

USCRI

Addressing the Mental Health of Refugee Children & Youth, Part III

Supporting Refugee Children & Youth Experiencing Suicidal Ideation and Self-Harm

Refugee Youth Resource Center

July 29, 2026

INTRODUCTIONS



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WHO ARE WE?



- Refugee Services
- Policy and Advocacy
- Humanitarian Legal Services
- Anti-Trafficking Services
- International Programs
- Children's Services

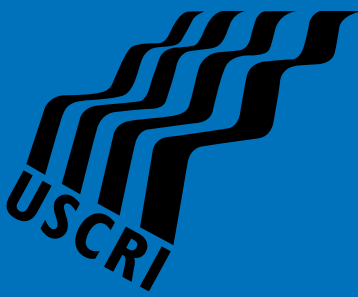
**Note: USCRI is a Non-Governmental Organization (NGO)*

REFUGEE YOUTH RESOURCE CENTER



- Building provider capacity to foster refugee youth resilience and child safety
- Services include:
 - Monthly webinars
 - Targeted trainings
 - Case consultation helpline
 - Resource website for clients and providers
 - Community resource directory
- Visit us at refugee-youth.org

CONTENT WARNING



- This webinar covers suicide prevention and mental health crises. The presentation and discussions will include direct references to suicide, self-harm, and emotional distress.
- Please feel free to step away or take a break at any time during the session if you need to.

**If you or someone you know is struggling
or in crisis, help is available 24/7:**

**Call or text 988 to reach the
Suicide or Crisis Lifeline
or
Dial 911 for emergencies**

LEARNING OBJECTIVES

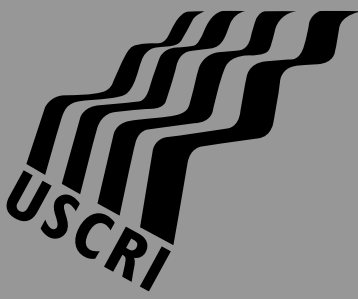
By the end of the webinar, you will be able to...

- ① Recognize early warning signs and identify key approaches to prevent and prepare for mental health crises, including suicidal ideation and self-harm, among newcomer children and youth
- ② Apply core strategies for crisis response, including de-escalation and safety planning, with newcomer children, youth, and families



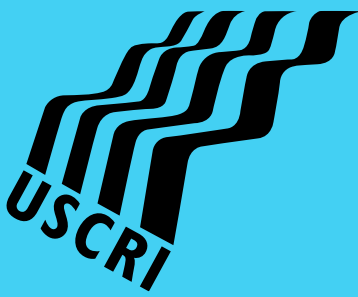
Newcomer Youth Suicide: The Need for Awareness & Preparation

