Let’s Talk About Suicide

Erin Harlow-Parker, APRN,PMHCNS-BC
Consult Psychiatry, Children’s Healthcare of Atlanta
Objectives
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1. Define common terms related to suicide
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2. Describe the risk factors and epidemiology of suicide
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2. Describe the risk factors and epidemiology of suicide
3. Explain the importance of identifying children at risk and how to talk to them
NIMH definitions of common terms

• **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.

• A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.

• **Suicidal ideation** refers to thinking about, considering, or planning suicide.
Suicide Facts
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2015 CDC Leading Causes of Death Data

Annual Georgia Student Health Survey
2016-2017 School Year

The state of Georgia sends out an annual self-report student health survey to all students in grade 6-12.

• 672,307 responses from those students:
  – 9% (57,677) had seriously considered suicide
  – 4% (25,758) had attempted suicide
Suicide Death Trends
2010-2015, GA (GA OASIS)

<table>
<thead>
<tr>
<th>Year</th>
<th>15-17 yrs</th>
<th>10-14 yrs</th>
<th>5-9 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>18</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>14</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>24</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>2013</td>
<td>27</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>17</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>35</td>
<td>15</td>
<td>1</td>
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2010-2015, GA (GA OASIS)
# 5 Year Youth Suicide Deaths For Georgia: 2012-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>15-17 yrs</th>
<th>10-14 yrs</th>
<th>5-9 yrs</th>
<th>Totals by Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>24</td>
<td>7</td>
<td>1</td>
<td>32</td>
</tr>
<tr>
<td>2013</td>
<td>27</td>
<td>12</td>
<td>0</td>
<td>39</td>
</tr>
<tr>
<td>2014</td>
<td>17</td>
<td>12</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>2015</td>
<td>35</td>
<td>15</td>
<td>1</td>
<td>51</td>
</tr>
<tr>
<td>2016</td>
<td>21</td>
<td>14</td>
<td>0</td>
<td>35*</td>
</tr>
</tbody>
</table>

* 2016 data is not all inclusive

Source: Child Fatality Review Unit
# Youth Suicide Data for Georgia: 2017

## Source: GBI Child Fatality Review Unit

### White Male

<table>
<thead>
<tr>
<th>Age Group</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
</tbody>
</table>

### White Female

<table>
<thead>
<tr>
<th>Age Group</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Female</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### African American Male

<table>
<thead>
<tr>
<th>Age Group</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American Male</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### African American Female

<table>
<thead>
<tr>
<th>Age Group</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American Female</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Hispanic Male

<table>
<thead>
<tr>
<th>Age Group</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Male</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### Hispanic Female

<table>
<thead>
<tr>
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<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Female</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Asian Female

<table>
<thead>
<tr>
<th>Age Group</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Female</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>Age Group</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>1</td>
<td>6</td>
<td>18</td>
<td>25</td>
</tr>
</tbody>
</table>

### Suicide Method Count

<table>
<thead>
<tr>
<th>Method</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gunshots</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Hangings</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Overdose</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
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<td>1</td>
<td>6</td>
<td>18</td>
<td>25</td>
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*Children’s Healthcare of Atlanta*
ED Suicidal Thoughts or Attempt Diagnosis

**Suicidal Ideation Or Attempt**

<table>
<thead>
<tr>
<th>Year</th>
<th>EG and SR</th>
<th>HS</th>
</tr>
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<tbody>
<tr>
<td>2012</td>
<td>393</td>
<td>415</td>
</tr>
<tr>
<td>2013</td>
<td>415</td>
<td>289</td>
</tr>
<tr>
<td>2014</td>
<td>572</td>
<td>659</td>
</tr>
<tr>
<td>2015</td>
<td>659</td>
<td>784</td>
</tr>
<tr>
<td>2016</td>
<td>784</td>
<td>406</td>
</tr>
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**Admitting Diagnosis:**
- T14.91 Suicidal Attempt
- R45.851 Suicidal Ideations
- V62.84 Suicidal Ideation

*Data Source: Population Disco*
What should you know?
Risk Factors

- Previous suicide attempt
- Close family member who has committed suicide
- Past psychiatric hospitalization
- Recent losses
- Social isolation and or hopelessness
- Co-occurring mental and alcohol or substance abuse disorders
- Impulsive and/or aggressive tendencies
- Exposure to violence in the home or social environment
- Handguns in the home, especially if loaded
- Parental psychopathology
- Chronic physical illness
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Trauma And Suicide Risk
ACEs Study

• The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being.

• The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection.

• Adverse Childhood Experiences (ACEs) are common.
Adverse Childhood Experiences (ACEs)
Trauma and suicide risk

• Risk of suicide increase 2-5 fold throughout a person’s lifespan regardless of the adverse experience
• As the ACE score increase the suicide risk increases
• ACE score of at least 7 showed an increase in child/adolescent suicide attempt 51 fold as compared to 30 fold in adults
• JAMA. 2001 Dec 26;286(24):3089-96. Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study.
LONGSCAN Study

• 20 year longitudinal study followed over 900 children from early childhood to adulthood beginning in 1991
• 7 interviews over fourteen years
• 20% of abused or neglected children have thoughts of suicide
Identifying Children at Risk
Tips to Identify a Child at Risk
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- Change in eating habits
- Withdrawal from friends, family, and regular activities
- Violent actions, rebellious behavior, or running away
- Drug and alcohol use
- Unusual neglect of personal appearance
- Marked personality change
- Persistent boredom, difficulty concentrating, or decline in quality of schoolwork
- Frequent complaints of physical symptoms often associated to emotions
- Loss of interest in fun activities
- Not tolerating praise or reward
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Common Warning Signs

- Talking about suicide
- Seeking out lethal means
- Preoccupation with death
- No hope for the future
- Self-loathing, self-hatred
- Getting affairs in order
- Saying goodbye
- Withdrawing from others
- Self destructive behavior
- Sudden sense of calm
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“People who talk about suicide won’t really do it.”
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“Anyone who tries to kill him/herself must be crazy.”

