Suicide Risk in Children and Adolescents: A Community Health Perspective

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Self Care

- Take a break
- Reach out for support
About us:

- Dr. Autumn Dye -
  - ER Pediatrician for 5 years
  - Pediatric Urgent Care

- Elizabeth Schopfer -
  - Crisis Intervention Specialist
  - Functional Family Therapist
  - Crisis Text Line Crisis Counselor
  - Disaster Response Crisis Counselor
Two main questions to ponder:

1. What is my confidence level with both preventatively and reactively addressing suicide risk?

2. How does my school’s policy address suicide risk?
Myth or Fact?

Asking someone if they are suicidal increases their chances of suicide
Myth or Fact?

Once someone is on medication for depression, their suicide risk is much lower.
Myth or Fact?

More than 50% of people who have died by suicide did not have a known mental health condition.
Myth or Fact?

People who engage in self-harm want to kill themselves
Self Harm and Suicidality

- Coping with life versus escaping through death
- Can be addictive
- Still medical risks that need to be assessed
- Someone who self-harms may eventually go on to try to take their life
- NEVER take away a self harm coping skill without a replacement
  - I.e., Ice cube, rubber band, drawing
Suicide Statistics

Suicide is the second leading cause of death for adolescents 15 to 19 years old.

Adolescent boys 15 to 19 years old had a completed suicide rate that was 3 times greater than that of their female counterparts.

Sexual minority youth (ie, lesbian, gay, bisexual, transgender, or questioning) have more than twice the rate of suicidal ideation.

The leading methods of suicide for the 15- to 19-year age group in 2013 were suffocation (43%), discharge of firearms (42%), poisoning (6%), and falling (3%).
Risk Factors

Family history of suicide or suicide attempts

History of adoption

Male gender

Parental mental health problems

Lesbian, gay, bisexual, or questioning sexual orientation

Transgender identification

A history of physical or sexual abuse; and a previous suicide attempt
Warning Signs including:

- Expressing thoughts of suicide
- Making plans for suicide and attempting to procure those plans
- Increased anxiety, substance use, anger
- Changes in sleeping or eating
- Isolating
- Feeling trapped, hopeless, or “like a burden”
- Severe mood swings

https://www.cdc.gov/vitalsigns/suicide/index.html
Trauma and Suicide risk

- **Bullying**
  - Victims 2-9 times more likely to experience SI
  - Perpetrators also at risk
  - Case Example: Greg

- **Abuse**
  - Potential warning signs are very relevant if related to a recent traumatic event
  - Case Example: Rosa

*All names changed for confidentiality purposes

https://news.yale.edu/2008/07/16/bullying-suicide-link-explored-new-study-researchers-yale

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4702491/
Assessing for risk:

- **Ideation**
  - When was the last time, how often, what are the triggers

- **Plan**
  - Have you thought of how you would kill yourself?

- **Means**
  - Access? How can we limit this access?

- **Intent/time frame**
  - Are they going to do it? What would stopped them? What have they done when these thoughts occurred before? What has stopped them from trying before?
Tips:

- Treat all suicidal expressions seriously
- Engage in active listening, try not to lead them to a certain answer
- Praise them for reaching out for help and for being honest with you
- Don’t leave anyone who is actively suicidal alone
- Validate feelings, it’s okay to have big/strong feelings but express that we need to make sure people are safe while they have those feelings
Role-play: Assessing for risk
Children’s System of Care

- Triage by Licensed Clinicians:
  - Needs Assessment/current provider
  - Mobile Response
  - Hospital/911

- Assistance for anyone 21 years and younger
Emergency Department Visit

Purpose: to assess inpatient admission versus outpatient therapy

Check In

Medical Clearance by Pediatrician

Wait Wait Wait

Behavioral Health Evaluation
Black Box Warning for psychiatric medication

- 4% of kids taking the medication experienced SI/SI attempt compared to about 2% of placebo group
- Monitoring required

Case Example: Anna

Media and Suicide

● 13 Reasons Why
  ○ Can ask if students have seen this, how they reacted to it, etc.
  ○ [https://www.crisistextline.org/blog/13reasonswhy](https://www.crisistextline.org/blog/13reasonswhy)

● Celebrity Suicides
  ○ People might over-identify with the person/suicide

● How suicides are reported on
School Policy

Tier 3
Consultation, collaboration, advocacy: referrals to other providers; ensure appropriate educational placement

