



# Suicide in Children and Youth

Amy Cheung, MD  
Bell Canada Chair in Adolescent  
Mood and Anxiety Disorders

Department of Psychiatry  
University of Toronto



# 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 2<sup>nd</sup> 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](http://www.kidshelpphone.ca)
- Mood Disorders Association of Ontario
  - [www.mooddisorders.on.ca](http://www.mooddisorders.on.ca)
- E-Mental Health
  - [www.ementalhealth.ca](http://www.ementalhealth.ca)