



Suicide in Children and Youth

Amy Cheung, MD

Associate Professor
Department of Psychiatry
University of Toronto



Outline

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



Dispelling the myths about suicide

- More young Canadians die from cancer each year than all other causes.



Dispelling the myths about suicide

- Canadian youth are **3 times** more likely to die from suicide than from cancer.
- Suicide is the **2nd leading cause** of death in adolescents in Canada
- The “Opioid Crisis” still kills less Canadians each year than the decades long “Suicide Crisis”.
- Males are more likely to die by suicide compared to females even though females 2-3 times more likely to attempt



Dispelling the myths about suicide

- 1 in 5 teens will think about suicide in a given school year.



Dispelling the myths about suicide

- 1 in 5 teens **WILL** consider suicide in a given school year.
- 1 in 10 will attempt suicide
- Thinking about suicide is very common in youth in general and especially in youth with depression



Suicide in Adolescents

- What do we know about presentation of students 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 needing medical attention (3%)



Suicide in Adolescents

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



Dispelling the myths about suicide

- Suicidality is common among Canadian children



Dispelling the myths about suicide

- Deaths by suicide rarely occurs in children (age 12 and under)
 - Special populations at greater risk
- Numbers are very low so reporting is limited
- But children can still have suicidal thoughts



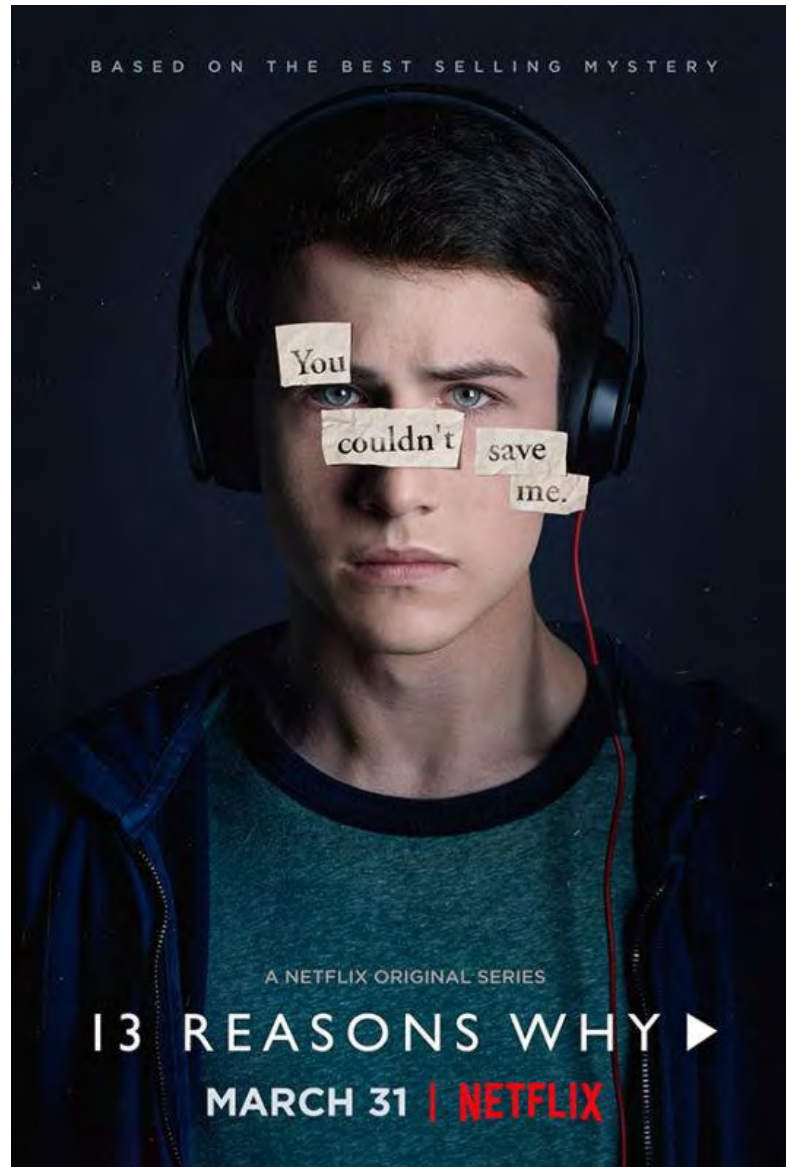
Dispelling the myths about suicide

- Younger teens have less intent
- Younger teens affected by parent-child conflict
- Older teens affected by romantic relationships and legal/disciplinary issues



