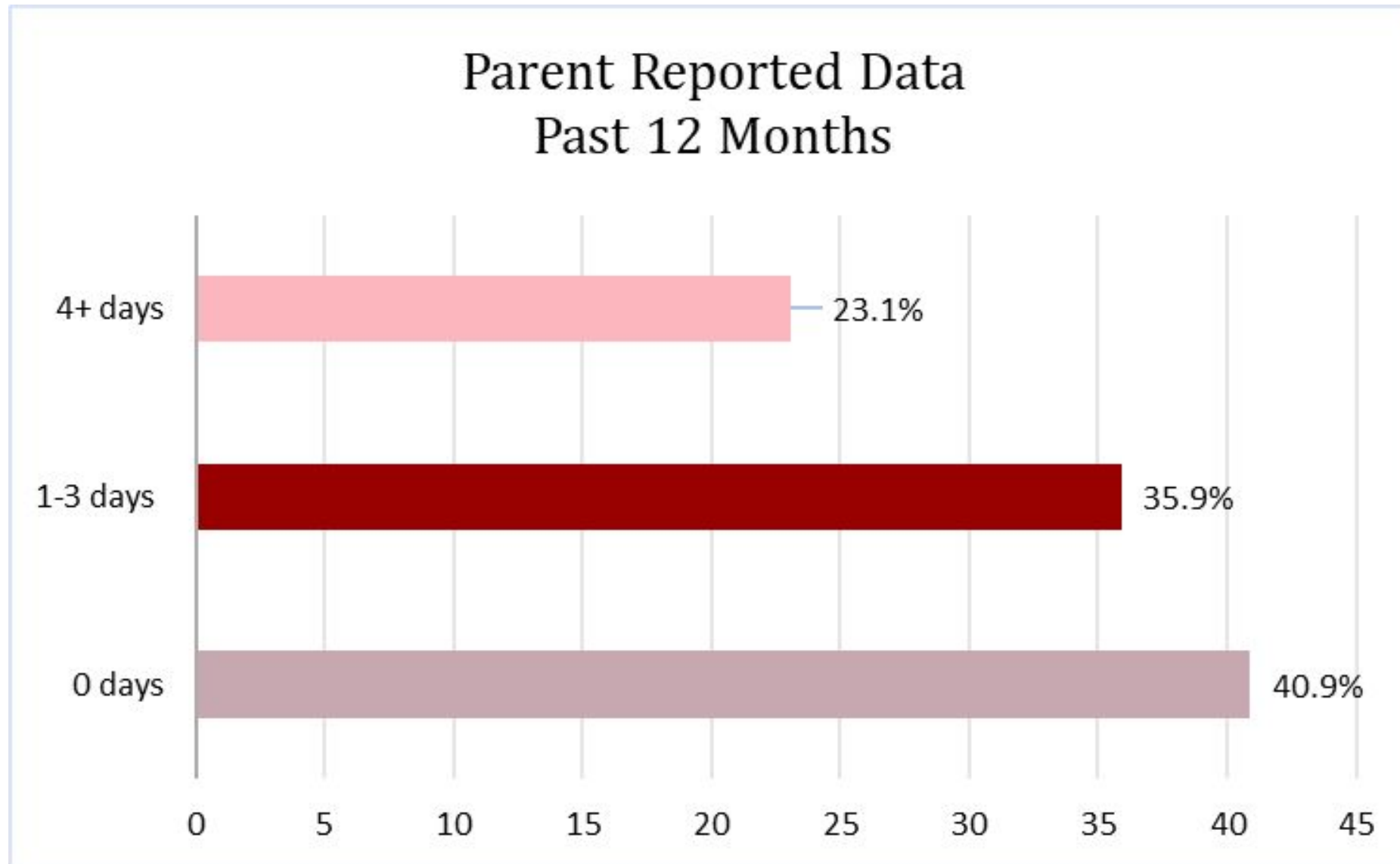
6-11 years old



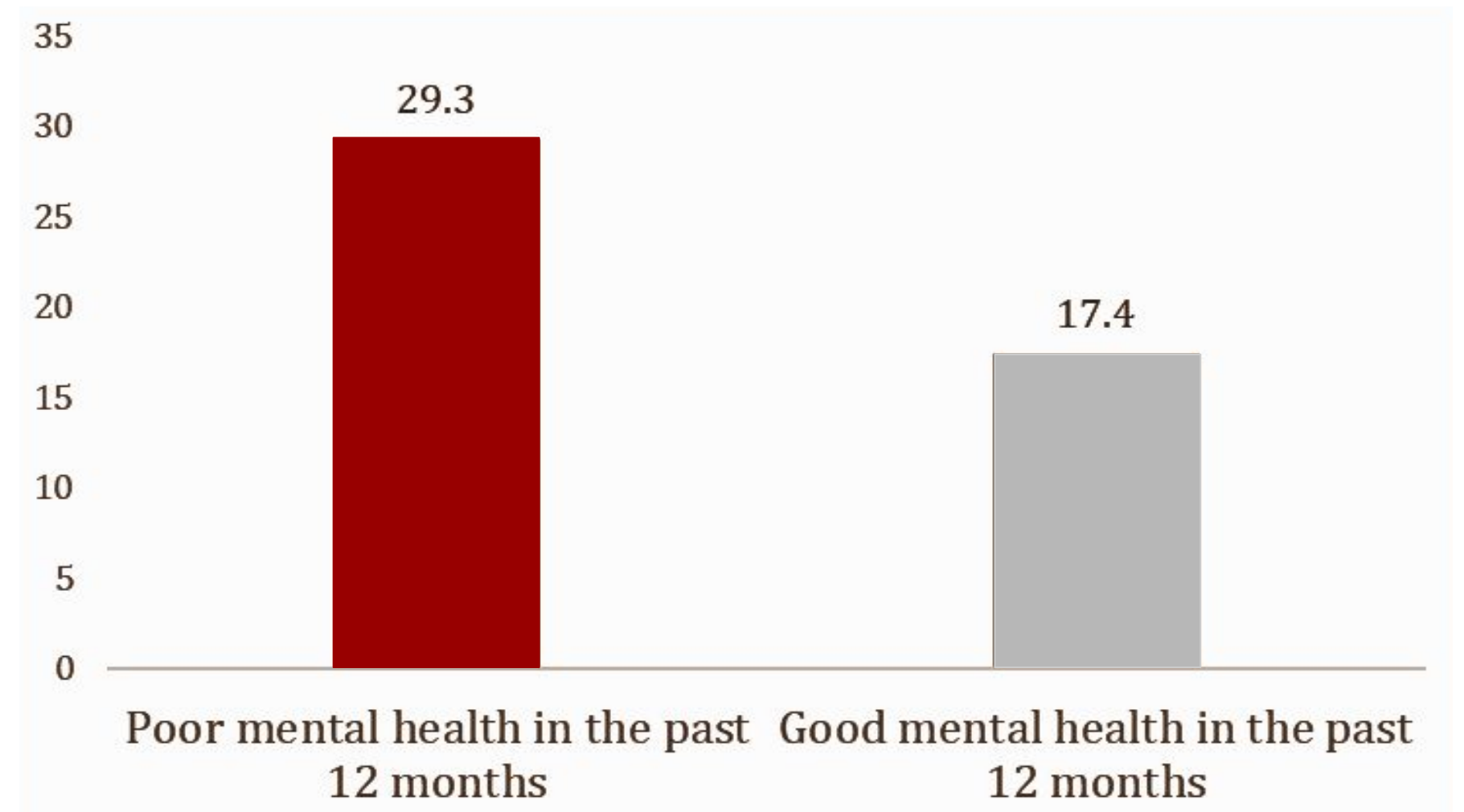
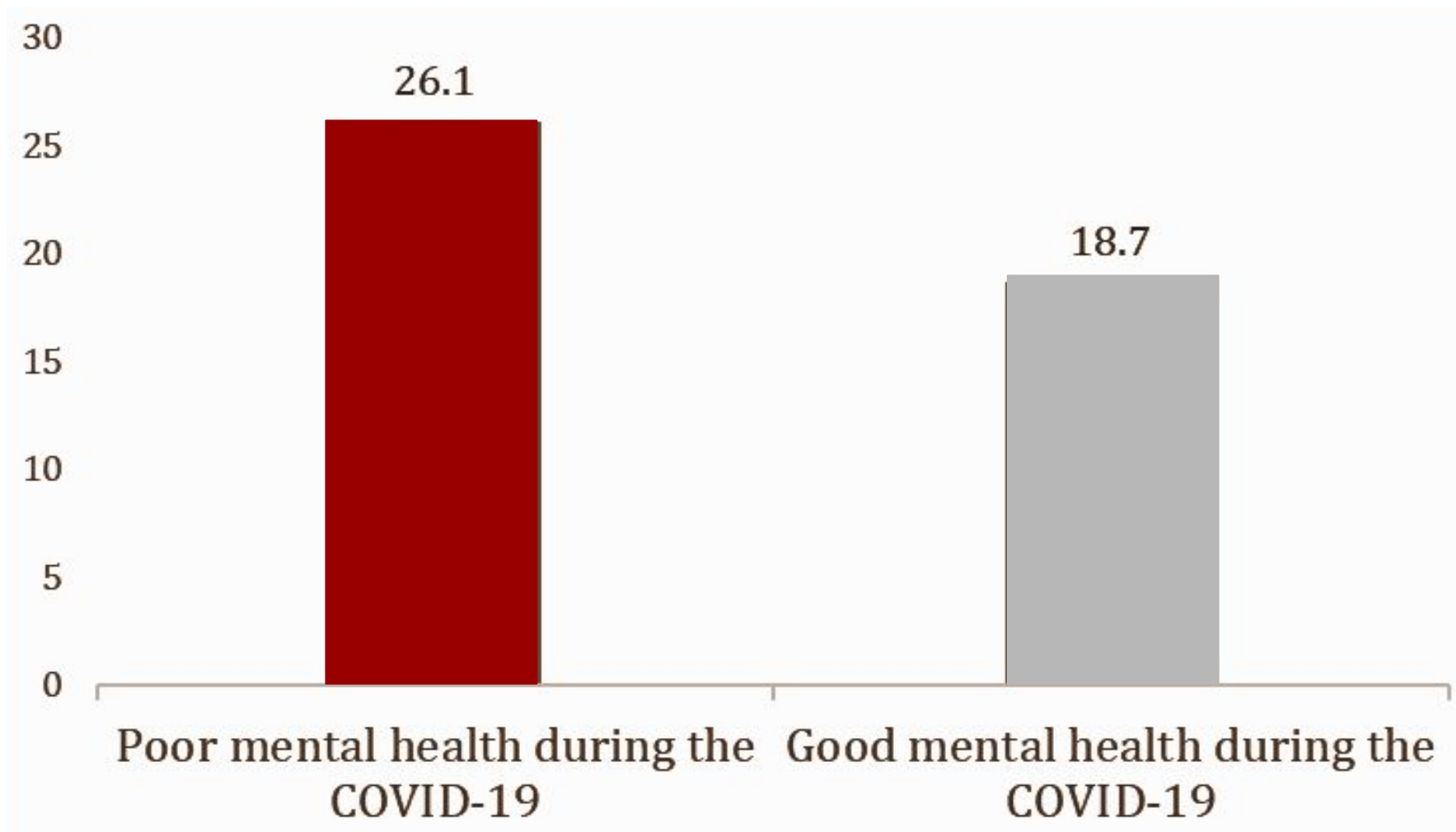
12-17 years old

1 in 5 students missed 4 or more days of school due to illness or injury.

