

Talking to Children about a Suicide Attempt in the family

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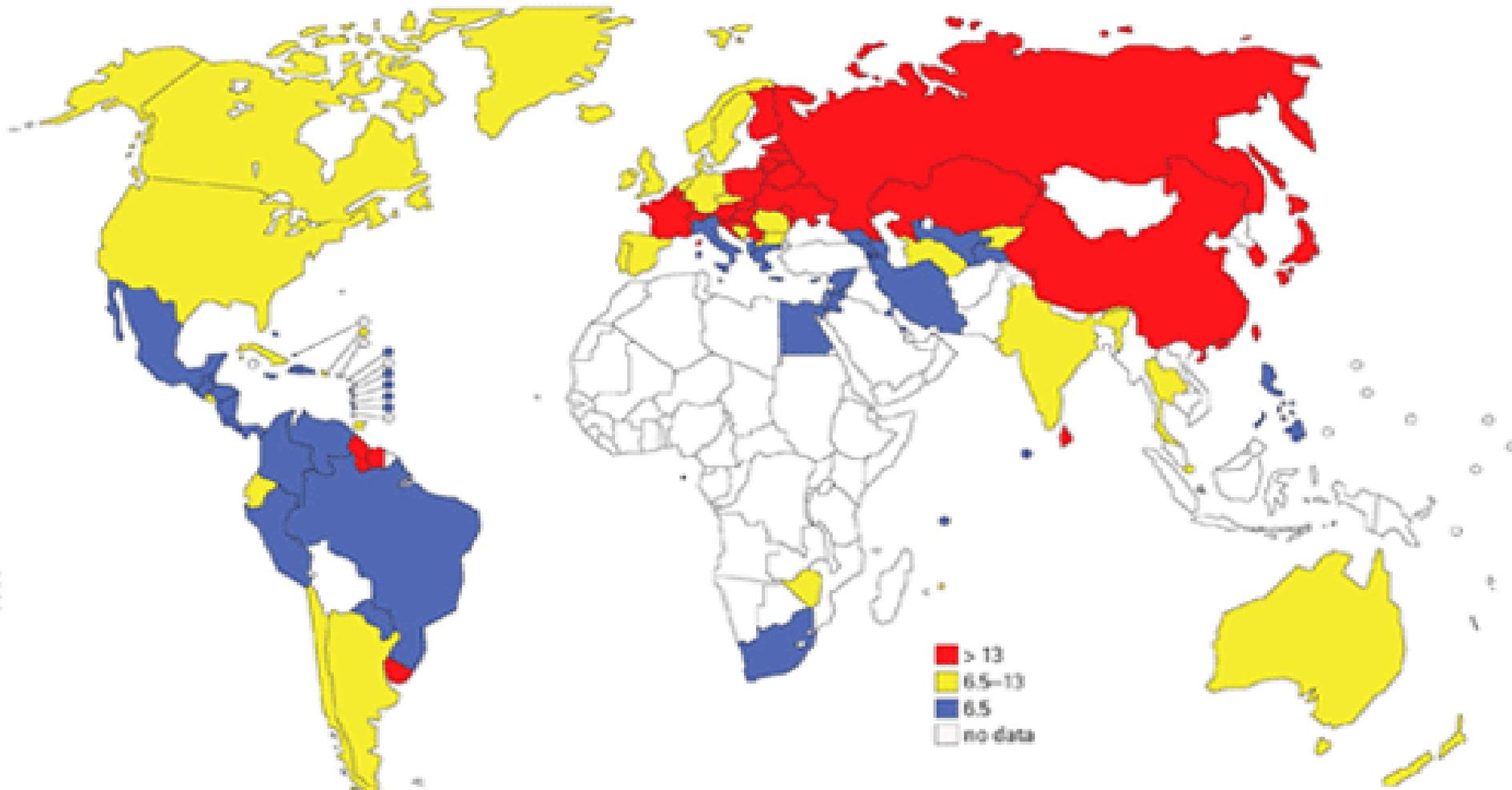
Suicidology

- Utah Suicide Prevention Committee: Plan
- Suicide Research
 - Child/Adolescent
 - Expand to all age groups
- Publications
- Grants
- Meeting with surviving family members
- Present at Meetings
 - American Association of Suicidology
 - American Foundation for Suicide Prevention
 - International Associations
- Clinical Work
 - Children's Hospital
 - ER, ICU, Outpatient
- Teaching



Suicide Rates Worldwide

Map of suicide rates
(per 100 000; most recent year available as of 2011)



