

**TEEN SUICIDE AND THE  
CHILD DEATH REVIEW**

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### Overview

- Let's take a look at the numbers
- Let's discuss ways suicide can be prevented
- Let's discuss what you should look for/recommend in teen suicide cases
- Let's remember to take care of the Child Death Review Team, too

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### The Numbers

- Information comes from
  - The 2017 Youth Risk Behavior Surveillance System (YRBSS), a national survey conducted among students in grades 9–12.
  - Centers for Disease Control and Prevention

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### Felt Sad or Hopeless almost every day for 2 weeks

<p>□ National</p> <ul style="list-style-type: none"> <li>□ 32% of students</li> <li>□ 41% of girls, 21% of boys</li> <li>□ 63% of gay youth, 28% of straight youth, 46% of "not sure" youth</li> </ul>	<p>□ Michigan</p> <ul style="list-style-type: none"> <li>□ 37% of students</li> <li>□ 48% of girls, 27% of boys</li> <li>□ 68% of gay youth, 32% of straight youth, 57% of "not sure" youth</li> </ul>
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Data from Youth Risk Behavior Surveillance Survey, 2017

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### Seriously Considered Suicide in prior 12 mos

<p>□ National</p> <ul style="list-style-type: none"> <li>□ 17% of students</li> <li>□ 22% of girls, 12% of boys</li> <li>□ 48% of LGB youth, 13% of straight youth, 32% of "not sure" youth</li> </ul>	<p>□ Michigan</p> <ul style="list-style-type: none"> <li>□ 21% of students</li> <li>□ 27% of girls, 16% of boys</li> <li>□ 53% of LGB youth, 17% of straight youth, 33% of "not sure" youth</li> </ul>
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Data from Youth Risk Behavior Surveillance Survey, 2017

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### Made a Suicide Plan

<p>□ National</p> <ul style="list-style-type: none"> <li>□ 14% of students</li> <li>□ 17% of girls, 10% of boys</li> <li>□ 38% of gay youth, 10% of straight youth, 26% of "not sure" youth</li> </ul>	<p>□ Michigan</p> <ul style="list-style-type: none"> <li>□ 18% of students</li> <li>□ 21% of girls, 14% of boys</li> <li>□ 45% of gay youth, 14% of straight youth, 35% of "not sure" youth</li> </ul>
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Data from Youth Risk Behavior Surveillance Survey, 2017

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### Attempted Suicide at least once in prior 12 mos

<ul style="list-style-type: none"><li>□ National<ul style="list-style-type: none"><li>▣ 7% of students</li><li>▣ 9% of girls, 5% of boys</li><li>▣ 23% of gay youth, 5% of straight youth, 14% of "not sure" youth</li></ul></li></ul>	<ul style="list-style-type: none"><li>□ Michigan<ul style="list-style-type: none"><li>▣ 9% of students</li><li>▣ 12% of girls, 6% of boys</li><li>▣ 24% of gay youth, 7% of straight youth, 21% of "not sure" youth</li></ul></li></ul>
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Data from Youth Risk Behavior Surveillance Survey, 2017

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### Trends

<ul style="list-style-type: none"><li>□ For decades, suicide had been the third leading cause of death for ages 10-24 nationwide. As of 2014 it is the second leading cause of death for this age group.</li></ul>	<ul style="list-style-type: none"><li>□ Since 1999, the suicide rate in the US has climbed 38%.</li></ul>
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Data from CDC

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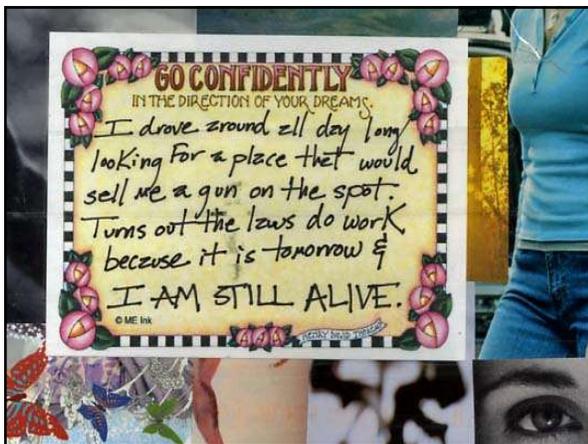
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## Preventing Suicide

- We can help to prevent suicide through:
  - ▣ Awareness
  - ▣ Asking the questions
  - ▣ Symptom Relief
  - ▣ Safety Planning
  - ▣ Means Restriction



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## Preventing Suicide – Awareness

- Be familiar with Risk Factors
- Be aware of Warning Signs



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## Awareness – Risk Factors

- Risk factors for youth suicide include
  - ▣ Family history of suicide and/or child maltreatment
  - ▣ Previous suicide attempt(s)
  - ▣ History of mental disorders, particularly clinical depression
  - ▣ History of alcohol and substance abuse
  - ▣ Feelings of hopelessness
  - ▣ Impulsive or aggressive tendencies
  - ▣ Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
  - ▣ Local epidemics of suicide

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### Awareness – Risk Factors continued

- ▣ Isolation, a feeling of being cut off from other people
- ▣ Barriers to accessing mental health treatment
- ▣ Loss (relational, social, work, or financial)
- ▣ Physical illness
- ▣ Easy access to lethal methods
- ▣ Unwillingness to seek help because of the stigma attached to mental health and substance use disorders or to suicidal thoughts

