

Youth Suicide: Risk Factors and Implications for Prevention

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Today's Goals

- To review what we know about how youth suicide happens
- To review what we know about different approaches to youth suicide prevention

How does youth suicide happen?

- Researchers have pinpointed (1) a set of risk factors that can lead to completed suicide.
- Researchers also have described (2) precipitating events that contribute to completed suicides.

(1) Risk Factors for Completed Suicide

- Mental illness such as depression, bipolar disorder, anxiety/mood disorder, disruptive or conduct disorder. These often are associated with hopelessness and previous suicide attempts.
- Family history of suicidal behavior and/or mental illness/
Extreme family discord
- Alcohol or other drug abuse

(2) Precipitating Events for Completed Suicide

- Exposure to another's suicide
- Legal or disciplinary crisis
- Availability of firearms



Risk Factors: Mental Illness

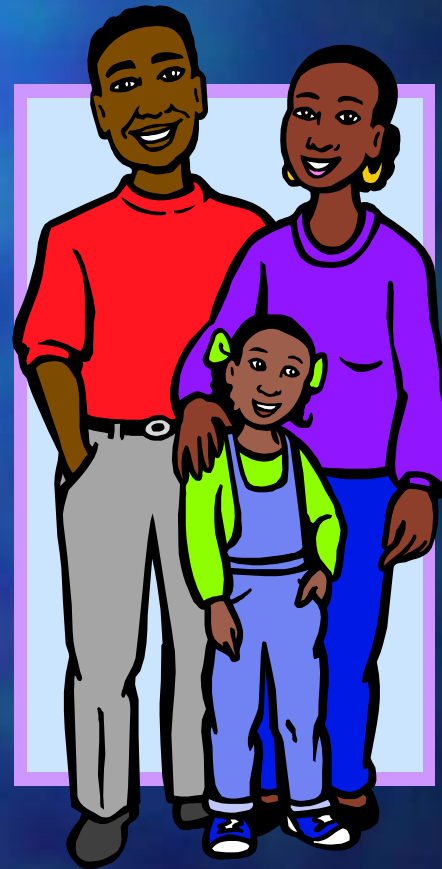
- In over 80% of community and referred cases of *suicide attempts*, there are associated mental illnesses, most often depressive, anxiety, conduct or substance abuse disorder disorders.
- Psychiatric diagnoses (most often mood disorders, substance abuse disorder, conduct disorder, bipolar disorder w/ mixed state), often in combination, are present in about 90% of teen *suicide completions*.

Anxiety Disorders

- Co-existing with a mood disorder, these conditions can interfere with a person's treatment and recovery.
- If not identified and targeted, these disorders can increase the risk for suicidal thoughts and/or behaviors in depressed individuals.

Depression in the Family

- Children of depressed parents appear to be at substantially increased risk for completed suicide. (Brent, et al., 1994)



Family Discord

- The most common precipitant for suicidal behavior and suicide is parent-child discord.
- Discordant, hostile family interactions predisposed [youth] to suicidal thoughts. (Kosky et al., 1986, p. 527)
- Suicide victims had less frequent and less satisfying communications with their parents. (Gould et al., 1996)

Risk Factors: Drug and Alcohol Abuse

- Children of substance-abusing parents appear to be at substantially increased risk for completed suicide.
- Alcohol acts as a disinhibitor to suicidal behavior.
- A link seems to exist between alcohol abuse and suicide by firearms. Adolescents who are depressed and use alcohol are more than 5x more likely to use a firearm



