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# SUICIDE PREVENTION

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No relevant financial relationships with commercial interests to disclose.

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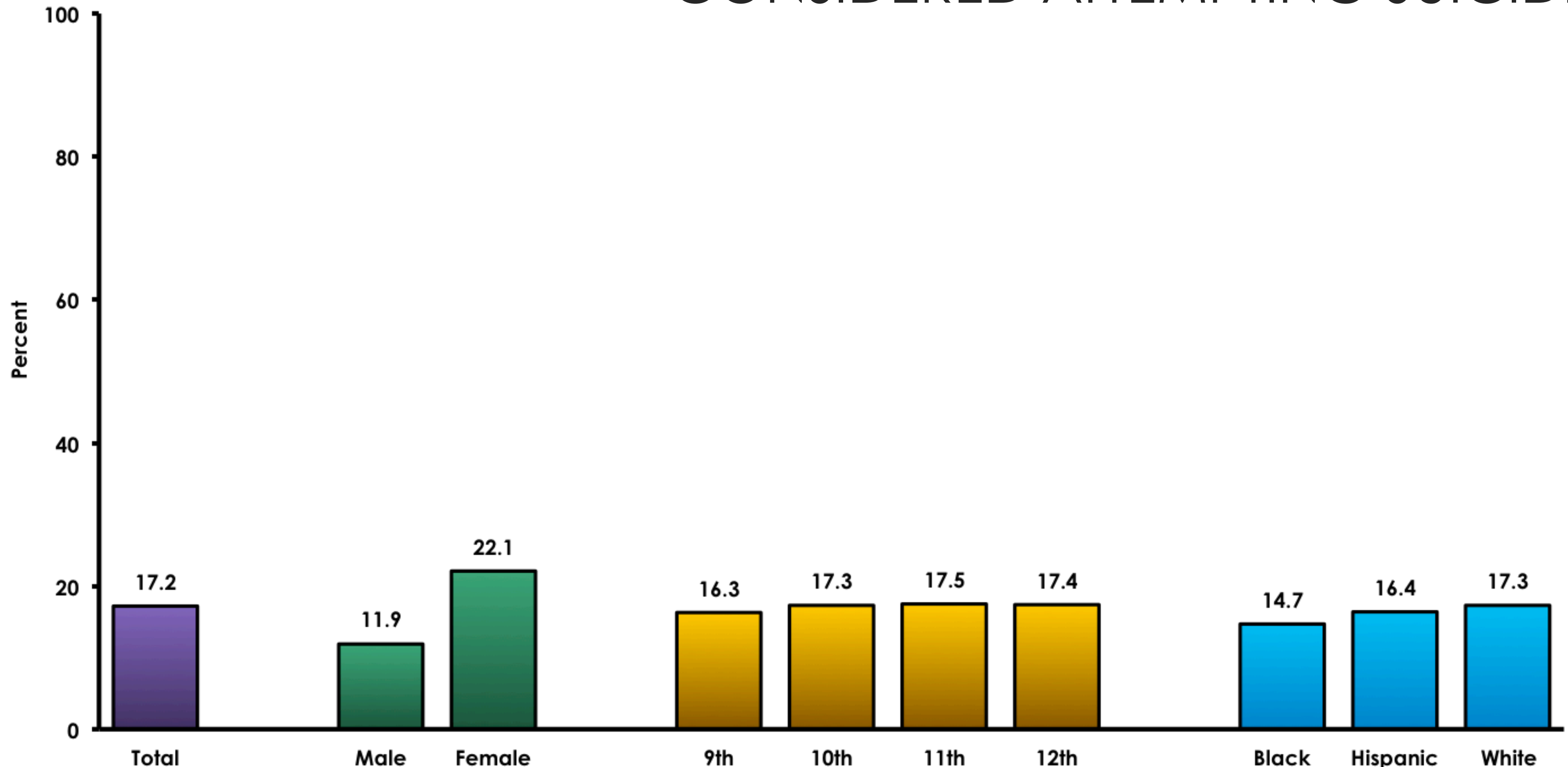
## 10 Leading Causes of Death by Age Group, United States – 2017

| Rank | <1 | 1-4 | 5-9 | 10-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Age Groups | | | | | | | | | | |
| 1 | Congenital Anomalies 4,580 | Unintentional Injury 1,267 | Unintentional Injury 718 | Unintentional Injury 860 | Unintentional Injury 13,441 | Unintentional Injury 25,669 | Unintentional Injury 22,828 | Malignant Neoplasms 39,266 | Malignant Neoplasms 114,810 | Heart Disease 519,052 | Heart Disease 647,457 |
| 2 | Short Gestation 3,749 | Congenital Anomalies 424 | Malignant Neoplasms 418 | Suicide 517 | Suicide 6,252 | Suicide 7,948 | Malignant Neoplasms 10,900 | Heart Disease 32,658 | Heart Disease 80,102 | Malignant Neoplasms 427,896 | Malignant Neoplasms 599,108 |
| 3 | Maternal Pregnancy Comp. 1,432 | Malignant Neoplasms 325 | Congenital Anomalies 188 | Malignant Neoplasms 437 | Homicide 4,905 | Homicide 5,488 | Heart Disease 10,401 | Unintentional Injury 24,461 | Unintentional Injury 23,408 | Chronic Low. Respiratory Disease 136,139 | Unintentional Injury 169,936 |
| 4 | SIDS 1,363 | Homicide 303 | Homicide 154 | Congenital Anomalies 191 | Malignant Neoplasms 1,374 | Heart Disease 3,681 | Suicide 7,335 | Suicide 8,561 | Chronic Low. Respiratory Disease 18,667 | Cerebro-vascular 125,653 | Chronic Low. Respiratory Disease 160,201 |
| 5 | Unintentional Injury 1,317 | Heart Disease 127 | Heart Disease 75 | Homicide 178 | Heart Disease 913 | Malignant Neoplasms 3,616 | Homicide 3,351 | Liver Disease 8,312 | Diabetes Mellitus 14,904 | Alzheimer's Disease 120,107 | Cerebro-vascular 146,383 |
| 6 | Placenta Cord. Membranes 843 | Influenza & Pneumonia 104 | Influenza & Pneumonia 62 | Heart Disease 104 | Congenital Anomalies 355 | Liver Disease 918 | Liver Disease 3,000 | Diabetes Mellitus 6,409 | Liver Disease 13,737 | Diabetes Mellitus 59,020 | Alzheimer's Disease 121,404 |
| 7 | Bacterial Sepsis 592 | Cerebro-vascular 66 | Chronic Low. Respiratory Disease 59 | Chronic Low Respiratory Disease 75 | Diabetes Mellitus 248 | Diabetes Mellitus 823 | Diabetes Mellitus 2,118 | Cerebro-vascular 5,198 | Cerebro-vascular 12,708 | Unintentional Injury 55,951 | Diabetes Mellitus 83,564 |
| 8 | Circulatory System Disease 449 | Septicemia 48 | Cerebro-vascular 41 | Cerebro-vascular 56 | Influenza & Pneumonia 190 | Cerebro-vascular 593 | Cerebro-vascular 1,811 | Chronic Low. Respiratory Disease 3,975 | Suicide 7,982 | Influenza & Pneumonia 46,862 | Influenza & Pneumonia 55,672 |
| 9 | Respiratory Distress 440 | Benign Neoplasms 44 | Septicemia 33 | Influenza & Pneumonia 51 | Chronic Low. Respiratory Disease 188 | HIV 513 | Septicemia 854 | Septicemia 2,441 | Septicemia 5,838 | Nephritis 41,670 | Nephritis 50,633 |
| 10 | Neonatal Hemorrhage 379 | Perinatal Period 42 | Benign Neoplasms 31 | Benign Neoplasms 31 | Complicated Pregnancy 168 | Complicated Pregnancy 512 | HIV 831 | Homicide 2,275 | Nephritis 5,671 | Parkinson's Disease 31,177 | Suicide 47,173 |