Female students are nearly 20% more likely to miss 4+ days of school due to illness or injury.

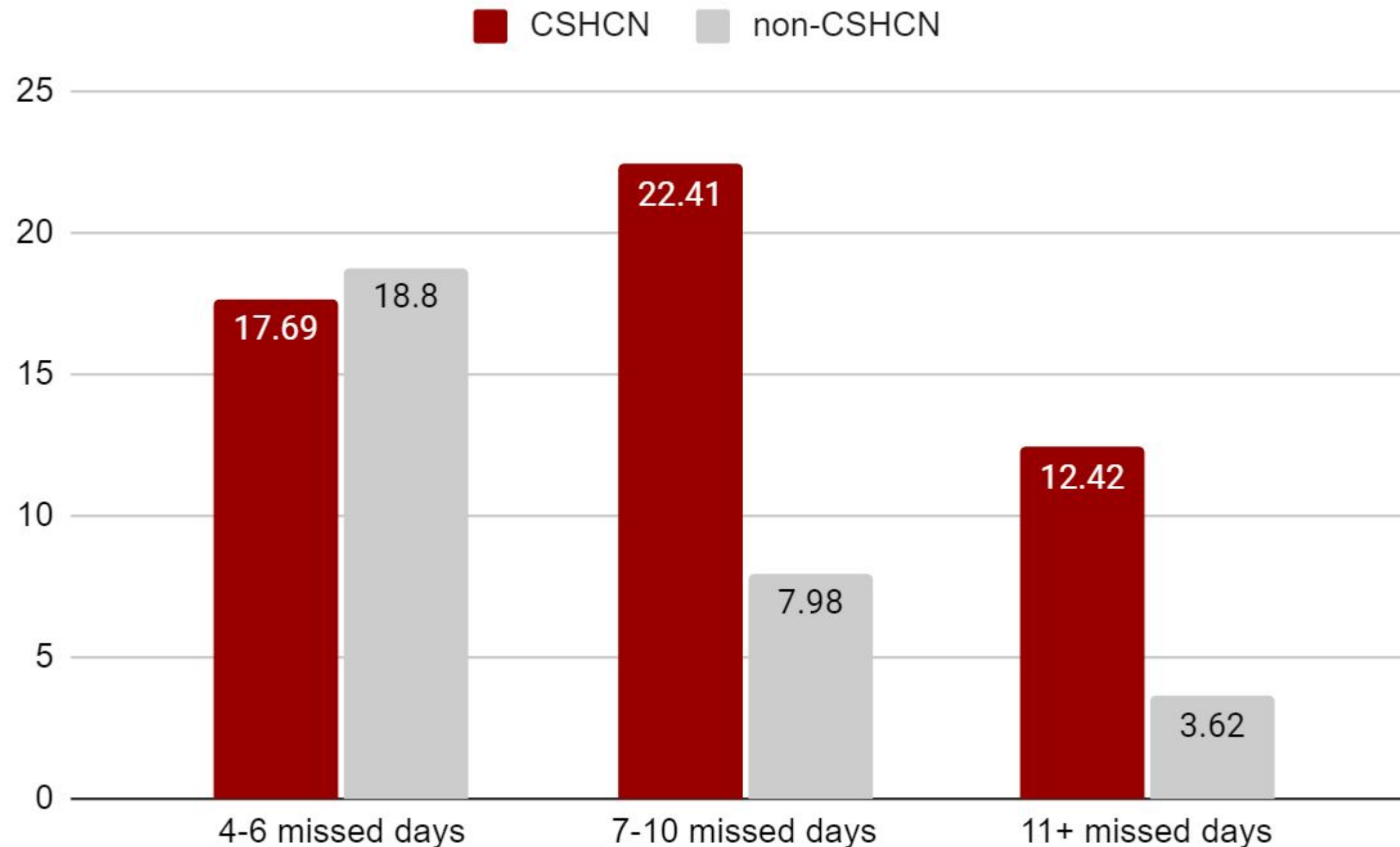


Adolescents who reported **poor mental health** are **more likely to miss school** due to illness or injury more than 4 days in the past year (%).

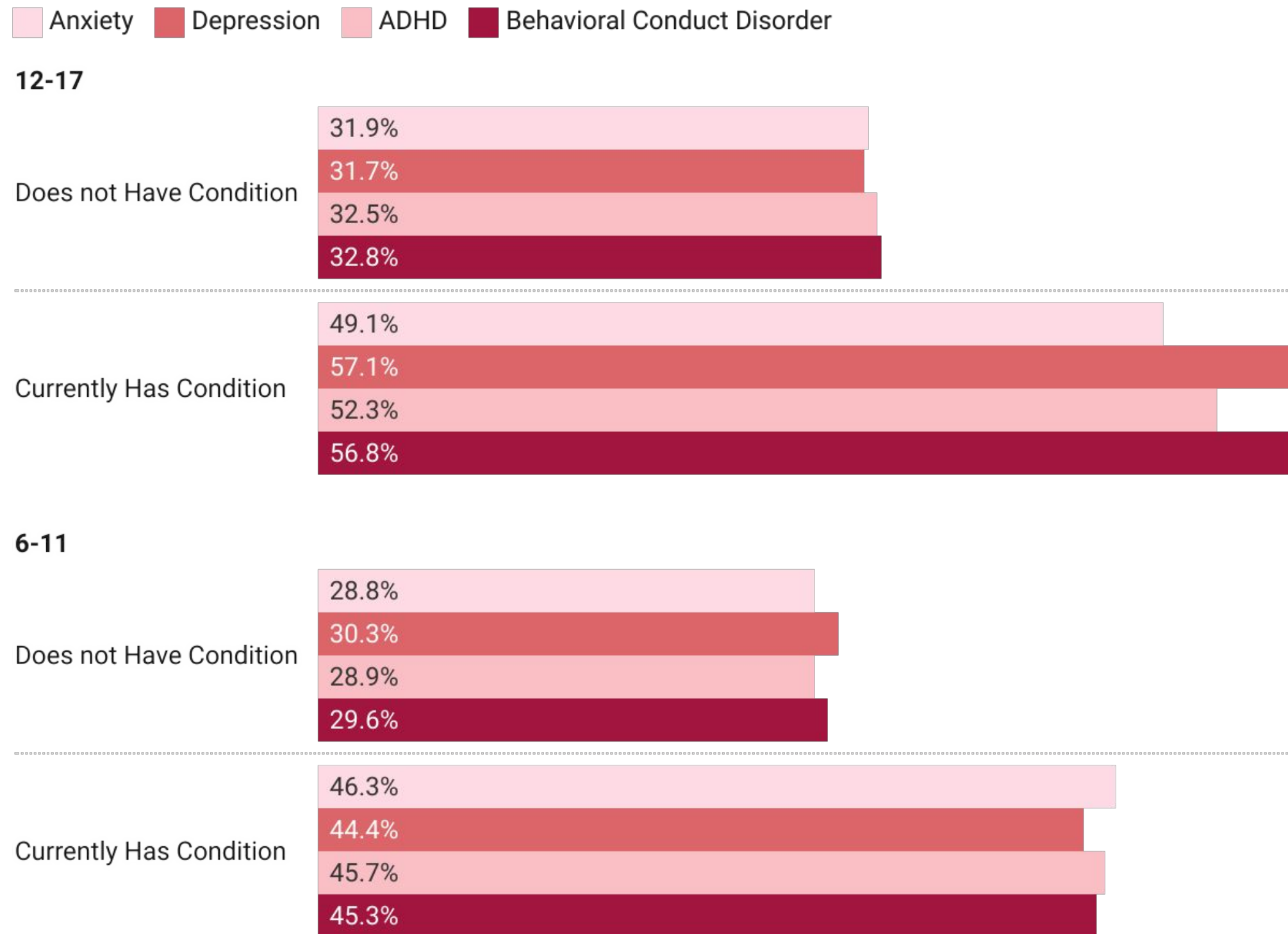


Adolescents with Special Health Care Needs (SHCN) miss schools due to illness or injury **more often** than those without SHCN (%).

In the past 12 months ...



Chronic absenteeism increases when children and adolescents experience poor mental health



Adolescents (12-17 years old)

Absenteeism is higher among those who have

- Anxiety by **42.5%**
- Depression by **57.2%**
- ADHD by **46.7%**
- Behavioral Conduct Disorder by **53.6%**

Children (6-11 years old)

Absenteeism is higher among those who have

- Anxiety by **46.6%**
- Depression by **37.8**
- ADHD by **45%**
- Behavioral Conduct Disorder by **41.9%**

*Some data suppressed for Children regarding depression diagnosis

Chronic Absenteeism is more prevalent in children and adolescents who are **not flourishing**

6-11

Flourishing

25.0%

Not Flourishing

39.3%

12-17

Flourishing

29.6%

Not Flourishing

43.3%



Risk and Protective

Factors

for Youth Mental Health

Adverse Childhood Experiences (ACEs)

are “potentially traumatic events that occur from 0 to 17 years of age,” according to the Centers for Disease Control and Prevention.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Compared to those with no ACEs, a person with **4 or more ACEs** is ...

