Depression, Bullying and Suicide

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28th Annual Southwestern Conference on Medicine Tucson Osteopathic Medical Foundation May 4, 2019

Disclosures

Stipend from the Tucson Osteopathic Medical Foundation/Southwestern Conference on Medicine

Stipend from Arizona Health Net Quality Improvement Committee

Learning Objectives

1. Review epidemiology of depression, suicide, and bullying

2. Review most recent literature on bullying

3. Understand protective factors for suicide prevention, including those we can impact

2015 Suicide CDC Data Rates

▶ 5491 youth ages 15-24 (12% of the 44K suicides in US)

▶ 2nd leading cause of death for people ages 10-34 in 2016

▶ Ages 15-24: 12.3/100,000 persons (All cause death rate is 70/100,000)

   Males 19.1/100,000 (4X higher)
   Females 5.3/100,000

▶ Ages 5-14: 1/100,000 youth (All cause death rate is 13/100,000)

▶ 18% of high school students reported having seriously considered suicide
     during the previous 12 months

▶ 80% of student suicides: NO prior treatment

Suicide 2015 CDC

Completed Suicide per 100,000 people
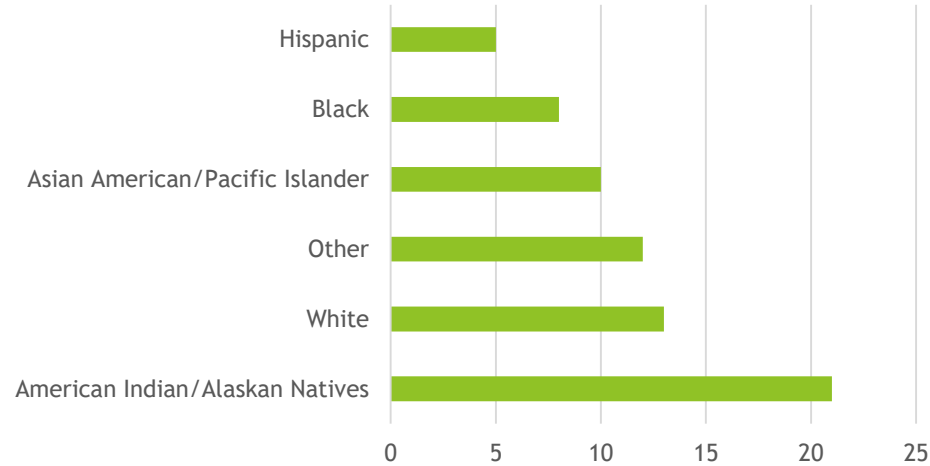
- Rates have increased in every group over recent years except Hispanic youth where rates have decreased.

Depression and Suicide – special populations

▶ Sexual and Gender Minority (SGM) Youth (gay, lesbian, bisexual or any same sex contact)

▶ In 2015 questions were added about sexual identity to the National Youth Risk Behavior Survey (YRBS), 8% endorsed being gay, lesbian or bisexual

Nationwide suicide attempts at least once in past 12 months
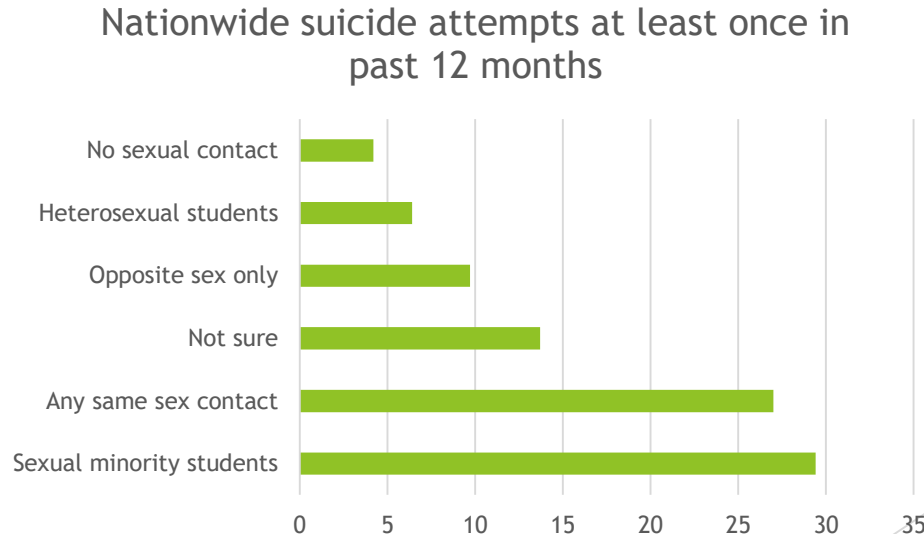
Suicidal behavior trends – Burstein et al 2019

- 1.1 million U.S. ER visits for suicidal thoughts and attempts in 2015, children 5-18

- 43% were 5-10yo

- 3.5% of all ED visits

Youth Risk Behavior Scale (YRBS) 2015

▶

TABLE 26. Percentage of high school students who seriously considered attempting suicide* and who made a plan about how they would attempt suicide,* by sex — selected U.S. sites, Youth Risk Behavior Survey, 2015

Site	Seriously considered attempting suicide						Made a suicide plan					
	Female		Male		Total		Female		Male		Total	
	%	CI†	%	CI	%	CI	%	CI	%	CI	%	CI
State surveys												
Alabama	23.1	(18.6–28.2)	11.8	(9.5–14.6)	17.5	(14.5–21.0)	18.7	(15.2–22.8)	8.5	(6.0–11.7)	13.7	(11.4–16.3)
Alaska	23.3	(19.6–27.5)	17.0	(14.1–20.4)	20.1	(17.2–23.4)	18.4	(15.5–21.7)	14.9	(11.9–18.4)	16.7	(14.2–19.5)
Arizona	23.5	(20.2–27.2)	13.2	(10.5–16.4)	18.6	(16.3–21.1)	21.3	(17.5–25.7)	12.3	(9.8–15.4)	17.0	(15.2–18.9)
Arkansas	23.3	(20.6–26.0)	14.4	(10.7–19.0)	18.9	(16.6–21.5)	18.9	(16.6–21.5)	14.1	(10.8–18.3)	16.7	(15.1–18.4)

YRBS 2015

TABLE 28. Percentage of high school students who attempted suicide*,† and whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse,† by sex — selected U.S. sites, Youth Risk Behavior Survey, 2015

