Suicide Prevention in Youth:
Lessons from the last 10 years &
Wisdom for the next 10

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  - The Mountain View Los Altos HS District
  - The East Palo Alto Academy High School
  - The Palo Alto Unified School District
  - St. Ignatius College Prep (San Francisco)
  - Sacred Heart College Prep (Atherton)
Educational Objectives

My hope is that after our time together, you will be able to:

1) List risk and protective factors in youth suicide and describe effective strategies that involve clinic-community partnerships

2) Describe lessons learned from the youth rail suicide clusters in California

3) Identify cultural opportunities and barriers for implementing school-based suicide prevention
Targets of Suicide Prevention Interventions:

**SUICIDAL BEHAVIOR**

- Stressful Life Event
- Mood or Other Psychiatric Disorder

**SUICIDAL IDEATION**

- **A** to **E**

**FACTORS INVOLVED IN SUICIDAL BEHAVIOR**

- **B**
  - **C** to **D**
    - Impulsivity
    - Hopelessness and/or Pessimism

- **C** to **D**
  - Access to Lethal Means
  - Imitation

**PREVENTION INTERVENTIONS**

- **A**
  - Education and Awareness Programs
    - Primary Care Physicians
    - General Public
    - Community or Organizational Gatekeepers

- **B**
  - Screening for Individuals at High Risk

**Treatment**

- **C**
  - Pharmacotherapy
    - Antidepressants, Including Selective Serotonin Reuptake Inhibitors
    - Antipsychotics

- **D**
  - Psychotherapy
    - Alcoholism Programs
    - Cognitive Behavioral Therapy

- **E**
  - Follow-up Care for Suicide Attempts

- **F**
  - Restriction of Access to Lethal Means

- **G**
  - Media Reporting Guidelines for Suicide

Mann, J. J. et al. JAMA 2005;294:2064-2074
Teens and Suicide Clusters

More than 200 Teens die in suicide clusters annually

1-5% of all teen suicides are part of a cluster (Gould, 1990; Hacker, 2008)

Media coverage: Educational tool vs. Contagion vehicle

- Front page stories
- Particulars of the method used
- Simplistic explanations of the cause
- Use of the teen’s photo

(http://www.afsp.org/understanding-suicide/for-the-media/reporting-on-suicide)
Risk Factors for Youth Suicide

**Risk Factors**

**Biological characteristics**
- Genetics
- Role of Serotonin
- Brain areas (PFC)

**Personal Characteristics**
- Cognitive/personality factors
- Peer interpersonal difficulties
- Rumination
- Impulsivity
- Aggression
- Sexual issues*

**Psychopathology**

**Prior suicide attempts**

**Family History of psychopathology**
- Parental suicide

**Stressful life events**
- Interpersonal Losses
- Legal Trouble
- Disciplinary Problems
- Physical Abuse
- Sexual Abuse
- Bullying

**Access to means**
- Imitation/contagion
- Sensationalistic media reporting

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Protective Factors in Youth Suicide

Family Connectedness
- Positive Parent/Child relations
- Parental involvement/supervision

Religiosity
Beliefs against suicide

Positive School Connections
- School climate
- Prosocial peer connections
- Perceived availability of trusted adults

Social support & connectedness
- Opportunities to engage in supportive social environments (sports teams, youth groups, clubs)

Teen Suicide in the Stanford Community

- Palo Alto, California
- 68,000+ residents
- 12,500 students
- An exceptional community to live, work, and visit
### Project Safety Net Coalition (psnpaloalto.com)

