

YOUTH SUICIDAL BEHAVIOR : PREVENTION AND INTERVENTION

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Training Objectives

Following the training the participant will be able to :

- discuss the risk and protective factors that influence the potential for suicidal behavior;
- identify five warning signs that increase the possibility for suicidal behavior;
- explain the actions that teachers and parents can take to prevent youth suicide.

YOUTH SUICIDE FACTS

- Suicide ranks as the third leading cause of death for youth ages 10-19.
- Firearms are the most commonly used suicide method among youth 17-24 yrs.; hanging/suffocation is most prominent among youth 16 yrs. and younger.
- For every suicide by youth, there are an estimated 100-200 attempts.
- Severe anxiety, panic attacks, agitation and insomnia are often present prior to suicide.

YOUTH SUICIDE FACTS

- 16.9% of students, grade 9-12, seriously considered suicide in the previous 12 months (21.8% of females and 12% of males).
- 8.4% of students reported making at least one suicide attempt in the previous 12 months (10.8% of females and 6% of males).
- 2.3% of students reported making at least one suicide attempt in the previous 12 months that required medical intervention (2.9% of females and 1.8% of males).

Eaton, et al.2006

YOUTH SUICIDE FACTS

- Suicide rates for children between the ages of 10-14 increased 51% between 1981 and 2004.
- Suicide rates for 10-19 year-old females and 15-19 year-old males increased significantly in 2004.
- 83% of gun-related deaths in homes are the result of a suicide.
- Studies indicate that the best way to prevent suicide is through the early recognition of depression and other psychiatric illnesses.

American Association of Suicidology, *Suicide and Life-Threatening Behavior*, 36(5), October, 2006.

YOUTH SUICIDE FACTS

- **When?...** Month, day, time (Berman et al., 2006; Bradvik & Berglund, 2003; Phillips & Feldman, 1973; Hoberman & Garfinkel, 1988; Shafii & Shafii, 1982).
- **Where?...** Region, location (Berman et al., 2006; Hoberman & Garfinkel, 1988).
- **Who?...** Gender
- **Method?...**

YOUTH SUICIDE: MENTAL HEALTH FACTORS

- **Psychiatric disorders:**
 - Mood disorders: 42%-66% (Shaffer et al., 1996)
 - Alcohol/other drug abuse
 - Anxiety disorder
 - Conduct disorder
 - Impulse disorder
 - Schizophrenia
 - Borderline disorder
 - Anorexia
- **Previous suicide attempt**

National Youth Violence Prevention Resource Center, 2000

DEPRESSION: THE FACTS

- Depression is a physical illness, just like cancer or diabetes.
- Depression is caused by an interaction of genetic, biological, psychological and environmental factors.
- Depression impacts people across age, gender, racial, cultural and socioeconomic boundaries.
- The #1 cause of suicide is untreated depression.

DEPRESSION:THE FACTS

- Four out of ten children and adolescents will have a second episode of depression within two years.
- Depressed adolescents are at increased risk for substance abuse and pregnancy.
- Over half of depressed youth will attempt suicide, and at least 7% will ultimately die as a result.
- Early identification and treatment of depression can save lives.

SIGNS OF DEPRESSION

- Oversensitivity to criticism
- Risk-taking, hyperactivity
- Low self-esteem
- Indecision, withdrawal, inactivity
- Somatic symptoms and complaints
- Aggression, hostility
- Sleep disturbances
- Eating disorders

BIPOLAR DISORDER: CHILDREN AND ADOLESCENTS

- Symptoms of depression
- Rapid, often dramatic mood swings
- Temper tantrums
- Inappropriate elation
- Extreme irritability
- Reckless behavior
- Excessive energy
- Racing thoughts
- Sleep difficulties
- Hypersexuality

MOOD DISORDERS: IMPACT ON LEARNING

- Difficulty concentrating
- Academic difficulties
- Disruptive behavior
- Problems with peers
- Increased irritability and aggression
- Loud/rapid speech
- Poor judgment
- Excessive sleeping