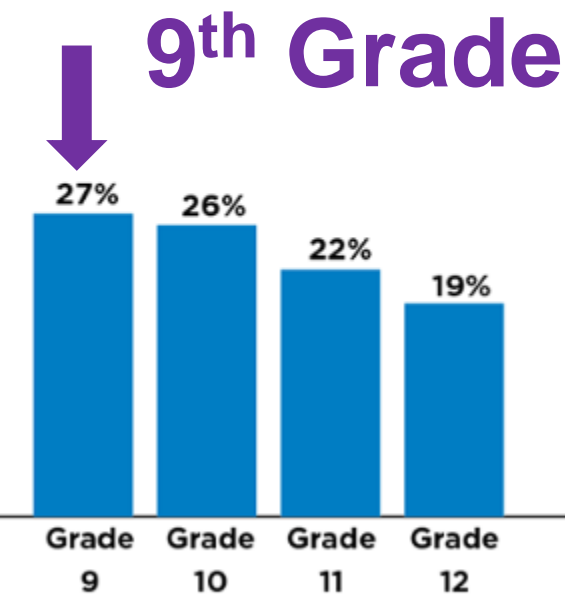| | Attempted suicide | | | | | | Suicide attempt treated by a doctor or nurse | | | | | |
| | Female | | Male | | Total | | Female | | Male | | Total | |
Site	%	CI§	%	CI	%	CI	%	CI	%	CI	%	CI
State surveys												
Alabama	13.0	(10.3–16.4)	8.7	(6.6–11.4)	11.2	(9.4–13.3)	4.8	(3.6–6.5)	3.3	(2.0–5.4)	4.3	(3.3–5.6)
Alaska	11.0	(8.7–14.0)	10.4	(8.2–13.1)	10.7	(8.9–12.8)	4.0	(2.7–6.1)	3.0	(1.9–4.7)	3.5	(2.6–4.7)
Arizona	12.6	(9.5–16.6)	6.2	(4.5–8.6)	9.6	(7.9–11.5)	3.7	(2.6–5.5)	1.5	(0.6–3.6)	2.7	(2.0–3.6)

YRBS 2015 CDC – 7% of males had carried a gun in AZ

TABLE 10. Percentage of high school students who carried a weapon[*],[†] and who carried a gun,[†] by sex — selected U.S. sites, Youth Risk Behavior Survey, 2015
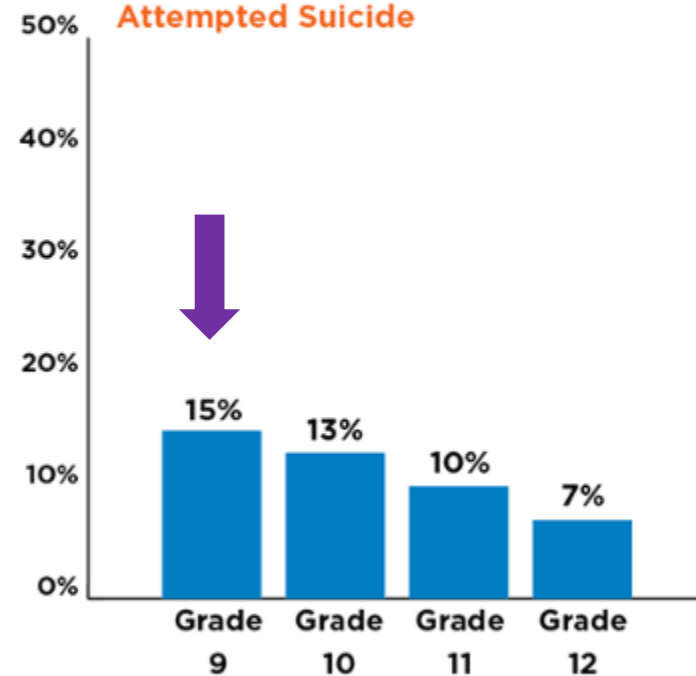
| | Carried a weapon | | | | | | Carried a gun | | | | | |
| | Female | | Male | | Total | | Female | | Male | | Total | |
Site	%	CI[§]	%	CI	%	CI	%	CI	%	CI	%	CI
State surveys												
Alabama	10.2	(7.1–14.3)	34.6	(29.7–39.7)	22.5	(18.7–26.7)	3.4	(2.0–5.7)	15.9	(12.7–19.7)	10.0	(8.0–12.5)
Alaska	—[¶]	—	—	—	—	—	—	—	—	—	—	—
Arizona	10.2	(7.5–13.6)	25.5	(22.2–29.1)	18.0	(15.6–20.7)	2.8	(1.7–4.4)	6.9	(5.5–8.5)	4.9	(4.0–6.0)

Percentage of Females in Grades 9 through 12 Who Thought Seriously About Attempting Suicide, Attempted Suicide, and Whose Suicide Attempts Required Medical Attention[1]: by Grade, 2015
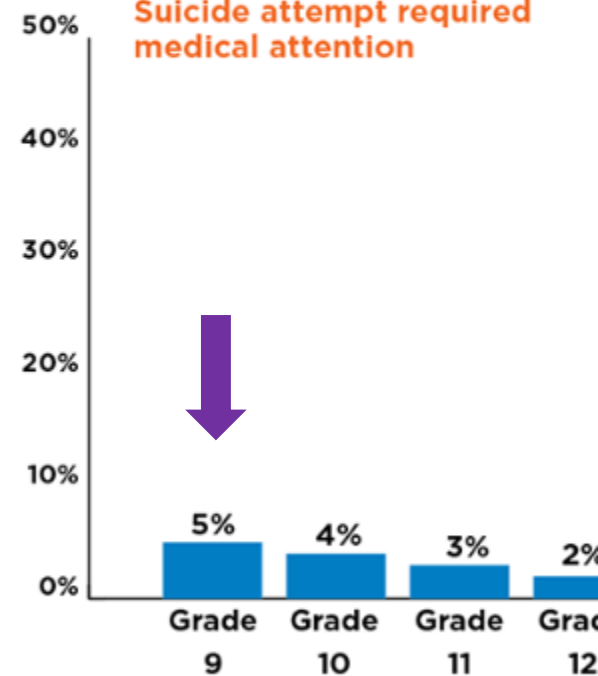
Thought seriously about suicide

