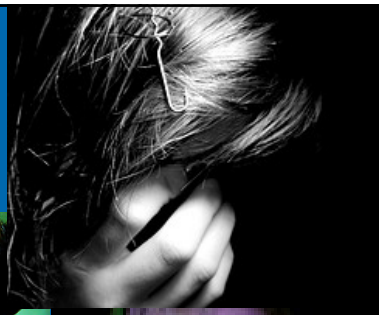
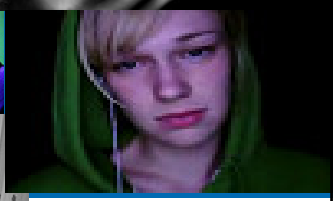
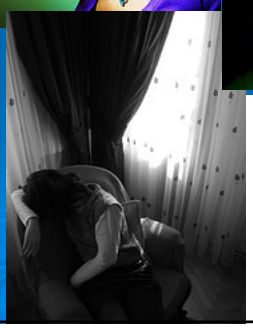
Adolescent Suicide: Prevalence; Circumstance; and Conditions of Recognition







Barri Sky Faucett, MA

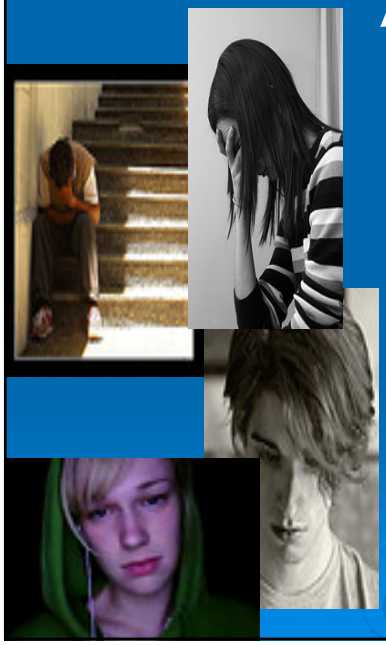
ASPEN Project Director

Hope. Help. Life.
ASPEN

Learning Objectives

- Participants will be introduced to the prevalence and significance of adolescent suicide, as well as condition related to adolescence.
- Participants will learn recognition of risk factors for suicide and a brief gatekeeper model of intervention.
- Participants will understand simply best practices in interacting with at-risk youth.
- Participants will become acquainted resources in efforts of adolescent suicide prevention.

Obstacles to Understanding: Attitudes



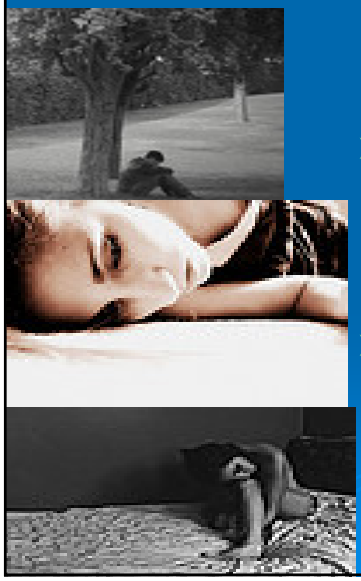
- "We didn't consider him suicidal, he was simply being manipulative and I guess it just went too far."
- "I know he threatened to hurt himself…Do you know how many suicidal gestures we deal with?"
- Suicide prevention is a medical problem…it's a mental health problem…it's not our problem."

During our Lifetime

- 20% of us will have a suicide within our immediate family.
- 60% of us will personally know someone who dies by suicide.
- 1 in 64 Americans is a survivor of suicide
- 4.5 million Americans have been affected by the suicide death of a loved one

OUR YOUTH

- **Each day there are approximately 11.5 youth suicides**
- **An average of one youth (ages 15-24) completes suicide every 2 hours.**
- **If suicides completed by youth under age 15 are included, that increases to an average of one every hour and 54.5 minutes.**
- **For young people ages 15-24, suicide is the third leading cause of death.**



- **In 2010, there were 4,600 reported youth suicides in the United States.**
- **Most common method is firearms followed by suffocations**
- **Males complete 4 times more than females; females attempt four times more than males.**

