Preventing Youth Suicide: What Educators Should Know

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On completion of this workshop, you will be eligible for .13 CEUs. This would convert to 1.25 PDPs.

Today’s focus areas...

- Recognizing risk factors and warning signs in youth suicide
- Discussing suicidal behavior in children under age 12
- Unravelling the connection between bullying and suicide
- Fostering protective factors/buffer to help prevent youth suicide
- Discussing collaboration with DESE, DPH, and UMMS to create competent school communities to prevent suicide

Youth

- Youth suicides are defined as suicides occurring between the ages of 10-19
- This age group gives up the largest number of healthy years of life and therefore represents an important risk group for suicide prevention.
- Most research focused on teens aged 15-19

Massachusetts Violent Death Reporting System (2012)

Society’s Attitude toward Suicide

“Throughout human history, suicide has not been openly discussed. But we can’t prevent a problem we’re not willing to talk about. It’s not unlike the response to sex education 25 years ago.”

Ruth Fagan, University of Texas professor
Why Suicide Prevention is Important

- **SECOND** leading cause of death for college-age youth and ages 12-18. (2010 CDC WISQARS)
- **Third** leading cause of death for ages 10-24. (2010 CDC WISQARS)
- 128% increase in suicides among ages 10-14 since 1980, making it the third leading cause of death for that age group.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **COMBINED**.
- Each day in our nation there are an average of over 5,400 attempts by young people grades 7-12.
- CDC Youth Risk Behavior Survey: 8% grades 9-12 reported at least one attempt in past year
- 25% high school students report suicide ideation
- Attempt rate increasing for 10-14 year olds

EVERY...

- **EVERY** Year
  - there are approximately 11 youth suicides for every 100,000 youth (ages 15-24)
- **EVERY** Day
  - there are approximately 13 youth suicides
- **EVERY** 1 Hour and 48 Minutes
  - a person under the age of 25 completes suicide

Suicidality Among MA High School Students, 2003-2011 (MYRBS)

Suicidality Among MA Middle School Students, 2007-2011 (MYHS)
Methods in MA Youth Suicides

- 68% of the suicides by hanging
- 15% of youth suicides by firearms
- 12% of suicides due to poisonings
  - (ODs of legal/illegal drugs), CO poisoning
- All suicides by 10-14 yr. olds by hanging
- Among 15-19 year-olds, hanging accounted for 63% of the suicides
  - Firearms (17%)
  - Poisoning (14%)

Reasons Youths Consider Suicide

- Make others feel sorry for them
- Make others know how desperate they are
- Influence others
- Make the pain go away
- Not knowing what else to do
- Show how much they love someone
- Revenge
- Make things easier for others
- Be with someone who died
- To die

(Diekstra, & Hawton, 1987)
Understanding Suicide

Definition of Suicide
An attempt to solve a problem of intense psychic pain with impaired problem-solving skills.

The Five Characteristics of Suicide

- Suicide is viewed as an alternative to a seemingly unsolvable problem.
- Crisis thinking impairs problem solving.
- A suicidal person is often ambivalent.
- The choice of suicide has an irrational component.
- Suicide is a form of communication.

1. Problem-Solving Alternative

- For youth, usually follows:
  - Disciplinary crisis
  - Humiliation
  - Break-up
  - May precede a feared event:
  - Test
  - Moving
2. Presence of Crisis Thinking

- “Tunnel vision”
- High emotionality
- Impaired judgment
- Impulsiveness: desperation to ‘solve’ the problem combined with a feeling of hopelessness
- Feeling alone or isolated

3. Presence of Ambivalence

- Feeling two opposite things at the same time
- Lacking the perspective to have hope that things can get better

4. Thinking Has Irrational Quality

- Often hardest characteristic to understand because it defies logic
  - Example: “I had 2 choices: to fail English or to die... so I chose to die.”
  - Can reflect lack of understanding of the finality of death and the end of life as we know it

Tunnel Vision of Suicidal Thinking

- Healthy problem solving
- Unhealthy problem solving
- Suicide as only option

Triggering event
5. Attempt at Communication

- Message usually relates back to that ‘unsolvable’ problem
- With youth, may be directed at parents
- May be on social networking sites

Your Role as Educators

Identifying Risk Factors, Warning Signs, and Protective Factors

Risk Factors / Warning Signs

- Red - Warning Signs
- Yellow - Risk Factors
- Green - Protective Factors

Overlap Theory of Evidence-Based Risk Variables

- Exposure
- Demographic
- Recent Stressors
- Clinical Factors
- Access to Means
- Personality
- Family
- Previous Attempt
Alcohol Use

- Survey of studies suggests alcohol intoxication has role as a proximal rather than distal risk factor for suicide (Hufford, 2001)

