PREVENTING SUICIDE IN YOUTH & YOUNG ADULTS SCIENCE & SOLUTIONS

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INTRODUCTION TO AFSP

Our Work



Research



Interactive Screening Program



Advocacy



Loss & Healing



Prevention Education



Chapters



Game Plan

- Youth Trends
- Suicide & Public Health Model
- Clinical Interventions





Learning Objectives

- Initiate open communication about suicide prevention and mental health to reduce stigma and risk
- Utilize a public health framework to address suicide in community & clinical settings
- Implement evidence-based suicide prevention strategies in schools, youth services, patient care



According to a Recent **AFSP-Sponsored Harris Poll**

Most Americans believe mental health is equally as imporant as physical health.









Most Americans would do something if someone close to them was thinking about suicide. ACTION SPACE | ALLIANCE | ALLIANC Most **Americans** believe that suicide is preventable.







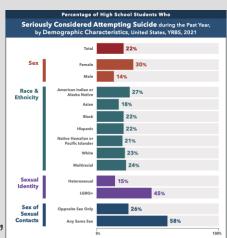






Mental Health Literacy in America

- 1 in 4 Americans have a MHC lifetime
- 50% MHC onset by age 14; 75% by age 24
- <50% receive treatment
- 22% high school, serious suicidal thoughts
- 1 in 3 college students "so depressed- difficult to function"
- Only half of those who seriously consider suicide disclose to anyone;
- 2/3 of those who disclose only tell a peer



US Suicide Rate (1980–2021)



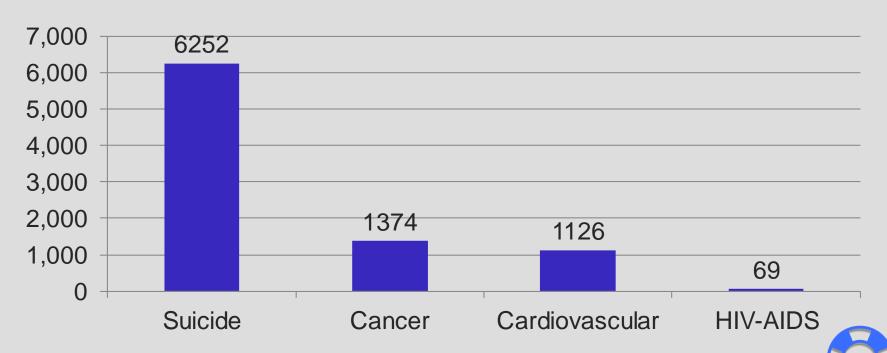




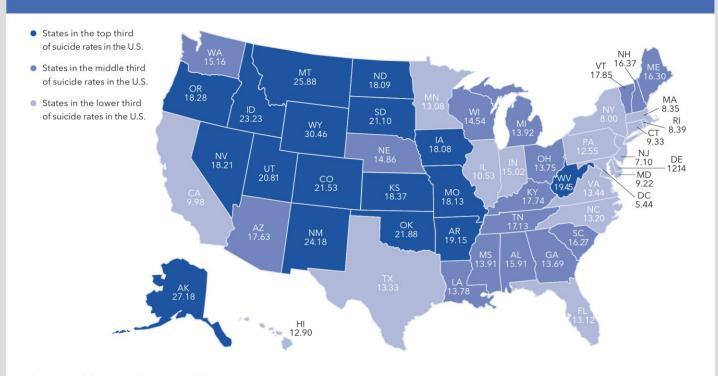
YOUTH FOCUS

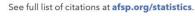


Suicide Takes More Youth Lives Than Other Health Outcomes (15-24 yo)



Suicide Data: United States







COVID-19 Period

- 60% increase, 2020 ED visits, pediatric mental health emergencies¹
- 39% increase in 2021 ED visits, suspected suicide attempts 12-17 years²
 - ➤ The increase for females aged 12-17 years was 51%
 - ➤ The increase for males aged 12-17 years was 4%
- Risk may be increased for youth already at higher risk for suicide³

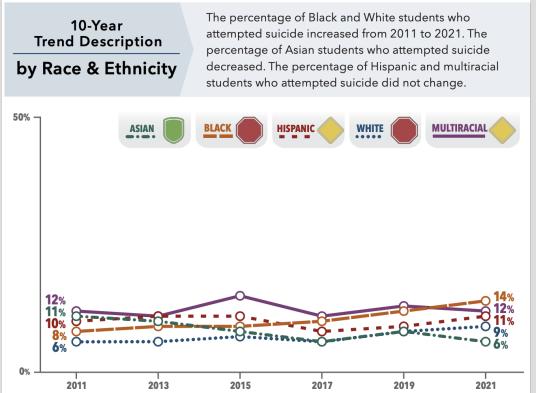


^{1.} Leeb RT et al. Mental Health Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic—US January 1 – October 17 2020. MMWR. November 2020.