Suicide Attempts

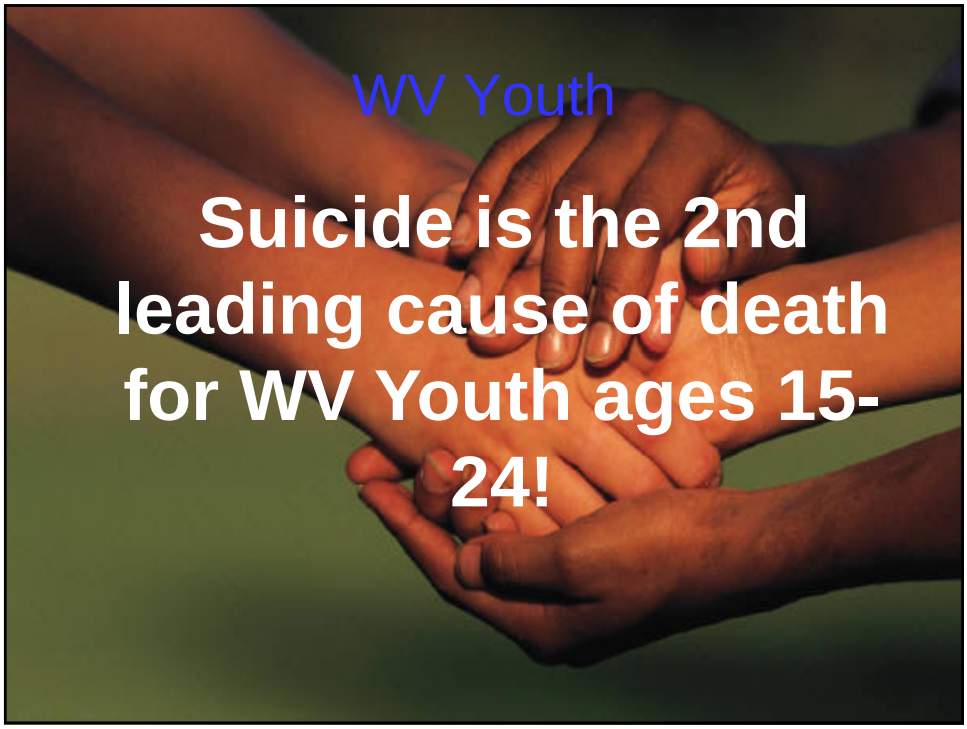
- 1 out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated medically (CDC, 2010a).
- Approximately 1 out of every 15 high school students attempts suicide each year (CDC, 2010a).
- For every completed suicide, there are 100-200 attempts among adolescents.

