Youth Suicide

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Disclosure

- NOTHING TO DISCLOSE
Objectives

- Adolescent development issues as relates to suicide
- Epidemiology of Youth suicide
- Contributing factors and prevention strategies for youth suicide
USA: Mortality Causes

LEADING CAUSES OF DEATH AMONG PERSONS AGED 25+ YEARS AND OLDER IN THE UNITED STATES, 2016

- Cardiovascular Disease: 31%
- Cancer: 23%
- Other Causes: 46%

LEADING CAUSES OF DEATH AMONG PERSONS AGED 10 – 24 YEARS IN THE UNITED STATES, 2016

- Accidents: 22%
- Homicide: 15%
- Suicide: 17%
- Other intentional injuries: 33%
- Other unintentional injuries: 20%
- Other Causes: 26%
YOUTH SUICIDE
PUBLIC HEALTH APPROACH

Define the problem

Identify risk factors and causes of the problem

Develop interventions evaluated for effectiveness

Implement such interventions in a variety of communities

Evaluate effectiveness
Leading Causes of Violent Death Worldwide

- Suicide: 50%
- Homicide: 30%
- Armed Conflict: 20%

Every 13 minutes someone in this country dies as the result of suicide.

On an average day 127 people die from suicide and another 2000 attempt suicide.

Suicide took the lives of almost 45,000 Americans last year.
850,000 Americans attempt suicide each year.

30% and 50% of suicides in the United States occur in people who are receiving psychiatric treatment (Luoma, Martin, Pearson (2002); Lambert (2002)).

Info from
- Suicide Awareness Voices of Education
- Centers for Disease Control
- Journal of AMA
Suicide and Depression: By the Numbers

• In 2016: 45,000 people died by suicide in the United States. That’s ONE SUICID EVERY 13 minutes. (CDC)

• In addition to youth and young adults, other HIGH RISK GROUPS for suicide include military personnel, rural populations, LGBTQ and American Indian or Alaskan Natives and Youth with Chronic Illness. (CDC)

• 30% of college students reported feeling depressed in 2013

• It is estimated that depression costs the United States $80 billion in medical costs and loss of work. (CDC)
DID YOU KNOW……

More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined
Girls attempt suicide three times as often as boys. WHY?
Boys *complete* suicide almost *four* times as often as girls. The reason for the difference?
Historically, girls have chosen drugs. Recently, girls have shown an increase in suffocation attempts. These methods may provide a “window of opportunity” for intervention.

Boys usually choose firearms, which are more lethal.
Girls are turning to more **lethal means**.

If this continues, the number of completed suicides will rise at an even higher pace.
Toddlers have shot at least 23 people this year (January 1-May 1, 2016)

- Last year, a Washington Post analysis found that toddlers were finding guns and shooting people at a rate of about one a week. This year, that pace has accelerated. There have been at least 23 toddler-involved shootings since Jan. 1, compared with 18 over the same period last year.
- On April 20, a 2-year-old boy in Indiana found the gun his mother left in her purse on the kitchen counter and fatally shot himself.
- The next day in Kansas City, Mo., a 1-year-old girl evidently shot and killed herself with her father's gun while he was sleeping.
- On April 22, a 3-year-old in Natchitoches, La., fatally shot himself after getting hold of a gun.
- On April 26, a 3-year-old boy in Dallas, Ga., fatally shot himself in the chest with a gun he found at home.
- On April 27, the Milwaukee toddler fatally shot his mother in the car.
- That same day, a 3-year-old boy in Grout Township, Mich., shot himself in the arm with a gun he found at home. He is expected to survive.
- On April 29, a 3-year-old girl shot herself in the arm after grabbing a gun in a parked car in Augusta, Ga. She is also expected to survive.
We’re Averaging One School Shooting Every 60 Hours In 2018

Wednesday’s shooting at a Florida high school is the 18th school shooting of the year.
Suicide is now the SECOND leading cause of death for college-age youth.
In the last 40 years...

Youth suicide rates have more than tripled.
Trends in Suicide by Level of Urbanization—United States, 1999-2015

• Key Findings
  • The study highlights higher rates of suicide in areas with lower levels of urbanization (more rural areas).
  • A growing disparity between suicide rates in less urban and more urban areas of the United States.
  • During 1999–2015, annual suicide rates increased across all levels of urbanization.
  • Suicide rates at the beginning of the study were lowest for the more urban counties and highest for the less urban (more rural) counties, a gap that continued to widen over time.
Percentage of High School Students Who Felt Sad or Hopeless, * 
by Sex, † Grade, and Race/Ethnicity, † 2017

*Almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey.
†F > M; H > B, H > W (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.