^{2.} Yard et al. 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. MMWR. June 2021.

^{3.} Silliman-Cohen RI et al. Vulnerable Youth and the COVID-19 Pandemic. Pediatrics. July 2020.

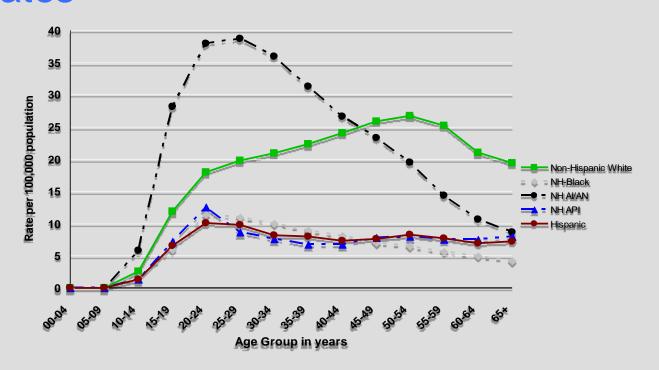
The Rate of Suicide Attempts Among High School Students is High, with Increasing Disparities





Percentage of high school students who attempted suicide, past 12 months, by race/ethnicity — Youth Risk Behavior Survey, 2011–2021. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/yrbs_data-summary-trends_report2023_508.pdf

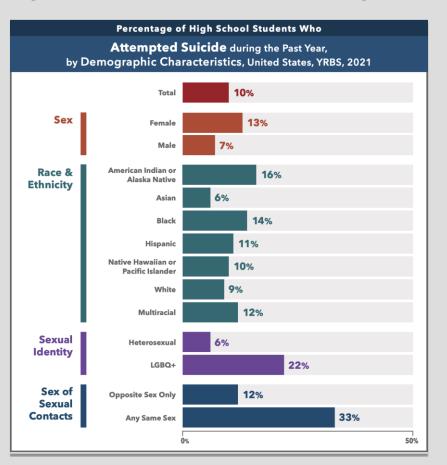
Age-Related Racial Disparities in Suicide Rates





Source: CDC WISQARS Fatal Injury Reports, https://www.cdc.gov/injury/wisqars/fatal.html

Self-Reported Suicide Attempts YRBS, 2021

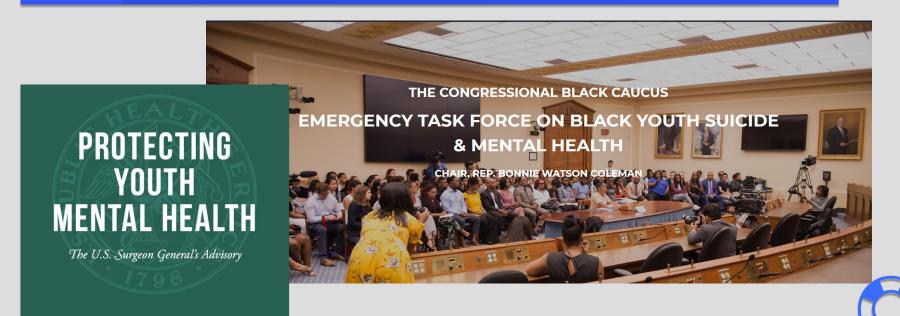




Youth MH: A National Health Crisis

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental

Health



2021

Science Is Shedding Light Understanding & Preventing Suicide

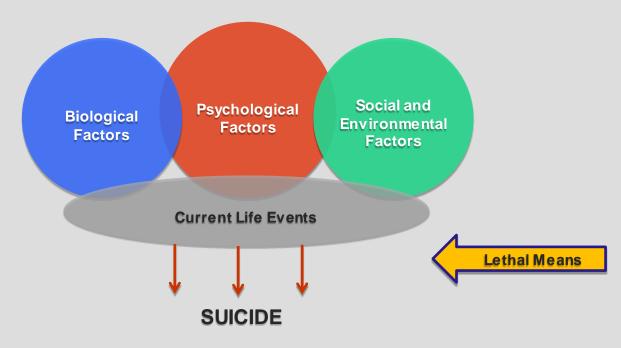




Suicide isn't a single cause event.



