Talking to Children about a Suicide Attempt in the family

Doug Gray, MD
Professor of Child and Adolescent Psychiatry
Vice-Chair for Education and Training
University of Utah School of Medicine
Suicidologist - VA MIRECC, VISN 19 Suicide Research Group
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

Rate of suicides per 100,000 population by year, Utah and US, 1981-2012 (age-adjusted)
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?
(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?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sadness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b) Mood Swings</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c) Hopelessness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d) Irritability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Anger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Panic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Impulsive Behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j) Hallucinations</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>k) Appetite Change</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(31) a) Did (name of decedent) ever receive any psychiatric medication?

<table>
<thead>
<tr>
<th>Medications</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Doctor</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Internal Medicine MD</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

- Physician Assistant
- Nurse Practitioner
- On-line provider

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

(41) a) Was (name of decedent) ever physically abused?

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-BIOLOGICAL MOTHER</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2-BIOLOGICAL FATHER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-STEP MOTHER</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4-STEP FATHER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-BROTHER</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6-SISTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-RELATIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-NEIGHBOR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-LEGAL GUARDIAN-FOSTER PARENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-STRANGER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-OTHER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) *(if YES, by whom? (circle all that apply)*

(42) a) Was he/she (decedent) ever sexually abused?

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-BIOLOGICAL MOTHER</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2-BIOLOGICAL FATHER</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3-STEP MOTHER</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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<tr>
<td>9-LEGAL GUARDIAN-FOSTER PARENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-STRANGER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: 79%
- Reluctant: 78%
- Denied: 74%
- Afford: 69%
- Bad Experience: 67%
- Parent: 40%
- Idea: 38%
- Advised: 32%
- Illness: 30%
- Daycare: 29%
- Community: 22%
- Bad Experience: 22%
- Insurance: 15%
- Afford: 11%
- Community: 7%
- Transportation: 4%
- Rights: 2%
- Language: 2%
<table>
<thead>
<tr>
<th>Barrier Type</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believed</td>
<td>He/She Believed Nothing Could Help</td>
</tr>
<tr>
<td>Weakness</td>
<td>Seeking Help Was A Sign Of Failure Or Weakness</td>
</tr>
<tr>
<td>Reluctant</td>
<td>He/She Reluctant To Admit Having Problems</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>He/She Was Too Embarrassed</td>
</tr>
<tr>
<td>Denied</td>
<td>He/She Denied His/Her Problems</td>
</tr>
<tr>
<td>Where</td>
<td>He/She Did Not Know Where to Go</td>
</tr>
<tr>
<td>Afford</td>
<td>Couldn't Afford Help</td>
</tr>
<tr>
<td>Insurance</td>
<td>Insurance Won't Cover Help</td>
</tr>
<tr>
<td>Bad Experience</td>
<td>He/She Had Bad Experiences Seeking Help Before</td>
</tr>
<tr>
<td>Community</td>
<td>Nothing Available In His/Her Community</td>
</tr>
<tr>
<td>Parent</td>
<td>Parents Fear, Dislike, Or Distrust Professionals</td>
</tr>
<tr>
<td>Waiting</td>
<td>Waiting List For Services</td>
</tr>
<tr>
<td>Idea</td>
<td>Hard For Family To Accept The Idea Of Getting Help</td>
</tr>
<tr>
<td>Transportation</td>
<td>Transportation Problems</td>
</tr>
<tr>
<td>Advised</td>
<td>Family/Friends Advised Him/Her Not To Get Help</td>
</tr>
<tr>
<td>Rights</td>
<td>Parents Anticipation Of Out Of Home Placement Loss Of Rights</td>
</tr>
<tr>
<td>Illness</td>
<td>Physical Illness/Disability Made It Too Hard</td>
</tr>
<tr>
<td>Language</td>
<td>Foreign Language Or Language Barrier</td>
</tr>
<tr>
<td>Daycare</td>
<td>Problem Arranging Daycare for Children</td>
</tr>
</tbody>
</table>
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

- 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
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
    – Shaffer D, Arch Gen Psychiatry, 1996;53(4):339-48
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
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.

• How about with adults who participate in an intensive research protocol where they were asked about psychiatric and suicidal symptoms? No.
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**
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.
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?

Military Culture

Child Psychiatrist’s 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 though 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
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
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