Underutilized Tools to Address Teen Suicide

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Disclosures

• None
Objectives

• Review rates of suicide
• Identify how to screen for suicide risk
• Explain means restriction and how to use this with families at risk
• Discuss the contagion effect and how it relates to vulnerable youth
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<th>Age Groups</th>
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<td>1,868</td>
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<td>4</td>
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<td>10</td>
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Data Source: National Vital Statistics System, National Center for Health Statistics, CDC. Produced by National Center for Injury Prevention and Control, CDC using NCHS AHRQ.
SUICIDE SURPASSED HOMICIDE TO BECOME SECOND-LEADING CAUSE OF DEATH FOR TEENAGERS, AGES 15-19, IN THE UNITED STATES

Deaths per 100,000 Population Ages 15-19

Accidents

Homicide

Suicide

Age-Adjusted Suicide Rates, By Sex, 1999-2015

Figure 1: Age-adjusted suicide rates, by sex: United States, 1999–2014

NOTES: Suicide deaths are identified with codes U03, X60–69, and Y87.0 from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. Access data for Figure 1 at: http://www.cdc.gov/nchs/data/series/sr_24/series24f.pdf.
QuickStats: Age-Adjusted* Suicide† Rates, by State$ — United States, 2012

Missouri Resident Deaths to Suicide, 2004-2015

Three Year Moving Average Rates - Missouri Resident Death - Leading Causes Profile

Geography: Missouri, Demographic: All
Indicator: Leading Causes of Death - Suicide

Rates are considered unreliable when based on less than 20 events. Please check corresponding event counts before interpreting the rates shown here.

Source: DHSS-MOFHIMS Community Data Profiles - Death - Leading Causes
Generated On: 03/06/2018 11:19:26 AM
Suicide rates in young adults ages 15-24 by county, MO, 2010-2014

- KCMO: 13.1
- Cass: 22.7
- Clay: 16.4
- Jackson: 13.6
- Platte: 10.5
- MO: 13.3
- U.S.: 11.5

Rate (per 100,000 young adults)
Youth Risk Behavior Survey
CDC, 2015

- 17.7% seriously considered suicide
- 14.6% made a plan
- 8.6% attempted suicide
- Less than 3% see a medical provider for the attempt
Risk Factors

- Withdrawn
- Poor grooming
- Appetite/Eating Changes
- Failing grades
- Discord with friends/parents
- Victim of bullying
- Frequent stomach/head complaints
- Sexual Identity Issues
- Gender Identity Issues
- Cutting back on activities
- Suicide models, Contagion effect
- Reckless behavior
- Substance abuse
- Self-injury*
- Shutting down
- Previous suicide attempt*
Build Rapport

- Privacy
- Make it clear you are not in a hurry
- Thank you for sharing
- Encourage help-seeking behavior
- Share your hope
Before asking...

- Know your plan for when you get a “yes”
- Have a back-up for when it is not smart to leave a patient alone
  - Example: Patient states they’d rather die than be hospitalized, has a history of running away, refuses to talk, appears agitated
- Develop ways to communicate quickly with staff when patient is at risk
Screening Options

- Using a validated tool help to know you are asking the right questions
- Columbia Suicide Severity Rating Scale (C-SSRS) (Gipson et al, 2015)
- ASQ: Ask Suicide Screening Questions (Horowitz et al, 2012)
  - Toolkit on NIMH website: [www.nimh.nih.gov/asq](http://www.nimh.nih.gov/asq)
  - *PHQ: not ideal for identifying suicide risk
ASQ: Ask Suicide Screening Questions

1. In the past few weeks, have you wished you were dead?

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?

3. In the past week, have you been having thoughts of killing yourself?

4. Have you ever tried to kill yourself?
ASQ: Suicide Screening Questions

5. If “yes” to any of the above, are you having thoughts of killing yourself right now?

If patient is having acute thoughts (plan, means, intent to act) constant supervision is indicated

*note: rarely are patients acutely suicidal in your office
Columbia Suicide Severity Rating Scale

- Evidence-based, validated
- Three basic questions to start
- Free training, no mental health background needed:
  http://www.cssrs.columbia.edu/
Have you wished you weren’t alive anymore?
--- Thoughts?