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Misconceptions
Common Misconceptions

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“If a person is determined to kill him/herself, nothing is going to stop it.”
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“People who commit suicide are people who are unwilling to seek help.”

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“People who commit suicide are people who are unwilling to seek help.”

“If a person is determined to kill him/herself, nothing is going to stop it.”

“Talking about suicide may give someone the idea.”

Children’s Healthcare of Atlanta
What are we doing to address this crisis?
Georgia State Government

• Jason Flatt Act - Georgia
Georgia State Government

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- Requires local school systems to provide annual suicide prevention education training to all certificated school system personnel and to adopt a policy on student suicide prevention
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- [www.gadoe.org](http://www.gadoe.org), search “House Bill 198”
DBHDD

• Suicide Prevention team: 4 projects
  – Community and Agency Suicide Education & Training Project
  – Promotion and support of DBHDD’s policy 01-118
  – Maintaining the Georgia Suicide Prevention Information Network
  – Implementation of the Garrett Lee Smith Youth Suicide Prevention Grant
• Spot the Signs media campaign
Department of Education

- Suicide Prevention Task Force
- Suicide Prevention Summits
- Project Aware
- Mental Health First Aid
- Sources of Strength
- Signs of Suicide
- The Good Behavior Game
Georgia Bureau of Investigation

• Spring/Summer 2017 Created a task force of community and state agencies to come together and collaborate on how to address the crisis.
• Will produce a PSA promoting peer to peer suicide prevention approach
• Multiple Press releases to various media outlets
Children’s Healthcare of Atlanta

• Member of the DOE suicide prevention task force
• Joined forces with the GBI and other agencies to address the crisis
• Created educational video for Georgia School Nurses
Dr. Dan Salinas, CMO, recent blog post to social media on the Georgia suicide crisis

- On the Children’s Facebook page, the post reached 127,099 people.
- More than 3,500 people joined the Facebook conversation through likes, comments and shares; these interactions took place on the Children’s page, as well as the pages of individuals and other organizations who shared the blog.
  - Of those interactions, more than 1,100 were shares.
- On Children’s Twitter account, the post earned additional 2,000 impressions.

- Here’s a link to the blog post: https://www.choa.org/blog/2017/august/suicide-prevention
What Can you do?
What Can You Do?

• Talk about suicide!
• Talking about suicide brings it out of the shadows and helps reduce stigma
• Offer hope
• Look for opportunities to partner with your local schools, and community agencies
What can you do with high risk populations?

- Intervene early for high risk populations/trauma victims
- Assist in building trusting relationships/feeling connected to a trusted adult
- Help teach coping skills early. Assist parents in teaching coping skills
- Connect children who are victims of trauma to therapists
Ask the Questions

ASK THE RIGHT QUESTIONS
Ask the Questions

Has there ever been a time when you wished you were dead?
Ask the Questions

Has there ever been a time when you wished you were dead?

Have you ever thought about a specific way to end your life?
Ask the Questions

Has there ever been a time when you wished you were dead?

Have you ever thought about a specific way to end your life?

Have you ever tried to end your life?
Ask the Questions

- Has there ever been a time when you wished you were dead?
- Have you ever thought about a specific way to end your life?
- Have you ever tried to end your life?
- What has prevented you from following through with these thoughts?
When Talking to a Suicidal Person

✅  Do’s

&

🚫  Don’ts
When Talking to a Suicidal Person

✔️ Do:

– Be yourself. Let them know they are not alone.
– Listen.
– Be empathetic, non-judgmental, patient, and calm.
– Offer hope. Reassure the person that help is available.
When Talking to a Suicidal Person

✔️ **Do:**
- Be yourself. Let them know they are not alone.
- Listen.
- Be empathetic, non-judgmental, patient, and calm.
- Offer hope. Reassure the person that help is available.

❌ **Don’t:**
- Argue with a suicidal person.
- Act shocked, lecture on the value of life.
- Promise confidentiality.
- Offer ways to fix the problem, or give advice.
- Blame yourself.
Resources

• National Suicide Prevention Lifeline: 1-800-273-TALK
• National Hope line Network: 1-800-SUICIDE
• Georgia Crisis and Access Line: 1-800-715-4225
• National Institute of Mental Health Suicide Prevention Resources, http://www.nimh.nih.gov/suicideprevention/index.cfm
• U.S. Department of Health and Human Services, National Strategy on Suicide Prevention, http://www.mentalhealth.samhsa.gov/suicideprevention
Resources

- http://gspin.org/
- https://afsp.org/chapter/afsp-georgia/
- http://www.span-ga.org/
- http://nami.org/suicideawarenessmonth