UT Southwestern Medical Center

An Overview of Self-Harm and Suicide in Young People

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ACAMH Self-Harm in Schools
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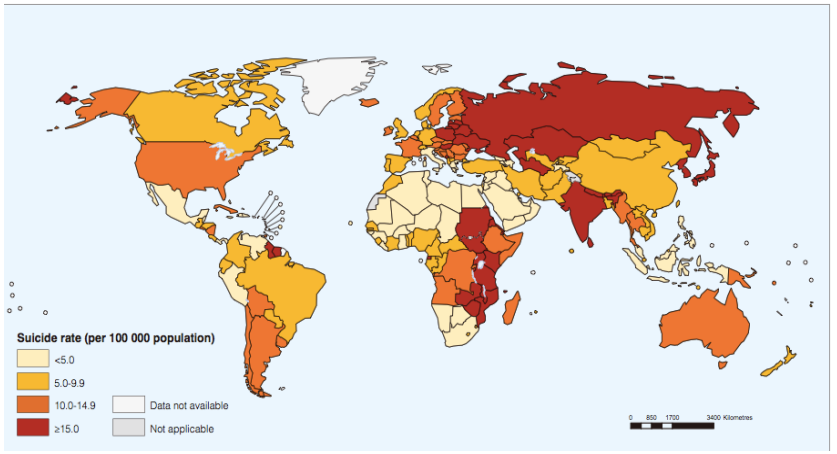
A Global Problem

World Health Organization

- 800,000 deaths annually from suicide
- One death every 40 seconds
- Suicide is now the second leading cause of death among people aged 15-29



Nock et al., 2008

• Nock, M.K., Borget, G., Bromet, E.J., Alonso, J., Angermeyer, M., Beautrais, A., et al. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. British Journal of Psychiatry,192, 98–105.

• Lifetime prevalence in 17 countries:

  • Suicidal ideation: 9.2%

  • Suicide plans: 3.1%

  • Non-lethal attempts: 2.7%

• Cross-nationally, about 1/3 of those who think about suicide will go on to make an attempt

Nock et al., 2008

- Consistent cross-national risk factors:
  - Female
  - Younger
  - Less educated
  - Unmarried
  - Having a mental disorder
- Strongest diagnostic risk factors
  - Mood disorder in developed countries
  - Impulse control disorders in developing countries

17 Countries

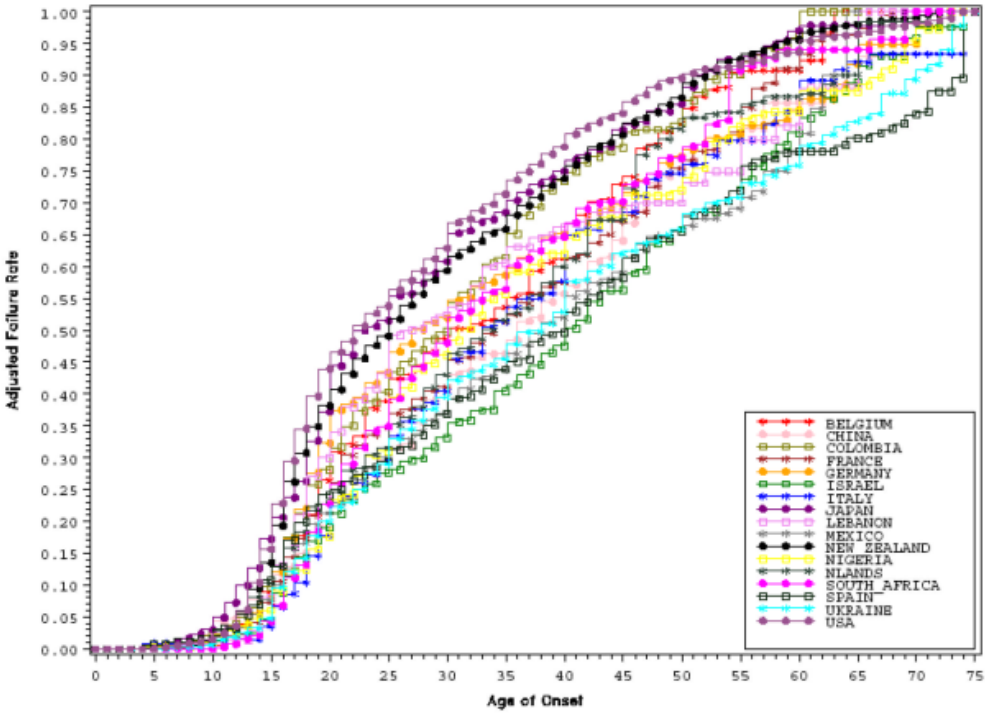


Figure 1.
Cumulative Age-of-Onset Distribution for Suicide Ideation in each Country