37.5 times more likely to attempt **suicide**

4.7 times more likely to have **depression**

3.7 times more likely to have **anxiety**



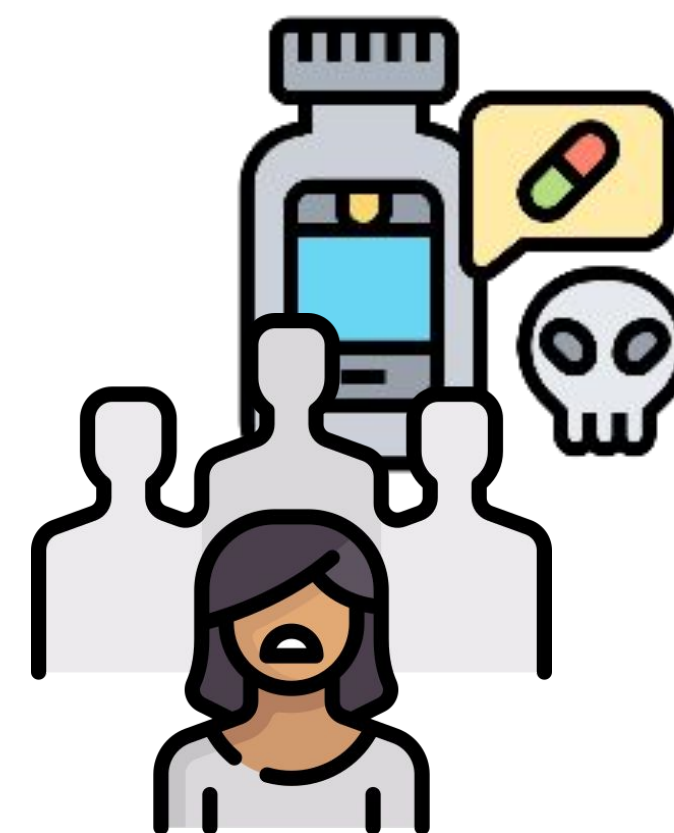
Compared to those with no ACEs, a person with **4 or more ACEs** is ...

10.2 times more likely to deal with **problematic drug use**

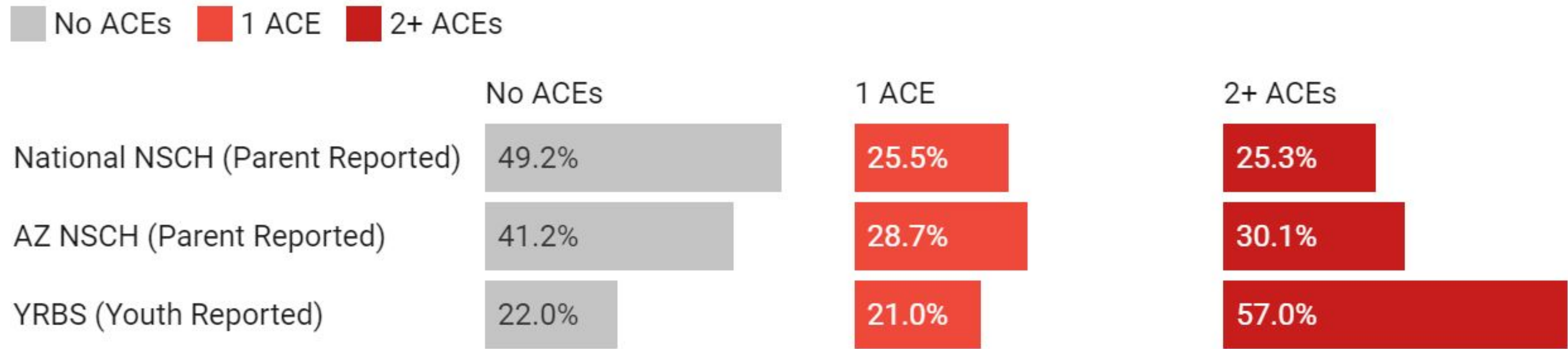
6.9 times more likely to abuse **alcohol**

7.5 times more likely to become a **victim of violence**

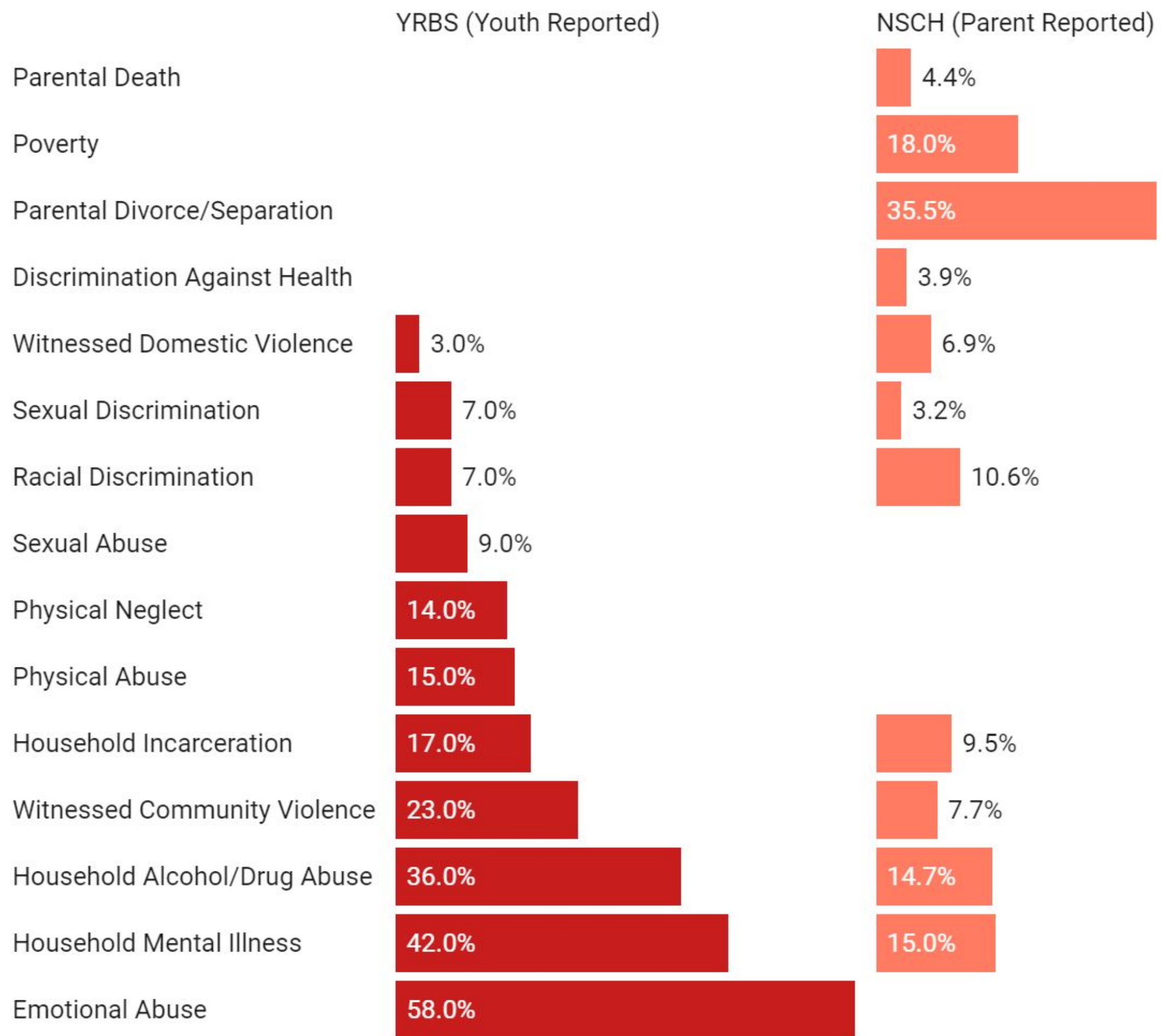
8.1 times more likely to become a **violent perpetrator**



ACEs are prevalent among Arizona adolescents, according to both parent and youth reported data.

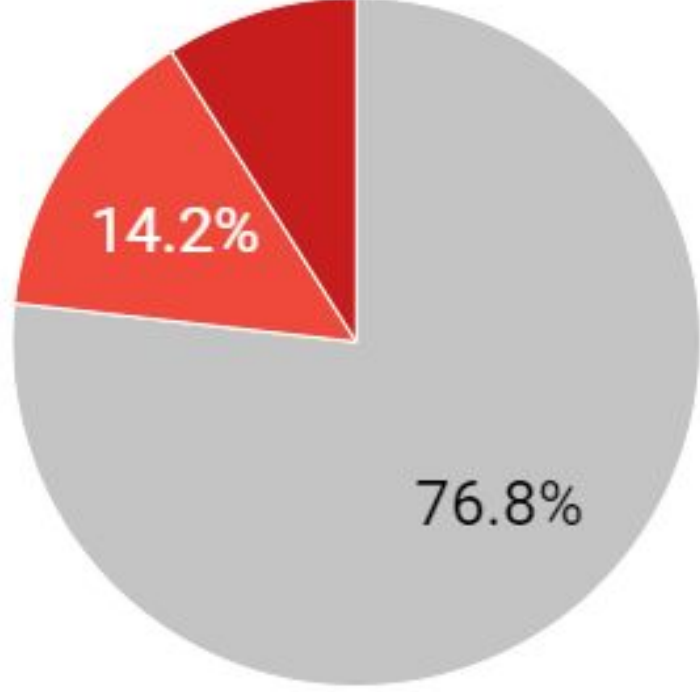


■ YRBS (Youth Reported) ■ NSCH (Parent Reported)

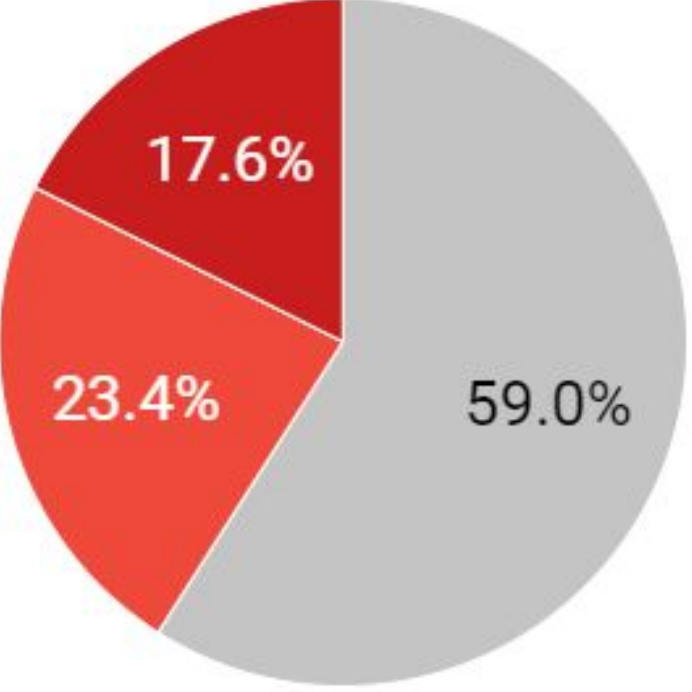


ACEs begin to **affect children from a very young age.**

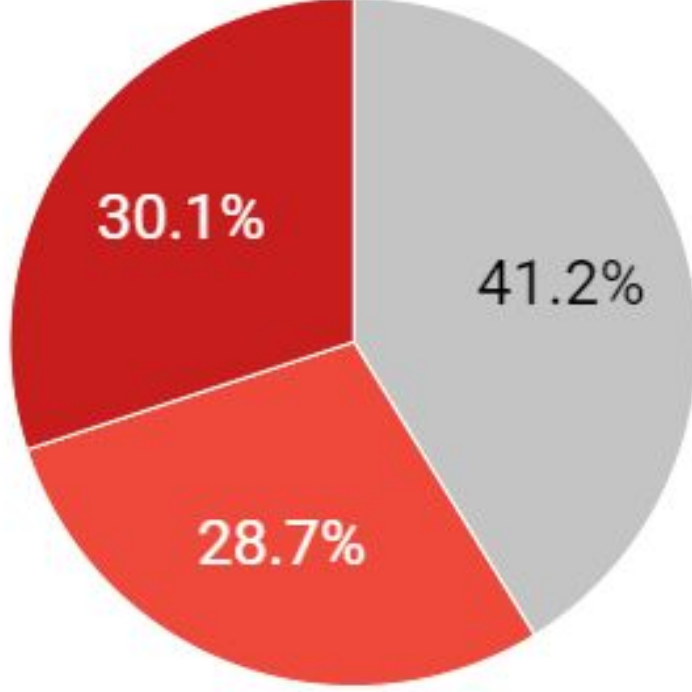
1 in 4 children, ages 0-5, have at least 1 ACE.



