



Risk and Protective Factors for Depression and Suicide in Children and Adolescents

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Suicide: Causes



- Most explanations are too simplistic: **Never the result of single factor or event.**
- No single CAUSE of suicide; only CAUSES.
- Highly complex interaction of biological, psychological, cultural, sociological factors.



Multiple risk factors increases risk

- Mental (brain) disorders
- Substance abuse
- History of trauma
- Traits: impulsiveness
- Relationship loss
- Economic hardship
- Isolation

Efforts in Prevention

- Religious prohibitions
- Desecration of the corpse
- Crime against the state
- Mass media coverage
- Limit access to easy, lethal methods
- Telephone and internet crisis lines
- Primary care assessment
- School prevention programs
- Gatekeeper programs



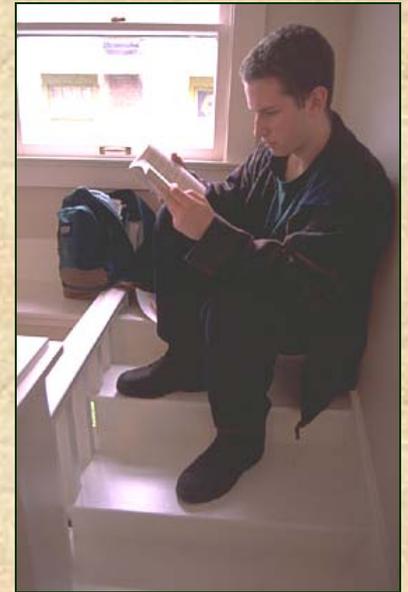
School Suicide Prevention Programs

- Stress model

- Normalizes the behavior
- Overemphasizes frequency
- Ignores contagion effect
- “Could happen to anybody” model

- Biological model

- 90-95% of suicides have identifiable mental illness
- Computerized screening; interview high risk kids
- Effective at getting kids treatment



School Prevention Programs

SOS - Signs of Suicide

1. Educate teens that depression is a treatable illness and equip them to respond

- Cost-effective
- Evidence-based
- Easily implemented
- www.mentalhealthscreening.org (781-239-0071)

2. Prevention class for 5th- 6th graders:
half as likely to develop depression (Gillham)

Gatekeeper Programs

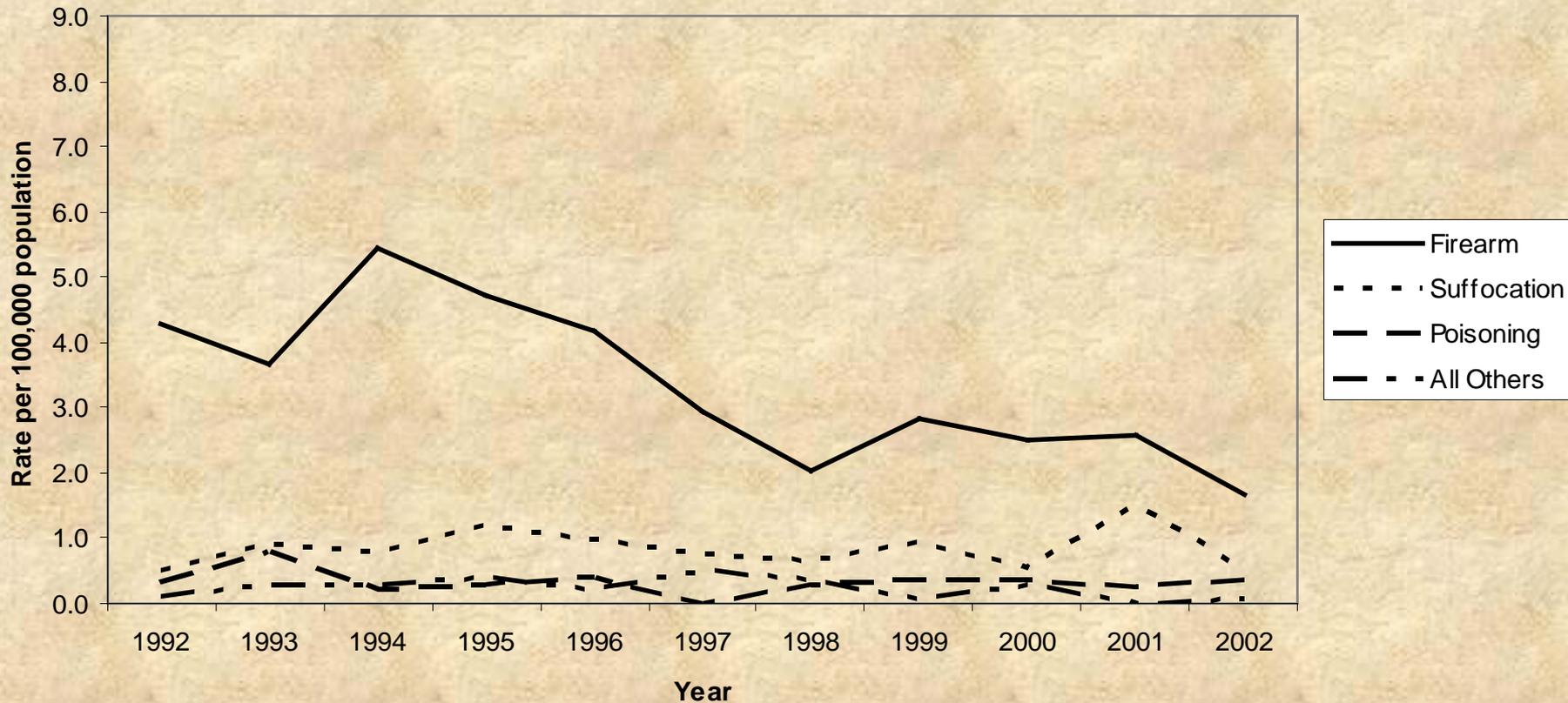
ASIST: Applied Suicide Intervention Skills Training