9th Grade

Grade	Percentage
Grade 9	27%
Grade 10	26%
Grade 11	22%
Grade 12	19%

Attempted Suicide

50%
40%
30%
20%
10%
0%

Grade	Percentage
Grade 9	15%
Grade 10	13%
Grade 11	10%
Grade 12	7%

Suicide attempt required medical attention

50%
40%
30%
20%
10%
0%

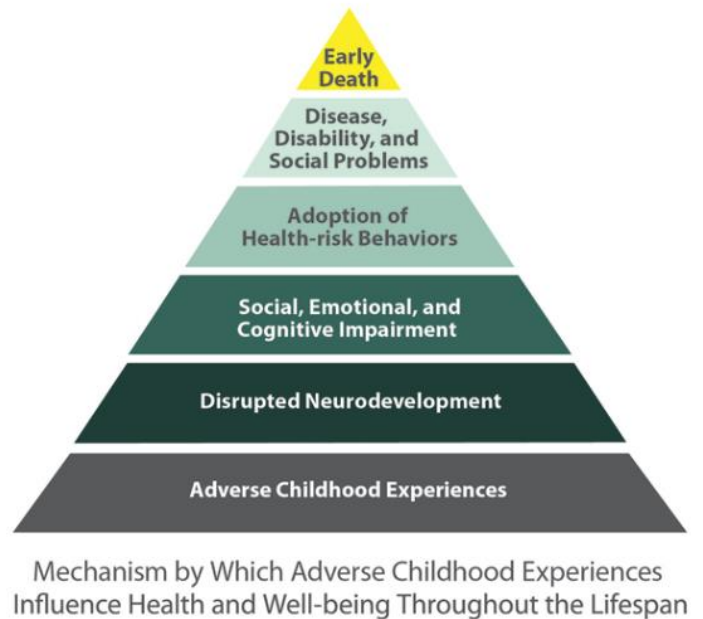| Grade	Percentage
Grade 9	5%
Grade 10	4%
Grade 11	3%
Grade 12	2%

ring the twelve months preceding the survey.
timates reported here include only respondents who selected one race category.
rce: Centers for Disease Control and Prevention (CDC). (2016). *1991-2015 High School Youth Risk Behavior Survey Data*. Accessed on 11/11/2016. Available at http://nccd.cdc.gov
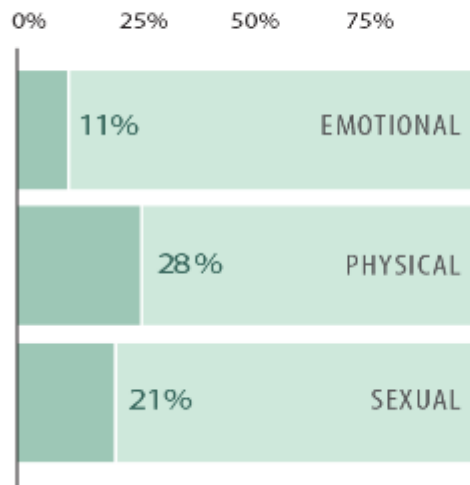
CDC-Kaiser Adverse Childhood Experiences (ACE) Study (1995-1997)

- 17K people

- 54% Female
  75% White
  11% Hispanic/Latino
  46% were 60 and over
  25% had some college
  40% had college degree

- 2/3 Experienced at least one ACE

- more than 20% reported 3 or more ACES

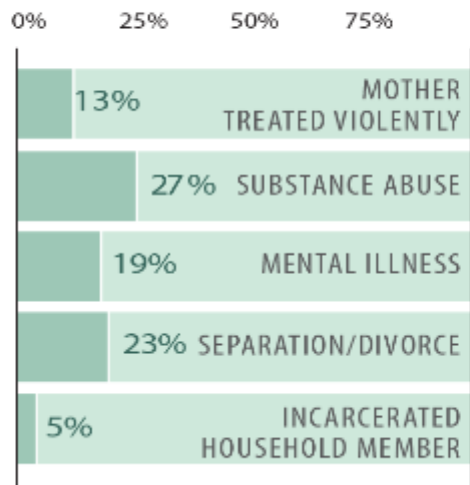- Found a graded dose-response relationship
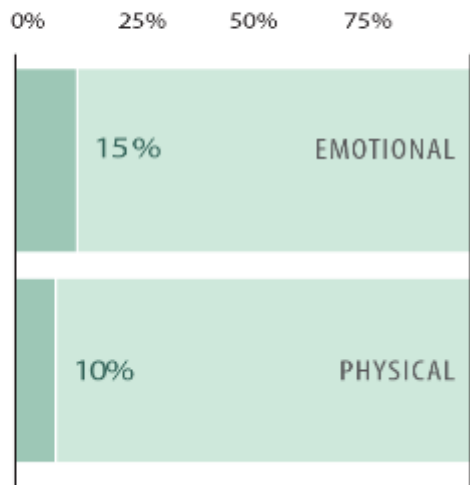
- Nadine Burke Harris' Ted Talk

Early Death

Disease, Disability, and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, and Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

- CDC presentation graphics

ACES (over first 18 years of life)

ABUSE

0%	25%	50%	75%	
11%				EMOTIONAL
28%				PHYSICAL
21%				SEXUAL

HOUSEHOLD CHALLENGES

0%	25%	50%	75%	
13%				MOTHER TREATED VIOLENTLY
27%				SUBSTANCE ABUSE
19%				MENTAL ILLNESS
23%				SEPARATION/DIVORCE
5%				INCARCERATED HOUSEHOLD MEMBER

NEGLECT

0%	25%	50%	75%	
15%				EMOTIONAL
10%				PHYSICAL

- CDC Presentation Graphics
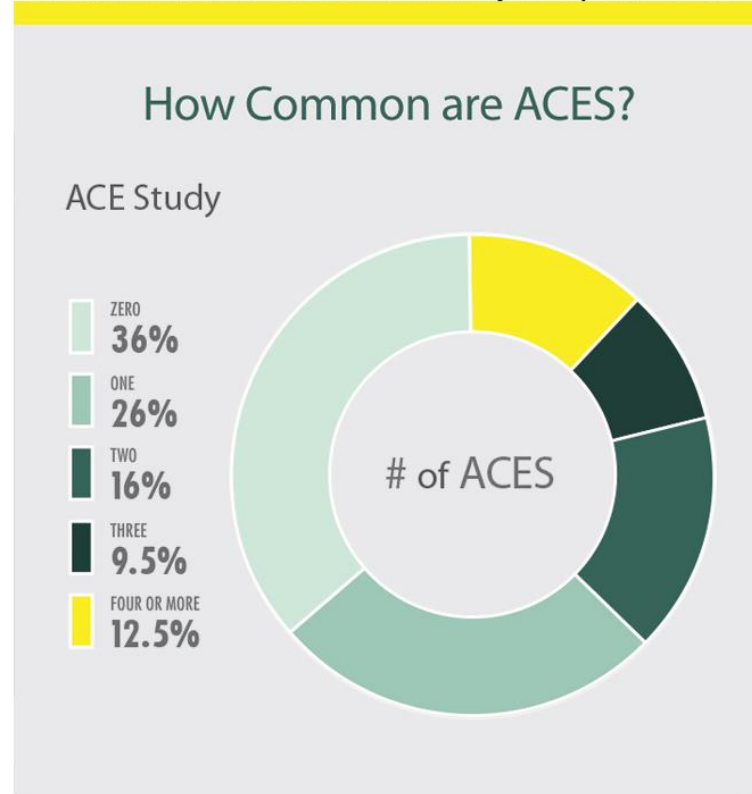
Early Adversity has Lasting Impacts

