Preventing Youth Suicide: What we know that works
Developing action plans and policies

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Today we will cover...

- Youth suicide
- Risk and protective factors
- Data sources
- The Garrett Lee Smith program
- The Best Practices Registry – a resource for programs
“Much of the work of suicide prevention must occur at the community level, where human relationships breathe life into public policy.”

Dr. David Satcher, former Surgeon General of the United States
Perspective Matters

Suicide viewed as a mental health problem

Suicide viewed as a public health problem
Public Health Approach to Prevention

The Public Health Approach to Prevention

1. Define the problem: Surveillance
2. Identify causes: Risk & protective factor research
3. Evaluate interventions
4. Implement interventions
5. Develop and test interventions
Suicide rates in the U.S. 2006
All persons by state, age-adjusted

U.S. rate = 10.9

VA = 11.1

Rates per 100,000 population

Suicide in the U.S.

• Suicide (2006)$^1$
  o 33,300 deaths
  o 11.1 suicides per 100,000 people
  o 11$^{th}$ leading cause of death (homicide ranks 15$^{th}$)

• Who$^1$
  o Youth (15-24): 12.6% of suicides; 3$^{rd}$ leading cause of death
  o 3.8 males : 1 female

• Method$^2$
  o Firearms: 6.3 per 100,000; 3$^{rd}$ leading cause of injury deaths

2. SPRC U.S. data sheet.
Suicide attempts in the U.S.

- Hospitalized attempts (2005)
  - 174,861 cases
  - 63.3 attempts per 100,000 people
  - Average of 479 attempts each day

- Who
  - Youth (15-19): 13% of hospitalized attempts
  - Females → 60% of attempts

- Method
  - Poisoning: 144,744 cases; 52.4 per 100,000
  - Undetermined attempts → how many self-inflicted?

SPRC U.S. data sheet.
Suicide among youth

- In 2006, suicide was 4th leading cause of death among 10 – 14 year olds.
- Suicide was the 3rd leading cause among 15 – 24 year olds.
- In 2006, there were 4,405 known suicide deaths among youth, ages 10 – 24.
## 10 Leading Causes of Death, United States 2006, All Races, Both Sexes

**Source:** CDC Violent Death Reporting System, WISQARS

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>Cause 1</th>
<th>Cause 2</th>
<th>Cause 3</th>
<th>Cause 4</th>
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<th>Cause 6</th>
<th>Cause 7</th>
<th>Cause 8</th>
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<th>Cause 10</th>
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<tr>
<td>1</td>
<td>1-4</td>
<td>Congenital Anomalies 5,819</td>
<td>Unintentional Injury 1,810</td>
<td>Unintentional Injury 1,044</td>
<td>Unintentional Injury 1,214</td>
<td>Unintentional Injury 6,059</td>
<td>Unintentional Injury 9,570</td>
<td>Unintentional Injury 14,954</td>
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<td>Short Gestation 4,841</td>
<td>Congenital Anomalies 515</td>
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<td>Malignant Neoplasms 448</td>
<td>Homicide 2,291</td>
<td>Homicide 3,426</td>
<td>Suicide 4,985</td>
<td>Malignant Neoplasms 13,917</td>
<td>Heart Disease 38,095</td>
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<td>10-14</td>
<td>SIDS 2,323</td>
<td>Malignant Neoplasms 377</td>
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<td>Homicide 241</td>
<td>Suicide 1,565</td>
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<td>Heart Disease 12,339</td>
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<td>15-19</td>
<td>Maternal Pregnancy Comp. 1,553</td>
<td>Homicide 580</td>
<td>Homicide 140</td>
<td>Suicide 215</td>
<td>Malignant Neoplasms 675</td>
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<td>Liver Disease 7,712</td>
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<td>Unintentional Injury 1,147</td>
<td>Heart Disease 161</td>
<td>Heart Disease 90</td>
<td>Heart Disease 163</td>
<td>Heart Disease 360</td>
<td>Heart Disease 716</td>
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<td>HIV 4,010</td>
<td>Suicide 7,426</td>
<td>Alzheimer's Disease 71,660</td>
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<td>25-34</td>
<td>Placenta Cord Membranes 1,140</td>
<td>Influenza &amp; Pneumonia 125</td>
<td>Chronic Low, Respiratory Disease 52</td>
<td>Congenital Anomalies 162</td>
<td>Congenital Anomalies 228</td>
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<td>Respiratory Distress 825</td>
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<td>Cerebro-vascular 45</td>
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<td>HIV 166</td>
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<td>Influenza &amp; Pneumonia 73</td>
<td>Complicated Pregnancy 146</td>
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<td>55-64</td>
<td>Neonatal Hemorrhage 818</td>
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<td>Chronic Low, Respiratory Disease 61</td>
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<td>65+</td>
<td>Circulatory System Disease 543</td>
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<td>Benign Neoplasms 38</td>
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<td>Viral Hepatitis 2,911</td>
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<td>All Ages</td>
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**Source:** CDC Violent Death Reporting System, WISQARS
10-Year Trend for U.S. Deaths by Suicide (males)