- Two-day
- Injury Prevention: 919-715-6452;
dhhs.state.nc.us
- info@livingworks.net

QPR: Question, Persuade, Refer

- 2 - 4 hour
- qprinstitute.com
- Mental Health Association of Central Carolinas
704-365-3454; mha@mhacentralcarolinas.org

Annual suicide rates ages 15-19 by year and method, NC 1992-2002



Annual suicide rates ages 15-19 years by year and method – 1992-2009



Youth and Young Adult Suicides in NC by Race and Gender 2004-2008

Race	Male			Female		
	#	%	Rate	#	%	Rate
American Indian	14	2.5	19.6	0	0	*
Asian	5	9.5	5.3	2	1.8	*
Black	109	19.2	8.9	22	20	1.8
White	441	77.5	13.5	86	78.2	2.9
Total	569	100	12.2	110	100	2.5

Rate per 100,000 N.C. population ages 10-24

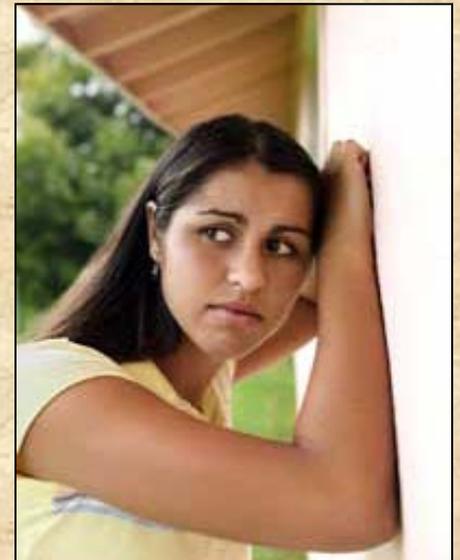
* The number of deaths was zero or too small to support calculation of a rate.

