Children & Adolescents

Crisis and Suicide Prevention and Intervention

SUICIDE AND YOUTH

Suicide

Knows no boundaries of race, sex, creed, religion, age, sexual orientation or socio-economic status!

Definitions

- **Suicide**
  Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. (cdc.gov)
- **Suicide attempt**
  A non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury. (cdc.gov)
- **Self-Injurious Behavior**
  Self-injury, also called self-harm, is the act of deliberately harming your own body, such as cutting or burning yourself. It's typically not meant as a suicide attempt. Rather, self-injury is an unhealthy way to cope with emotional pain, intense anger and frustration.

(mayo clinic.com)

Definitions

- **Suicidal ideation**
  Thinking about, considering, or planning for suicide. (cdc.gov)
- **Passive Thoughts of Death**
  Also known as morbid thoughts. For example, "I wish I was dead" or "It would be easier if I weren't around". Although these may be serious, and may develop into suicidal ideations, they are not considered suicidal ideations.

Crisis Definition

- A crisis is a stressful situation or set of events that are perceived or experienced as intolerable and unsolvable because the individual's customary coping strategies and problem solving skills are exceeded.
- In a crisis, an appropriate coping response is unknown, but in an emergency it can readily be implemented.
- DCMHMR defines a crisis as someone who has thoughts of suicide, homicide and/or has deteriorated to the point to where they are a risk of harm to themselves or others.

Suicide Statistics

- In 2012, 306 children between the ages of 10-14 completed suicide.
- In 2012, suicide was the second leading cause of death for young people ages 15 to 24, after accidents and homicide (both in Texas and the US).

www.cdc.gov www.teensuicide.us

Suicide Statistics

- It resulted in approximately 4,872 lives lost that year for this age group.

- Of every 100,000 young people in each age group, the following number died by suicide in 2011:
  - Children ages 10 to 14 – 1.5 per 100,000
  - Adolescents 15 to 19 – 8.4 per 100,000
  - Young Adults 20-24 – 13.7 per 100,000

www.cdc.gov www.teensuicide.us

Suicide Statistics

- Risk of attempted (non-fatal) suicides for youth are estimated to range between 100-200-1.
- The 2013 Youth Risk Behavior Survey found that 17% of U.S students had seriously considered attempting suicide in the previous year, 13.6% had made a suicide plan, and 8% reporting trying to take their own life.
- 2.7% of high school students nationwide made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

www.cdc.gov www.teensuicide.us

Suicide Statistics

- Young people are much more likely to use firearms, suffocation, and poisoning than other methods of suicide.
- Children 14 and under are more likely to use suffocation.
- 90% of young children who complete suicide have some type of mental health disorder.

www.cdc.gov www.teensuicide.us

Suicide Statistics

- More than 30% of LGBT youth report at least one suicide attempt within the last year.
- More than 50% of Transgender youth will have had at least one suicide attempt by their 20th birthday.