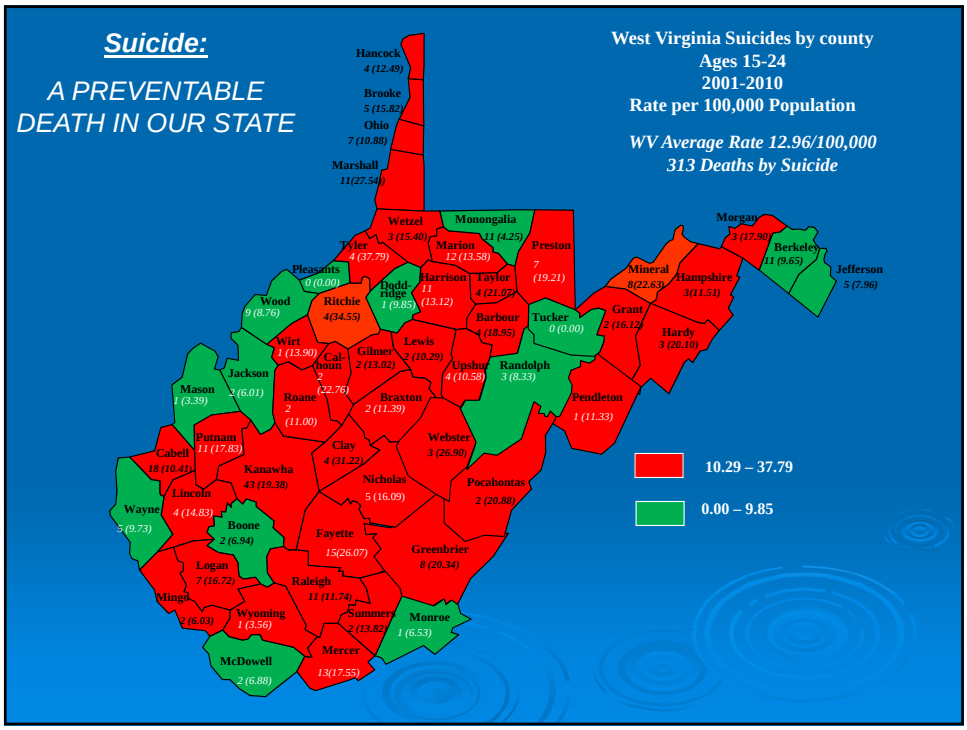
Suicide and Juvenile Detention Programs

- **Youth involved with the juvenile justice system have a *higher risk* of suicide**
- **Youth in juvenile justice residential facilities have nearly *three times* the rate of suicide compared with their peers in the general population**
- **Suicide is the leading cause of death for youth in juvenile confinement**
- **According to one study, among youth who died by suicide while in custody**
- **Most had a history of mental illness and/or substance abuse disorder**
- ***Fifty percent* were on room confinement when they died**

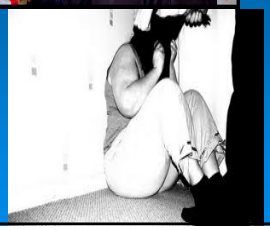
Suicide Incident Characteristics in Confinement

- All detention center suicides occurred within the first 4 months of confinement, with more than 40% within the first 72 hours.
- Approximately half (51%) of suicides occurred during a 6-hour period of 6:00pm to midnight, with the highest number occurring between 6:00p and 9:00pm.
- 99% of suicides were by hanging
  - 72% used beddings as the ligature
  - Others used clothing ,a towel ,or a bag.


WV Youth
Suicide is the 2nd leading cause of death for WV Youth ages 15-24!


Suicide:
A PREVENTABLE DEATH IN OUR STATE
West Virginia Suicides by county
Ages 15-24
2001-2010
Rate per 100,000 Population
WV Average Rate 12.96/100,000
313 Deaths by Suicide
Hancock 4 (12.49)
Brooke 5 (15.82)
Ohio 7 (10.88)
Marshall 11(27.54)
Wetzel 3 (15.40)
Monongalia 11 (4.25)
Tyler 4 (37.79)
Marion 12 (13.58)
Preston 7 (19.21)
Pleasants 0 (0.00)
Harrison 11 (13.12)
Taylor 4 (21.02)
Dodd-Ridge 1 (9.85)
Wood 9 (8.76)
Ritchie 4(34.55)
Barbour 4 (18.95)
Tucker 0 (0.00)
Wirt 1 (13.90)
Cal-houn 2 (22.76)
Gilmer 2 (13.02)
Lewis 2 (10.29)
Upshur 4 (10.58)
Randolph 3 (8.33)
Jackson 2 (6.01)
Mason 1 (3.39)
Roane 2 (11.00)
Braxton 2 (11.39)
Morgan 3 (17.90)
Berkeley 11 (9.65)
Jefferson 5 (7.96)
Mineral 8(22.63)
Hampshire 3(11.51)
Grant 2 (16.12)
Hardy 3 (20.10)
Pendleton 1 (11.33)
Putnam 11 (17.83)
Cabell 18 (10.41)
Kanawha 43 (19.38)
Clay 4 (31.22)
Webster 3 (26.90)
Lincoln 4 (14.83)
Nicholas 5 (16.09)
Pocahontas 2 (20.88)
Wayne 5 (9.73)
Boone 2 (6.94)
Fayette 15(26.07)
Greenbrier 8 (20.34)
Logan 7 (16.72)
Raleigh 11 (11.74)
Mingo 2 (6.03)
Wyoming 1 (3.56)
Summers 2 (13.82)
Monroe 1 (6.53)
McDowell 2 (6.88)
Mercer 13(17.55)
10.29 – 37.79
0.00 – 9.85