Demographics for Youth and Young Adult Suicide Victims in NC (2004-2008)

	#	%	Rate
Male	569	83.8	12.2
Female	110	16.2	2.5
Am. Indian	14	2.1	10.1
Asian	7	1	3.9
Black	131	19.3	5.4
White	527	77.6	8.4
Hispanic	40	5.9	5.9
10-14	35	5.2	1.2
15-19	218	32.1	7.2
20-24	426	62.7	14.1

90 - 95% of suicides have clearly identifiable mental illness

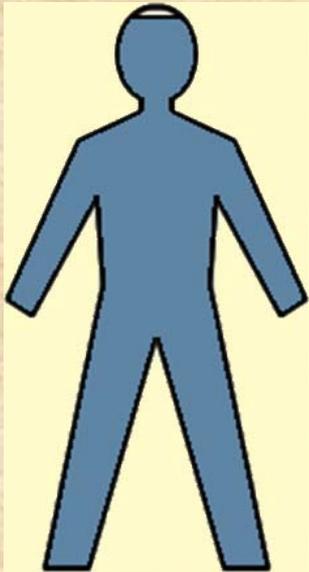
- Depression
- Bipolar disorder
- Schizophrenia
- Substance abuse
- Borderline personality



Increased Suicide Risk in Children and Adolescents

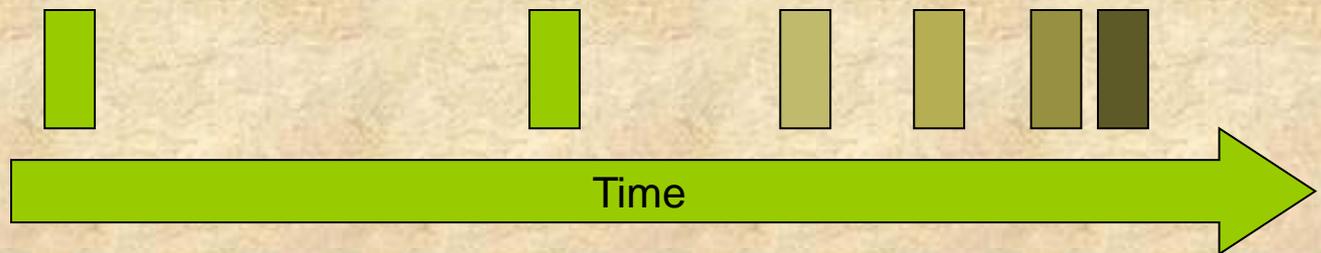
- Bipolar Disorder
- Depression
- ADHD
- Disorders of child maltreatment:
 - Conduct Disorder
 - Borderline Personality Disorder
 - PTSD
- Anxiety Disorder
- Substance abuse

Recurrent illness



- 1 episode: **60%** chance will have second
- 2 episodes: **70%** chance will have third
- 3 or more: **90%** chance will have another

Subsequent episodes more severe
and shorter time between episodes



Depression results in:

Lowered immune system functioning

- Four times higher rates of illness / death
 - Heart attack
 - Bone loss
 - Nursing home admission
 - Premature delivery

Death

- One in 6 with depression
- One in 5 with bipolar disorder



Depression: Causes / Influences



- **Biology:**
 - changes in brain structure and chemistry
 - hereditary vulnerability
- **Environment:**
 - stresses can trigger and/or worsen episodes
- **Cognition:**
 - thoughts / beliefs

Cognitive Distortions



Thoughts / beliefs common to depressed kids:

- I'm not as good as others, I'm worthless.
- Mistakes prove I'm no good.
- No one will ever like me. My parents don't love me.
- Nothing will ever change. My life is ruined.
- Suicide is a way out of this pain. I can't take it.
- I can't live without this person.

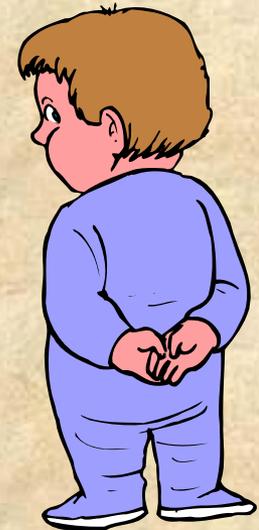
Childhood trauma

- Elevates risk of suicide / mental disorder
- Greater number = greater risk
 - greatest risk is 5 or more
- Greater severity = greater risk
- Disrupts development by:
 - lasting changes in anatomy and physiology
 - stress response dysregulation
 - vulnerability to subsequent traumas
 - deficits in normal social learning