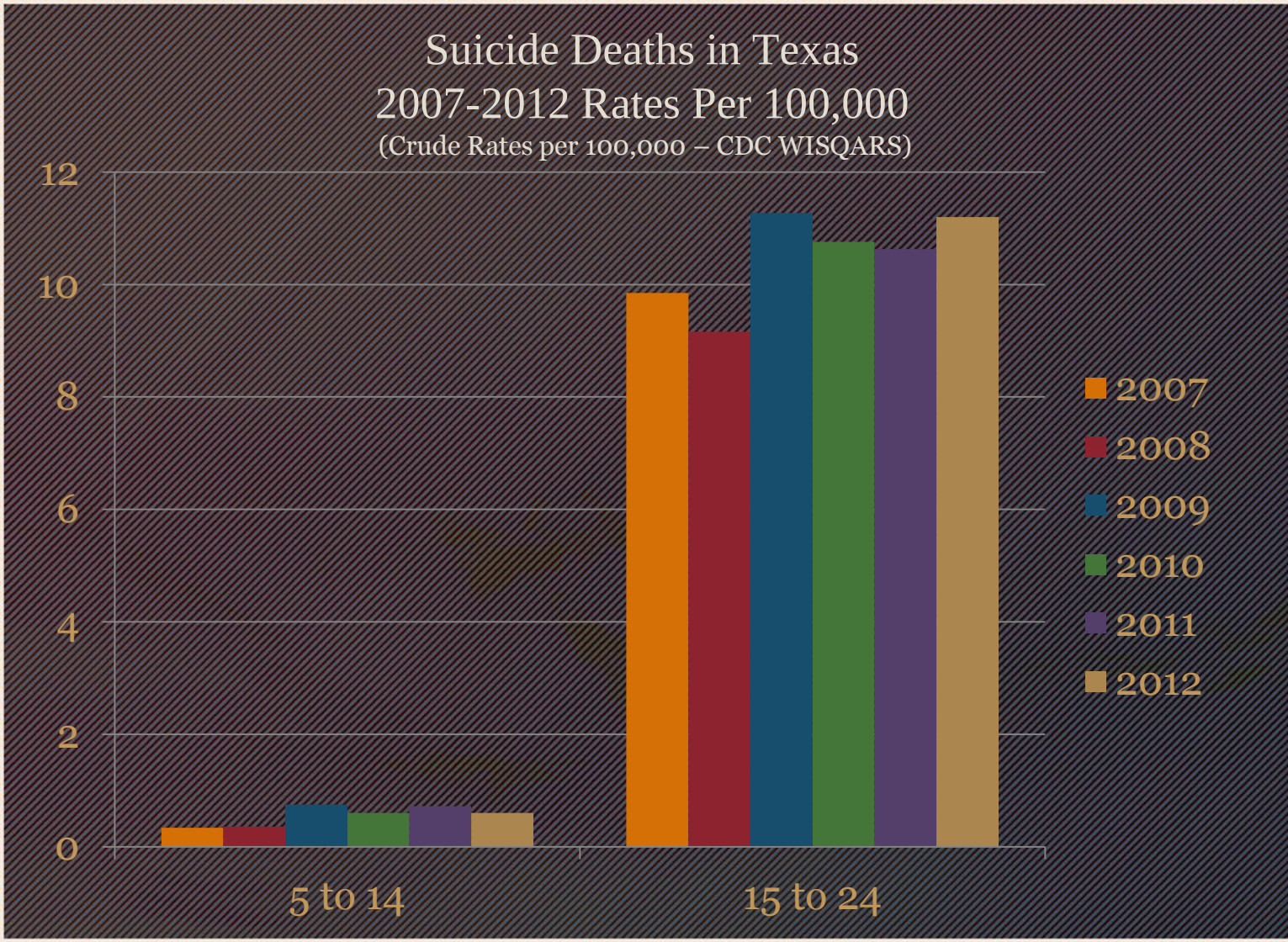
  www.cdc.gov www.teensuicide.us
- Highest state averages for ages 15-24 are Alaska (32.8 per 100,000), Wyoming (26.3 per 100,000), and Idaho (24.0 per 100,000).

  (2010, cdc.gov)

Suicide Deaths by Method and Age in Texas 2007-2012

(Rates per 100,000 – CDC WISQARS)

Ages	Suicides by Firearm	Suicides by Poisoning	Suicides by Suffocation	Suicides by Falling	Suicides by Drowning	Suicides by Cutting/ Piercing	All other means
5-14 years	44	0	74	0	0	0	0
15-24 years	1,179	132	881	40	13	19	44


Suicide Deaths in Texas
2007-2012 Rates Per 100,000
(Crude Rates per 100,000 – CDC WISQARS)
12
10
8
6
4
2
0
5 to 14
15 to 24
2007
2008
2009
2010
2011
2012

Deaths by Suicide in Denton County ICD-10 – Exact Numbers

Age	2007	2008	2009	2010	2011	2012
5-14	0	0	1	1	1	1
15-24	5	8	7	9	15	5

Suicide Statistics

Suicide among pre-adolescents (9-14):

- Pre-adolescents lack the abstract thinking skills to allow them to understand the finality of death.
- Pre-adolescents are inherently impulsive and may lack the cognitive skills necessary to imagine a better future or realize the fleetingness of most of their troubles.
- Pre-adolescents lack the strategies older kids have to seek help or cope with problems.

www.cdc.gov www.teensuicide.us

Suicide Statistics

Gender differences in suicide among young people:

- Nearly five times as many males as females ages 15 to 19 died by suicide.
- Just under six times as many males as females ages 20 to 24 died by suicide.
- Of the reported suicides the 10 to 24 age group, 81% of the deaths were males and 19% were females.
- Girls are more likely to report attempting suicide than boys.

www.cdc.gov www.teensuicide.us

Suicide Statistics

Cultural variations in suicide rates also exist.