**Data Source:** National Vital Statistics System, National Center for Health Statistics, CDC.
**Produced by:** National Center for Injury Prevention and Control, CDC using WISQARS™.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

# PERCENTAGE OF HS STUDENTS WHO SERIOUSLY CONSIDERED ATTEMPTING SUICIDE



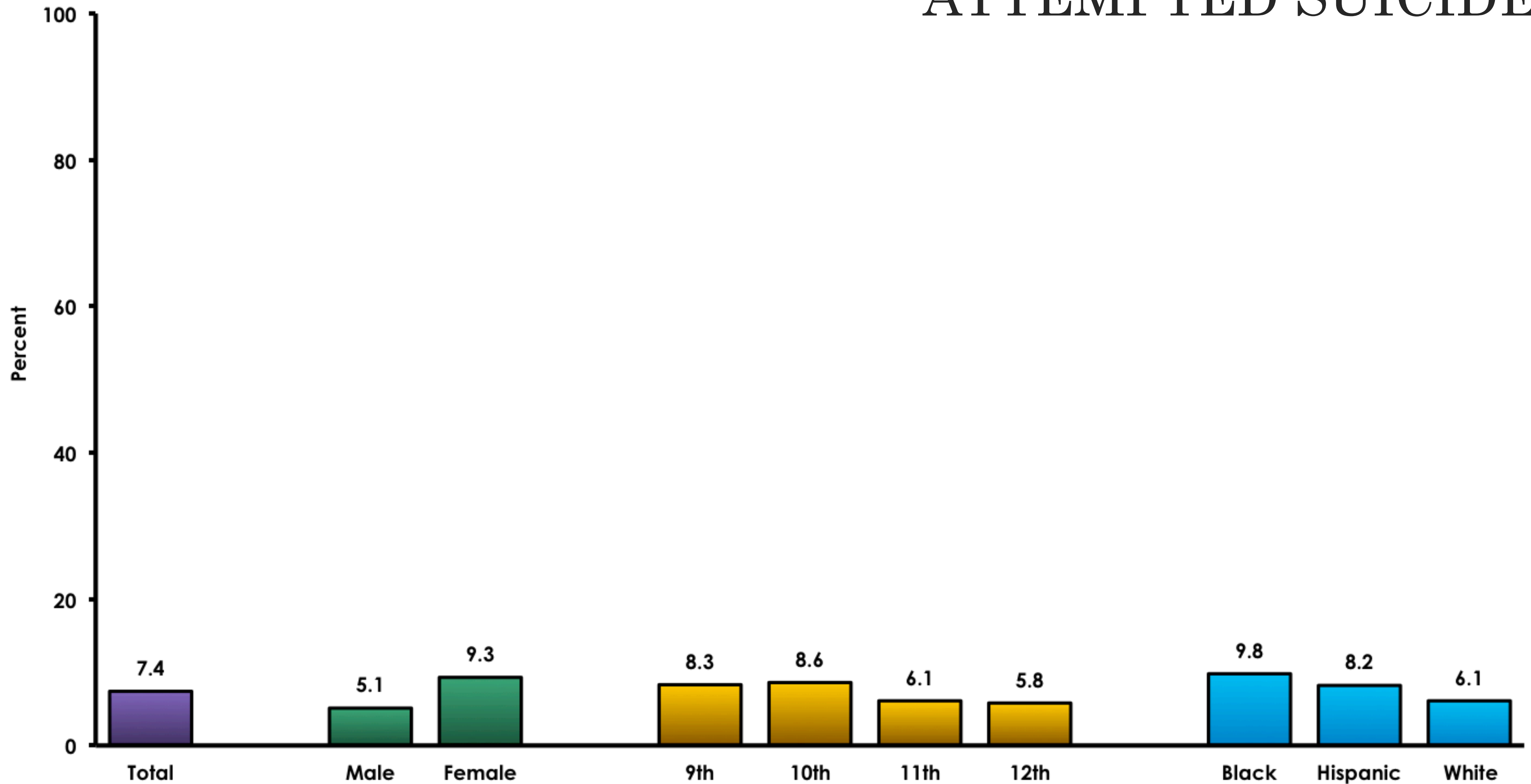

*Ever during the 12 months before the survey

†F > M; W > B (Based on t-test analysis, $p < 0.05$.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

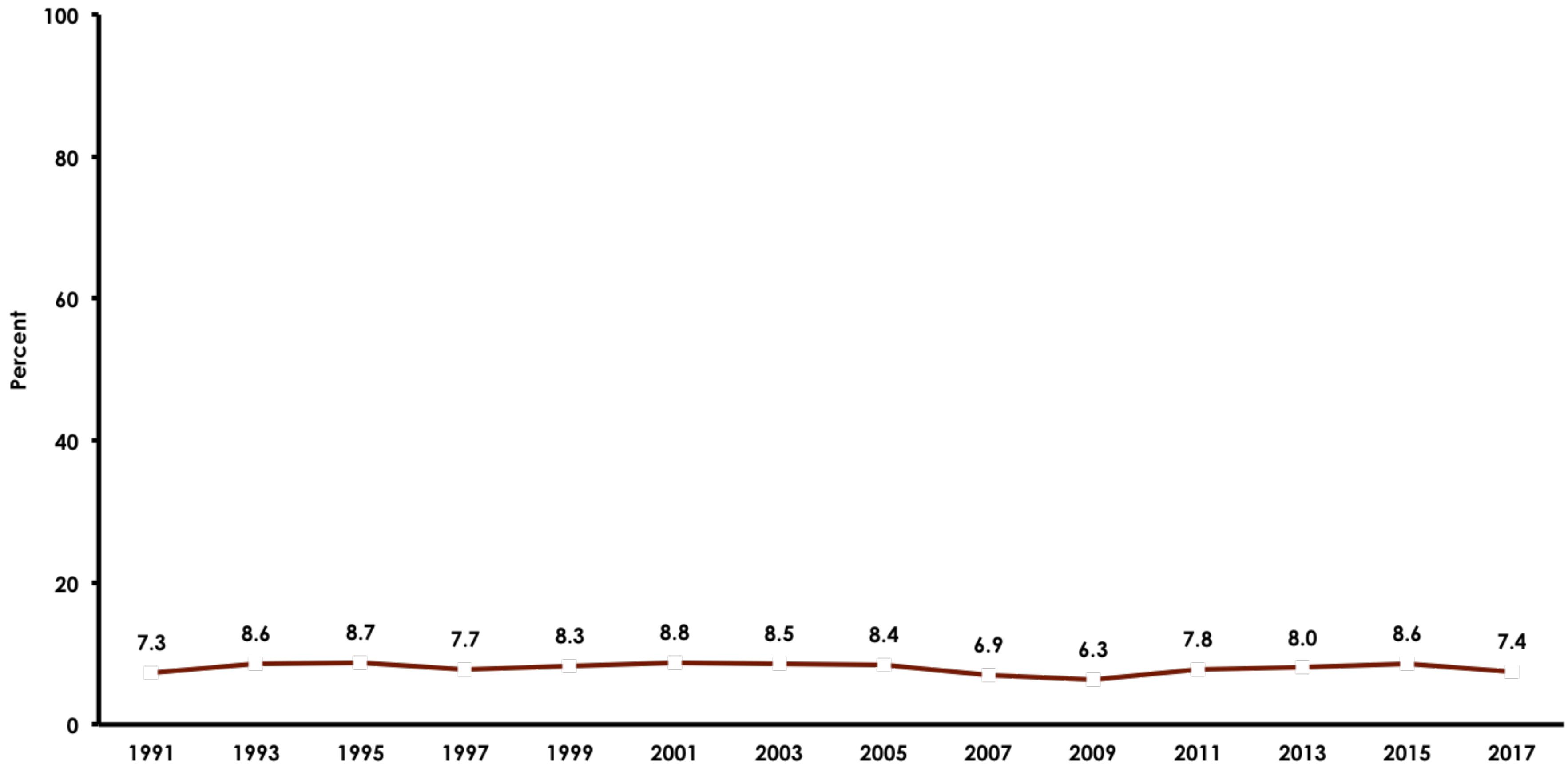
*National Youth Risk Behavior Survey, 2017*