Youth Suicide: The Numbers

- Suicide is a serious public health problem world-wide
  - 2nd leading cause of death for 10-to-24-year-olds
  - 4th leading cause of death for 5-to-14-year-olds

- 2017 Youth Risk Behavior Survey (high school, US youth): in their lifetime,
  - 17.2% of US adolescents reported seriously considering suicide,
  - 13.6% had made a plan
  - 7.4% had made an attempt
  - 2.4% had required medical attention
- Among black youth, suicide attempts increased by 73 percent

Millennium Cohort Study

About 7% of UK children have attempted suicide by age of 17 – study

Covid crisis will worsen mental health of young people, say experts concerned at rise in self-harming

- Coronavirus – latest updates
- See all our coronavirus coverage

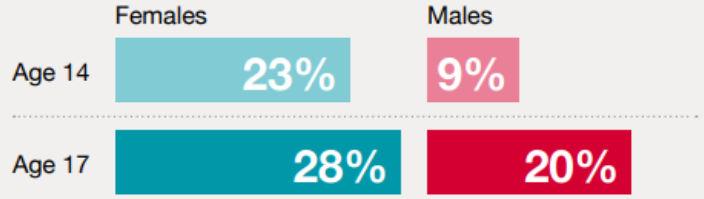
▲ When the 17-year-olds were asked if they had ever hurt themselves 'on purpose in an attempt to end your life', 7% replied yes. Photograph: Richard Bailey/Getty Images

About 7% of children have attempted suicide by the age of 17 and almost one in four say they have self-harmed in the past year, according to a paper in the British Journal of Psychiatry, and experts say the figures could rise as a result of the pandemic.

Increase in prevalence of self-harming between ages 14 and 17

1 in 4

teenagers reported self-harming in past 12 months, with rates increasing since study members were last surveyed at age 14



Prevalence of attempted suicide

By age 17, approximately

10% of females

4% of males

said they had self-harmed with suicidal intent

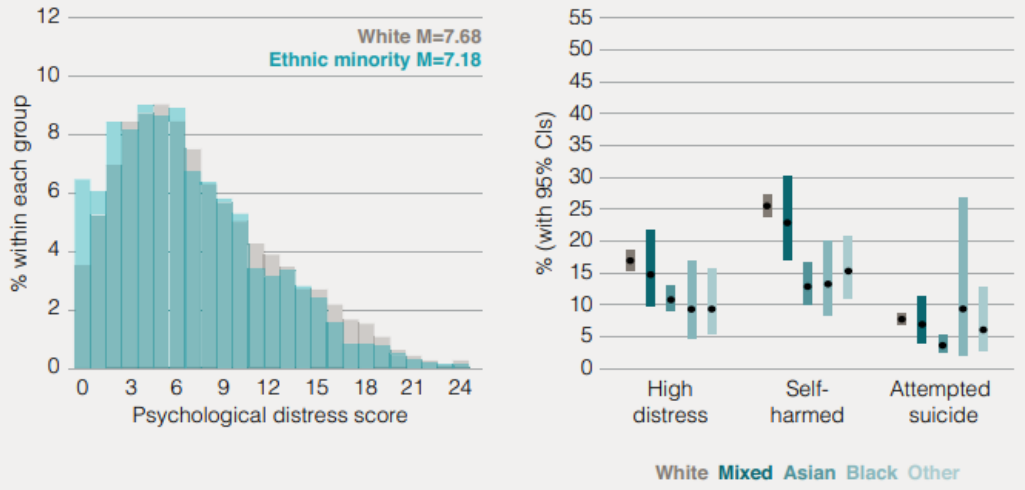
Millennium Cohort Study

Differences by ethnicity

At age 17, 80.9% of participants were White ethnicity, with 3.0% mixed race, 10.9% Asian, 3.6% Black and 1.6% other ethnicities. As illustrated in Figure 3, psychological distress and self-harm were most prevalent in White young people, which is similar to what we observed for depressive symptoms at age 14 and has been reported in other UK studies.[7]

In contrast, rates of attempted suicide were similar across most ethnic groups, with a slightly lower prevalence reported by Asian young people.

