



# What Parents Need to Know about Teen Suicide

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# Why SPEAK?

- We have an epidemic of suicide !  
WHO (2019) 1 every 40 seconds
- USA (2019) 132 deaths per day
- **1 suicide every 11 minutes and 1 attempt q 31 secs**
- Every suicide av 25-50 attempts (calls for help)
- 90% have a diagnosable and treatable MHC
- Only 25% tell an adult but 9/10 kids usually will tell a peer if they are contemplating suicide
- 50% of parents unaware their children have SI (or past suicide attempts)

# CDC and afsp stats

- In 2011 for the first time in 20 yrs in the US, **more teens died from suicide** than homicide :
- 2019: Suicide rate 2.5 times the homicide rate
- In 2018: second leading cause of death in 10-24yo
- Alabama/USA suicides (anticipate higher no's in 2020/2021)

2016 data: 788 (**98 youth**)/44,695

2017 data: 834 (**109 youth**)/47,173

2018 data: 823 (**116 youth**) /48,344

2019 data: 804 (**104 youth**) / 47511

50% of firearms deaths are suicides, **70% of suicides are with firearms** (higher than US average of 50%)

75% of Alabama residents do not have mental health provider coverage

# 2015 versus 2019

## Alabama High School YRBS results

- 29.3% : 37.5% reported feeling **sad/hopeless** almost everyday for 2 or more weeks in the past 12 months
- 17.5% : 20.7% (2,015) **considered suicide** in the last 12 months
- 13.7% :16% (2,016) **made a suicide plan**
- 11.2% : 11.6% (1,685) **made an attempt** in the last 12 months (above national average)
- 19.0%: 20.9% (2,022) **bullied at school** and 13.5% :16% (2,018) electronically bullied in last 12 months
- 8.1% :12% did not go to school as **felt unsafe** (above national average)
- 8.7% :8.2% **threatened or injured with a weapon on school property** in the last 12 months (above national average)
- 1 out of past 30 days: 54% vaped, 22.5% drank alcohol, 15% marijuana

# Madison County stats

## ► **HH Peds ER Psych screens/ Suicide related:**

2016: 555, 2017: 730, 2018: 857, **2019: 832 total/488 suicidal**

2020: The CDC reports a 24% increase in mental health-related emergency room visits for kids between the ages of 5 and 11 in 2020 despite Pandemic.

**2021: 1219 Total Psych screens, 80% were suicidal**

## ► **Crisis line calls related to Suicide in North Alabama:**

2018: 1/3 of 5584 total calls to hotline

2019: 1457 calls related to suicide

2020: 771 (volunteer program suspended because of Pandemic)

**2021: 2932 calls related to suicide**

# Madison County stats

- ▶ Suicides all ages per **coroner** in Madison County: 15/100,000  
2018: 60      2019: 59+      2020: 44+    **2021: 53**  
**70% with firearms**, 25% with hanging, Other;: Drug overdose
- ▶ **HPD**: 2019: 22 completed suicides with weapons all ages:  
159 suicide attempts with weapons (**11 children**)  
264 suicide threats with weapons (**22 children**)
- ▶ **MPD**: 2019: 3 completed : 30 suicide attempts : 82 suicide threats  
2020: 3 completed : 26 suicide attempts : 65 suicide threats

# Depression: Who it is

- 1% of preschoolers
- 2% of elementary age (1:1:: M:F)
- 5% of adolescents (1:2 :: M:F)
- 48% of adolescent African American mothers
- 60% of pediatric psychiatry inpatients
- 20% of jailed adolescents
- overall an increasing rate
- Children of parents with depression are at higher risk for depression (15-45%)

