Suicide Prevention among School-Aged Children

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- Dr. Sheftall have no financial relationships or Conflicts of Interest (COIs) to disclose
Objectives

- Provide a brief overview on the prevalence of suicide/suicidal behavior in school-age children
- Review research & findings for this population
- Highlight specific therapeutic models & intervention programs that may help
- Discuss implications for mental health practice
Poll Question #1

In what setting do you work with children?

A. Outpatient
B. Inpatient
C. Schools
D. Residential
E. Other
Definitions

- **Suicide**: Fatal self-inflicted act with explicit or inferred intent to die

- **Suicide attempt**: Non-fatal self-injurious behavior with stated or inferred intent to die

- **Suicidal ideation**: thoughts of ending one’s life

- **Suicidal behaviors**: A spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts and suicide
As More Kids Kill Themselves, Parenting Becomes Suicide Watch

Even though record numbers of children are making attempts on their own lives, schools

More children are dying by suicide. Researchers are asking why

Jayne O'Donnell, USA TODAY
Published 3:55 p.m. ET Sept. 10, 2018 | Updated 6:14 p.m. ET Sept. 10, 2018

Samantha Kubeski hanged herself with a belt from a crib. She was 6.
Racy Sellers was 11 when he took his life. Gabriel Taye was 8. Jamel Myles was 9.

Suicide in elementary school-aged children remains rare. 53 children aged 11 and younger took their lives in 2016, the last year for which the Centers for Disease Control and Prevention has data. But medical professionals and researchers have noted alarming increases in the last decade — deaths more than visiting emergency

Why Do Young Children Commit Suicide?
A parent’s worst nightmare.

Doctor’s Notes: Youth Suicide is on the Rise, Even Among the Very Young
By Chris Mink • Aug 9, 2018
Prevalence of Suicide/Suicidal Behavior in School-Age Children
The Problem of Youth Suicide

- In 2017, suicide was the 10th leading cause of death for all ages.
- For youth 5-11 years, the 9th leading cause of death.

Source: CDC WISQARS
www.cdc.gov/injury/wisqars/index.html
New York State: Suicide Data

<table>
<thead>
<tr>
<th>Death Rate per 100,000 Population</th>
<th>% Change from 2015 to 2016</th>
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<tbody>
<tr>
<td></td>
<td>2014</td>
</tr>
<tr>
<td>New York City</td>
<td>5.3</td>
</tr>
<tr>
<td>Rest of State</td>
<td>10.0</td>
</tr>
<tr>
<td>Statewide</td>
<td>8.4</td>
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<table>
<thead>
<tr>
<th>Suicide Deaths by Age Group</th>
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<tbody>
<tr>
<td>0-9</td>
<td>0.1</td>
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<tr>
<td>10-19</td>
<td>3.2</td>
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<tr>
<td>20-24</td>
<td>8.8</td>
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<tr>
<td>25-34</td>
<td>8.6</td>
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<tr>
<td>35-44</td>
<td>10.1</td>
<td></td>
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<tr>
<td>45-54</td>
<td>12.9</td>
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<tr>
<td>55-64</td>
<td>12.0</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>65-74</td>
<td>9.9</td>
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<td>75-84</td>
<td>9.7</td>
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<tr>
<td>85+</td>
<td>9.4</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
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</tbody>
</table>

Average Age at Death = 47.5 Years

Source: New York State Health Connector
NYS: Suicide Data (Continued)

Suicide Deaths by Mechanism of Self-Harm:
- Suffocation: 1,844
- Firearm: 1,384
- Poisoning: 824
- Fall: 405
- Other/Unspecified: 250
- Cut/Pierce: 130
- Drowning: 113
- Struck By/Against: 1

Suicide Deaths by Veteran Status:
- Not Veteran: 4,286
- Veteran: 94
- Unknown: 571

Suicide Deaths by Marital Status:
- Never Married: 2,169
- Married: 1,534
- Divorced: 768
- Widowed: 286
- Separated: 128
- Domestic Partner: 11
- Unknown: 51

Source: New York State Health Connector
1,700 Too Many

New York State’s Suicide Prevention Plan
2016-17

OMH Suicide Prevention Office
September 2015
Suicide Rates by Sex in Youth 5-11 years, 2007-2017