Interacting Risk and Protective Factors





Risk Factors for Youth Suicide

- Mental health & substance d/o's
- Childhood trauma/ACEs
- Genes-stress/mood
- Previous attempt
- FH suicide
- Parent SA/MHC/Addiction
- Shame/despair



Protective Factors

- Social support
- Connectedness
- Accessing MH care
- Strong therapeutic alliance
- Particular tx (CBT, DBT)
- Envrnmt → self-efficacy (Good Behavior Game)



Top Scientific Findings

- Multi-factorial risk, mental health key
- Genetics play a role but don't determine destitory telling can also improve outcome
- Epigenetics
- Suicidal mindset
- Cognitive constriction
- Humiliation/shame/rejection

Contagion is real, but conflated with asking

- · Connection, processing are protective
- School-based education helps
- Effective MH treatment matters
- New suicide-specific interventions

Science dispels myths...





Suicide is a **health** issue.

Language Matters

Avoid

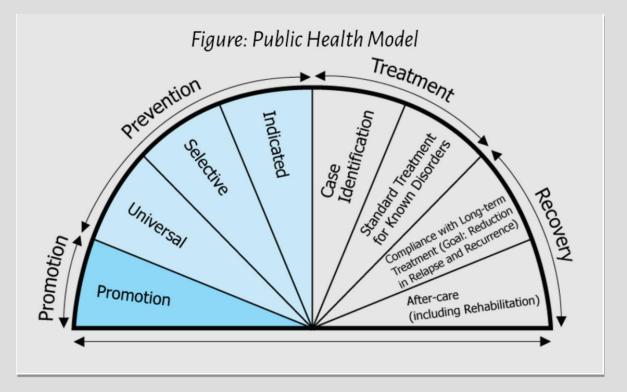
- Commit suicide
- Successful/failed attempt

Say

- Died by suicide
- Attempted suicide



Public Health Framework for Suicide Prevention

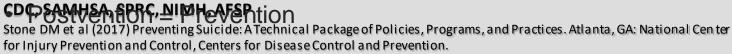




National Collaborating Centre for Mental Health (UK). Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance: Updated edition. Leicester (UK): British Psychological Society; 2014 (NICE Clinical Guidelines, No. 192.) www.ncbi.nlm.nih.gov/books/NBK338542/figure/app9.f1

Evidence-Based Suicide Prevention Strategies

- Increase access to mental healthcare, substance use programs
- Infuse evidence-based risk reducing steps into healthcare
- Increase interpersonal connectedness
- Reduce access to lethal means
- Coping, problem solving skills, resilience
- Identify suicide risk and provide support (eg, Counties w GLS Grants)
- Focus on equity, social determinants, and lived experience
- Environmental, social, family, economic supports







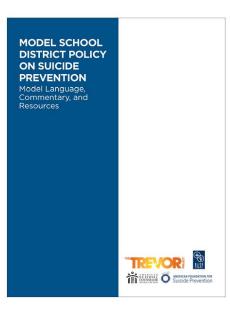
Steps Schools Can Take

- District Suicide Prevention Policy
- Provide SP education to all staff regularly
- After Suicide Postvention Protocol
- Parent education https://afsp.org/teens-and-suicide-what-parents-should-know
- Social Emotional Learning Curriculum
- Teachers, School Nurses, Counselors, Coaches can
 - Regularly check in w/ at risk students
 - Work as team w close communication
 - Communicate w parents at key times
 - Refer to treatment



Model School District Policy on Suicide Prevention

Recommended language for school district policies that address suicide prevention, risk assessment, and how to respond to suicidal behavior in youth.



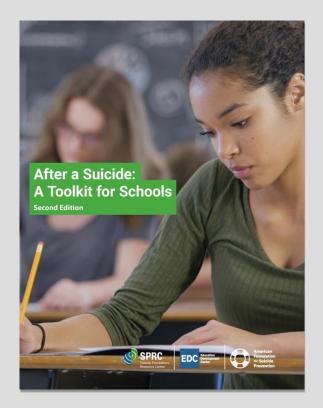




Postvention = Prevention



Postvention Guides: After Suicide













soul shop for Black Churches





An Introduction to Suicide Prevention in the LGBTQ Community









Providence







































NSSF

The Firearm Industry Trade Association













Workplace Suicide Prevention

OSHA/AFSP Partnership



Suicide Prevention 5 Things You Should Know

Suicide is a leading cause of death among workingage adults in the United States. It deeply impacts workers, families, and communities. Fortunately, like other workplace fatalities, suicides can be prevented. Below are 5 things to know about preventing suicide.



