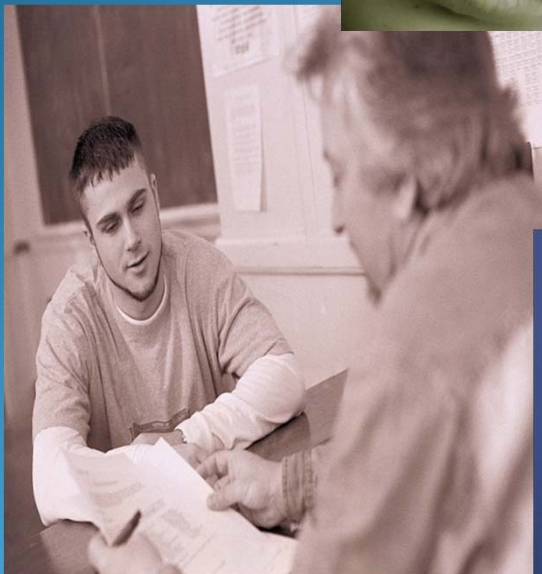


# Understanding & Preventing Youth Suicide



Jeff Kerber, Ph.D. LMFT  
Iowa Health Counseling & Psychiatry



Methodist • Lutheran • Blank

## Jeff Kerber, Ph.D. LMFT – IHDM – Administrator

- IHDM – 15 years - practicing clinician for 20 years.
- Executive Director IAMFT 10 years - current Legislative Chair – IAMFT.
- Father of three – Husband of one.







# Learning Objectives

1. Understand facts about suicide and youth suicide in the context of depression and other mental health problems.
2. Separate Myths about suicide from Facts.
3. Define two critical tasks of a “gatekeeper”.
4. Identify high risk factors for youth suicide.
5. Learn “best practice” communication skills for intervening with at risk youth.

# Sensitivity Statement

- I apologize up front for any miss-step I may take and I fully appreciate anyone's need to take a break at any time.
- For many people in this room; this presentation is personal – approximately one out of every 7 people know someone who has completed suicide (CDC).
- For some people in this room; this presentation may be traumatic. People have lost family or friends to suicide.







# Questions:

On piece of paper – write your response to the following:

- How would you respond if a youth approached you and stated, “A friend threatened to kill themselves last night.”
- How would you respond if a youth approached you and stated, “I have thoughts of wanting to die.”



# Suicide Facts

- In 2010 - 38,364 people in the United States died by suicide. About every 13.7 minutes someone in this country intentionally ends his/her life. Approximately 4 people will suicide during our time together.
- Suicide is the third leading cause of death for people aged 10-24.
- Suicide is the fourth leading cause of death for adults between the ages of 18 and 65.
- From 1981-2009 - 901,180 people died by suicide, whereas 463,942 died from AIDS and HIV-related diseases.



# Suicide Facts

## Death by Suicide and Psychiatric Diagnosis

- Psychological autopsy studies done in various countries over almost 50 years report very similar outcomes:
  - 90% of people who die by suicide are suffering from one or more psychiatric disorders:
    - Major Depressive Disorder
    - Bipolar Disorder, Depressive phase
    - Alcohol or Substance Abuse\*
    - Schizophrenia
    - Personality Disorders such as Borderline PD



\*Primary diagnoses in youth suicides.



# Suicide Facts

Communication about suicide is often **Not** made to professionals.

- In one psychological autopsy study, only 18% of completers told professionals of intentions.
- In a study of suicidal deaths in hospitals:
  - 77% denied intent on last communication
  - 28% had “no suicide” contracts with their caregivers
- Research does **not** support the use of no-harm contracts (NHC) as a method of preventing suicide, nor from protecting clinicians from malpractice litigation in the event of a client suicide.