0-5 years

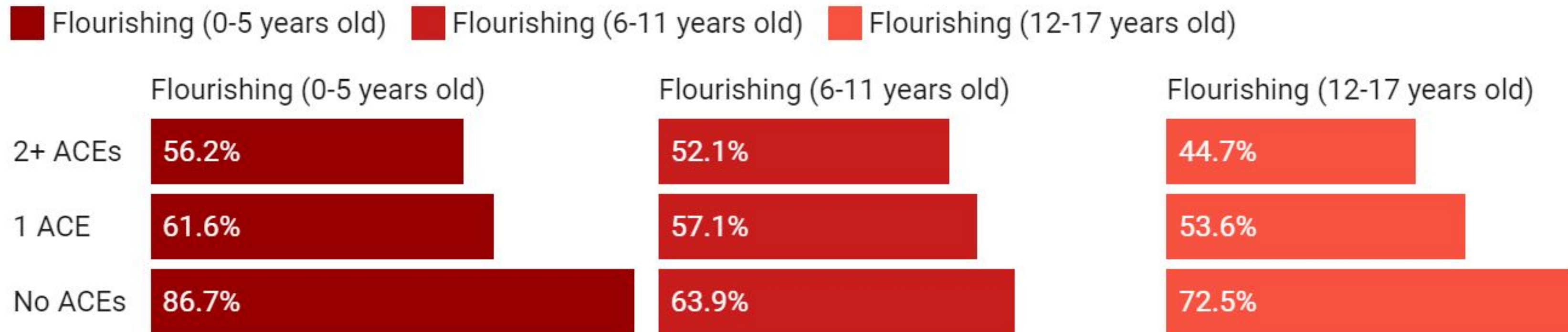


6-11 years



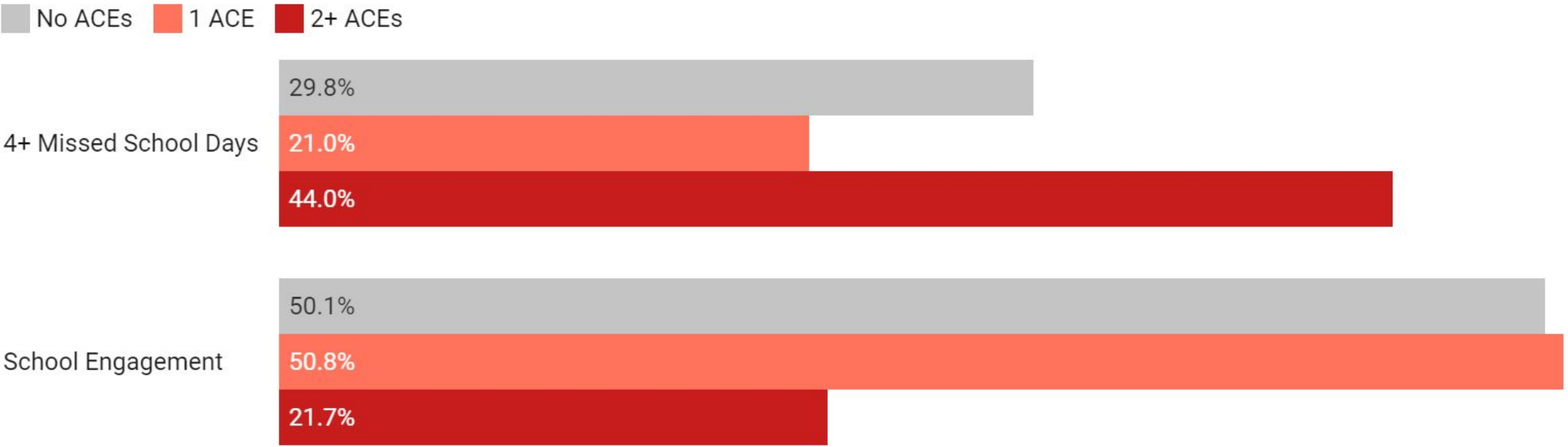
12-17 years

Flourishing is **less common** among those who have **ACEs**.

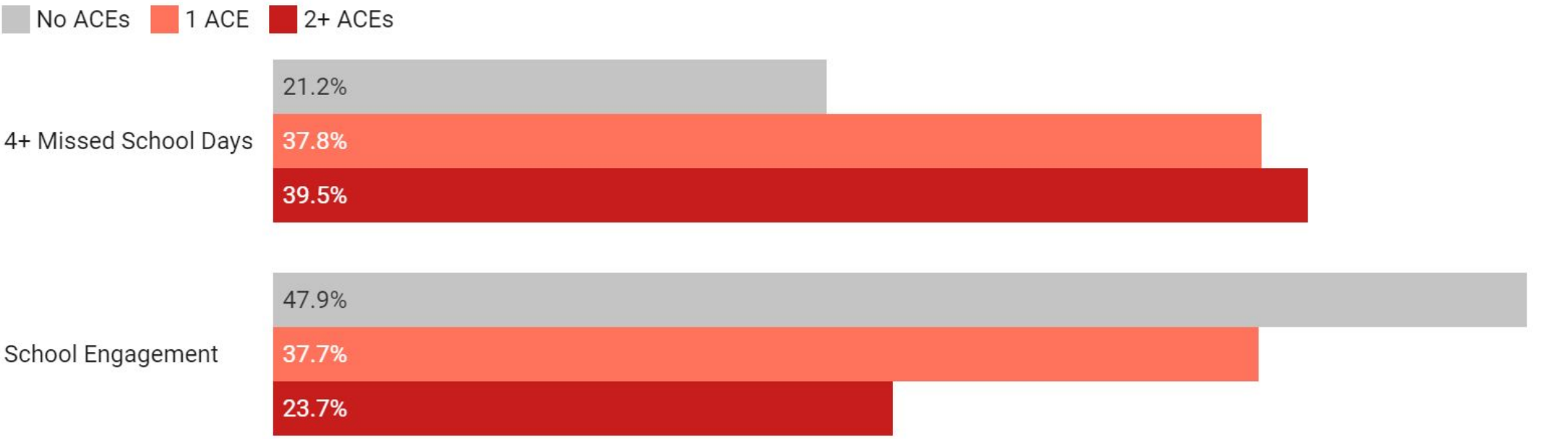


Absenteeism is more common in groups with ACEs, and the opposite is true for school engagement (12-17 years).

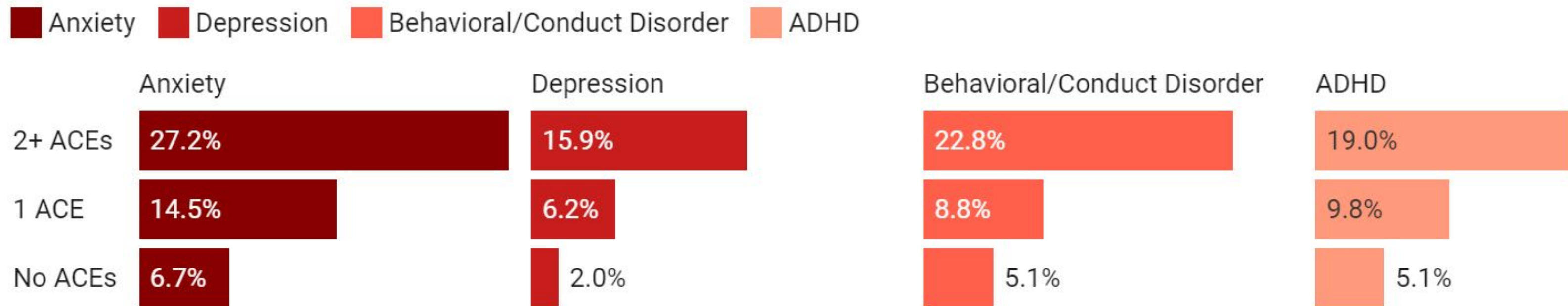
6-11 years



12-17 years



There are strong associations between ACEs and mental health diagnoses of children and adolescents (0–17 years).



Compared to those with no ACEs, adolescents with **4 or more ACEs** in Arizona experience more mental health issues*

6.4 times more likely to report **poor mental health during the COVID-19 pandemic**

8.6 times more likely to report **poor mental health in the past 30 days**

18.2 times more likely to report **suicide considerations in the past 12 months**

Based on the 2021 Arizona Youth Risk Behavior Survey data;

*after accounting for age, sex, and race/ethnicity

Positive Childhood Experiences (PCEs)

are experiences during childhood that promote safe, stable, and nurturing relationships and environments (Anderson, 2022)



Figure 1. Summary of the Social Constructs used to develop the Positive Childhood Experiences (PCEs) Categories with Definitions Derived from the National Survey of Children's Health Questions.

Importance of Positive Childhood Experiences (PCEs)

- **Better mental health outcomes**, such as reduced depression, anxiety, and PTSD symptoms (Han et al., 2023)
- **Protective against the negative impacts of adversity**, although they may not completely eliminate associated risks (Bettell et al., 2019; Han et al., 2023)
- **Better School Outcomes** (Bettell et al., 2019; Han et al., 2023)

What Parents Say

83% of Arizona adolescents have an **adult mentor**.

33% of Arizona adolescents participate in **volunteer activities**.

64% of Arizona adolescents participate in **afterschool activities**.

83% of Arizona adolescents have **family resilience**.

46% of Arizona adolescents have **supportive neighborhoods**.

58% of Arizona adolescents have **safe neighborhoods**.

What Youth Say

40% of Arizona adolescents have a **caring adult**.

44% of Arizona adolescents have a **supportive friend**.