Source: CDC WISQARS
www.cdc.gov/injury/wisqars/index.html
Youth Suicide Rates by Age and Sex, 2007-2017

Source: CDC WISQARS
www.cdc.gov/injury/wisqars/index.html
Suicide Deaths by Mechanism in Youth Aged 5-11 Years, 2007-2017, by Sex

Males
- Suffocation: 79.4%
- Firearm: 19.4%
- Other methods: 1.2%

Females
- Suffocation: 81.6%
- Firearm: 9.7%
- Other methods: 8.7%

Source: CDC WISQARS
www.cdc.gov/injury/wisqars/index.html
Suicide Deaths in Youth Aged 5-11 Years, 2007-2017, by Race

Source: CDC WISQARS
www.cdc.gov/injury/wisqars/index.html
Self-Harm Behaviors in 5-9 year olds, 2001-2017

Source: CDC WISQARS
www.cdc.gov/injury/wisqars/index.html
Self-Harm Behaviors in 10-14 year olds, 2001-2017

Source: CDC WISQARS
www.cdc.gov/injury/wisqars/index.html
Research Findings on School-Age Children
Suicide Trends in Elementary School-Aged Children in the US 1993 to 2012

- 657 children (5-11yrs) died by suicide
  - roughly 33 deaths per year
  - 11\textsuperscript{th} leading cause of death in 2012
- 553 (84\%) male
- 441 (67\%) White and 177 (27\%) Black
- 555 (84\%) Non-Hispanic
- 558 (85\%) aged 10-11 years
- 514 (78\%) hanging/suffocation

Bridge et al., 2015
Suicide Rates Among White and Black Males Aged 5-11 Years in the US

IRR, Incidence Rate Ratio; CI, confidence interval

Bridge et al., 2015

IRR=0.91
95% CI, 0.6-1.5

IRR=2.65
95% CI, 1.8-4.0

Suicide Rate per 1,000,000 Persons

Period, years

1993-1997
1998-2002
2003-2007
2008-2012

Black Males
White Males

Bridge et al., 2015
Precipitating Circumstances of Suicide in Elementary and Middle School-Aged

- NVDRS data (2003-2012) on suicide decedents 5-14 years
- Restricted-use data available for 17 states
- Precipitating circumstances:
  - Mental health history & treatment
  - Substance use
  - Physical health history
  - Stressful life events
  - Suicide-related circumstances
- Comparisons:
  - Age group (5-11 vs. 12-14 years)
  - Race (Black vs. Non-Black)

Sheftall et al., 2016
Differences Between Child (N=87) and Early Adolescent (N=606) Suicide Decedents*

*All differences significant at $P < 0.05$;

Sheftall et al., 2016
Differences Between Child (N=87) and Early Adolescent (N=606) Suicide Decedents*

*All differences significant at $P < 0.05$;
Suicide Rates and Incidence Rate Ratios in Black Youth Compared to White Youth in the United States Between 2001 and 2015, by Age

Vertical lines indicate 95% CI, red squares indicate the estimated age-specific suicide IRR, reference group is white youth.

<table>
<thead>
<tr>
<th>Age by year</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - 9</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>10</td>
<td>4.7</td>
<td>1.7</td>
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<tr>
<td>11</td>
<td>9.9</td>
<td>4.0</td>
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<tr>
<td>12</td>
<td>12.6</td>
<td>9.9</td>
</tr>
<tr>
<td>13</td>
<td>16.2</td>
<td>20.1</td>
</tr>
<tr>
<td>14</td>
<td>18.7</td>
<td>33.7</td>
</tr>
<tr>
<td>15</td>
<td>24.2</td>
<td>51.5</td>
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<tr>
<td>16</td>
<td>30.5</td>
<td>69.2</td>
</tr>
<tr>
<td>17</td>
<td>41.1</td>
<td>83.4</td>
</tr>
</tbody>
</table>
Poll Question #2

What is your primary concern in working with young children who express suicidal thoughts or actions?

A. Limited information to address their concerns
B. Do not feel comfortable assessing or addressing suicidality in young children
C. Challenges in working with the child’s family members
D. Limited support from supervisory staff
E. Other concerns
F. No concerns
Therapeutic Models and Intervention Programs
How **YOU** can help?