FIGURE 3: DIFFERENCES BY ETHNICITY



Patalay, P. and Fitzsimons, E. (2020). Mental ill-health at age 17 in the UK: Prevalence of and inequalities in psychological distress, self-harm and attempted suicide. London: Centre for Longitudinal Studies.

2008 to 2015: Number of Youth Seen in Children's Hospitals Doubles

- Annual percentage of encounters identified as suicidality or self-harm more than doubled over the study period (Plemmons et al., 2018)
  - Increasing from 0.67 percent in 2008 to 1.79 percent in 2015
  - Significant increases in visits were noted in all age groups but were higher among older children

- Greatest risk in first 3 months after attempt, and approximately 30% of adolescent suicide attempters reattempt within 1 year (Bridge et al., 2006)

Potential Pandemic Impacts: Young Women

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021

Early Release / June 11, 2021 / 70

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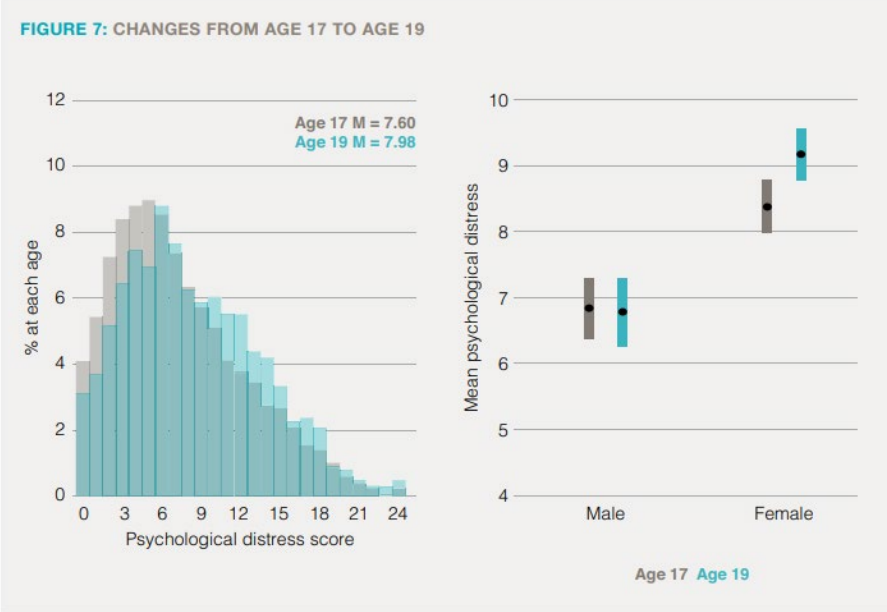


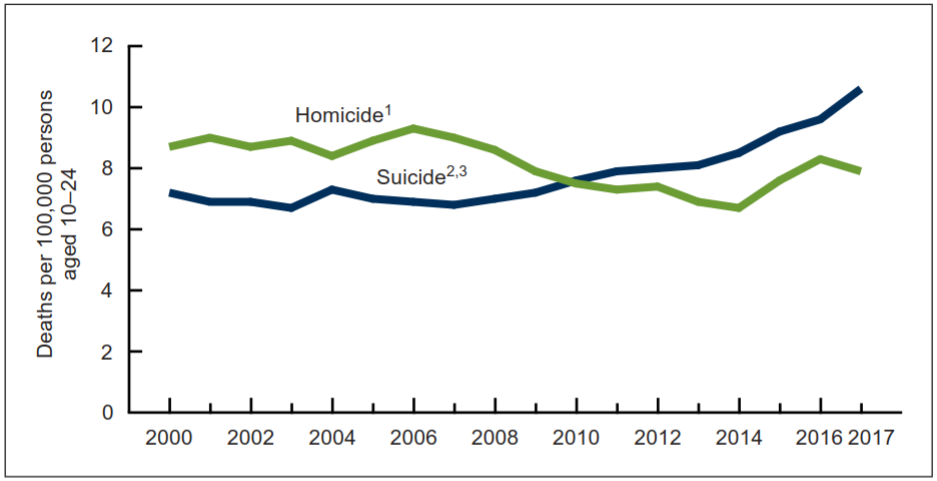
Patalay, P. and Fitzsimons, E. (2020). Mental ill-health at age 17 in the UK: Prevalence of and inequalities in psychological distress, self-harm and attempted suicide. London: Centre for Longitudinal Studies.