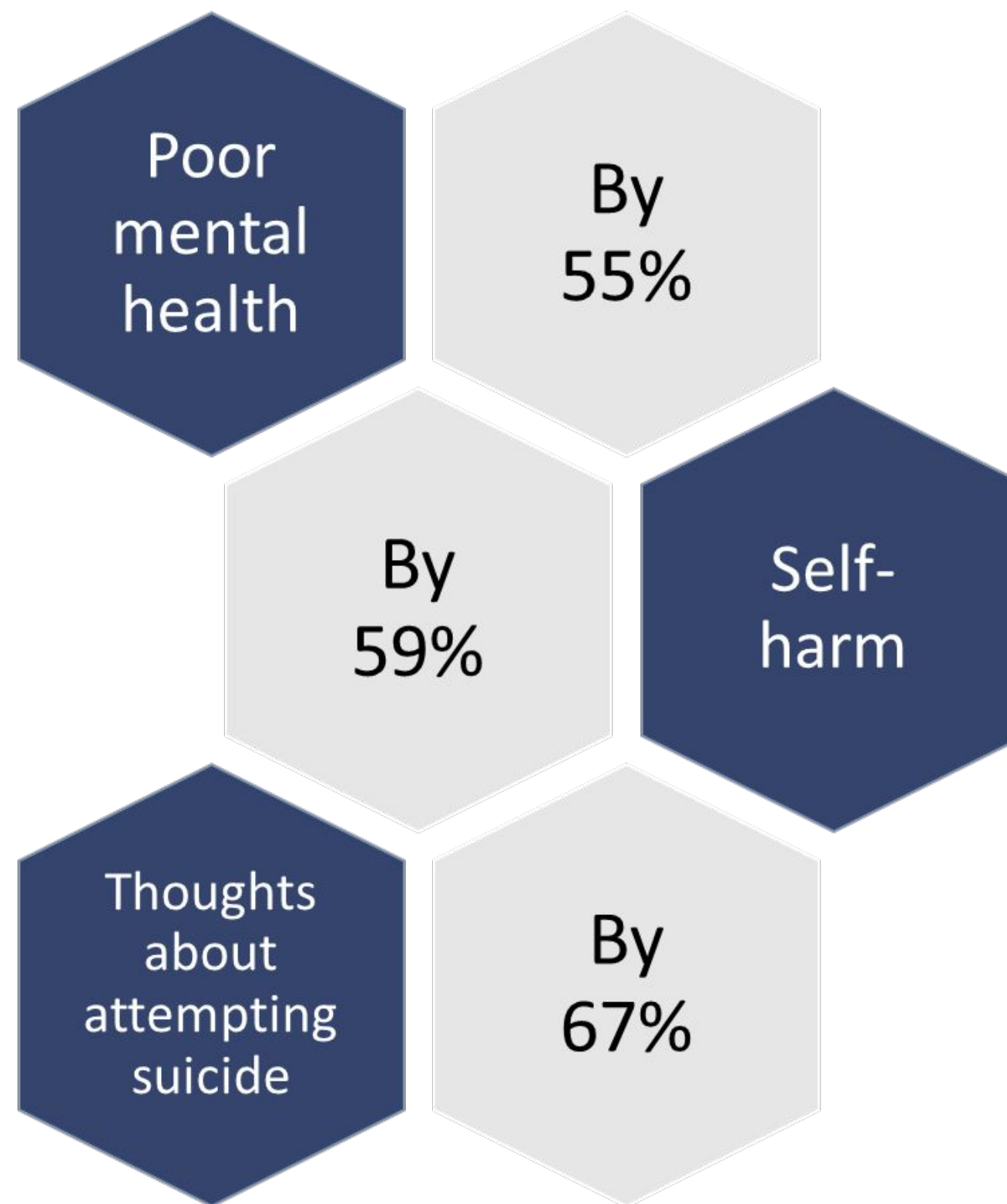
47% of Arizona adolescents **feel connected to people at school**.

72% of Arizona adolescents **feel safe at school**.

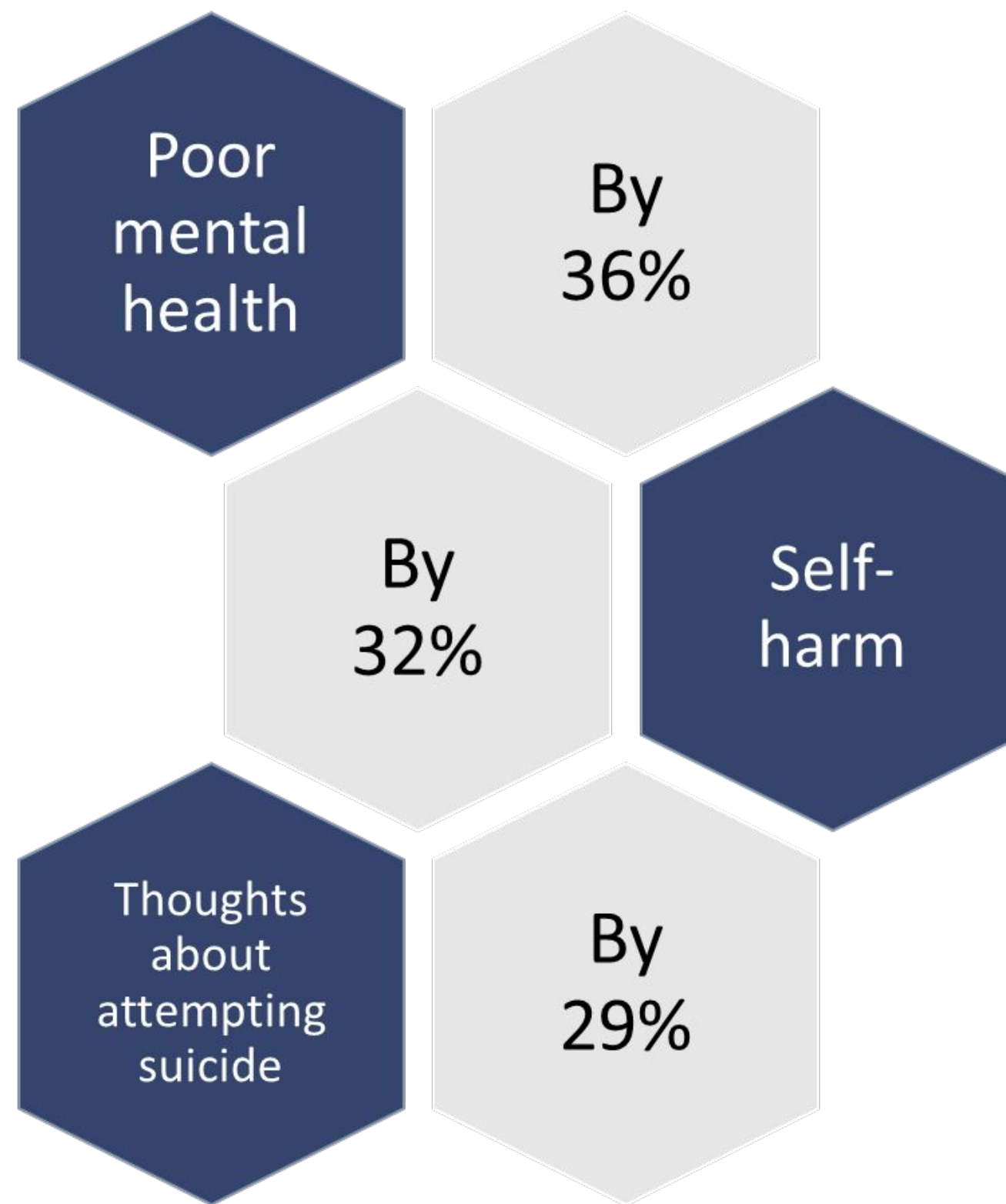


Females, LGBTQ+, and ethnic minority adolescents are less likely to have these support systems.

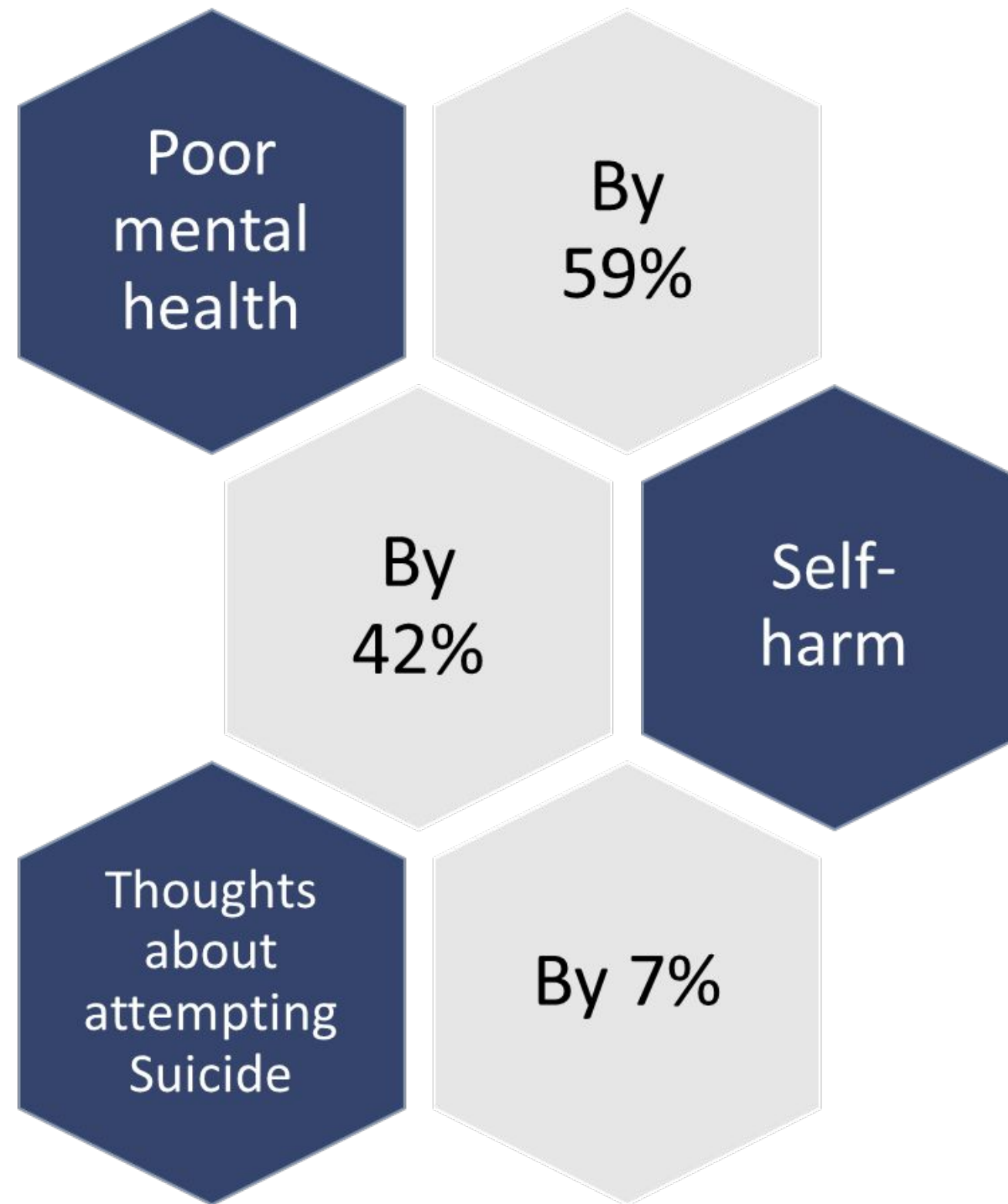
Having a caring adult to share feelings with can decrease*



Having a friend to share feelings with can decrease*



Feel connected to people at school can decrease*



Healthcare Access for Mental Health

28% of Arizona adolescents had one or more preventive medical care visits in the past year.