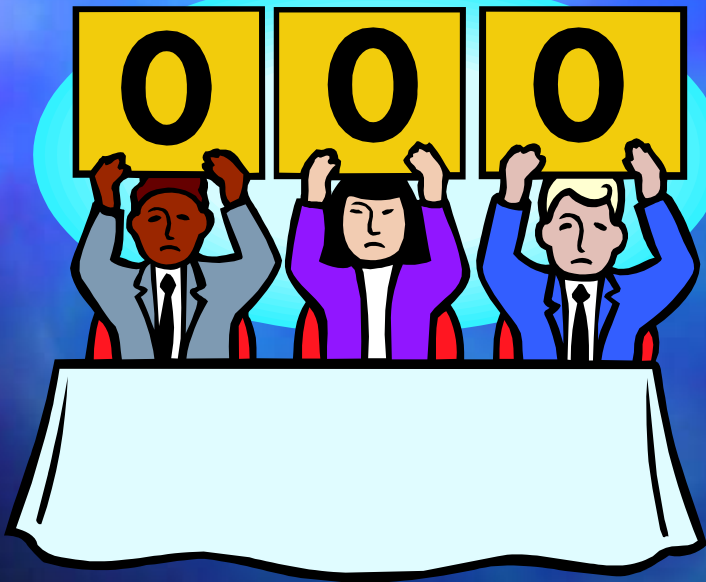
Risk Factors: Exposure to the Suicidality of Others

- Exposure to a classmate's suicide attempt may prompt suicidal behavior in other students. Those most vulnerable to "contagion" are more isolated, were not close to the suicide victims, and have other associated risk factors. Among close friends and acquaintances of adolescent victims, exposure does increase the incidence of depression, anxiety and PTSD.
- Exposure to TV programs and news stories on suicide may prompt suicidal behavior in vulnerable adolescents.

Risk Factors-Disciplinary Action

- A pending disciplinary crisis might precipitate suicidal behavior.
- Discipline should occur as soon as possible after misbehavior to decrease the feelings of anticipatory anxiety.

Other Precipitating Events



- interpersonal loss
- not attending school or working
- failing grades

Four illustrations

1. A teenager has experienced repeated episodes of depression and feels hopeless, despite some sessions with a school counselor. Her parents have refused to let her see a psychiatrist. When her parents leave for a weekend of partying with their friends at a football game, she concludes that she would be better off dead and overdoses.

Another illustration

2. A gifted teenager has experienced severe anxiety for several years. Treatment has helped, but he continues to be self-critical and overly concerned about his performance and others' approval of him. When he is caught parking his car on school campus without a student permit, he faces a one-day suspension. Panicked about his parents' reaction, he drives the car to a bridge and jumps.

A third illustration

3. Diagnosed at age 8 with Conduct Disorder and ADHD, this 14 year-old struggles academically. He compensates for his poor academic status by being the class clown and taking risks to gain the attention of his friends. One night at a friend's house, he drinks with the other kids and then plays a fatal game of Russian Roulette.

A fourth illustration

4. A young woman experiences a romantic break-up and becomes depressed. She encounters her former boyfriend on the street with a new partner. She returns to her college dorm and hangs herself.

Reflection: Ask yourself these questions. . .

- Could one prevention approach meet the needs of all four of these teens?
- Why do we need to ask prevention program developers, "What is your model for how suicide occurs?"
- Are there prevention approaches that do not address the risk factors and precipitating events identified in the literature? Should we endorse those programs?

For each prevention approach, we will briefly look at

1. The pro's and con's of this approach. Reflect on whether you think the approach is based on valid assumptions about how suicide occurs.
2. Examples of this approach.
3. Sources for additional information.

Prevention Approaches

References for the following information is:

- Gould, M. & Kramer, R. (2001). *Youth Suicide Prevention*. *Suicide and Life-Threatening Behavior*, vol. 31, 6-28.
- Gould, M. , Greenber, T., Velting, D., Shaffer, D. (2003) *Youth Suicide Risk and Preventive Interventions: A Review of the Past 10 Years*. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42: 4, 386-405

We are indebted to Dr. Gould and her colleagues for their work and urge all of the participants to read these papers.

1. Programs to identify and refer those at risk

These approaches derive from the belief that prevention of suicide relies on identifying and treating those at risk.