# Major depressive disorder

## DSM V criteria



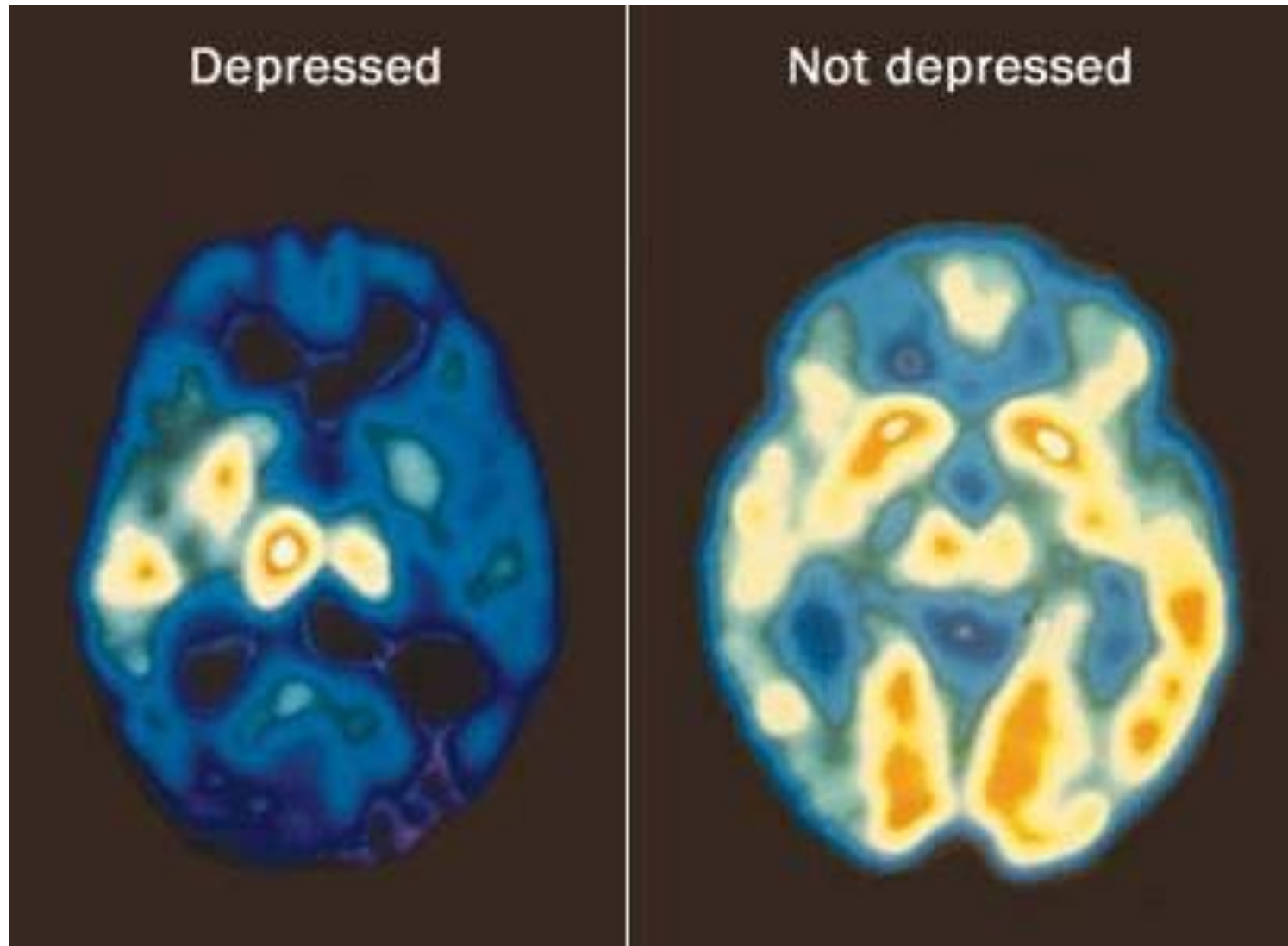
- 5 or more symptoms for a minimum of 2 weeks with a significant change in previous functioning
- Depressed or irritable mood most of the day qd
- Anhedonia: Loss of interest or pleasure in activities
- Sleep/appetite disturbance nearly every day
- Difficulty with conc/indecisive/low energy
- Feelings of guilt/worthlessness
- Psychomotor agitation or retardation
- Self harm / Suicidal ideation



# Why is depression dangerous?

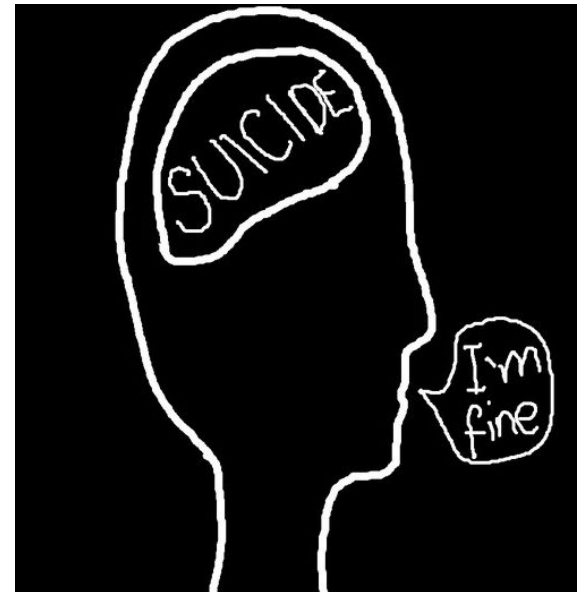
- Risk of suicide
  - Depression biggest single risk factor (4.5x risk)
  - Rates increased by 565 for 10-14yo rate tripled from 2007 to 2017 (CDC)
  - Depression rates in high schoolers and college students have tripled with the Pandemic
- Increased aggression in both sexes
- Reduced school and social function
- Early pregnancy
- Increased physical illness and complaints