- CDC Presentation Graphics
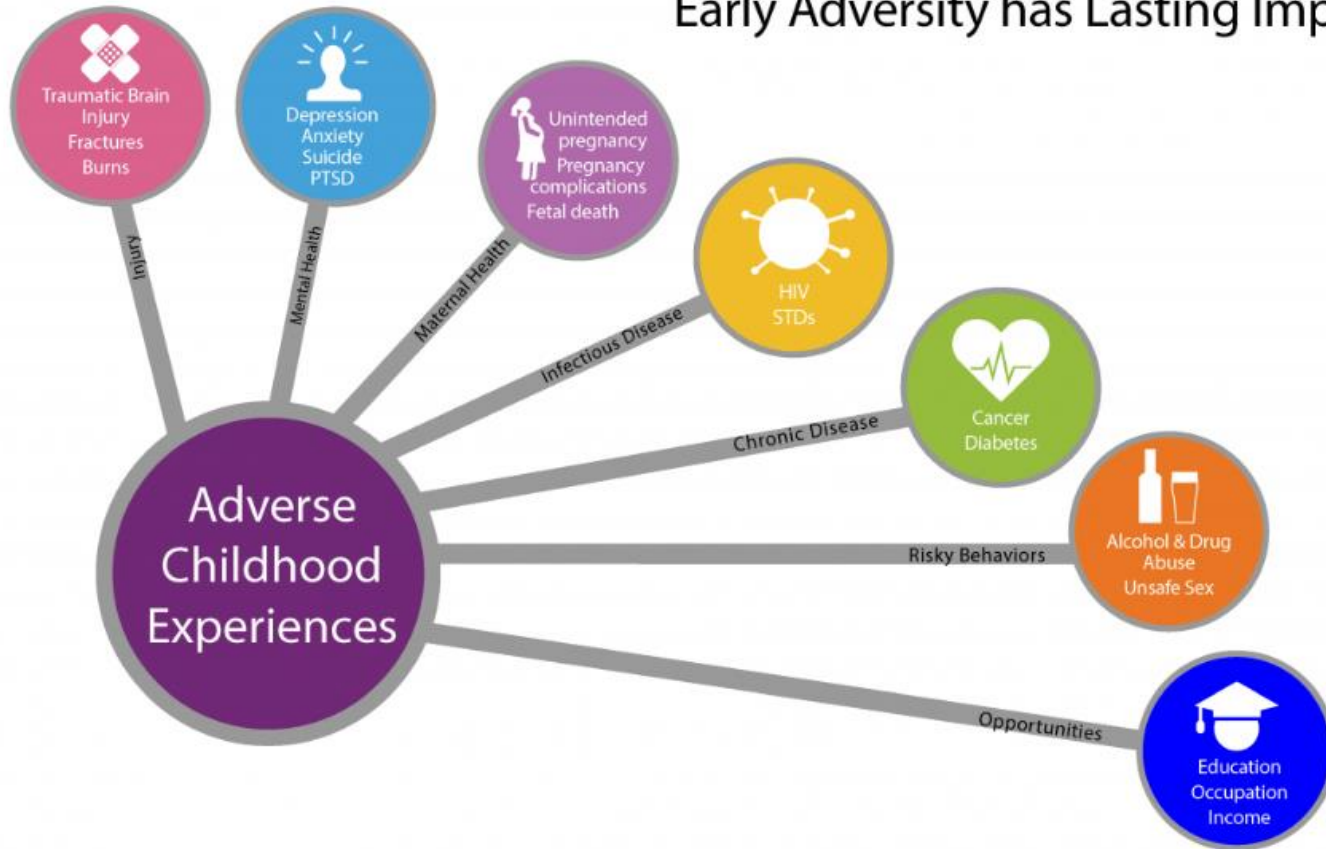
Bullying

Definition

Any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social or education harm.

- CDC 2014 (Gladden et al)

Cyberbullying – willful and repeated harm inflicted through computers, cell phones, and other electronic devices

– Hinduja & Patchin 2015

CDC PHIL

Bullying epidemiology

▶ Rates in larger studies showing 15-23%

▶ Peaks in middle school, decreases through high school

▶ Cyberbullying can peak in later middle school years and rise into high school

YRBS 2015

TABLE 17. Percentage of high school students who were electronically bullied,*,† and who were bullied on school property,† by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 2015

	Electronically bullied						Bullied on school property					
	Female		Male		Total		Female		Male		Total	
Category	%	CI§	%	CI	%	CI	%	CI	%	CI	%	CI
Race/Ethnicity												
White¶	26.0	(24.0–28.1)	10.8	(8.8–13.3)	18.4	(16.8–20.0)	29.1	(26.5–31.8)	18.1	(16.3–20.0)	23.5	(21.7–25.3)
Black¶	11.9	(9.1–15.3)	5.6	(3.8–8.2)	8.6	(6.8–10.8)	15.1	(11.9–18.9)	11.2	(8.4–14.9)	13.2	(10.7–16.3)
Hispanic	16.7	(14.0–19.9)	8.1	(6.4–10.3)	12.4	(10.5–14.5)	19.3	(15.9–23.3)	13.7	(11.6–16.2)	16.5	(14.2–19.1)
Grade												
9	22.7	(19.8–26.0)	11.0	(8.1–14.7)	16.5	(14.6–18.6)	29.0	(25.8–32.4)	18.3	(15.2–21.7)	23.4	(20.7–26.3)
10	23.2	(20.6–25.9)	9.9	(7.9–12.4)	16.6	(14.7–18.6)	25.5	(21.9–29.4)	16.1	(13.7–18.9)	20.8	(18.4–23.5)
11	21.4	(18.7–24.4)	8.4	(6.3–11.0)	14.7	(12.5–17.2)	24.2	(21.8–26.8)	16.4	(14.2–18.8)	20.3	(18.6–22.1)
12	19.5	(16.8–22.4)	9.2	(7.2–11.8)	14.3	(12.6–16.1)	19.8	(16.6–23.4)	12.1	(10.2–14.3)	15.9	(14.1–17.9)
Total	21.7	(20.1–23.4)	9.7	(8.4–11.1)	15.5	(14.5–16.6)	24.8	(22.8–26.9)	15.8	(14.5–17.2)	20.2	(18.8–21.7)

* Counting being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.
† During the 12 months before the survey.
§ 95% confidence interval.
¶ Non-Hispanic.