**Members/Partners**

<table>
<thead>
<tr>
<th>Members/Partners</th>
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<tbody>
<tr>
<td>Adolescent Counseling Services (ACS)</td>
<td>Palo Alto Medical Foundation</td>
</tr>
<tr>
<td>Caltrain</td>
<td>Palo Alto University</td>
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<tr>
<td>Children's Health Council</td>
<td>Parent Representatives</td>
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<tr>
<td>City Community Services Dept.</td>
<td>Parks and Recreation Commission</td>
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<td>City Manager's Office</td>
<td>Palo Alto Unified School District</td>
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<td>City Police Dept.</td>
<td>Project Corner Stone (Developmental Assets)</td>
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<td>Community Center for Health and Wellness</td>
<td>PTA Council</td>
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<td>Health Care Alliance for Response to Adolescent Depression (HEARD)</td>
<td>Santa Clara County Health Dept.</td>
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<td>Human Relations Commission</td>
<td>Suicide Prevention Advocates</td>
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<tr>
<td>Kara - Grief Support &amp; Education</td>
<td>YMCA</td>
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<tr>
<td>Leaders of the Faith Community</td>
<td>Youth and Teen Leadership Groups</td>
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<tr>
<td>Local Mental Health Providers</td>
<td>Youth Community Services (YCS)</td>
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<tr>
<td>Lucile Packard Children's Hospital</td>
<td>Stanford Department of Psychiatry</td>
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</table>
A somewhat unstructured network of support for Palo Alto's Youth and Teen's
A more intentional community network fostering youth wellbeing in Palo Alto
Social Ecological Model

- INDIVIDUAL
- PEERS
- FAMILY
- SCHOOLS, WORKPLACES...
- COMMUNITY
- SOCIETY
Social Ecological Model for Project Safety Net

Commissions

Community Leaders

PAMF

Parents

City

ACS

LPCH

Schools

YMCA

Police

Faith Org’s

County

Caltrain

SOCIETY

COMMUNITY

SCHOOLS, WORKPLACES...

FAMILY

PEER

INDIVIDUAL
School-based Mental Health Services

Background

- About 65 million Children and Teens attend public school each day in the US.
- About 20% (13 million) suffer from a diagnosable mental health condition
- 10-15% (up to 10 million) are not progressing academically due to mental health reasons
- Children of immigrants and immigrant children make up 25% of the U.S. school population
The Problem

- Counselors, psychologists, teachers and other personnel may be unsure of their roles.

- There are developmental challenges to symptom reporting by child/young teen.

- Peers may be unaware of signs and symptoms of depression (in self or others).

  - Barriers and opportunities to help-seeking must be understood and overcome.
The role of collaboration

Mainstreaming

- necessitates

New relationships with doctors and parents

increases

Classroom heterogeneity

- Instructional tolerance, (which mediates)

- Teacher stress
  - leading to attrition, frustration, and poor student outcomes

Poor collaboration taxes resources, reducing

Good collaboration builds capacity, increasing

Figure 1 – Influence of collaboration on instructional tolerance.
Primary therapeutic relationships &

*The Supporting Alliance*

Adapted with permission from Feinstein, Fielding, Udvari-Solner, & Joshi: *Amer Jnl of Psychotherapy*, 63(4) 2009
Other challenges

- School personnel may experience parents and doctors as barriers to health, rather than as partners.
- Parents and Doctors may hold similar views of school personnel.

Special issues concerning IEP and SST staff

- These students are most often the ones in our clinics; Uniquely “ours”
- Psychiatrists, psychologists and other mental health providers are often difficult to reach.
SMUHSD Staff perceptions: Need for Prof Development for Meeting Academic Standards

- 2015-16: 32
- 2013-14: 41
Staff perceptions: Need for Professional Development for...Meeting the social, emotional, and developmental needs of youth
Evidence-based Interventions

- Hoagwood (2007; 2016)
  - 30+ studies of school-based mental health services that met criteria for rigorously designed outcome studies, which addressed both academic and mental health outcomes
    - random assignment to the intervention
    - inclusion of a control group
    - use of standardized outcome measures
The types of interventions that had the most empiric support were teacher consultation (TC), cognitive-behavioral therapy (CBT), Social emotional learning (SEL) curricula, and programs which included a strong systems component (those which targeted teacher and family behaviors, and school climate)
Bringing Evidence-Based Treatment to Schools

- Youth “live” in schools (school-based approaches may remove obstacles such as transportation, elements of stigma, other barriers)

- CBT/IPT and other structured treatments in the school setting:
  - Acceptable
  - Feasible
  - Amenable to group structure
  - Focus on building skill
  - Empowering

- A revised SAMHSA Best Practices Registry will provide easy access to interventions that work

Langley and Stephan, 2011
Why Choose Schools?