# Depression: What it looks like



# Depression: What scares us

- Previous suicide attempt\*\*\*
- Hopelessness: for the present and future\*\*
- Substance abuse\* = Impaired judgement!
- No interest or pleasure in any activities
- “Don’t care”
- No confidants
- Previous/current self harm
- Exposure to others self harm
- Access to lethal weapons





# What is beyond normal

- Teens can be dramatic but pay attention to the triggers/stressors and the consistency of the mood and their reaction
- Social issues predominate in high school but usually these kids bounce back unless there is serious and ongoing bullying/abuse or other stressors that need to be addressed
- **Any change from previous level of functioning**

# Warning signs of suicide

- Saying goodbye to friends or family thru notes or social media (posts about dying)
- Not committing to safety when questioned
- Looking to access means ( to attempt suicide)
- Increased substance abuse
- Has nothing to look forward to, feels trapped, isolated and a burden
- Increased anger/rage/mood swings/anxiety
- Has plan and intent

# What not to say or do

- Ask directly and matter-of-factly about suicide
- Do not underestimate the threat of suicide or invalidate feelings
- Do not be judgmental
- Don't argue or debate if suicide is right or wrong
- Don't say that their pain or stressor is not a serious enough reason
- Don't lecture on the value of life
- DO NOT be sworn to secrecy

# Safety precautions at home

- Close supervision at all times
- Lock/store firearms and ammunition\*
- Lock medicine cabinet
- Lock alcohol cabinet
- Monitor use of media closely
- Follow up in Weekly therapy, Access the mental health professional if in crisis
- If imminent danger: Eval in Peds ER

# Myths about suicide

- Talking about suicide will lead to suicide
  - Research indicates that talking openly and responsibly lets the child know that there are people who want to listen and help
- Most suicides happen suddenly without warning
  - Warning signs verbally or behaviorally precede most suicides
- Once suicidal, he/she will always remain suicidal
  - Proper treatment helps reduce symptoms





# Causative factors-Biological

**Genetic/inherited (4.5x risk)**, intrauterine exposure, prenatal/ perinatal, developmental delays (MR, LD, other), pubertal, temperament, attachment, head injury/seizures/cognitive deficits, medication/**substance abuse**, acute or chronic medical illness, other factors effecting normal brain metabolism



# Causative factors - Psychological

**Coping mechanisms, problem solving abilities, self critical/ capacity to self observe, future oriented/no foresight, problems with self-(and affect) regulation, sensation seeking/ delaying gratification, capable of empathy/compassion**



# Causative factors - Environmental

**Abuse/neglect, losses** (deaths, breakups or from moves), **bullying, peer rejection**, parental abandonment (divorce or other), breakups, separations, failures (Sports or academic or other) parent's illness, parental conflict, harsh discipline, witnessing violence, trauma with media/social media, other stressors

# Protective factors



# Stop Bullying.gov

- Bullying peaks in middle childhood – school refusal (and activities) is common
- Studies show 15 to 25% of students are being bullied with some frequency
- Most common forms are being made fun of, being the subject of rumors, being pushed, shoved, kicked, tripped or spit on
- Only 1/3 of the victims told an adult
- Cyberbullying; Anonymous posting, difficult to trace and delete, comments by others
- Anti bullying interventions need priority!

# Bullying and Violence

- The U.S. Secret Service Study of Targeted School Violence found that 2/3 of school shooters were the victims of bullying and that 2/3 were suicidal.
- The U.S. gun suicide rate is eight times that of other high-income countries.
- In 2019, nine children and teens were killed with guns each day in America—one every 2 hours and 36 minutes; 3371 children and teens died in 2019.
- <https://everytownresearch.org/school-shootings/>
- Only 35% of Parents With Child At Risk of Self-Harm Properly Store Firearms



# Bullying via apps

## APPS PARENTS SHOULD KNOW ABOUT



**BUMBLE** similar to "Tinder", however, it requires women to make first contact. Children have been known to use this app to create fake accounts and falsify their age.



**KIK** allows anyone to contact and send direct messages to your child. They can bypass traditional text message features. This app gives users unlimited access to anyone, anywhere and anytime.



**HOLLA** is a self-proclaimed "addicting" video chat app that allows users to meet people all over the world in seconds. Reviews state they have been confronted with racial slurs and explicit content.



**ASKFM** is known for cyber bullying. It encourages users to allow anonymous people to ask them questions.



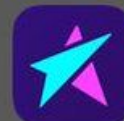
**HOT OR NOT** encourages users to rate your profile, check out people in their area and chat with strangers. Goal of this app is to hook up.



**INSTAGRAM** allows picture sharing, but many children are creating fake accounts to hide content from parents. They also like to text using this app because messages are deleted once you leave the app.



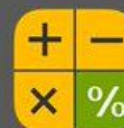
**SNAPCHAT** is a popular app that states you can take a photo/video and it will disappear. Some recent features include stories, which allow users to view content for up to 24 hours. This app also allows users to see your location.