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### Awareness – Warning Signs

- ▣ Messages (verbal, written, artistic)
  
- ▣ Changes in Behavior (especially sudden or drastic)
  
- ▣ Preparation

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### Preventing Suicide – Ask the Questions

- ▣ Ask the question
  - ▣ Are you thinking about killing yourself?
  - ▣ Variations
  - ▣ Allow the answer to be “yes”
- ▣ Follow-up questions
  - ▣ Ask about a plan
  - ▣ Ask about means



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### Preventing Suicide – Symptom Relief

- People who have suicidal ideation most often don't want to die, they want their pain to end.
- Finding ways to relieve or cope with the pain can drop the risk.
- Counseling, crisis lines, medication, hospitals, and just plain really being listened to can help.




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### Preventing Suicide – Safety Planning

- Safety Planning is related to Symptom Relief. It is about planning for difficult times before they happen, or before symptoms are severe.
- Safety Planning can be formal or informal.




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### Preventing Suicide – Means Restriction

- Suicidal people have constricted thinking, which works both for and against them.
- Distracted, agitated, depressed, and/or suicidal people are not safe around guns.
  - Removing guns from the home during a time of heightened risk is highly recommended.
  - If removal is not possible, locks are the next best option.
  - Remove keys, change combinations.




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### Preventing Suicide – Means Restriction

- Remove or limit access to expired, excess, and potentially lethal medications.
- Asking about a plan allows the opportunity to disable it.



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### Preventing Suicide

- Suicidal feelings are situational and transient. Getting through a day, week, or month may be enough to drop the risk.



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### Child Death Review

- As a member of the child death review team, you play a critical role in examining teen suicides. I encourage you to look at the strengths in practice, not just areas to improve.
- Things to think about and look for:
  - ▣ Level of professional's engagement
  - ▣ Was there a safety plan?
  - ▣ Was the environment as safe as it could have been?
  - ▣ Was the young person experiencing transition and change?
  - ▣ Are the professionals being supported?

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### Level of professional's engagement

- Questions to ask:
  - ▣ Trace their behavior back, who did they tell (if anyone)? Did anyone ask?
  - ▣ Was the response (if known) sufficient? What more is needed?
  - ▣ Was the family offered education/coaching, support?
  - ▣ What did the professional(s) do well insofar as engaging the youth?
  - ▣ What more could they have done?
  - ▣ What barriers do the professionals face?

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### Level of professional's engagement

- Different systems/workers ask different questions, but few ever ask about orientation, gender identity, relationships, break ups, trauma, etc.
- Was the source of the young person's pain recognized? Was the pain taken seriously?
- Ask yourself what \*else\* should the different providers be asking teens, what \*other\* services does your community need and advocate to get them.

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### The Environment

- Was the environment as safe as it could have been?
- What could have been done to reduce access to lethal means?
- Does your community have any hot spots (bridges, overpasses, parks, hotels) where suicides tend to occur?
- Is there anything we can take away from this tragedy that might help to prevent another tragedy?

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### Safety Planning

- Was there a safety plan? Proactive and reactive...
- Was the young person involved in creating the safety plan?
- Was the safety plan updated occasionally?
- Was the safety plan put to use?
- Is there anything that might have made the safety plan more effective or more user-friendly?
- What were the barriers to following the steps of the safety plan?

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### Transition and Change

- Look at areas of transition that occur towards the end of the case and even before.
- Change is loss, and loss is hard. Was the loss or transition noticed and addressed?
- Focus on how support people and systems worked to help the transition (therapy, \$\$, training, etc.).
- Make recommendations about what more can be/should be done across systems and in your community.

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### Support for the Professionals

- Many workers are devastated by a child death, esp. a suicide. There are a number of agencies which can/will review a child death case, including the local and state child death review teams.
- Our reviews tend to ADD to a worker's secondary trauma, not diminish it.
- Overall, DHHS workers speak favorably of the CDR process, though in some counties workers do not/are not allowed to attend.

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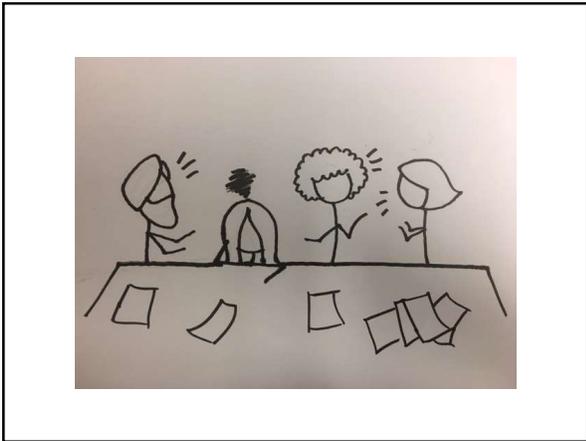
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### Taking Care of The Team

- How did it go?
- What was the hardest part?
- What did you learn from this one?
- What are you going to do to take care of yourself today?

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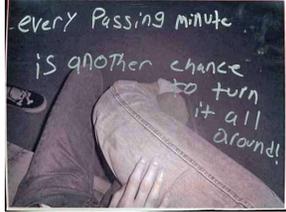
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## Contact Information

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