Blue Whale Challenge (BWC)

Wikipedia:

- Series of tasks assigned to players over a 50 day period
- Initially innocuous "get up at 430am", "watch a horror movie"
- Later involve self harm
- Instructed to commit suicide on the final day
- Administrators were initially found to be children aged 12 and 14, not predatory adults
- 3 arrests of adults
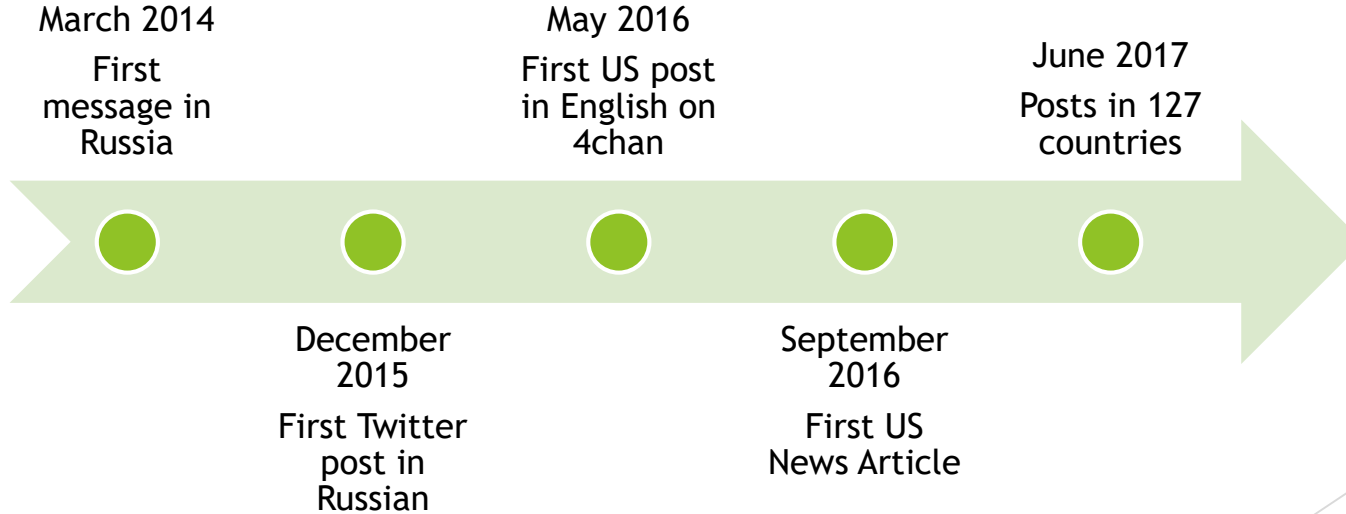- Presumed to be 4 deaths inside and 130 outside the US as result of challenge
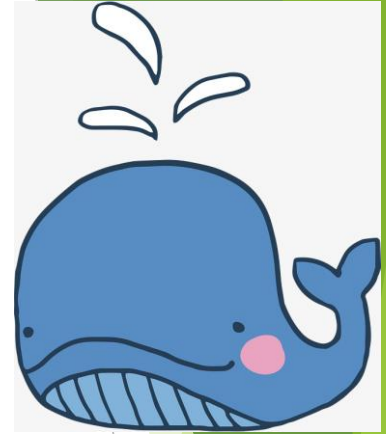
Study on social media and suicidality – Sumner et al 2019

▶ Searched all public social media posts and new articles on the Blue Whale Challenge (BWC) from Jan 2013- June 2017 (4.5 years)

▶ 95K social media posts and articles about BWC

▶ Twitter (50%) Tumbler (28%) YouTube (12%)

▶ 53% females/ 47% males

▶ 28% Pro- BWC (interest, curiosity or participation)

▶ 52% Anti- BWC

▶ 19% News Articles

Social media and suicide – BWC study – Sumner et al 2019

The first media post occurred 4 months after the first US English Post

March 2014
First message in Russia

May 2016
First US post in English on 4chan

June 2017
Posts in 127 countries

December 2015
First Twitter post in Russian

September 2016
First US News Article

Momo Challenge

Wikipedia:

- People presenting themselves as a character named Momo try to convince people to contact them through their cell phone

- Instructed to perform a succession of dangerous tasks including violent attacks, self-harm and suicide

- Refusal to do so is met with threats

- Messages subsequently accompanied by frightening or gory pictures

- 2019 claimed that Momo was being inserted into seemingly innocuous YouTube and YouTube Kids videos about Peppa Pig and Fortnite

Bullying Effects

- Wolke and Lereya 2015

Effects in children	Bullies	Victims
Suicidality and self-harm behavior	Increased Risk	Increased Risk
Somatic problems	No relationship	Increased Risk
Anxiety	No relationship	Increased risk
Depression	Girls – no relationship Boys – Increased Risk	Increased Risk (internalizing sx)

Bullying Effects– Wolke and Lereya 2015

Effects ages 18-50	Bullies	Victims
Suicidality and self-harm behavior	No relationship	Increased Risk for young adult males
Somatic problems	No relationship	Increased Risk
Anxiety	No relationship	Increased risk
Depression	No relationship	Increased Risk (internalizing sx)
Antisocial PD	Increased Risk	Increased Risk
Psychosis	No relationship	Increased Risk
Substance Use	Increased Risk	Increased risk for tobacco only
Lower education and employment	Increased risk	Increased risk
Social relationship problem	Increased risk More likely to become young mother	Increased risk More likely to become a young parent

Bullying - Effects – Wolke and Lereya 2015

- Effects on health estimated to cost 1.4 million per individual
- 50% say they would rarely or never tell their parents
- 35-60% would not tell their teacher
- Fear of reprisal or shame
- Professionals RARELY ASKED about peer relationships

WE NEED TO ASK ABOUT BULLYING

Cyberbullying and suicide – Nikolaou 2017

- Use of the Youth Risk Behavior Survey (YRBS)

- It increases suicidal thoughts by 14.5%

- Increases suicide attempts by 8.7%

- Women affected more than men from cyberbullying in nonfatal suicides

- Men more sensitive to cyberbullying than women for fatal suicides

Bullying – Brain Impact - Graziano et al (2019)

- 186 adults with similar levels of Major Depressive Disorder
- Medication free
- 88 were bullied prior to age 18
- Looked at brain changes in depression ± Bullying

Bullying and the brain - Graziano et al 2019

- All had:
  - Decreased volume: amygdala, anterior cingulate cortex and hippocampus
  - Reduced white matter integrity: cingulum bundle, supero-lateral medial forebrain bundle, uncinated fasciculus and superior longitudinal fasciculus

- Depression + Bullying ➡ changes in the right medial lemniscus and left posterior corona radiata compared to depression alone

- These brain areas have large functional implications for stress response, emotional expression, and sensory processing – all relevant to mood dysregulation

- More pronounced when bullying endorsed in later adolescence (ages 14-17)

Bullying and cardiovascular disease – Xu et al 2018

- 79K working men and women aged 18-65 and free of CVD in Sweden and Denmark

- Incident CVD (coronary heart disease and cerebrovascular disease) obtained from nationwide health and death registers