Have you had thoughts about killing yourself?
--- Plans?

Have you ever done anything to try to kill yourself?
--- Actions?
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: limiting access to lethal means
What is Means Restriction?

Limiting access to the methods used in suicides
Means Restriction

One of the most effective strategies for suicide prevention

(Yip, PA, Caine E, Yousuf S, Wu K, Chen Y, 2012)
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)
Rationale for Means Restriction

- 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)

- Approximately 90% who survive an attempt will not go on to die by suicide (O’Donnel, Arthur, Farmer, 1994)
Sri Lanka

- Pesticides: highly lethal, highly common in Asia
- 1990: Safer storage of pesticides, banned highly toxic pesticides
- WHO: Incidence of suicide - 37.4 in 1995 - 11.2 per 100,000 in 2009
- Admissions for drug overdose have increased, but are less lethal

(Silva, Senanayake, Dias, Hanwella, 2011)
Which Methods Matter?

- Method should contribute substantially to mortality in that area/region
- Method should be something you can eliminate or constrain on a broad scale
- Should be able to monitor impact of intervention

(Yip, et al, 2012)
Suicide Deaths by Method and Sex, 1999-2014

Female        Male

<table>
<thead>
<tr>
<th>Method</th>
<th>Female</th>
<th>Male</th>
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<tr>
<td>Firearm</td>
<td>36.9</td>
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<tr>
<td>Suffocation</td>
<td>31.0</td>
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<tr>
<td>Poisoning</td>
<td>34.1</td>
<td>12.1</td>
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<tr>
<td>Other</td>
<td>16.3</td>
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</table>

Notes: Except for Male-Other, all differences in percentages between 1999 and 2014 were significant at the 0.05 level. Suicide deaths are those with International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) underlying cause-of-death codes U03, X65–84, and Y87.0. Suicide methods are identified with codes X72–X74 for firearm, X60–X64 for poisoning, and X70 for suffocation. "Other" includes: Cut/Pierce; Drowning; Falls; Fire/Flame; Other land transport; Struck by or against; Other specified, crushable injury; Other specified, not elsewhere classified injury; and Unspecified Injury, as classified by ICD-10. Access data for Figure 4 at: http://www.cdc.gov/nchs/data/databriefs/db241_table.pdf#84.

Mortality Rates by Method

Most lethal
- Firearm: 82.5%
- Drowning: 65.9%
- Suffocation/hanging: 61.4%
- Poison by gas: 41.5%

Least lethal
- Jumping: 34.5%
- Drug/poison ingestion: 1.5%
- Cut/pierce: 1.2%

(Spicer RS, Miller TR, 2000)
Methods Used in Completed Suicides: KCMO Youth

Percent of causes of death due to suicide in young adults ages 15-24, KCMO, 2010-2014

Self-poisoning: 3.8%
Hanging, strangulation, & suffocation: 49.1%
Handgun: 3.8%
Other firearms: 34.0%
Jumping: 7.5%
All others: 1.9%
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)
Firearm Access and Suicides

• Firearm ownership is linked with increased suicide rates (Siegel & Rothman, 2016)

• Suicides with a firearm increased 60% among youth between 2007-2014

• Only 18% of youth who died by suicide with a firearm were getting mental health treatment when they died

• Approximately 60% of suicides were completed with a handgun (Fowler et al, 2017)
Talking Firearms in the Office?

- 75% of parents feel pediatricians should advise about safe firearm storage practices
- Only 12.8% recalled having had this discussion

(Garbut et al, 2016)
What About Method Substitution?