**LIVE.ME** is a live streaming video app that can use geolocation to share videos so users can find out a broadcaster's exact location. Users can earn "coins" as a way to pay minors for photos.



**WHISPER** is an anonymous social network that promotes sharing secrets with strangers. It also reveals user's locations so they can meet up.



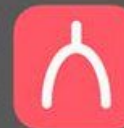
**CALCULATOR%** is a secret app used to hide photos, videos, files and your browser history.



**OMEGLE** is an online chat site that promotes chatting with strangers.



**YUBO**, formerly known as "yellow", is designed to allow teens to flirt with each other in a tinder-like atmosphere.



**WISHBONE** is an app that allows users to compare kids against each other and rate them on a scale. It's geared toward female users over the age of 13. There are also chat rooms associated with this app.



**BITLIFE** is a simulation game that exposes children to mature ideas.



**DISCORD** is a gaming app which allows you to easily view adult content and the ability to chat privately with strangers.



**LIPSI** is an anonymous feedback app. A lot of posts are positive, but feedback services are generally a recipe for bullying and trolling.



**BIGO LIVE-LIVE STREAM** lets teens stream live video of themselves that other users can see and comment on in real time. This app has a lot of mature content and users' comments are often predatory and explicit.



**TELLONYM** is an anonymous messaging app. Though the developers claim comments are moderated, comments about users being ugly and that they should kill themselves are noted on reviews.

# ADHD: 3-4 times increased risk

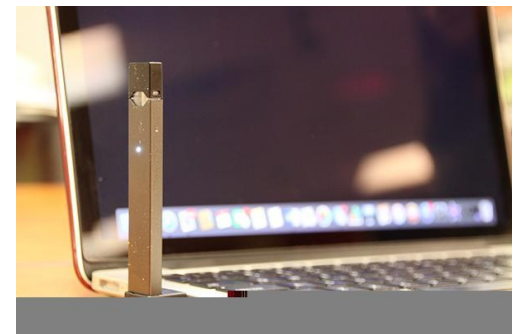
- Academic dysfunction
  - Decreased productivity and accuracy
- Behavioral dysfunction
  - Non compliant and disruptive
- Emotional disorders
  - Decreased self esteem, Increased anxiety
- Peer interactions
  - Unaware of social cues
- Medical conditions
  - Increased accidents and substance abuse



# Dyslexia

- 10% of the population has Dyslexia
- 33% of 4<sup>th</sup> graders read below basic
- Lifetime prevalence of suicide increased
- Women 16% versus 3.3%
- Men 8% versus 2.1%
- Adults with Specific learning disorders had a 46% higher odds of attempting suicide

# Vaping & Juuling



# Substance abuse changes brain chemistry in teens

- 90% of addicted americans begin use before 18
- Vaping-Nicotine more potent, addictive
- \*Alcohol use (also in household products)
- \*Marijuana/Cannabis use (also waxes, oils, edibles, patches, gels, synthetic marijuana)
- Parental attitude/messaging

# Then

1980's 2%, 1990's 4%.

# (THC content)

# Now

1995-2015: 17-28% , Edibles etc 95%



# The Dark side of Marijuana

- Increased risk of psychosis, schizophrenia
- Increased anxiety and panic attacks
- **Increased risk of depression and suicide (raised by ½ as young adult)**
- The weed that is available now is not the same as 10-20 yrs ago
- Synthetic substances of abuse causing hallucinogenic effect

# Seeing self harm & suicide on TV

- Makes a lasting impression
- Once you see it, you cannot “unsee” it
- 20-30% increased searches on suicide after “13 reasons why”
- Who is the audience? Is it graphic?
- Is the parent aware of the child/teen watching?
- Is the parent watching it with the child?
- What are the media guidelines?

# Suicide and Self harm games

- The Pass out challenge or the choking game
  - Approx 1000 lives lost every year in the US
- The Blue whale challenge
- The Salt and Ice challenge
- The Fire challenge
- The Cutting challenge
- Human embroidery
- Birdbox challenge
- Momo challenge

# Social media and teens

- Favorite way for teens to communicate with friends as “in person” dropped from 49% in 2012 to 32% in 2018
- 81% say + social media connectedness
- 72% of teens compelled (addicted) to respond to texts, social posts, notifications
- Teens who spend more than 3 hrs a day on devices get less than 7 hrs a sleep per day



# Social media: Advice to parents

- Avoid a blanket condemnation or Overreacting
- Monitor online behavior and talk about their profiles, digital footprint, online safety
- Identify the child's stressors and offer validation
- Identify how the child can stay connected with peers
- Balance social standing and self-expression
- Limit access to social media to one account and maintain access to the accounts.
- Talk about news stories and trends related to the internet/technology (including cyberbullying).