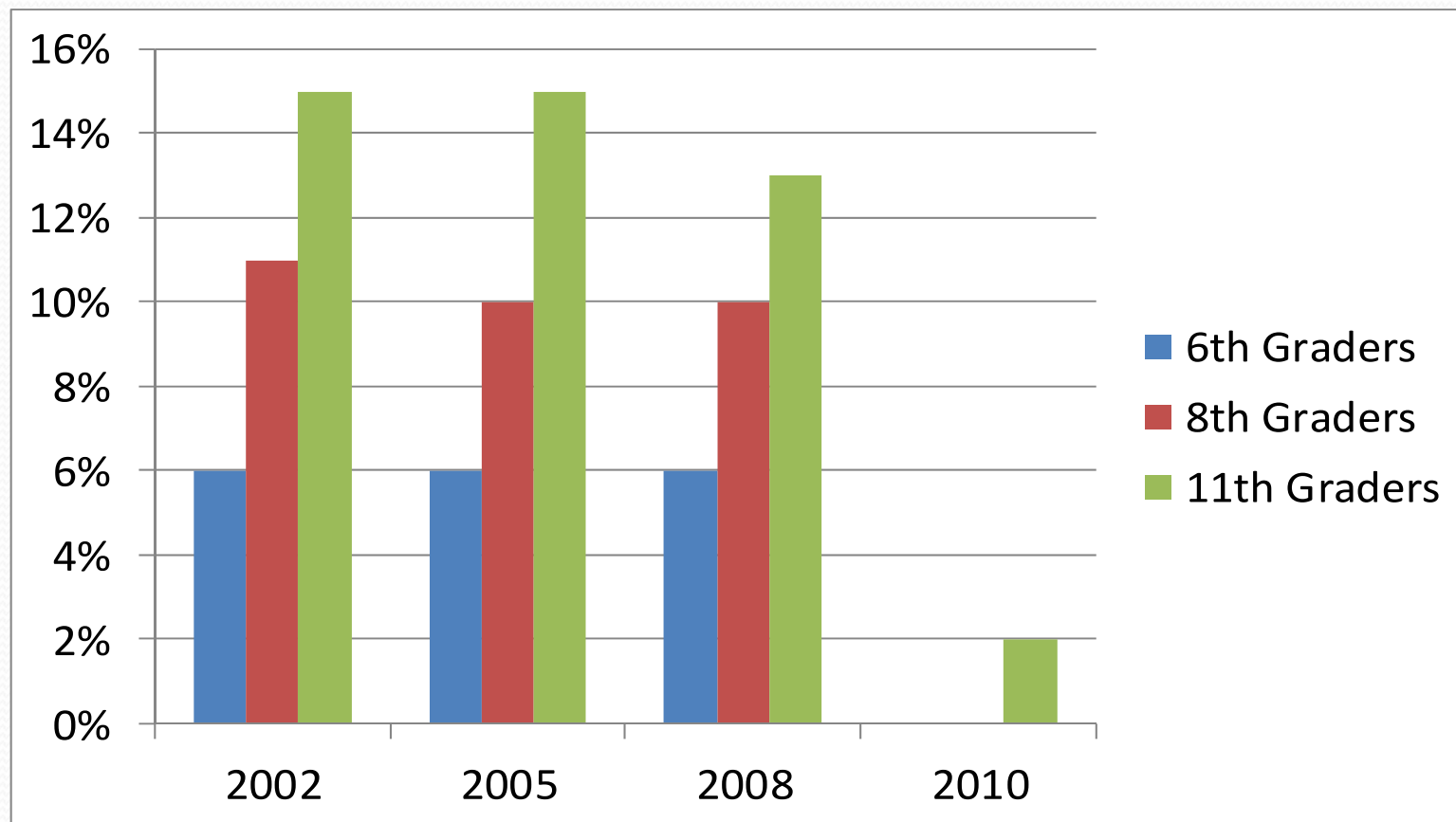


# Youth Suicide

- Average of 332 Iowans die of suicide each year - 2009= 356
- IYS – 2010 – 10% of 8<sup>th</sup> grade respondents reported attempting 1x or more = 3,780 kids.
- 2nd leading cause of death among 15 – 19 year olds in Iowa
- Teenage girls 3x more likely to attempt; boys 2x more likely to complete.
- 2011 J. of Adolescent Health – U of Wash 883 subjects 18/19 y/o – 9% (78) attempt – many with multiple attempts report 1<sup>st</sup> attempt at 9 y/o – 3<sup>rd</sup> grade.

