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
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
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.
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).
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
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)
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
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
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
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
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
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
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</td>
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<td>2</td>
<td>Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</td>
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<td>3</td>
<td>People and social settings that provide distraction:</td>
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<td>Name</td>
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<td>Place</td>
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<td>5</td>
<td>People whom I can ask for help:</td>
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<td>Name</td>
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<td>5</td>
<td>Phone</td>
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<td>6</td>
<td>People or agencies I can contact during a crisis:</td>
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<tr>
<td>1</td>
<td>Clinician Name</td>
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<td>2</td>
<td>Clinician Name</td>
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<td>3</td>
<td>Clinician Name</td>
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<td>4</td>
<td>Local Urgent Care Services</td>
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<td>5</td>
<td>Urgent Care Services Address</td>
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<tr>
<td>6</td>
<td>Urgent Care Services Phone</td>
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<tr>
<td>7</td>
<td>Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)</td>
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<td>8</td>
<td>Making the environment safe:</td>
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The one thing that is most important to me and worth living for is:
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
Treatment

• Adjunctive lithium
• Ketamine
• Triple chronotherapy
A Quick Rant

• The side effects of sending kids to the ED.
Questions