Suicide: Causes

- Most explanations are too simplistic: Never the result of single factor or event.
- No single CAUSE of suicide; only CAUSES.
- Highly complex interaction of biological, psychological, cultural, sociological factors.
Multiple risk factors increases risk

- Mental (brain) disorders
- History of trauma
- Substance abuse
- Traits: impulsiveness
- Relationship loss
- Economic hardship
- Isolation

Risk potential is cumulative

- depression
- childhood trauma
- family history
- access to weapon
- drinking
- prior attempt
- setback
Efforts in Prevention

- Religious prohibitions
- Desecration of the corpse
- Crime against the state
- Mass media coverage
- Limit access to easy, lethal methods
- Telephone and internet crisis lines
- Primary care assessment
- School prevention programs
- Gatekeeper programs

School Suicide Prevention Programs

- **Stress model**
  - Normalizes the behavior
  - Overemphasizes frequency
  - Ignores contagion effect
  - “Could happen to anybody” model

- **Biological model**
  - 90-95% of suicides have identifiable mental illness
  - Computerized screening; interview high risk kids
  - Effective at getting kids treatment
95% of suicides have identifiable brain illness

- Depression
- Bipolar disorder
- Schizophrenia
- Substance abuse
- (Anxiety disorder; Borderline Personality)

Cavanagh et al 2003; NIMH, 2010

Increased Suicide Risk in Children and Adolescents

- Bipolar Disorder
- Depression
- ADHD
- Disorders of child maltreatment:
  - Conduct Disorder
  - Borderline Personality Disorder
  - PTSD
- Anxiety Disorder
- Substance abuse
Gatekeeper Programs

**ASIST:** Applied Suicide Intervention Skills Training
- Two-day
- Injury Prevention: 919-715-6452; dhhs.state.nc.us
- info@livingworks.net

**QPR:** Question, Persuade, Refer
- 2 - 4 hour
- qprinstitute.com
- Mental Health Association of Central Carolinas 704-365-3454; mha@mhacentralcarolinas.org

School Prevention Programs

**SOS - Signs of Suicide**
1. Educate teens that depression is treatable illness / equip them to respond
   - Cost-effective
   - Evidence-based
   - Easily implemented
   - www.mentalhealthscreening.org (781-239-0071)

2. Prevention class for 5th-6th graders:
   half as likely to develop depression  (Gillham)
Demographics for Youth and Young Adult Suicide Victims in NC (2004-2008)

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Recurrent illness

1 episode: 60% chance will have second
2 episodes: 70% chance will have third
3 or more: 90% chance will have another

Subsequent episodes more severe and shorter time between episodes

APA, 2000; Marano, 1999; Marsh, 2002
Depression results in:

- Lowered immune system functioning
  - Four times higher rates of illness / death
    - Heart attack
    - Bone loss
    - Nursing home admission
    - Premature delivery
  
- Death
  - One in 6 with severe depression
  - One in 5 with bipolar disorder

Depression: Causes / Influences

- Biology:
  - Changes in brain structure and chemistry
  - Hereditary vulnerability
- Environment:
  - Stresses can trigger and/or worsen episodes
- Cognition:
  - Thoughts / beliefs
Cognitive Distortions

Thoughts / beliefs common to depressed kids:

- I’m not as good as others, I’m worthless.
- Mistakes prove I’m no good.
- No one will ever like me. My parents don’t love me.
- Nothing will ever change. My life is ruined.
- Suicide is a way out of this pain. I can’t take it.
- I can’t live without this person.