- Native American/Alaskan Native youth have the highest rates of suicide-related fatalities.
- Hispanic youth were more likely to report attempting suicide than black and white, non-Hispanic peers in grades 9-12.

www.cdc.gov www.teensuicide.us

C&A Suicide

WARNING SIGNS, TRIGGERS AND RISK FACTORS

Youth Warning Signs

- Every child is unique and all may not have the same warning signs.
- Look for change or monitor any changes made. This could involve medication changes!

Suicide: Youth Warning Signs

- Disinterest in favorite extracurricular activities
- Problems at work and losing interest in a job
- Substance abuse
- Behavioral problems/risk taking behaviors
- Withdrawing from family and friends
- Sleep changes

www.cdc.gov www.teensuicide.us

Suicide: Youth Warning Signs – Cont.

- Changes in eating habits
- Begins to neglect hygiene and personal appearance
- Emotional distress causing physical complaints
- Hard time concentrating
- Declining grades in school
- Loss of interest in schoolwork
- Bullying

www.cdc.gov www.teensuicide.us

Suicide: Youth Warning Signs – Cont.

- Verbal hints-"I won't trouble you anymore", "I want you to know something"
- Giving/throwing away belongings
- Writes suicide note
- Extreme mood swings
- Unhealthy peer relationships

(www.cdc.gov and www.teensuicide.us)

Suicide: Youth Warning Signs – Cont.

- Becoming suddenly cheerful after a period of depression-this may mean that the student has already made the decision to escape all problems by ending his/her life.
- Refusing help, feeling "beyond help"
- Complaining of being a bad person or feeling "rotten inside".

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth Suicide prevention school based guide – *Issue Brief 3a: Risk Factors: Risk and Protective Factors, and Warning Signs*. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication (#218-3a,4, 6c)

Suicide: Youth Warning Signs – Cont.

- Making statements about hopelessness, helplessness, or worthlessness.
- Not tolerating praise or rewards
- Actually talking about suicide or a plan
- Exhibiting impulsivity such as violent actions, rebellious behavior or running away.
- Using social media to convey messages

4 out of 5 teen suicide attempts have been preceded by clear warning signs.

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth Suicide prevention school based guide – *Issue Brief 3a: Risk Factors: Risk and Protective Factors, and Warning Signs.* Tampa, FL: Department of Child and Family Studies, Division of State and Local Support Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication (#218-3a,4, 6c)

Acute Risk Factors For Suicide – Mnemonic from the AAS

I – Ideations of Suicide (Threats to hurt self, talking or writing about death)

S - Substance Use Increase

P - Purposeless (perception of no reason for living, no sense of purpose)

A – Anxiety (agitation, inability to sleep)

T – Trapped (feeling like there is no way out of situation)

H – Hopeless (no sense/perception the future will be better)

W - Withdrawn (from friends, family, work, and society in general)

A – Angry (uncontrollable rage/anger/revenge seeking)

R – Recklessness (engaging in risky behavior, activities, seemingly without thought)

M – Mood Swings (dramatic, unpredictable mood changes)

New Acute Risk Factors for Children and Adolescents from AAS - 2014

Risk Factors:

1. Talking about suicide
2. Expressing Hopelessness about the Future
3. Displaying Severe and Overwhelming Emotional Pain
4. Behavior Changes that are marked and Worrisome (i.e. withdrawal, anger agitation, etc.)

Chronic Risk Factors Of Suicide for Youth

- Previous Suicide Attempts
- Diagnosable Mental Illness
- Previous Mental Health Hospitalizations
- Chronic Isolation
- Family History or exposure to suicide
- Mental Health Issues
- Childhood Abuse
- Significant Medical Illness
- Low Self-Esteem
- Poor Coping Skills

(www.suicidology.org)

Chronic Risk Factors of Suicide for Youth

- Life Stressors/Losses/School and family problems/Living Alone
- Being Bullied
- Sexual Orientation
- Juvenile Delinquency/Incarceration
- Self-Injurious Behavior
- Access to Firearms

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth Suicide prevention school based guide – *Issue Brief 3a: Risk Factors: Risk and Protective Factors, and Warning Signs*. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication (#218-3a,4, 6c)

Triggers for Suicide in Youth

- Being bullied
- Break up with girlfriend/boyfriend
- Death of a parent
- Divorce
- Being ridiculed by peers/not being accepted
- A humiliating experience
- Contagion

Issues of Suicide Cluster and Contagion in Youth

Suicide Contagion: A phenomenon whereby susceptible persons are influenced towards suicidal behavior through knowledge of another person's suicidal acts. The CDC specifies that a contagion occurs when the death and/or attempts are connected by person, place, or time.