SUICIDAL THOUGHTS & BEHAVIORS AMONG U.S. YOUTH

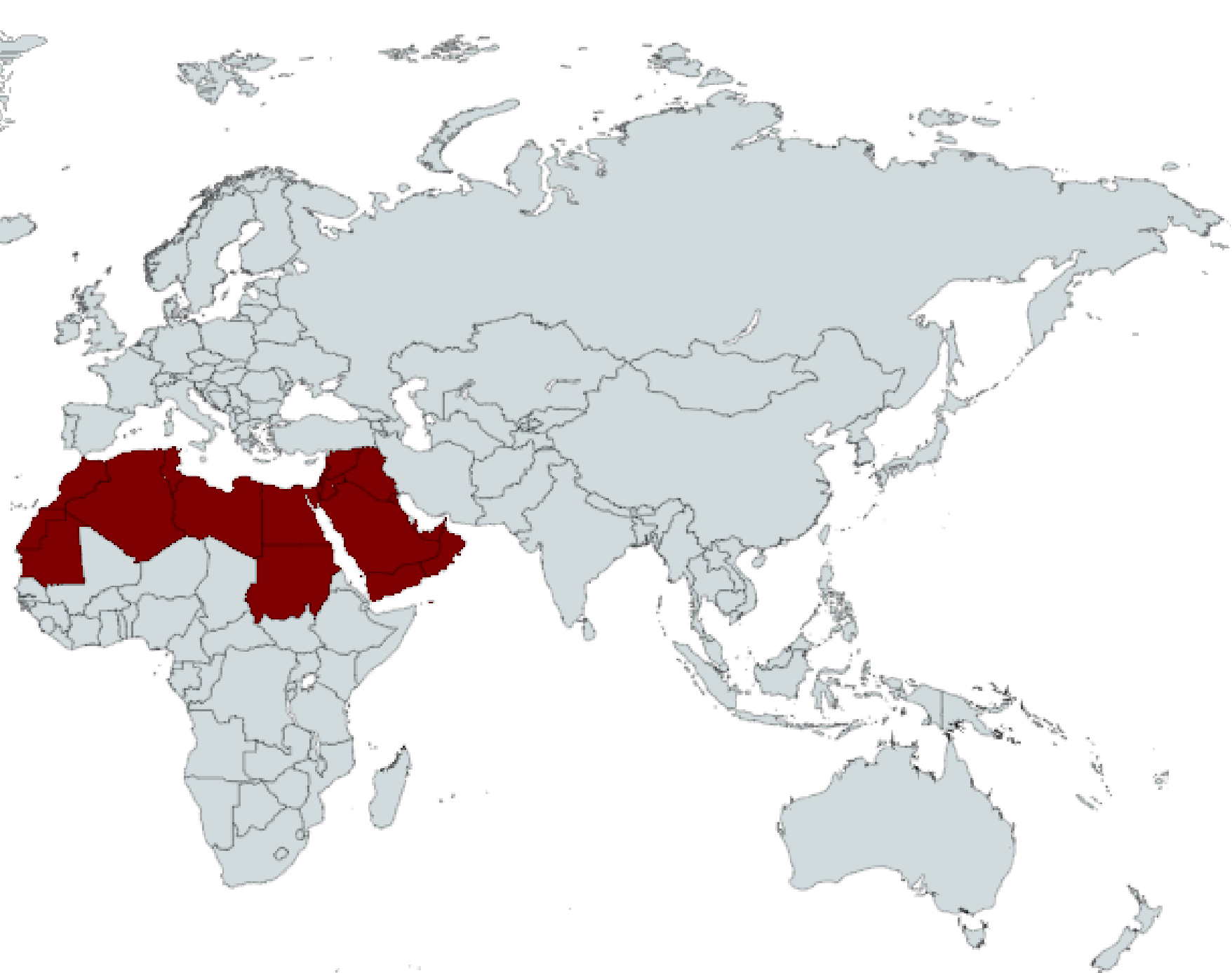


- Suicide is the **2nd leading cause of death** among children ages 10-14, and 3rd among ages 15-24
- **20%** of high schoolers report serious thoughts about suicide and **9%** report a suicide attempt

SUICIDAL THOUGHTS & BEHAVIORS AMONG NEWCOMER YOUTH



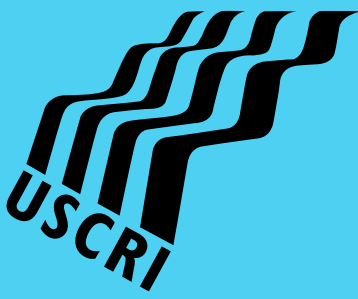
A 2021 study found teens born in the Middle East and North Africa region and now living in the U.S. were at higher risk of having suicidal thoughts than teens born in the U.S.



Stark, L., Seff, I., Yu, G., Salama, M., Wessells, M., Allaf, C., & Bennouna, C. (2022). Correlates of suicide ideation and resilience among Native- and foreign-born adolescents in the United States. *Journal of Adolescent Health*, 70(1), 91–98.

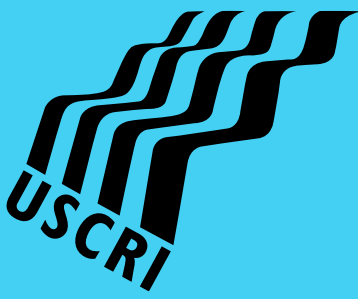
<https://doi.org/10.1016/j.jadohealth.2021.07.012>