National Youth Risk Behavior Survey, 2015
Understanding The Suicidal Perspective

- Can’t stop the pain
- Can’t think clearly
- Can’t make decisions
- Can’t see any way out
- Can’t sleep, eat or work
- Can’t get out of the depression
- Can’t make the sadness go away
- Can’t see the possibility of change
- Can’t see themselves as worthwhile
- Can’t get someone’s attention
- Can’t see to get control
Youth Suicide

• Aboriginal child suicide crisis: Girl aged just 12 becomes the fifth indigenous child to take her own life in nine days - as a 12-year-old boy fights for life after trying to kill himself (By BRETT LACKEY FOR DAILY MAIL AUSTRALIA 17 January 2019)

• We should be very worried.’ Coroner alarmed by 5 suicides of kids under 14 in last year. BY VALARIE HONEYCUTT SPEARS, JANUARY 18, 2019

• UK Expert: Suicide is top cause of death for 10 to 14 year olds. What can parents do? Dr. Hatim A. Omar, professor of pediatrics at University of Kentucky's Division of Adolescent Medicine, notes how suicide had become the top leading cause of death for children among the 10 to 14 years age group.

• Secrets of a Lost Girl, By Mark Arsenault, Globe Staff June 24, 2018

• Akubra girl Dolly's bullying suicide shocks Australia

• Two more and counting: Suicide in medical trainees, May 16, 2018 By Michael F. Myers, MD

• Just over half of female to male transgender adolescents have reported attempting suicide. September 11, 2018, Lucas Franki, Pediatric News
Victim was a 16 year-old boy who had been suspended from school for misbehavior. His mother grounded him and they got in a loud argument. He ran from the room, slammed the door, went to the basement and shot himself with his father’s rifle. No known mental health history.
Teen Commits Suicide Due to Bullying: Parents Sue School for Son's Death
Family Wants No Money but Insists School Address Bullying and Three Other Suicides

BY SUSAN DONALDSON JAMES
April 2, 2009

Eric Mohat, 17, was harassed so mercilessly in high school that when one bully said publicly in class, "Why don't you go home and shoot yourself, no one will miss you," he did.

Now his parents, William and Janis Mohat of Mentor, Ohio, have filed a lawsuit in federal court, saying that their son endured name-calling, teasing, constant pushing and shoving and hitting in front of school officials who should have protected him.

The lawsuit -- filed March 27, alleges that the quiet but likable boy, who was involved in theater and music, was called "gay," "fag," "queer" and "homo" and often in front of his teachers. Most of the harassment took place in math class and the teacher -- an athletic coach -- was accused of failing to protect the boy.

In a federal lawsuit, the parents of Eric Mohat allege that their son committed suicide after being tormented by bullies at his Mentor, Ohio, High School. They say the school knew about the bullying and failed to protect their son.
CRISIS | % same day by age

2001 Data

N=1,671  CT, ME, UT, WI, Allegheny County, San Francisco County
An 18-year-old honors student is accused of encouraging her friend to commit suicide.

Michelle Carter of Plainville, Massachusetts is charged with manslaughter for her alleged role in the death of 18-year-old Conrad Roy III, who was found dead in his truck from carbon monoxide poisoning in July, 2014, the Sun Chronicle Reports.

Charges were filed against Carter earlier this month after, cops said, a lengthy investigation revealed she texted with Roy right up to the time of his death.