**Warning Signs**
- Wanting to be alone all of the time
- ↓ Interest in usual activities
- Giving away important belongings
- Risky/reckless behavior
- Self-injury
- ↑ Substance use

**Seek Immediate Help**
- Threatening to attempt suicide
- Seeking/obtaining means to kill oneself
- Talking/writing about wanting to die in school or social media
Therapeutic Approaches & Programs

▶ Consultation services

• Early Childhood Mental Health Continuum of Care
  ◦ Ages: 0-5 years
  ◦ Strengths-based program to meet social/emotional needs of youth
  ◦ Caregivers offered support, education, consultation

• Center for Early Childhood Mental Health Consultation
  ◦ Ages: 0-5 years
  ◦ Consistent boundaries for toddlers
  ◦ Help children understand emotions, names to feelings, manage frustrations
  ◦ Build positive relationships with children
  ◦ Build capacity to use effective strategies at home

http://www.eccpct.com/Services/Continuum-of-Care/#prevention

https://www.ecmhc.org/materials_families.html
Therapeutic Approaches & Programs (Continued)

- **Therapeutic Approaches**
  - Collaborative Assessment and Management of Suicidality (CAMS)
    - Quantitative and qualitative assessments
      - ✓ Psychological pain
      - ✓ Stress
      - ✓ Agitation
      - ✓ Hopelessness
      - ✓ Self-hate
    - Identify reasons to live/die and triggers for suicidal thoughts
    - Develop treatment plan to identify, target and treat the triggers of suicidal thoughts/behaviors
    - Can be used with multiple therapeutic frameworks and is based off of the Suicide Status Form (SSF)

https://cams-care.com/about-cams/organizations/
SUICIDE STATUS FORM-III (SSF III) INITIAL SESSION

Patient: ____________________ Clinician: ________________ Date: __________ Time: __________

**Section A (Patient):**
Rate and fill out each item according to how you feel right now.

**Rank** Then rank items in order of importance 1 to 5 (1= most important to 5= least importance)

1) **Rate psychological pain** (hurt, anguish, or misery in your mind; not stress; not physical pain):
   - Low pain: 1 2 3 4 5: High pain
   - What I find most painful is: **no job, isolated**

2) **Rate stress** (your general feeling of being pressured or overwhelmed):
   - Low stress: 1 2 3 4 5: High stress
   - What I find most stressful is: **uncertain about future**

3) **Rate agitation** (emotional urgency; feeling that you need to take action; not irritation; not annoyance):
   - Low agitation: 1 2 3 4 5: High agitation
   - I most need to take action when: **at night, when I go to bed**

4) **Rate hopelessness** (your expectation that things will not get better no matter what you do):
   - Low hopelessness: 1 2 3 4 5: High hopelessness
   - I am most hopeless about: **everything, things never work out for me**

5) **Rate self-hate** (your general feeling of disliking yourself; having no self-esteem; having no self-respect):
   - Low self-hate: 1 2 3 4 5: High self-hate
   - What I hate most about myself is: **being lost – again**

6) **Rate overall risk of suicide:**
   - N/A
   - Extremely low risk: 1 2 3 4 5: Extremely high risk: (will not kill self)

1) How much is being suicidal related to thoughts and feelings about yourself?
   - Not at all: 1 2 3 4 5: Completely

1) How much is being suicidal related to thoughts and feelings about others?
   - Not at all: 1 2 3 4 5: Completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

<table>
<thead>
<tr>
<th>Rank</th>
<th>REASONS FOR LIVING</th>
<th>Rank</th>
<th>REASONS FOR DYING</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>my intelligence</td>
<td>2</td>
<td>things never work out</td>
</tr>
<tr>
<td>1</td>
<td>a good job</td>
<td>1</td>
<td>can’t take the pain</td>
</tr>
<tr>
<td>2</td>
<td>finding someone to love</td>
<td></td>
<td>won’t find healthy relationship</td>
</tr>
<tr>
<td>4</td>
<td>my brother</td>
<td>4</td>
<td>I hate myself like this</td>
</tr>
</tbody>
</table>

Jobs, 2009
Therapeutic Approaches & Programs (Continued)