# PERCENTAGE OF HS STUDENTS WHO ATTEMPTED SUICIDE



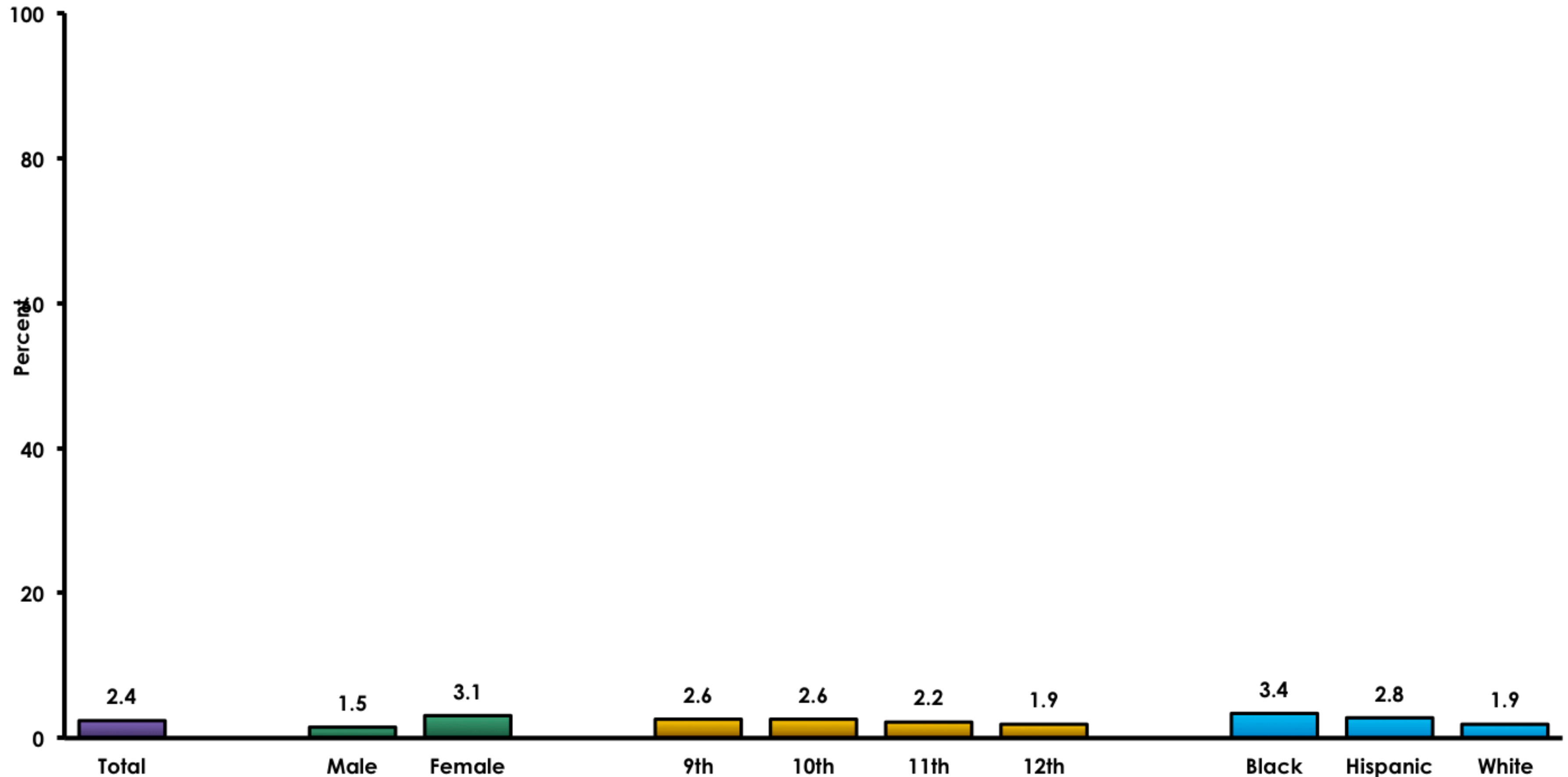

*National Youth Risk Behavior Survey, 2017*

# PERCENTAGE OF HS STUDENTS WHO ATTEMPTED SUICIDE, 1991-2017




*National Youth Risk Behavior Surveys, 1991-2017*

# PERCENTAGE OF HS STUDENTS WHO ATTEMPTED SUICIDE & REQUIRED TREATMENT