63% of Arizona adolescents had adequate insurance and was continuously insured in the past year.

54% of Arizona adolescents always have adequate insurance coverage for mental/behavioral health care.

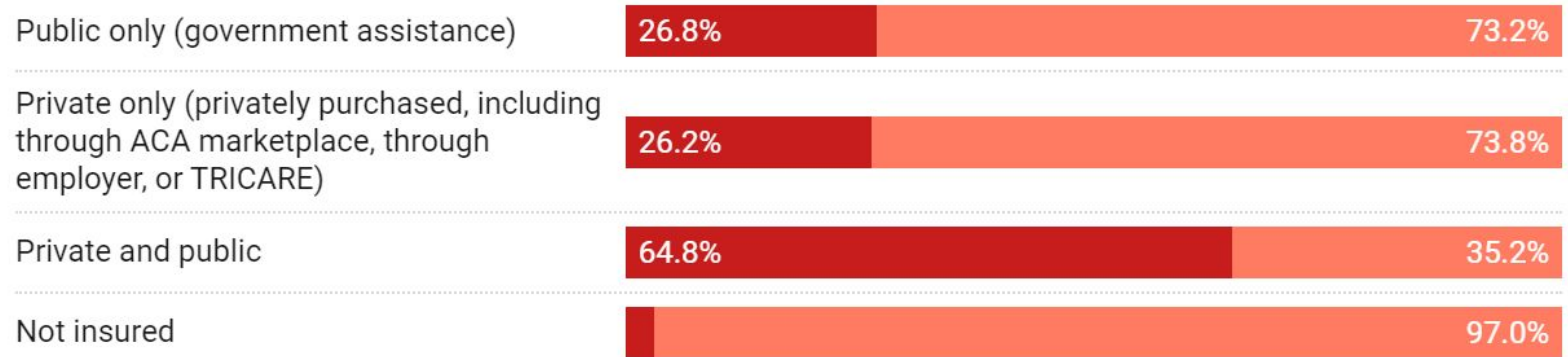
10% of Arizona adolescents received needed treatment or counseling from a mental health professional in the past year.

Type of Health Insurance



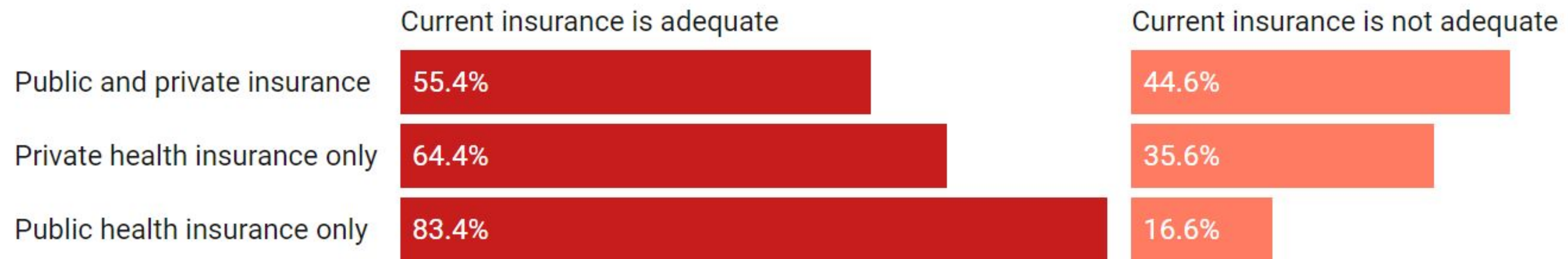
Children with Special Health Care Needs by Insurance Type

■ CSHCN ■ Non-CSHCN

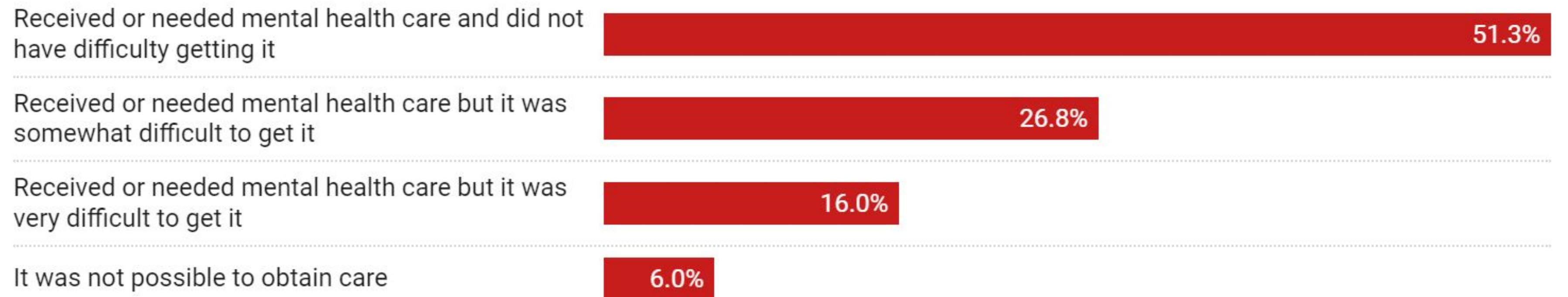


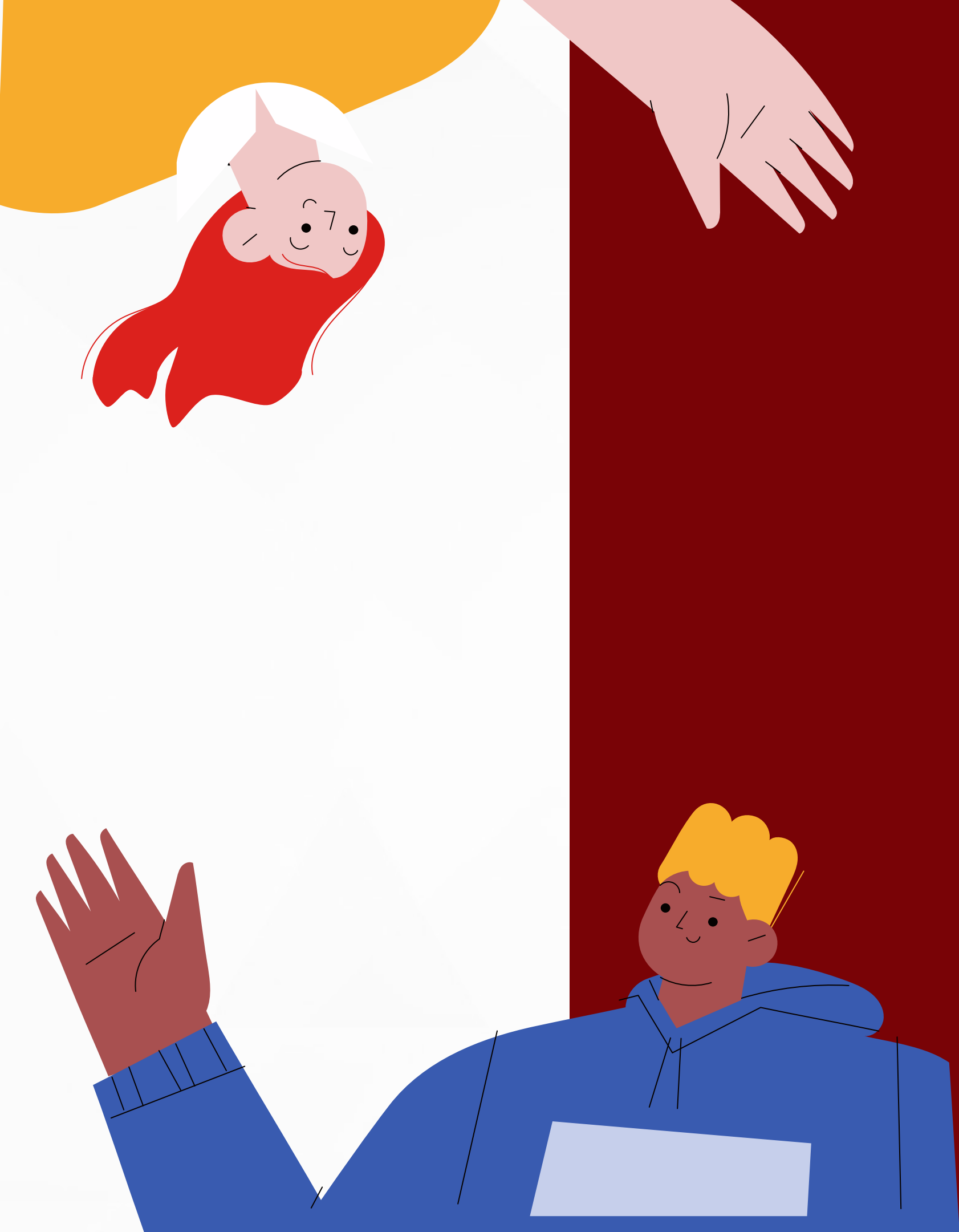
Insurance Type and Adequacy

■ Current insurance is adequate ■ Current insurance is not adequate



Difficulties obtaining mental health care among those who received or needed care during the past 12 months





ADHS' Resources

for Youth Mental Health

Recommendations for schools

- **Enhance support structures**
 - Continue and increase initiatives that cultivate positive relationships within school environment
 - Continue promoting anti-bullying programs and activities
- **Promote after-school engagement**
- **Collaborate with school nurses and local health departments in addressing mental health trends and ensuring students have access to resources**

Recommendations for schools

- Train school staff in **Youth Mental Health First Aid** to support students with mental health challenges.
- **Enhance communication with parents and caregivers** to maintain strong relationships.
- Create **mentorship opportunities for staff and trusted adults** to guide students.

ADHS' ACEs Action Plans

**#1 Enhance Surveillance and
Data Visualization on ACEs and PCEs**

#2 Enhance Provider Awareness of ACEs and PCEs

#3 Make ADHS a Trauma-Informed Care Agency

Having your students participate in the

Youth Risk Behavior Survey

Is easy and important!

