Youth Suicide

IAP ECHO: Pediatrics

Project ECHO Billings Clinic

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Epidemiology

- #2 cause of death among adolescents 15-19yo
- According to Montana's 2017 YRBS (youth self-report)
  - 1 in 5 high schoolers seriously considered suicide
  - 1 in 6 made a suicide plan
  - 1 in 11 attempted suicide
  - 1 in 32 made an attempt requiring medical attention
- Suicidal ideation is rare before 10yo
  - Increases slowly through 12yo
  - Increases more rapidly through 17yo

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Epidemiology

- Gender and sexual orientation
  - Ratio of completed suicides among youth is 5:1 M:F
  - F endorse higher rates of SI and have higher suicide attempt rates than M
  - Why more M complete?
    - Maybe more SUDs, antisocial behaviors, violent and lethal means
  - Compared to heterosexual youth, sexual minority youth are at greater risk of attempted suicide and SI
    - Possible previous abuse, peer victimization, parental rejection
- Race and SES
  - American Indian / Alaska Natives have highest of all ethnic groups
  - Increases suicide risk associated with lower SES in US

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Terminology

- Completed suicide: suicide attempt that results in death.
- Suicide attempt: a potentially self-injurious behavior with some evident intent to die (may be inferred from behavior).
- Suicidal ideation: thoughts of death without actually engaging in the behavior; can range from "passive," in which the person thinks about wanting to be dead, to active thoughts about killing oneself.
- Aborted attempt: the person begins to make a suicide attempt but stops him/herself prior to experiencing injury.
- Interrupted attempt: the person begins to make a suicide attempt but is interrupted by another person or circumstance prior to experiencing injury.

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Terminology

- Nonsuicidal self-injurious behavior (NSSI): a self-injurious behavior performed without intent to die (other intent may be, for example, to relieve distress, effect change in others or the environment).

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Risk Factors

- Suicidal Ideation
  - 33% of youth with SI go on to make a plan
    - Of these, 63% experience progression of ideation w/in 1yr of ideation onset
    - Of the 33% of youth who progress from SI to attempt, 86% will make the attempt w/in a year of onset
- Previous suicidal behavior
  - Strongest predictor of future suicidal behavior is past behavior
  - 6.8% reattempt rate in first-time attempters, 24.6% in those with h/o attempts
  - Greatest risk is 3mos w/in initial attempt
  - High lethality attempts are particularly risky

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Risk Factors

- 41% of youth (10-19yo) suicide completions are by firearm
  - Firearms are much more common in homes of suicide completers than in those of attempters and controls
- Presence of loaded gun in home is associated with 30x increase risk for completed suicide in youth, even w/o psychopathology
  - Assessment for presence of gun is critical
- 90% of youth who die by suicide have evidence of serious psychopathology
  - Mood disorders convey the most potent risk (80% of attempters, 60% of completers meet criteria for mood disorder)

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Risk Factors

- Other psychiatric conditions
  - DBD's, anxiety disorders, SUDs
  - Comorbidity is the rule, rather than exception
- Psychological factors
  - Impulsive aggression in response to frustration or provocation
  - Hopelessness, even independent of depression
  - Neuroticism: tendency to experience prolonged and severe negative affect in response to stress
- Chronic medical disorders
  - CNS (e.g., epilepsy, migraine) and inflammation (e.g., asthma, IBD) associated with increased risk

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Risk Factors

- Family factors
  - Offspring of mood-disordered adults with a h/o suicide attempt are 4-6x greater risk for suicide attempt compared to mood-disordered adults w/o h/o suicide attempt
  - Early onset suicidal behavior may be more genetically linked and mediated by impulsive aggression
  - Family environment of suicide attempters
    - Characterized by higher levels of discord and violence, perceived as less supportive than those of nonattempters
    - Supportive and warm parent-child relationships can be a protective factor in otherwise high-risk adolescents
    - Physical and sexual abuse have a potent association with attempted and completed suicide in youth, as does parental loss or absence

Assessment

- Consider severity (intent) and pervasiveness (frequency and intensity)
  - C-SSRS is widely used and accepted (www.cssrs.columbia.edu)
- Intent
  - Consider information from self-report ratings, interview, and behavior
  - 4 components should be explored
    - Extent to which individual wishes to die
    - Preparatory behaviors
    - Prevention of discovery
    - Communication of intent

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Assessment

- Medical lethality
  - Attempts of high medical lethality are frequently characterized by high intent
  - Need to differentiate NSSI from suicide attempt
    - Overlapping risk factors
- Precipitants
  - Most common is interpersonal conflict or loss, most often involving a parent or romantic relationship
  - Legal and disciplinary problems frequently precipitate suicidal behavior
  - Chronic and ongoing precipitants (e.g., physical or sexual abuse) are associated with poor outcomes

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Assessment

- Motivation
  - Youth with high intent indicate that primary motivation is to die or to permanently escape an emotionally painful situation
  - Many youth who attempt report they are motivated by the desire to influence others or to communicate a feeling
  - Understanding motivation is key to treatment
- Consequences
  - Monitor for naturally occurring contingencies that reinforce suicidal communications and behaviors

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Treatment

- Few clinical trials examining the treatment of adolescent suicidal behavior
- Treatment of depression alone may not be enough to reduce suicidal risk
- Safety planning is considered a best-practice suicide prevention with at-risk individuals
- Means restriction (e.g., removal of guns from homes of high-risk youth) is highly recommended
- Inpatient hospitalization may keep patients safe, but no evidence that it reduces suicidality
  - Transition to discharge is critical
  - “Postcards From the Edge” study

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Safety Plan

1. Warning signs (triggers, signs of distress)
2. Internal coping strategies
3. 2 people and 2 places that are good distractions
4. 3 people to contact for help
5. Professionals or agencies to contact
6. 2 things to make the environment safer
7. 1 reason to stay alive

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Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. ______________________
2. ______________________
3. ______________________

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. ______________________
2. ______________________
3. ______________________

Step 3: People and social settings that provide distraction:

1. Name______________________ Phone______________
2. Name______________________ Phone______________
3. Place__________________ 4. Place__________________

Step 4: People whom I can ask for help:

1. Name______________________ Phone______________
2. Name______________________ Phone______________
3. Name______________________ Phone______________

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name______________________ Phone______________
   Clinician Pager or Emergency Contact # ______________________
2. Clinician Name______________________ Phone______________
   Clinician Pager or Emergency Contact # ______________________
3. Local Urgent Care Services______________________
   Urgent Care Services Address______________________
   Urgent Care Services Phone______________________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. ______________________
2. ______________________

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The one thing that is most important to me and worth living for is:

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Treatment

- CBT
  - When given in combination with SSRI in depression, leads to reduced suicidality
- DBT
  - Emerging evidence indicating reduction in suicidal ideation among adolescents
- Family interventions
  - Resourceful Adolescent Parent Program (RAP-P) and attachment-based family therapy (ABFT) led to reductions in adolescent suicidal ideation and behaviors
- School-based intervention
  - Signs of Suicide (SOS) was found to reduce incidence of suicide attempts in high school students by about half
    - SOS teaches students to recognize signs of suicidal risk (e.g., depression, ETOH) in self and others

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Treatment

- Adjunctive lithium
- Ketamine
- Triple chronotherapy

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A Quick Rant

- The side effects of sending kids to the ED.

Questions