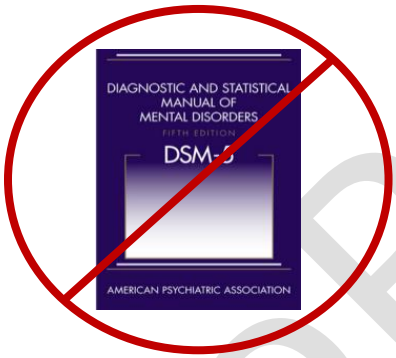
SUICIDE

• Suicide & Non-Suicidal Self Injury •

Suicide is a global pandemic with an estimated 1 million people dying from suicide per year worldwide. In the U.S. suicide is the second leading cause of death in youth aged 10yo-17yo, and in Colorado suicide is the leading cause of death in youth aged 10yo-24yo. Adolescent females are twice more likely to attempt suicide than males, and adolescent males are three times more likely to die by suicide. Adolescents are using increasingly lethal means to attempt suicide including firearms, hanging, jumping from heights, and medication overdose.



Diagnostic Criteria

Suicide and suicidal behaviors are not DSM-5 psychiatric diagnoses per se, however **suicide and suicidal behaviors are commonly seen in multiple psychiatric diagnoses** including:

- Depression
- anxiety
- disruptive behaviors
- substance use
- autism spectrum disorder

Depression is the most common diagnosis in youth who complete suicide in cases where there is a known psychiatric diagnosis. Children and adolescents that experience adversity and maltreatment including physical, sexual, emotional trauma, and neglect are at a higher risk for suicidality.

Terminology

Becoming comfortable with the following terminology facilitates improved communication between the clinician, the patient, patient's family, mental health providers, and others. The following is a list of frequently used terms:

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Suicidal ideation – thoughts of killing oneself, can be passive (wish to be dead or not be around but without intent or plan) or active (desire to die with actual intent and/or plan)

Suicide attempt – purposeful self-harm with intent to die

Interrupted suicide attempt – suicidal behavior that is interrupted by another person

Aborted suicide attempt – suicidal behavior that oneself stops before completion

Nonsuicidal Self-Injury (NSSI) – intentional self-harm without intent to die that's not socially sanctioned.

Safety Plan - a written set of instructions that you create for yourself as a contingency plan should you begin to experience thoughts about harming yourself

Safety Assessment

A safety assessment allows clinicians to identify patients at risk for self-harm and helps guide intervention and treatment. There are screening tools such as the Ask Suicide Questions (ASQ), the Columbia-Suicide Severity Rating Scale Primary Care Screen with Triage Points, and the PHQ-9 (modified) which are general suicide screening questionnaire for kids 10 yo and older (available to download for free at https://www.coppcap.org//screening-tools).

Once a patient has been identified as having a high risk for self-harm it is very important for the clinician to individualize a safety assessment for said patient and to continuously update this assessment during future appointments. The following is a list of items that should be considered and if possible, included in a safety assessment:

1. Identify Risk Factors including modifiable factors and non-modifiable factors: history of past suicide attempt, acute stressors (relationship losses, bullying, academic difficulties, family conflict, etc.), psychiatric diagnoses and chronic medical conditions (such as depression, chronic pain disorders, seizure disorders), substance use, insomnia and/or

sleep disruption for other reasons, history of trauma, history of NSSI, access to means (such as guns and medications), male gender.

2. Identify Protective Factors including supportive family and peers, good problem-solving skills, engagement in mental health treatment, restricted access to lethal means (for example no guns in the home, medications in locked box controlled by parents)

3. Detailed suicide inquiry that includes existence of current active suicidal ideation, intent, and plan; recent and past history of suicidal behaviors including suicidal behavior (including attempts, aborted attempts, interrupted attempts, etc)

4. Recommend appropriate interventions and document recommendations this could be sending the patient to the ED if at imminent risk for self-harm, developing a safety plan with both the patient and the patient's family, referring the patient to a therapist, etc

Safety Plan

Safety plans can help decrease risk for self-harm. The term "contracting for safety" or "safety contracts" are no longer used, as it is more important to work together to identify steps to ensure safety. It is important to encourage collaboration between the clinician, the patient, the patient's caregivers, and other members of the treatment team (such as therapists, school counselors, etc.). The following is not an exhaustive list of safety plan items but rather a starting point:

- **Ask.** Providers and families should regularly ask about suicidal thoughts and behaviors.
- **Restrict means.** Providers should ask all families of depressed adolescents about access to potentially harmful items including firearms, other weapons, medications (prescription and over the counter), sharps objects like knives and razors, and items that could be used for strangulation like ropes and belts and recommend removing these items from the home or locking them up.
- **Monitor for risky or suicidal behaviors.** Watch for behaviors such as:
    - Expressing hopelessness
    - Expressing suicidal or self-harm thoughts
    - Behaving in an unusually impulsive or risky manner
    - Researching means of harming oneself
    - For young children, using death as a theme in play