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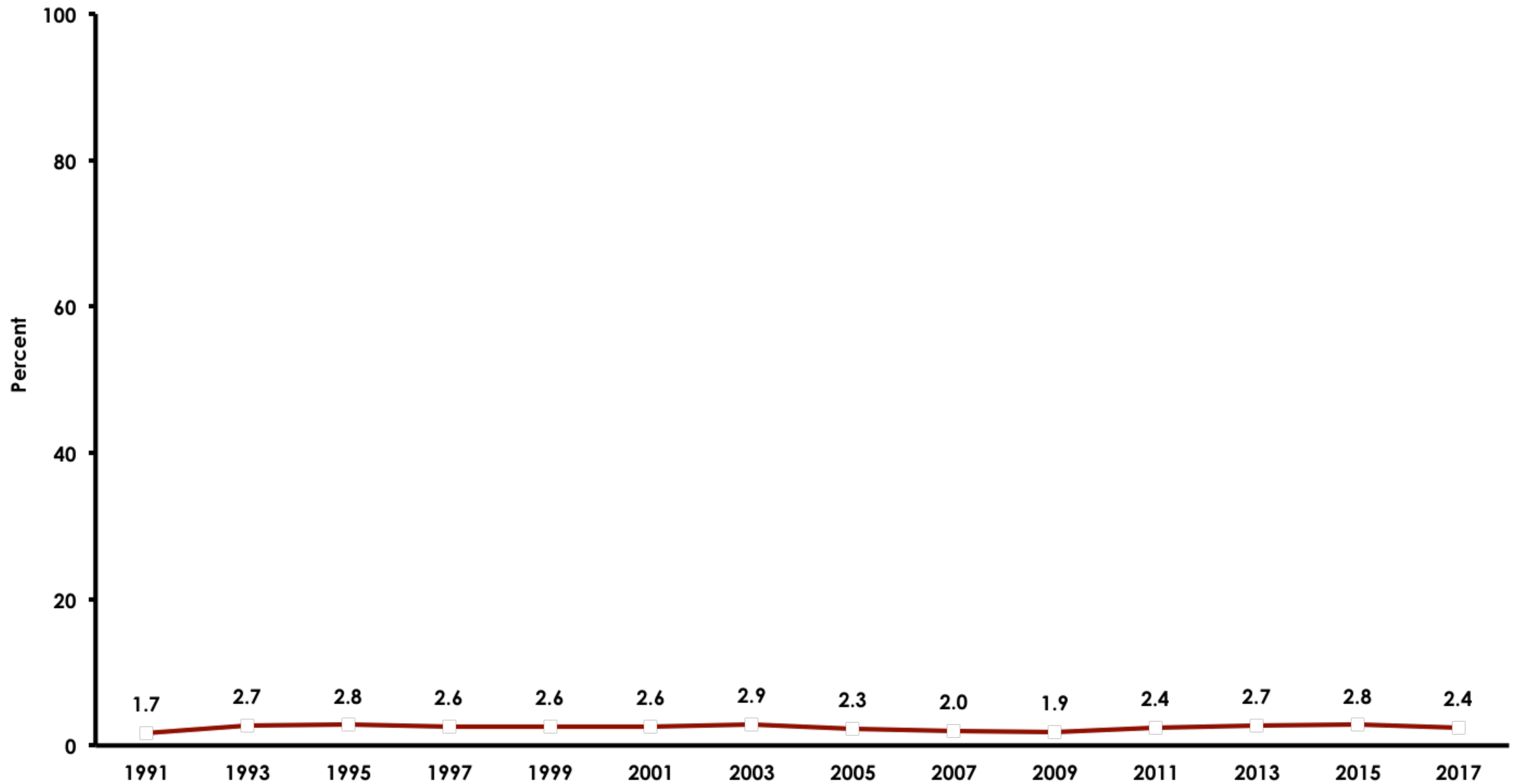
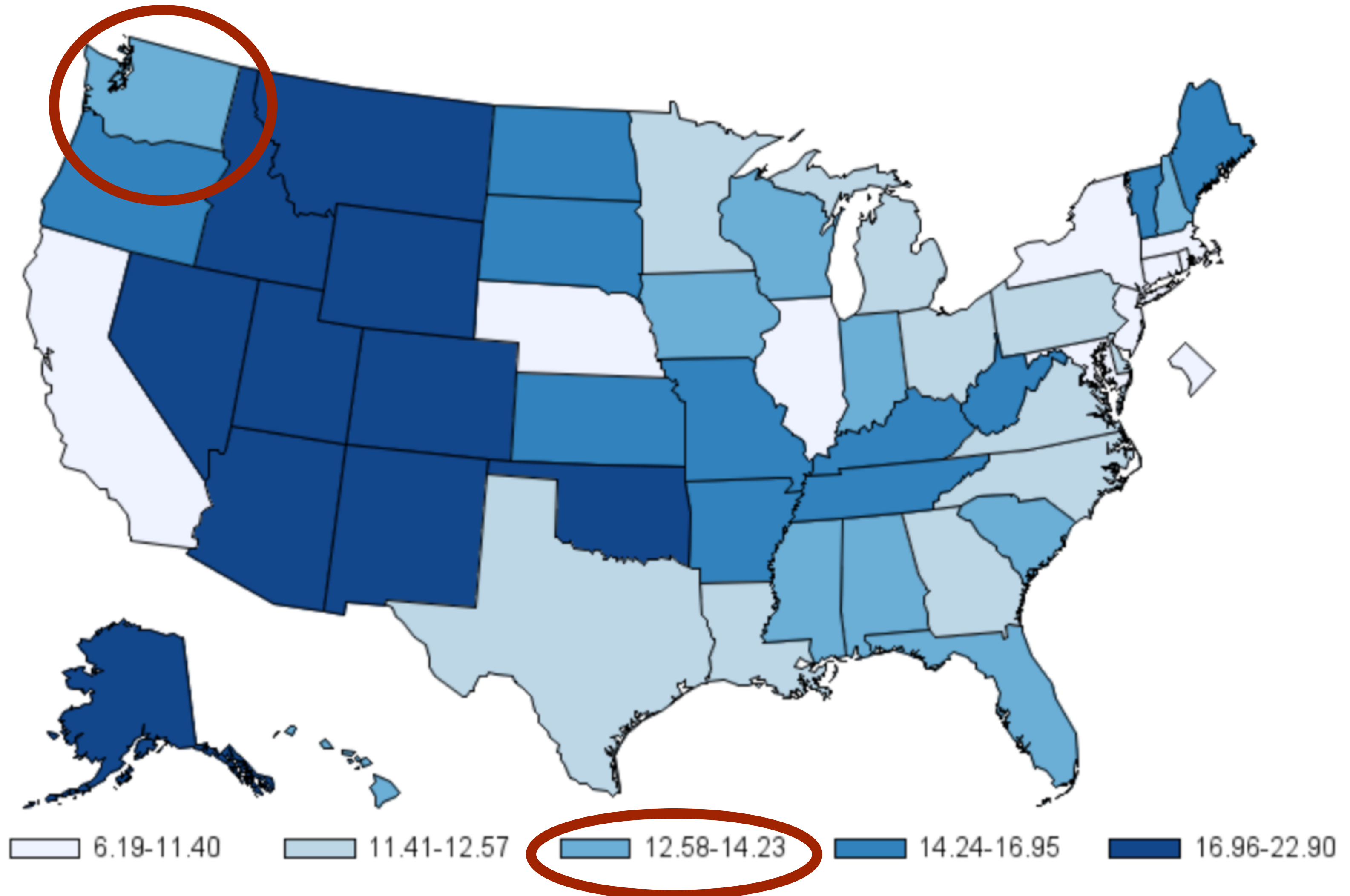



*National Youth Risk Behavior Surveys, 1991-2017*

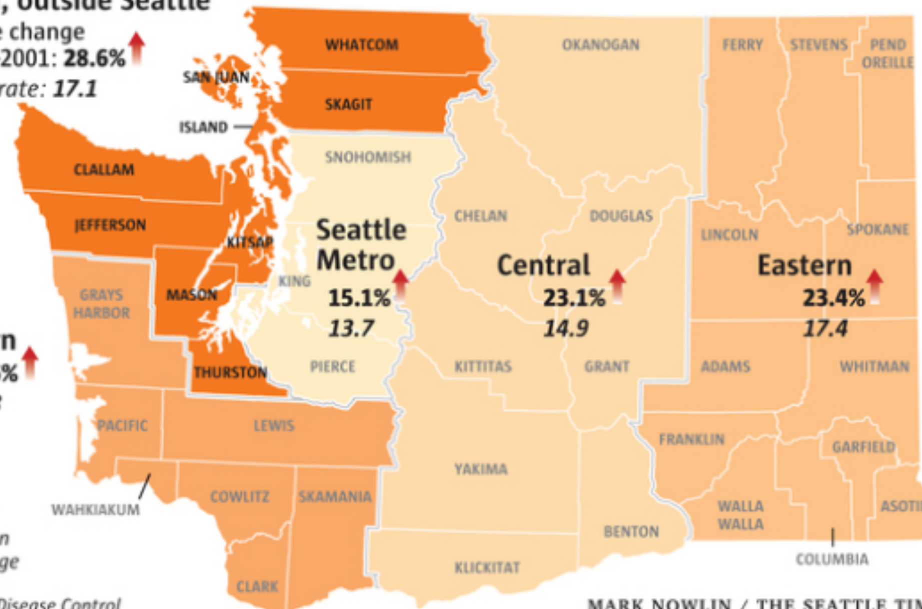

Suicide Rates in the United States
(by state; per 100,000; average 2008-2014)
Data Courtesy of CDC
6.19-11.40
11.41-12.57
12.58-14.23
14.24-16.95
16.96-22.90

