SUICIDE RISK AND ASSESSMENT AMONG ADOLESCENTS AND YOUNG ADULTS

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Objectives

1. Identify risks and warning signs associated with suicidal behavior, especially for adolescents and young adults

2. Summarize key steps in addressing suicide risk among adolescents and young adults in an outpatient setting

3. Evaluate potentially useful apps, local and national support programs, and crisis resources for adolescents and young adults
Suicide as a public health issue...

• CDC data states that approximately 41,000 people died as a result of suicide in 2013.
  – More males than females (32,055 vs. 9,094)
    • However, these numbers do not account for attempts...
  – From discharge of firearm (18,241 vs. 2,934)
  – From other and unspecified means and their sequelae (13814 vs 6160)

• Rates of suicide have risen in the U.S. 24% from 1999 through 2014.
  – Rates have increased more for females (45%) than males (16%)
Now let’s add in a period of “storm and stress”

• Adolescents exhibit increased risk for depression and suicidality.
  – Suicide is the second leading cause of death among adolescents.
Suicide and Suicide Attempts in Adolescents

Benjamin Shain, COMMITTEE ON ADOLESCENCE

Abstract

Suicide is the second leading cause of death for adolescents 15 to 19 years old. This report updates the previous statement of the American Academy of Pediatrics and is intended to assist pediatricians, in collaboration with other child and adolescent health care professionals, in the identification and management of the adolescent at risk for suicide. Suicide risk can only be reduced, not eliminated, and risk factors provide no more than guidance. Nonetheless, care for suicidal adolescents may be improved with the pediatrician’s knowledge, skill, and comfort with the topic, as well as ready access to appropriate community resources and mental health professionals.
Frequent Risk Factors

• History of:
  – Psychiatric disorders, particularly Schizophrenia and Bipolar Disorder
  – Self-harm and suicide attempts
  – Personality disorders
  – Substance abuse
  – Family violence/abuse
  – Family history of suicide
  – Intimate partner violence
  – Medical conditions
  – Chronic pain

• Recent research has identified:
  • Combination of maladaptive dieting and NSSI → increased suicidality
  • High risk behaviors + less family/social connection → more suicide attempts (Thullen, Taliaferro, & Muehlenkamp, 2015)
Protective Factors

- Sense of worth/confidence
- Stable environment
- Family cohesion (mutual involvement, shared interests, and emotional support)
- Responsibilities for others/pets
- School/community connectedness and belongingness; academic achievement
- Social engagement in hobbies and extra-curricular activities
- Cultural and spiritual/religious beliefs that discourage suicide, support reasons to live, and encourage help-seeking
Protective Factors

• Important learned skills: problem-solving skills, effective communication (conflict resolution), impulse control, and stress management
• Access to and participation in effective mental health care; help-seeking behavior
• Restricted access to lethal means

A Healthy Balance
The risk factors that lead to suicide (especially mental and substance abuse disorders) and the protective factors that safeguard against it, form a conceptual framework for suicide prevention.
LGBTQ Youth

• Significantly higher rates of suicidal ideation and suicide attempts among sexual minority youth
  – Some estimates say that LGB adolescents and adults are twice as likely to have suicidal ideation compared to heterosexual peers
  – Similar risk factors as previously mentioned with added stress of stigma, prejudice, and discrimination (individual and institutional)

• State same-sex policies have recently been linked to a decrease in suicide attempts among sexual minority adolescents (Raifman, Moscoe, Austin, & McConnell, 2017)
Suicidal Ideation

- Suicide Ideation: Thoughts of wanting to die or ending one’s life.
  - Presence or absence of ideation has little predictive value by itself
  - Ideation plus planning and preparation is more predictive

- How many times have you had these thoughts?
- When you have these thoughts how long do they last?
- Can you stop thinking about killing yourself if you want to?
- Are there things you can do to stop the thoughts or wanting to die?
- What sort of reasons do you have for wanting to die?
Suicidal Intent

• **Intentionality**
  – An intention is the aim or goal of behavior

• **Desire**
  – Subjective expectation and desire for the outcome to be death.