[LEARN MORE](#)

Feedback & Support

2021 Arizona Youth Risk Behavior Survey

Positive Impact of Supportive Relationships on Teen Mental Health

Nearly half of Arizona teens in 9-12th grade are experiencing **poor mental health**. Teen rates of **self-harm** and **thoughts of suicide, plans** and **attempts** are alarming. Rates increase for **female** and **LGBQ+ teens*** and those experiencing adverse childhood experiences (ACEs), being **bullied** or **bullying** others. **Supportive relationships with caring adults, friends, and people at school reduce teens' risk.**

4 in 10 Arizona teens report **POOR MENTAL HEALTH**

Female vs Male

LGBQ+ vs Heterosexual

2021 Arizona Youth Risk Behavior Survey

Teen Weight Control: Connections to Unhealthy Weight Control Behaviors and Poor Mental Health

The majority of **Arizona teens in grades 9-12** are trying to control their weight and nearly half are trying to lose weight. Teens that are trying to lose weight are most likely to engage in **unhealthy behaviors to control their weight** like not eating for 24+ hours, vomiting, and taking diet pills. **Female** and **LGBQ+ teens*** are most affected. Teens experiencing **childhood adversity, poor mental health** (stress, anxiety, depression), and **thoughts about suicide** are more likely to engage in these behaviors.

8 in 10 Arizona teens are trying to control their weight.

Most teens (80% of female teens and 83% of male teens) are trying to control their weight (lose, gain, or stay the same).





Adverse Childhood Experiences (ACEs)

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About Adverse childhood experiences (ACEs)

State plans to mitigate ACEs

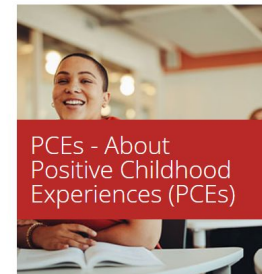
Positive childhood experiences (PCEs)

Dashboards

Reports and presentations

Additional resources

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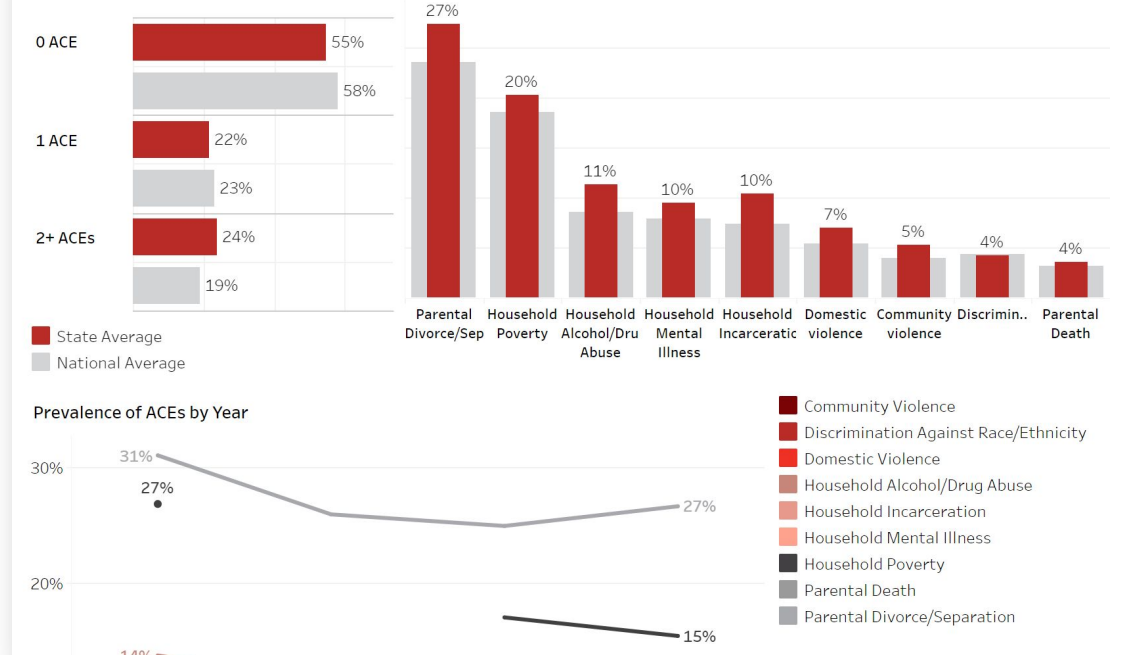
One in five children in Arizona face difficult experiences in childhood that can impact their adult lives. These experiences are known as Adverse Childhood Experiences (ACEs).

ACEs have been linked to a variety of health problems, such as chronic stress, depression, anxiety, suicide, cancer, and drug or alcohol abuse.

Visit the [ADHS website](#) for more information about Adverse Childhood Experiences (ACEs).

Adverse Childhood Experiences Among Children in Arizona

Last updated on 1/3/2023



Arizona Positive & Adverse Childhood Experiences (PACEs) Surveillance

Last updated on 6/26/23



azdhs.gov/aces

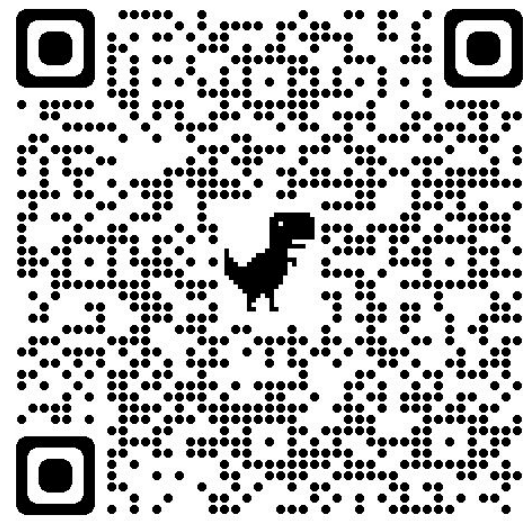
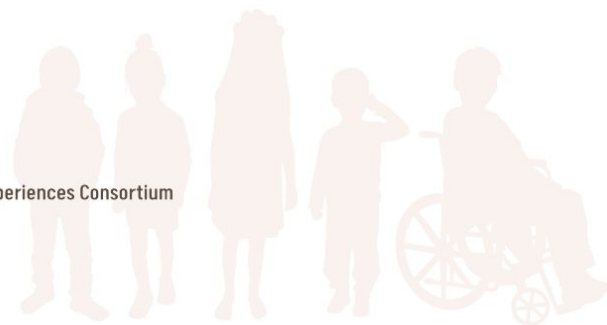




ADVERSE CHILDHOOD EXPERIENCES IN ARIZONA

A reporting brief using data from the US National
Survey for Children's Health

May 2021



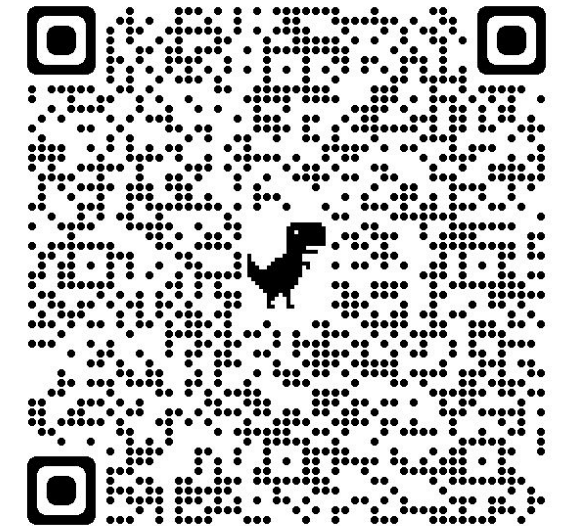
POSITIVE CHILDHOOD EXPERIENCES IN ARIZONA

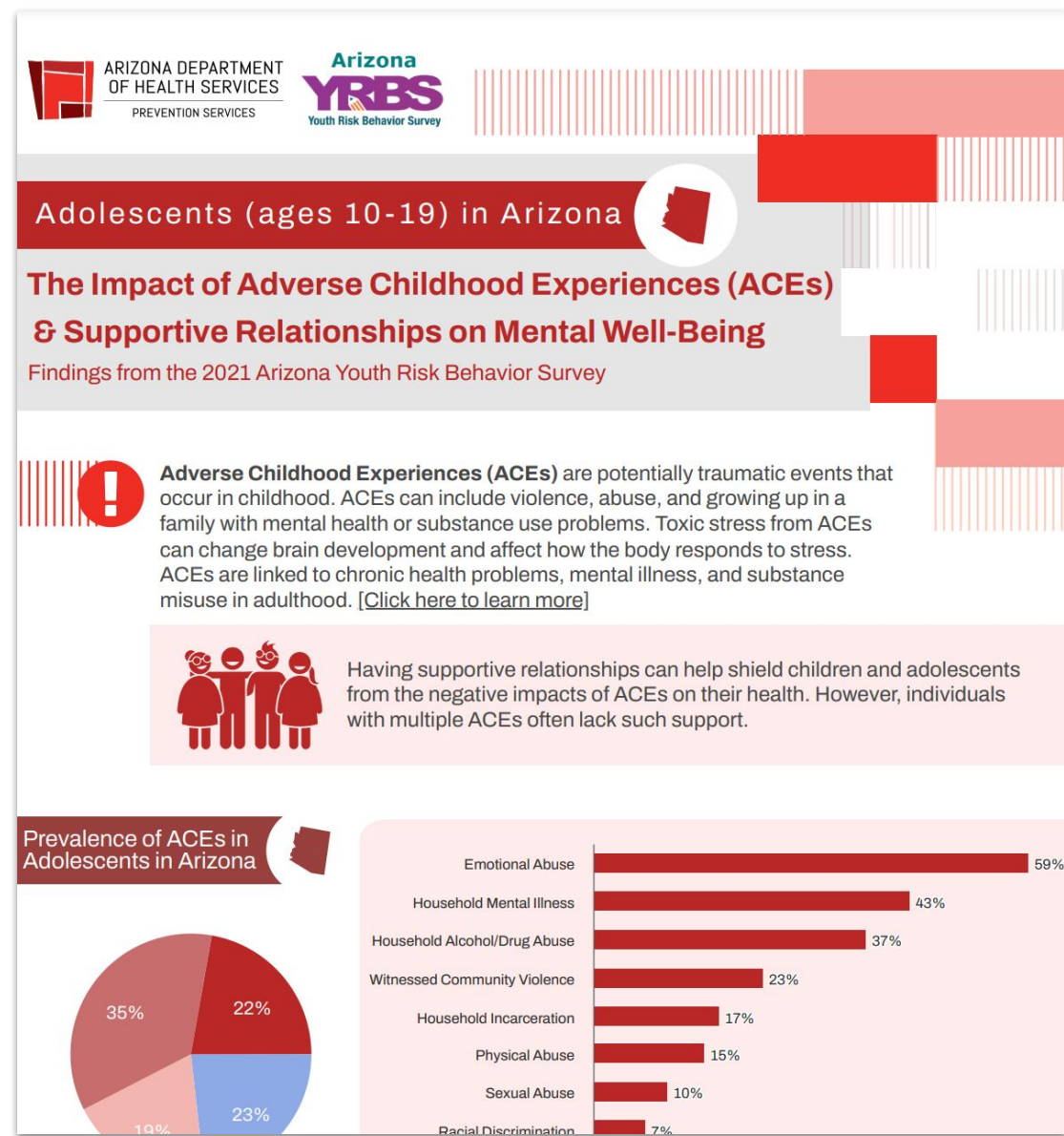
A reporting brief using data from the
U.S. National Survey for Children's Health