> "At age 17 the rates of self-harming between males and females were much more similar than they had been at 14, highlighting a much steeper increase for males than for females from 14 to 17 years"

Death by Suicide Increasing in Youth

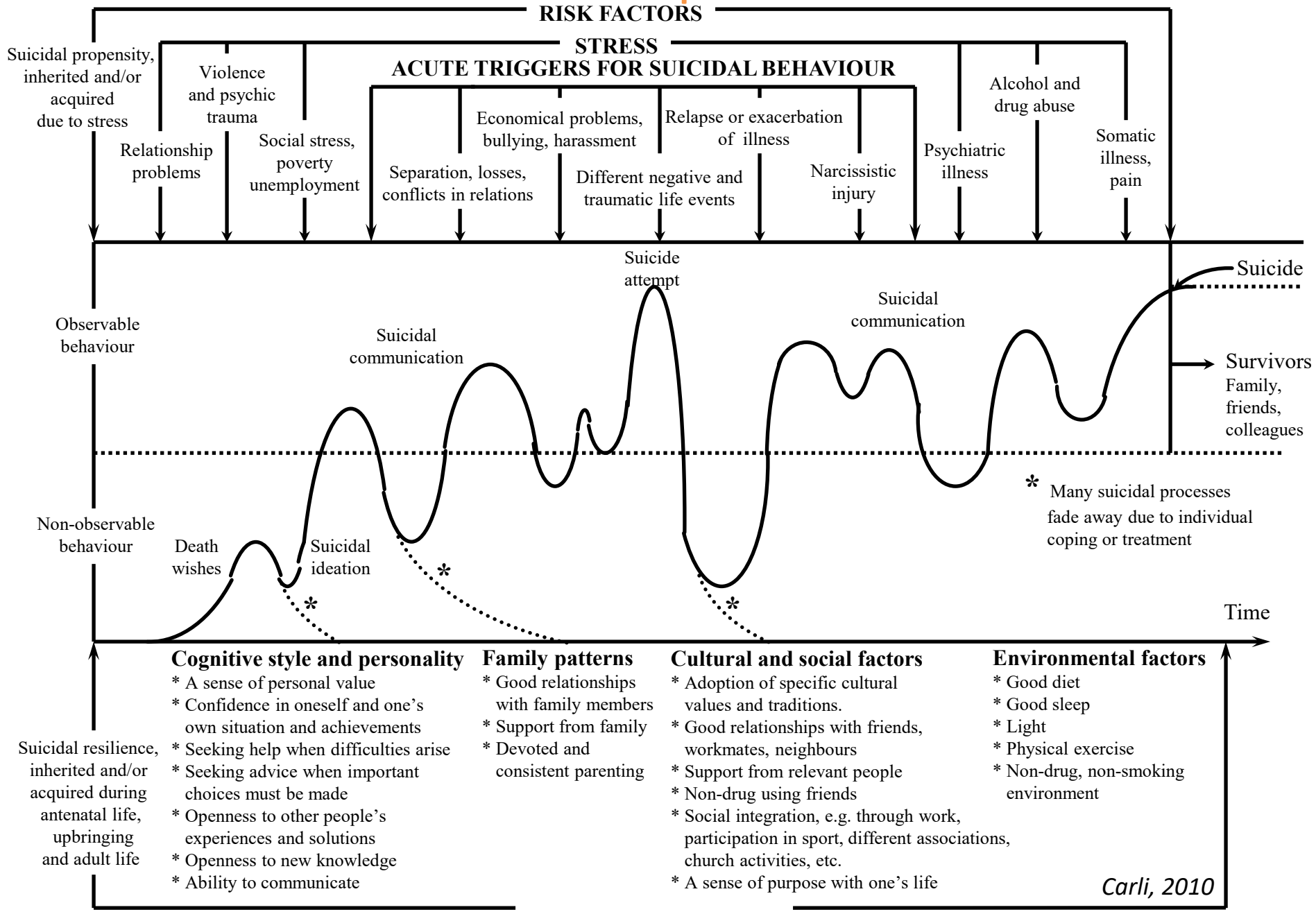
• Suicide rates increased 56% among 10-24 year olds between 2007 and 2017, according to a new report from National Center for Health Statistics:

Figure 1. Suicide and homicide death rates among persons aged 10–24: United States, 2000–2017