• **Lethality**
  – Likelihood that a fatal outcome could have occurred
  – Rescuability

“...she has intermittent but persistent thoughts about suicide - that seem ultimately to be very passive. It is always hard to tell how significant they really are, since she seems to be pretty functional in her daily life. It is challenging knowing exactly how much attention to give it and how much to worry about her...”
| I | Ideation | Active or passive ideas (content) |
| S | Substances | Substances on board? |
| P | Purposeless | Psychic pain - reasons for living/dying |
| A | Anxiety | Anxiety/agitation |
| T | Trapped | Trapped - ineffective coping |
| H | Hopelessness | Hopelessness - important, research based indicator |
| W | Withdrawn | Withdrawal - alienation |
| A | Agitation | Anger - self-loathing - acting out |
| R | Recklessness | Impulsivity, poor judgment and decision making |
| M | Mood | Lability - sudden shifts |
HEEADSSS Psychosocial Interview

- Home
- Education/Employment
- Eating
- Activities
- Drugs
- Sexuality
- Suicide/Depression
- Safety

- Begin with a discussion about confidentiality and its limits.
- Best done at the beginning of the visit when both parent and teen are in the room.
Home

• Typically involves questions about the household
  – Who do you live with? Who are you closest to?
• Can be expanded to assess safety at home
  – Have you ever had to live away from home?
  – Have you ever run away?
  – Have you ever witness or experienced physical violence at home?
Education/Employment

• Typical questions
  – What grade are you in? How are your classes going? What are your career goals? Are you working?

• Expanded questions
  – Have you ever had to repeat a class or grade?
  – Have you ever been suspended or expelled?
  – How do others treat you at school?
  – How many hours a week do you work?
    • How much do you get paid?
    • Do you get to take scheduled breaks?

Assess for labor trafficking.
Eating

• Typical
  – Has your weight changed recently? What kinds of foods do you eat? Do you work out or play sports?

• Expanded
  – What do you like or not like about your body?
  – Have you tried any diets? What foods do you stay away from?
  – Have you ever made yourself throw up to control your weight?
  – How often do you exercise and for how long?
Activities

• **Typical**
  – What do you do for fun with your friends? What are your hobbies?

• **Expanded**
  – What do you like to do on the internet?
  – What do you like to do when you’re bored?
Drugs

• Typical
  – Do any of your friends use _____? How do you keep from using _____?
  – When was the last time you used _____?

• Expanded
  – Do you ever use _____ when you’re alone?
  – What does using _____ help you with?
  – Where do you get _____ from? How do you pay for it?
  – CRAFFT questionnaire
CRAFFT

- Car
- Relax
- Alone
- Forget
- Family/Friends
- Trouble

- 2 or more “Yes” = high risk for substance use disorder
Sexuality

• Typical
  – Have you ever been in a relationship? Are you attracted to boys, girls, both? Have you ever had sex? What does that mean to you?

• Expanded
  – What is your partner like? Assess for IPV.
  – Did you ever have sex when you didn’t really feel like doing it? Or feel forced to? Has anyone ever given you something in return for sex?
  • Assess for sexual abuse, coercion, and trafficking.
Suicide/Depression

• Typical
  – What’s your mood like usually? Do you ever feel sad or down for long periods of time?

• Expanded
  – Are you bored most of the time? Irritable?
    • Use SIGECAPS to assess for symptoms of depression.
    • Assess for adolescent symptoms of depression.
  – Have you ever hurt yourself to help yourself feel better?
  – Do you ever think life would be better if you weren’t around? Wish you weren’t alive? Want to die?
    • Evaluate for passive and active suicidal ideation, frequency, and plan.
Adolescent Depression

- Boredom
- Isolation
- Emotional outbursts or impulsivity
- Hopelessness
- Substance use
  - Initiation or increase in use
- Somatization
Safety

• Typical
  – Do you feel safe at home? Do you wear a helmet/seatbelt? Is there a gun in your house?

• Expanded
  – What’s your neighborhood like? Can you play/hangout outside?
  – Do you know anyone who is part of a gang? Have they tried to get you to join?
  – Do you ever drive when or get in a car with a driver who is high/drunk?
  – Do you feel you need to carry a knife/gun/weapon to keep yourself safe?
Current Suicidal Behavior Assessment

- Does the patient have a plan?
- How detailed is the plan?
- Do they have the means to carry it out?
- Have they used this method before?
- Capability (self-harm history)?
- Have they acquired the means to carry out the plan?
- Have they begun preparations?
- What did person expect would be consequence of behavior?
Past Suicidal Behavior Assessment