The Seattle Times

Gene Balk / FYI Guy

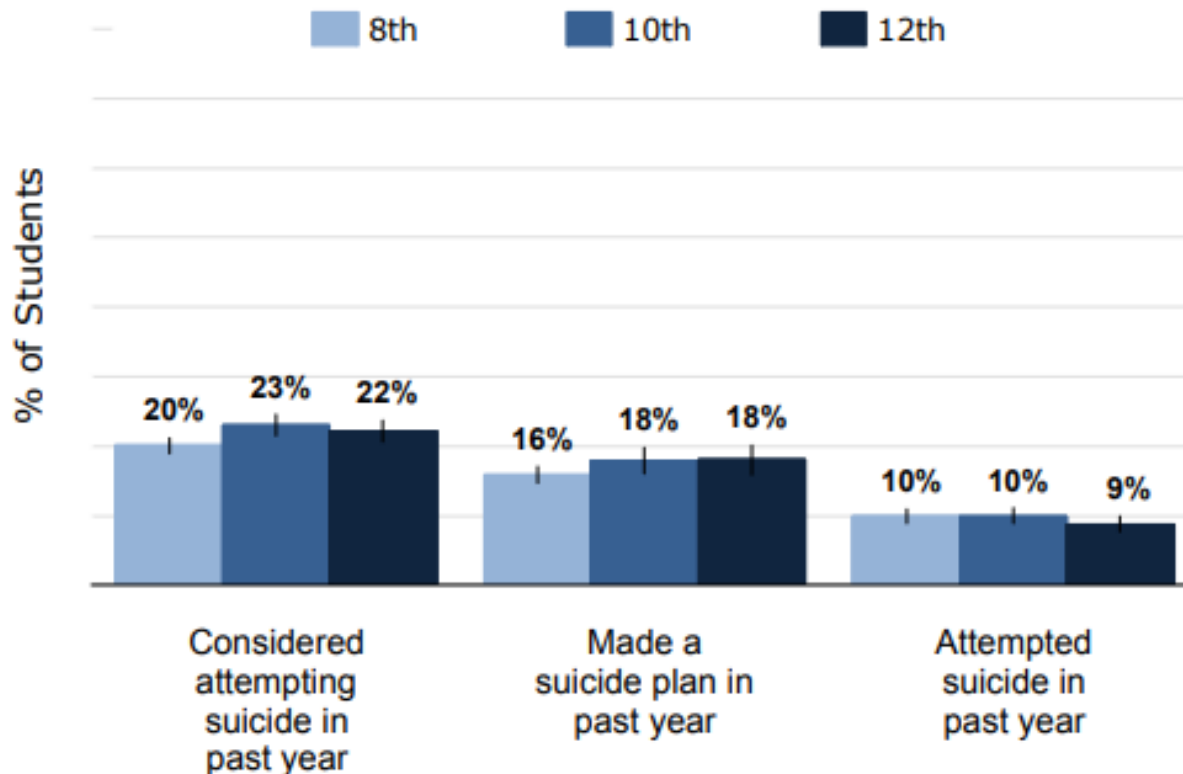
# Suicide rate up in all regions of Washington — but why? 'No one is exactly sure,' expert says

Originally published June 14, 2018 at 6:00 am | *Updated June 15, 2018 at 11:58 pm*




The suicide rate in Washington state has increased 19 percent compared to the period from 1999 to 2001. There are more than 1,100 suicides each year in the state.