CDC 2010 Suicide Rates

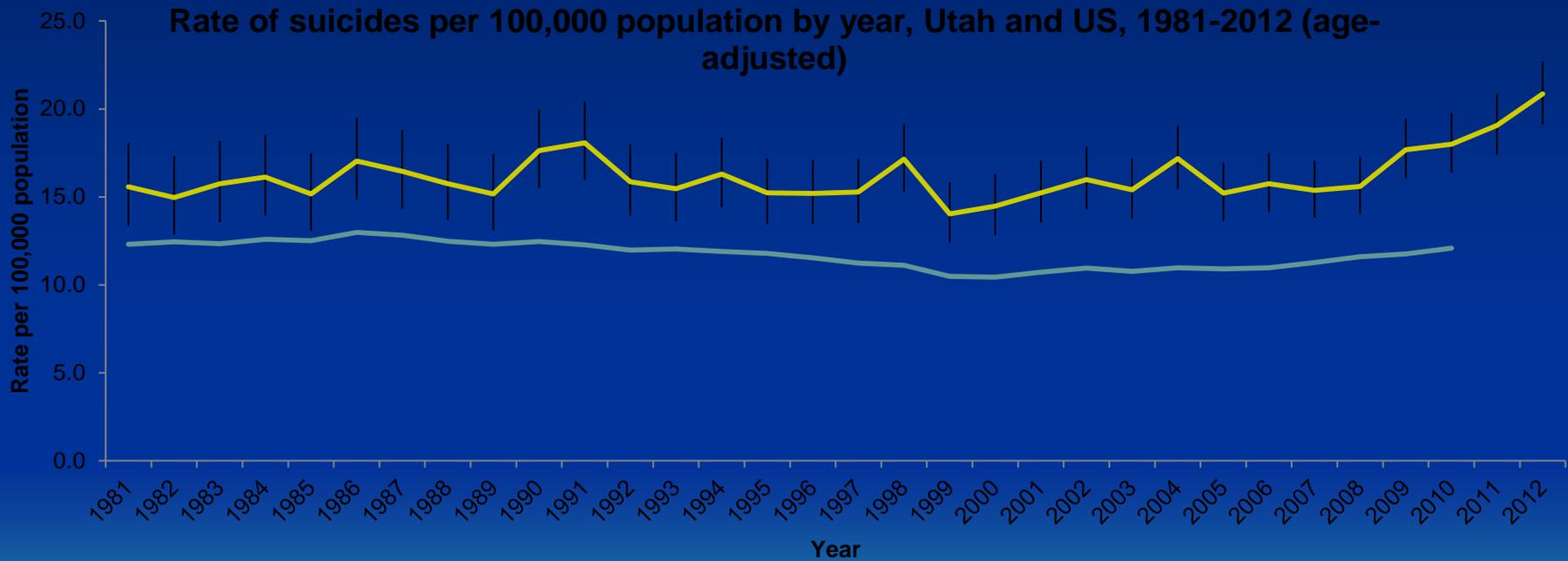
- U.S. Rates
- For 2010
- Whites have the highest US suicide rate (14.1)
 - = 14.1 per 100K/year
- Native American have the 2nd highest US suicide rate (11.0)
 - Rates vary by tribe, each tribe is like a separate nation
- Asian/Pacific Islanders (6.2)
- Hispanics (5.9)
- African Americans (5.1)

CDC 2010 Suicide Rates

- US Suicide Rate decreased 1990-2000, then Increased from 2000-2010
- Regional Suicide Rates
 - West 13.6, South 12.6, Midwest 12.0, Northeast 9.3
- Method
 - Firearm 50%
 - Suffocation (hanging) 25%
 - Poisoning 17%
 - Misc 8%



Utah vs. U.S Suicide Rates



Utah Youth Suicide Study

- 151 Consecutive Youth Suicides, 3 years
 - 89% Males, 11% Females
 - 58% Used Firearms
 - 60% Died at Home
 - 93% Caucasian





Utah Youth Suicide Study

- Psychological Autopsy
- Interview 49 families of suicide completers
- Interview 270 community contacts
 - Siblings, relatives, friends, school teacher, coach, others.
- What are the Barriers to getting help?
 - Insurance? Transportation? Language?





I LOVE BASEBALL

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(22) Now I am going to read a list of symptoms to you, please tell me if you noticed (name of decedent) struggling with any of these symptoms in the last two months?