# Screentime

- Set screen-free times (no phones/devices in bedrooms and turn off at least 1 hr before)
- AAP: Increased obesity, sleep disturbance, cognitive, language, social and emotional delays
- Less than 2 hrs/day of recreational screentime for school age children, Less than 1 hr/day for 2-5yo
  - Passive Consumption (youtube videos etc)
  - Interactive Consumption via videogames
  - Communication via social media, videochat
  - Content creation of digital art, music etc

# Online Resources for Parents

- **<https://www.common sense media.org/>** nonprofit that provides independent reviews, age-appropriate content, and advice for parents on social media & technology
- American Academy of Pediatrics provides a “Family Media Plan,” which helps craft a realistic schedule for screen time, taking into account edu. requirements, extra-curriculars, chores, and other activities  
**<https://www.healthychildren.org/English/media/Pages/default.aspx>**
- **<https://www.screenagersmovie.com/parenting-apps>**
- Facts for Families provides concise & up-to-date info on issues that affect children, teenagers, and their families, and is distributed by the American Academy of Child and Adolescent Psychiatry. **[www.aacap.org](http://www.aacap.org)**

# Services in school



- Counselors from Wellstone, Enrichment Ctr
- Communication between teachers and parents
- Psychoeducational testing at school
- IEP for Special Ed interventions
- Section 504 from Rehab act of 1974
- Anti bullying interventions [www.olweus.org](http://www.olweus.org)
- Mandatory report of abuse
- Teach and encourage coping skills/strategies

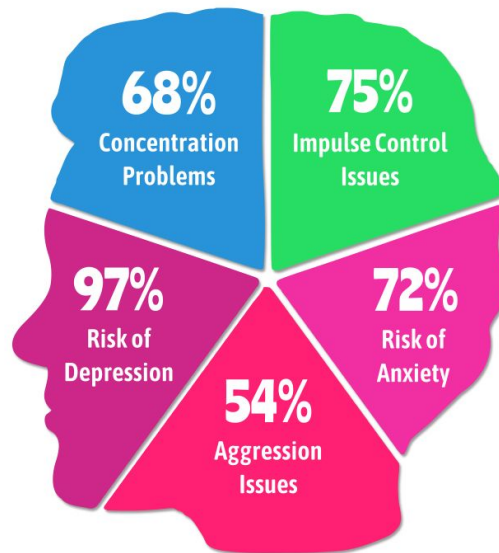
# Safety plan at school

- No harm contract does not work: There's no way to meaningfully hold someone to it and gives a false sense of security
- Specific safety plan: use a problem solving approach
  - Recognize warning signs (thoughts, feelings, behavior)
  - Internal coping strategies to help not act on the thought
  - Calling a family member/friend/ Crisisline or text
  - Removing access to lethal means, substance abuse
  - Increasing contact with counselor/going to ER
  - Increasing social and family support

# Good sleep hygiene

- Sleep is essential for depression recovery and health maintenance
- Identify challenges: screens, caffeine, structure

