Suicide in Children & Adolescents: Risks, Screening & Prevention

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Objectives
- Recognize risk factors for suicidal behavior in children and adolescents
- Understand screening considerations in pediatric suicidality
- Be aware of evidence-based suicide management techniques

Epidemiology of suicidality in youth
- Third leading cause of death among youth ages 10 and 24
- 4600 completed suicides each year
- Top three methods of suicide
  - Firearms (45%)
  - Suffocation (40%)
  - Poisoning (8%)
- Nationwide survey of high school students (private/public)
  - 16% reported suicide ideation
  - 13% reported creating a plan
  - 8% reported trying to take their own life in the past 12 months

(CDC, 2016)
Epidemiology of suicidality in youth

- 157,000 youth ages 10 to 24 receive medical care for self-inflicted injuries in U.S. EDs
- Majority of deaths by suicide are male (81% vs. 19%)
- Females more likely to attempt suicide
- Native American/Alaskan Native youth have highest rates of suicide-related fatalities
- Hispanic high school youth more likely to report attempting suicide than black, white, non-Hispanic peers

(CDC, 2015)

Who is at risk?

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal means
- Exposure to suicidal behavior of others
- Heavy Internet use (depression risk)
- Poor coping resources

The current media landscape & suicide

- “Suicide takes more teenage lives than ever, and social media may be why” (Dallas News, June 28, 2016)
- “Is social media fueling a national epidemic of teen suicide?” (Fox News, Feb. 11, 2016)
- “Today’s Youth Are Being Encouraged To Commit Suicide Through Social Media” (Huffington Post, Jan. 25, 2017)
- “Go kill yourself: Social media messages encourage Indigenous youth to commit suicide” (MSN, Feb. 3, 2017)
Suicidality & Media

- Live-streaming suicides
- Cyber-bullying
- “Facebook depression”
- Pro-suicide websites

Internet/social media use

- Learning of another’s suicide online
- Online news sites (44%)
- Social networking sites (25%)
- Online discussion forums (15%)
- Video websites (15%)
- Pathologic Internet use
- Suicide-related Internet searches

Screening Options

- Using a validated tool - asking the right questions
- ASQ: Ask Suicide Screening Questions (Horowitz et al., 2012)
  - Toolkit on NIMH website coming soon
- Columbia Suicide Severity Rating Scale (C-SSRS) (Gipson et al., 2015)
- PHQ: not thought to be ideal for identifying suicide risk
Primary screening for suicidality

1. In the past two weeks, have you seriously thought about killing yourself? (Yes/No)
2. In the past two weeks, have you had plans about how you would kill yourself? (Yes/No)
3. In the past week, have you tried to make plans to kill yourself? (Yes/No)
4. Have you ever tried to kill yourself? (Yes/No)

If Yes, Total:
- [ ] Medical treatment
- [ ] Psychiatric treatment
- [ ] Triage/Report to Mental Health Authorities

Note: This is a screening tool and should not replace a comprehensive assessment. For more information, visit www.sprc.org.
Primary screening for suicidality

- Universal screening
- Interview adolescents alone, when possible
- Open-ended, relatively nonthreatening questions
- "How have you been doing?"
- "What kinds of things have been on your mind/stressing you lately?"

Secondary screening

- If suicidal ideation is reported
  - Acknowledge you have heard what he/she has said
  - Reassure help will be sought
  - Assess severity, intent, access to means
  - Review assessment with parents

Determining suicidal risk

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Lower Risk</th>
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<tbody>
<tr>
<td>Plan</td>
<td>Desire to receive help</td>
</tr>
<tr>
<td>Intent</td>
<td>Supportive family</td>
</tr>
<tr>
<td>Past suicide attempt</td>
<td>Passive ideation</td>
</tr>
<tr>
<td>High probability of lethality</td>
<td>Presence of protective factors</td>
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<tr>
<td>Recent SI or behavior with</td>
<td></td>
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<tr>
<td>current agitation</td>
<td></td>
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<tr>
<td>Impulsivity</td>
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<tr>
<td>Significant mood symptoms</td>
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<td>Current SI</td>
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</table>
You Have Identified Risk: What’s Next?
Safety Plan