• Have you ever made preparations to kill yourself?
• Have you made a suicide attempt?
  – What did you do?
• Did you want to die (even slightly) when you did it?
• Have you ever tried to kill yourself but been interrupted?
  – Have you ever started to kill yourself but stopped or been stopped?
Screeners/Questionnaires

• Most utilized is the Suicidal Ideation Questionnaire/JR - however, it is only available through a publisher

• Suicide Behaviors Questionnaire - Revised

• University of Texas Health Care Center’s Evaluation of Suicide Risk for Clinicians

• Columbia Suicide Severity Rating Scale

• Patient Health Questionnaire (PHQ-9)
  – https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/
Safety Planning

- Decrease risk factors and warning signs
- Increase protective factors
- Focus on suicidality until resolved
- Plan for the following time frames:
  - Immediate
  - Short-term
  - Continuing
- Nix no-suicide contracts
Short-Term Treatment Planning

- Provide external supports, such as hotlines or support groups, to resolve crises while building patient’s inner resources.
- Reduce acute risk by focusing on high-risk symptoms first (anxiety, agitation, hopelessness)
- Increase reasons for living and decrease reasons for dying (e.g., reasons to live list)
- Strengthen support system by educating family/significant others about managing risk
Individualized Safety Plans

- Develop collaboratively and revisit regularly
- Use crisis survival skills (distracting, giving, writing, drawing, opposite action)
- Mental, physical and soothing grounding (Najavits)
- Acceptance skills (Linehan’s distress tolerance or Tara Brach’s Radical Acceptance)
- Crisis contingency plan
- Behavioral activation strategies
Continuing Care

- Caring therapeutic alliance
- Reasonable steps for follow-up
- Make sure patient, family and significant others are following agreed upon actions
- Assess outcome of each referral
- Assure continuity of care and follow-up contact with all patients deemed at risk for suicide

- Provide trainings and briefings to make your clinic “ready”
Postvention

- Postvention refers to intervention conducted with survivors, schools, or communities once a suicide has occurred.
- Postvention can actually serve preventive functions by:
  - Providing structure for understanding the death, and alleviating some of the guilt and isolation experienced by survivors,
  - Minimizing the scapegoating that can affect survivors
  - Reducing the likelihood of imitation or “contagion”
Case Vignettes: Harmony

• 15-year-old Native American female, referred following an overdose of 12 aspirins. She took the pills two nights ago, went to sleep and had no issues. She didn’t tell her family.

• She denies being suicidal at this time (“I won’t do it again; I learned my lesson”) and that she has always had difficulty expressing her feelings. She has no history of romantic relationship and no close friends but close relationships with her parents and three siblings. She generally does well in school and plans to become a nurse. She reported having issues with sleep, appetite, and low mood over the past year.

• Precipitant: Reports that she could not tolerate rumors at school about her sexuality.
Case Vignette: Adam

- 22 year-old European American male Army veteran, arrives to physical check-up slightly intoxicated (BAC 0.04) and starts talking about how he feels “hopeless” and has “no purpose in life.”
- Upon returning home, he was diagnosed with PTSD, drinks heavily, blacks out, appears chronically depressed and hopeless, and frequently punches walls. He does not stay in touch with other veterans or appear to have friends.
- Precipitant: His girlfriend recently broke up with him and evicted him from their apartment, alleging domestic violence; his father and stepmother won’t let return to their apartment due to his drinking
Case Vignette: Constanza

• 19-year-old Latina who presents for initial intake evaluation
• Says that lately she has felt “out of control” when driving and that she imagines killing herself by driving her car off the road. She isn’t sure how serious these thoughts are.
• She lives with her mother who she is angry with because she will not let patient smoke or bring men to home. History of a previous suicide attempt (overdose) 2 years ago and hospitalization.
• Precipitant: Describes being in codependent relationship with older male boss who recently stopped talking to her. As a result, she feels angry and hurt and has engaged in self-harm (cutting).
Case Vignette: Jason

• 21 year-old African American male participating in drug testing as part of probation.
• Discloses that he bought a gun two months ago to kill himself and claims to have the gun and four shells in his car. Police found the gun but no shells. He reports having planned time and place for suicide several times in the past. He has a history of chemical dependency but has been sober for 2 months and currently goes to NA (on probation for 1 year d/t first time drug offense). He presently lives with his mother and maternal grandparents.
• States that he cannot live anymore with his emotional pain since his partner of 6 years left him 6 months ago. This pain has increased during the last week, but the patient cannot pinpoint any precipitant.
Case Vignette: Davit

• 12 year-old male, who immigrated with his family from Armenia 5 years ago, arrives for his annual physical with his pediatrician when his parents disclose that he tried to run in front of a moving car a few days ago.