# WA YOUTH SURVEY 2018



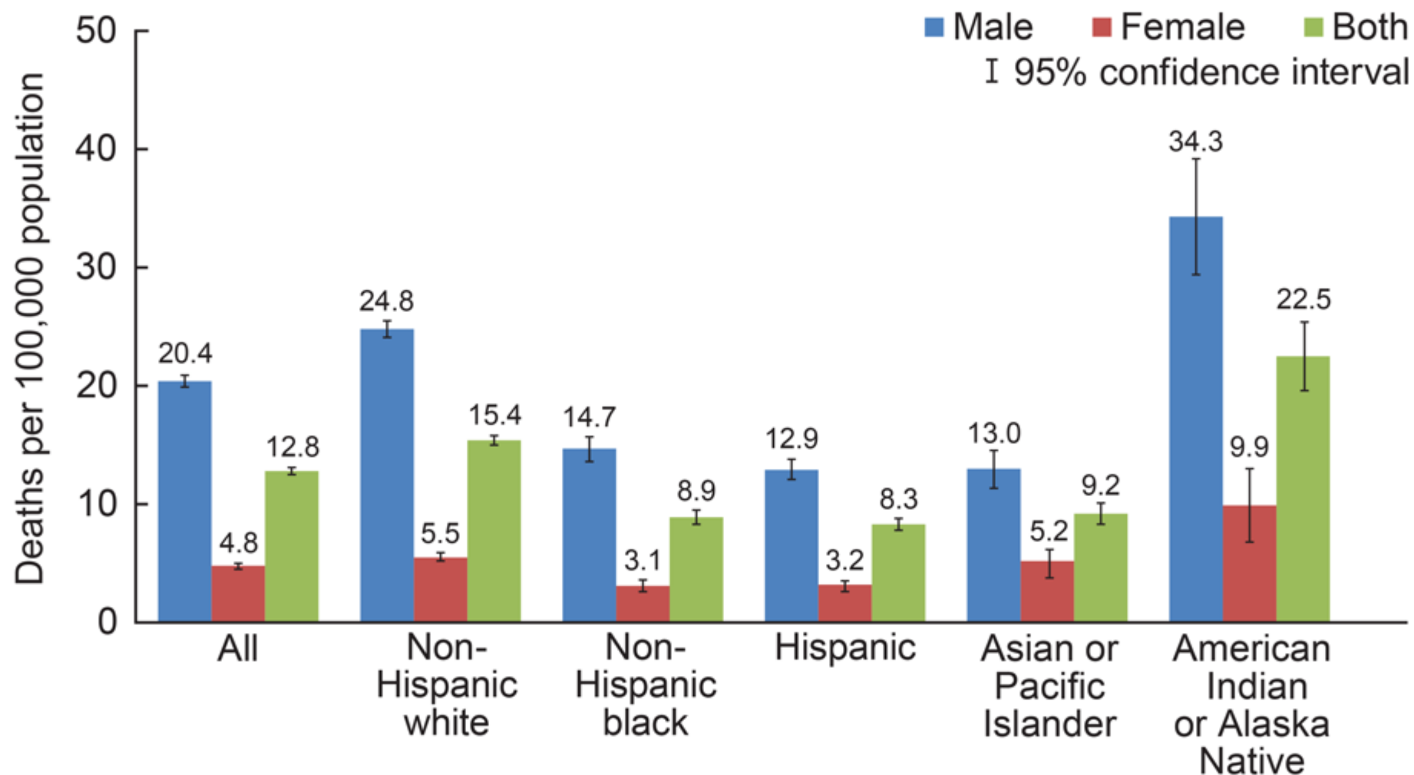
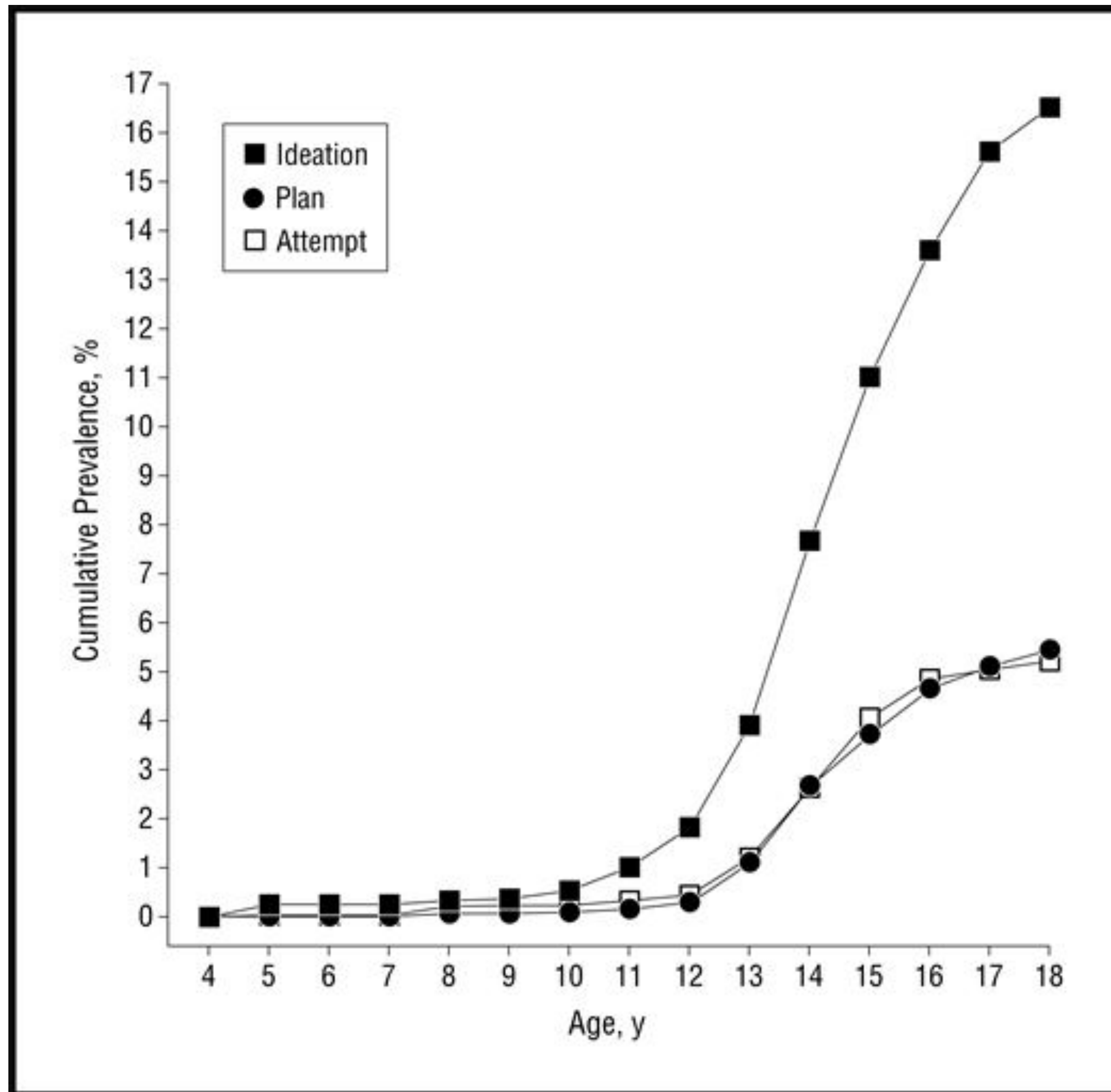


Figure 1. Suicide rates among young adults aged 18–24, by race and Hispanic origin and sex: United States, 2012–2013
Male
Female
Both
95% confidence interval
Deaths per 100,000 population
50
40
30
20
10
0
20.4
4.8
12.8
24.8
5.5
15.4
14.7
3.1
8.9
12.9
3.2
8.3
13.0
5.2
9.2
34.3
9.9
22.5
All
Non-Hispanic white
Non-Hispanic black
Hispanic
Asian or Pacific Islander
American Indian or Alaska Native
NOTES: Suicide deaths are identified with ICD–10 codes U03, X60–X84, and Y87.0. Deaths for the American Indian or Alaska Native population may be underreported by 30%, for the Asian or Pacific Islander population by 7%, and for the Hispanic-origin population by 5%. For more details, see Technical Notes in National Vital Statistics Reports, vol. 63, no. 3, "Deaths: Final data for 2011"; also see Vital and Health Statistics, Series 2, no. 148, "The validity of race and Hispanic origin reporting on death certificates in the United States."
SOURCE: CDC/NCHS, National Vital Statistics System mortality data, 2012–2013. Available from CDC Wonder online database: http://wonder.cdc.gov/ucd-icd10.html.

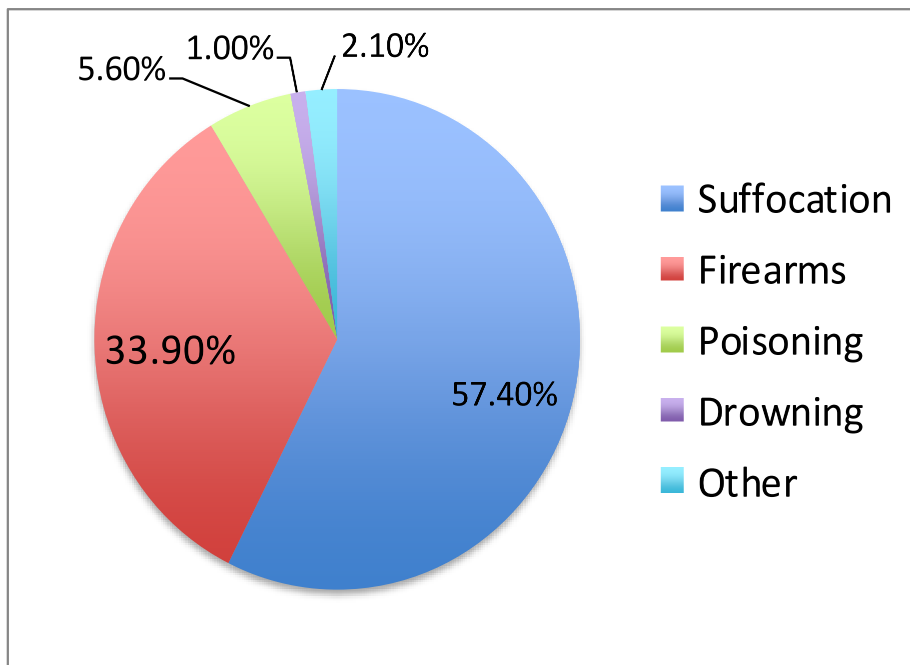
# AGE OF ONSET FOR SUICIDAL BEHAVIORS
(NOCK ET AL., 2013)