- Review warning signs: thoughts, behaviors that warn of crisis
- Identify coping strategies: relaxation apps, physical activity, music, forms of distraction
- Identify responsible social supports (adults)
- Contact info for professionals, emergency services
- Means restriction: making the environment as safe as possible by limiting access to lethal means

Developing a safety plan

- Can use template, but needs to be written
- Involve family members/significant others as full partners in responding to child’s crises
- Address triggers, positive coping, ways to boost mood
- Review and update at subsequent interactions
- Document, document, document

Safety planning

Sample Safety Plan

| Step 1 | Sample Safety Plan: Identifying behaviors that worry us
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Worry</td>
</tr>
<tr>
<td>2.</td>
<td>Identifying behaviors that worry us</td>
</tr>
<tr>
<td>3.</td>
<td>Relaxation apps, physical activity, music, forms of distraction</td>
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</tbody>
</table>

The sample safety plan includes steps for identifying and addressing worrying behaviors, coping strategies, and maintaining a safe environment.
Means Restriction

- Modifying the environment to decrease access to suicidal means:
  One of the most effective strategies for suicide prevention
  
  (Yip, PA, Caine, E, Yousuf, S, Wu, K, Chen, Y, 2012)

Rationale for Means Restriction

- Many suicidal crisis are short-lived
  - One study found 47% of those who attempted suicide reported less than 10 minutes passed between making the decision and acting (Deisenhammer et al, 2009)
- Methods that are readily available, easy to use and highly lethal have a much higher death rate
- Inability to interrupt an attempt (i.e. firearms, jumping) make means restriction even more important (Barber & Miller, 2014)

Risk With Firearms

- Storing guns locked, unloaded with ammunition locked up separately reduces unintentional firearm injuries (Grossman, et al 2005)
- 82% of youth who use a firearm in suicide use a gun belonging to a family member (National Violent Death Reporting System, 2016)
- 75% of parents feel pediatricians should advise about safe firearm storage practices, but only 12.8% have had this discussion (Garbut et al, 2016)
Lower risk: What to do?
- Arrange for mental health evaluation
- Collaborate with mental health professional
- Continue to screen for suicidality at clinic visits
- Provide anticipatory guidance for effective coping
- Review with parents

Moderate risk: What to do?
- Arrange immediate mental health evaluation
- Follow up to ensure compliance with evaluation
- Answer questions and educate regarding what the evaluation will entail
- Review safety planning document with child and family
  - Methods restriction
  - Supervision
  - Schedule follow-up appointment
- Describe inpatient psychiatric hospitalization to child and family

High risk: What to do?
- Arrange for immediate evaluation (ED)
- Educate child and family about what to expect
- Gain commitment from family for evaluation
- Child should not be left alone until evaluation is complete
Other helpful hints

- Emphasize help is available
- Consult with others if unsure
- Err on the side of caution

The wake of suicide

- Many lives impacted by suicide
- Often more difficult for loved ones to get support after a suicide
- Unique nature of loss by suicide
- Children are least equipped to understand suicide

Supporting children affected by suicide

- See the family unit as a system
- Be aware of (and ask about) changes in mood/behavior
- Provide parent(s) with anticipatory guidance on supporting children and self-care
- Be patient with some regressive or acting out behavior
- Younger children should have less information about the death and a greater emphasis on maintaining routines and giving reassurance
- Older children can handle more information
- All children should have lots of opportunities to express how they feel
Additional Resources for Teens

- Suicide Prevention Lifeline (1-800-273-TALK)
- Crisis Text Line (text HOME to 741741)
  - ~75% are younger than 25 years old
- Crisis Chat: http://www.crisischat.org/chat/
  - 66% of visitors are 10-24 years old
  - ~2,000 chats per month

Selected references


Thank you!

Feel free to contact me at slassen@kumc.edu