Identification and referral approaches:

- Raise awareness of the problem
- Increase the ability to recognize those at risk
- Enhance help-seeking and referral
- Have as their goal the treatment of suicidal youth

Examples

- School-Based Programs
 - Suicide Awareness Curriculum
 - Gatekeeper Training
 - Help-seeking Skills Training
 - Screening
- Community-Based Programs
 - Crisis Centers & Hotlines
 - Media education/intervention
 - Postvention/Crisis Intervention
 - Education of Primary Care Physicians, parents, youth workers



Suicide Awareness Curriculum

- Rationale: Teenagers turn to peers rather than adults for support
- Usually implemented as part of Health Education Programs
- Includes presentations, statistics, and videotapes demonstrating the consequences of failing to help peers

Suicide Awareness Curriculum

■ Pros:

- Modest increase in knowledge, attitude & help-seeking behavior
- Cost-effective

■ Cons:

- Some programs might motivate imitation
- Changes in knowledge and attitude don't necessarily correlate with behavioral changes
- Since peer networks of suicidal teens are not as supportive as non-suicidal teens, it may not be aimed toward high-risk youth

An example of a Suicide Awareness and Help-Seeking Program

- National Depression Screening Day's SOS program
www.mentalhealthscreening.org/depression.htm
- Teaches youth to question and to report the behavior of others.

20th Annual SOS High School Suicide Prevention Program

A Tested Program That Increases Help-Seeking By Teens
Endorsed by Leading School Professional Organizations

High School Counselor Testimony
I am a high school counselor and I have been implementing the SOS program for several years. I have seen a significant increase in help-seeking by students who are struggling with mental health issues. The program has provided them with the tools and resources they need to seek help and get the support they need. I highly recommend the SOS program to all schools.

SOS Schools Report Increases in Help-Seeking
Approximately 1,000 high schools nationwide agreed to receive SOS Program materials for the 2010-11 school year. A 40% increase in participation from the first to second year of the program.

Indicators of Efficacy and Safety

- 80% used the program through students in need of services in the school setting.
- The number of students seeking help for depression and suicidal thoughts doubled in the 1st year following the program, increasing from 1,500 to 3,000 students per month.

Endorsed by the Program and Educational Stakeholders

- 80% used the Friends for Life educational video or "poster" or "card".
- 80% of all contributors used various types educational components of the program "tool" or "resource" materials.

Each school site contributes to the program's success by providing educational materials and support, increasing their participation and supporting the program. The program is endorsed by leading school professional organizations and endorsed by leading school professional organizations. The program is endorsed by leading school professional organizations and endorsed by leading school professional organizations.

Find it all by the
National Depression Screening Day
10000 University Blvd
Suite 1000
Dallas, TX 75243

Navigation Links:
Home
About SOS
SOS Schools
SOS Materials
SOS Videos
SOS Posters
SOS Cards
SOS Toolkits
SOS Training
SOS Support
SOS Contact Us

Skills Training Programs

- Education emphasizing the development of problem solving, coping, and cognitive skills, along with social support perspectives
- Can also be implemented in Health Education Programs
- Needs to be applied early in the child's development; should involve the parent

Skills Training cont'd

- **Pros:**

- Focus is not directly on suicide which reduces the risk of contagion
- Studies have demonstrated reductions in suicidal tendencies and hopelessness, and an increase in knowledge and ability to cope with problems
- Cost-effective

- **Cons:**

- Specific aspects of the programs that have yielded risk reduction are still unclear

Note: This does not need to be limited to schools

-Community centers, runaway shelters, etc.

Screening

- Self-report and individual interviews used to identify those at risk
- These school-wide, multistage assessments focus on depression, substance abuse problems, recent and frequent suicide ideation, and past suicide attempts
- Need not be limited to schools
 - jails, substance abuse programs, pediatricians' offices, etc.

Screening cont'd

- **Pros:**
 - Studies have found very few false-negatives
 - Cost-effective
- **Cons:**
 - Studies have found many false-positives which demonstrates the need for second-stage assessment, e.g., Suicidal Behaviors Interview
 - Suicidal risk increases and diminishes over time suggesting the necessity for multiple screenings
 - School principals rate it as less acceptable than curriculum based and staff in-service programs
 - Success is dependent on the effectiveness of the referral

An example



Columbia TeenScreen Program (CTSP)

www.teenscreen.org

or

**Diagnostic Interview Schedule for Children
(DISC)**

www.c-disc.com/biblio.htm

Gatekeeper Training

- Education and training of adults who come in contact with suicidal youth
 - School personnel (teachers, counselors, & coaches)
 - community leaders (clergy, police, pediatricians, etc.)
- Stresses taking suicidal threats seriously, accepting the need to breach confidentiality, and recognizing the importance of obtaining help from mental health professionals