10-year U.S. Trend for Deaths of Males 10-14 by Suicide

Source: CDC Violent Death Reporting System, WISQARS
10-Year Trend for U.S. Deaths by Suicide (males)

Source: CDC Violent Death Reporting System, WISQARS
10-Year Trend for U.S. Deaths by Suicide (females)

10-year U.S. Trend for Deaths of Females 10-14 by Suicide

Source: CDC Violent Death Reporting System, WISQARS
10-Year Trend for U.S. Deaths by Suicide (females)

Source: CDC Violent Death Reporting System, WISQARS
Sources of data

- NVDRS
- WISQARS
- WONDER
- BRFSS
- CDR
- HCUP
- YRBS
- Hospital Discharge Data
- Crisis Center call data
- Other local surveys
For more information on data

- Understanding and using data for youth suicide prevention: a hands-on, crash course for beginners

- Suicide prevention basics: Data

- Strategies to improve non-fatal suicide attempt surveillance: Recommendations from an expert roundtable
  www.stipda.org/associations/5805/files/SPANsurveillance06.pdf
For more information on data

Four free self-paced online workshops at

http://training.sprc.org

1) Locating, understanding and presenting youth suicide data
2) Planning and evaluation for youth suicide prevention
3) Youth suicide prevention: An introduction to gatekeeping
4) The research evidence for suicide as a preventable public health problem
What’s different about suicide among youth?

• For the nation as a whole, suicides outnumber homicides. This is not true among youth.
• Youth tend to be more impulsive.
• Mental illness is not as large a factor in youth suicide.
• Precipitating crises tend to be relationships, family conflict, and trouble with the law.
• Youth suicide attempts may be nonlethal due to less lethal means, not due to less intent to die.
Risk factors for youth suicide include...

- Substance use and abuse
- Previous suicide attempt
- Exposure to suicide (family and friends)
- Incarceration
- Failure/academic problems
- Barriers to health care and mental health care
- Stigma around help-seeking
- Media influence and cultural values and attitudes
- Access to means (firearms, pills, hanging)
Protective factors include…

- Coping and problem solving skills
- Resiliency, self-esteem, optimism, empathy
- Family cohesion
- Interconnectedness
- Access to health care and mental health care
- Social support, caring adults
- Community with skills to recognize and respond to signs of risk
Garrett Lee Smith Youth Suicide Prevention Program

• SAMHSA has funded 42 states, one territory, 66 college and university campuses, and 18 tribal entities since 2005, more than $100 million

• Programs are engaged in early identification, referral and follow-up for youth. Many conduct “gatekeeper” training, education and information campaigns, screening to identify at-risk youth, and all engage in a cross-site evaluation.
What is a Gatekeeper?

• In suicide prevention, "Gatekeepers" are those people who first come into contact with a person at risk of suicide.
  – They may be parents, teachers, health professionals or concerned community members.
  – The role of Gatekeepers is to identify and appropriately respond to people at risk of suicide and to consult with, and refer people at risk to other services or professionals.
A multi-level program...

Maine Lifelines Program

- **Administrative Protocols**
  - Potential Risk
  - Medium to High Risk
  - Attempt at School
  - Attempt Off School Grounds
  - Aftermath of a Suicide

- **Memorandum of Agreement with Crisis Provider**
  - Outline of Available Services
  - How to Access Services
  - What to Expect When Services Are Requested

- **Knowledgeable Adult School Community (GK, TOT, LL)**
  - Gatekeeper Training
  - Suicide Prevention Awareness for All Staff
  - Parent Information and Resources
  - Lifelines Teacher Training

- **Student Suicide Prevention Lessons**
  - Lifelines Student Lessons

**Comprehensive School Suicide Prevention Program** (Lifelines Program)
Sources of Strength

• A peer training program developed in North Dakota, particularly suited to rural schools and schools with American Indian youth, but also successfully implemented in suburban Georgia.

• Uses “natural helpers” rather than traditional gatekeepers, trusted adults *identified by the youth themselves*
Suicide Prevention Resource Center

- Developed in 2002 out of the National Strategy for Suicide Prevention as a training and technical assistance resource center to build capacity for states and communities to implement and evaluate suicide prevention programs.
  - Funded through a cooperative agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Based at Education Development Center, Inc. (EDC) in Newton, MA, with offices in Washington, DC and remote staff across the country
  - Supports GLS Grantees and non-grantee suicide prevention coalitions and planning groups
Functions

• National resource center and clearinghouse

• Best Practices Registry

• Expert consultation
  - Community Suicide Prevention Planning
  - Program Evaluation

• Collaboration with leading researchers and scientists to translate research to practice

• Technical assistance for
  - SAMHSA Garrett Lee Smith Memorial Act grantees
  - State, Territorial and Tribal (STT) suicide prevention coordinators and coalition members

• National Suicide Prevention Training Institute
The Best Practices Registry (BPR)

The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the *National Strategy for Suicide Prevention (NSSP)*.

“Practices” is defined broadly, including programs, policies, protocols, awareness materials, etc.
Finding the BPR: www.sprc.org

This Month Don't Miss...