2011 West Virginia Youth Risk Behavior Survey



Percentage of students who seriously considered attempting suicide during the 12 months before the survey. (9th- 12th)		
Year	**US**	**WV**
2011	15.8	13.0
Percentage of students who made a plan regarding how they would attempt suicide		
Year	**US**	**WV**
2011	12.8	10.1
Percentage of students who attempted suicide one or more times during the 12 months before the survey.		
Year	**US**	**WV**
2011	7.8	5.5

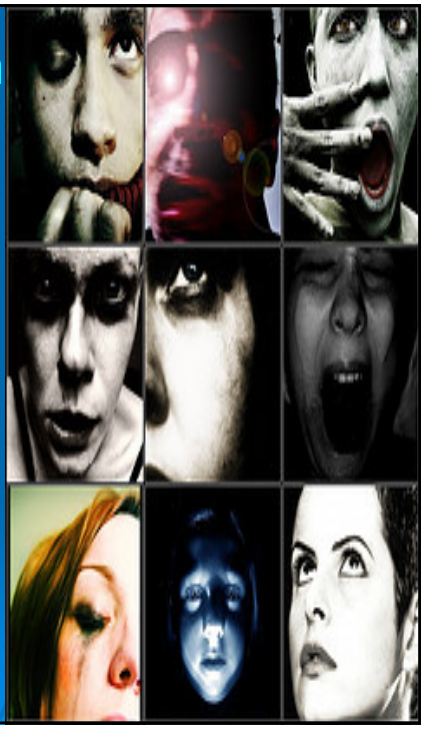
Identity Confusion

- Erickson Developmental Stage-
  Learning Identity Versus Identity Confusion (Fidelity)

  Learning Intimacy Versus Isolation (Love)

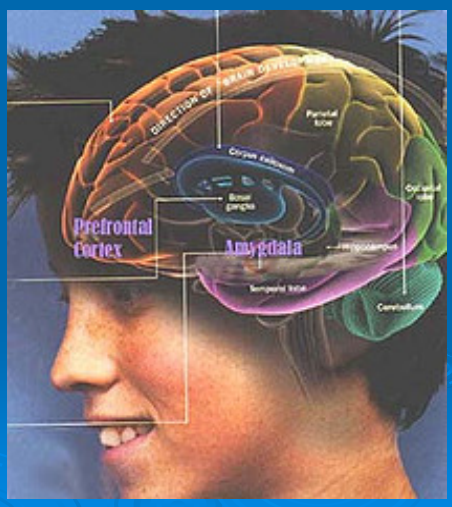
Sexual Identification

- Lesbian, Gay, and Bisexual youth are 1 ½ - 7 times more likely to have reported ideation.
- LGB Youth in multiple studies are found to be 3-4 times more likely to attempt suicide.
- 58% of LGB youth who had attempted suicide reported they really hoped to die vs. 33% of heterosexuals who attempted and reported really hoping to die.
- Have elevated risk factors and lower protective factors

