

Adolescent Depression and Suicide

Dr. Gladesia Tolbert, DNP, CPNP, PMHS



© The Children's Mercy Hospital, 2017



Disclosure Statement

- I have no relevant financial relationships to disclose



2

Objectives

- Describe recent trends in suicide in youth
- Review risk factors for suicide
- Identify screening methods for depression and suicide risk
- Identify means restrictions



3



- 47,173 reported U.S. suicides in 2017
- 1 death every 12 minutes

Children's Mercy
KANSAS CITY

National Suicide Rates

- 1.3 million adults attempt suicide annually
- 2 million adolescents attempt suicide annually

Children's Mercy
KANSAS CITY

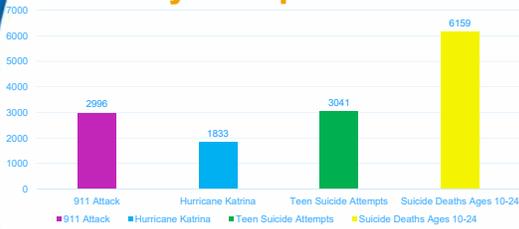
Suicide takes more lives than war, homicide, and natural disasters combined



Children's Mercy
KANSAS CITY

7

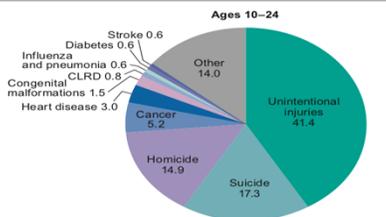
Daily Comparisons



Children's Mercy
KANSAS CITY

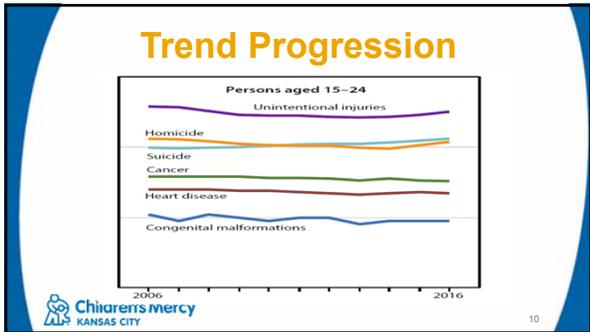
8

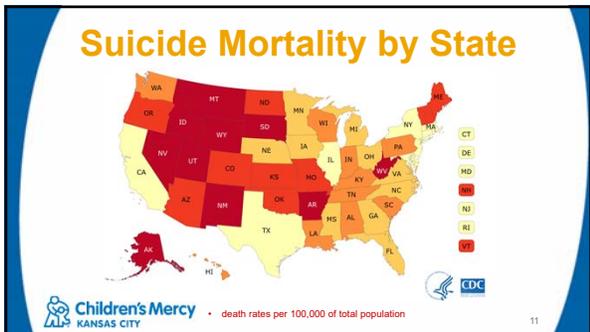
Causes of Death

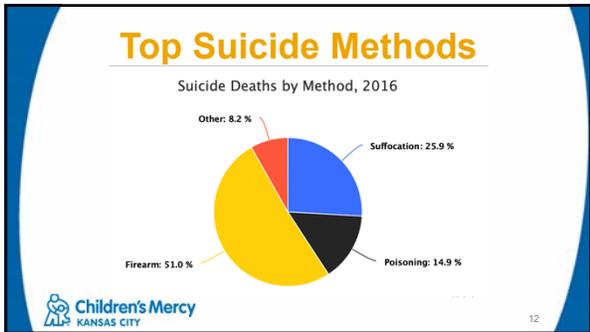


Children's Mercy
KANSAS CITY

9







Firearms Suicide



Children's Mercy
KANSAS CITY

- Highest fatality of all methods (74%)
- More common method in males
- Of suicide survivors interviewed nearly 50% acted on suicide attempt within 10 minutes of having the initial thought