Dispelling the myths about suicide

- Media messages can lead to more suicides among Canadian youth





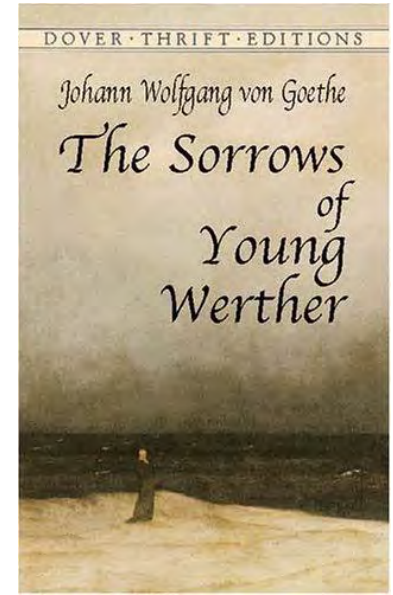
Dispelling the myths about suicide

- Media messages CAN lead to more suicides among Canadian youth
- Research still being conducted with specific programs
- 13 Reasons Why Season 1
 - Increased risk for youth already struggling with suicidal thoughts and hopelessness
 - Increased google searches on suicide



“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





Limiting the “Contagion Effect”

- Messaging
 - Social desirability
 - Mental health
 - Social issues
 - Special populations



Katherine Langford as Hannah Baker in the Netflix's series 13 Reasons Why about a teenager who commits suicide. "The first season of 13 Reasons Why violated almost every scientific recommendation for presenting suicide in the media," writes Mark Sinyor. (BETH DUBBER / NETFLIX)

By **MARK SINYOR**
Tues., Nov. 21, 2017



Dispelling the myths about suicide

- Asking students about suicidal feelings should be avoided, as bringing up the subject can increase their risk for attempting suicide.



Dispelling the myths about suicide

- Asking students 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.
- Screening programs can identify at risk students



Dispelling the myths about suicide

- It is easy to prevent suicides in schools.



Dispelling the myths about suicide

- It is **NOT** easy to prevent suicide.
- It is hard to identify who is at risk.
- It is hard to prevent suicide even among at risk students.



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



- **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



Dispelling the myths about suicide

- There is good evidence that formal treatment helps students with suicidality.



Dispelling the myths about suicide

- There is **GOOD** evidence that formal treatment improves suicidality in students.
- Both talk therapy and medications (or the combination of the two) have been found to be effective treatments.



Suicide and Mental Health

- What do we know about diagnosis?
 - >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



What treatments are available?

- Talk Therapy
 - Cognitive Behavioural Therapy (CBT)
 - Dialectical Behavioural Therapy (DBT)
 - Time from school/work
 - Motivation
 - Patient preference
- Antidepressants
 - Prozac
 - Other drugs in the same class
 - Side effects



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
 - “Lite” versions offered in group settings



Dispelling the myths about suicide

- There are formal programs to deal with suicide in schools.