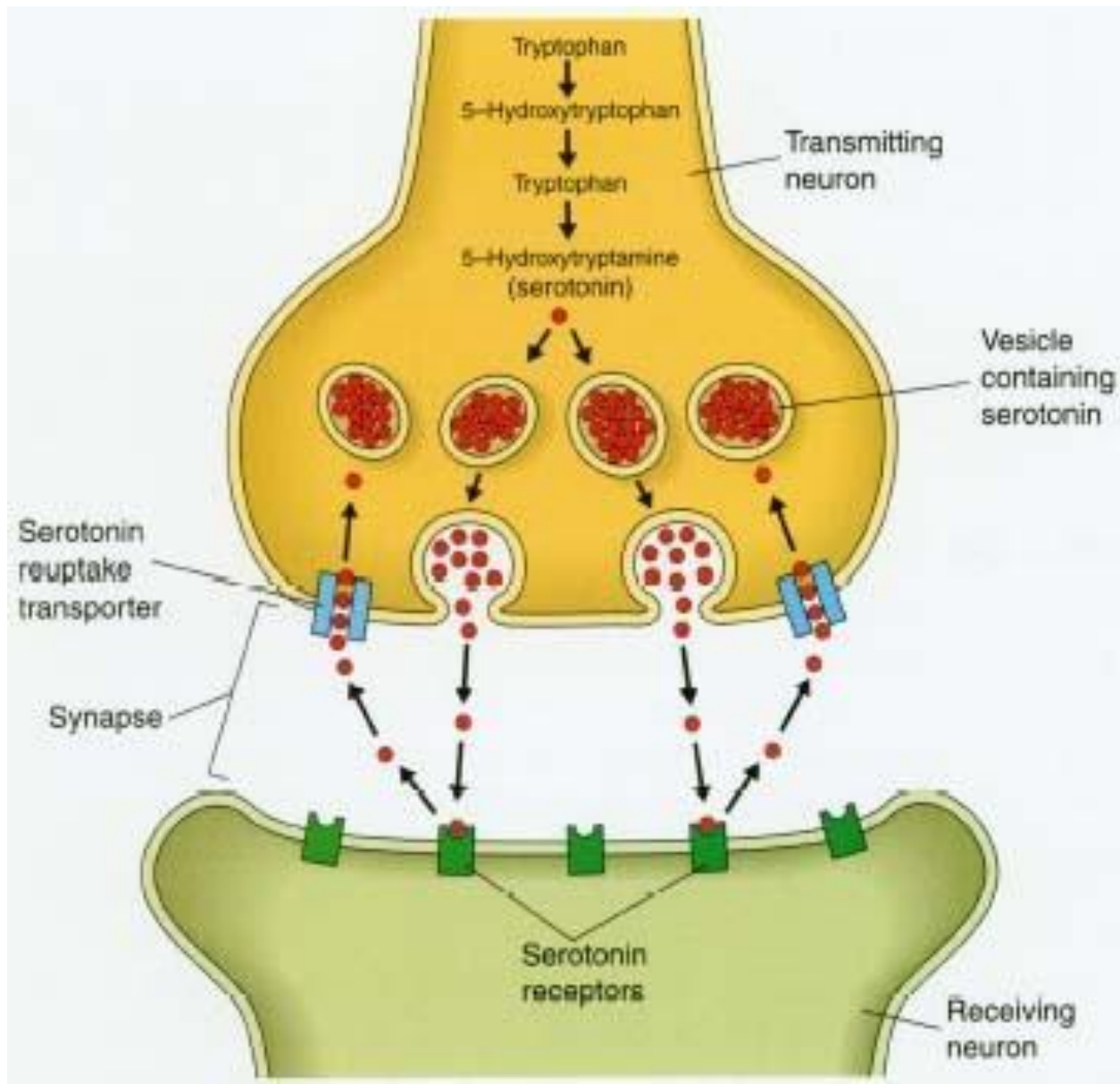
**Its Official - 58% Of Children  
Are Not Getting Enough Sleep**  
These children are at a greater risk of experiencing mental health issues.  
Even mild sleep deprivation can result in the following increases:



# Psychotherapy

- Play therapy for the very young children
- Social skills group therapy
- Interpersonal therapy and Family therapy for relational problems
- Cognitive behavioral therapy (being aware of the connectedness of thoughts, emotions and behaviors and changing perceptions)
- Dialectical behavior therapy ( skill training for mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance)