- | | | | | | | | |
|-----------------|-------|------|--------------|-----------------------|-------|------|--------------|
| a) Sadness | 1-Yes | 2-No | 3-Don't Know | j) Impulsive Behavior | 1-Yes | 2-No | 3-Don't Know |
| b) Mood Swings | 1-Yes | 2-No | 3-Don't Know | j) Hallucinations | 1-Yes | 2-No | 3-Don't Know |
| c) Hopelessness | 1-Yes | 2-No | 3-Don't Know | k) Appetite Change | 1-Yes | 2-No | 3-Don't Know |

- d) Irri
e) An
f) Agg
g) An
h) Par
r) Did

(31) a) Did (name of decedent) ever receive any psychiatric medication? 1-Yes* 2-No 3-Don't Know
If No, skip to question #35

b) *(If YES) Who prescribed these medications? (circle all that apply)

- | | | | | | | | |
|----------------------|-------|------|--------------|---------------------|-------|------|--------------|
| Family Doctor | 1-Yes | 2-No | 3-Don't Know | Physician Assistant | 1-Yes | 2-No | 3-Don't Know |
| Internal Medicine MD | 1-Yes | 2-No | 3-Don't Know | Nurse Practitioner | 1-Yes | 2-No | 3-Don't Know |
| Psychiatrist | 1-Yes | 2-No | 3-Don't Know | On-line provider | 1-Yes | 2-No | 3-Don't Know |
| Other _____ | 1-Yes | 2-No | 3-Don't Know | | | | |

c) Was he/she taking any prescribed psychiatric medication in the last two months?

(41) a) Was (name of decedent) ever physically abused? 1-Yes* 2-No 3-Don't Know

b) *If Yes, by whom? (circle all that apply)

- | | | | |
|--------------------------------|----------------------|---------------|----------------|
| 1-BIOLOGICAL MOTHER | 2- BIOLOGICAL FATHER | 3-STEP MOTHER | 4- STEP FATHER |
| 5-BROTHER | 6-SISTER | 7-RELATIVE | 8-NEIGHBOR |
| 9-LEGAL GUARDIAN-FOSTER PARENT | 10-STRANGER | | |
| 11-OTHER _____ | | | |

c) If Yes, When was the most recent incidence of abuse?

- | | | | | |
|-------------|--------------|-------------------|-------------|--------------------|
| 1-Last week | 2-Last Month | 3-Last Six Months | 4-Last Year | 5-# of Years _____ |
|-------------|--------------|-------------------|-------------|--------------------|

(42) a) Was he/she (decedent) ever sexually abused? 1-Yes 2-No 3-Don't Know

b) *If Yes, by whom? (circle all that apply)

- | | | | |
|--------------------------------|----------------------|---------------|----------------|
| 1-BIOLOGICAL MOTHER | 2- BIOLOGICAL FATHER | 3-STEP MOTHER | 4- STEP FATHER |
| 5-BROTHER | 6-SISTER | 7-RELATIVE | 8-NEIGHBOR |
| 9-LEGAL GUARDIAN-FOSTER PARENT | 10-STRANGER | | |