- Schools are the logical point of entry to increase the efficacy of mental health services to children and adolescents.
- For nearly half of the students with serious emotional disturbances who receive mental health services at all, the school system has been the sole provider.
- Schools are already the primary providers of mental health services for all students.
- Offering services in the schools improves access to treatment.
Most students will face some mental health problems/issues, including:

- Anxiety about school performance
- Problems dealing with parents & teachers
- Unhealthy peer pressure
- Common developmental, adjustment problems
- Fears about starting school
- School phobia
- Dealing with death or divorce
- Feeling depressed or overwhelmed
- Drug or alcohol use
- Suicidal ideation
- Worrying about sexuality
- Facing tough decisions
- Considering dropping out of school
Depression Facts in Youth

- 20% experience clinical depression before adulthood
- 10%-15% have some symptoms of depression at any one time
- 5% have major depression at any one time
- Average age of onset is 15 years
- 65%-80% of teens who die by suicide have at least one diagnosable psychiatric disorder at the time of their death.

**Depression rates have been rising over the past 10 years**
Mental Health Screening Tools

HEADDSSSSS  (Home, Education, Eating, Exercise, Activities, Diet, Drugs, Depression, Sleep, Sexuality, Suicide, Spirituality)

Depression:
PHQ 9: 9 questions about depression & its severity
PHQ 2 → 9: 2 question screen, then 9 if screen is positive
PHQ 9 for Teens: PHQ 9 + 2 Q’s about suicidality

Depression, ADD, Anxiety, Conduct
Pediatric Symptom Checklist For Youth and Parent
37 questions about mood, behavior, attention issues
2 questions about suicidal thoughts, plans
**PHQ 9 Modified for Teens**

**A Survey from Your Healthcare Provider**

Part of routine screening for your health includes considering mood and emotional concerns. Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, irritable or hopeless?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Little interest or pleasure in doing things?</td>
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<tr>
<td>Trouble falling or staying asleep or sleeping too much?</td>
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<tr>
<td>Poor appetite, weight loss, or overeating?</td>
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<tr>
<td>Feeling tired or having little energy?</td>
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<tr>
<td>Feeling bad about yourself -- or feeling that you are a failure, or have let yourself or your family down?</td>
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<tr>
<td>Trouble concentrating on things, like school work, reading or watching TV?</td>
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<tr>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?</td>
<td></td>
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<tr>
<td>Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
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</tbody>
</table>

In the **past year** have you felt depressed or sad most days, even if you felt OK sometimes? □ Yes □ No

If you are experiencing any of the problems on this form, 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 □ Somewhat difficult □ Very difficult □ Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life? □ Yes □ No

Have you **ever**, in your **whole life**, tried to kill yourself or made a suicide attempt? □ Yes □ No

**Depression Severity Rating**

- < 5  None
- 5 – 9  Mild
- 10 – 14  Moderate
- 15 – 19  Mod. Severe
- 20 +  Severe

**Impact on Function**

- Not difficult
- Somewhat Difficult
- Very difficult
- Extremely Difficult
If mild depression

Active support and monitoring 6–8 weeks (every 1–2 wk)\(^a\)

If moderate depression

Consider consultation by mental health to determine management plan

If severe depression or comorbidities

Should consider consultation by mental health to determine management plan

If persistent

If improved

Manage in PC

1. Initiate medication and/or therapy in PC\(^a\) with evidence-based antidepressant and/or psychotherapy
2. Monitor for symptoms and adverse events\(^a\)
3. Consider ongoing mental health consultation