RISK FACTORS FOR YOUTH SUICIDE: DISTAL RELATIONSHIP

- Divorce or separation of parents
- Harassment by peers (bullying)
- Sexual identity crisis
- Gay, lesbian, bisexual or transgender sexual orientation
- Easy access to lethal methods, especially guns
- School crisis (disciplinary, academic)
- Genetic predisposition (serotonin depletion)

RISK FACTORS FOR YOUTH SUICIDE

- Feelings of isolation or being cut off from others
- Ineffective coping mechanisms
- Inadequate problem-solving skills
- Cultural and/or religious beliefs (e.g., belief that suicide is a noble or acceptable solution to a personal dilemma)
- Exposure to suicide and/or family history of suicide
- Influence (either through personal contact or media representations) of significant people who died by suicide

RISK FACTORS FOR YOUTH SUICIDE

- Loss (e.g., death; divorce; relationships)
- Exposure to violence
- School crisis (e.g., disciplinary; academic)
- Family crisis (e.g., abuse; domestic violence; running away; child-parental conflict)
- Barriers to receiving mental health treatment; stigma, affordability, availability, **accessibility**

RISK FACTORS FOR YOUTH SUICIDE

- Experiences of disappointment or rejection
- Feelings of stress brought about by perceived achievement needs
- Unwanted pregnancy; abortion
- Infection with HIV or other sexually transmitted diseases
- Serious injury that may change the individual's life course (e.g., Traumatic Brain Injury)
- Severe or terminal physical illness
- Separation from family or friends

WARNING SIGNS INDICATING ELEVATED RISK FOR YOUTH SUICIDE

- Suicide threats
- Suicide plan/method/access
- Making final arrangements
- Sudden changes in behavior, friends, or personality
- Changes in physical habits and appearance
- Preoccupation with death and suicide themes
- Increased inability to concentrate or think clearly

WARNING SIGNS INDICATING ELEVATED RISK FOR YOUTH SUICIDE

- Loss of interest in previously pleasurable activities
- Symptoms of depression
- Increased use and abuse of alcohol and/or drugs
- Hopelessness
- Rage, anger, seeking revenge
- Reckless behavior, activities
- Feeling trapped

Rudd et al.(2006). Suicide and Life-Threatening Behavior, 36(3).

WARNING SIGNS INDICATING ELEVATED RISK FOR YOUTH SUICIDE

- Anxiety and agitation
- Sleep difficulties, especially insomnia
- Dramatic changes in mood
- Sudden/recent purchase of weapon
- No reason for living
- No sense of purpose in life

SUICIDE: MOTIVATIONAL FACTORS

- Sense of being a burden
- Profound sense of loneliness, alienation and isolation
- Sense of fearlessness

SUICIDAL BEHAVIOR MYTHS

- Asking a person about his/her suicidal intentions will encourage the person to kill himself/herself.
- People who express suicidal thoughts or threats never complete suicide (eg., Bridge) (Seiden, 1978).
- Suicidal individuals are fully intent on dying.
- Those who attempt suicide usually receive medical help and psychological assistance (Mazza, 2006).
- Parents are aware of their child's suicidal behavior (Mazza, 2006).

Current Controversies

- Youth and antidepressant medication
(Hammad, Laughren, & Racoosin, 2006)
- Safety contracts...Commitment to treatment
statements (Rudd, Mandrusiak, & Joiner, 2006)

SUICIDE PREVENTION

REDUCING SUICIDALITY IN YOUTH: PROTECTIVE FACTORS

- Social support/friendships
- School connectedness/support
- Family connectedness/support
- Other adult caring/support
- School safety
- Help seeking behavior

REDUCING SUICIDALITY IN YOUTH: PROTECTIVE FACTORS

- Positive coping skills
- Problem solving skills
- Emotional literacy skills
- Spirituality/religious beliefs
- Resiliency
- Pets
- Effective clinical care for mental, physical and substance abuse disorders