• Some argue “when there’s a will there’s a way”

• Fortunately, research does not support this notion

• Remember Sri Lanka: the more lethal method was less available, so less lethal methods were chosen

• 90% of those who survived a violent attempt did not go on to die by suicide (O’Donnel, Arthur, Farmer, 1994)
“Because firearms are the most lethal among suicide methods, it is particularly important that you remove them until things improve at home, or, second best, lock them very securely.”

(Means Matter, Harvard T.H. Chan School of Public Health)
“This is one of the hardest conversations I have with parents. I want to know that we have done everything possible to protect you son. That is why I talk about firearms routinely, even though some people may think it’s odd for doctors to talk about guns. I am not against guns. I am against your son having access to a gun with his current depression. Teens are impulsive, and we need to keep him safe. Limiting access to guns is one the most important steps we can take to help him recover.”
No Need to Ask About Ownership!

“Guns are really common in our community, so I’ve started talking to all my families about the safest way to store them. We have free gun locks because storing a gun locked and unloaded is one of the most important things we can all do to keep kids safe”
Dispose of Old Meds!

- DEA has a helpful website for specific guidance: https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm
- Next Take Back day is April 28, 10am-2pm
- Dispose of meds in a Ziploc mixed with coffee grounds or kitty litter, sealed, into the trash
- Many hospitals and police stations now take back medications
Contagion Effect

• Increase in suicides: proportional to amount, duration and prominence of media coverage

• Celebrity coverage: 14X more likely to find copycat effect
First of Two Kansas Girls to Commit Suicide Last Weekend Used a Gun to Kill Herself

Joplin teen's death ruled a suicide

By Emily Younker and Jeff Lehr | news@joplinglobe.com  Jan 4, 2018  1 min to read
Girl, 17, dies at hospital after shooting self inside Lee’s Summit North High

BY KAITLYN SCHWERS, DAVE MCQUEEN AND MAX LONDBERG
trizzo@kcstar.com

September 29, 2017 09:31 AM
Updated September 30, 2017 07:51 AM

A 17-year-old Lee’s Summit North High School student died Friday morning after she apparently shot herself while inside the school.

Gemesha Thomas, a senior, was found on the second floor of the school, and other students reported hearing a single gun shot, Lee’s Summit police said in a statement.

The school was placed on a soft lockdown after police were called at 7:50 a.m. An early release was ordered, and students were excused at 9:20 a.m.

Lee’s Summit police officers remained at the school Friday after classes were let out. At least four police vehicles were seen in the parking lot.

Shawnee Mission Northwest High School in mourning after two student suicides

BY KATY BERGER AND MARI ROSE WILLIAMS
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January 24, 2018 07:41 PM
Updated January 25, 2018 11:47 AM

The Shawnee Mission Northwest High school community is mourning the deaths of two students who died by suicide two days apart.

According to the district, Shawnee Police determined the deaths to be unrelated.

School officials identified a student who died Monday as Steven Cohener. A second student who died Wednesday morning has yet to be identified.

Neither student died on school property.
Do’s and Don’ts in reporting

• Do: Inform without sensationalizing

• Avoid photos of the scene/grieving family

• Avoid extreme terms like “skyrocketing” or “epidemic”

• Most people exhibit warning signs: avoid suggesting suicide is inexplicable

• Avoid likening suicide to a crime, avoid terms like “committed suicide” and use “died by suicide”
• Avoid interviewing first responders, instead seek advice from prevention experts

• Avoid terms like “successful” or “failed” suicide attempt, and instead use “completed suicide”

• Offer hope: suicide is complex, and often linked to a treatable mental health condition

• Provide resources and examples to remind people that most survive suicidal crisis
What Can We Do?

- Talk about it: we need everyone’s help to address suicide in our community
- Safety plan when identifying suicide risk
- Educate on means restriction
- Share your hope: most people who have suicidal thoughts go on to recover
References

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• CDC Data Sources: NCHS National Vital Statistics System

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• https://www.hsph.harvard.edu/means-matter/recommendations/families/#Questions