- 9% were bullied at work, 13% exposed to workplace violence in past year

- Being bullied at work was associated with a hazard ratio (HR) of 1.25 for CVD

- Dose-response relations were observed for both

- Conclusion: Bullying and violence are common at workplaces and those exposed are at higher risk for CVD

Bullying – good news – Waasdorp et al, (2017)

▶ 200K 4th – 12th graders in 109 Maryland schools across 10 years

▶ Improvement in 10/13 indicators

▶ Decrease prevalence in bullying and victimization for in person and cyberbullying

▶ Most recently greatest improvements in school climate and reductions in bullying

▶ Increase in perceptions that adults do enough to stop bullying and students' feelings of safety and belonging at school

Change over Time

— Victimized — Perpetrated — Adults do enough
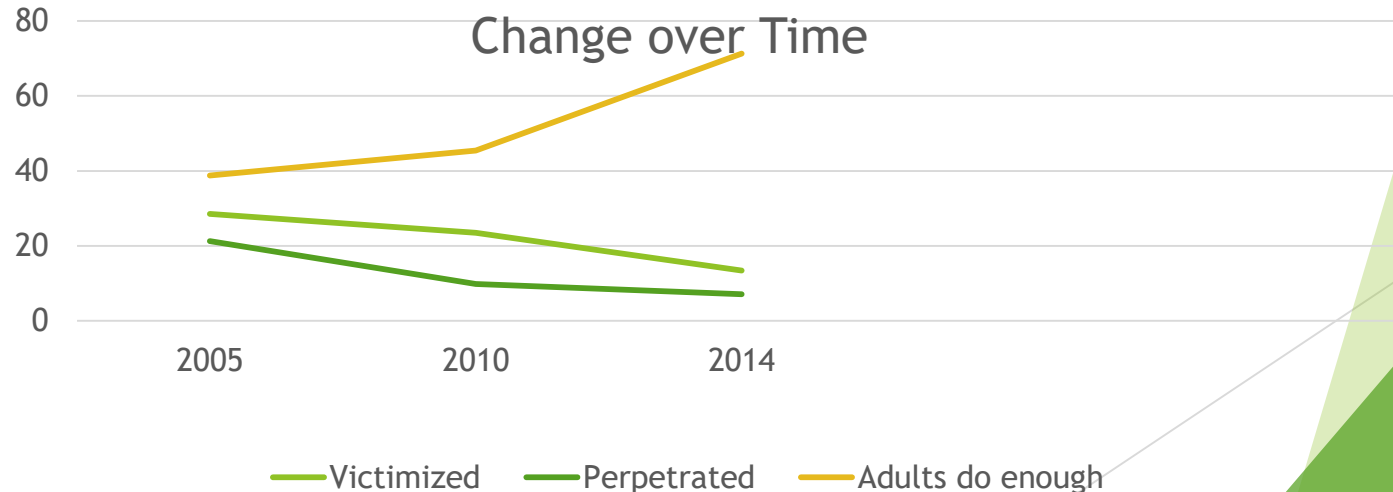
Cyberbullying – who gets bullied? – Navarro et al 2018

- Is cyberbullying victimization linked to fatalistic beliefs?

- Is resilience a moderator of this relationship?

- 720 adolescents in grades 7-10 in Spain

Fatalism:
- Having no power to influence the future or our own actions
- We are powerless to do anything other than what we actually do
- An attitude of resignation in the face of future or actual events

Resilience:
- Overcoming the negative effects of risk exposure
- Successfully coping with traumatic experiences
- Avoiding the negative courses associated with risks

Having been cyberbullied was positively related to fatalism with indication of a causal effect

Resilience was negatively associated with cyberbullying, victimization and fatalism

Bullying – Cultivating Resilience – Hinduja and Patchin 2017

- 1204 students ages 12-17 surveyed

- Conner-Davidson Resilience 10-item scale (CD-RISC)

- Were you (cyber)bullied in a way that affected ability to learn and feel safe at school (0-4 frequency of being bullied)

- Controlled for sex, race, age

- 70% endorsed experiencing one or more of 10 types of bullying

- Only 23% report they'd been bullied.

- Most common was spread rumors online and posted mean or hurtful comments online.

Bullying – who gets bullied – Hinduja and Patchin 2017

Bullied More

▶ White students

▶ Males twice as likely to have experienced cyberbullying

Bullied Less

▶ Higher resilience

▶ Older youth

- Age and Race not associated with cyberbullying

- Among those bullied – resilience seemed to serve as a buffer, insulating them from being disrupted at school

- Resilient youth were less likely to report that they had been bullied at school in a way that affected their ability to learn and feel safe

Bully victims and personality structure/MMPI
- Romero et al 2013

- Neurotic type psychological function
  - Poor ability to address causes of their problems
  - Tendency toward dysfunctional defense mechanisms: somatization, denial, and repression

- Marked paranoid cognition
  - Tendency to be suspicious of others
  - Tendency to blame their misfortunes on external factors

- Association found between bullying and suicidal ideation
- Noted a time related normalization of the MMPI-2 personality profile, more accentuated in victims where the aversive situation improves
- Suggesting that the altered personality is a consequence of victimization, rather than one of it's causes

Bullying Risk Factors - Verlinden et al 2015

- Higher ADHD and ODD scores ages 3 and 5 were associated with risks of becoming a bully or bully-victim
- Studies have shown that bully-victims are the most troubled group

Bullying – Mitigating Factors – Afifi et al 2019

- ▶ 986 high school students in Beirut

- ▶ Bullying + Low religiosity ⟶ ↑ substance use

- ▶ Bullying + High religiosity ⟶ ↓ substance use

Cyberbullying – resilience

Resilient Youth

- Protective factors (Waug et al 2011; Hinduja & Patchin 2017)
  - High levels of competence
  - Resourcefulness
  - Flexibility
  - Emotion regulation skills
  - Less likely to characterize particular experience as bullying
  - May not make good targets for perpetrators because they don't give the desired response

Cyberbullying – improving resilience – Navarro et al 2018

- Cultivate social-emotional skills to face harmful events

- Counsel to avoid attitudes of resignation in the face of future or actual events

- Focus on reducing possible sense of loss of control over negative interactions

- Decrease passive coping responses, such as problems will go away themselves

- Implement programs to help develop coping strategies and emotion regulation strategies (e.g. Incredible Years or Quest for Golden Rule and CBT)

Bullying – Cultivating Resilience – Hinduja and Patchin 2017

- What makes some youth better able to brush bullying off?
- Can the protective factor be identified, cultivated and strengthened?
- Can we train youth to be "overcomers" instead of "victims"

Bullying – Cultivating Resilience

Internal resilience

- Self esteem
- Self-control
- Self-efficacy
- Internal locus of control
  - - Ahlin & Antunes 2015

External resilience

- Supportive environments
- Social supports
- Adult attachment
- Positive peer relationships
- Sense of belonging
- - Baruth & Caroll, 2002)

Language in social media texts
– De Choudhury and Kiciman 2016

- Looked at how commentary on posts influences mental health outcomes identified as "risk of posting about suicidal ideation in the future"

- 80K posts by 44K users Feb to Nov 2014 (mental health subreddits MH and a prominent suicide support community on Reddit – Suicide Watch SW).

