Suicide in Youth: 
Neurobiology, 
Awareness, Screening 
and Interventions

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Objectives

- Gain an understanding for the frequency and methods of suicide and self-injury from childhood through young adulthood.
- What is the latest in suicide neurobiology?
- Become familiar with screening interventions.
- Learn about interventions that are used for preventing and treating self-injury and suicidality in individuals, groups of youth and the overall community as well as local efforts.
Suicide Facts

- Every 14.6 minutes someone in the United States dies by suicide.
- Nearly 1,000,000 people make a suicide attempt every year.
- Suicide rates are highest for people between the ages of 40 and 59.
- Recent data puts yearly medical costs for suicide at nearly $100,000,000.00
Teen Suicide Facts

- 2nd leading cause of death in 10-24 year-olds
- 4,400 US youth kill themselves each year
- 150,000 youth receive medical care for self-inflicted injuries each year
- 13.2 million people are directly affected by a suicide each year
- Suicide clusters (1-5%): 1 adolescent suicide increases risk of additional suicides
Teen Suicide Facts

- 63% of adolescents had psychiatric symptoms for > 1 year before completion
- 15% of high school students have suicidal thoughts, less than one third communicate them to anyone
- 10% of suicide attempts are known to parents; <25% of youth with SIB were known to parents
- 60% of attempters do not disclose their actions
- 83% of adolescents seen in primary care who went on to attempt within 3 months were not recognized as a danger to themselves
Risk Factors

- Age: > 16 years
- Gender: 4x more males die, females attempt 2-3x more often
- Geography: Rates highest in the west and northwest US
- Mental Illness: 90% have a psychiatric disorder
- Depression: 60% have a depressive disorder at the time of death
- Substance Use: 6.2 times the risk
Risk Factors

- Prior Attempts: 25-50% have made a previous attempt
- History of Trauma or abuse
- Exposure to bullying
- Exposure to suicide: Risk of completion goes up 3x if immediate family member commits suicide
Risk Factors

- Race: American Indian/Alaska Natives
- Ethnicity: Latina
- LGBT
- Disadvantaged social background
- Youth in juvenile justice/child welfare systems
Suicide Methods

- Firearms are the most commonly used method of suicide for men and women, accounting for 60 percent of all suicides.
- Nearly 80 percent of all firearm suicides are committed by white males.
- The second most common method for males is hanging;
- For women, the second most common method is self-poisoning including drug overdose.
Non-Suicidal Self Injury

- Provides temporary relief for emotional distress
- Higher rates of suicide in this population, but most episodes are not life threatening
- May or may not be consistent with borderline personality disorder
- Refer to mental health provider
- S.A.F.E. Alternatives information line: 1-800-366-8288
Suicide Neurobiology
How can we prevent suicides?
ZERO SUICIDE

A commitment to suicide prevention in health and behavioral health care systems and also a specific set of strategies and tools.

“is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary”

80% reduction in suicide
Prevention Strategies

- Cultural Barriers to Suicide Prevention
- Creating Public Awareness of Depression as Treatable and Suicide as Preventable
- Educating Community Gatekeepers
- Reducing Access to Lethal Means and Methods of Self-Harm
- Screening Programs for Identifying Suicide Risk
- Physician Education Related to Recognizing and Treating Depression
- Improving Treatment of Depression and Other Disorders That Convey Suicide Risk
- Improving Portrayal of Suicide in the Media
Screening Teens in Educational and Community Settings
Access FREE screening tools at:
http://www.teenscreen.org/resources/providers/
Steps to Start a FREE Screening Program:

1. Program Development
2. Register Online
3. Complete Training: webinars, readings
4. Implement Screening Program
Interventions for Educators and Health Care Providers
Warning Signs

• Observable signs of serious depression:
  Unrelenting low mood
  Pessimism
  Hopelessness
  Desperation
  Anxiety, psychic pain and inner tension
  Withdrawal
  Sleep problems

• Increased alcohol and/or other drug use

• Recent impulsiveness and taking unnecessary risks

• Threatening suicide or expressing a strong wish to die

• Making a plan:
  Giving away prized possessions
  Sudden or impulsive purchase of a firearm
  Obtaining other means of killing oneself such as poisons or medications

• Unexpected rage or anger
Why do people say they think about suicide?