Suicide Cluster: The CDC specifies that a cluster has occurred when attempts and/or deaths occur at a higher number than would normally be expected for a specific population in a specific area.

Issues of Suicide Cluster and Contagion in Youth

- Youth are more vulnerable than adults because they may identify more readily with the behavior and qualities of their peers.
- Contagion is rare – only accounting for 1-5% of all suicide deaths annually.
  (After a Suicide Toolkit 2011: American Foundation for Suicide Prevention and Suicide Prevention Resource Center: p.11, 35, 40-41, 43)
- Media coverage can contribute to contagion. Front page stories, simplistic explanations of suicide, graphic depictions and printing photos of the victim can be contributing factors.

(Suicide Prevention and Postvention Toolkit for Texas Communities: p.71&78)

Issues of Suicide Cluster and Contagion in Youth

- Avoiding any sensationalizing, romanticizing or glorification of the suicide or the victim.
- Remember anniversary dates can also be a time of increased risk.
- Encourage students to get involved with living memorials which may help prevent other suicide deaths.

(Suicide Prevention and Postvention Toolkit for Texas Communities: p.71&78)

Suicide and Bullying

- Both victims and perpetrators of bullying are at higher risk for suicide than their peers. Children who are both victims and perpetrators of bullying are at highest risk . (Kim &Leventhal,2008; Hay & Meldrum, 2010; Kaminski & Fang, 2009).
- All three groups (victims, perpetrators and perpetrator/victims) are more likely to be depressed than children who are not involved in bullying Depression is a major risk for suicide. (Wang, Nansel et. al., in press).
- Bullying is associated with increases in suicide risk in young people who are victims of bullying as well as increases in depression and other problems associated with suicide (Gini & Pozzoli, 2009; Fekkes, Pipers & Verloove-Vanhorcik, 2004).

Bullying and Suicide

- There is a difference between causation and correlation.
- Most research demonstrates that bullying is a risk factor for many outcomes, but it is not the only “cause”.
- Not all who experience or engage in bullying will have this outcome.
- Not everyone who had this outcome was bullied.

(samhsa.gov)

C&A Suicide

SUICIDE PREVENTION AND INTERVENTION

Suicide Prevention

- Arm youth with accurate information on warning signs, risk factors, how to intervene and link to assistance.
- Encourage participation in a gatekeeper training such as ASIST, QPR, ASK, or another evidence based program to develop skills.

Protective Factors

- Family connectedness and school connectedness
- Reduced access to firearms
- Safe schools
- Academic achievement
- Self-esteem

(American Association of Suicidology – www.suicidology.org

Protective Factors Cont.

- Positive relationships with other school youth
- Lack of access to any means
- Help-seeking behavior
- Impulse control
- Problem solving/conflict resolution abilities
- Stable environment
- Access to care for mental/physical and Substance Use Disorders
- Responsibilities for others/pets
- Spiritual connectedness/Religion

Remember that anything a youth indicates as a reason for living can be a protective factor!

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth Suicide prevention school based guide – *Issue Brief 3a: Risk Factors: Risk and Protective Factors, and Warning Signs.* Tampa, FL: Department of Child and Family Studies, Division of State and Local Support Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication (#218-3a,4, 6c)

Foster Resilience!!!

- Provide Support (Listening, Promoting Security, Instill Values, Connectedness, Competence, Promote Self-Esteem)
- Foster positive attitudes (Coping Skills & Learning Opportunities)
- Nurture positive emotions
- Reinforce emotional intelligence
- Provide consistent and clear expectations (Limits and Discipline)
- Encourage helping others

Foster Resilience Cont.

- Teach peace-building skills
- Reduce stress (Structure, Limits, Exercise)
- Ensure healthy habits (Establish a routine, Eating, Sleeping)
- Provide medical care (Mental and Physical)
- Reducing the Impact of Risk (Rutter, 1995)
- Stopping Negative Chain Reactions (Rutter, 1995)
- Foster Appropriate External Relationships (Church, Friends, Extended Family)

(Rutter, M.(195).Psychosocial Adversity: Risk, Resilience and Recovery. Southern African Journal of Child and Adolescent Psychiatry, 7 (2) 75-88.)