Riley 2000; Hockey 2003; Goldstein 1994

Childhood trauma

- Elevates risk of suicide and mental disorder
- Greater number = greater risk
  - greatest risk is 5 or more
- Greater severity = greater risk
- Disrupts development by:
  - lasting changes in brain anatomy and physiology
  - stress response dysregulation
  - vulnerability to subsequent traumas
  - deficits in normal social learning
Adverse Childhood Experiences: ACE Studies

47,000 people
More ACEs = increasingly higher incidence of:

- Smoking, alcoholism, drug abuse, obesity, HIV, STD
- Heart disease, stroke, diabetes, emphysema, cancer
- Bronchitis, hepatitis, liver/kidney disease, IBS, arrest
- **Depression, suicide, attempted suicide**

<table>
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<table>
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<td>6</td>
<td>8</td>
<td>14</td>
<td>22</td>
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Childhood trauma

Sexual abuse - highest risk of suicide of all types of child maltreatment

- Increases risk independent of psychopathology
  - 25 times those without
- Puts males at greater risk:
  - 4 – 11 times vs. 2 – 4 times
- Effective treatments available, but most kids don’t get treatment
**Feedback Loop**

- Chemistry interacts with thinking
- Thinking interacts with stress
- Stress interacts with chemistry

Riley, 2000

**Treatment / Intervention**

**Medication**
- Treats the chemical imbalances

**Cognitive Behavioral Therapy**
- Changes the negative thought patterns that reinforce and worsen feelings

**Environmental changes**
- Reduce stress: abuse, conflict, sleep
- Increase protective factors: skills
- Hospitalization: safety/intensive treatment
Cognitive Behavioral Therapy

- Used alone in mild / moderate depression
- Identify automatic thoughts and learn to modify
- Evidenced based
  - Hundreds of studies proving its efficacy
  - Those who have attempted suicide and are treated with CBT are 50% less likely to try again.

Brown & Beck, 2005

Percentage of patients (12-17 y.o.) showing improvement

March, JS et al, JAMA, 2004
Unfortunately,

- Two-thirds of children **do not** see a doctor or therapist within a month of beginning drug treatment
- More than **half** have still not had a mental health visit by three months.

(Medco study, 2001-2003 data)

Environmental changes to reduce risk:

**Reduce stress in child’s life**
- child abuse / neglect / sexual abuse
- conflict: family, bully, teacher
- sleep / exercise / nutrition
- social concerns / hygiene
- unmet spiritual needs
- extracurricular over-commitment
Environmental Changes

Increase protective factors:

- Social skills
  - making friends
  - assertiveness
  - empathy
  - reading social situations
  - negotiating / setting limits
- Optimism
- Coping skills: managing stress / emotions

(Goldsmith, 2002; Hockey, 2003)

Protective Factors

- Perception that important adult cared about them
- School connectedness (teachers care, treat fairly)
- School safety
- Parental presence before and after school
- Parent / family connectedness / caring
- GPA
- Religious identity
- Counseling services offered by school
- Number of parent / child activities

Three or more reduced risk of suicide in adolescents by 70-85%.

Goldsmith, 2002
Signs of elevated risk

- hopelessness
- helplessness
- insomnia
- anxiety
- ambivalence
- psychosis

Prevention

- Provide skills training: coping, hopelessness
- Gatekeepers training: people who work with kids - identify and get treatment for kids at risk
  - ASIST and QPR
- Reduce access to lethal methods, especially to guns
- Target special populations (children in foster care)
- Reduce barriers to treatment
Internet resources for teens

Tween and Teen Resources

LGBT teen resources

2013 Youth Health Summit

The It's OK 2 Ask program and community partners will hold a Youth Health Summit on May 4, 2013. This free health and prevention summit, just for high school students, will help youth navigate common health issues facing adolescents today.
Since every man is part of a community, he injures that community by killing himself.

St. Thomas Aquinas
Postvention is prevention.

Schneidman, 1972

School’s Response
sprc.org/afterasuicideforschools
School response after a suicide

Lifeline Postvention Manual:


School Response

Communicate with students

- Small groups – no assembly, no overhead announcement
- Tell the truth, but no details
- **Focus on living and coping skills** (we’re here to help each other, help prevent other deaths)
- Don’t glorify / vilify victim: Emphasize likelihood that person struggling with serious mental issue
- Emphasize that help is available
- Screen students for potential risk (those who were close to victim, kept secret, facilitated, didn’t recognize, or have mh problems)