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# Community Statistics

- In 2013 Tarrant county had **36** deaths by suicide from ages 15-24
- In 2015 CCMC had **137** suicide attempts from children 10-18
- In 2016 the suicide attempt rate has nearly doubled as there have been **64** attempts since January 1<sup>st</sup>
- Every 1.5 days a youth in our community has attempted suicide since January 1, 2016
- Average age of suicide attempt patient at CCMC is 13.5

# Types of Suicide Patients

- Children who experienced adverse childhood events
  - psychological, physical or sexual abuse
  - emotional or physical neglect
  - drug/alcohol use,
  - parental incarceration
  - domestic violence
  - death of family member
  - history of mental illness
- Each of these increases the risk of attempting suicide from 2-5 fold

# Children of affluence

- No history of adverse childhood event
- Intact family
- Upper Middle Class Income
- High achieving – GT, preAP, AP
- Multiple extracurricular activities- athletics, fine arts, clubs, religious/civic organizations
- Little experience with failure/setbacks
- CDC has investigated Palo Alto, CA and Fairfax, VA for suicide clusters occurring in this group

# Patient Characteristics

- Disturbances of sleep
- Chronic headache, chronic abdominal pain, recurrent chest pain, paralysis, pain disorders
- Anxious, stressed out
- Little or no down time that is not scheduled
- Precipitating event: low grade, peer conflict, bullying, loss of technology, minor setbacks in activities, gender or sexual identity stressors

# Adult Intervention in Pediatric Patients

- AAP recommends school start time at 8:30 for middle and high school
  - Limit zero period
  - Limit Athletics/Extracurricular practice before school
  - Institute time cut off for homework/activities/electronics at night
- AAP recommends teaching resilience through failure
  - Allow children to fail
  - Allow peer conflict
  - Allow ownership of their decisions with its array of consequences
- Talk to children about suicide/anxiety and share historical parental failures/anxiety as youths.

# How Prevalent is the Problem?

- 8-11 % of teens suffer from depression
- Suicide is 3rd leading cause of death in adolescents
- 80 % of students who die by suicide never receive mental health treatment
- Males are twice as likely to die by suicide than females
- 8.3% of high school students seriously considered a suicide attempt

# Is the Suicide Rate Increasing?

- In 2000 there were 10.4 / 100,000 completed suicides for 15-24 year olds
- In 2013 there were 12.6 / 100,000 completed suicides for 15-24 year olds

### A synopsis of key CMHC stats over the years

	2012-2013	2013-2014	2014-2015	Fall 2015
# of students in counseling for depression	332	335	372	284*
# of students reporting suicide ideation to the counseling center	158	181	238	139*

\* The increase in the number of students with depression and suicide ideation likely reflects that more students are seeking help, in addition to an actual increase in depression and suicidal thoughts on campus.

# What is a Risk Factor?

A variable that if present, a youth is more likely to think about suicide, attempt suicide or die by suicide.

# Risk Factors

- Mental illness
- Substance Use disorder
- LGBT Youth
- Previous attempt
- History of risky behavior
- Family history of suicide

# Risk Factors

- Alcohol abuse / binge drinking
- Available means
- Academic pressures
- Cruelty or bullying via social media

# The Deadly Triad

**3 HIGH RISK factors (or any combination of these) that often lead to VIOLENCE/SUICIDE**



If you eliminate or resolve any side of the triangle, the immediate risk of violence to self or others is reduced!

# CDC Risk Factors Identified: Palo Alto, CA & Fairfax, VA

- Parents' pressure for success
- Parents' denial of child's mental health issues
- Stigma of mental illness
- High student to counselor ratio @ school

# WARNING SIGNS!!!!!!

- A CHANGE IN BEHAVIOR
- Changes in sleeping patterns
- Changes in eating patterns
- Change in personal hygiene
- Withdrawal from friends and/or family
- Loss of interest in usual activities
- Personality Changes
- Drug and/or Alcohol Use
- Aggressive behaviors



# WHAT DO YOU DO?

IF THEY STATE THEY ARE SUICIDAL TAKE IT  
VERY SERIOUSLY AND HAVE THEM  
EVALUATED IMMEDIATELY.