SUICIDAL THOUGHTS & BEHAVIORS AMONG NEWCOMER YOUTH

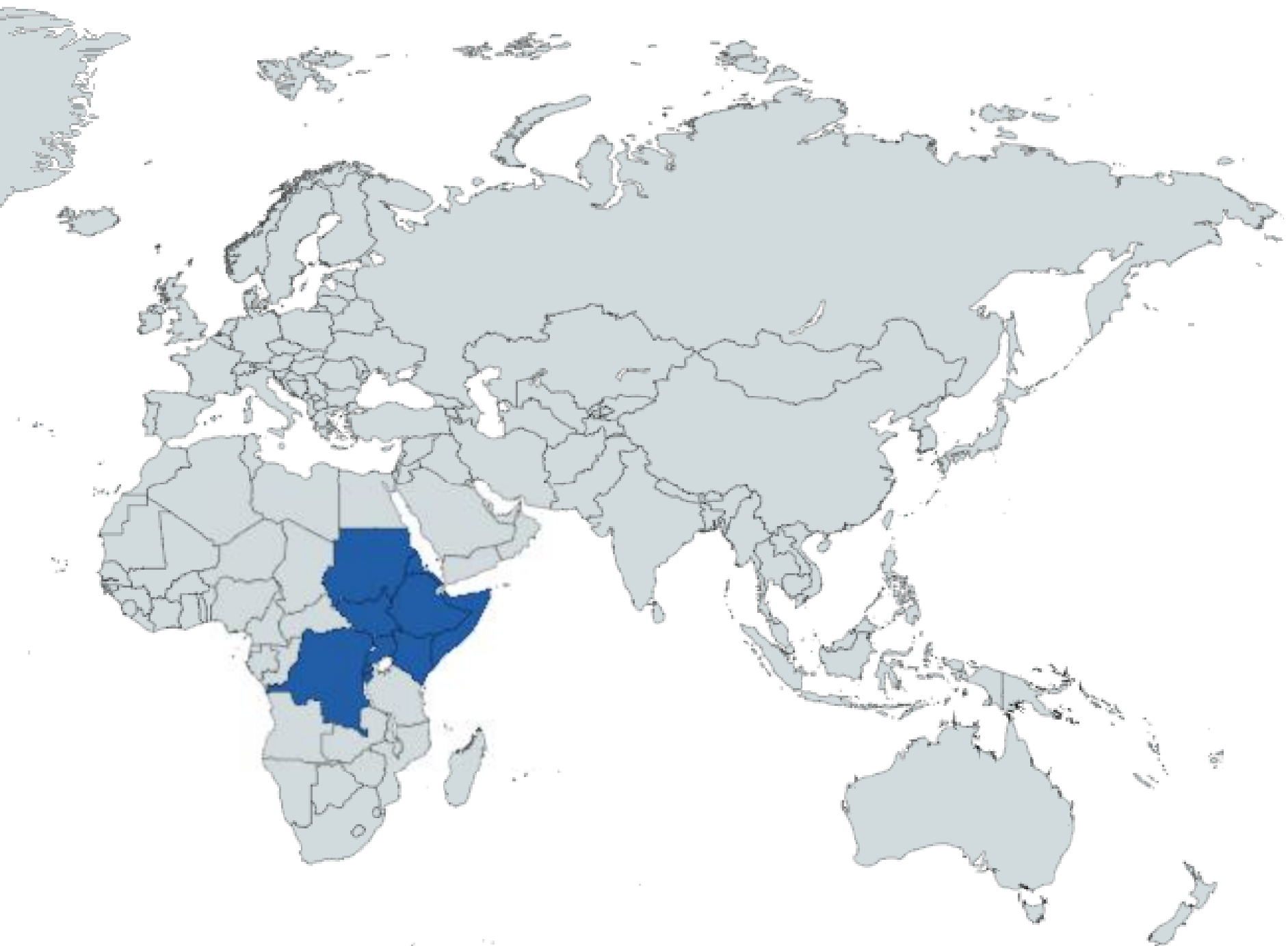


Multiple studies of migrant children living in the U.S. found that young Latina migrant girls were more likely to think about suicide than migrant boys. They were also 1.5 times more likely to have these thoughts than girls born in the U.S.

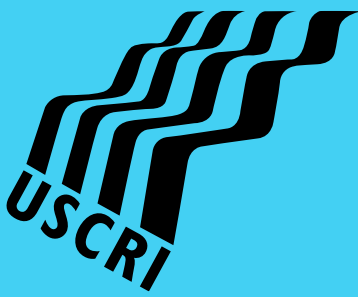
SUICIDAL THOUGHTS & BEHAVIORS AMONG NEWCOMER YOUTH



Refugee children and adolescents in a Ugandan camp reported high rates of suicidal ideation (40%), with over half of those youth also developing a suicide plan. Suicidal ideation was strongly associated with war-related trauma, PTSD, and being unaccompanied.

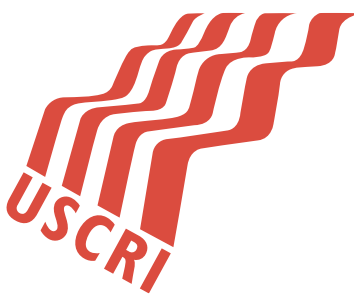


SUICIDAL THOUGHTS & BEHAVIORS AMONG NEWCOMER YOUTH



One meta-analysis of 51 studies found that worldwide, refugees were five times more likely than other immigrant groups to complete suicide.

PREPARING FOR & PREVENTING CRISES



■ With youth:

- Build trust and rapport
- Teach coping
- Screen for mental health concerns regularly
- Refer to mental health services, where appropriate

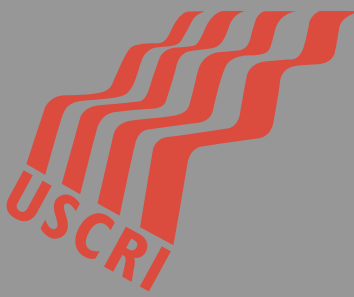
■ Individually:

- Foster your own self-awareness and coping tools
- Know your role in a crisis

■ As a team or agency:

- Communicate clear protocols
- Provide ongoing staff training
- Schedule routine supervision
- Regularly update community resource lists

COPING SKILLS RESOURCES



Coping Skills

Coping skills are things we can do to handle strong feelings and difficult situations. Some coping techniques, like deep breathing, are things we can do every day. Others might be things we do when we are stressed, like listening to music, or talking to someone you trust.

Everyone is different, so not every skill will work for you, and that is okay. Practice different strategies and notice which ones work best for you. There are many other ways to cope, and you can use the same skill in different ways.

When I feel:

Angry, Frustrated, Furious

Might look like shouting, stomping, wanting to hit or throw something, etc.



I can:

- Yell into a pillow
- Hit a stuffed animal
- Count to 10
- Take a break
- Run laps

Scared, Worried, Thinking Too Much, Nervous

Might look like shaky hands, hard to sit still, wanting to be close to family, etc.



- Write in a journal
- Listen to music
- Practice 5-4-3-2-1 grounding

Excited, Joyful, Energetic

Might look like high energy, bouncy, talking loudly, fidgeting, etc.



- Dance
- Use a stress ball
- Sing a song
- Laugh

Happy, Peaceful, Calm, Loving, Safe

Might look like smiling, laughing, playing, cuddling, etc.



Sad, Down, Bored, Lonely, Tired, Quiet

Might look like crying, low energy, spending time alone, etc.



5-4-3-2-1 Grounding

Sometimes, when we feel upset, our thoughts can feel like they are racing or out of control. The 5-4-3-2-1 grounding exercise can help you bring your attention back to the present moment and feel calmer.

Description:

This exercise uses your 5 senses to shift your focus away from your thoughts, paying attention to what you can see, hear, smell, and taste.

How to do 5-4-3-2-1 Grounding

Step 1

Get into a relaxed position, either sitting or lying down.

Step 2

Take a few slow, deep breaths in through your nose and out through your mouth.

Step 3

Use your senses to notice:

- | | |
|---------------------------------|--|
| 5 things you can SEE around you | They can be big or small, like a window, or your back. |
| 4 things you can FEEL or TOUCH | This could be a water bottle, or the floor. |
| 3 things you can HEAR | Listen carefully. Maybe you can hear music playing, or the sound of a fan. |
| 2 things you can SMELL | This could be the smell of food cooking nearby, or the scent of a flower. |
| 1 thing you can TASTE | Maybe it's your toothpaste, or a drink you can't taste anymore. |

Step 4

Take a few more slow, deep breaths. Notice how your body and mind feel now.