- Alcohol (and drug abuse) disorders contribute substantially to suicide risk in older adolescent males when co-occurring with mood disorders or disruptive disorders (Shaffer et al., 1996)

- Heavy episodic drinking (Aseltine et al., 2009)
  - 13 < years 3x more likely to make suicide attempt
  - Youth > 18 were 1.2x increased suicide attempt risk

Bullying, Cyberbullying, & Suicide: Unraveling the Connection

Cyberbullying: Some Key Points

- Includes sending hurtful or threatening e-mails or instant messages, spreading rumors or posting embarrassing photos of others.
  - Texting, emails Facebook, MySpace, Twitter, etc.
- Not all students feel distress when they’re targets of such online bullying
- Only 38 percent of targets reported such incidents made them very upset or afraid.

- More likely to cause worry when offline contact or adult harasser involved
- Distress can have an impact offline
- Targets of cyberbullying more likely to report social problems and interpersonal victimization
How did teen suicide come to be so linked to bullying?

Fall 2010 – Spring 2012

- Many additional reports of suicide among bullied teens
- Unprecedented attention
  - National & local media
  - Bloggers & advocates
  - Social media
  - Filmmakers ...
Results

• Recognition of serious harm due to bullying
• Awareness of the disproportionate burden of bullying borne by vulnerable youth (e.g., LGBT, gender non-conforming youth, youth with disabilities)
• Renewed attention on federal anti-bullying legislation (Safe Schools Improvement Act of 2011)
• Boost in anti-bullying programming at state and local levels
• Compelling national and grassroots conversation

The Downside ...

• Frequent over-heated rhetoric
  • “Epidemic,” “bullycide”
• Repeated violations of media guidelines*
• Sensationalized headlines linking suicide to bullying
• No attention to other risk factors
  • Detailed description of events preceding the suicide
  • Underlined a wider narrative of death by bullying

*Recommendations for Reporting on Suicide (www.afsp.org)

Research Findings

• Targets, aggressors & target/aggressors all more likely to indicate depression, suicidal ideation and suicide attempts than those with no involvement in bullying
• A small percentage of youth involved in bullying engage in self-harm behavior
• Increased risk of being bullied in youth with marked social isolation, peer rejection, low self-esteem, low assertiveness
• Other risk factors for bullying: parental depression, family maltreatment or violence, culture of conflict or lax discipline in schools

Complex Relationship between Bullying and Other Factors

• Persistent involvement in bullying can lead to low self-esteem, depression, anxiety, isolation, despair which increase suicide risk
• Bullying can precipitate suicidal behavior in youth who are struggling with other vulnerabilities
• Mental health vulnerabilities may manifest in ways that increase likelihood of being bullied
• Bullying others may be warning sign of mental health vulnerabilities
Mental Health Indicators Among MA High School Students, 2003-2011 (MYRBS)

Mental Health Indicators Among MA Middle School Students, 2007-2011 (MYHS)

How the Crisis of Suicide Develops
1. Perception of unsolvable problem
2. Usually one in a series of problems
3. Problem viewed as only solvable by suicide
4. Suicide becomes consistent with view of self
5. Other alternatives are disregarded
6. Death seems like the only answer

Warning Signs
Feelings
Actions
Changes
Threats
Situations
Talking with Students

- Listen
- Know your limits
- Know your resources
- Follow up

Risk Factors vs. Protective Factors

Protective Factors

- Contact with a caring adult
- Sense of connection or participation in school / other areas
- Positive self-esteem and coping skills
- Access to and care for mental / physical / substance disorders

Fostering Protective Factors

- Teach youths it is okay to ask for help
- Give youths permission to talk about traumatic events like suicide
- Help youths identify trusted adults
- Encourage participation in school & community activities
- Acknowledge positive school efforts
- Be a good listener, as often as you can
• 30% of M.S. students during past year felt a need to talk to someone other than a family member about their feelings/current issues in their lives. – (35% on 2009 Youth Health Survey)

• 48% of H.S. students during past year felt a need to talk to someone other than a family member regarding their feelings/current issues in their lives.

2011 YRBS Data

Most Important Protective Factors

• Family connectedness and school connectedness (Kaminski et al., J Youth Adol, 2010)

• Reduced access to firearms (Grossman et al., JAMA, 2005)

• Safe schools (Eisenberg et al., J Ped, 2007)

• Academic achievement (Borowsky et al., Pediatrics, 2001)

• Self-esteem (Sharaf et al., JCAPN, 2009)

A Competent School Community
Some Resources....

American Association of Suicidology
www.suicidology.org
American Foundation for Suicide Prevention
www.afsp.org
Society for the Prevention of Teen Suicide
www.sptsusa.org

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