September 2022

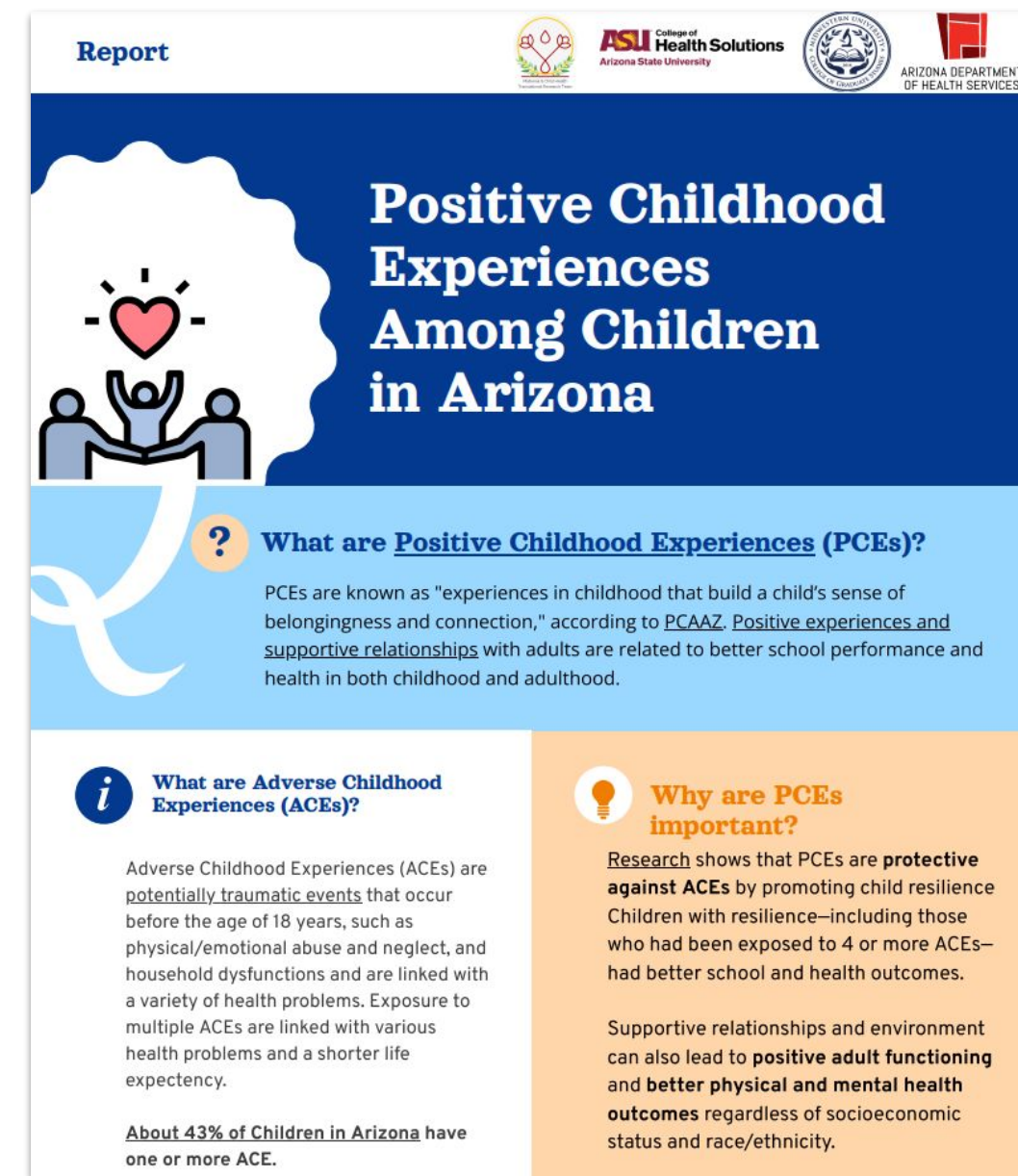


ASU College of
Health Solutions
Arizona State University





ACEs and Interpersonal Support Infographic



PCEs Infographic



Open Access Article

Supportive Relationships Mitigate the Effect of Cumulative Exposure to Adverse Childhood Experiences on Depression, Anxiety, Stress, and Suicide Considerations—The Arizona Youth Risk Behavior Survey

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Versions Notes

Abstract

Declining adolescent mental health is a significant public health concern during the COVID-19 pandemic. Social distancing and stay-at-home orders have led to missed social connections with peers and adults outside households, and this has increased the risk of mental health problems in children and adolescents, particularly those with adverse childhood experiences (ACEs). Studies have shown that strong interpersonal support improves adolescent mental health. We examined the association between ACEs and poor mental health (including stress, anxiety, and depression) and how the presence of interpersonal support from caring adults and friends and school connectedness can mitigate this relationship among adolescents in Arizona. This study analyzed data from the 2021 Arizona Youth Risk Behavior Survey (YRBS; $n = 1181$), a population-based survey conducted biennially across the United States.



<https://www.mdpi.com/2227-9067/11/2/161>

ADHS -Led Resources

Youth Mental Health:

Youth Mental Health First Aid:

YMHFA is a training conducted throughout the state by County Health & private Health Educators that prepares youth-serving individuals to recognize signs of mental illness and direct youth to proper care strategies. Practice an effective approach to building stronger relationships with youth, helping them to build resilience and positive coping strategies. This training can be completed in a one to two days and is valuable for any school staff.

Please contact Mariusz Bista for more information.

Email: Mariusz.bista@azdhs.gov



ADHS -Led Resources

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ADHS -Led Resources

Youth Mental Health:

Youth Stigma Reduction Website:

This website hosted by ADHS targeted to youth and schools provides answers to commonly asked questions concerning mental health struggles, links to therapist and further help directories, and LGBTQ+ resources. This website will be updated in the following year to include a greater amount of initiative information, toolkits, and relevant resources.



ADHS -Led Resources

Youth Mental Health:

Youth Community Resources Website:

This website designed for use by youth, families, and youth-serving individuals shares links & contact information for a variety of resources organized by county and topic including suicide prevention, physical health, mental health, homelessness, nutrition, etc. This website is also undergoing updates and should be re-formatted by mid-summer to include a search bar function.



ADHS-Led Resources

Youth Positive Development:

Youth Councils:

This initiative aims to establish and strengthen Youth Councils statewide, focusing on critical public health issues affecting adolescents, such as suicide prevention, bullying prevention, healthy relationships, well visits, injury prevention, and dental care. These councils will serve as platforms for young leaders to drive innovative solutions to these challenges. By fostering positive experiences, relationships, and environments, the program empowers youth to take initiative and address the pressing health issues they encounter daily. Through active engagement, members will contribute valuable insights to state-level projects and have the opportunity to participate in the development of the biennial Adolescent Health Conference, further amplifying their voices in shaping policies and practices. Youth Councils will also concentrate their efforts on addressing these critical topics within their local communities. By fostering grassroots engagement, they will work closely with community leaders and organizations to implement targeted strategies that address the unique challenges faced by adolescents in their respective areas. This localized approach ensures that interventions are tailored to the specific needs and circumstances of each community, maximizing impact and promoting sustainable change at the grassroots level.

For more information, please email Jess Lopez.

Email: Jessica.Lopez@azdhs.gov

ADHS-Led Resources

Youth Positive Development:

ADHS TOP PYD Pilot

The ADHS Teen Outreach Program® (TOP) Positive Youth Development Pilot Project provides an opportunity for State Lottery Abstinence and Abstinence Plus Contractors to implement Wyman Teen Outreach Program® lessons with a strong focus on Positive Youth Development (PYD). This pilot project excludes any sexual health-related lessons, such as those on abstinence, contraception, body development, sexuality, and sexually transmitted infections (STIs)

While the Arizona Department of Health Services' Teen Pregnancy Prevention Program has traditionally included sexual health topics to comply with federal guidelines, the lottery-funded programs operate without these constraints. Leveraging existing evidence supporting TOP®'s efficacy in reducing risky behaviors, the Adolescent Health Team allowed the delivery of TOP® programming without sexual health lessons, specifically for contractors funded through state lottery dollars. Notably, contractors who are TOP certified facilitators played a pivotal role in selecting the 12 lessons that will center on positive youth development principles.

ADHS-Led Resources

Youth Positive Development:

TOP Pilot Program Continued:

According to the Office of Population Affairs evaluation report on effective behavior-changing programs highlights TOP®'s robust outcomes. Rigorous research indicates that TOP® leads to a decreased likelihood of pregnancy, risky sexual behavior, course failure, school suspension, and school absenteeism (Allen and Philliber, 2001).

Furthermore, the success of the Teen Outreach Program® in Arizona is evident. In the last full implementation year before the pandemic:

- 91% of participating teens reported being capable of making decisions to maintain their health and safety.
- 84% of teens experienced a sense of belonging during their program involvement.
- 89% of teens expressed that community service learning initiatives enabled them to make positive contributions to others' lives.
- 92% of teens felt cared for by their facilitators.

This evidence underscores the effectiveness of TOP® in fostering positive youth outcomes, supporting the rationale behind the TOP® Pilot Project's tailored approach.

For more information, please contact Jess Lopez

Email: Jessica.Lopez@azdhs.gov

ADHS-Led Resources

Suicide Prevention and Bullying Resources:

ADHS' Suicide Prevention Homepage:

This homepage is equipped with the Suicide Prevention program's information, AZ Suicide Reports, Action Plans, as well as Local and National Resources.

For more information, please email:

Joshua.stegemeyer@azdhs.gov



ADHS-Led Resources

Suicide Prevention and Bullying Resources:

MustStopBullying.Org :

The MustStopBullying.Org is an Anti-Bullying Campaign by ADHS that offers a resource to Parents, Students, and Schools that helps define bullying, action steps to approach individuals perpetuating bullying, and next action steps.





THANK YOU

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ARIZONA DEPARTMENT
OF HEALTH SERVICES

ACEs website: azdhs.gov/ACES

YRBS website: azdhs.gov/YRBS