A police report obtained by the Chronicle said, “Not only did Conrad tell Carter in several of his texts prior to his death that he was scared and didn’t want to leave his family, she continued to encourage him to take his own life, and when he actually started to carry out the act, he got scared again and exited his truck, but instead of telling him to stay out of the truck ... Carter told him to ‘get back in.'"
Michelle Carter Found Guilty Of Involuntary Manslaughter

Roy killed himself by running a generator in his truck as he sat in a parking lot in Fairhaven, Massachusetts, about 60 miles (96 km) south of Boston. Moniz focused on Carter’s instructions to Roy to get back into his truck when he was first overcome by fumes spewed by a generator. “In instructing Mr. Roy to get back in the truck constituted wanton and reckless conduct by Ms. Carter, creating a situation where there is a high degree of likelihood that substantial harm will result to Mr. Roy,” Moniz told the court.
Suicide Contagion
What science shows about the dangers of suicide depictions
• By Patrick Devitt on May 8, 2017

• 13 Reasons Why
Texas family says teen killed himself in macabre ‘Blue Whale’ online challenge that’s alarming schools

By Amber Ferguson and Kyle Swenson July 11

Essentially a dangerous personal obstacle course of 50 daily tasks that include everything from watching horror films to self-mutilation, the game is rumored to be behind unexpected deaths across the globe
More U.S. Middle School Students Dying of Suicide Than Car Crashes

By Alex Dobuzinskis, November 07, 2016

MMWR 2016.
Reuters Health Information © 2016
Teen & Young Adult Deaths

• Most common features
  – Impulsive, same day crisis
  – Interpersonal context and stressor
  – Use guns owned by parents
  – Most evidence warning signs prior to death
Risk Factors for Suicide (OR’s): The Question of Risk Resolution? **How imminent? Odds of suicide?**

Provider must make clinical decision if risk is imminent (within 48 hours), or short term

- Discharge from psychiatric hospitalization
  - Last week 278 x
  - Last month 133 x
  - Last year 34-61 x
- Prior attempt (adol) 22.5 x
- Substance abuse (adol) 7 x
- Firearm in home 5 x

Qin & Nordentoft, 2005; Cheng et al, 2000, Shaffer et al, 2000
Suicide and Suicide Attempt Rates

- **Bipolar Disorder**
  - 25-50% suicide attempt
  - 10-20% suicide
  - Goodwin FK, Jamison KR. Manic Depressive Illness. 1990.

- **Schizophrenia**
  - 20-40% suicide attempt
    - Meltzer & Fatemi, 1995
  - 9-13% suicide
    - Caldwell & Gottesman, 1990

- **Major Depression**
  - 2% ever treated in outpatient setting will suicide
  - 4% ever treated inpatient setting will suicide
    - 7% of men with lifetime history will suicide
    - 1% of women with lifetime history will suicide
    - NIMH
Mental vs Public Health

- WHO
- CDC’s
  (https://www.cdc.gov/vitalsigns/suicide/)
Self Harm

✖ “My body looks how I feel”
✖ May be cutting, scratching, burning, rubbing to purposely injure skin
✖ Often a “coping” mechanism
✖ Ask about suicidal intent
✖ Kids who self harm are at higher risk of suicide overall
✖ Addictive (releases endorphins)
My body looks how I feel.”--Adolescent self-injurer
Risk Factors

- Adolescents to college age
- Female gender
- Substance abuse
- Personality disorder
- History of self-mutilation
- Conduct problems
- Anxiety
- Depression
- Eating disorders
- Childhood history
  - family violence
  - family alcohol abuse
  - sexual and physical abuse
WHY?
Psychodynamic/Interpersonal Factors

- A way to express or terminate emotional turmoil
- To stop suicidal ideations or attempts
- Becomes an addiction
  - Urge to self-harm, tension or arousal before self-harming, and momentary pleasure or relief of tension after the act (similar to addictions or OCD).
- A way to punish themselves
  - Ex. eating disorder patients
Types of Self-Mutilation

• Stereotypical
  – Most common in institutionalized patients
  – Acts with fixed pattern of expression, usually not symbolic
  – Head banging is most common behavior
  – Includes finger biting

![Image of a person head-banging and a close-up of injured fingers]
Types of Self-Mutilation

• Superficial/moderate
  – Most common
  – Acts of low lethality
  – Sporadic, repetitive behaviors
  – Skin cutting/carving/burning, self-punching, scratching
  – Majority of cases occur in adolescents
Types of Self-Mutilation

• Major
  - Infrequent acts in which a significant amount of body tissue is destroyed.
  - Associated with psychotic states and intoxication.
    - Eye-enucleation
    - Castration
The Key to Prevention

EDUCATION
What helps a teen do well?

