Current Trends in Suicide Prevention: Demographics, Assessment, and Intervention

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Objectives

- Identify changes in suicide risk level for various child and adolescent populations.
- Become familiar with evidence based tools for risk assessment in young people.
- Describe various evidence based interventions for suicide prevention in community settings.

How we'll talk about suicide

- Completed suicide or died by suicide
- Terms we won't use:
  - "Successful" or "unsuccessful" (dying is not a success)
  - "Committed" while suicide may still be illegal in some states, we don't want to criminalize the act
- We will attempt to use language that is respectful of those we serve.

Frequently referenced resources

- Suicide Prevention and Resource Center (SPRC)
  - (www.sprc.org)
- SAMHSA
  - (www.sahmsa.gov)
- Action Alliance for Suicide Prevention

Prevalence

- Rates have been steady over the last 15 years
- Suicide in school-aged children is still rare, .017 per 100,000 youth ages 5-11 vs. 5.18 per 100,000 adolescents 12-17.
- 2nd leading cause of death for ages 15-24
- 3rd leading cause of death for ages 10-14

Prevalence

- There are 100-200 attempts for every person who dies by suicide
- In 2015, the National Youth Risk Behavior Study
  - 17% considered making an attempt
  - 13.6% made plans to kill themselves
  - 8% reported at least one attempt in the past year

Prevalence

- 7% of those who attempt suicide will eventually die by suicide
- 23% will reattempt nonfatally
- 70% will have no further attempts
- 25-33% of youth will die by suicide did not make a previous attempt

CDC Suicide Facts at a Glance, 2015

Basic Risk Factors

- Past suicide attempts
- Talking about suicide or not being alive to others (although only 29% made comments regarding suicide to someone prior to dying to suicide)
- History of trauma (abuse, neglect, witnessing violence, medical conditions, etc)
- Drug/alcohol use
- Family member or friend who has completed suicide (contagion effect)

Basic Risk Factors

- Mental health diagnosis (9/10 who die by suicide have a diagnosable mental illness)
- Identify as LGBTQ
- History of bullying or being bullied
- Gender (male)
- Race/ethnicity (American Indian or Alaskan Natives, followed by non-Hispanic Whites).

Precipitating Events

- Conflict in relationship with close friend, family member, or significant other
- Losing face or getting in trouble
- Currently under the influence of drugs/alcohol
- Access to means (largest risk is with firearms, even if they are locked and unloaded)
- Hopeless, feel like a burden

Precipitating Events

- Lack of perceived support
- Lack of access to care
- Recent suicide of someone they know
- Feeling isolated or withdrawing from friends/family
- Acting anxious/agitated
- Change in eating/sleeping habits, mood

Basic Protective Factors

- Relationship with a trusted adult
- Belief in God or participation in a faith community
- Feeling that someone depends on them/sense of obligation (pet, family member)
- Involvement in school/community activities
- Lack of access to means
- Belief that suicide is morally wrong
- Access to quality mental health care

New Trends in Children

- Among suicide decedents with known mental health problems, young children are more likely to be diagnosed with *ADHD*, while young teens are more likely to be diagnosed with *depression*.
- Children who die by suicide are less likely to leave a note, be depressed, or experience boyfriend/girlfriend problems than early adolescents.
- Both children and adolescents are equally likely to disclose suicide intent to others before death (29%).

New Trends in Children

- Compared with adolescents who die by suicide children who die by suicide are more commonly male, black, died by hanging/strangulation/suffociation, and died at home.
- Suicide deaths in black children have significantly increased, while suicide deaths for white children have significantly decreased.

New Trends in Children

- This is the opposite of long standing statistics for young people.
- Theories
  - **Young black children are disproportionately exposed to violence and trauma**
  - **They are also less likely to receive treatment or be diagnosed with a mental illness.**

Sheftall AH, Asti L, Horowitz LM et al. Suicide in Elementary School-Aged Children and Early Adolescents. Pediatrics. 2016, 138(4):e20160436

Cultural Trends

- “13 Reasons Why”
- Live Suicides (Live streaming)

Evidence Based Risk Assessment in Young People

- Columbia Suicide Symptoms Rating Scale
  - Normed for ages 6 and up
  - Can be adapted to your setting and situation (hospital, outpatient, initial session, follow up, etc)
- SAFE-T pocket Card from SAMHSA
- CAMS (Collaborative Assessment and Management of Suicidality)
  - Includes both assessment and treatment protocol
  - Promising effectiveness per SPRC

Evidence Based Interventions

- Caring Contacts
  - Post cards, letters, phone calls, etc with high risk individuals
- CBT-SP (Cognitive Behavioral Therapy for Suicide Prevention)
- DBT (Dialectical Behavioral Therapy
- CAMS (Collaborative Assessment and Management of Suicidality)

Evidence Informed Interventions

- Zero Suicide
  - Organizational approach to suicide care for health and behavioral health settings
  - Comprehensive set of tool and strategies for suicide prevention

Evidence Informed Interventions

- Safety Planning
  - This is NOT the same as contracting for safety! Contracting for safety does not have any support in the evidence.
  - Stanley Brown safety planning template is research based

Research Informed Interventions – Means Reduction

- Rationale for means reduction
  - Duration of Suicidal Deliberation (Simon, 2005):
    - 24% said less than 5 minutes
    - 24% said 5-19 minutes
    - 23% said 20 minutes to 1 hour
    - 16% said 2-8 hours
    - 13% said 1 or more days

CALM (Counseling Access to Leathal Means)

- Free training online at www.sprc.org
- Focuses on most effective means reduction
  - Firearms
  - Medication
  - Alcohol

Additional Resources

- National suicide prevention lifeline 1-800-279-TALK (8255) and text line text HOME to 741741, https://suicidepreventionlifeline.org/
- Sign up for the Weekly Spark for updated information on suicide prevention at www.sprc.com .
- Means Matter at https://www.hsph.harvard.edu/means-matter/
- Suicide Prevention Resource Center (SPRC) www.sprc.com
- National Action Alliance for Suicide Prevention http://actionallianceforsuicideprevention.org/

Questions?

References

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