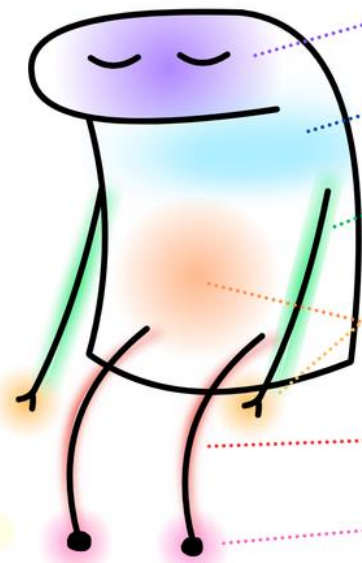
Progressive Muscle Relaxation

Progressive muscle relaxation, or **tense and relax**, is a coping skill you can use to manage stressful situations. During times when we are worried or stressed, the muscles in our body can become tense. Progressive muscle relaxation is a way to relax our muscles and calm our bodies and minds.

Description: Progressive muscle relaxation is when we relax the muscles in our bodies one muscle group at a time.

How to do progressive muscle relaxation:

1. Get into a **relaxed position**, either sitting or lying down.
2. Take a few **deep breaths**, breathing in slowly through your nose and exhaling gently through your mouth.
3. Starting at the top of your body and working your way down, begin **tightening** the muscles in one muscle group at a time. Inhale as you tighten the muscles. Hold for 5 seconds. Then exhale as you relax.



Face

Tighten and scrunch up your face. You might look like you just woke up.

Shoulders & neck

Tighten and lift your shoulders. Hold then release.

Arms

Flex all the muscles in your arms.

Hands

Tighten your fists. Pull your fingers from a lemon. Hold then release.

Stomach

Pull your belly in, then release.

Legs

Flex all the muscles in your legs.

Feet

Scrunch up your feet. Scrunch up your toes in deep mud. Then release.

Whole body

Tighten, tense, and hold your whole body at once by counting to 10.

4. Now with all your muscles relaxed, take a few more deep breaths. Notice how your body feels now.

Belly Breathing

Belly breathing, or **deep breathing**, is a simple way to help your mind and body feel calm. When we feel stressed, worried, or upset, our breathing can become fast and shallow. Belly breathing helps slow things down, so your heart rate can settle down and your muscles can relax. Slow, deep breaths send a signal to your brain to calm down, which can help you feel more in control, think more clearly, and handle big emotions more easily. With practice, belly breathing can be a powerful tool you can use anytime you want to feel calmer.

Belly breathing means taking slow, deep breaths that fill your belly with air, not just your chest. You might notice your stomach rise when you breathe in and fall when you breathe out.

How to do belly breathing:

Step 1

Get into a relaxed position, either sitting or lying down.

Step 2

Place one hand on your chest and one hand on your belly.

Step 3

Take a slow, deep breath in through your nose. Try to make the hand on your belly rise up, while the hand on your chest stays mostly still.

Step 4

Hold your breath for a few seconds.

Step 5

Breathe out slowly through your mouth.

Step 6

Repeat several times or until you feel your body relaxing.

Step 7

Let your breath return to normal. Notice how your body feels now.

Use your imagination to help your body and mind feel calm. Our brain and body can start to relax, almost automatically, when we focus on a single point. Imagine a place where you feel calm and safe. It could be a real place you have been, or a place that you imagine. It could be a forest, a castle, a beach, a park, your room, or anywhere you like. Try to imagine what it looks like. What colors do you see? What sounds do you hear? What smells do you smell? What textures do you feel? What tastes do you taste? Use your senses to help you focus on this place. If your mind wanders, gently bring it back to this place. If you are alone, imagine there are kind animals nearby. If you are not alone, imagine there are people you love nearby. Breathe in and slowly bring your attention back to this place and how your body and mind feel now.



FOUR ACTIONS FOR SERVICE PROVIDERS



①

Be aware of risk factors and notice warning signs

②

Ask directly

③

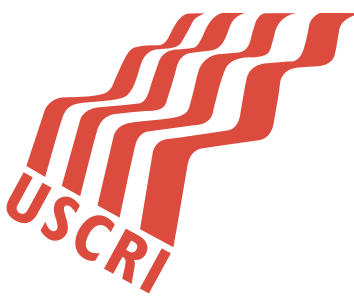
Make a safety plan

④

Connect with trained mental health professionals as needed

STEP 1: Notice Risk Factors & Warning Signs

RISK FACTORS FOR NEWCOMER YOUTH



■ Acculturative Stress

- Bullying & isolation
- Family conflict
- Trauma exposure & triggers
- Stigma & low mental health literacy
- Barriers to accessing care
- Low socioeconomic status
- Discrimination and hostility toward immigrants
- Intergenerational trauma

Diaz, A. D. (2024). Assessment of suicide risk and cultural considerations in forcibly displaced migrant youth. *Academic Pediatrics*, 24(5), 25–31. <https://doi.org/10.1016/j.acap.2023.05.024>

Stark, L., Seff, I., Yu, G., Salama, M., Wessells, M., Allaf, C., & Bennouna, C. (2022). Correlates of suicide ideation and resilience among Native- and foreign-born adolescents in the United States. *Journal of Adolescent Health*, 70(1), 91–98. <https://doi.org/10.1016/j.jadohealth.2021.07.012>