Everyone can help prevent suicide.

Mental health and suicide can be difficult to talk about–especially with work colleagues–but your actions can make a difference. When you work closely with others, you may sense when something is wrong.





Know the warning signs of suicide.

There is no single cause for suicide but there are warning signs. Changes in behavior, mood, or even what they say may signal someone is at risk. Take these signs seriously. It could save a life.





Ask "Are you okay?"

If you are concerned about a coworker, talk with them privately, and listen without judgment. Encourage them to reach out to your Employee Assistance Program (EAP), the human resources (HR) department, or a mental health professional.





If someone is in crisis, stay with them and get help.

If you believe a coworker is at immediate risk of suicide, stay with them until you can get further help. Contact emergency services or the National Suicide Prevention Lifeline.





Suicide prevention resources are available.

- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or text "TALK" to 741741.
- Visit the American Foundation for Suicide Prevention (www.afsp.org) to learn more about suicide risk factors, warning signs, and what you can do to help prevent suicide.









Public Policy as Lever for Suicide Prevention

- AFSP mobilizes >50k field advocates, 50 states; 60k emails to members
 - State SP Advocacy Days, National Advocacy Forum
- 50 state bills, 12 federal bills enacted into law (since '21)
 - Secured passage of the National Suicide Hotline Designation Act, designating 988 call number for distress, enables crisis system reform
 - Highest (\$400M) ever appropriated for MH, crisis response & suicide
 - Dr. Lorna Breen Health Care Provider Protection Act passed
 - Focus: equity, workforce, access to care/parity, training
 - State LGBTQ, telehealth, 988 state activation, K12/higher ed SP



HOPE HAS A NEW NUMBER

988 LIFELINE



Clinical Strategies: Suicide Risk Reduction





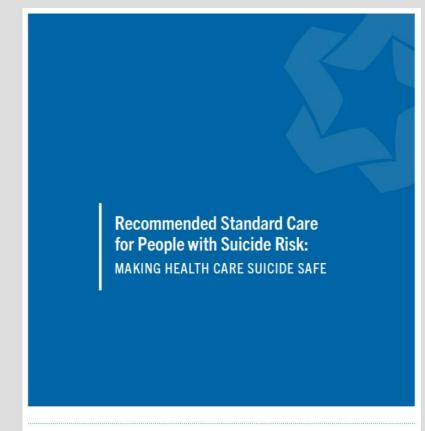
Science is providing interventions that reduce suicide risk.



Underdetection

- Suicide hasn't always been a clinical focus
- Most suicide decedents had contact w medical professional within 3 months of death
- 50% within prior month, and 30% past week
 - 40% saw PC within month of suicide death
 - 20% saw MHP within month of suicide death









Steps Health Systems Can Take

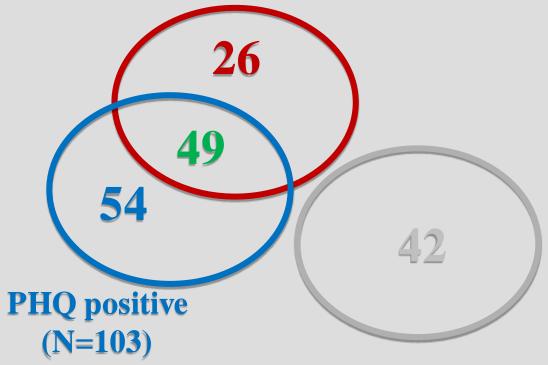
- Change Workflows & Provide education to staff
 - Screen, Safety Planning & Lethal Means Counseling
- Routine suicide screening/assessment, key steps to take
- Ask for consent to involve fam at the start of tx
- Put 'Caring Contacts' in place systematically
- Document actions taken
 - Bridge between care, communication w family
 - Safety Plan completed, provided 988
 - Counseled & checked lethal means removal



Can depression screening be used to effectively screen for suicide risk?