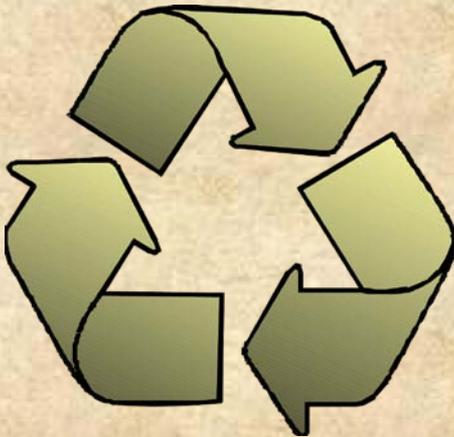
Childhood trauma

Sexual abuse - highest risk of suicide
of all types of child maltreatment

- Increases risk independent of psychopathology
25 times those without
- Puts males at greater risk:
4 – 11 times vs. 2 – 4 times
- Effective treatments available,
but most kids don't get treatment



Feedback Loop



- Chemistry interacts with thinking
- Thinking interacts with stress
- Stress interacts with chemistry

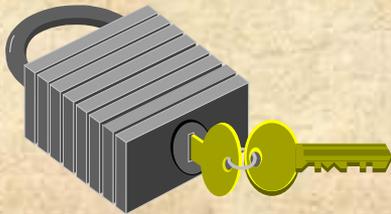
Treatment / Intervention

Medication

- Treats the chemical imbalances

Cognitive Behavioral Therapy

- Changes the negative thought patterns that reinforce and worsen feelings



Environmental changes

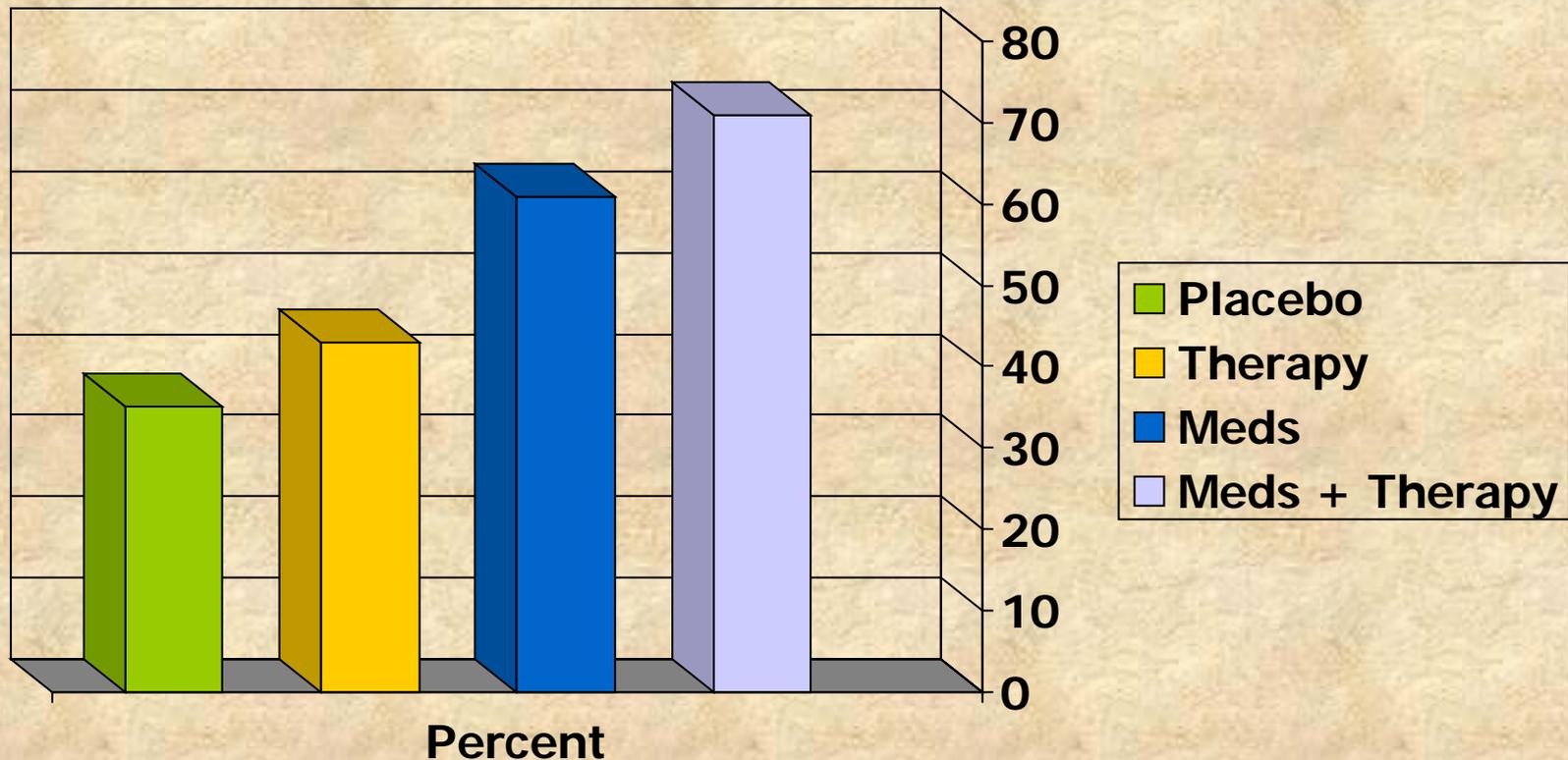
- Reduce stress: abuse, conflict, sleep
- Increase protective factors: skills
- Hospitalization: safety/intensive treatment