  - Giving away possessions
  - Talking about being a burden to others
- **Watch for substance use.** Using substances including alcohol and drugs can make it more likely that a person with suicidal thoughts acts on those thoughts, so parents so closely monitor for substance use and remove any substances from their home.
- **Develop a crisis plan or safety plan.** Develop a plan with adolescents and their parents for what to do if they are in crisis or develop suicidal thoughts. This plan should include triggers that cause distress for the child, physical signs or behaviors that occur when they are in distress, ways parents or others can help them calm down or cope with the distress, ways they can help themselves cope, and other supports they can contact or utilize in a crisis including positive peers, supportive adults, and therapists. Local and national crisis lines and 911 can also be included.

Treatment Modalities

The goal of treatment for suicidal ideation or suicidal behaviors is to decrease risk and prevent suicide. Evidence based prevented treatments include:

- Psychotherapy:
  - Dialectical behavioral therapy (DBT) is a type of cognitive behavioral therapy. Cognitive behavioral therapy tries to identify and change negative thinking patterns and pushes for positive behavioral changes. DBT may be used to treat suicidal and other self-destructive behaviors.
  - Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) was developed using a risk reduction, relapse prevention approach and theoretically grounded in principles of cognitive behavior therapy, dialectical behavioral therapy, and targeted therapies for suicidal, depressed youth. CBT-SP consists of acute and continuation phases, each lasting about 12 sessions, and includes a chain analysis of the suicidal event, safety plan development, skill building, psychoeducation, family intervention, and relapse prevention.

- Psychopharmacological:
  - The FDA has determined that the following points are appropriate for inclusion in the boxed warning:
    - Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with MDD and other psychiatric disorders.
    - Anyone considering the use of an antidepressant in a child or adolescent for any clinical use must balance the risk of increased suicidality with the clinical need.
    - Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior.
    - Families and caregivers should be advised to closely observe the patient and to communicate with the prescriber.
    - A statement regarding whether the particular drug is approved for any pediatric indication(s) and, if so, which one(s).
  - Among the antidepressants, only Prozac is approved for use in treating MDD in pediatric patients. Prozac, Zoloft, Luvox, and Anafranil are approved for OCD in pediatric patients. None of the drugs is approved for other psychiatric indications in children.

Resources:

Crisis Hotlines:

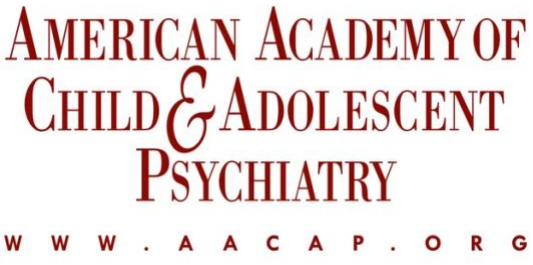
- National Suicide Prevention Lifeline - 1-800-273-8255
    - **988** has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. While some areas may be currently able to connect to the Lifeline by dialing 988, this dialing code will be available to everyone across the United States starting on July 16, 2022.
- Colorado Crisis Services – 1-844-493-8255 (or text "Talk" to 38255)

Books for Parents:

- Adolescent Depression: A Guide for Parents by Francis Mark Mondimore, MD and Patrick Kelly, MD
- The Childhood Depression Sourcebook by Jeffrey A. Miller, PhD

Helpful Apps:

- My3 – free app available in the Apple app store and Google app store that allows users to identify three contacts to have easy access to in a crisis, as well as update and review warning signs they are in a crisis and coping strategies they can use
- Mood Tools – free CBT-based app that provides information about depression, allows users to practice skills, and has places for documenting preferred coping skills and crisis plans for easy access in a crisis
- CBT Tools for Youth – CBT-based app developed specifically for youth to help them practice CBT skills and develop and record coping skills and safety plans. Has an associated cost.
- Safe2Tell Colorado provides:
    - An anonymous way for students, parents, school staff and community members to report concerns regarding their safety or the safety of others.
    - Resources and materials for schools and communities to educate and promote the Safe2Tell Colorado initiative.
    - Technical assistance to schools and communities before and after tragic events.
    - Expertise in creating safer schools and communities through prevention and early intervention.
    - Education, awareness, and outreach to encourage reporting and breaking the code of silence.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NAMI
National Alliance on Mental Illness


NIH
National Institutes
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ASSOCIATION OF SUICIDOLOGY


The REACH
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