- Early childhood mental health program
  - Ages: 0-6 years
  - Work with children & caregivers to experience, express, and regulate emotions
  - Caregivers learn and practice new skills for through *Parent Child Interactive Therapy*
    - Skills include:
      - Reflecting child’s language back to him/her
      - Describing child’s actions out loud to increase child’s awareness of behaviors
      - Caregivers imitating good behaviors to demonstrate approval

https://www.nationwidechildrens.org/specialties/behavioral-health/community-based-services
Research on Therapeutic Approaches

- **Enhancing home visitations**
  - Ages: 0-8 years
  - Add on mental health consultation to promote parent and child behavioral health
  - These families have multiple stressors that pose risk to children
  - Results found:
    ◦ Home visitors were more knowledgeable of child’s socioemotional and behavioral health development and needs
    ◦ Home visitors able to provide information for follow-up services for families

Goodson et al., 2013
Research on Therapeutic Approaches (Continued)

- Massachusetts Project Launch
  - Ages: 0-8 years
  - Incorporate a “power team”
    - Early childhood mental health clinician AND family partner with lived experience
  - Incorporates:
    - Identification of extreme stressors
    - Parental mentalization
    - Family-centered health promotion/prevention activities for whole family
      - Family game nights, caregiver support groups
      - Field trips
  - Results
    - Improve social, emotional, and behavioral dev in children and caregivers
    - Decrease in stress/depressive sxs of caregivers

Molnar et al., 2013
Oppenheim et al., 2016
Implications for Mental Health Practice
Common Themes & Implications

- Establishing warmth in relationship between caregiver and child

- Building the capacity of the caregivers
  - Identify stressors that negatively affect child & family dynamic
  - Educate caregivers with tools/resources for child breakdowns in behavior/emotion dysregulation

- Educating children about their emotions, feelings & frustrations

- Building positive relationships with families

- Evidence-based models to address trauma
  - Child Parent Psychotherapy or Parent-Child Interaction Therapy
  - Trauma Focused Cognitive Behavior Therapy
Common Themes & Implications (Continued)

- The team may approach work best
- Addressing behavioral/emotional problems early is beneficial
- Educating caregivers and making them partners in clinical care
- Emotional understanding helpful for families to get through tough times
Resources

- **National Suicide Prevention Lifeline** 1-800 273-TALK (8255)
- **Spanish Suicide Prevention Lifeline** 1-877-727-4747
- **Crisis Text** 741-741 (Text “START”) ([http://www.crisistextline.org/Suicide](http://www.crisistextline.org/Suicide))
- **TransLifeLine** 1-877-565-8860 (USA) & 1-877-330-6366 (Canada)
- **Prevention Center of New York State**: focused on public health approaches to preventing suicide in the state of New York ([https://www.preventsuicideny.org/](https://www.preventsuicideny.org/))
- **Suicide Prevention Resource Center**: resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention ([http://www.sprc.org/](http://www.sprc.org/))
- **WiseMind Innovations**: equips schools, workplaces, colleges, and communities with tools to help them address mental health issues, substance use, and suicide risk ([https://www.starcenter.pitt.edu/](https://www.starcenter.pitt.edu/))
- **The Jason Foundation, Inc**: educational and awareness programs that equip young people, educators/youth workers and parents with the tools and resources to help identify and assist at-risk youth ([http://jasonfoundation.com/](http://jasonfoundation.com/))
- **Zero Suicide**: framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems ([http://zerosuicide.sprc.org/](http://zerosuicide.sprc.org/))
- **Trevor Project**: leading national organization providing crisis intervention and suicide prevention services to LGBTQ youth under 25 ([http://www.thetrevorproject.org/](http://www.thetrevorproject.org/))
References


Questions?

For more information please contact:
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arielle.sheftall@nationwidechildrens.org

The Center for Suicide Prevention and Research
http://www.nationwidechildrens.org/suicide-prevention
Thank you for joining us today!

Please send questions to ctac.info@nyu.edu

Visit www.ctacny.org to view past trainings, sign-up for updates and event announcements, and access resources.
Upcoming CTAC Events

- Identity, Bias, and Cultural Humility: Connecting to Ourselves and Others
  - July 18, 2019 | 1pm-2pm

Visit http://ctacny.org for more information