RISK FACTORS FOR NEWCOMER YOUTH



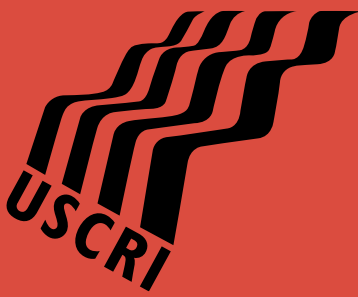
- **Mental health concerns**
- **Substance use**
- **Chronic medical illnesses**
- **Impulsivity**
- **Physical, sexual, & emotional abuse**
- **Internet & social media stress**
- **Previous suicide attempts**
- **Peer influences or family suicidality**
- **Access to lethal means**

PROTECTIVE FACTORS FOR NEWCOMER YOUTH



- Resilience & emotional well-being
- Hope
- Feelings of belonging & social support
- Family connection/positive attachment to at least one caregiver
- Cultural values
- Strong religious/spiritual beliefs
- Connectedness to resources
- Engaged in meaningful activities
- Coping skills

WARNING SIGNS OF SUICIDE IN NEWCOMER YOUTH



CHILDREN UNDER 10

- More physical symptoms
- Intense behavioral outbursts and impulsivity
- Acting out in play
- Statements like “I want to go to sleep and never wake up”
- Regressive behaviors (bed-wetting, thumb-sucking)
- Self-harm



WARNING SIGNS OF SUICIDE IN NEWCOMER YOUTH



YOUTH 10+

- Rapid mood swings
- Changes in eating or sleeping habits
- Isolation from friends and family
- Increasing physical complaints
- Extreme agitation, violence, or other out-of-control behavior
- Risky or self-destructive actions
- Hearing or seeing things that other people don't



WARNING SIGNS OF SUICIDE IN NEWCOMER YOUTH



YOUTH 10+

- Talking about feeling like a burden or not belonging
- Talking about feeling trapped, hopeless, or worthless
- Talking, writing, or drawing about death, dying, or disappearing
- Saying final goodbyes to people
- Giving away belongings
- Lack of interest in future plans
- Changes in clothing: wearing long pants and sleeves in hot weather to cover signs of self-injury

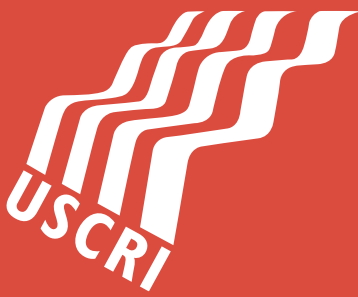


Case Scenario: Part I

Hassan is a 12-year-old boy from Syria who is currently in the 7th grade. He was resettled to the United States 3 years ago with his mother, father, and five siblings. Usually outgoing and friendly, school staff have noticed Hassan has recently been quieter and more withdrawn, no longer sitting with his usual friends. On recent tests, he's received unusually low marks, when he is typically a high scorer in math and science.



INTERACTIVE DISCUSSION



Please share responses in the chat

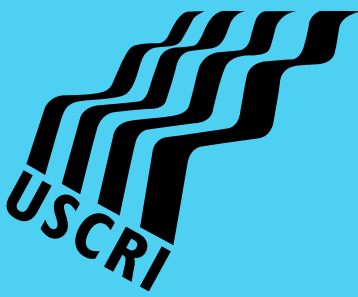
- What warning signs did you notice in the case example?
- What other internal warning signs might Hassan be experiencing that may not be outwardly noticeable to school staff?





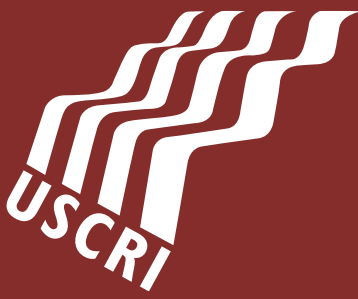
STEP 2: Ask Directly

DE-ESCALATION SKILLS



- Stay calm and present
- Use simple, clear language in a calm tone
- Validate emotions without reinforcing harmful beliefs
- Prioritize safety and reduce stimulation
- Engage with coping skills and calming activities
- Give choices when possible
- Avoid escalation, power struggles, and shaming

TALKING TO NEWCOMER CHILDREN & YOUTH ABOUT SUICIDE



Depending on your role, ask about suicide regularly and/or when warning signs have been identified:

- **Ask about well-being**

"How have you been feeling lately?"

- **Normalize**

"I ask everyone this question, because I want to make sure you're safe."

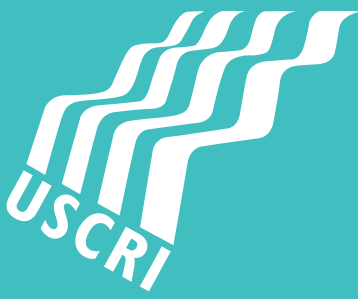
"Some young people who have gone through big changes, like you have, feel really overwhelmed and even think about hurting themselves."

- **Ask directly**

"Are you having any thoughts of hurting or killing yourself?"



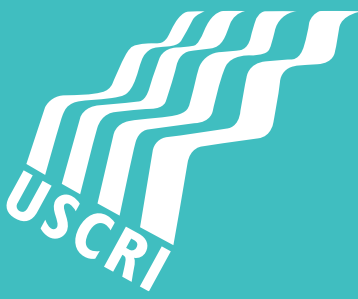
SUICIDAL IDEATION & SELF-HARM IN YOUTH: PROVIDER RESPONSE



**If the child/youth discloses
suicidal ideation and/or self-harm**

- 
- Stay calm and present
 - Thank them for telling you
 - Assess immediate safety
 - Do not leave them alone if there are immediate safety concerns
 - Seek support from trained professionals (mobile crisis, 911, etc.)
 - Contact caregivers
 - Involve schools, and other support networks
 - Create a safety plan
- 
- In the bottom right corner, there are several parallel, wavy lines in a light gray color, mirroring the style of the USCRI logo.