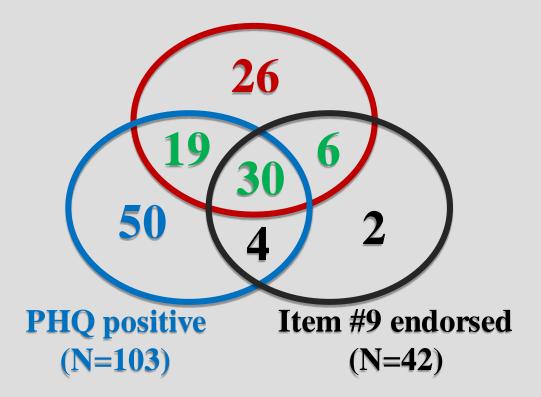
Total N=600 Medical/Surgical Inpatients





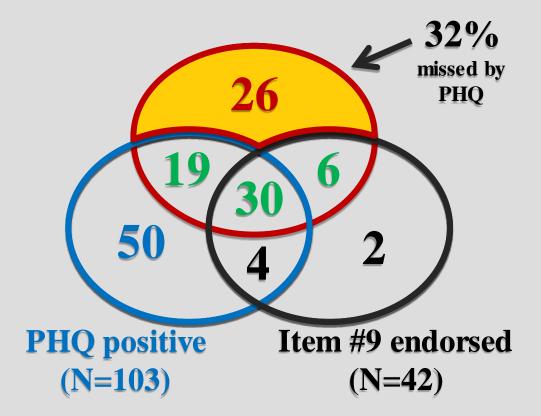
Item #9 endorsed

Total N=600 Medical/Surgical Inpatients



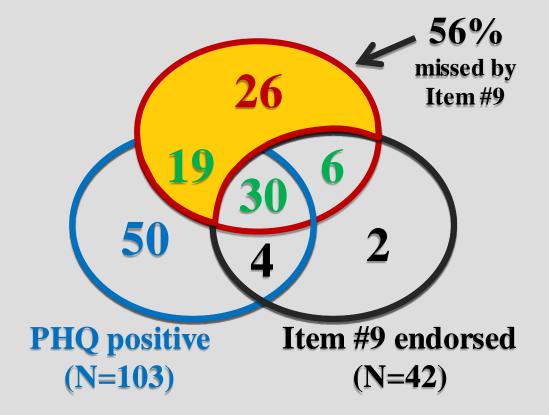


Total N=600 Medical/Surgical Inpatients





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National Blueprint for Youth Suicide Prevention

Strategies to support youth

- Clinical recommendations
 - Universal suicide screening, age 12 up
- Community suicide prevention
- Policy/Advocacy



aap.org/suicideprevention







Clinical Interventions & Treatments



Brief Interventions

- Safety Planning Intervention
- Lethal Means Counseling
- Timely Referral, Resources Provided
- Caring Contacts





Limiting access to lethal means saves lives.



Examples of Suicide Specific Treatments

Cognitive Behavioral Therapy for Suicidal Patients - CBT-SP (Beck, Brown)

Negative thoughts, self-talk

Dialectical Behavior Therapy – DBT (Linehan)

Emotion regulation, behavioral control, distress tolerance

Safe Alternatives For Teens & Youth -- SAFETY (Asarnow)

Collaborative Assessmt & Managemt of Suicidality -- CAMS (Jobes)

Medications*

- Symptom reduction, mood stabilization, suicide specific
- FDA warning was controversial, had paradoxical effect



Medication and CNS Treatments

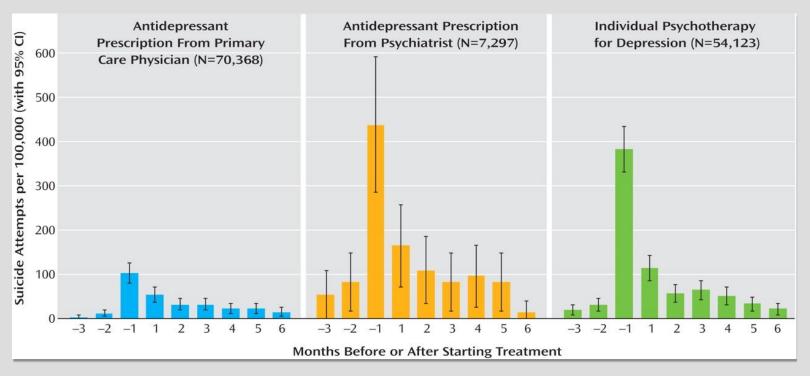
- Maximize tx for primary dx AND consider suicide riskas its own focus
- Medications w/ evidence for reducing suicidal ideation or behavior
 - Clozapine (Meltzer 2003)
 - Lithium (Baldessarini 2003, 2006)
 - Antidepressants (pharmaco-epidemiol studies, Gibbons, Mann 2006)
- Esketamine (FDA approved for TRD & MDD w/SI)
- Electroconvulsive therapy (ECT)
- Maybe transcranial magnetic stimulation (TMS)