13

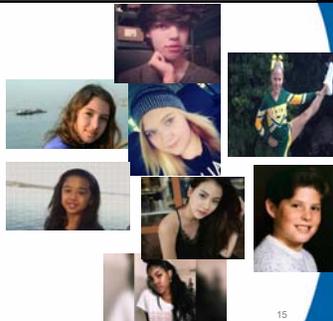
Teen Suicide Facts

- Suicide rates higher in males
- Suicide rates doubled in females since 2007
- Suicide rates in males increased by 30%
- Firearms suicide attempts have highest fatality
- 60% adolescents who commit suicide have depressive disorder
- Experienced a crisis past 2 weeks or upcoming
- Relationship problems, peers, family (71%)
- Bullying victims are more likely to consider suicide than non victims

Children's Mercy
KANSAS CITY

14

What does a suicidal patient look like?



Children's Mercy
KANSAS CITY

15

What elephant?

- Majority (80%) of those who die by suicide had contact with a medical professional within 3 months prior to death

Children's Mercy KANSAS CITY

16

Youth Risk Behavior Survey CDC, 2018

- 1 in 5 high school students seriously considered suicide
- 13.6% made a plan
- 7.4 % attempted suicide
- Less than 2.4% saw a medical provider for the attempt
- 31.5% felt sad or hopeless 2+ weeks

Children's Mercy KANSAS CITY

17

Risk Factors

- A prior suicide attempt
- Depression and other mental health disorders (ADHD)
- Substance abuse disorder
- Family history of a mental health or substance abuse disorder
- Family history of suicide
- Family violence, including physical or sexual abuse
- Victim of bullying
- Having guns or other firearms in the home
- Sexual and gender identity issues
- Exposure to others' suicidal behavior, such as a family member, peer, or media figure
- Medical illness
- Being between the ages of 15 and 24 years

Children's Mercy KANSAS CITY

18

Suicide Warning Signs

- Talking about wanting to die
- Feelings of emptiness, hopelessness, or having no reason to live
- Planning or looking for a way to kill themselves.
- Talking about great guilt or shame
- Feeling trapped or that there are no solutions
- Unbearable pain, both physical or emotional
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking risks that could lead to death, such as reckless driving
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will



Suicidal Behaviors

- **Suicidal Ideation.** This includes thoughts and ideas about death or dying, wishing they were dead or ideas about dying by suicide. Not usually persistent. Most people with suicidal ideation do not go on to die by suicide but the ideation is a risk factor in suicide.
- **Suicidal intent.** The idea of dying by suicide is more consistent and clear than in suicidal ideation. A person with suicidal intent may think about dying by suicide most of the time, imagining what life would be like for friends and family without them around. They may begin considering a plan.
- **Suicidal Plan.** This is a clear plan on how the act of suicide will occur. Vague plans are considered part of intent. In a suicidal plan the means of suicide will be identified and obtained, and the place and time will be chosen. The presence of a suicidal plan. If there is a plan established, **this is a psychiatric emergency!**
- **Suicidal Attempt.** To engage in potentially self-injurious behavior in which there is an intent to die.



20

Sensationalism and Contagion



- **Peers**
- **Celebrities**
- **Media**



21

Sadness or Depression



Major Depressive Disorder (Clinical Depression)

2 weeks with 5 or more symptoms

1. Depressed mood
2. Loss or interest in pleasure
3. Change in appetite or weight
4. Insomnia or hypersomnia
5. Psychomotor retardation or agitation
6. Fatigue or loss of energy
7. Feelings of worthlessness or guilt
8. Diminished ability to concentrate
9. Thoughts about death or suicide



- Half of mood disorders begin by adolescence
- Biological and environmental risk factors
- Genetic influences- mode of inheritance not fully understood
- Differences in neurotransmitter function found
- Stressful life events may trigger initial onset
- Women more likely than men to develop depression

Outpatient Management

- Psychotherapy
- Pharmacotherapy
 - Selective Serotonin Reuptake Inhibitors (SSRIs)
 - Escitalopram (Lexapro)
 - Sertraline (Zoloft)
 - Fluoxetine (Prozac)
- Combination Therapy