Cognitive Behavioral Therapy

- Used alone in mild / moderate depression
- Identify automatic thoughts and learn to modify
- Evidenced based
 - Hundreds of studies proving its efficacy
 - Those who have attempted suicide and are **treated with CBT** are **50%** less likely to try again.

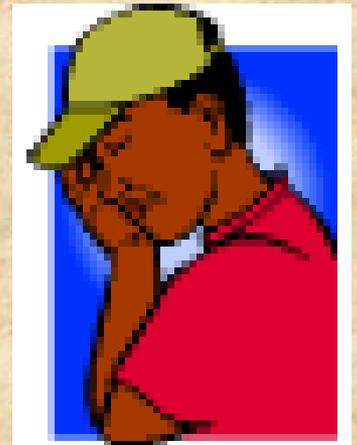


Percentage of patients (12-17 y.o.) showing improvement



Unfortunately,

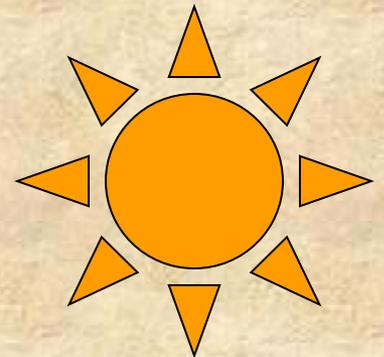
- **Two-thirds** of children **do not** see a doctor or therapist within a month of beginning drug treatment
- More than **half** have still not had a mental health visit by three months.



Environmental changes to reduce risk:

Reduce stress in child's life

- child abuse / neglect / sexual abuse
- conflict: family, bully, teacher
- sleep / exercise / nutrition
- social concerns / hygiene
- unmet spiritual needs
- extracurricular over-commitment



Environmental Changes

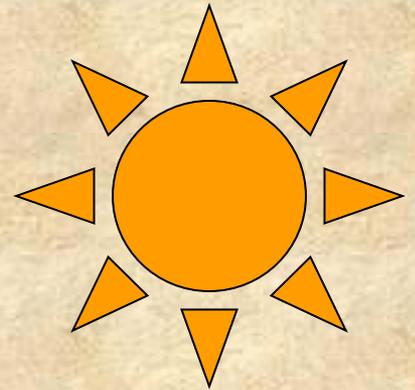
Increase protective factors:

- Social skills

- making friends
- assertiveness
- empathy
- reading social situations
- negotiating / setting limits