If partially improved

1. Consider
   - Adding medication if have not already; increasing to maximum dosage as tolerated if already on medication
   - Adding therapy if have not already
   - Consulting with mental health
2. Provide further education, review safety plan\(^a\) and continue ongoing monitoring

If not improved

1. Reassess diagnosis
2. Consider
   - Adding medication if have not already; increasing to maximum dosage as tolerated if already on medication; changing medication if already on maximum dose of current medication
   - Adding therapy if have not already
   - Consulting with mental health
3. Provide further education, review safety plan\(^a\) and continue ongoing monitoring

If not improved after 6–8 wk

If improved after 6–8 wk

1. Continue medication for 1 y after full resolution of symptoms (based on adult literature). AACAP recommendation recommends monthly monitor for 6 mo after full remission.
2. Continue to monitor for 6–24 mo with regular follow-up whether or not referred to mental health
3. Maintain contact with mental health if such treatment continues.
Psychological and Social Treatments

- Stress management, healthy social connections & regular sleep
- **Lifestyle:**
  - Exercise, weight control, avoidance of caffeine/alcohol
- **Journaling mood symptoms and bringing to PCP visits**
  - Online diaries may be appealing to teens
    - Be mindful of privacy settings
  - Encourage 1-10 ratings on smart phone or paper diary
  - COPING APPS: Calm, headspace, Cove, 7 Cups, Mental health recovery guide, Virtual Hope Box
- **Important additional supportive measures:**
  - *(Mental Health Naturally, Kathi Kemper, MD, FAAP)*
    - Mindfulness, yoga, acupuncture
    - Possible roles for Omega 3 fatty acids, Vitamin D
- Safety Planning Guide: My3app.org
People who suffer from depression have negative thoughts about themselves, the world, or their future. They may say things like 'nobody loves me,' 'I'm no good,' 'I'm not as smart as everyone else,' or 'I'm such a disappointment.' They may describe themselves as 'broken,' 'empty,' 'damaged,' or 'hollow.'
What it looks like in the classroom…

- Difficulty following rules
- Difficulties with group assignments
- Excessive crying
- Withdrawal
- Distractibility and poor concentration
- Not completing assignments
- Seeming unmotivated or uninterested
- Persistent reports of boredom
- Difficulty learning and retaining new material
- Test anxiety
- Extreme sensitivity to perceived criticism
- Talk of or attempts to run away from the school
Culturally Informed Biopsychosocial Model of Depression

**Biological**
- Genetics
- Chemical imbalance
- Other medical disorders

**Psychological**
- Thought patterns
- Coping skills
- Self-esteem

**Social**
- Family
- School
- Peers
- Neighborhood

**Cultural**
- Interaction

**Biological**
- **Psychological**
- **Social**
- **Cultural**
## Cultural Identification

<table>
<thead>
<tr>
<th>Identification with majority group</th>
<th>Identification with Cultural Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong</td>
<td>Weak</td>
</tr>
<tr>
<td>Strong</td>
<td>Acculturated Bicultural</td>
</tr>
<tr>
<td>Weak</td>
<td>Separated Dissociated</td>
</tr>
</tbody>
</table>

Berry JW: Acculturation and adaptation in a new society; International Migration 1992; 69-84
Cultural Identification

Acculturative Family Distancing (AFD)
--Sometimes an acculturation ‘gap’ can develop
--Distancing between parents and youth as a result of communication difficulties and cultural value incongruence

--Immigrant parents and children often possess different cultural values and may also be differentially fluent in mainstream (host) and heritage languages (Wang-Krauss et al, 2018 submitted)

Stanford Department of Psychiatry has created teaching tools for parents using interactive theatrical vignettes
https://www.youtube.com/watch?v=J89n4yFaNM4
On Orienting Colleagues Toward Culturally Effective Care

- Invite colleagues to consider culture in every patient, and to begin with an attitude of humility and the skill of self-reflection.