[1]Stable trend from 2000 to 2007; significant decreasing trend from 2007 to 2014; significant increasing trend from 2014 to 2017, $p < 0.05$.
[2]Stable trend from 2000 to 2007; significant increasing trend from 2007 to 2017 with different rates of change over time, $p < 0.05$.
[3]Rate significantly lower than the rate for homicide from 2000 to 2009 and significantly higher from 2011 to 2017, $p < 0.05$.
NOTES: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD–10) codes U03, X60–X84, and Y87.0; and homicide deaths with ICD–10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#1.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Suicide is a process



Risk Factors for Suicidality

- Current or lifetime psychopathology (mood disorders most common)
- History of previous attempts or self-injurious behavior
- Hopelessness
- Impulsivity
- Lack of affect regulation
- Poor problem-solving skills
- Social skills deficits
- Hostility and aggression
- Drug or alcohol abuse
- High situational stress
- Insomnia
- Parental psychiatric conditions
- Family discord,
- Childhood maltreatment history
- History of peer victimization (bullying)
- Availability of lethal agents
  - Brent et al. (2000) found that suicide completion risk is increased if family has a handgun in the home
- Peer and media influence ("suicide contagion")

For recent review, see Cha et al., 2018, The Journal of Child Psychology & Psychiatry

www.reportingonsuicide.org

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Suicide Contagion or "Copycat Suicide" occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: www.ReportingOnSuicide.org.

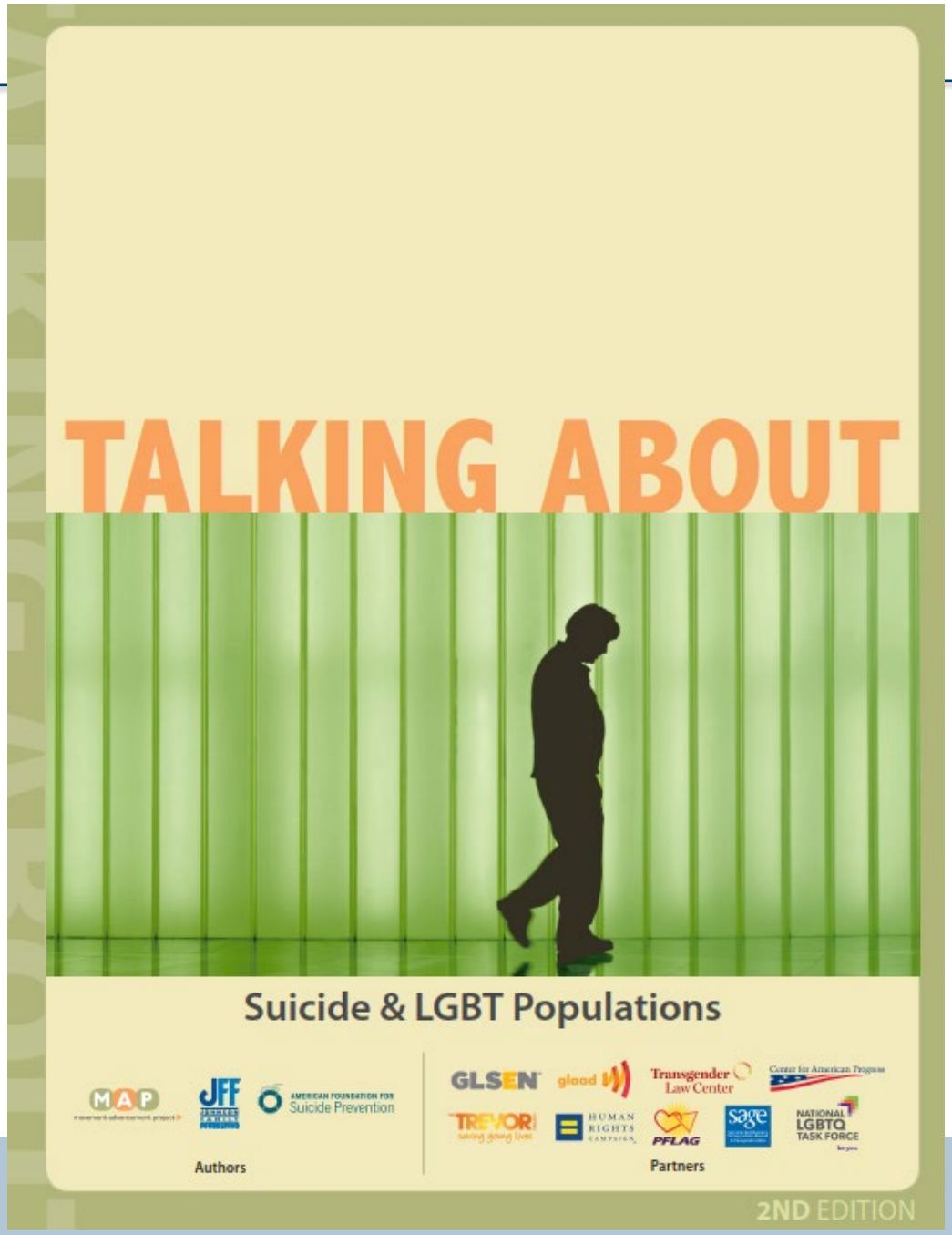
INSTEAD OF THIS:	DO THIS:
• Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").	• Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
• Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.	• Use school/work or family photo; include hotline logo or local crisis phone numbers.
• Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.	• Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
• Describing a suicide as inexplicable or "without warning."	• Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
• "John Doe left a suicide note saying...".	• "A note from the deceased was found and is being reviewed by the medical examiner."
• Investigating and reporting on suicide similar to reporting on crimes.	• Report on suicide as a public health issue.
• Quoting/interviewing police or first responders about the causes of suicide.	• Seek advice from suicide prevention experts.
• Referring to suicide as "successful," "unsuccessful" or a "failed attempt."	• Describe as "died by suicide" or "completed" or "killed him/herself."