• Having a caring adult/adults

• Safe place to interact with said adult

• Something useful to do
An effective program of prevention must include the three main areas of influence in a young person’s life:

1. Youth
2. Parents
3. Educators
What Can Be Done?

- Increase Awareness
- Dispel Myths
- Educate
- Learn Warning Signs & Elevated Risk Factors
Increasing Awareness Through:

- Seminars
- News Media
- Church Sponsored Programs
- Civic Organization Presentations
Dispelling Myths

• Talking to someone about suicide will give them the idea for suicide.

• Someone who often talks about suicide is not at risk.

• Suicide is impulsive and there is nothing we can do to prevent it.
Signs of Concern

- Suicide Threats
- Previous Suicide Attempts
- Depression
- Out of Character Behavior
- Final Arrangements
Suicide Threats

- “I would be better off dead!”
- “You won’t have me around much longer to bother you!”
- “I wish I was dead.”
- “I am going to kill myself.”
  (This is straightforward, but it happens.)
- Can you think of any other examples?
Previous Suicide Attempts

• One out of three completed suicides are not the first attempt by the victim.

• Take even so-called “half-hearted” attempts seriously. These are serious calls for help!

• Never keep an attempt secret from parents/school officials (counselors).
Out-of-Character Behavior

- Abrupt changes in attendance
- Deteriorating academic performance
- Sudden failure to complete assignments
- Lack of interest and withdrawal
- Sudden changes in appearance

- Changed relationships with classmates
- Increased irritability or aggressiveness
- Preoccupation with death and suicide
- Despairing attitude
- Abrupt changes in eating/sleeping habits
Final Arrangements

- **Giving away “prized possessions”**
  - Favorite piece of jewelry or clothing
  - Driver’s license
  - Collection – cards, music, etc.

- **“Making rounds”**
  - Visiting friends to set things right and / or say good-bye.

- **Sharing of funeral plans**
  - Primarily by girls to a best friend.
What will YOU do...

Be prepared for questions or for the moment you realize a young person you know may be at risk.
Taking care

✗ Establish a neutral but empathic relationship.
✗ Openly put the issue of suicide on the table
✗ Verbalize the suffering
✗ First listen, then find a solution with the adolescent
✗ Inquire about a precipitating factor
Let’s take a look at how adolescents communicate their suicidal intent.

Eighty percent of teens who attempt or complete suicide do communicate their intent with someone prior to their actions.

(Brent et al., 1988; Berman & Jobes, 1991)
How Teens Communicate

Females
➢ Display more internalizing behaviors (Depression)

Males
➢ Display more externalizing behaviors (Conduct Problems)
  (Flouri & Buchanan, 2002)
Typical Hopeless statements

– “There’s no point in going on”
– “I can’t take it anymore”
– “I have nothing left to live for”
– “I can’t stop the pain”
– “I can’t live without ________”
– “My life keeps getting worse and worse”
– “I might as well kill myself”
What Can YOU Say?

• I’m glad you told me, I want to help.
• I’m glad you told me, and I am going to find someone to help you.
• I will stay with you until help arrives.
What NOT to Say...

• “It’s just a phase”
• “You’ll snap out of it”
• “Stop being so selfish”
• “You’re just trying to get attention”
• “Get over it”
What NOT to do....

- Don’t let them bargain you out of getting them help.
- Be careful with no-suicide contracts.
- Don’t make coercive statements, such as “unless you promise not to hurt yourself, you’ll have to go to the hospital”
Suicide doesn't take away the pain, it gives it to someone else.
Always ask simple questions to detect red flags:

1. What do you do for fun
2. Tell me something good about yourself
3. What would you like to be when you grow up
4. If you would divide last wk as happy and unhappy times, how would that look
Professional Organizations

- SAHM
- AAP
- NASPAG
- Med/peds and Family medicine
You can be a life saver!

• When you know the facts about suicide
  You CAN save lives!
  • A — Ask
  • R — Respond
  • E — Encourage
What about our state?
Stop Youth Suicide Campaign

• Started 10/2000
Awareness

- Media event to announce the campaign
- Monthly educational fliers to schools, churches, Health Departments, MD offices, Hospitals.
- Monthly media interviews and public service announcements
- Locally produced video (shown periodically on government TV channel)
- Website (Stopyouthsuicide.com)
LET'S SPREAD THE LOVE!

You can save a life just by offering a compliment to those you know and love.