Tier 1
School Counseling Core Curriculum: preventative lessons and activities for all students aligned with school counseling belief, vision, mission, goals, and ASCA Mindsets and Behaviors: academic, career, and social/emotional development

Individual Student Planning: students develop goals and future plans; navigate transitions; advisement; appraisal

Tier 2
Responsive Services: individual and small group counseling; crisis response
Consultation and collaboration with teachers, parents, and community providers; advocating

Data-driven (e.g., action plans and results reports) and evidence-based practices


School Policy

- School wide prevention/wellness
- Aftermath of a suicide or suicide attempt

- Identifying at-risk individuals
- Assessing risk

- Referring to who and when
- Follow up
Wrapping up:

● Comprehensive suicide risk assessment requires:
  ○ Team work
  ○ Training
  ○ Linking people with resources/assistance
  ○ Continually assessing with regular follow-up
Two main questions to ponder:

1. What is my confidence level with both preventatively and reactively addressing suicide risk?

2. How does my school’s policy address suicide risk?
I DON'T LIKE THE PHRASE "A CRY FOR HELP." I JUST DON'T LIKE HOW IT SOUND. WHEN SOMEBODY SAYS TO ME, "I'M THINKING ABOUT SUICIDE, I HAVE A PLAN; I JUST NEED A REASON NOT TO DO IT," THE LAST THING I SEE IS HELPLESSNESS.

I THINK: YOUR DEPRESSION HAS BEEN BEATING YOU UP FOR YEARS. IT'S CALLED YOU UGLY, AND STUPID, AND PATHETIC, AND A FAILURE, FOR SO LONG THAT YOU'VE FORGOTTEN THAT IT'S WRONG. YOU DON'T SEE ANY GOOD IN YOURSELF, AND YOU DON'T HAVE ANY HOPE.

BUT STILL, HERE YOU ARE; YOU'VE COME OVER TO ME, BANGED ON MY DOOR, AND SAID, "HEY! STAYING ALIVE IS REALLY HARD RIGHT NOW! JUST GIVE ME SOMETHING TO FIGHT WITH! I DON'T CARE IF IT'S A STICK! GIVE ME A STICK AND I CAN STAY ALIVE!"

HOW IS THAT HELPLESS? I THINK THAT'S INCREDIBLE. YOU'RE LIKE A MARINE: TRAPPED FOR YEARS BEHIND ENEMY LINES, YOUR GUN HAS BEEN TAKEN AWAY, YOU'RE OUT OF AMMO, YOU'RE MALNOURISHED, AND YOU'VE PROBABLY CAUGHT SOME KIND OF JUNGLE VIRUS THAT'S MAKING YOU HALLUCINATE GIANT SPIDERS.

From: http://boggletheowl.tumblr.com/post/41509206591/ive-been-getting-a-lot-of-these-lately-and-i
AND YOU'RE STILL JUST GOING, "GIVE ME A STICK. I'M NOT DYING OUT HERE."

"A CRY FOR HELP" MAKES IT SOUND LIKE I'M SUPPOSED TO TAKE PITY ON YOU, BUT YOU DON'T NEED MY PITY. THIS ISN'T PATHETIC. THIS IS THE WILL TO SURVIVE. THIS IS HOW HUMANS LIVED LONG ENOUGH TO BECOME THE DOMINANT SPECIES.

WITH **NO** HOPE, RUNNING ON **NOTHING**, YOU'RE READY TO CUT THROUGH A HUNDRED MILES OF HOSTILE JUNGLE WITH **NOTHING** BUT A STICK, IF THAT'S WHAT IT TAKES TO GET TO SAFETY.

ALL I'M DOING IS HANDING OUT STICKS.

YOU'RE THE ONE STAYING ALIVE.

From:
http://boggletheowl.tumblr.com/post/41509206591/ive-been-getting-a-lot-of-these-lately-and-i
For all the work you do to help students, families, and staff!!!
Myth or Fact?

Asking someone if they are suicidal increases their chances of suicide

**MYTH**

Research shows that asking can REDUCE suicidal ideation and IMPROVE mental health

Myth or Fact?

Once someone is on medication for depression, their suicide risk is much lower

**MYTH**

They may now have enough energy to die by suicide before taking antidepressants

Myth or Fact?

More than 50% of people who have died by suicide did not have a known mental health condition

FACT

https://www.cdc.gov/vitalsigns/suicide/index.html
Myth or Fact?

People who engage in self-harm want to kill themselves

**MYTH**

Self-harm and suicidal ideation differ by *Intent*