# Pharmacotherapy: How SSRI's work

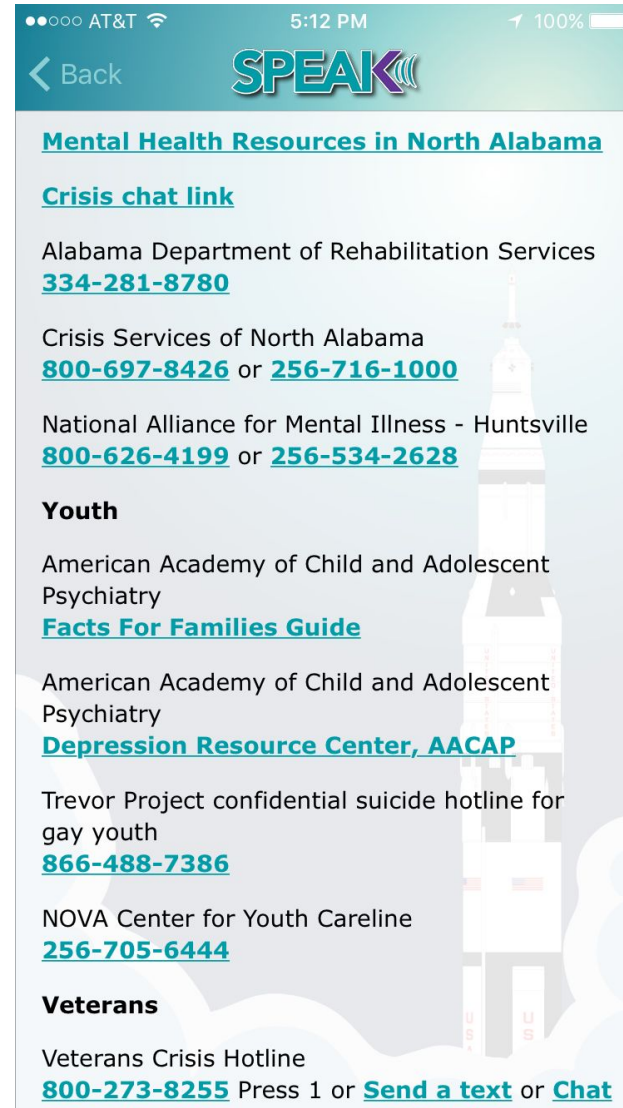




# FDA warning concerns

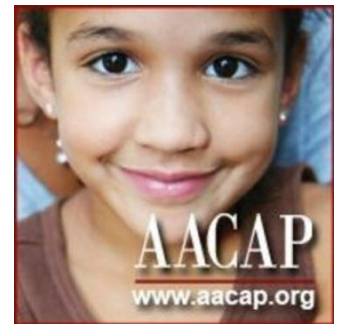
- In 2004, (**FDA**) issued a black-box **warning on antidepressants**: increased risk of suicidal thinking, feeling, and behavior in young people
- 372 randomized trials, 100,000 ppts: 3-4% on meds and 1-2% on placebo.
- Rates of antidepressant use decreased significantly (esp by PCPs), decreased diagnosis & Rx, and increased suicide rates

# SPEAK app North Alabama Huntsville Hospital Foundation





# Resources



- NAMI Huntsville 256-534-2628: **Online directory**  
- [www.namihuntsville.org](http://www.namihuntsville.org)
- Crisis services of North Alabama 256-716-4052
- Children's advocacy center 256-533-5437
- Mental health ctr of Madison County 256-533-1970
- CAJA Court appointed Juvenile Advocates 256 532-6988
- [www.aacap.org](http://www.aacap.org) Facts for families
- [www.tnvalleyunite.org](http://www.tnvalleyunite.org) support group
- Wings across Alabama 1 844 999 4647
- Alabama peer run warmline 1 800 639 3000 (mental health help before a crisis heats up)

# Virtual therapy platforms

<p>“You live most of your life inside your head. Make it a nice place to be.” -Unknown</p>	*Better Help	Regain	Teen Counseling	*Talk Space	Pride Counseling	SAMHSA
Cost/Flexibility of Plans	\$60-\$90/week, billed monthly. Flexible cancellation.	\$60-\$90/week billed monthly. Flexible cancellation.	\$60-\$90/week, billed monthly. Flexible cancellation.	\$65-\$100/week, billed monthly. Flexible cancellation.	\$60-\$80/week, billed monthly. Flexible cancellation.	Site and phone calls to suicide prevention lifeline is free. Cost of providers vary.
Communication Options	Messages, chats, video sessions, phone sessions.	Dedicated virtual “room” where patient goes to write to their therapist and, if invited, significant other.	Messages, chats, video, or phone sessions.	Messages, video, or phone sessions.	Message, live chat, phone, or video sessions.	Phone and internet. Hub for help finding local treatment services.
Areas of Focus	<p>Wide range: Accredited psychologists, Marriage and Family Therapists, Clinical Social Workers, and board certified counselors.</p> <p>- Focuses on assisting adults. Minors are redirected to Teen Counseling.</p>	<p>Primarily focuses on romantic relationship matters that need to be discussed. Other providers are available to assist with parenting, addiction, depression, etc.</p> <p>-Focuses on assisting adults.</p>	<p>Branch site of Better Help. Focuses on airing out and rationalizing various challenges teenagers may face.</p> <p>- Focuses on assisting adolescents.</p>	<p>Wide range: board certified physicians, psychologists, clinical social workers, marriage and family therapists, certified nurse practitioners, and licensed counselors. Covered by some insurance providers.</p> <p>- Focuses on assisting all age ranges.</p>	<p>Individuals in the LGBTQ community who may be struggling to find their identity or who feel they need support.</p> <p>- Focuses on assisting adults.</p>	<p>Primarily for individuals with substance abuse, but could be used for anyone needing help with their mental health or having suicidal ideations.</p> <p>- Focuses on assisting all age ranges.</p>
Website	<a href="https://www.betterhelp.com">https://www.betterhelp.com</a>	<a href="https://www.regain.us">https://www.regain.us</a>	<a href="https://www.teencounseling.com">https://www.teencounseling.com</a>	<a href="https://www.talkspace.com">https://www.talkspace.com</a>	<a href="https://www.pridecounseling.com">https://www.pridecounseling.com</a>	<a href="https://www.samhsa.gov">https://www.samhsa.gov</a>

# Apps for Mental Health

- Calm, iBreathe, Breathing App: Mindfulness
- Headspace: Meditation
- Mood Mission, Mindshift CBT, Moodkit: CBT for Depression
- Better Stop Suicide: Free
- Recovery Record for Eating Disorders: Free
- SAM Self help for Anxiety Management: Free
- DARE app: Anxiety
- Todoist: ADHD
- PTSD coach

# Caring House for children and families

<http://caringhousehuntsville.com/home.aspx>

## CRISIS SUPPORT

Community Grief support groups at schools

3-4yo: preschool group offered as needed

5-9yo: kids' group

10-12yo: tween group

13-18yo: teen group

**Stepping stones:** Family support for those affected by a loved one's death by suicide

Camp "Good Grief" in June for children 5-12

Call 256 650 1212

# Criteria for Inpt Admission

- The child poses an **actual or imminent danger** to him or herself or to others.
- The child's behavior is destructive or bizarre/inappropriate in the community.
- The child needs medication which must be adjusted or closely monitored.
- The child requires a period of stabilization calling for 24-hour comprehensive and intensive observation by skilled professionals.
- The child cannot sustain social relationships and is disruptive in school, the family, or the community.
- The child has failed to improve in other, less restrictive settings.