• Davit denies “wanting to die” or “wishing he weren’t here”. His parents describe him as an “excellent student” with many friends and that he is involved in their church community.

• When his parents leave the room, Davit says that he misses his grandfather who recently passed away and “sometimes feels lonely”. He also shares that he found out that someone in his community committed suicide when he saw it mentioned on Facebook. He and his parents deny any precipitant.
Discussion Questions

1. What are the identified patient’s individual and contextual risk and protective factors related to suicide?
2. Assess for suicidality in small groups.
3. Draft a safety plan appropriate to the level of risk you determined.
4. How might you protect identified patient’s safety in the short-term (i.e. immediately) and the long-term?

- Consider IS PATH WARM
- Use the provided Suicide Risk Assessment Checklist
Technology & Resources

- Decision tools for therapists
- Safety plan tools for patients
- Hotlines/Textlines
- Social Media/Networks
- Online training
PAIN ISN'T ALWAYS OBVIOUS.

Every day in California friends, family and co-workers struggle with emotional pain. And, for some, it's too difficult to talk about the pain, thoughts of suicide and the need for help. Though the warning signs can be subtle, they are there. By recognizing these signs, knowing how to start a conversation and where to turn for help, you have the power to make a difference - the power to save a life.
SAHMSA’s SuicideSafe

SAHMSA’s Suicide Safe helps providers:

• Learn how to use the SAFE-T approach
• Explore interactive sample case studies and see SAFE-T in action through case scenarios and tips.
• Quickly access and share information, including crisis lines, fact sheets, educational opportunities, and treatment resources.
• Browse conversation starters that provide sample language and tips for talking with patients who may be in need of suicide intervention.
• Locate treatment options, filter by type and distance, and share locations and resources to provide timely referrals for patients.
My3 App

- Customize your safety plan on mobile phone
- Program individuals you want to contact immediately if you start experiencing thoughts of suicide.
- Pre-loaded with a button to call the National Suicide Prevention Lifeline

http://my3app.org
Virtual Hope Box

- Controlled Breathing
- Muscle Relaxation
- Guided Meditation Beach
- Guided Meditation Forest
- Guided Meditation Country Road
- Sudoku Puzzle
- Photo Puzzle
- Word Search
- Mahjong Solitaire
MoodTools

- Psychoeducation about Depression
- Depression Test - PHQ-9 to track symptom severity over time
- Videos - YouTube videos that can improve mood and behavior, from guided meditations to TED talks
- Thought Diary - Improve your mood by analyzing thoughts and identifying negative / distorted thinking patterns
- Activities - Tracking activities that improve mood the most (i.e., Behavioral Activation)
- Safety Plan - Develop a suicide safety plan to utilize during a suicidal crisis to access resources and supports
We’ll see you tomorrow

Suicide Prevention Lifeline
1-800-273-TALK
www.suicidepreventionlifeline.org

Project: "Your story is not over"

Society for the Prevention of Teen Suicide

Active Minds
Changing the conversation about mental health
LGBTQ Resources

Trevor Lifeline
866-488-7386
Call the Trevor Lifeline 24 hours a day, 7 days a week

TrevorChat
Online instant messaging with a TrevorChat counselor.
Available 7 days a week between 3:00pm - 9:00pm ET/12:00pm - 6:00pm PT

TrevorText
Available on Wednesdays-Fridays between 3:00pm - 9:00pm EST/12:00pm - 6:00pm PT

Trans Lifeline
There is one death by suicide in the world every 40 seconds

FAMILY SUPPORT CAN BE THE DIFFERENCE BETWEEN LIFE & DEATH (BUT IT DOESN'T HAVE TO BE)

If you or someone you know is trans & needs support, call:
(877) 565-8860
We helped 975 trans people in crisis
Help us reach even more people! Translifeline.org/Help

November was our busiest month ever!

60 operators
2,700 calls
Questions?

KEEP CALM AND CHOOSE LIFE

Thank you!