Protective Factors for Suicidality

- Positive relationship with family
- Positive connection between child and school; adult and work
- Academic or work success
- Pro social peer group
- Religious affiliation
- Fair number of reasons for living
- Future goals
- Treatment adherence

LGBTQ Youth

- LGBTQ adolescents report higher rates of suicidal ideation and attempt (Fergusson et al., 1999; Haas et al., 2010)
  - LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth (CDC, 2016)
  - LGB youth are almost five times as likely to have attempted suicide compared to heterosexual youth (CDC, 2016)
- In Millennium Cohort Study, over half (55.8%) of LGB+ young people reported self-harming in the last year, compared to 20.5% among those who identify as mainly heterosexual. Among LGB+ young people, 21.7% reported having attempted suicide, compared to 5.8% among heterosexuals.


TALKING ABOUT
Suicide & LGBT Populations
MAP
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HUMAN RIGHTS CAMPAIGN
PFLAG
sage
NATIONAL LGBTQ TASK FORCE
Partners
2ND EDITION

Useful Assessment Tools: Youth

Name of Measure	# of items	Method	Age Range	Time	Freely Available
Ask Suicide-Screening Questions (ASQ; Horowitz et al., 2012)	4	Clinician	10-21 y.o.	<5 min	Yes
Beck Scale for Suicide Ideation (BSS; Beck & Steer, 1991)	21	Self	17+	5-10 min	No, paid
Columbia-Suicide Severity Rating Scale (C-SSRS; Posner et al., 2011)	5 to 14	Both available	12 y.o. to adult	<10 min	Yes
Concise Health Risk Tracking (CHRT) Scale (Trivedi et al., 2011)	16	Self	12 y.o. to adult	<5 min	Yes
Harkavy Asnis Suicide Scale (HASS; Harkavy & Asnis, 1989)	21	Self	10 y.o. to adult	<5 min	Yes
Scale for Suicide Ideation (SSI; Beck et al., 1979)	19	Clinician	13 y.o to adult	< 10 min	No
Suicidal Behavior Interview (SBI; Reynolds, 1990)	20	Clinician	12 to adult	varies	No
Suicidal Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001)	4	Self	13-18 y.o.	<5 min	Yes
Suicidal Ideation Questionnaire (SIQ; Reynolds, 1998)	30	Self	14-18 y.o.	< 10 min	No, paid
Suicidal Ideation Questionnaire - Junior (SIQ-JR; Reynolds, 1987)	15	Self	12-14 y.o.	< 10 min	No, paid
Suicide Probability Scale (SPS; Cull & Gill, 1988)	36	Clinician	14 y.o. to adult	10-15 min	No, paid

Risk factors vs. warning signs

- Verbal signs
  - Direct or indirect expression of suicidal thoughts
  - Death wishes
  - Concern for other suicidal persons
- Situational signs
  - All kinds of loss
    - Death
    - Financial
    - Relationships
  - Fear of punishment

Behavioral Signs

- Depression, hopelessness and irritability
- Changes in behavior (eating, sleeping, attention to personal appearance)
- Changes from extreme depression to being ‘at peace’
- Loss of energy and a general feeling of apathy
- Loss of interest in usual activities
- Withdrawal from friends and family
- Increase of inwardness

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Questions?

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