# Psychiatric Inpatient Resources

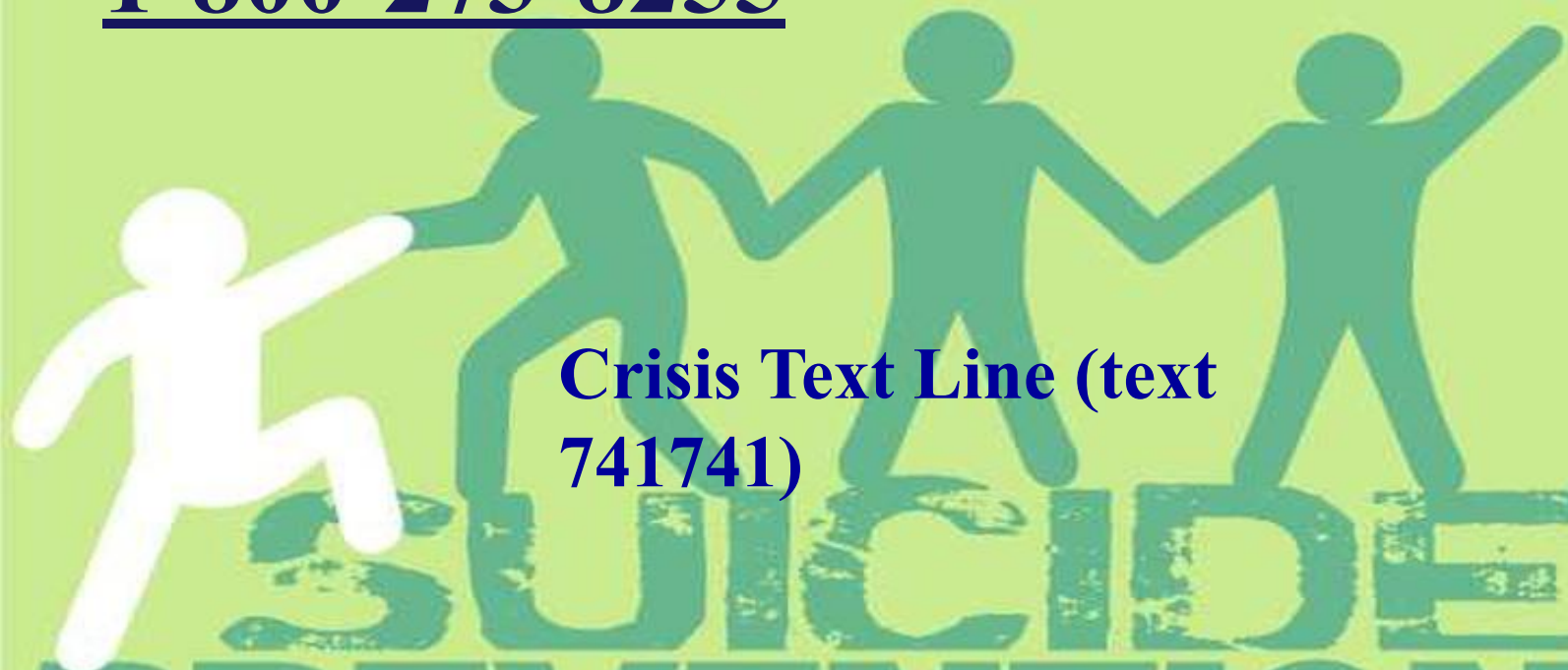
- Parkridge Valley, Chattanooga, TN
- Vanderbilt Child Psych unit, Nashville, TN
- UAB Childrens Hospital, Hillcrest in B'ham, AL
- Decatur General West, AL
- Grandview Medical Center, B'ham, AL
- Rolling Hills in TN
  - Is Communication good with referral Drs and Families?
  - Is the child under care of a Board Certified Child Psychiatrist?
  - Are Therapeutic needs and Educational needs met?



National Suicide prevention Hotline

**1-800-273-8255**

SOON! 3 digit 988



**Crisis Text Line (text  
741741)**

**SUICIDE  
PREVENTION  
is EVERYBODY'S  
BUSINESS**

# What to say to the child

- It is not your fault you are depressed but **it is your responsibility to help get better**
- If changes fail, we will see what other changes we can make
- Working together with caregivers, treatment providers gives your changes a better chance of being helpful (and the medication a better chance of working)

SPEAK Coordinator

Anna Manning

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