What Can I Do If I Notice Acute Risk Factors?

According to AAS:

1. Ask About Feelings In a Non-Judgmental Way
2. Express Concern
3. Listen Attentively
4. Reflect
5. Tell Them They Are Not Alone
6. Guide to Professional Help

Get Help

If you think that your child is at high risk, do the following:

1. DO NOT LEAVE THEM ALONE!
2. Have police secure the scene.
3. Call the Crisis Line (1-800-762-0157) who will in turn contact MCOT. Please make sure the person most familiar with the situation calls the hotline.
4. Parents should be on scene and be available for questions for minors under 18. At the very least, we need verbal permission to assess your child.
5. MCOT will determine the individual's least restrictive options.
6. Secure the means if at all possible.

Get Help!

- Parents that have insurance and want to sign their child in to a inpatient facility, you can do this! Find a hospital that takes their insurance and has availability.
- Parents may sign children in to North Texas State Hospital as well.
- We now have a 24 hour Psychiatric Triage Facility Available in Denton.

Things to Avoid

- **Avoid using clichés or giving advice.**
- **Not taking the situation seriously.**
- **Accusing a child of just trying to get attention.**
- **Avoid asking "why" questions.**

Things to Avoid

- **Avoid using leading questions.**
- **Avoid asking multiple questions at once.**
- **Avoid the impression you are interrogating.**

Denton County MHMR

CHILD AND ADOLESCENT SERVICES

DCMHMR Is…

- The State's designated mental health and Intellectual and Developmental Disability (IDD) authority for Denton County.
- Non – profit organization (501 C-3).
- DCMHMR is a unit of local government administered by a nine member board of trustees which are appointed by the Denton County Commissioner's Court.
- Contract provider for the Texas Department of State Health Services and Texas Department of Aging and Disability Services

To Qualify for C&A Services

- Must have a severe emotional, behavioral or mental disorder.
- Must be 3-17 years old.
- Must have Medicaid, CHIP or be uninsured.
- Must have an intake through DCMHMR.

To Set Up an Intake for C&A Regular Services

- Call the DCMHMR hotline.
- Be sure to let the hotline know that the call is for an Intake and not a Crisis!

1-800-762-0157

TTY:1-800-269-6233

To Qualify for IDD Services…

- Must have a diagnosis of an intellectual disability, which is based on:
  - Measure of the person's IQ.
  - Determination of qualifying Adaptive Behavior Level.
  - Evidence of the disability that originated before the person's 18th birthday.
- Must be eligible for Medicaid.
- Must have a determination of eligibility completed through DCMHMR.

IDD Services

- Home and Community Based Services (HCS)
- Texas Home Living
- General Revenue

For IDD Services Intake

- For an intake, call the intake coordinator at (940)565-5249.
- If you wish to put someone on the HCS interest list, call (940) 565-5277.

DCMHMR
CRISIS SERVICES

Crisis Hotline

- Denton County MHMR provides a crisis hotline service accredited by the American Association of Suicidology (AAS).
- Hotline staff will provide information, support, intake appointments, intervention, and referrals to callers 24 hours a day, 7 days a week.
- Hotline is available to anyone
- Hotline Number: 1-800-762-0157
- TTY Hotline Number: 1-800-269-6233

Before We Send an MCOT Team…

- **Situation must meet the Crisis definition.**
- **Drug/alcohol levels acceptable for an accurate assessment to be completed and appropriate mental health treatment to be coordinated.**
- **Client must be medically stable for team to complete a risk of harm assessment.**

Before We Send an MCOT Team…

- **Police (a school resource officer will work) must go to site first and stay for entire assessment if environment is an unsecure location or client is combative. Secure locations include jail, DCMHMR office and Hospitals (medical and psychiatric).**
- **If the client has insurance, is over 18 and wants to sign themselves into a hospital, they can!**

What is a MCOT Team?

- MCOT stands for Mobile Crisis Outreach Team.
- Mobile Crisis Outreach Teams (MCOTs) provide face-to-face clinical assessments to individuals in crisis 24 hours a day, 7 days a week in Denton County.
- A MCOT consists of 2 individuals, a Qualified Mental Health Professional, and a licensed professional. The licensed professional can either be a Licensed Professional of the Healing Arts or a Registered Nurse.
- An MCOT Team will respond anywhere in Denton County as long as the scene is secure and the client is medically stable.
- Our response time goal is one hour.