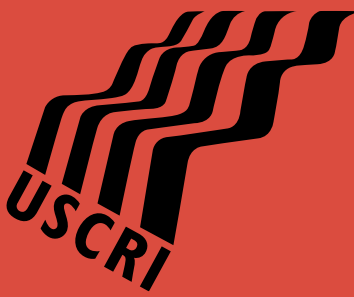
SUICIDAL IDEATION & SELF-HARM IN YOUTH: PROVIDER RESPONSE



If the child/youth denies suicidal ideation and/or self-harm (but you still have concerns)

- 
- Stay curious, and pay attention to warning signs
 - Let them know you are available to talk
 - Continue to listen and demonstrate concern
 - Normalize help-seeking, and encourage connection to additional supports
 - Strengthen protective factors and coping strategies
 - Create a safety plan
- 

UNDERSTANDING RISK



NON-SUICIDAL INJURY: Intentionally hurting oneself without the desire or intent to end one's life.

SUICIDAL THOUGHTS & IDEATION: Thoughts about suicide, death, or dying.

PLAN FOR SUICIDE: The specific method, time, and place a person plans to end their life.

BEHAVIORS: Action(s) taken in preparation for suicide. May include past attempts, rehearsals, or self-injurious behaviors.

MEANS: Access to the objects, substances, or conditions to carry out the plan.

INTENT TO ACT: The intention, determination, or desire to actually act on the plan.

Individuals with suicidal ideation with a plan and/or intent are high risk and emergency action may be needed to ensure safety.

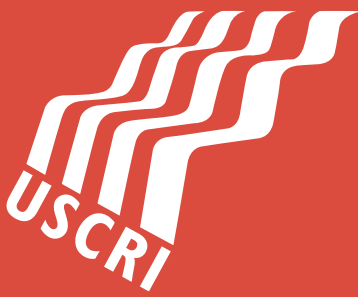


Case Scenario: Part II

During the meeting, Mr. Madison notices marks on Hassan's arm that look like cuts when his sleeve moves, raising concern about self-harm. Mr. Madison gently checks in about the injuries, asking if Hassan has been hurting himself and working to understand when it happens and what he is feeling in those moments, while continuing to respond in a supportive and nonjudgmental way.



INTERACTIVE DISCUSSION



Please share responses in the chat

- What de-escalation techniques did you notice in the case scenario?
- What should Mr. Madison do if Hassan expresses suicidal thoughts?
- What should Mr. Madison do if Hassan denies suicidal thoughts?



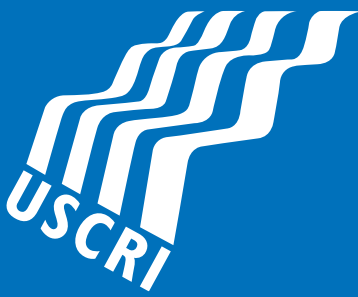


STEP 3: Make a Safety Plan

WHAT IS A SAFETY PLAN?

- Personalized plan to prevent and manage crises and other unsafe situations
- Created collaboratively between youth and staff when risk factors are present or crises develop
- Should be discussed preventatively (before a crisis arises) and revisited often
- Key components:
 - Triggers
 - Warning signs
 - Coping strategies
 - Safe places
 - Trusted adults
 - Important phone numbers & professional resources
 - Youth's commitment
 - Responsible adult's commitment

DEVELOPMENTALLY APPROPRIATE SAFETY PLANNING

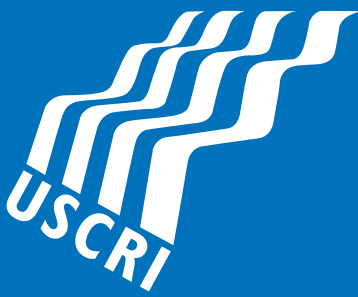


Safety Planning with Children (ages 3-10)

- Use simple concepts when providing education to the child
 - Explain concepts like safety
 - Assist with identification of feelings
 - Teach children to use a phone, practice calling 911
 - Help the child memorize their address, phone number, parents' name, etc.
- Include drawing or art
- Collaborate with caregivers

The image shows two overlapping "SAFETY PLAN" handouts from USCRI. The top handout is titled "SAFETY PLAN Our Plan for Safety, Stability, and Well-being" and includes a section for "YOUR HOME INFORMATION" with fields for "Caregiver's Phone Number" and "Home Address". It also has a section for "SAFE PLACES" and "SAFE ADULTS". The bottom handout is partially obscured but shows a drawing area with a heart icon and the text "Draw yourself when you feel safe:" and a drawing area with a lightning bolt icon and the text "Draw yourself when you feel afraid or".

DEVELOPMENTALLY APPROPRIATE SAFETY PLANNING

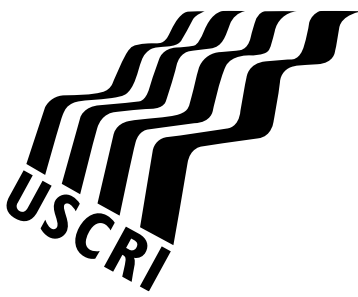


Safety Planning with Youth (ages 11-17)

- Provide more detailed explanations of safety, what a safety plan is and when to use it
- Can include drawing or art
- Collaborate with caregivers

The image shows two overlapping handouts titled "SAFETY PLAN: Our Plan for Safety, Stability, and Well-being". Each handout includes a header with the USCRI logo and a title. Below the title is a line for "Name:" and a line for "Date:". The handouts are divided into several sections, each with a colored header and a description of the section's purpose. The sections are: TRIGGERS (blue header), WARNING SIGNS (red header), COPING STRATEGIES (blue header), SAFE PLACES (red header), and TRUSTED ADULTS (blue header). Each section contains a list of checkboxes and a line for writing. The handouts are designed to be filled out by youth, with space for drawing or art.