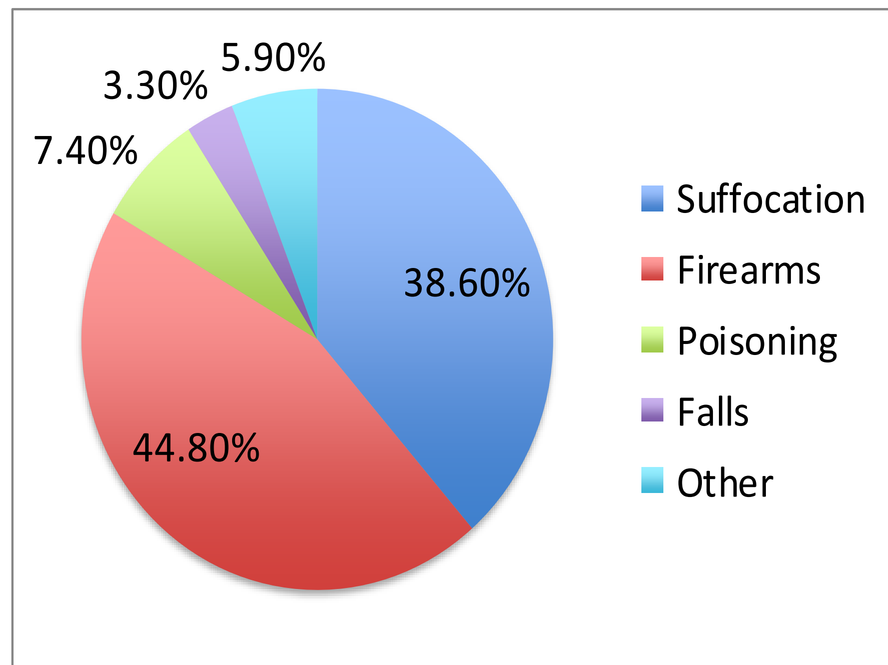
WHY ARE NON-LETHAL SUICIDE
ATTEMPTS OF CONCERN?

# METHODS OF SUICIDE IN ADOLESCENCE & YOUNG ADULTHOOD

## Ages ≤ 14




## Ages 15-24




CDC WISQARS data for the year 2015

# CASE EXAMPLE

Katerina, a 15-year-old girl with a history of depression and anxiety symptoms as well as NSSI, is presenting for her annual well child visit.

Upon inquiry, she shares that she sometimes wishes she were dead and that she engages in self-harm (cutting) 1-2 times per week whenever she feels overwhelmed by school, her parents, or her peers.

Mother shares that she recently discovered that Katerina has been spending time with an older boy and that the two regularly smoke weed together and also drink alcohol from time to time.

During her visit, Katerina complains that her parents don't understand what she is going through and that her grades have dropped from As and Bs to Cs.

# RISK FACTORS

- Gender
- Age
- Depression, hopelessness
- Prior SI/SA
- Exposure to suicide
- Neglect/Abuse
- Substance Use/Abuse
- Bullying
- Non-heterosexual orientation

| Distal Risk Factor | Proximal Risk Factor |
| --- | --- |
| Prior suicide attempt or NSSI | Stressful life events |
| Psychopathology (Mood/anxiety disorders) | Accessible means |
| Impulsive-aggressive traits | Intense Affective State+ Sleep Disturbance |
| Race/ethnicity | Current psychotic symptoms |
| Disturbed family context/Family history of suicide | Chronic pain or medical illness |
| Gender* | Suicide in social milieu |
| Sexual minority | Talking about suicide, burden to others |
| Early life adversity and abuse | Substance abuse |

# SUICIDE VS. NSSI

Suicide:

- Intent is to die
- Hopelessness/helplessness
- Feel no better after attempt
- Usually one primary method
- Varying lethality

NSSI:

- Intent is to cope with stress, and/or avoid suicide
- Typically experience relief after the act
- Multiple methods often used
- Typically low lethality

**<u>STRONG association between NSSI and suicidality</u>**

- SA risk factor for NSSI
- SI occurs during NSSI
- NSSI risk factor for future SAs
  - Frequency
  - Duration
  - Number of methods

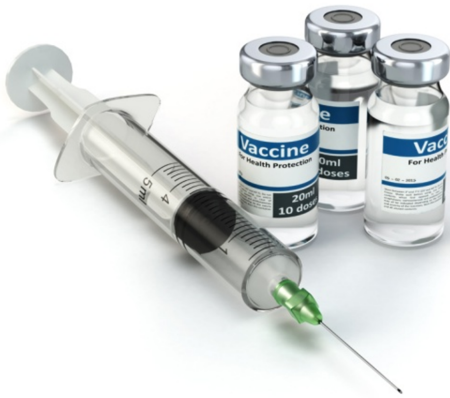
# SUICIDE PREVENTION

WORLD
SUICIDE
PREVENTION
DAY

10th September

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org

# PRIMARY PREVENTION



# SECONDARY PREVENTION

# WA STATE PLAN FOR YOUTH SUICIDE PREVENTION

Goal 1: Suicide is everyone's business

Goal 2: Youth ask for and get help when they need it.

Goal 3: People know what to look for and how to help

Goal 4: Care is available for those who seek it.

Goal 5: Suicide is recognized as a preventable public health problem.

# SUICIDE PRIMARY PREVENTION

- Statewide educational campaign on suicide prevention
- Public educational campaign to restrict access to lethal means
- Firearm safety/restricting accessibility
- Medication packaging and dispensing
- Car safety features
- Media guidelines

# SUICIDE PRIMARY PREVENTION

- ➢ School-based awareness and prevention programs
  - ✓SOS Signs of Suicide Prevention Program
  - ✓Youth Aware of Mental Health Program
  - ✓Youth Suicide Prevention Program
- ➢ Increasing protective factors
  - ✓Building resilience
  - ✓Social support
  - ✓Positive school experiences

# SUICIDE SECONDARY PREVENTION

- Gatekeeper Training Programs
  - Increase knowledge about suicide
  - Improve attitudes about suicide prevention
  - Decrease reluctance to ask about suicide
  - Enhance self-efficacy to intervene

- Screen and refer
  - ASQ
  - PHQ9/PHQ9-A
  - CSSRS
  - Computerized adaptive measures

WHAT ARE THE EFFECTIVE INTERVENTIONS/
TREATMENT COMPONENTS FOR SUICIDALITY?

# EMPIRICALLY SUPPORTED APPROACHES

- Non-demand “caring contact”
  - Letter, postcard, call, in person visit
- Reducing Access to Lethal Means
- Safety Planning
  - Reducing access to lethal means
  - Teaching brief problem solving and coping skills
  - Identifying social support
  - Enhancing motivation
- CBT approaches
- CAMS
- MBT /TFP

# ED INTERVENTIONS

risk assessment + brief intervention + care linkage

## WHY THIS SETTING?

- Therapeutic Assessment (TA) (Ougrin et al., 2011)
- Risk Screening plus Service Engagement (Grupp-Phelan, McGuire, Husky, & Olfson, 2012)
- Teen Options for Change (King, Gipson, Horwitz, Opperman, 2015)
- Family Intervention for Suicide Prevention (FISP) (Asarnow et al., 2009)