# How Not to Ask the Suicide Question

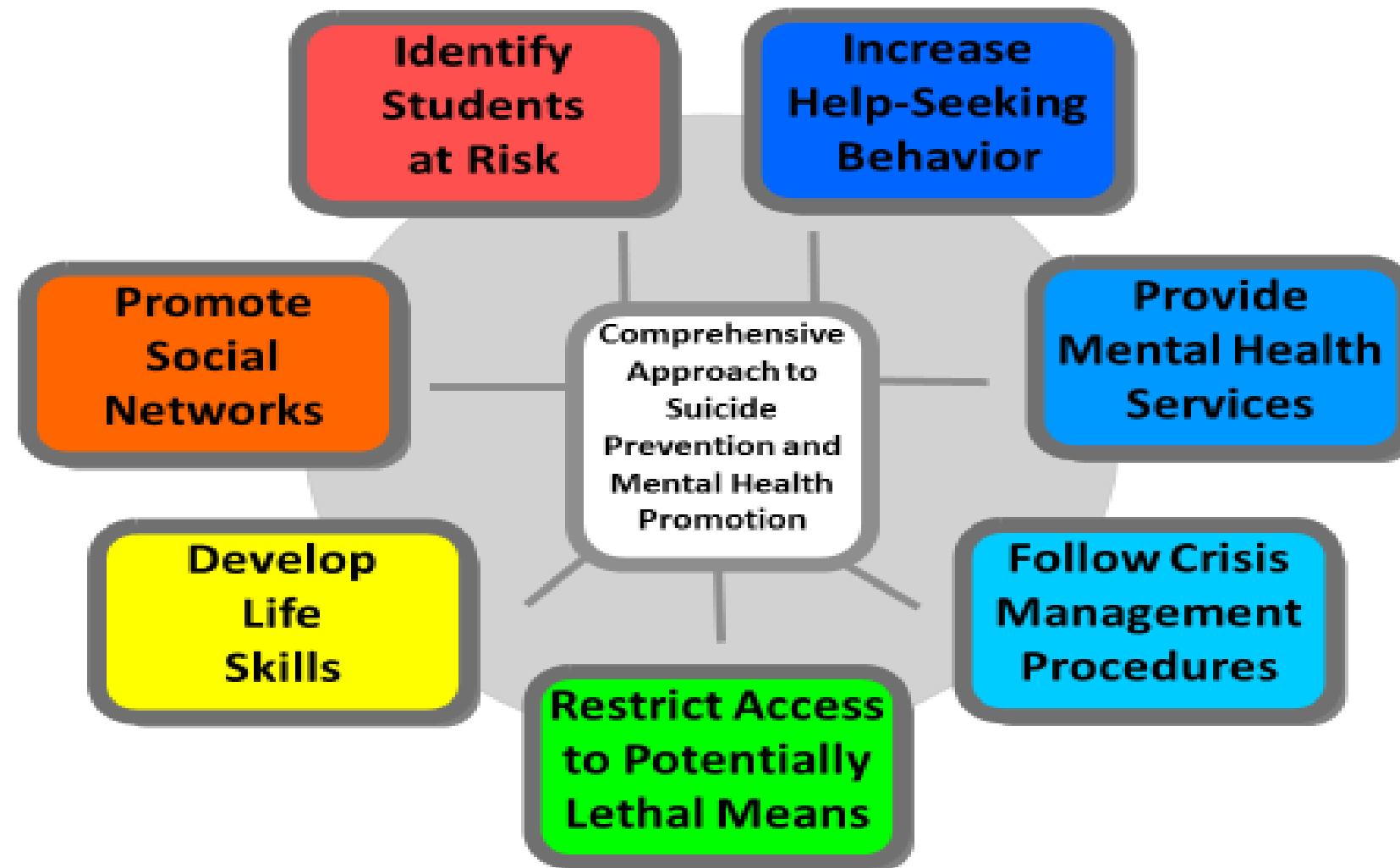
"You're not suicidal, are you?"

"You wouldn't do anything STUPID  
or CRAZY would you?"

"You're NOT THINKING about killing  
yourself are you?"

# Additional Tips for Asking the Suicide Question

- ▶ Before you ask the question, take a moment to reflect on why are you concerned....take a calming breath.
- ▶ Summarize to the person what they've said or done that makes you worry that they might be considering suicide.
- ▶ Then ASK the question in a caring and supportive way.



# Protective Factors

- Social engagement / emotional connection
- Parental involvement
- Coping skills / responding to stress positively
- Having a reason to live / responsibility to family and friends
- Moral objections to suicide
- Practicing self-care

# Parental Involvement

- Increases resiliency
- Open dialogue
- Focus on positives
- Be empowered to set rules & have expectations
- Intervene when child is struggling
- Offer guidance when needed
- Check child's mental health
- Monitor alcohol or marijuana use

# The Moth Metaphor



# References

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- [www.suicidology.org/NCPYS](http://www.suicidology.org/NCPYS)



# Christine Smith

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# Question and Answer Panel

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*Dr. Linda Wolszon*

*Dr. Kathleen Powderly*

*Christine Smith*

*Dr. Theresa Mossige*

Madelon Allen  
*TCU Student*

I'm okay. Just worried about you and finding a job etc. I love you and already miss you but I want you to have fun and enjoy college because it is an important time in your life. I'm very proud of you for standing up for what you believe in and trying to make the world a better place. I love you. Get a good nights sleep and stay positive







"Together we can raise awareness of mental health issues facing out young people today and work to prevent teen suicide."