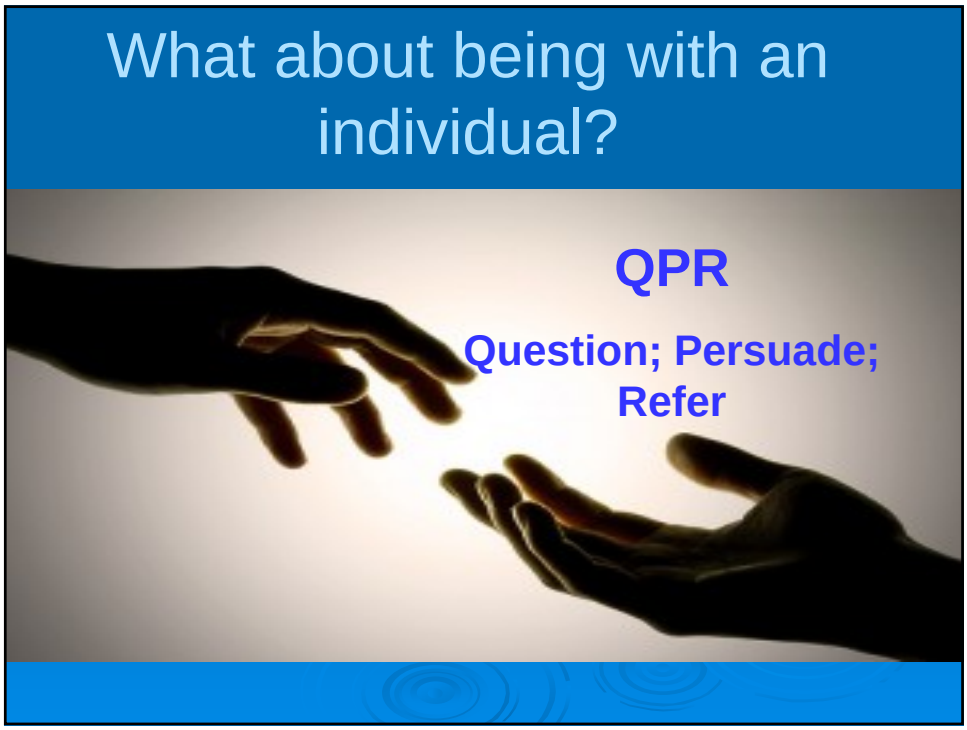


The Teenage Brain

- Adolescence is a time of profound brain growth.
- Greatest changes to the brain that are responsible for impulse control, decision making, planning, organization, and emotion occur in adolescence (prefrontal cortex).
- Do not reach full maturity until age 25.



What do teens deal with?
Increased school pressures as they progress through higher grades
Possibly first romantic relationships
Exploring increased independence and identity
Experimenting with substance use
Puberty and Hormone fluctuation
Bullying


What about being with an individual?
QPR
Question; Persuade; Refer

Myth or Fact

- Confronting a person about suicide will only make them angry and increase the risk of suicide.
  - Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act

Myth or Fact

- Those who talk about suicide don't do it.

People who talk about suicide may try, or even complete, an act of self-destruction.

Myth or Fact

- If a suicidal youth tells a friend, the friend will access help.
  - Most young people do not tell an adult

Risk Factors, Warning Signs, Protective Factors

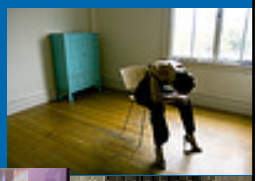
- ***Risk Factors-*** **characteristics that will may it more likely that an individual will consider, attempt, or die by suicide**
- ***Warning Signs-*** **behaviors that indicate signs of immediate risk**
- ***Protective Factors-*** **characteristics that make it less likely that individuals will consider, attempt, or die by suicide.**

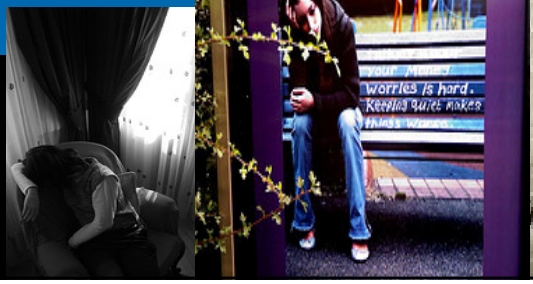
Risk Factors- IS PATH WARM

- *Ideation*
- *Substance Abuse*
- *Purposelessness*
- *Anxiety*
- *Trapped*
- *Hopelessness*
- *Withdrawal*
- *Anger*
- *Recklessness*
- *Mood Changes*

Problems that increase Suicide Risk

- Prior suicide attempts
- Mental health disorders
- History of trauma or abuse
- Family history of suicide
- Lack of social support





Situations that increase suicide risk

- Major physical illnesses
- Losses
- Bullying
- Easy access to lethal means
- Local clusters of suicide

