



Duke Psychiatry & Behavioral Sciences

Duke University School of Medicine

A close-up photograph of a person's hands holding a small, torn piece of white paper. The word "HELP" is written on the paper in large, capital letters using a dark marker. The background is blurred, showing what appears to be a person's face and upper body.

Understanding and Preventing Youth Suicide

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Focus on Wellness

- Topics covered can be difficult
- Monitor your own distress level
- Step away from the screen
- Do something relaxing/nourishing
- Take a mindful moment through your senses
- Orient and breathe

Pause-Reset-Nourish:

<https://www.nctsn.org/resources/pause-reset-nourish-to-promote-wellbeing-use-as-needed-to-care-for-your-wellness>

Suicidal Thoughts and Behaviors in Teens



<https://www.youtube.com/watch?v=3BByqa7bhto>

Scope of Problem: Youth Suicide



Rates of Suicide in Youth – 2019

10 Leading Causes of Death, United States
2019, Both Sexes, All Ages, All Races

<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+
Congenital Anomalies 4,301	Unintentional Injury 1,149	Unintentional Injury 714	Unintentional Injury 778	Unintentional Injury 11,755	Unintentional Injury 24,516	Unintentional Injury 24,070	Malignant Neoplasms 35,587	Malignant Neoplasms 111,765	Heart Disease 531,583
Short Gestation 3,445	Congenital Anomalies 416	Malignant Neoplasms 371	Suicide 534	Suicide 5,954	Suicide 8,059	Malignant Neoplasms 10,695	Heart Disease 31,138	Heart Disease 80,837	Malignant Neoplasms 435,462
Unintentional Injury 1,266	Malignant Neoplasms 285	Congenital Anomalies 192	Malignant Neoplasms 404	Homicide 4,774	Homicide 5,341	Heart Disease 10,499	Unintentional Injury 23,359	Unintentional Injury 24,892	Chronic Low. Respiratory Disease 133,246
Sids 1,248	Homicide 284	Homicide 155	Homicide 191	Malignant Neoplasms 1,388	Malignant Neoplasms 3,577	Suicide 7,525	Liver Disease 8,098	Chronic Low. Respiratory Disease 18,743	Cerebrovascular 129,193

Second leading cause of death for youth

Higher rates in males compared to females

56% increase in suicide rate for 10-24 from 2007 to 2017

Most Common Methods in Youth:
Suffocation/Strangulation and Firearms

Recent Rates of Reported Suicidal Thoughts and Behavior from Youth: YRBSS 2019

Youth Risk Behavior Surveillance System Data (2019):

<https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901-H.pdf>

What are our high school students saying?

- *Over the past year...*

- **Seriously considered** attempting = 18.8%
(24.1% female; 13.3% male)
- **Made a plan** about how they would attempt = 15.7%
(19.9% female; 11.3% male)
- **Had an actual attempt** at least once = 8.9%
(11.0% female; 6.6% male): *Linear increase from 2009 (6.3%)*

Females more likely to have thoughts and non-lethal attempts
(compared to males)

(Underwood et al., 2020)



Risk Factors



Context of Suicidal Behavior in Youth: Risk Factors – COVID-19 and Beyond

What are some risk factors associated with impact over the past year (2020) and beyond?

***No single factor** that predicts suicide and risk factors do exist*

- **Precipitants:** interpersonal conflict, loss, grief
- **Demographic/Specific Populations:** age, gender, race and ethnicity (e.g., AI/AN), LGBTQ, lower access to MH Care (and other disparities)
- **Social:** feeling alone/isolated, economic hardships, unsafe/abusive living situations



Context of Suicidal Behavior in Youth: Risk Factors – COVID-19 and Beyond

What are some risk factors associated with impact over the past year (2020) and beyond?

***No single factor** that predicts suicide and risk factors do exist*

- **Historical:** history of suicidal behavior (self/family), experiences of trauma
- **Psychiatric:** mental health conditions, substance use disorder
 - Increase in calls to hotlines: 891% increase in March 2020 compared to March 2019 (*could be positive for help-seeking)
- **Access to Lethal Means:** firearms, substances
 - US firearm purchase increased 85% in March 2020



Warning Signs and Talking to Youth



Warning Signs: A Few Considerations

- You know your child best and are the best equipped to notice things are different or impacting functioning
- Remember: No **single cause** that predicts suicide
- Youth may exhibit warning signs through what they say, do, or how they feel
- Not all youth who experience suicidal thoughts show these signs, and not all youth who have one or more of these signs may be suicidal

