



Suicide in Children and Youth

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Outline

- Overview of Suicide in Children and Adolescents
- Suicidality in Youth
- Supports for Students with Suicidality



Suicide in Children and Adolescents

- What do we know about suicide?
 - Suicide rarely occurs in children (age 12 and under)
 - In contrast, suicide is the 2nd leading cause of death in adolescents in Canada
 - Affecting 12/100,000 teens
 - Males are twice as likely to commit suicide compared to females even though females 2-3 times more likely to attempt



Suicide in Adolescents

- What do we know about diagnoses?
 - >90% had at least one psychiatric diagnosis
 - >50% had more than 2 diagnoses
 - 49% with depression/bipolar disorder
 - 24% with depression/substance abuse
 - 18% with depression/conduct disorder
 - 21% with depression/anxiety disorder



Suicide in Adolescents

- **Males**

- Higher rates of conduct disorder and substance abuse
- Older males more likely to be intoxicated
- Males more likely to use lethal methods such as jumping, firearms and hanging
- Less likely to have come into contact with professionals
- However, majority of teens prior to suicide was seen by a health professional for mental health reasons



Suicide in Adolescents

- **Females**
 - Higher rates of mood disorder
 - Higher rates of past attempts/contact with professionals
 - More likely to use overdose as the method of suicide
 - However, hanging/suffocation now the leading method in Canada



Suicide in Adolescents

- What about other risk factors?
 - Younger teens had less intent
 - Younger teens affected by parent-child conflict
 - Older teens affected by romantic relationships and legal/disciplinary issues



Suicide in Adolescents

- What do we know about other risk factors?
 - “Contagion Effect”
 - Anecdotal reports of clusters
 - Statistical support for time-space clusters
 - Evidence of media influence-increased rates after media coverage of real or fictional suicide
 - Social desirability



What can the school do to help?

- Postvention
 - Wider Community
 - Students/staff
 - Students/staff at risk
 - Communication strategy



Suicide in Adolescents

- What do we know about suicidality?
 - Survey of adolescents in Canada
 - 13.5% nationally
 - Males 9%, Females 19%
 - Survey of adolescents in US
 - 17% had seriously thought about suicide
 - 14% had a specific plan for suicide
 - 8% had attempted suicide
 - 3% needed medical treatment for attempt



Suicide in Adolescents

- What do we know about presentation of teens with suicidality?
 - Hopelessness
 - Passive thoughts of death
 - Fantasies of accidental death
 - Active thoughts of self-harm (17%)
 - Active intent/plan (14%)
 - Suicidal gestures (8%)
 - Suicide Attempt (3%)



Suicide in Adolescents

- What do we know about presentation of teens with suicidality?
 - Non-suicidal self injury (13-20%)
 - Reasons for self harm
 - Emotional pain
 - Physical pain
 - Treatment related
 - Family or peer related
 - Gender differences



What treatments are available?

- Talk Therapy
 - Time from school/work
 - Motivation
 - Patient preference
 - Group or Individual
- Antidepressants
 - Prozac
 - Other drugs in the same class



What treatments are available?

- Antidepressants
 - Evidence showing positive effects on suicidality and depression/anxiety/impulsivity
 - Significant side effects
 - Sleep disturbance
 - Irritability
 - Low energy/Fatigue
 - Thoughts of death



What treatments are available?

- Cognitive Behavioural Therapy (CBT)
 - Examines thoughts and its' influence on mood
 - Protective for side effects from medications
 - Difficult for those with learning issues
- Dialectical Behavioural Therapy (DBT)
 - Examines emotions that lead to suicidal thoughts/behaviours



What treatments are available?

- Combination of Talk Therapy and Medication is the best treatment for:
 - Symptoms
 - Functioning in daily life
 - Quality of life



Where to get help?

- Primary care – pediatricians, family doctors, nurse practitioner
- Local Hospitals - psychiatrists
- Local Children's Mental Health Centres
- Private therapists
- Helplines
- Schools
- Peer Support



What can you do to help?

- Asking a depressed adolescent about suicidal feelings should not be avoided, as bringing up the subject cannot increase their risk for attempting suicide.
- Similar to depression, talking about suicide is often helpful for teens.



What can schools do to help?

- Talk about it with the teen
 - Create a safe space for the teen and their peers
 - Educate about suicide/self-harm
 - Get support
 - Don't panic!
- Treat thoughts of suicide seriously - like any other mental illness or medical diagnosis



What can schools do to help?

- Encourage teen to seek and follow through with management plans
 - Risk through treatment
 - Problem solve
- Develop a crisis plan
 - List of supports
 - Family involvement



What can schools do to help?

- Promote a safe school environment
 - Bullying
 - Connectedness/Belonging
- Promote coping skills development
- Early identification of mental illness
 - Accommodations
 - Stress tolerance
 - Prevention of secondary problems



What can the school do to help?

- Gatekeeping training
- Information dissemination



Summary

- Suicidality is common among adolescents
- Closely linked to mental illness
- Effective treatments are available
- Need to watch for side effects of antidepressant treatments



Resources

- Kids Help Phone
 - www.kidshelpphone.ca
- Mood Disorders Association of Ontario
 - www.mooddisorders.on.ca
- E-Mental Health
 - www.ementalhealth.ca