Dispelling the myths about suicide

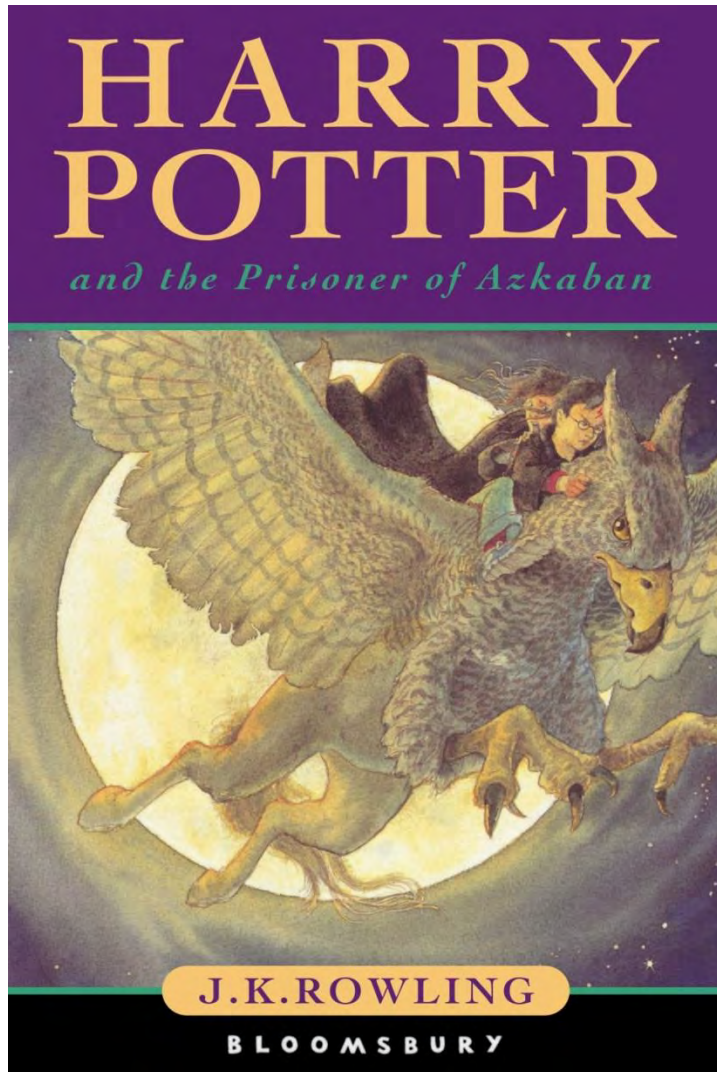
- There **ARE** formal programs to deal with suicides in schools.
- Generally part of an overall program to address mental health and resiliency.



What can schools do to help?

- Screening and Prevention
- Postvention
 - Wider Community
 - Students/staff
 - Students/staff at risk
 - Communication strategy

HARRY POTTER FOR MENTAL HEALTH LITERACY AND SUICIDE PREVENTION



Monday, Nov 7

Like 6.5M Follow @MailOnline

MailOnline

Home News U.S. | Sport | TV&Showbiz | Australia | Femail | Health | Science | Money | Vic
Latest Headlines | News | World News | Arts | Headlines | France | Pictures | Most read | News Board | Wires

I hit rock bottom over Harry Potter: J K Rowling reveals how instant fame and a 'tsunami' of begging letters drove her to therapy

By POLLY DUNBAR FOR MAILONLINE
PUBLISHED: 01:57 GMT, 23 September 2012 | UPDATED: 08:04 GMT, 24 September 2012

Share Twitter Pinterest Google+ Email Print

42 View comments

They were the novels that brought her fame, fortune and the adoration of millions of fans around the world. But JK Rowling has admitted that at the height of the success of her Harry Potter books she was forced to undergo therapy to cope with the pressures of celebrity.

The sudden and complete transformation of her life, coupled with a 'tsunami' of begging letters from charities and members of the public, left her feeling desperate to help but overwhelmed.

The notoriously private author, whose feverishly anticipated first adult novel, *The Casual Vacancy*, is finally released on Thursday, also revealed details of the book's plot for the first time. She described how she took inspiration from Britain's 'phenomenally snobby' middle classes – including her own friends.



What can schools do to help?

“Open the Discussion”

- 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?

“Support the Student”

- 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? “Change School Culture”

- 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 schools do to help?