25

Non-Suicidal Self Injury

- Deliberately harming self to cope with emotional pain, intense anger, or frustration
- Cutting, burning self, head banging, scratching
- Arms, legs, torso (areas easily hidden)



Bullying

- Repeated, harmful, aggressive behavior that involves a real or perceived power imbalance
- Victims more likely to commit suicide than teens who are not bullied



27

Cyberbullying



- Bullying that takes place over digital devices through SMS, Text, and apps, or online in social media, forums, or gaming.
- Includes sending, posting, or sharing negative, harmful, false, or mean content about someone else.
- It can include sharing personal or private information about someone else causing embarrassment or humiliation.
- Some cyberbullying crosses the line into unlawful or criminal behavior.

Children's Mercy
KANSAS CITY

- Bullying → Depression → Suicide
- Depression → Bullying → Suicide



Children's Mercy
KANSAS CITY

Social Media

- Decreased self esteem
- Increased need for approval
- False sense of acceptance
- Social isolation
- Envy
- Loss of reality
- **Depression** →
- Anxiety



Children's Mercy
KANSAS CITY

FOMO

Children's Mercy
KANSAS CITY

31

Social Media Prevalence

- 92% of teens aged 13 to 17 reported going online daily
- 71% used more than one social media site
- 24% online "almost constantly"

Children's Mercy
KANSAS CITY

32

Social Media Usage Spikes

Percentage of American adults who use at least one social networking site

Year	Percentage of American adults who use at least one social networking site
2006	~20%
2008	~35%
2010	~45%
2012	~55%
2014	~65%
2016	~75%

Children's Mercy
KANSAS CITY

33

Prevention: It Doesn't Hurt to Ask



Children's Mercy
KANSAS CITY

<https://youtu.be/3BBYqa7bhto>

34

Health Care Providers Role

- Individual time alone with provider during clinic visit
- Depression and suicide screening with every visit
- Depression management
- Means restrictions
- Discuss bullying and social media usage
- Safety plan
- Follow up! (Build rapport)

Children's Mercy
KANSAS CITY

35

Means Restriction



Modify the environment to decrease access to suicidal means

Children's Mercy
KANSAS CITY

36

Decrease Access

- Methods that are readily available, easy to use, and most lethal have a much higher death rate
- 82% of youth who use a firearm in suicide use a gun belonging to a family member

 37

Screening

- HEEADSSS
- Patient Health Questionnaire (PHQ-2) and (PHQ-9)
- BECK Depression Screening
- Columbia Suicide Severity Rating Scale (C-SSRS)
- Adolescent Suicide Screening (ASQ)

 38

Getting Teens to Open Up

- They may not talk to parents, a trusted adult is key
- Listen (to teen and parent)
- Make it clear you have time
- "Thank you for telling me" reassure that you are here to help
- Ask about plans for self harm
- Research tells us it is safe to ask

 39

HEEADSSS Interview Questions

- H** Home belonging (connection) decision-making
- E** Education mastery (competence)
- E** Eating
- A** Activities physical activity, helping others
- D** Drugs
- S** Sexual Activity
- S** Suicide (mental health) coping, resilience, self-confidence
- S** Safety



40

PHQ-2

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3



41

PHQ-9

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Circle the best answer. How often have you been bothered by any of the following problems? (omit "or" problems unless directed)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. More anxious or worried	0	1	2	3
6. Feeling bad about yourself...or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could notice...or being so restless that you have had to leave your seat	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
TOTAL				

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Moderately difficult _____
 Very difficult _____
 Extremely difficult _____



42

PHQ-9 Scoring Guide

Table 4. PHQ-9 Scores and Proposed Treatment Actions *

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

Adolescent Suicide Screening

asq
Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No

3. In the past week, have you been having thoughts about killing yourself? Yes No

4. Have you ever tried to kill yourself? Yes No
If yes, how? _____ When? _____

If the patient answers yes to any of the above, ask the following question:

5. Are you having thoughts of killing yourself right now? Yes No
If yes, please describe: _____

© 2011 NIMH

ASQ Screening Process

- Educational flyers given to parents/guardians
- Parents/guardians are asked to “step out” for a couple of minutes
- A refusal to respond or responding with “not sure” is treated as a “yes”
- Patients under 18 are told that their answers will be shared with their parent/guardian
- Positive responses to questions 1-4 should be assessed further
- Positive response to question 5 is URGENT and requires immediate assessment/referral

Referral Sources

- Social work
- Outpatient therapists
- Local inpatient mental health facilities
- Collaboration with school social workers
- Emergency Departments



46

Helpful Resources

- National Suicide Lifeline 1-800-273-TALK (8255)
- Crisis Textline 741741
- Suicide Prevention Resource Center www.sprc.org
- Missouri School Violence Hotline
1-866-748-7047, Text 847411, or "Report It" App
- Stompoutbullying.org



47

Questions



48

References

Betz, M. et al. Lethal means restriction for suicide prevention: beliefs and behaviors of emergency department providers. *Depression and Anxiety*, 2013, 30 1013-1020.

Bevilacqua, L., Shackleton, N., Hale, D., Allen, E., Bond, L., Christie, D., Elbourne, D., Fitzgerald-Yau, N., Fletcher, A., Jones, R., Miners, A., Scott, S., Wiggins, M., Bonnell, C., & Viner, R. (2017). The role of family and school-level factors in bullying and cyberbullying: a cross sectional study. *BMC Pediatrics*, 17(180), 1-10.

Centers for Disease Control (CDC) Suicide Rates From Teen Ages 15 to 19. Retrieved Dec. 30th, 2018 from <https://www.cdc.gov/mmwr/volumes/66/wr/mm6605a6.htm>

Depression in Children and Adolescents. Retrieved January 2nd, 2019 from <https://www.uct.edu.za/contents/depression-in-children-and-adolescents>

Hagan, J. Shaw J., Duncan, P. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Retrieved Dec. 30th, 2018 from <https://brightfutures.aap.org/Bright%20Futures%20Documents/History,%20Observation,%20and%20Surveillance.pdf>

References

Fowler, K., Dahlberg, L., Haileyssus, T., Gutierrez, C., Bacon, S. (2017). Childhood firearm injuries in the United States. *Pediatrics*, 140 (1), 1-13.

Gould, M., Jameson, P., Romer, D. Media contagion and suicide among the young. *American Behavioral Scientist*, 2003, 46:9, 1269-1284.

Hunt, G. Marx, R., Lipson, C., Young, J. (2018). No More FOMO: Limiting Social Media Decreases Loneliness and Depression. *Journal of Social and Clinical Psychology*, 37 (10), 751-768. <https://doi.org/10.1521/jscp.2018.37.10.751>

Klein, D., Golderning, J., Adelman, W. (2014). HEEADSSS 3.0 The psychosocial interview for adolescents updated for a new century fueled by media. *Contemporary Pediatrics*.

Moreno, M. A., Moreno, M. A., & Vallancourt, T. (2017). The role of health care providers in cyberbullying. *Canadian Journal of Psychiatry*, 62(6), 364-367.

National Institute of Mental Health. Mental Health Information. Retrieved January 2nd, 2018 from <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

Radovic, A., Gmelin, T., Stein, B.D., & Miller, E. (2017). Depressed adolescents' positive and negative use of social media. *Journal of*

References

Richards, D., Caldwell, P., Go, H. (2015). Impact of social media on the health of children and young people. *Journal of Paediatrics and Child Health*, 51, 1152-1157

"Social Media Use in 2018". Pew Research Center, Washington D.C. (March 1, 2018). Retrieved from <http://www.pewinternet.org/2018/03/01/social-media-use-in-2018/>

Youth Risk Behavior Survey. Data summary and trends report 2007-2017. Retrieved Nov. 15th, 2018 from <https://www.cdc.gov/healthyyouth/data/ybrs/pdf/trendreport.pdf>