- 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 depression
- Can't make the sadness go away
- Can't see a future without pain
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control
Helpful Strategies

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
Helpful Strategies

- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.
Join Lifeline

- Weekly and monthly call volume reports
- Multi-tiered back-up system
- Information sharing via blog and conference calls
- Language services
- Real Time Caller ID
- 911 Locator
- National promotions
- Credibility
- ASIST training
- Webinars

Centers seeking to join the Lifeline must:

- Be certified/accredited/licensed by an external body
For Veterans

Veterans Crisis Line
1-800-273-8255 PRESS 1
How about college students?
### Essential services for addressing suicidal behaviors on campus.

- Screening program(s)
- Targeted educational programs for faculty, coaches, clergy, and student/resident advisors
- Broad-based, campus-wide public education
- Educational programs and materials for parents and families
- On-site counseling center with appropriately trained providers
- On-site medical services
- Stress-reduction programs
- Non-clinical student support network
- Off-campus referrals, if available
- Emergency services
- Postvention programs
- Medical leave policies
Indiana’s Efforts to Address Suicide

- **Indiana State Suicide Prevention Advisory Council:**
  Indiana’s Suicide Prevention Plan

- **Commission on Improving the Status of Children:**
  Child Safety and Services Task Force seeks to expand use of Zero Suicide

- **Indiana State Department of Health:**
  Child Fatality Review

- State suicide prevention coordinator
Information for Press Releases, Publications or Convocations
Info for Journalists

1. Avoid detailed descriptions of the suicide, including specifics of the method and location.

**Reason:** Detailed descriptions increase the risk of a vulnerable individual imitating the act.

2. Avoid romanticizing someone who has died by suicide. Avoid featuring tributes by friends or relatives. Avoid first-person accounts from adolescents about their suicide attempts.

**Reason:** Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.

3. Avoid glamorizing the suicide of a celebrity.

**Reason:** Research indicates that celebrity suicides can promote copycat suicides among vulnerable people. Do not let the glamour of the celebrity obscure any mental health or substance abuse problems that may have contributed to the celebrity’s death.
4. Avoid oversimplifying the causes of suicides, murdersuicides, or suicide pacts, and avoid presenting them as inexplicable or unavoidable.

**Reason:** Research shows that more than 90 percent of suicide victims have a diagnosable mental illness and/or substance use disorder. People whose suicide act appears to be triggered by a particular event often have significant underlying mental health problems that may not be readily evident, even to family and friends. Studies also have found that perpetrators of murder-suicides are often depressed, and that most suicide pacts involve one individual who is coercive and another who is extremely dependent.

5. Avoid overstating the frequency of suicide.

**Reason:** Overstating the frequency of suicide (by, for example, referring to a “suicide epidemic”) may cause vulnerable individuals to think of it as an accepted or normal response to problems. Even in populations that have the highest suicide rates, suicides are rare.

6. Avoid using the words “committed suicide” or “failed” or “successful” suicide attempt.

**Reason:** The verb “committed” is usually associated with sins or crimes. Suicide is better understood in a behavioral health context than a criminal context. Consider using the phrase “died by suicide.” The phrases “successful suicide” or “failed suicide attempt” imply favorable or inadequate outcomes. Consider using “death by suicide” or “non-fatal suicide attempt.”
Resources for Grieving Children and Families

The Dougy Center
The National Center for Grieving Children & Families
503-775-5683
www.dougy.org

Other resources: www.afsp.org
Adolescent Mental Health Referrals

- **Riley Hospital for Children** (Mood and Substance Use Treatment Programs) 317-944-8162
Questions?

Lifekeeper Memory Quilts (afsp.org)