SUICIDE PREVENTION: WHAT SCHOOLS CAN DO

- Develop Policy and Procedures
- Provide Gatekeeper Training
- Employ Skill Building Programs
- Provide Suicide Awareness/Intervention Education
- Implement Screening Programs
- Provide Student Support Services and Linkage to Community-Based Resources
- Create postvention action plan

RESPONDING TO YOUTH SUICIDAL BEHAVIORS:

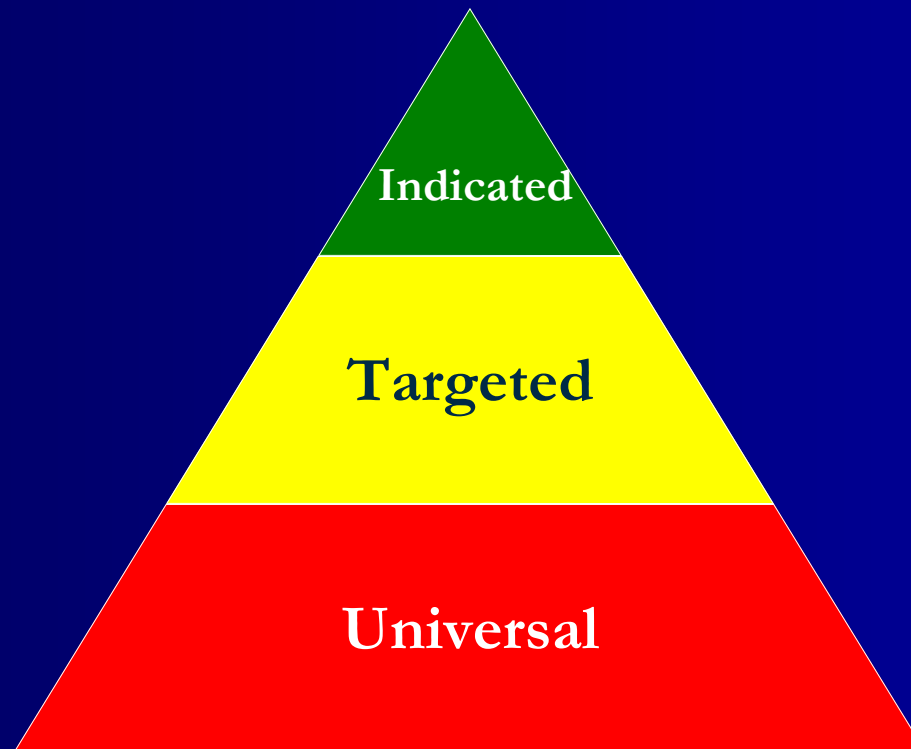
WHAT TEACHERS CAN DO

- Know the warning signs/risk factors
- Show your concern
- Ask question
- Avoid judgment
- Supervise closely
- Refer to school counselor immediately
- Provide follow-up support

RESPONDING TO YOUTH SUICIDAL BEHAVIORS:WHAT PARENTS CAN DO

- Know the warning signs/risk factors
- Take all threats seriously
- Show your concern/support
- Ask question
- Avoid judgment
- Minimize exposure to lethal means
- Supervise closely
- Seek help
- Follow treatment regimen; maintain control and dissemination of medication