# Iowa Youth Survey - State

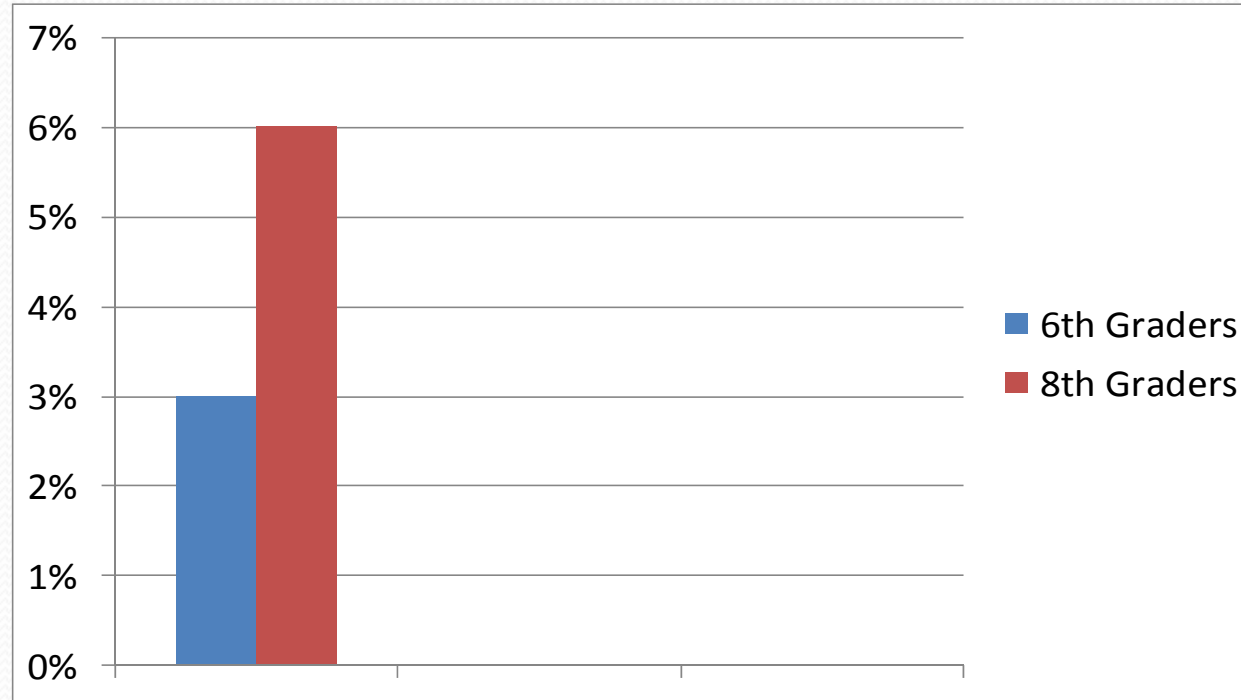
## One or more suicide attempts



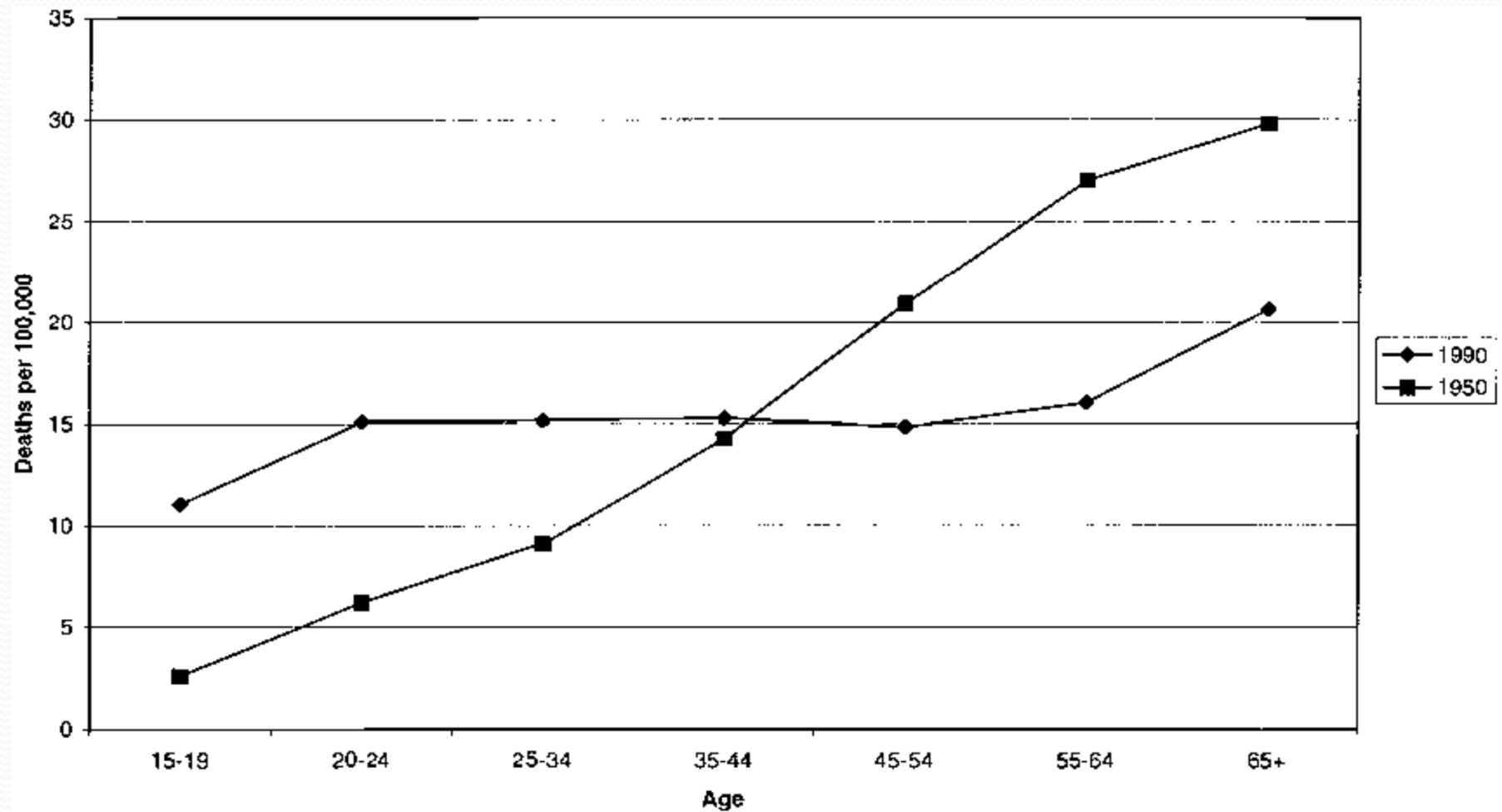


# Iowa Youth Survey – 2010 State

“Have you ever tried to kill yourself?”



# History of Youth Suicide Rates







# Myths versus Facts

- **MYTH:**

People who talk about suicide don't complete suicide.

- **FACT:**

Why might we ignore or minimize a person's intentions if they talk about suicide? Many people who die by suicide have given warnings to family and friends of their intentions. "Posers" is the term attributed to people who talk SI but never act. The Boy Who Cried Wolf is a metaphor for "intermittent reinforcement" - Always take any comment about suicide seriously.



# Myths versus Facts

- **MYTH:**  
Suicide happens without warning.
- **FACT:**  
Most suicidal people give clues and signs regarding their suicidal intentions.





# Myths versus Facts

- **MYTH:**

Suicidal youth are fully intent on dying.

- **FACT:**

Most suicidal youth are undecided about living or dying, which is called “suicidal ambivalence.” A part of them wants to live; however, death seems like the only way out of their pain and suffering. They may allow themselves to “gamble with death,” leaving it up to others to save them.



# Myths versus Facts

- **MYTH:**

Asking a depressed person about suicide will push him/her to complete suicide.

- **FACT:**

Studies have shown that patients with depression have these ideas and talking about them does not increase the risk of them taking their own life.





# Myths versus Facts

- **MYTH:**

Improvement following a suicide attempt or crisis means that the risk is over.

- **FACT:**

Most suicides occur within days or weeks of "improvement," when the individual has the energy and motivation to actually follow through with his/her suicidal thoughts. The highest suicide rates are immediately after a hospitalization for a suicide attempt.



# Myths versus Facts

- **MYTH:**

Suicide occurs in great numbers around holidays in November and December.