# THE FAMILY INTERVENTION FOR SUICIDE PREVENTION (FISP)

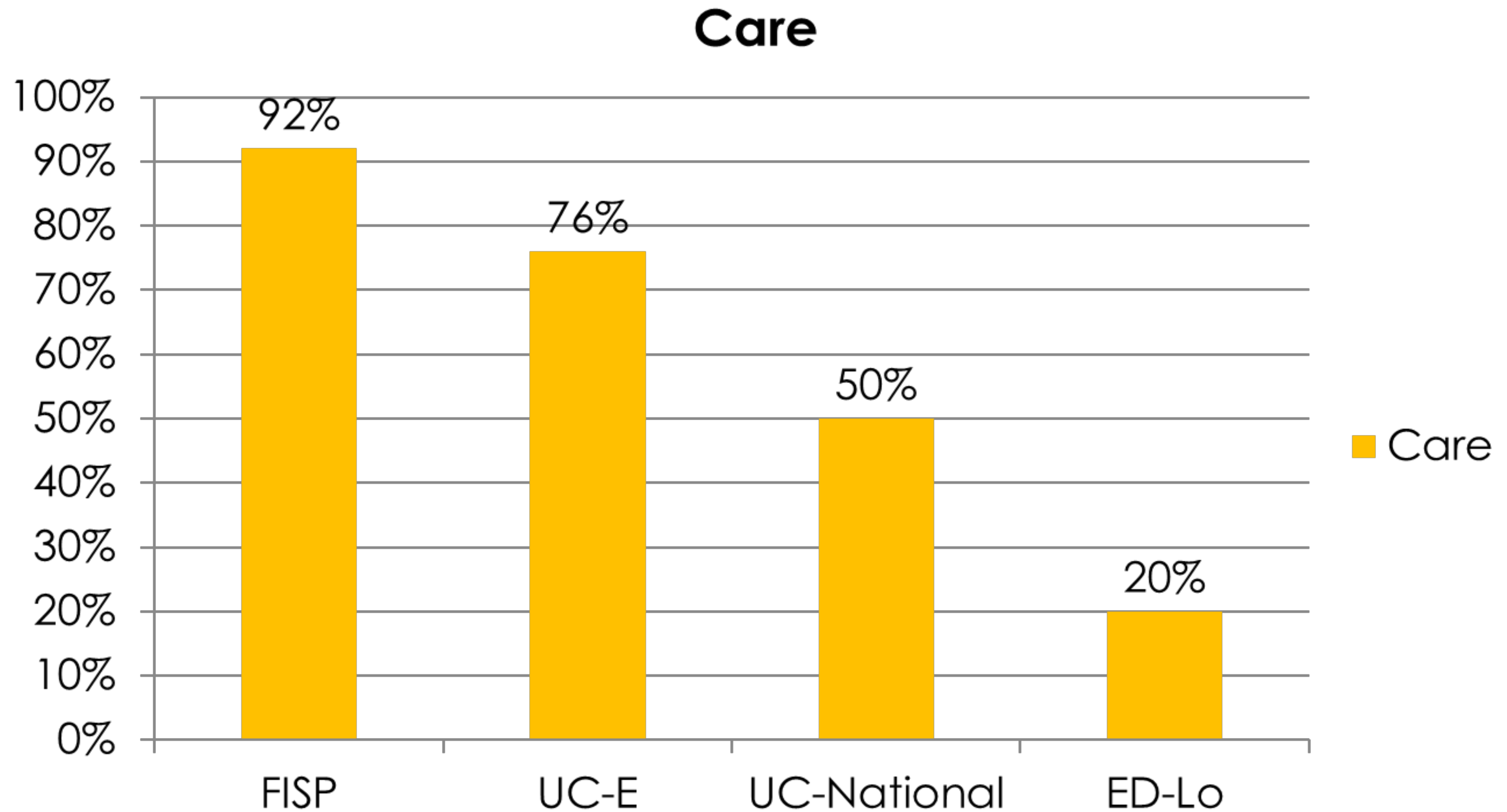
# What is FISP?

- Brief family intervention for youth with high suicide risk
  - Participation of parent/guardian
- "Therapeutic Behavioral Assessment"
  - Assess & decrease short-term suicidality risk
  - Build coping skills
  - Enhance motivation for follow-up care
  - Improve linkage to outpatient treatment

# TREATMENT COMPONENTS

- Five behavioral tasks (youth)
  - Generate Self-strengths
  - Identify three persons from whom to seek support
  - Use Emotion thermometer
  - Create safety plan
  - Commit to using the safety plan
- Psychoeducation on suicide risk (incl. lethal means)
- Strengthening family support
- Motivational interviewing/problem-solving
- Follow up contact

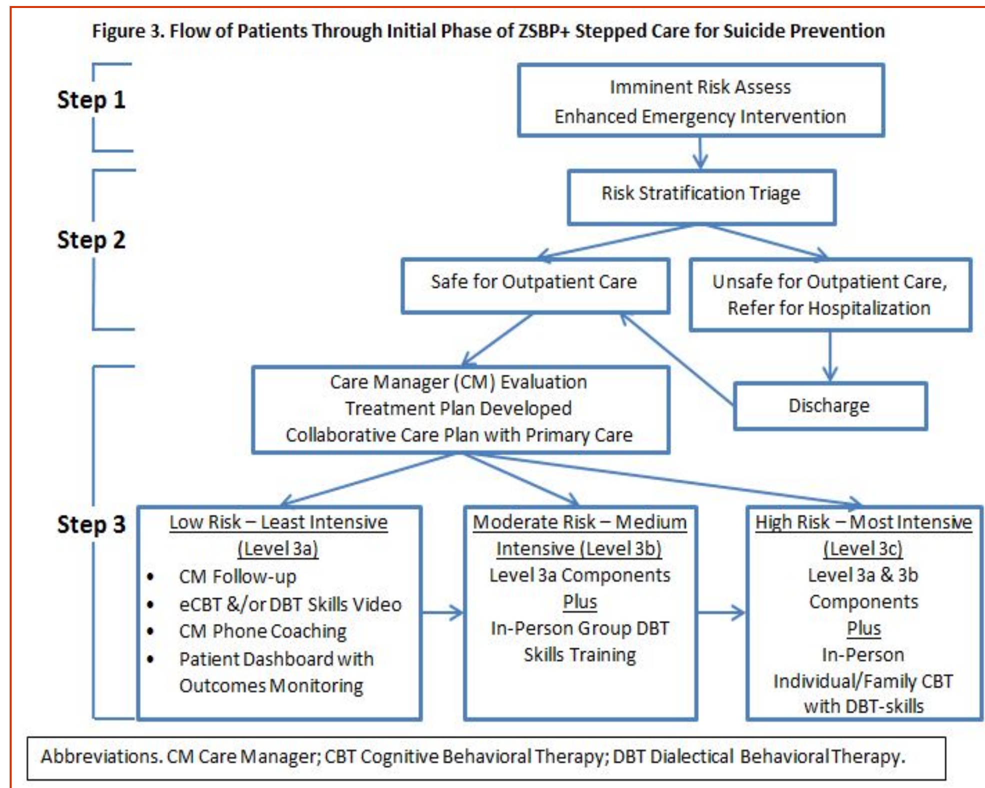
# FISP IMPROVED CONTINUITY OF CARE




Asarnow JR, Baraff LJ, Berk M, et al. (2011). An emergency department intervention for linking pediatric suicidal patients to follow-up mental health treatment. Psychiatr Serv. 2011 Nov;62(11):1303-9.

# YOUTH ZERO SUICIDE STUDY

RCT of Stepped Care for Suicide Prevention in Teens and Young Adults




UCLA Semel Institute

PI: Joan R. Asarnow, PhD

PI: Greg Clarke, PhD

# CRISIS CONSULTATION CLINICS

2-4 sessions for stabilization of suicidality

- Divert from ED
- Prevent inpatient hospitalization
- Decrease imminent risk
- Linkage to outpatient care

UCLA & Stanford – based on FISP

SCH – based on CAMS

# QUESTIONS??