Warning Signs: A Few Examples

TALK	BEHAVIOR	MOOD
Threatening suicide directly (“I am going to kill myself.”)	Suicide notes and plans (including online posting)	Depressive symptoms, hopelessness, helplessness
Wanting to die (“I wish I was dead.” “I wish I could fall asleep and just not wake up.”)	Prior suicidal behavior or self-harm	Shame
Having no reason to live	Withdrawing from activities and isolating from family/friends	Anxiety
Talking about being a burden	Increased use of substances	Loss of interest
Stating that they feel trapped	Increased sleep problems	Volatility, agitation, and/or anger
Describing unbearable pain	Giving away possessions	
	Increased agitation/aggression	

Talking to Youth about Suicide

- **Worried that talking about suicide will put “the idea in their head”?**
 - Can provide relief, connection, and open opportunity to have more conversations
 - Social connection is important
- **Open, non-judgmental, and calm atmosphere**
 - Validate and stay calm/grounded (resist asking lots of question)
- **Regular conversations through a safe, stable and nurturing relationship**
 - Special quality time
- **Modeling how to manage emotions/difficult conversations**
- **Encourage them that you will get help and support together**
- **Make sure to have your own support team**



Words You Can Say...

“I want you to know that you can tell me anything you are feeling or thinking. Growing up can be difficult, and I want to be here for you no matter how hard the topic feels.”

“Talking about what you are feeling can help you feel better. I would love to hear what’s been going on in your life.”

“I know things have been difficult recently. It can be helpful to talk about what you have been dealing with to feel better. What’s been going on for you lately?”

“Do you ever think about killing yourself? Do you ever think about hurting yourself?” I am here for you and really care about you. It is important for me to hear what you are going through.”

Connection to Care and Resources



Considerations and Treatments that Work

Examples of Evidence-Based Approaches

Short-Term:

- Safety Acute (formerly known as the Family Intervention for Suicide Prevention) developed specifically for use with youth; and with an adaptation for use with youth with exposure to trauma
- Safety Planning Intervention

Long-Term:

- SAFETY Intervention: developed for youth with suicidal behaviors
- Dialectical Behavior Therapy for Adolescents
- Integrated CBT (I-CBT) for youth with both substance use problems and suicidal thoughts and behaviors

- Seek help if you feel like something is *off*
- Common components:
 - Collaborative
 - Includes family/caregivers
 - Increases safe/healthy behaviors and problem-solving
 - Promotes reasons for living
 - Enhances strengths/resilience
- Access to lethal means (e.g., firearms):
Remove and/or ensure safe storage
- Resources exist

Mental Health Resources: Crisis Lines

- **National Suicide Prevention Lifeline**
1-800-273-TALK (8255)
- **Crisis Text Line**
Text “HOME” to 741741
- **The Trevor Project Trevor Lifeline**
1-866-488-7386
- **The Trevor Project Trevor Chat and Trevor Text**
<https://www.thetrevorproject.org/get-help-now/>
- **SAMHSA Disaster Distress Helpline**
1-800-985-5990
- **Crisis Solutions North Carolina**
<http://crisissolutionsnc.org/>



Duke-Related Resources

- **Duke Emotional Support and Well-Being Line: 919-681-1631**
 - Free, confidential M-F (8 a.m. – 5 p.m.) *Closed Holidays*
 - Supportive conversation, get connected with resources, schedule appointment with clinician
 - Duke faculty, staff, trainees, students, and their families
- **Clinical appointments in Duke Psychiatry & Behavioral Sciences**
 - **Pediatric:** 919-385-3232
 - **Adult:** 919-684-0100
- **Duke Personal Assistance Services (PAS): 919-416-1727**
 - Free assessment, short-term counseling, and referrals
 - Duke faculty, staff, and their families
 - Visit <https://pas.duke.edu/> for more information

Other Resources for Caregivers and Youth

- **Locate Psychologist Near You**
<https://effectivechildtherapy.org/tips-tools/locate-a-psychologist-near-you/>
- **American Foundation for Suicide Prevention (AFSP)**
<https://afsp.org/>
- **Suicide Prevention Resource Center (SPRC)**
<https://www.sprc.org/>
- **National Alliance on Mental Illness (NAMI)**
<https://www.nami.org/Home>
- **UCLA-Duke ASAP Center** <https://asapnctsn.org/>
- **National Child Traumatic Stress Network (NCTSN)** <https://www.nctsn.org/>

Questions?



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