Updates in Teen Suicidality

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Objectives

1. Review the epidemiology of suicidality in youth
2. Review screening and assessment of suicidality in youth
3. Review initial interventions for suicidality in youth
Epidemiology
Figure 1: U.S. suicide death rate for youths ages 15-19, 1981-2017

Source: AAP analysis of data from the National Center for Injury Prevention and Control, CDC
Suicidality in the ED During the Pandemic

Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021
Youth suicide rate by state

Source: CDC  David H. Montgomery / CityLab
Washington

Suicide is the second leading cause of death for teens 15 to 19 years old.

Pre-COVID survey: 16% of 8th graders, 18% of 10th graders, and 18% of 12th graders reported making a suicide plan.

While ED visits for suicidality and suicide attempts have gone up, we do not yet know if the rate of completed suicide has increased with the COVID-19 pandemic.

Opioid overdose rates are definitely up.
Suicide Completion Rates by Age Group

Ages 5-11: 1 per 1 million
Ages 10-14: 1 per 100,000
Ages 15-19: 7-8 per 100,000
Means of Completed Suicide

Hanging and Firearms >90%

Overdose ~7%

Other Means (Cutting) <3%
Self-Harm is Associated with Increased Suicide Completion
Non-Suicidal Self-Injury (NSSI) is VASTLY More Common than Suicide Completion

Lifetime prevalence of non-suicidal self-injury in the U.S.: 21.2-28%.

Completed suicide rate in the U. S.: 0.015%
Predisposing Factors for Suicide Completion

- Psychiatric disorders
- Substance use disorders
- Previous suicide attempt or self-harm
- Family history of suicide attempts and completion—5x risk increase
- History of physical or sexual abuse
- Impulsivity
- Social isolation
- LGBTQ
- Male
- White or Native American
Precipitating Factors

- Interpersonal problems: breakups and family fights
- Disciplinary problems
- Bullying
- Profound loss
- Access to means
- Alcohol and drug use
- Exposure to suicide
Screening
1. In the past few weeks have you wished you were dead?

2. In the past few weeks have you felt that you or your family would be better off if you were dead?

3. In the past week have you been having thoughts of killing yourself?

4. Have you ever tried to kill yourself?

5. Are you having thoughts of killing yourself right now?
Assessment
Brief Safety Assessment

1. Praise patient
2. Consider measures (PHQ-9, SCARED, CRAFFT 2.0)
3. Interview patient alone & with caregiver(s)
4. Assess risk and protective factors
5. Attempt a crisis prevention/safety plan
6. Determine disposition
7. Provide resources

SAFETY OVERRIDES CONFIDENTIALITY
Be Direct

• “Are you having thoughts of killing yourself right now?”
• “Do you have a plan to kill yourself?”
• “What is your plan?”
• “If you were going to kill yourself, how would you do it?”
• “Have you ever tried to kill yourself?”
• “How?” “When?” “Why?”
• “Did you want to die?”
• “Is there a voice telling you to kill yourself?”
Intervention
High Risk: Send to ED

- Planned or recent attempt with a lethal method
- Attempt that included steps to avoid detection
- Inability to openly and honestly discuss suicide attempt and what precipitated it
- Inability to discuss safety planning
- Lack of adequate monitoring, support and treatment
- Severe psychiatric disorders underlying suicidality
- Agitation
- Impulsivity
- Severe hopelessness
- Severe substance use problem
Moderate Risk: Action Steps

• Validation, letting them know that you’ll help
• Inform appropriate people
• Brainstorming on coping skills, replacement behaviors
• Help family identify precipitants, begin problem solving, implement appropriate supervision
• Means reduction
• Safety planning
• Close follow-up
• Medications?
Crisis Prevention Plan / Safety Plan

- Written list of warning signs, coping strategies and resources developed collaboratively with the youth

- Includes contact information for social supports and professional supports

- Often includes reasons for living

- Many templates on-line

- Apps: “Suicide Safety Plan,” “MY3”

- THIS IS NOT A “NO HARM CONTRACT”
Crisis Prevention Plan

My triggers are:
1. ..............................................................................................................................................................................................
2. ..............................................................................................................................................................................................
3. ..............................................................................................................................................................................................
4. ..............................................................................................................................................................................................
5. ..............................................................................................................................................................................................

My early warning signs are:
1. ..............................................................................................................................................................................................
2. ..............................................................................................................................................................................................
3. ..............................................................................................................................................................................................
4. ..............................................................................................................................................................................................
5. ..............................................................................................................................................................................................

When my parents/caregivers notice my early warning signs, they can:
1. ..............................................................................................................................................................................................
2. ..............................................................................................................................................................................................
3. ..............................................................................................................................................................................................
4. ..............................................................................................................................................................................................
5. ..............................................................................................................................................................................................

Things I can do when I notice my early warning signs:
1. ..............................................................................................................................................................................................
2. ..............................................................................................................................................................................................
3. ..............................................................................................................................................................................................
4. ..............................................................................................................................................................................................
5. ..............................................................................................................................................................................................

If I am unable to help myself, I can call:
1. ..............................................................................................................................................................................................
2. ..............................................................................................................................................................................................
3. ..............................................................................................................................................................................................
4. ..............................................................................................................................................................................................
5. ..............................................................................................................................................................................................

• Your County Crisis Line Phone Number: .......................................................... (you can look it up here: www.hca.wa.gov/health-care-services-andsupports/behavioral-health-recovery/mental-health-crisis-lines)
• Text HOME to 741741 or visit: https://www.crisistextline.org
• Teen Link Hotline: 1-866-833-5546 or https://www.teenlink.org/
• The National Suicide Hotline: 1-800-273-8255

This Crisis Prevention Plan was created to give your family strategies you can use in your home to help calm your child during an escalation before they reach a crisis point. We do not advise using restraint, such as holding your child down, because you or your child could get hurt. Please call 911 if you or your child is in imminent danger.
Resources

• ASQ
  • Search: Ask Suicide Screening Questions
• AAP Guidance on Suicide and Suicide Attempts in Adolescents
  • Search: Suicide and Suicide Attempts in Adolescence
• National Suicide Prevention Lifeline: 800.273.TALK(8255)
• Safety Plan Template and Instructions:
  • Search: Developing Effective Safety Plans for Suicidal Youth
• 24/7 Crisis Text Line: Text “HOME” to 741-741
• County Crisis Line
Questions?