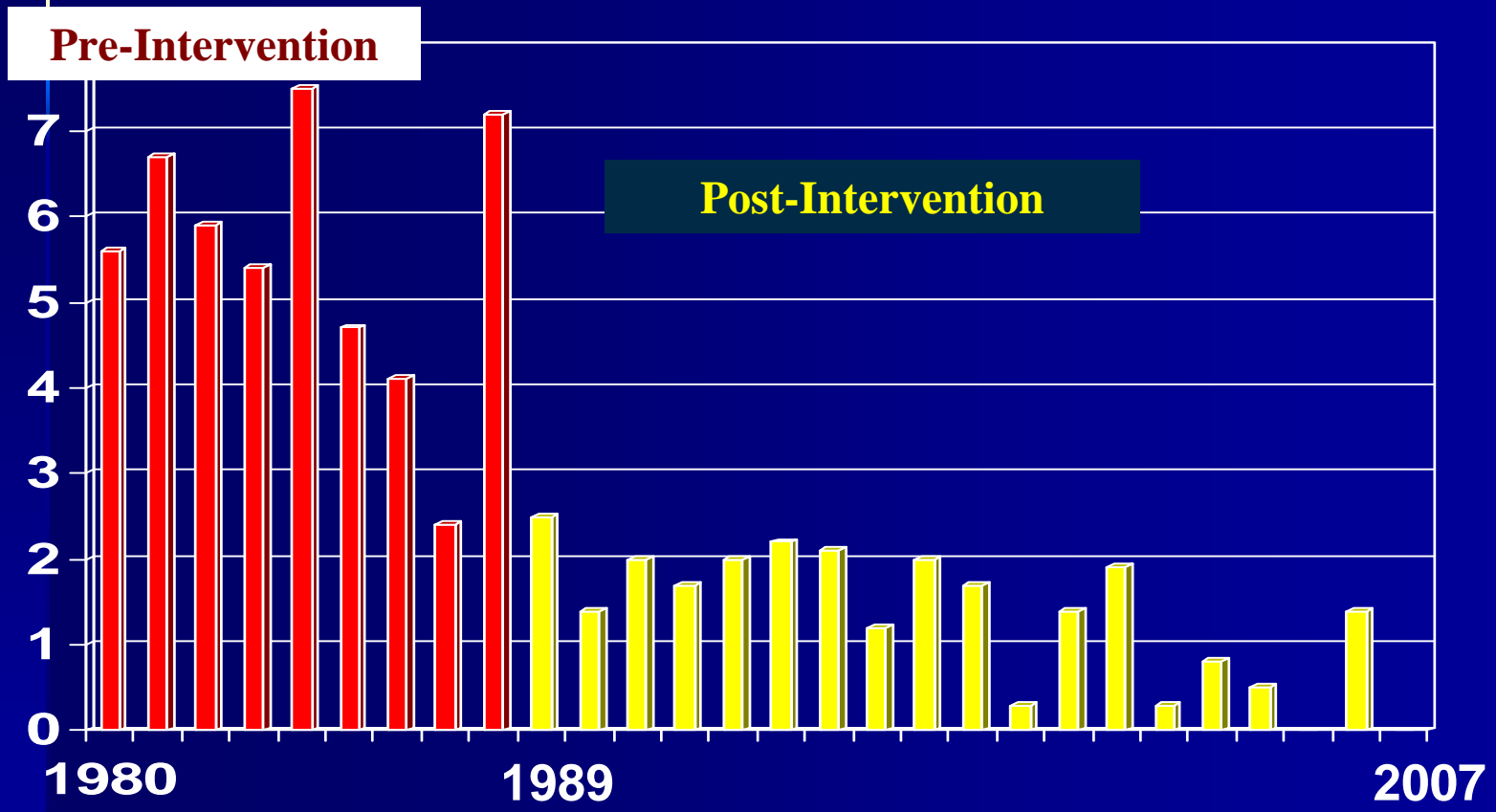
SUICIDE PREVENTION PARADIGM: SCHOOL DELIVERY MODEL



SUICIDE PREVENTION PARADIGM: SCHOOL DELIVERY MODEL

- **Universal prevention:** directed at entire student population; select components offered for staff and parents
- **Targeted prevention:** targeted at individuals demonstrating risk factors associated with potential suicidal behavior
- **Indicated prevention:** focused upon a specific individual who demonstrates warning signs of/or actual suicidal behavior

Miami-Dade County Public Schools Student Suicide Rate Per 100,000, Ages 5-19 1980-2007



**Rate: 5.4 per 100,000
1980-1988**

**Rate: 1.4 per 100,000
1989-2007**