- Appreciate the complexities of cultural assessment and formulation. This requires:
  - Knowing when we don't know rather than making assumptions.
  - Knowing about our biases and prejudices, either intentional or unintentional.
  - Knowing when to get a cultural consultation
    - This may involve youth specifically.

Adapted from Lu and Joshi, NC-ROCAP Annual Meeting, Sonoma, CA 2011
Sources of Strength®

National Peer Leadership Study, Sacred Heart site

Peter Wyman PhD, Principal Investigator, University of Rochester
Shashank V. Joshi, MD, Co-Principal Investigator, Stanford University
Mariya Petrova, Project Coordinator, University of Rochester
Mark LoMurray, Executive Director, Sources of Strength Program
Nadia Jassim, MA, Proj. Coordinators, Stanford University
Rationale for Peer Involvement in Suicide Prevention

- Primary influence on whether a teenager uses safe sex practices?  
  **Beliefs** about what his/her friends would do (Bruckner, 2005)

- Peer Norms influence drug use, risk-taking, other health behaviors  
  **Behavior choices reflect collective norms and pressures within niches of social networks** (Christakis & Fowler, 2008; Wyman 2015).

Peer involvement is now state-of-the-art not only in **substance use prevention**, but also in suicide **prevention**
- **Sources of Strength**
  - Peer Leaders as Agents of Change w/ Adult partnerships
  - Health Promotion & Suicide Prevention
    - Strengthens school-wide positive coping norms
    - Increases caring youth-adult connections
    - Among the only evidence-based programs in peer leadership that has both peer leader, school staff, and the school population benefits for school climate, help-seeking attitudes and behaviors, and helping youth at risk for suicide

- **Partnership with Sacred Heart School, Gunn High School, St. Ignatius College Prep, Palo Alto High School, LPCH / Stanford, U Rochester**
Sources of Strength
This is a High School
With Sample Peer Networks

The Football Players

The Well-Connected-to - School Kids

The Theater Club

Students w/ Low attendance

Kids in Special Ed
Resources:

- **American Academy of Child & Adolescent Psychiatry**
  - aacap.org
  - Resource centers (eg. Moving into Adulthood); Facts for Families

- **AAP Mental Health Toolkit**
  - AAP: Addressing Mental Health Issues in Primary Care: A Clinician’s Toolkit
    http://www.aap.org/commpeds/dochs/mentalhealth/KeyResources.html

- **GLAD-PC (Guidelines for Adolescent Depression in Primary Care)**
  - Guidelines for Adolescent Depression in Primary Care: Glad - PC
    http://www.glad-pc.org/

- **Kognito platform**
  - https://kognito.com/products/at-risk-for-high-school-educators

- **Transitionyear.org (Focuses on mental health for graduating seniors)**
- **Reachout.com (us.reachout.com)**
  - Peer support with clinical oversight


This article nicely reviews specific cognitive behavioral techniques that can be employed in primary care practice. Contains helpful mnemonics
Resources:

- Saving and Empowering Young Lives in Europe (SEYLE)
  - Wasserman et al. Lancet 2015; 385; 1536-1544
    - Youth Aware of Mental Health (YAM) program
  - Carli et al. World Psychiatry 2014; 13: 78-86
    - Invisible Risk kids: High screen users, sedentary, sleep deprived

- Sources of Strength: School-based peer leader suicide prevention program; sourcesofstrength.org

- California Department of Education, cde.ca.gov
  - information on school suicide prevention, including AB 2246: The Student Suicide Prevention Bill
  - https://www.cde.ca.gov/ls/cg/mh/documents/modelpolicy.doc
  - Sherry, P: Remedial Actions to Prevent Suicide on Commuter and Metro Rail Systems (San Jose State University: Mineta Transportation Institute) MTI Project 1129 March 2016
The HEARD Alliance (Health Care Alliance for Response to Adolescent Depression) provides resources for treating depression and related conditions, and preventing suicide in adolescents and young adults.
Thank You