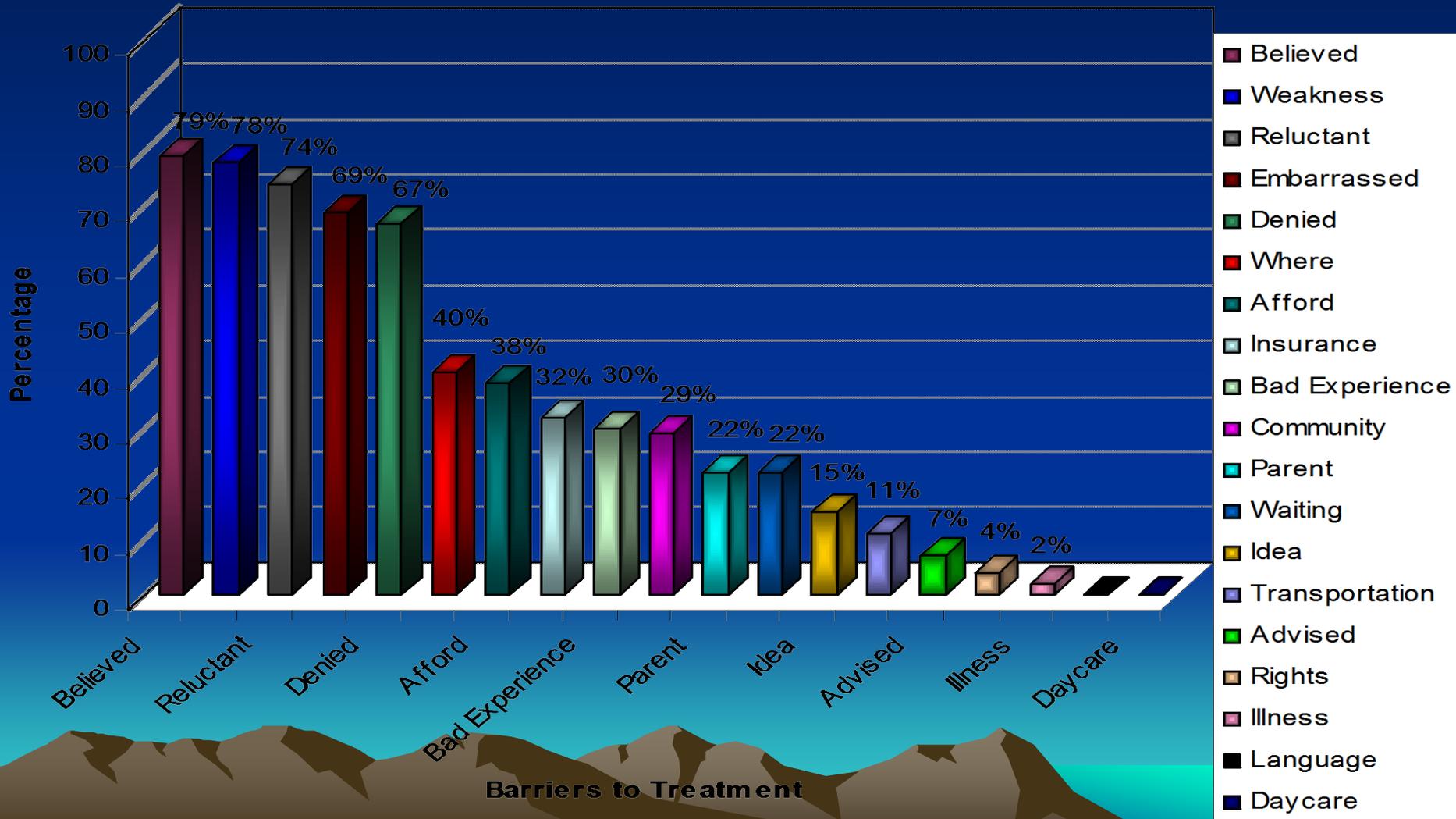
Youth Suicide: Juvenile Courts

- “Are there other places to find teenagers at risk”
- Utah Youth Suicide Study looked at the government records of all suicides ages 13-21
- Findings:
- 63% of suicide completers had a referral to Juvenile Courts (n=95 of 151)
 - Most for minor offenses ie truancy, MJ, cigarettes, curfew
 - Living at home with parents (only 12% ever in corrections)
- Doug’s “Rule of Thirds”



Parent Report: Moderate or Large Barriers

Parent Report: Moderate or Large Barriers to Treatment
N=49 Suicides, 71 Reports



Barriers to Treatment

Believed	He/She Believed Nothing Could Help
Weakness	Seeking Help Was A Sign Of Failure Or Weakness
Reluctant	He/She Reluctant To Admit Having Problems
Embarrassed	He/She Was Too Embarrassed
Denied	He/She Denied His/Her Problems
Where	He/She Did Not Know Where to Go
Afford	Couldn't Afford Help
Insurance	Insurance Won't Cover Help
Bad Experience	He/She Had Bad Experiences Seeking Help Before
Community	Nothing Available In His/Her Community
Parent	Parents Fear, Dislike, Or Distrust Professionals
Waiting	Waiting List For Services
Idea	Hard For Family To Accept The Idea Of Getting Help
Transportation	Transportation Problems
Advised	Family/Friends Advised Him/Her Not To Get Help
Rights	Parents Anticipation Of Out Of Home Placement Loss Of Rights
Illness	Physical Illness/Disability Made It Too Hard
Language	Foreign Language Or Language Barrier
Daycare	Problem Arranging Daycare for Children