NEW! Youth Suicide Fact Sheets Based on NVDRS Data

The Harvard Injury Control Research Center, in partnership with SPRC, analyzed the CDC’s National Violent Death Reporting System (NVDRS) data to create two fact sheets on youth suicide. These new resources, Youth Suicide and Student Status, offer information on youth at the time of death, methods of suicide among young adult students

Suicide Trend Data

Harvard Injury Control Research Center analyzed trends in suicide over a twenty-year period. Data is presented in graph form for means, age group, sex, and race/ethnicity for 1985 - 2004. For viewing, a color presentation and a black and white presentation is
Three BPR Sections: Overview

• Section I: Evidence-Based Programs
  o Programs and practices ("interventions")
  o Research shows effective outcomes
  o Example: SOS Signs of Suicide

• Section II: Expert and Consensus Statements
  o Does not include specific programs/practices
  o Rather, general recommendations and guidelines that practitioners can use while developing practices
  o Example: AAS Warning Signs for Suicide

• Section III: Adherence to Standards
  o Programs and practices
  o Content meets current standards in the field
  o Does not imply anything about program outcomes (i.e., effectiveness)
  o Example: safeTALK: Suicide Alertness for Everyone
Section 1a of the BPR lists all NREPP-listed suicide programs.

List of NREPP-Reviewed Suicide Interventions

The following interventions addressing suicide currently are listed on the NREPP registry:

- Prevention Programs
  - American Indian Life Skills Development/Zuni Life Skills Development
  - CARE (Care, Assess, Respond, Empower)
  - CAST (Coping and Support Training)
  - Columbia University TeenScreen
  - Emergency Room Intervention for Adolescent Females
  - PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)
  - SOS Signs of Suicide
  - United States Air Force Suicide Prevention Program

- Treatment Programs
  - Cognitive Behavioral Therapy for Adolescent Depression
  - Dialectical Behavior Therapy
Section 1b of the BPR lists all EBPP-listed programs:

- **Community-Based Programs**
  - U.S. Air Force Suicide Prevention Program (PDF)
  - Reduced Analgesic Packaging (PDF)*
- **Emergency-Room Programs**
  - ER Means Restriction Education for Parents (PDF)*
  - ER Intervention for Teen Females and Their Mothers (PDF)
- **Primary Care**
  - PROSPECT (Care Management for Elderly) (PDF)*
- **School-Based Programs**
  - C-Care/CAST (PDF)*
  - Columbia University TeenScreen (PDF)
  - Lifelines (PDF)
  - Reconnecting Youth (PDF)
  - SOS Signs of Suicide (PDF)
  - Zuni Life Skills Intervention (PDF)
- **Service Delivery**
  - Psychotherapy in the Home (PDF)
Section II: Expert and Consensus Statements

(Listed alphabetically by title)

- A Resource Guide for Implementing the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 2007 Patient Safety Goals on Suicide (PDF)
- Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student, Jed Foundation (PDF)
- Guidelines for School Based Suicide Prevention Programs, American Association for Suicide Prevention (PDF Coming Soon)
- National Guidelines for Seniors' Mental Health, Canadian Coalition for Seniors' Mental Health (PDF)
- Reporting on Suicide: Recommendations for the Media, Multiple Authors (PDF)
- Warning Signs for Suicide, American Association of Suicidology (PDF)
Programs, Practices, and Policies that Adhere to Standards (listed by type of practice, then alphabetically)

- **Awareness Materials**
  - After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors, National Suicide Prevention Lifeline (PDF)
  - After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department, National Suicide Prevention Lifeline (PDF)
  - After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department, National Suicide Prevention Lifeline (PDF)

- **Educational & Training Programs**
  - Applied Suicide Intervention Skills Training (ASIST), LivingWorks (PDF)
  - Campus Connect: A Suicide Prevention Training for Gatekeepers, Syracuse University (PDF)
  - Assessing and Managing Suicide Risk: Core Competencies (AMSR), SPRC Training Institute (PDF)
  - Frameworks Youth Suicide Prevention Program, NAMI New Hampshire (PDF)
  - Gryphon Place High School Curriculum Program, Gryphon Place (PDF)
  - LEADS for Youth: Linking Education and Awareness of Depression and Suicide, Suicide Awareness Voices of Education (PDF)
  - QPR Gatekeeper Training for Suicide Prevention, QPR Institute (PDF)
  - RESPONSE: A Comprehensive High School-based Suicide Awareness Program, ColumbiaCare (PDF)
  - Suicide Alertness for Everyone (safeTALK), LivingWorks (PDF)

- **Protocols and Policies**
  - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T), Screening for Mental Health (PDF)
  - Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel, The Maine Youth Suicide Prevention Program (PDF)
Additional SPRC resources

• Online library: http://library.sprc.org/

• State pages

• Customized information pages

• Training Institute
  http://www.sprc.org/traininginstitute/index.asp

• Preventing Youth Suicide in Rural America: Recommendations to States. SPRC and STIPDA
  www.sprc.org/library/ruralyouth.pdf
“It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.”

Hubert H. Humphrey
The Suicide Prevention Community Must Fly in Formation
Contact SPRC

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