- **FACT:**

Highest rates of suicide are in March and April; while the lowest rates are in December.



# “Gatekeepers”

Gatekeepers have two essential roles:

1. Confidently identify high risk youth.
2. Connect those youth with appropriate resources.







# **Risk Factors**

## **Psychiatric Disorders**

- **Most common psychiatric risk factors resulting in suicide:**
  - Depression\*
    - Major Depression
    - Bipolar Depression
  - Alcohol abuse and dependence
  - Drug abuse and dependence
  - Schizophrenia

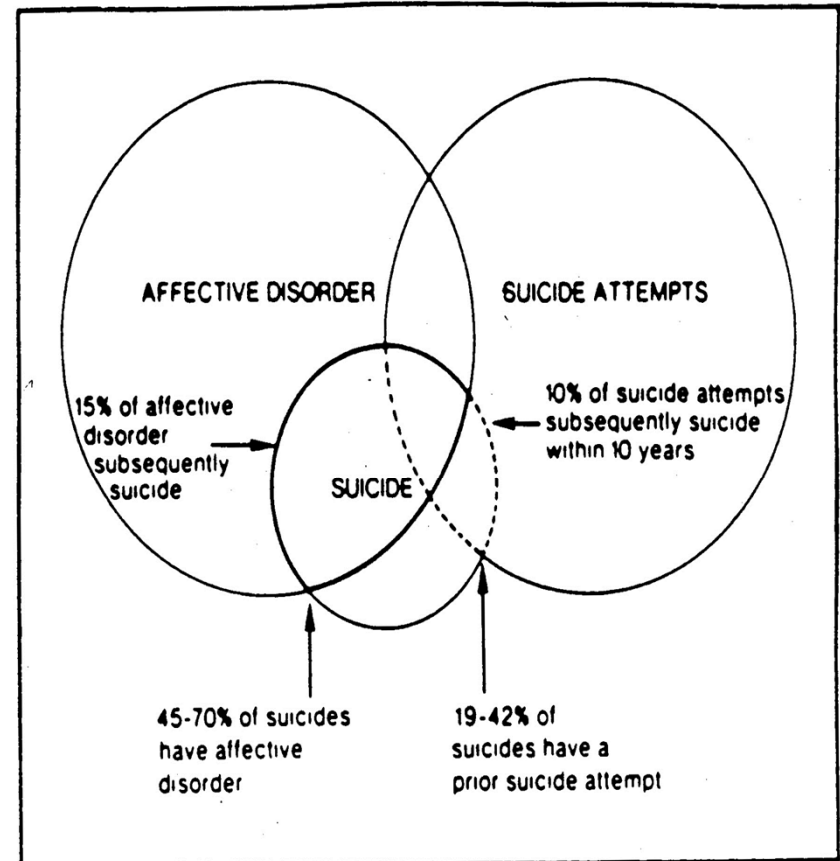
\*Especially when combined with alcohol and drug abuse and conduct d/o.

# Risk Factors

## Past suicide attempts & Affective Disorders

(See diagram on right)

- After a suicide attempt that is seen in the ER about 1% per year take their own life, up to approximately 10% within 10 years.
- More recent research followed attempters for 22 years and 7% die by suicide.



Venn diagram summarizing data concerning suicide and its relationship to affective disorder and suicide attempts.



# **Risk Factors**

## **Environmental Risk Factors**

- Easy access to lethal means
- Local clusters of suicide that have a "contagious influence"



# Warning Signs...

- Suicide can be prevented – there are often warning signs or **RED FLAGS**.
  - Depression – Mood – Loss of Interest – SIGECAPS.
  - Isolation
  - Increased **alcohol** – drug use
  - Increased risk taking – **impulsivity**
  - Lack of future orientation
  - Rage – anger
  - Change in disposition, attitude/mood vs. baseline
  - Overt Threats of Suicide – Plans - Methods





# Prevention...

*“Prevention may be a matter of a caring person with the right knowledge being available at the right place at the right time.”*