CASE # _____

HEART _____

R. LUNG _____

L. LUNG _____

LIVER _____

SPLEEN _____

R. KIDNEY _____

L. KIDNEY _____

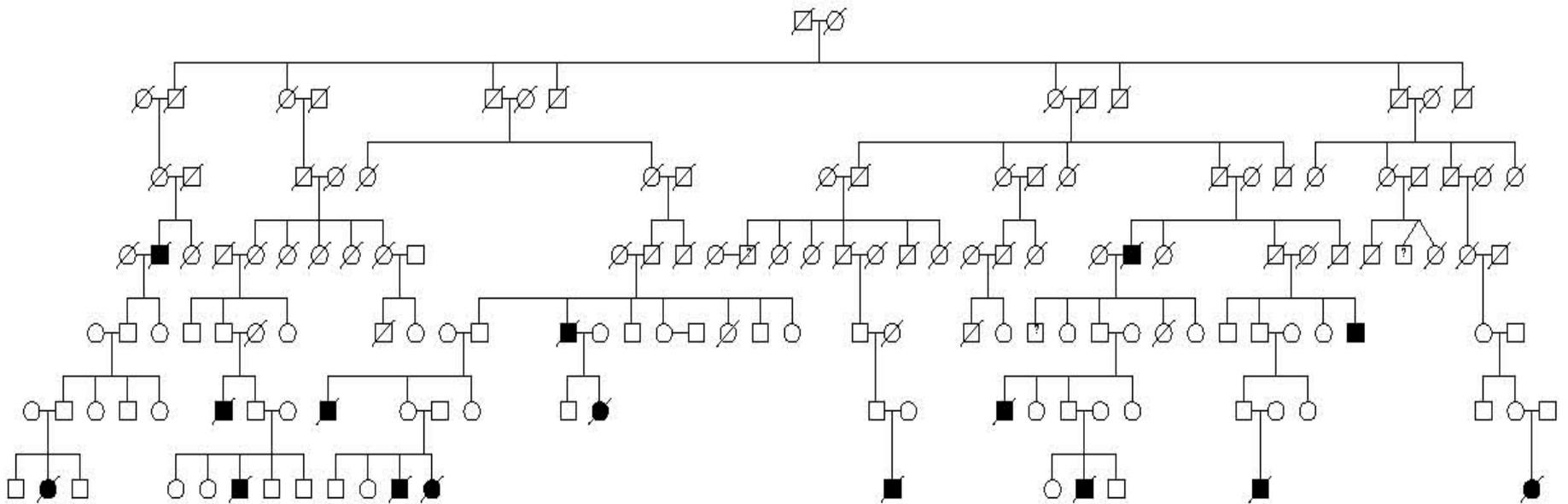
BRAIN _____

Toxicology of Youth Suicide

- Utah Youth Suicide Study (ages 13-21)
 - toxicology on 151 Suicide Completers
 - Only 3% of suicides had any psychotropic medication in their blood at autopsy
 - Only 1.5% of decedents an SSRI
 - Gray D, J Am Acad Child Adolesc Psychiatry, 2002, April 41(4):427-34
- New York City (17 years and younger)
 - 44 youth suicides, 36 had toxicology within 3 days
 - Only 1 of the 36 = 3% with a detectible SSRI
 - Leon AC, J Am Acad Child and Adolesc Psychiatry, 2006, Sept 45(9):1054-8

Suicide Genetics Collaboration

Hilary Coon, PhD Geneticist



Hilary Coon: Genetics of Suicide

- Utah Population Database
 - Genealogy
 - Death Certificates
 - Hospital Records
- Look at high-risk pedigrees
 - Multiple suicide in the extended family
 - Genograms with many female suicides
 - Suicide plus other: Obesity, Asthma, Allergies



What do other U.S. studies tell us about risk factors for youth suicide?



Difference Between Youth Suicide Attempters and Completers

- Attempters
 - 80-90% Female
 - Peaks at 16 years old
 - Hispanics: High Rates
 - Non-Lethal Means
 - Common among teens
 - 8,000/100 K (self-harm)
 - 2,000/100 K (to ER)
- Completers
 - 80-90 % Male
 - Peaks in 45-64 y/o Range
 - Caucasian: High Rates
 - Lethal Means
 - Uncommon among teens
 - 15/ 100 K/ year



Mental Illness

Psychological Autopsy Studies

- >90% of youth who suicide have mental illness
- Most common
 - Mood Disorders, Substance Abuse, Conduct Problems
 - Often co-morbid--multiple disorders increase risk
 - Brent D, J Am Acad Child Adol Psychiatry, 1993;32(3):521-9
 - Shaffer D, Arch Gen Psychiatry, 1996;53(4):339-48
 - Shafii M, J Affect Dis, 1988;15(3);227-33



Firearm Availability

- Multiple methodologies: Firearm availability increases suicide rate
- David Brent: Case control study
- Match suicide completers with serious attempters (Hospitalized)
- Firearm availability double c/w attempters
- Handgun availability also double
 - Brent D, JAMA, 1991;266:2989-95



U.S. Effects of Gender

- Research: gender---teens read vignettes
- Males who attempt suicide: little empathy from their male peers
- Males who complete: Yes—empathy
- Attempting is culturally accepted for females, not males
 - Canetto SS, Am J Orthopsychiatry, 2008, Apr, 78(2)259-66
 - Canetto SS, Suicide and Life Threat Behav, 1997;27:339-51
 - Moscicki EK, Ann Epidemiol, 1994;4:152-8.



Caution! Cluster Suicide

- Teenagers and young adults are particularly vulnerable to cluster suicide (15 – 24 y/o)
- 1-2% of youth suicides are caused by a “Contagion”
- Clusters occur with at-risk youth
- Media reporting can lead to a cluster?—yes
 - Gould, MS et al, Lancet Psychiatry, 2104 Jun
 - CDC recommendations for Media
- Can we increase help seeking via Media?