- Optimism

- Coping skills: managing stress / emotions



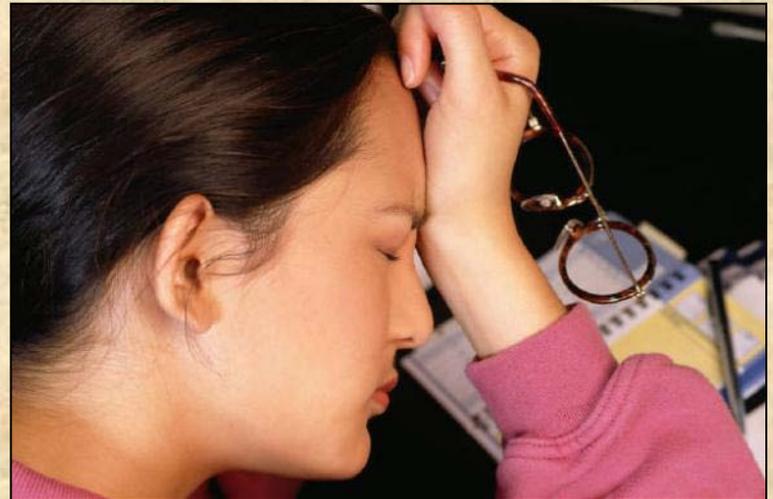
Protective Factors

- Perception that important adult cared about them
- School connectedness (teachers care, treat fairly)
- School safety
- Parental presence before and after school
- Parent / family connectedness / caring
- GPA
- Religious identity
- Counseling services offered by school
- Number of parent / child activities

**Three or more reduced risk of suicide
in adolescents by 70-85%.**

Signs of elevated risk

- hopelessness
- helplessness
- insomnia
- anxiety
- ambivalence
- psychosis



Prevention

- Provide skills training: coping, hopelessness
- Gatekeepers training: people who work with kids - identify and get treatment for kids at risk
 - **ASIST** and **QPR**
- Reduce access to lethal methods, especially to guns
- Target special populations (children in foster care)
- Reduce barriers to treatment



Internet resources for teens



REACH OUT.COM

GET THROUGH TOUGH TIMES

About Us | Blog | Login | Register

NEED HELP NOW?
800-448-3000

THE FACTS™ | REAL STORIES™ | YOUR VOICE™ | GET HELP™

Search ReachOut

The screenshot shows the top navigation bar of the REACH OUT.COM website. On the left is the logo 'REACH OUT.COM' in white text on a blue background. To its right is the tagline 'GET THROUGH TOUGH TIMES' in white. Further right are links for 'About Us', 'Blog', 'Login', and 'Register'. A green call-to-action button with a white arrow icon says 'NEED HELP NOW?' and '800-448-3000'. Below the navigation bar, there are four menu items: 'THE FACTS™', 'REAL STORIES™', 'YOUR VOICE™', and 'GET HELP™'. On the far right, there is a search bar with the text 'Search ReachOut' and a magnifying glass icon.

Tween and Teen Resources



The Trevor Project

The Trevor Lifeline
866 4-U-TREVOR
866 488-7386

The screenshot shows the header of The Trevor Project website. On the left is a colorful, abstract graphic with various shapes and colors including blue, red, green, and purple. To the right of the graphic is the text 'The Trevor Project' in a stylized orange font with a star icon. Below this is the text 'The Trevor Lifeline' in a smaller font, followed by the phone number '866 4-U-TREVOR' and '866 488-7386' in a bold, sans-serif font.

LGBT teen resources

www.wellaware.org

CYBERBULLYING & SUICIDE: What Schools Must Do to Protect Students and Districts

MARCH 31, 2011

TOOLS YOU CAN USE

FROM

Well AwareTM



YOU'VE WEIGHED IN!