Do antidepressants help or do harm related to suicide?



Suicide Attempts Before & After Starting TX





Evidence for Harm and Benefit

U.S. FDA 2004 black box warning on antidepressants for people ages 24 and younger was controversial.

The decision was based on meta-analysis of the impact of newer antidepressants, focused on AEs not benefits.

The meta-analysis found an increase in suicidal ideation (OR 1.62) and suicidal behavior (OR 2.3) in RCTs of antidepressants for participants ages 24 and younger with depression.

Evidence (cont)

However, the FDA meta-analysis did not consider preexisting suicidal behavior, other suicide RFs.

For >age 25, there was a protective effect against suicidal ideation compared with placebo.

More specific analyses found, among adolescents, the only statistically significant increase in suicidal events in placebo-controlled trials occurred among youths treated with venlafaxine.

One of the few studies comparing risks and benefits of antidepressants in the same study showed that 14 depressed youths would benefit from antidepressant use for each one who experienced a suicidal event.

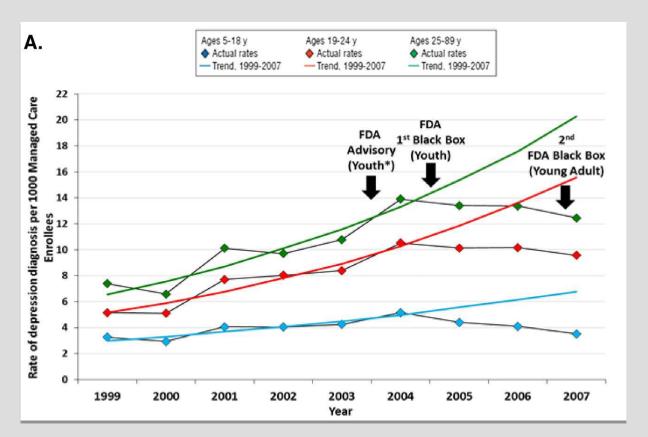


CO-MED Antidepressants & SI (Zisook 2008)

- 665 outpatients MDD, 7-month randomized trial
 - Escitalopram + placebo
 - Bupropion SR + escitalopram
 - Venlafaxine XR + mirtazapine
- Of those w SI prior to starting med
 - 80% had no SI at 4 weeks
 - 86% had no SI at 28 weeks
 - All 3 treatment groups experienced reductions in SI
- Of those without SI at baseline
 - 2.5% SI at 4 weeks
 - 1.3% SI at 12 weeks



FDA Black Box Antidepressants & Decreased Rate of MDD Dx





Practical Take-Aways for Clinicians

- Address mental health condition(s) AND suicide
- Conduct suicide risk assessments, ongoing over time
- Empathically listen without judgment, to pt's suicide narrative
- Increase frequency of visits/contacts
- Review and adjust medication, limit quantity meds
- Psychotherapy (CBT, DBT) in addition to meds
- Communicate in split-tx arrangements
- Obtain consultation "never worry alone"
- Help establish safe environment by addressing lethal means & working with family



- √afsp.org
- ✓ aap.org/suicideprevention
- ✓ ASQ toolkit NIMH.com
- ✓ www.SuicideSafetyPlan.com
- √ SPRC.org



Patient Care Resources



Evidence-Based Suicide Prevention in Patient Care: Brief Interventions and Treatments https://afsp.org/sucide-prevention-interventions-and-treatments



Suicide Prevention: Clinical Handbook Moutier, Christine Yu MD; Pisani, Anthony PhD; Stahl, Stephen M. MD, PhD, DSc.



Key Points

- Suicide is an important health problem
- Suicide is complex, but often preventable
- We all have an opportunity to engage in meaningful activities to improve outcomes for youth & young adults



THANK YOU!









@afspnational

@cmoutierMD