Research: Control for Mental Illness

- Family relationship problems and parent-child conflicts are a significant factor in youth suicide, compared with community controls
- However....
- Parental Divorce: risk attenuated when you control for parental psychopathology
 - Gould M, Arch Gen Psychiatry, 1996;53:1155-62
- Parent-Child Conflict: in some studies, no longer associated with suicide once you control for the youth's psychopathology
 - Brent D, Acta Psychiatr Scand, 1994;89:52-58



Can Suicide Research Cause Suicide?

- Does asking about suicidal thoughts or behavior during a school screening program increase risk? No. Not even with those adolescents at higher risk.
 - Evaluating Iatrogenic Risk of Youth Suicide Screening Programs: A Randomized Controlled Trial. Gould et al, JAMA 2005 April 6;293(13):1635-43.
- How about with adults who participate in an intensive research protocol where they were asked about psychiatric and suicidal symptoms? No.
 - The Effect of Participating in Suicide Research: Does Participating in a Research Protocol on Suicide and Psychiatric Symptoms Increase Suicidal Ideation and Attempts. Cukrowicz K, et al in Suicide and Life Threatening Behavior, December 2010, 40(6)535- 543.



Additional Risk Factors

Risk Factors

- Past Suicide Attempts
- Suicide Plan
- History of Inpatient Psychiatric Admission
- Personality Disorder
- Acute stressor, especially romantic breakup

Risk Factors

- Psychosis
- Victim of Abuse
- Stopping medication
- Lack of Treatment
- Social isolation



Prevention

- What works?
- Does anything work?



Prevention: What Works?

- Programs that work: System Collaboration
 - Gotland Sweden
 - Henry Ford Health System
 - Air Force Suicide Prevention Program
 - VA Hospital System
 - VA care protective of suicide
 - Hoffmire et al, 2015, Psychiatr Serv Sept;66(9):959-65
 - Only 22% of Veterans who suicide use VA-Oregon
 - Basham et al, Suicide Life Threat Behav, 41(3), June 2011



Suicide Prevention Organizational Multilevel

- US Air Force (AFSPP, Knox et al)
- Integrates 11 strategies for suicide prevention
 - Education
 - Gatekeeper training
 - Policy changes
 - Public education campaign
 - Additional MH services
 - Leadership buy-in and vocal support
 - Integration of MH into all medical clinics



Garrett Lee Smith SAMHSA Grant: Suicide Prevention

- Pilot Study
 - Screen and treat at risk teenagers in the Juvenile Court
 - Psychiatric care
 - In home behavioral management
 - Outcomes
 - Improve mental health
 - Reduce number and seriousness of offenses
 - Reduce Cost!
 - SAMHSA Grant
 - Gray, et al, Psychiatr Serv, December, 2011, 62(12):1416-8



Effects of Garrett Lee Smith Memorial Suicide Prevention Program

- Counties implementing GLS Programs
 - 46 states and 12 tribes, 466 counties
 - National Survey on Drug use and Health
 - Control group = similar counties without GLS
 - Results:
 - Lower suicide attempt rate among 16-23 y/o
 - Estimated 79,000 suicide attempts prevented
 - Results were not sustained long term
 - Garraza et al, JAMA Psychiatry. 2015;72(11):1143-1149



Suicide Prevention in Public Schools

Is it effective? Are there some good programs out there?



National Programs

- Columbia Teen Screen
- Yellow Ribbon Program
- Surviving the Teens
- Signs of Suicide
- Sources of Strength



“Sources of Strength”

- 18 High Schools!
- Peer leader training with set curriculum:
 - Youth Leaders chosen from diverse social cliques
 - Leaders include at-risk youth
 - 2% of all students
 - Goal to change normal beliefs in high schools
 - Message based teaching over several months
 - Approach a peer leader when you are struggling
 - Help from trusted adults is needed
 - Don't struggle alone
 - Coping strategies
 - Changes in “social norms” were noticed within the first three months of implementation.



“Sources of Strength”

- Program Results:
 - Increased help seeking behaviors, increased adult connectedness, and school engagement. Referrals up 4 fold!
 - Peer Leaders who were struggling the most, benefited the most!
 - Protective factors developed during the program have been previously associated with reduced risk of substance abuse, depression, and suicidal behavior.
 - 25% of Peer Leaders did not stay engaged in the program.
 - Long term effects unknown.
 - Wyman PA, et al. Am J Public Health. 2010, 100(9):1653–1661.