Check out how attendees at our March 29th webinar are putting the information to use:

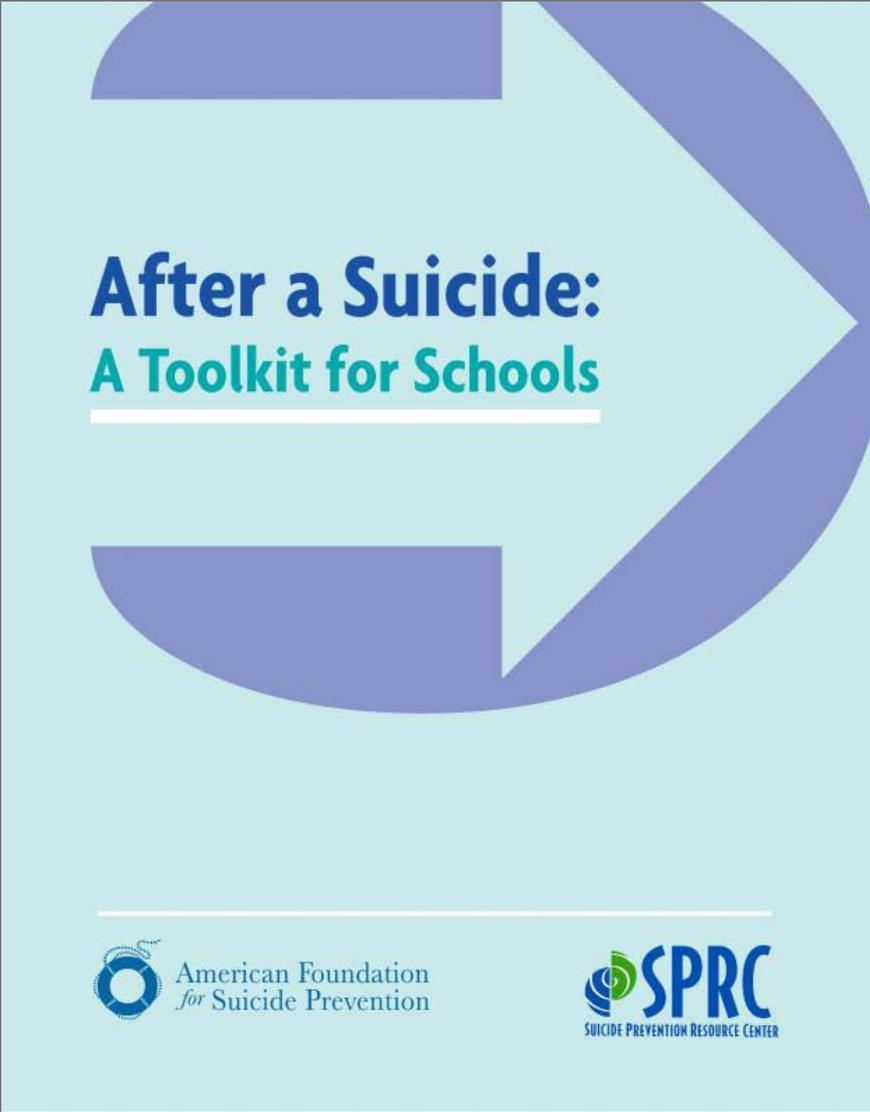
- **FEEDBACK FROM DR. AGATSTON**
- **TIPS AND TOOLS FROM YOUR COLLEAGUES**
- **NEXT STEPS YOU CAN TAKE**

Since every man is part of a community,
he injures that community by killing himself.

St. Thomas Aquinas

Postvention
is prevention.

Schneidman, 1972



After a Suicide: A Toolkit for Schools

 American Foundation
for Suicide Prevention

 **SPRC**
SUICIDE PREVENTION RESOURCE CENTER

School's Response

sprc.org/afterasuicideforschools

School response after a suicide

Lifeline Postvention Manual:

[http://www.sprc.org/library/LifelineOnline
PostventionManual.pdf](http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf)

School Response

2. Communicate with students

- Small groups – no assemblies, no announcement
- Tell the truth, but no details
- Focus on living and coping skills (we're here to help you/each other, help prevent other deaths)
- Don't glorify / vilify victim: Emphasize likelihood that person struggling with serious mental issue
- Emphasize that help is available
- Screen students for potential risk (those who were close to victim, kept the secret, facilitated, didn't recognize, or have mh problems)

Aftermath: family / community



- Use “died by suicide”
- Tell children the truth
- Confidentiality does not end
- Display concern for survivors
- Educate about what to expect, fears, follow-up
- Attend to contagion effect / limit public memorials
- Focus on “living” memorials