What are we assessing for?

- To determine if the individual is a risk of harm to themselves or others.
- Acute and Chronic risk factors of suicide.
- The individual's mental status for impaired or disturbed thought patterns.
- The individual's social environment for distress or support.
- Substance abuse.
- To determine what is the least restrictive environment in which an individual can safely and effectively receive treatment.
- To facilitate inpatient treatment for the individual if the clinician determines that to be the least restrictive environment.

Can this person be safe for the next 24 hours or not!

What happens after the assessment?

- The MCOT Team will determine what is least restrictive for the client based on information gathered.
- Due to the situation being a crisis we can speak to others that may have valuable information without consent of the client (parents, police, spouses, etc.).
- Outcomes will involve a recommendation of Outpatient Treatment, Voluntary Inpatient Treatment or Involuntary Inpatient Treatment.

WHAT'S NEW AT DENTON COUNTY MHMR!

DCMHMR has received funding for three new 1115 waiver projects. They include Psychiatric Triage, a Crisis Residential Facility and an Integrated Healthcare Clinic!

Psychiatric Triage – Now Open!

The psychiatric triage facility is a 24-hour facility available to provide crisis assessments to individuals not requiring medical attention. This facility is staffed with a MCOT team (QMHP and RN) 24/7 to provide assessments to individuals presenting to the facility in crisis. The goal of the project is to reduce the number of individuals that are not in need of medical attention that seek treatment in the emergency rooms.

It is located at 2509 Scripture – Suite 100

Denton, Texas – 76201 – (940)381-9965

Integrated Healthcare – Now Open!

This clinic is designed to be a place where individuals with co-morbid behavioral and primary health issues can have both addressed in the same facility. In addition to psychiatric and medical care, the individuals will also receive case management and RN appointments.

This clinic serves adults over 18 only.

Clinic is located at 2509 Scripture

Suite 103

(940) 222-2326

Crisis Residential – Now Open!

Crisis residential services provide short-term, community-based residential, crisis treatment to adults over 18 who may pose some risk of harm to self or who may have fairly severe functional impairment. Crisis residential facilities provide a safe environment with QMHP staff on site at all times. While at the facility, individuals receive at least 4 hours per day of skills training programing. The goal of this project is to prevent admissions to psychiatric inpatient hospitalizations when possible by providing a safe alternative for those that can appropriately be served in this environment.

ZEST Grant

- The Zero Suicide in Texas (ZEST) initiative will provide suicide care services targeting youth at elevated risk of suicide.
- This innovative best practice model will be implemented in Denton County initially and then expanded across Texas.
- The proposed initiative will target youth ages 10 to 24 in several high-risk categories.
- ASK Gatekeeper Training and ASIST Intervention Training are involved.

Denton Regional Suicide Prevention Coalition

- Mission: To collaborate in the development of suicide prevention, intervention and postvention strategies that offer hope to all that are touched by suicide.
- Meets monthly.
- First project is letter writing and training campaign for Denton County Primary Care Physicians in an effort to improve screening practices and lower completed suicide rates.
- Statistics show that over 50% of individuals that complete suicide saw their primary care provider within a month before their death.

Means Matters Campaign

- Mission: Encourage firearm and medication safety by promoting awareness to help create suicide safer homes and communities.
- Meetings are monthly.
- First project is to provide CALM (Counseling on Access to Lethal Means) training to all first responders (police and EMS) in Denton County.

Children & Adolescents

RESOURCES

Resources

- American Association of Suicidology – www.suicidology.org
- American Foundation for Suicide Prevention – www.afsp.org
- Centers for Disease Control – www.cdc.gov
- Grant Halliburton Foundation – www.granthalliburton.org
- Mental Health America of Texas – www.mhatexas.org
- National Institute for Mental Health – www.nimh.nih.gov
- Substance Abuse and Mental Health Services Administration – www.samhsa.gov
- Suicide Prevention Resource Center – www.sprc.org
- Texas Department of State Health Services – www.dshs.state.tx.us
- The Trevor Project – www.thetrevorproject.org
- The Jed Foundation – www.jedfoundation.org
- Touched By Suicide – www.touchedbysuicide.org

Contact Information

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dentonmhmr.org