Gatekeeper Training

■ Pros:

- Doesn't carry the risk of imitation
- Increases school personnel's intervention skills, preparations for a crisis, & referral practices
- In-service programs are more accepted by principals

■ Cons:

- There is limited research on the effectiveness



Example: Gatekeeper Program



- LivingWorks, based in Canada with programs around the world, offers workshops entitled ASIST "to train community-based caregivers. . . to be effective in achieving an immediate reduction of self-harm and suicide."
- www.livingworks.net₂₀₀₃

Other examples

Washington State Program

[www.doh.wa.gov/cfh/Injury/pubs/
DOH%20YSP%2097_99%20Summary.pdf](http://www.doh.wa.gov/cfh/Injury/pubs/DOH%20YSP%2097_99%20Summary.pdf)

or

National Suicide Prevention Resource Center
(SPRC)

www.sprc.org/

Postvention/Crisis Intervention

- Timely responses to survivors is likely to reduce the harmful effects in the aftermath of a suicide
- Designed to assist survivors with the grieving process and to limit the risk of suicide contagion.

Postvention/Crisis Intervention

■ Pros:

- Meets the immediate needs of schools and communities in crisis after a death.
- Allows face-to-face screening of those at risk
- Can be an opportunity to improve the school's prevention approaches

■ Cons:

- Can be quite variable from one provider to another.
- Very limited research and evaluation on this approach.

For more information go to:



- STAR-Center at University of Pittsburgh. Web site for the STAR-Center, a youth suicide treatment, research, and education center at the University of Pittsburgh. Here you can order manuals on postvention, CBT, Survivors of Suicide, and other topics.
- www.wpic.pitt.edu/research/star/

Crisis Centers & Hotlines



- Since suicidal behavior is often associated with a crisis & a “cry for help” these services allow for immediate support at critical times

Crisis Centers & Hotlines

■ Pros:

- Convenient, accessible, and available outside of normal office hours
- Immediate support at a time of maximum distress
- Studies have found a significant reduction in the rate of suicide among white females, demonstrating that the centers help those who utilize them

■ Cons:

- Few teenagers use crisis hotlines
- Low usage by high suicide risk groups (e. g, males)
- Lack of research on effectiveness



For more information:

The Centers for Disease Control and Prevention (CDC) have funded a study of crisis hotlines. This work is being done by Dr. Madelyn Gould at Columbia University.

Restriction of Firearms



- Since suicidal individuals are often impulsive, restricting access during critical times may reduce suicides
- This is not simply limited to legislative initiatives. Educating parents of high-risk youth about injury prevention may also aid in reducing access to lethal means

Restriction of Firearms cont'd

- Pros:

- Studies have shown that restrictive gun laws demonstrated a significant effect on youth suicide and on the overall suicide rates
- Even if means substitution does occur, the chance of survival may be greater with less lethal methods

- Cons:

- Method substitution may occur
- Cultural beliefs about the right to “bear arms” may make these initiatives difficult to implement
- Even parents educated in injury prevention may be noncompliant with recommendations

Example of Community-based Restriction of Firearms

- Study conducted by Dr. Tamera Coyne-Beasley.
- For more information see:
“Gunning for Trouble” This article describing the study is at:
www.wral.com/news/900269/

Media Education

- Seeks to educate reporters, editors, & film and television producers about contagion to minimize harm and emphasize the media's positive role in educating and shaping attitudes about suicide



Media Education

■ Pros:

- In countries with media guidelines, there are less prominent and shorter articles being printed
- The overall suicide rate declined

■ Cons:

- Media guidelines do not yet exist in the United States
- There is a dearth in research on how to increase the usefulness of the media coverage

Education of Caregivers

- In the month before suicidal behavior, many young people seek some medical care
- A study found that family physicians and pediatricians reported they received inadequate training in treating depressed youth, and fewer than half reported routine screening of their patients
- Like gatekeeper training, increasing the likelihood of identification comes with providing adults with knowledge about suicide.

We acknowledge with gratitude the Pennsylvania Legislature for its support of the STAR-Center and our outreach efforts.

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