Texas State Child Fatality Review Team Committee Position Statement: Youth Suicide

The State Child Fatality Review Team Committee (SCFRT) works closely with local Child Fatality Review Teams (CFRT) to promote public awareness and action to reduce the number of preventable child deaths.

General Facts about Suicide

Between 2000 and 2013, the suicide rate for all ages in the United States rose from 10.43 (per 100,000) to 13.02. Over the same time period, the suicide rate for males went from 17.11 to 20.59. Among females, the rate rose from 4.00 to 5.67. Overall, men die by suicide at four times the rate of women. Although suicide rates are lower for younger age groups than for older adults, suicide is the second and third leading cause of death (depending upon age) for young people in the United States.

- 10-14; 3rd leading cause of death after unintentional causes and malignant neoplasms
- 15-24; 2nd leading cause of death after unintentional causes
- Rates of ideation (i.e., considering and planning suicide) among female high school students are nearly double that of male high school students. Thoughts and attempts among high school students are higher than among adults in general, although deaths among adolescents are lower.

Suicide in Texas

- Young people age 15-19 complete suicide nationally at a rate of 7.53% and at a 7.49% in Texas.
- Children 11-14 years of age complete suicide nationally at a rate of 1.5% and at 1.41% in Texas. http://webappa.cdc.gove/sasweb/ncipc/dataRestriction_inj.html

Suicide Attempts in Texas

- 10.1% of high schools students have attempted suicide in the past 12 months, YRBS 2013

Perhaps the most important statistic is that ***suicide is preventable***!

Recommendations to the State of Texas, the Texas Legislature, Parents, and Healthcare Providers

Community Leaders and Organizations

It is essential for the whole community to understand the risks of suicide and know the

proper steps to take to protect children and youth. Bringing communities together in working partnerships facilitates and promotes a more public, broad based involvement to child suicide prevention and intervention.

Recommendations

- Develop and expand partnerships that contribute to mental health promotion and prevention efforts. Create a mental health literacy plan to ensure that information on mental health and mental disorders is accessible and accurate, thus improving mental health literacy in the general population and addressing stigma and discrimination. DSHS offers services to reduce stigma http://speakyourmindtexas.org/
- Ensure that mental health services are available and accessible to diverse populations within the community. Services should be culturally and linguistically competent with respect for the cultural preferences and traditions of the child and family. These services should be child and family-driven.
- Take a leadership role in the development of a local suicide prevention strategy. Foster support for community-based and school-based prevention efforts. Establish and promote compliance with recommended media guidelines for reporting suicides in an effort to minimize copy-cat suicides and youth suicide contagion.
- Monitor suicide frequencies within the community and establish a protocol for addressing emerging trends. Texas House Bill 1067 (81st Legislative Session) allows for collection and coordination of suicide data on the local level by providing that authorized local government entities specified in the bill may enter into memoranda of understanding to share suicide data that does not name a deceased individual or any other individual.

Educational Institutions and Schools

Educational specialists' have day-to-day contact with many young individuals who are struggling with thoughts of death or suicide. These struggling children are at high risk for serious injury or even death by their own hand. Educators are in a position to observe students' behavior and to act if they suspect that a student may be at risk of self-harm. There are well- established steps to identify and help young people at risk in order to keep them healthy and safe.

- Ensure parental/teacher coordination. Teachers need to make sure that parents are informed and actively involved in decisions regarding their child's welfare. Connect and communicate with parents and guardians.
- Provide training to educators regarding the risk factors associated with child suicide and mental health literacy per health and safety code.
- Encourage school-based suicide prevention initiatives as mandated by education code.
- Develop and ensure that staff is familiar with the school's postvention plan in the event of a local youth suicide.
- Become familiar with community-based resources and advocate for the particular screening and intervention needs of that school population.
- More can be found in the Mental Health America report with DSHS MHSA titled Texas Suicide Safer Schools 2015 (see attached PDF)

Medical Institutions and Doctors/Scientists

Community healthcare providers have long been committed to preserving the health,

safety, and welfare of children and youth; suicide prevention must be a top priority in this effort. In order to continue making a difference in suicide prevention, professionals believe that an increase in research-based suicide intervention studies, that provide clear standards and replicable results, will help decrease the loss of young lives to suicide.

Recommendations

Medical Community

- Provide better training to pediatricians and family practitioners to recognize suicide risk factors
- Support and encourage the implementation of early identification and screening within primary care settings. Pediatricians should recognize that routine screening of adolescents and children for suicide risk factors and mental health issues is critical. Incorporate mental health screening into routine child and adolescent wellness visits. Routine screening is now recommended for Texas Health Steps patients, ages 13-18 years old.
- Refer children/adolescents identified as at risk to appropriate mental health professionals for treatment. Be familiar with mental health resources available locally and statewide.

Parents

- Seek early treatment for children with emotional problems, possible mental disorders (particularly depression and impulse control disorders) and substance abuse problems.
- Find professional help if your child appears angry, sad, lonely, is being bullied at school, has other school problems, or is withdrawn.
- Learn how to recognize the warning signs of suicide and appropriate ways to respond.
- Limit access to lethal means of suicide, particularly firearms.
- Provide supervision, support, and constructive activities for children and adolescents.
- Regularly communicate with your child's school about how your child is doing both academically and behaviorally.
- Look, listen, talk, and seek help.
- Call 1-877-273 TALK the National Suicide Prevention Lifeline if you need help with a suicide crisis.

Resources

Best Practices Registry. Suicide Prevention Resource Center. www.sprc.org/bpr

Coming Together to Care: A Suicide Prevention Toolkit for Texas Communities. Texas Suicide Prevention Council, www.texassuicideprevention.org.

National Strategy for Suicide Prevention. U.S. Department of Health and Human Services
www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html

Suicide Prevention: A Parent & Teen Guide to Recognizing Suicide Warning Signs. Mental Health America of Texas, www.texassuicideprevention.org/pdf/Suicide.pdf

Suicide Prevention Resource Center. www.sprc.org

Teaching Pediatric Residents to Assess Adolescent Suicide Risk with a Standardized Patient Module, Pediatrics Volume 125, Page 953, Number 5, May 2010.

Texas Suicide Prevention Plan
http://www.texassuicideprevention.org/

Department of State Health Services Suicide Prevention Website
www.dshs.state.tx.us/suicideprevention/

Texas Toolkit for Behavioral Health Providers for Zero Suicide in Texas
https:/sites.utexas.edu/zest/

The SCFRT Position Statement on Child Suicide is a product of the SCFRT workgroup on child suicide (Dr. Emilie Becker, Dr. Kim Cheung, and Jeannine Von Stultz, PhD). The Position Statement on Child Suicide will be reviewed annually and updated as new validated information indicates.

September 2010 March 2013 September 2015

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