Utah Suicide Prevention Programs for Schools

- NAMI, Hope for Tomorrow
 - Education program. Videos and workshop materials.
 - Developed by U of Utah Faculty
- Power in You
 - First Lady Mary Kay Huntsman
 - School assemblies, website, goal to reduce stigma.
- Hope4Utah
 - Peer mentors = “Hope Squad”, with adult support
 - Collaboration: Schools and MH Center
 - Started in the Provo School District.
 - Current application for SAMHSA Grant (Hudnall)



Utah Suicide Study

- Medical Examiner
- All Suspected Suicides
 - 633 interviews of Next of Kin
 - 245 classified “suicide” = 39%
 - 178 classified “accident” = 28%
 - 210 classified “undetermined” = 33%
- Groups Similar
 - Diagnosed with Mental Disorder
 - Psychiatric Prescriptions



Utah Suicide Study

- Differences

- Suicide group had more psychiatric symptoms in the last 2 months of life, more males, more violent deaths
- Undetermined/Accidental groups had higher rates of illicit substance use and substance abuse

- High Rates of Chronic Pain!

- Undetermined/Accidental groups 70%
- Suicide group 49%
- Gray et al, Suicide and Life Threatening Behavior, 44(3), June 2014



**Dr. Gray Joins
the VA Suicide Prevention Team**

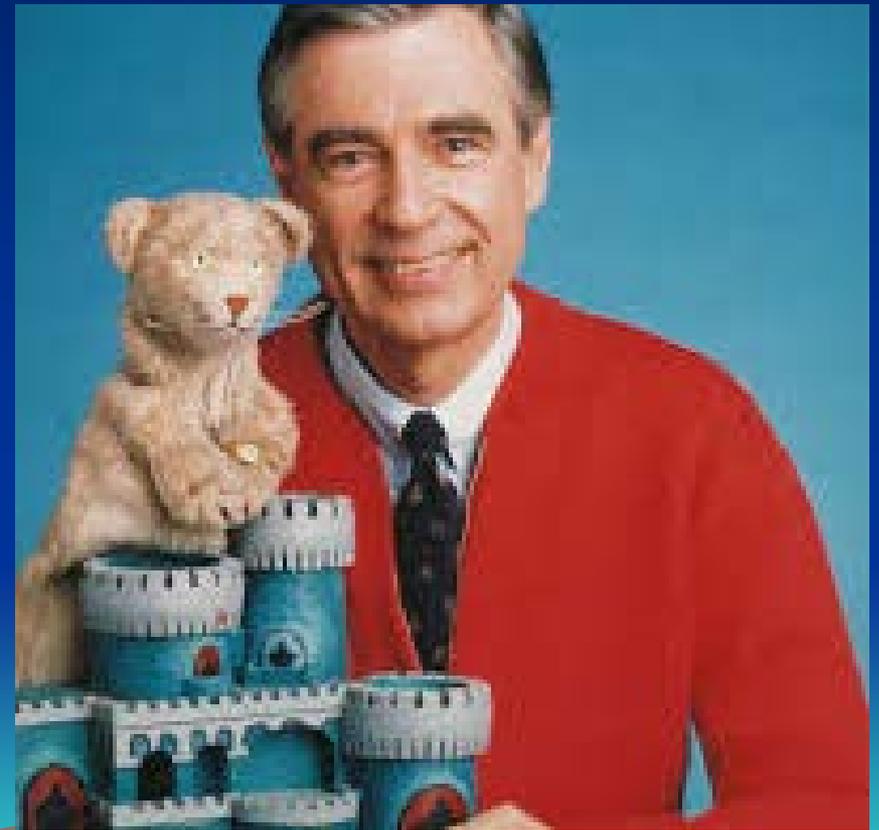
**VA VISN 19 MIRECC
DENVER & SALT LAKE CITY**



Why is a Child Psychiatrist Working for the Veterans Administration?

Child Psychiatrist's Culture

Military Culture



Women in the Military



Women in the Military

- 1775-1783
 - Revolutionary War – Women disguised as men fight along side of their husbands
- 1948
 - The Women's Armed Services Integration Act
 - Army, Marines, Navy, Air Force. Active Duty and Reserves
 - Signed by President Truman
- 1980
 - First female graduates for the US Service Academies
- 2013
 - Rule of no women in combat units revoked by Secretary of Defense Leon Panetta
- 2015
 - Army Ranger training opened to women



Women in the Military

- 214,098 Women - Active Duty Military
 - 14.6% of active military
- Female: Reserves 19.5%, National Guard 15.5%
- Close to 2 million Female Veterans
- Military Marriage
 - 10 % of Military Men have Military Spouse
 - 50% of Military Women, have Military Spouse
 - Balance 2 Military Careers, Deployments
 - Double Divorce Rate



Women in the Military



VA Resource Booklet

- “Talking to Children About a Suicide Attempt in the Family”
 - Needed remodeling
 - Goal to meet the needs of children and teenagers in a developmentally appropriate way
 - VA MIRECC Educational Team wanted to make a Video
 - Tomorrow Pictures, Atlanta