COLLABORATING WITH CAREGIVERS



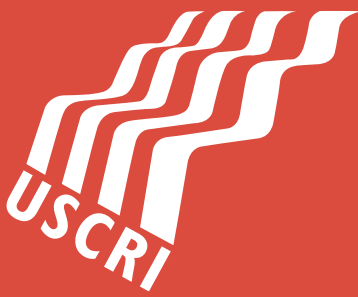
- Involve caregivers to ensure child safety
- Center youth voice while respecting caregiver's authority
- Maintain a judgment-free, supportive environment
- Navigate stigma and cultural beliefs about mental health
- Ensure parents know their child's triggers and warning signs
- Engage parents in securing the physical environment and committing to actions to ensure the child's safety (supervision, monitoring, etc.)

Case Scenario: Part III

Mr. Madison responds calmly, acknowledging the family's beliefs while gently reframing the situation. Mr. Madison emphasizes that Hassan is not at fault for having these thoughts and that they are a sign that he is struggling and needs support. He highlights that many families draw on their faith as a source of strength and healing, and that caring for Hassan's safety is a shared priority.



INTERACTIVE DISCUSSION



Please share responses in the chat

- What key elements of a safety plan did you notice were included in Hassan's safety plan?
 - a) warning signs
 - b) coping strategies
 - c) commitment from his father to increase support and monitoring
 - d) reducing access to means
 - e) increased support from Mr. Madison
 - f) youth's commitment
 - g) all of the above

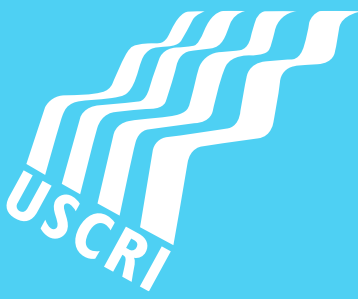
- What else might Hassan include on his safety plan?





STEP 4: Connect with Professionals

RESOURCES & REFERRAL PATHWAYS



- **988** National Suicide and Crisis Lifeline
- 911 and location of nearest emergency room
- Local walk-in centers or mental health urgent care locations
- Local mobile crisis numbers
- Current providers (mental health, resettlement provider, pediatrician, etc.)
- Options for mental health services (if not already connected)



POST- CRISIS FOLLOW- UP



■ **With youth/families:**

- Follow up more regularly with the youth/family
- Revisit the safety plan and revise as needed
- Continue to assess for suicide, self-harm, and safety concerns

■ **Individually:**

- Debrief with your supervisor
- Thoroughly document the identified concerns and all actions taken
- Engage in self-care

■ **With your team or agency:**

- Debrief with affected staff and larger team
- Share lessons learned and adjust internal processes
- Recognize secondary traumatic stress and the emotional impact of crisis work and high-intensity cases

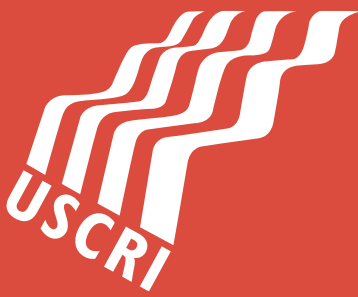


Case Scenario: Part IV

He begins to follow steps from his safety plan, including reaching out to trusted people and returning to activities like soccer. His father makes an effort to check in and spend more time with him, gradually becoming more comfortable talking about Hassan's feelings.



INTERACTIVE DISCUSSION



Please share responses in the chat

- What signs of improvement did you notice in Hassan?
- What would you continue to monitor or adjust in your services with this family moving forward?





Conclusion & Resources

PRESENTATION TAKEAWAYS

A photograph of a man and a young girl sitting on a couch. The man, on the right, is wearing a dark blazer over a light-colored shirt and jeans. He is holding a clipboard and looking towards the girl. The girl, on the left, is wearing a striped shirt and dark pants, and is holding a white stuffed animal. She is looking down. The background is a simple wall with a white baseboard. The entire image has a teal overlay.

- Suicidal thoughts are common among children and youth, with some evidence suggesting higher rates among newcomer youth.
- Acculturation-related stressors can increase vulnerability to suicidal ideation and behaviors for newcomer children and youth.
- Suicide can be prevented by recognizing warning signs, taking immediate action, addressing stigma, and preparing to respond before a crisis occurs.
- Safety planning can be tailored to meet the needs of newcomer children and youth of varying ages.
- Continued follow-up and support are essential for sustained safety and well-being.

REFLECTION

Based on today's training, share one thing you will do differently to support newcomer children and youth experiencing suicidal ideation or mental health crises.