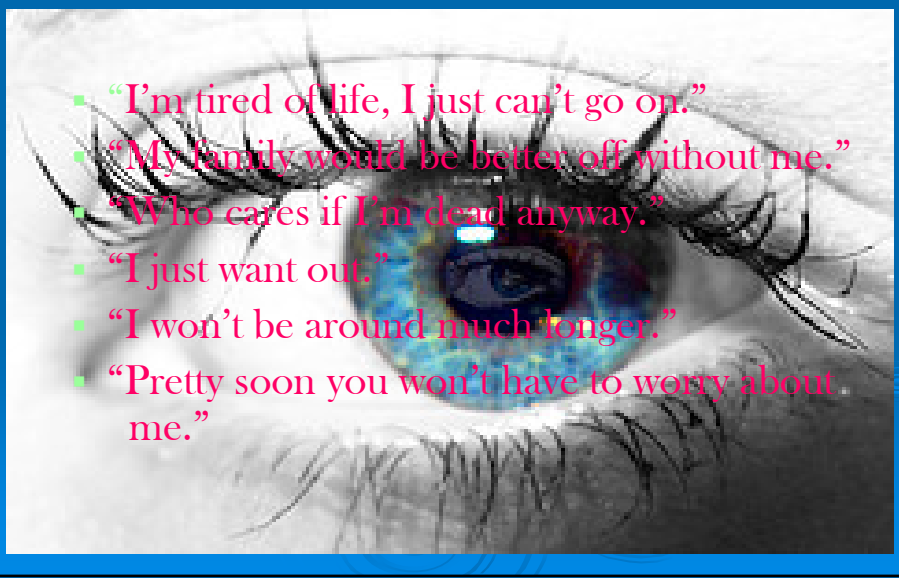
Warning Signs:

- Acquiring a gun or stockpiling pills
- Talking about wanting to die or kill oneself
- Impulsivity/increased risk taking
- Giving away prized possessions
- Self-destructive acts (i.e., cutting)
- Increased drug or alcohol abuse
- Talking about no reason to live

Protective Factors

- Treatment for MH/SA, physical disorders
- Increased access to interventions
- Restricted access to highly lethal means
- Strong connections to family and community support
- Strong problem-solving and conflict resolution skills
- Cultural and religious beliefs that discourage suicide and support self-preservation.

Indirect or "Coded" Verbal Clues:



- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

What to Do for the Individual

Take it seriously

Almost 80% of all suicides had given some warning of their intentions

Ask Directly

If you think that someone is suicidal, ask them about it

Q
Direct Approach

"You know when people are as upset as you seen to be, they sometimes wish they were dead, I was wondering if you were feeling that way too."

"You look pretty miserable, I was wondering if you were thinking about suicide."

"Are you thinking about killing yourself?"

Tips for Asking the Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it

What to do – Be Genuine

Be Genuine

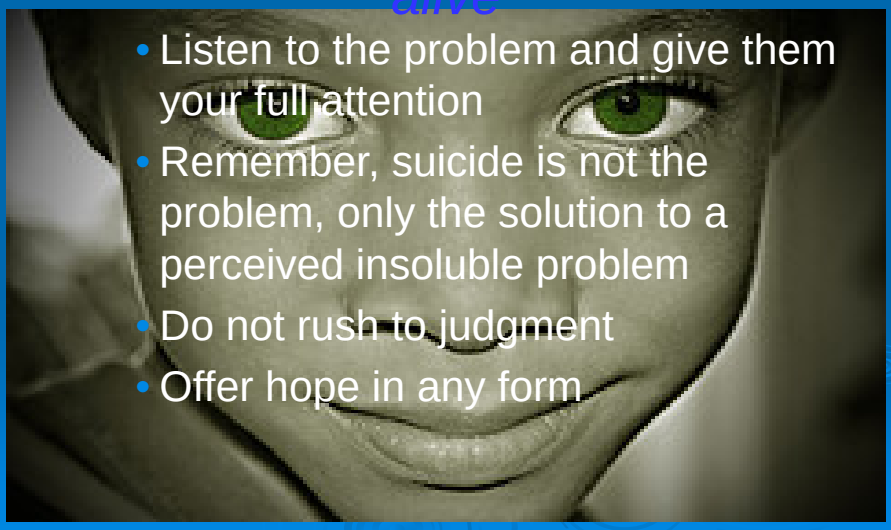
•Listen and don't show shock or disapproval

•Show that you care, it is more important than saying "the right thing."