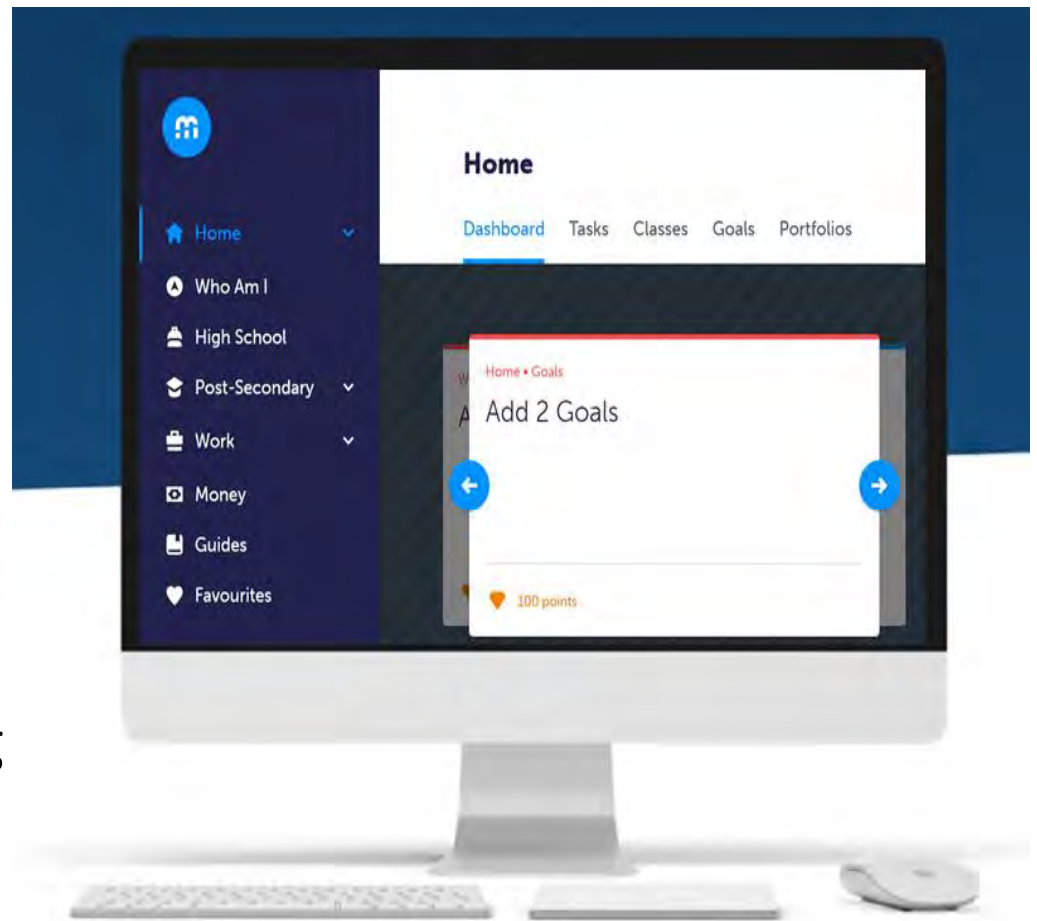
- Resources available
- “MY BLUEPRINT”
- Transitions Toolkit
 - Helps with stress of transitioning out of high school
- Mental Health Toolkit
 - Resources for literacy and supports



Simple student portfolios and career education resources

- Career assessments
- High school grad planning
- Post-secondary and occupation search
- Resume builder & job search
- Digital learning portfolio

www.myBlueprint.ca



Now available to all students:

- Mental Health Guide
- Transitioning to Life After High School Guide



What can schools do to help?

- Screening
- Gatekeeper training
- Peer Leadership Training
- Skills Training
- **KEY** is connection to the system of care!



What can schools do to help?

- Primary care – pediatricians, family doctors, nurse practitioners
- Local hospitals - psychiatrists
- Local children’s mental health centres
- Private therapists
- Helplines – Texting!
- Chat rooms – Big White Wall, 7 Cups of Tea
- School personnel
- Peer support



Integrated Service Hubs

- Community-based walk-in clinics
- Designed for youth by youth
- One-step shop for care
- 3 GTA sites and 1 in Chatham
- 6 being developed in other parts of Ontario



Summary

- Suicidality is common among adolescents
- Closely linked to mental illness
- Effective strategies are available to help at risk youth and their communities



Resources

- Headspace
 - www.headspace.org.au
- Kids Help Phone
 - www.kidshelpphone.ca
- Sashbear Foundation
 - www.sashbear.org
- Mood Disorders Association of Ontario
 - www.mooddisorders.on.ca
- E-Mental Health
 - www.ementalhealth.ca