- 440 initially posted in MH and later in SW (at risk group). 62K comments by 32K users

- 440 were randomly selected from the 28K users who posted in MH only (non at risk group). 42K comments by 21K users

- Idea of judging supportiveness of comments, in a time-critical fashion, to remove unhelpful comments which may exacerbate someone's vulnerability.

- Getting comment tokens such as "gently" "be helpful" "fight the" "instructions" significantly decreases a user's likelihood of being in the MH to SW group in the future. (appear to relate to internal locus of control)

- Comment tokens associated with increase risk of being in the MH to SW group by 28-58% were "proud" "am sorry" "suicide" "medication" "depressed" "pain and" "hating" (seem to relate to external LOC)

- Interactive tools may be built for moderators who can

Language in social media texts
– De Choudhury and Kiciman 2016

MH Group

GREATER self esteem and network support

- Expression of self esteem (31%)

- Network support (23%; belonging to group of people with similar experiences)

- Emotional support (16%)

LOWER

- Informational support (9%)

- Acknowledgements (5%)

MH to SW group

GREATER – acknowledgements and advice

- Acknowlegements (40%)

- Informational support (23%)

Lower

Instrumental (9%; willingness to help in a tangible way)

Network support (5%)

Bullying – What to do

Talk about it with child, teacher and school counselor or school principal

Tucson Bullying – Report It Here BRIM Anti-bullying software

Discrete/anonymous reporting:

https://app.antibullyingsoftware.com/report-bullying/az/tucson?page=1

stopbullying.gov

What Kids Can Do

Get Help Now

AACAP Website
Families and Youth
Resource Centers
Bullying

Bullying – what to do

Treat Depression!

▶ PHQ9

▶ Benefits of antidepressant medication outweigh their risks to children and adolescents with major depression and anxiety disorders

▶ 2012 metaanalysis of complete longitudinal data for RCTs by Eli Lilly (n = 65K) depressed adolescents with fluoxetine:
  - large overall reduction in depressive symptoms
  - suicide risk rate not greater than placebo
  - no evidence of increased risk of suicidal thoughts or behavior
  - some with reduced depression continue to have SI and behavior

▶ NationalVitalStatistics: Children ages 5-14 suicide rates from 1996-1998 were lower in areas of country with higher rates of SSRI prescriptions

▶ 2010 FDA mandated pharmaceutical companies include suicidal patients in drug trials with depressed patients.

Treatment of Adolescent Suicide Attempters (TASA)

- NIMH supported, 5 sites, 6 mo program

- Attempted suicide in past 90 days

- Antidepressant alone, CBT alone or combination treatment

- High rates of improvement and remission across groups

- Lowered 6 month risk for suicidal events and re-attempts in all 3 groups

Treatment of Resistant Depression in Adolescents (TORDIA) study – NIMH

- 6 sites, 2000-2006, n = 334 treatment resistant adolescents with MDD

  Switch to:
  - Another SSRI
  - Venlafaxine
  - Another SSRI + CBT
  - Venlafaxine + CBT

- No difference in rate of suicidal events among treatments

- Lower rate of non-suicidal self harm in medication only group

- Medication time to suicidal event – 3 weeks

Suicide Risk Factors – Evans et al 2017

- 90% had one or more psychiatric disorders
- Aggressive Impulsive Behavior
- Hopelessness, Pessimism, Feelings of being a failure, Inability to live up to parental expectations
- Previous Suicidal Behavior - ¼ - 1/3 have had a history of an attempt, increased risk of future suicidal behavior by 17X
- History of parental suicidality are parent mental illness
- Lower levels of 5HT, Higher levels of 5HT receptors
- TBI (Traumatic Brain Injury)

Suicide Risk Factors

- Exposure to suicidal behavior of family members

- Parent-child conflict – particularly among younger youth

- Lack of emotional support within the family, especially related to sexual orientation and/or nonconforming gender behavior
(SGM youth with high family rejection 9x more likely to make an attempt than those with low or no rejection)