•Avoid trying to explain away the feelings…(saying things like "you have a lot to live for" or "you are just confused right now")

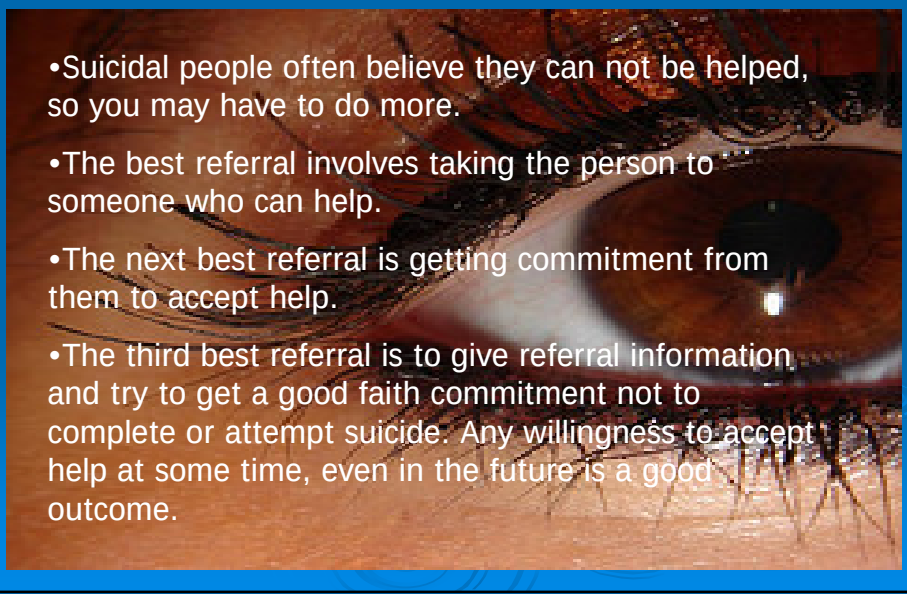
Persuade

How to persuade someone to stay alive



- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope in any form

Refer



•Suicidal people often believe they can not be helped, so you may have to do more.

•The best referral involves taking the person to someone who can help.

•The next best referral is getting commitment from them to accept help.

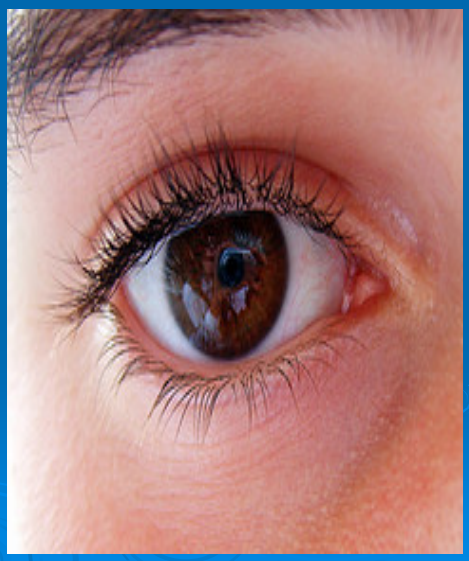
•The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even in the future is a good outcome.

What to Do

- **Stay There**
  Don't leave them alone.
- **Seek Help** -Be actively involved in seeking professional help

Plan for Safety

- KEEP SAFE Agreement
- Safety Contact (s)
- Safe/no use of alcohol and drugs
- Link to resources
- Disable the suicide plan
- Link to services
- Plan for Life



Potential Assessments

- Patient Health Questionnaire Modified for Teens (PHQ-9 Modified)
  - 12-18 years of age
  - Less than five minutes to complete and score
- Adolescent Suicide Assessment Protocol (ASAP-20)
  - Semi- structured clinical interview
  - Addresses 20 items associated with suicide risk

Your willingness to listen and to help can rekindle hope.

HOPE MAKES ALL THE DIFFERENCE.

For More Information

- www.suicidology.org
- www.sprc.org
- www.afsp.org
- www.spanusa.org
- www.wvaspen.com
- www.wvsuicidecouncil.org
- www.jasonfoundation.org
- www.jedfoundation.org

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THANK
YOU