- American Foundation for Suicide Prevention



# **Preventing Suicide**

## **Professional Awareness - Gatekeepers**

- Healthcare Professionals
  - Physicians, pediatricians, nurse practitioners, physician assistants
- Mental Health Professionals
  - Psychologists, Social Workers, MFTs,
- Primary and Secondary School Staff
  - Principals, Teachers, Counselors, Nurses
- Other Gatekeepers
  - Parents, Religious Leaders, Police, Fire Departments, Coaches





# Preventing Suicide

## Means Restrictions

- Firearm safety
- Construction of barriers at jumping sites
- Improvements in the use of catalytic converters in motor vehicles
- Restrictions on pesticides
- Reduce lethality or toxicity of prescriptions
  - Use of lower toxicity antidepressants
  - Change packaging of medications to blister packs
  - Restrict sales of lethal hypnotics (i.e. Barbiturates)

# Proposed DSM-V Suicide Assessment Dimension

<p>Level of concern about potential suicidal behavior:</p> <p>(sum of items coded as present)</p> <p>1. 0: Lowest concern</p> <p>2. 1-2: Some concern</p> <p>3. 3-4: Increased concern</p> <p>4. 5-7: High concern</p>		<p>Suicide risk factor groups:</p> <ol style="list-style-type: none"><li>1. Any history of a suicide attempt</li><li>2. Long-standing tendency to lose temper or become aggressive with little provocation</li><li>3. Living alone, chronic severe pain, or recent (within 3 months) significant loss</li><li>4. Recent psychiatric admission/discharge or first diagnosis of MDD, bipolar disorder or schizophrenia</li><li>5. Recent increase in alcohol abuse or worsening of depressive symptoms</li><li>6. Current (within last week) preoccupation with, or plans for, suicide</li><li>7. Current psychomotor agitation, marked anxiety or prominent feelings of hopelessness</li></ol>
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# Suicide Ideation - What to do...

- Be Aware – Mental health disorders, e.g. depression.
- Past Attempts – already “crossed the line” (40-50% more likely to attempt – descends over time – NIMH).
- Take it seriously 50 – 75% of completers gave some warning sign to friends/family (AFSP).
- Be willing and able to Listen – “stability” vs. “change” response.







# You Can Help

- You do not need to solve all of the person's problems – *just engage them*. Questions to ask:
  - Are you thinking about suicide?
  - What thoughts or plans do you have?
  - Are you thinking about harming yourself, ending your life?
  - How long have you been thinking about suicide?
  - Have you thought about how you would do it?
  - Do you have \_\_? (Insert the lethal means they have mentioned)
  - Do you really want to die? Or do you want the pain to go away?

# You Can Help

- IS PATH WARM?

- Suicidal **I**deation – does person report thoughts of wanting to kill themselves or die?
- **S**ubstance Abuse – does the person use substances and to what degree?
- **P**urposelessness – lacking future orientation or “reason to live”
- **A**nger – is the person frequently irritable and easily rageful?
- **T**rapped – is the person experiencing “tunnel vision” and see no alternatives to their pain?
- **H**opelessness – negative sense of self, they can see a future – but its hopeless.
- **W**ithdrawing – isolation.
- **A**nxiety – agitated, unable to sleep, etc.
- **R**ecklessness – engaging in high risk behaviors.
- **M**ood change – does the person report dramatic mood shifts – instability?



# What to do – right now...

- If you are with someone you believe is at risk of imminent harm:
  - Do not leave the person **and** summon help.
  - Restrict access to lethal means (e.g. weapons, pills, etc.)
  - Ask the question – “Are you thinking about killing yourself?” Patiently - wait and listen for the response.
  - Get the person to a Behavioral Access facility, ER or call 911.







# **Resources – 911 & beyond...**

- Suicide Prevention Lifeline - 1-800-273-8255  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- National Institute for Mental Health  
[www.nimh.gov](http://www.nimh.gov)
- American Foundation for Suicide Prevention  
[www.afsp.org](http://www.afsp.org)
- National Center for Health Statistics  
[www.cdc.gov/nchs](http://www.cdc.gov/nchs)
- Substance Abuse & Mental Health Services Administration – [www.samhsa.gov](http://www.samhsa.gov)

# Resources...

- School Guidance & Student Service Professionals.
- Iowa Health Counseling & Psychiatry – 241-2300
- Suicide Prevention Lifeline – 1-800-273-TALK (8255)





# Thank You & Questions