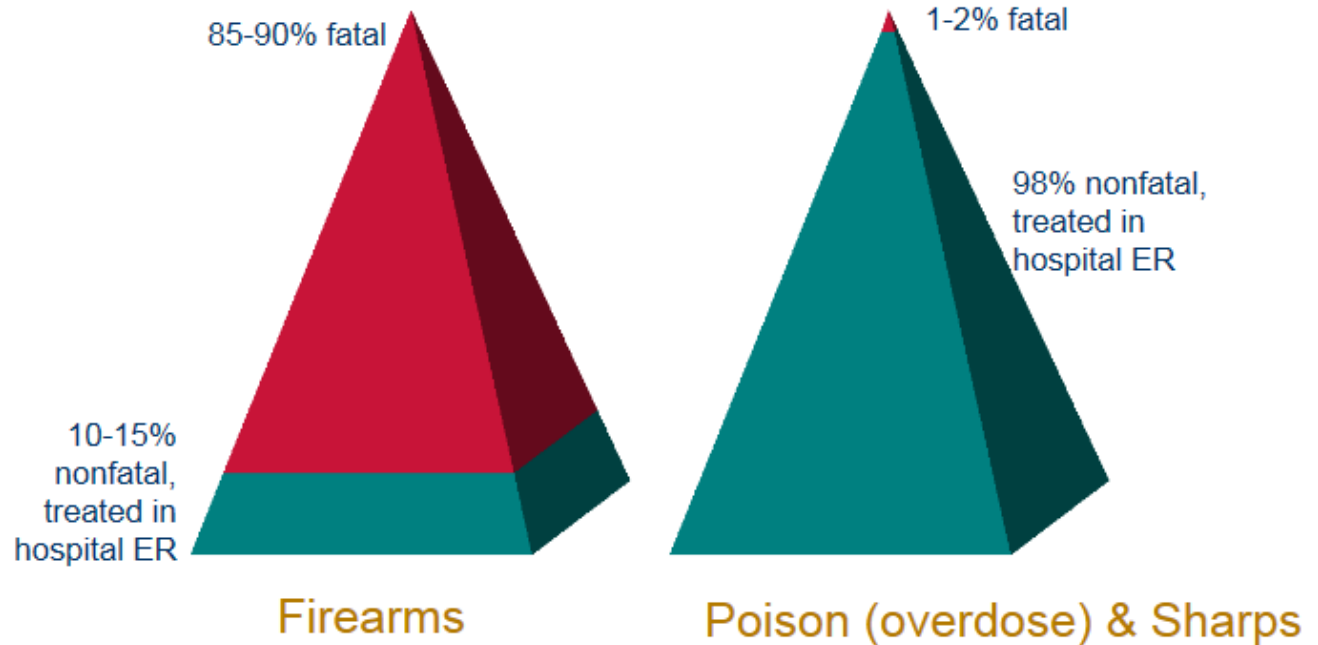- Unrealistic parental expectations

- Abuse

- Homelessness

Risk Factors – negative life events

- Foster care studies have shown youth in foster care twice as likely to die by suicide and 4 times more likely to have attempted
- Peer related issues
- Interpersonal loss/loss of romantic relationship
- Bullying, harassment and victimization (as a victim or perpetrator) - Highest risk in youth who are both victim and perpetrator
- Legal Problems
- School problems
- Not being in school or working
- Exposure to media coverage
- Exposure to family suicidality
- Having a friend or acquaintance attempt
- Spending more than 5 hours/day on electronic devices Teens spending more than 5 hours/day on electronic devices were 70% more likely to have suicidal thoughts or actions than those who reported one hour of use per day

Risk Factors – Access to Lethal Means

- States with high gun ownership show highest rates of attempted and completed suicide

- Guns are estimated to be 4-5 times more prevalent in homes of youth who have died by suicide

- Youth who die by firearm have fewer identifiable risk factors

Means Matters:
Self-Harm Fatality Rates

85-90% fatal

10-15% nonfatal, treated in hospital ER

Firearms

1-2% fatal

98% nonfatal, treated in hospital ER

Poison (overdose) & Sharps

Risk Factors – Acute

▶ Perturbation - Edwin Shneidman (father of contemporary suicidology)
  – an unbearable/noxious mental state

▶ Anxiety (dysphoric arousal) – escaping uncomfortable feelings? Intent not to die?

▶ Insomnia

▶ increased impulsivity

▶ worsening symptoms

▶ admission of plan

▶ Preparation

▶ situational factors (recent loss) – intense emotional response – experienced this before?

Warning signs

- Preoccupation with death
- Intense sadness or hopelessness
- Not caring about activities that once mattered
- Withdrawal form family, friends, sports, social activities
- Substance abuse
- Sleep disturbance
- Giving away possessions
- Risky behavior
- Lack of energy
- Not thinking clearly
- Dropping grades
- Irritability
- Loss of appetite

Protective Factors –
Foster psychological health and wellbeing

- Family connectedness, emotional involvement and support

    - significantly stronger than connectedness to peers or school

    - most potent among youth who had been sexually abused and SGM youth

- Perceived caring by adult relatives other than parent or other adults in the community

    - ❖ Maintain communication with children

    - ❖ Let youth talk about problem and concerns and not jump in to fix it

    - ❖ If parents suspect something isn't right, they should ask what is wrong

Protective Factors - School

- School connectedness
- Perceived school support
- Emotional connections to friends
- Involvement in extracurricular activities
- Perceived safety at school in youth who have been sexually abused and SGM youth

– In one study presence of Gay-straight alliance, nondiscrimination and antibullying policies reduced SGM student's risk of suicide attempt by 20%

Protective Factors – Address means

- Reduced access to lethal means
- Locking both guns and ammunition,
- storing guns unloaded
- storing guns and ammunition separately
- Restricting access to toxic gas and pesticides

Protective Factors – Bolster skills

- At risk students participated in interventions to strengthen
  - Decision making
  - Problem solving
  - Healthy coping
  - Social-behavioral skills

  - showed decreased depression and suicidal behavior

- Targeted interventions to
  - increased coping skills,
  - decrease self harm,
  - Decrease drug use
  - Improve healthy sexual practices

Protective Factors – lead them off the pathway

Breakup

Talk with friends

Isolating

Agree to go to movie with friends – behavioral activation, get out there, pleasure comes later

Friends stop coming around

Stay in same room with parent

Distance from parents

Eat dinner with parent

Thinking about means, aware of gun

Get rid of guns

Try to predict the future
Do a chain analysis
Normalize feelings
Do interventions to divert this trajectory
Build in multiple lines of safety
Involve family and friends
Petition process

Going to test out the gun

Separate ammo from unloaded gun

Suicide attempt

What to do?

- Tell parents to talk about it
- Ask direct questions (Do you want to kill yourself?)
- Be thorough, compassionate and direct and normalize
- Chain analysis about thoughts feelings and events leading up to the suicidality
- Try to predict the future
- Develop interventions to divert the trajectory/divert them off the pathway to an attempt
- Ask about lethal means
- Increase direct supervision

What to do?

- PHQ-9
- Look at how they answer the question about suicidal thinking (#9). If positive:
- Normalize the thought
- Ask if they have a plan and find out what it is, make suggestions if they don't offer (Foreseeability)
- Ask if they have intent (Foreseeability)
- Decide if need crisis evaluation at CRC or if home with supervision seems safe
- Review handout on suicide and depression with parents
- Document protective factors (Foreseeability)
- Let them know you care about them and that their loss would be devastating for many around them, including you
- "rule of 10s" how much will the situation you are in right now impact you in 10 hours, 10 days, 10 weeks, 10 months, 10 years.

Liability

- Reasonable assessment - Did you do a reasonable assessment
- Foreseeability - Given your assessment was their risk of dying imminently foreseeable? Were they future oriented, was there a hazard analysis?
- Treatment intervention - Did you take precautions, what did you change in your treatment plan to address the foreseeability which you recognize from doing reasonable assessment (precaution)
- Petition process

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

Crisis Text Line: Text HOME to 741741

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Questions

<u>Objective 1: Review epidemiology of depression, suicide, and bullying</u>

What percent of U.S. high school students were electronically bullied or bullied on property in 2015?

    A. 3-10%

    B. 15-25%

    C. 25-50%

    D. 50-75%

<u>Objective 2: Review most recent literature on bullying</u>

Which of the following are mediating factors for becoming a victim of bullying

    A. High religiosity, resilience and emotion regulation ability

    B. Low religiosity, resilience and lack of substance use

    C. High religiosity, lack of substance use, sports involvement

<u>Objective 3: Understand protective factors for suicide prevention, including those we can impact</u>

Which of the following are protective factors in suicide prevention

    A. Remove access to lethal means, allow participation with child's desired peers, insure adequate sleep

    B. Remove access to lethal means, normalize feelings, advocate for supportive school groups (e.g. Gay-straight Alliance)

    C. Remove access to lethal means, encourage open discussion around suicide with parents, implementation of curfew