REFUGEE YOUTH RESOURCE CENTER

Improving outcomes for refugee children, youth, and their families through resources, education, and provider support



ADDITIONAL RESOURCES



MENTAL HEALTH OF NEWCOMER CHILDREN AND YOUTH

- USCRI RYRC | [Addressing the Mental Health of Refugee Children & Youth Part I: Practical Strategies for Trauma-Informed, Culturally Responsive Support](#)
- USCRI RYRC | [Addressing the Mental Health of Refugee Children & Youth Part II: Facilitating Effective Conversations with Youth and Families](#)
- USCRI RYRC | [Best Practices for Working with Refugee and Newcomer Youth](#)
- MENTAL HEALTH AMERICA | [Children's Mental Health Matters](#)

SUICIDE PREVENTION AND SAFETY PLANNING

- USCRI | [Safety Plan for Younger Children, Safety Plan for Older Children Using Pictures, Safety Plan for Older Children](#)
- USCRI | [Safety Planning with Foreign National Children and Youth Survivors of Trafficking](#)
- USCRI | [Self-Harm Among Migrants and Refugees](#)
- INTERNATIONAL RESCUE COMMITTEE | [Suicide Prevention in Resettlement, Asylum, and Integration Settings](#)
- SWITCHBOARD | [Safety Planning for Suicidal Ideation](#)
- SWITCHBOARD | [Suicide Prevention and Safety Planning](#)
- NAMI | [Navigating a Mental Health Crisis](#)
- NAMI | [What to Do If Your Child Is in Crisis](#)
- NAMI | [Kids, Teens, and Young Adults](#)
- NCTSN | [Suicide and Refugee Children and Adolescents](#)

ADDITIONAL RESOURCES



DE-ESCALATION SKILLS

- INTERNATIONAL RESCUE COMMITTEE | [De-escalation in Resettlement, Asylum and Integration Settings](#)
- SWITCHBOARD | [De-escalation in Practice: Strategies for Supporting Newcomers Experiencing Crises](#)

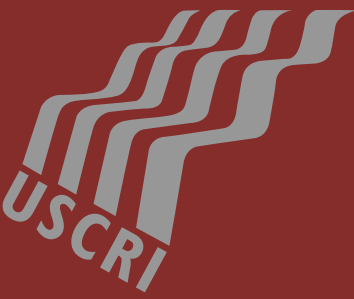
ORGANIZATIONAL PREPAREDNESS

- SWITCHBOARD | [Critical Incident Response: Toolkit for Developing Organizational Policies and Procedures](#)

RESOURCES FOR NEWCOMER CHILDREN, YOUTH, AND FAMILIES

- Call 988 [Suicide & Crisis Lifeline](#)
- USCRI RYRC | [Community Resource Directory](#)
- USCRI RYRC | [Simple Ways to Support your Child's Well-being](#) (Arabic, Dari, French, Haitian Creole, Kiswahili, Pashto, Spanish, Ukrainian)
- USCRI RYRC | [Supporting your Child's Well-being through Connection and Open Communication](#) (Arabic, Dari, French, Haitian Creole, Kiswahili, Pashto, Spanish, Ukrainian)
- HEALTHY CHILDREN | [Teen Suicide Risk: What Parents Need to Know](#) (English, Arabic, Brazilian Portuguese, Korean, Russian, Simplified Chinese, Tagalog, Traditional Chinese, Vietnamese)

Sources



- Centers for Disease Control and Prevention. [Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023](#). U.S. Department of Health and Human Services; 2024.
- Stark, L., Seff, I., Yu, G., Salama, M., Wessells, M., Allaf, C., & Bennouna, C. (2022). Correlates of suicide ideation and resilience among Native- and foreign-born adolescents in the United States. *Journal of Adolescent Health*, 70(1), 91–98. <https://doi.org/10.1016/j.jadohealth.2021.07.012>
- Diaz, A. D. (2024). Assessment of suicide risk and cultural considerations in forcibly displaced migrant youth. *Academic Pediatrics*, 24(5), 25–31. <https://doi.org/10.1016/j.acap.2023.05.024>
- Ainamani, H. E., Mbwayo, A. W., Mathai, M., Karlsson, L., Rukundo, G. Z., & Hall, J. (2025). Examining suicidality and associated risk factors among refugee children and adolescents in Uganda. *BMC Psychiatry*, 25(1). <https://doi.org/10.1186/s12888-025-07637-y>
- Amiri, S. (2020). Prevalence of suicide in immigrants/refugees: A systematic review and meta-analysis. *Archives of Suicide Research*, 26(2), 370–405. <https://doi.org/10.1080/13811118.2020.1802379>
- Each Mind Matters Resource Center | [Presentation for Suicide Prevention 101](#)
- NAMI | [What You Need to Know About Youth Suicide](#)
- Mental Health America | [Know the Signs](#)

Join us for an upcoming
training workshop!

Partnering with Parents & Caregivers:

*Strengthening Engagement to Promote the
Safety and Well-being of Refugee and
Newcomer Children and Youth*

TOPICS ADDRESSED



Common barriers faced
when engaging newcomer
parents & caregivers



How to promote child &
youth safety through
meaningful engagement
between providers,
parents, and caregivers



Culturally responsive
strategies to promote
trust and strengthen
engagement



Practical guidance and
resources for newcomer
parents and caregivers on
child safety and well-being

**Wednesday,
August 26, 2026
2:00-3:30pm ET**

Register here:

[https://refugees-
org.zoom.us/webinar
/register/WN_9zKp3
YL8RX25kcX59tpUe
w#/registration](https://refugees-
org.zoom.us/webinar
/register/WN_9zKp3
YL8RX25kcX59tpUe
w#/registration)



This webinar explores practical strategies for refugee and newcomer-serving providers to build trust and strengthen engagement with parents and caregivers, promoting the safety and well-being of refugee and newcomer children and youth.

**. This session is designed for professionals
working in resettlement, education, child welfare,
youth services, and community-based programs.**

Thank You!

Contact Us:

refugeeyouthrc@refugees.org