Booklet & Video T2K

- Philosophy
- Answer the child's questions in a developmentally appropriate way
- Don't traumatize the child, but be honest
- Don't give more information than needed
- Questions may come intermittently
- Be constructive. Crisis often leads to change



Booklet & Video T2K

- Developmental Issues
 - Preschool children
 - Have magical thinking, Egocentric
 - Grade School Children
 - Need routines/rules, Concrete thinking
 - Teenagers
 - Have abstract thought, need conceptual information
 - Might be angry/reactive, or struggle with “secrets”



Talking to Children about a Suicide Attempt in the Family

VIEW



Survivors of Suicide

Grief, Complicated Grief, and
Support for those left behind



Research – Grief due to Suicide

- Suicide Survivors - 163 bereaved adults, interviewed 6 months after loss
- 89% were experiencing emotions that disturbed everyday life
- Most frequent symptoms: Guilt and Depressed Mood
- On average, Grief was worst with loss of a child or spouse to suicide.
- Professional support made a difference
 - Crisis, 2011, 32(4):186-93
- College students (350), bereaved due to a suicide or natural death
- Suicide survivors: more feelings of rejection, responsibility, unique reactions, and total grief reactions. There were trends of increased shame and perceived stigmatization
 - SLTB 1999, Autumn;29(3);256-71



Research – Grief due to Suicide

- Death of a Spouse. (57 adults, 24-48 y/o) who experienced death of a spouse
- 4 groups, death by A) Suicide, 2) Accident, 3) expected natural, 4) unexpected natural
- Grief reactions equal in all 4 groups, followed for 2-4 years
- Suicide survivors experienced more rejection and unique grief reactions
 - SLTB, 1990 Spring;20(1)1-15



Research – Grief due to Suicide

- Parental Grief: Child Death
- Compare death by suicide or drug OD vs. natural death or accident
- Deaths due to suicide or OD
 - Suicide/OD survivors experience more grief and mental health problems
 - Authors: “Stigma challenges the healing process”, E.g. “Less compassionate responses from significant others”
- Omega, 2011, 63(4):291-316



Integrated Grief

- Within a few months
 - Working through the grief process
 - Return to work, able to function
 - Experience pleasure in daily life
 - Peace of mind when thinking of the deceased
 - Seek companionship and the love of others



Complicated Grief

- Prolonged distress
- Grief interferes with functioning
- Not getting better, person feels “stuck”
- Pain of the loss still feels “fresh”
- Avoidance of reminders of the loss
 - Intrusive thoughts
- May have a strong desire to join their lost loved one
- *“Suicide survivors at increased risk for complicated grief”*
 - 43% vs 10-20% of those bereaved in general population



Grief After Suicide

- Complicated by
 - Stigma
 - Higher need to conceal the cause of death
 - Higher rates of rejection, blaming, shame (isolation)
 - Trauma
 - A Need to Make Sense of the Death
 - Unanswered questions
 - Overestimation of Responsibility
 - Especially parents of a child who dies by suicide
 - Anger “He promised he would call me if he felt that bad.”
 - Anger at the person who died, anger at themselves, anger at others, anger at the world, and anger at God
 - Review Article, Young et al, 2012, Dialogues Clin Neurosci 2012;14:177-186



Grief After Suicide

- Complicated Grief Increased with Trauma
 - PTSD
 - Witness to the final act
 - Finding the body
 - Fear, horror, when memory of loved one are experienced



Research – Grief due to Suicide

- Grief: Does it Ever Get Better?
- Several longitudinal studies demonstrating 2-4 years on average to put the suicide into perspective and to regain psychological strength (This does not mean grief ends!)
- Multiple citations



Grief After Suicide

- Mental Illness Runs In Families
 - Suicide risk is partially determined by genetics
 - After a suicide, family members at greater risk
 - Suicidal thoughts 1.6 X
 - Suicide plan 2.6 X
 - Suicide attempt 3.7 X
 - Young et al, 2012, Dialogues Clin Neurosci 2012;14:177-186



Help for Survivors

- National Organizations
 - AAS = American Association Suicidology
 - AFSP = Am Foundation of Suicide Prevention
- Grief counseling (individual, group)
 - Complicated Grief? CGT Therapy
 - Combines re-experiencing, homework, relationship building
- Medication
- Community support
 - Education
 - Managing Holidays



Stress Related Growth SRG

- Concept of Growth After Tragedy

- Factors predicting SRG?

- Social supports
 - Cognitive coping strategies
 - Example - future planning
 - Example – interacting with others
 - Self Disclosure

- Levi-Belz, 2015 Arch Suicide Research;19(3)305-320



Tojinbo Cliffs, Japan & Yukio Shige