Get involved. Spread the love

Join us for the 4th annual SPREAD THE LOVE-A-THON
Suicide is the second leading cause of death among high schoolers in Kentucky and depression is a major problem nationwide.

We want to help and we want you to join us in making a difference.

WHAT CAN I DO?
Participants use their cell phones and/or laptops to compete for the greatest number of “lifelines” made to friends and family. Each “lifeline” must consist of two genuine compliments and information about youth suicide.

It’s easy to make a difference in someone’s life. Your compliments could mean the difference in life and death for someone you love.

12:30-3:30 p.m.
Feb. 10, 2013
124 North Ashland Ave., Lexington, KY

Register at: www.spreadthelovesavealife.org

Sponsored by: STOP YOUTH SUICIDE and the UK Division of Adolescent Medicine
What Happened since

- A total of 5643 emails and 4913 phone calls requesting (and getting) help
- Improved awareness in the community about youth suicide (Survey before and after start of campaign)
- The State government agrees to start a suicide prevention program state-wide
  - SB 65 - Suicide Prevention Education for Middle and High School Staff
  - HB 51 - Suicide Prevention Information for Middle and High School Students, Signed by Kentucky's Governor on March 4, 2010

Amends KRS 156.095 to require the Cabinet for Health and Family Services to post suicide prevention awareness and training information on its Web page by August 1, 2010; requires every public middle and high school administrator to disseminate suicide prevention awareness information to all middle and high school students by September 1, 2010, and September 1 of each year thereafter.
<table>
<thead>
<tr>
<th>Risk Behavior</th>
<th>Ky2013</th>
<th>U.S. 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriously considered attempting suicide</td>
<td>15</td>
<td>19.2</td>
</tr>
<tr>
<td>Made a plan about how they would attempt suicide</td>
<td>12.6</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Attempted suicide</strong></td>
<td>7.7</td>
<td>9.2</td>
</tr>
<tr>
<td>Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse</td>
<td>2.9</td>
<td>3.2</td>
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</table>
Suicide attempt hospitalization rate, Kentucky residents, 10-24 years of age

<table>
<thead>
<tr>
<th></th>
<th>2002-2007</th>
<th>2008-2013</th>
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<tbody>
<tr>
<td>Lincoln County</td>
<td>83.6</td>
<td>49.7</td>
</tr>
<tr>
<td>Kentucky</td>
<td>81.7</td>
<td>82.6</td>
</tr>
</tbody>
</table>
My name is DG, I am 16 years old and have had my own experiences with suicidal thoughts. I am now in a better place & have a special place in my heart to help others that have been and or ARE IN the same situation that i was in. I wanted to start a campaign and raise money for your organization, If you are interested in my idea I would love for you to contact me! thanks!
Staying Alive Kentucky 2019
Building Our Youth for the Future

- November -78, 2019
- DoubleTree Suites by Hilton
- 2601 Richmond Rd
- Lexington, KY  40509
- http://stopyouthsuicide.de.com/registration.htm
Real facts to educate the public
Focus on the suffering of the survivors
Do not glamorize the act or the person, just emphasize the tragedy
Make the fact: suicide is preventable, a focal point
Challenge the myths
Figure 8. Suicide deaths prevented by proposed interventions approximating a 20% reduction in 2010 suicide deaths in the USA (55).

Figure 8 displays a combination of three approaches that, if fully implemented, could save many thousands of lives in just one year in the USA. However, it is important to note that the figure comes from modelling of optimal implementation of just a few approaches (55).
Gun Deaths

• In the 240 years since the Revolutionary War, we have sacrificed nearly **1.4 million** Americans to war

• In less than half-century, from the murders of Martin Luther King and Robert Kennedy until now, **guns have claimed over 1.5 million Americans** — 100,000 more deaths than in all the wars of our history.
The Influence of Stigma
A mark or token of infamy, social disgrace, or reproach

Number of Deaths, 2008, by Cause

- Asthma
- HIV/AIDS
- Parkinson's Disease
- Suicide
- Breast Cancer
- Diabetes

Number of Deaths

Causes of Death
Spending for Medical Research

Research Dollars Spent by NIH, FY 2010, by Cause

- HIV/AIDS: $3,086
- Parkinson's Disease: $1,044
- Breast Cancer: $763
- Diabetes: $244
- Asthma: $154
- Suicide: $36

3% of the funding for Diabetes
Thank you