



Youth Suicide Prevention
Community of Practice – Sixth Meeting
The Relationship between
Child Maltreatment and Suicide
and
A Comprehensive Approach to Suicide Prevention

Wednesday, June 20, 2012
10:30 to 11:30 AM EDT

Featured Speakers:

Natalie Wilkins, PhD, CPH and Julie Ebin, Ed.M.

Moderator:

Erica Streit-Kaplan

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Meeting Orientation Slide

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Introductions

- Minnesota
- Missouri
- Nebraska
- North Carolina
- North Dakota
- Oklahoma
- Puerto Rico
- Tennessee
- Virginia
- West Virginia
- Other partners

Preventing Youth Suicide and Child Maltreatment

Natalie Wilkins, PhD, CPH

Centers for Disease Control and Prevention
Division of Violence Prevention

June 20, 2012

National Center for Injury Prevention and Control

Place Descriptor Here



Youth Suicide and Child Maltreatment: Public Health Impact

❑ Youth Suicide

- Third leading cause of death for youth ages 10-24¹
- Nearly 16% of high school students report seriously considering suicide (that's three students in an average classroom size of 20)^{2,3}
- In the US, estimated to cost more than \$6 billion a year in medical costs and work loss.¹

❑ Child Maltreatment

- Third leading cause of death for children ages 1-4¹
- More than 3 million reports of child maltreatment are received by state and local agencies each year (that's nearly 6 reports every minute)⁴
- In the US, the total lifetime cost is \$124 billion each year⁵

CDC Definitions

❑ Suicidal Behavior

- Suicidal ideation (thinking about ending one's life)
- Suicide attempt (non-fatal suicidal behavior)
- Suicide (ending one's life)

<http://www.cdc.gov/ViolencePrevention/suicide/definitions.html>

❑ Child Maltreatment

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/definitions.html>

Shared Risk and Protective Factors

Suicide and Child Maltreatment

❑ Risk Factors^{6,7}

- Substance abuse
- Mental health issues (particularly depression)
- Social isolation
- Lack of access to mental health/substance abuse services

❑ Protective Factors

- Family and community support (connectedness)
- Access to mental health/substance abuse services

Links between Suicide and Child Maltreatment

CDC's Linkages Study⁸

Physical abuse as a child associated with:

- **Suicidal ideation**
- **Suicide planning**
- **Suicide attempts**
- **Illegal drug use**
- **Dating violence victimization**
- **Peer violence victimization**
- **Friends who engage in criminal behavior**
- **Criminal behavior (stronger among girls)**
- **Peer violence perpetration (stronger among boys)**

Links between Suicide and Child Maltreatment

Findings from the Adverse Childhood Experiences Study⁹

- ❑ Children who are maltreated are at higher risk for substance abuse, depression, and suicide attempts as youth and adults.
- ❑ Theoretical pathway linking child maltreatment and suicide attempts



Public Health Strategies

Suicide Prevention

- ❑ Research on effective strategies is limited
- ❑ Promising approaches
 - Gatekeeper training
 - School-based awareness /education
 - Physician education/Screening in health care settings
 - Means restriction
 - Media guidelines
- ❑ Prevention of Suicidal Behavior through the Enhancement of Connectedness (2 CDC funded studies)
- ❑ Moving “upstream”- opportunities in child maltreatment prevention and promotion of safe, stable, nurturing relationships

Public Health Strategies

Child Maltreatment Prevention

- ❑ Early Childhood Programs with Parent Training
 - Ex: Child-Parent Centers
- ❑ Early Childhood Home Visitation
 - Ex: Nurse-Family Partnership
- ❑ Comprehensive Programs Addressing Various Levels of Risk
 - Ex: Triple P
- ❑ Hospital-Based Education for Parents on Infant Crying/Management
 - Ex: The Period of PURPLE Crying

Public Health Strategies

Other Considerations

- ❑ Collaboration and multi-sector partnerships (building “connectedness” across content areas, agencies/organizations, and services)
- ❑ Strategies at individual, relationship, and community levels
- ❑ Community engagement
- ❑ Comprehensive state planning

Implementation Resources

- ❑ **Suicide Prevention Resource Center** www.sprc.org
- ❑ **Actionable Knowledge Tools for Youth Suicide Prevention**
 - Gatekeeper Training Implementation Support System
www.gatekeeperaction.org
 - Maine Youth Suicide Prevention Program Early Identification and Referral Toolkit
http://www.sprc.org/library_resources/items/youth-suicide-prevention-referral-and-tracking-toolkit
 - Life is Sacred Youth Suicide Toolkit for American Indian/Alaska Native Youth
http://sprc.org/library_resources/items/life-sacred-actionable-knowledge-product-suite

Implementation Resources

❑ Evidence-Based Decision Making online resource

- Early 2013 www.vetoviolence.org
- Comprehensive framework and tools to support decision making around prevention strategies
- Combining best available research evidence with contextual and experiential evidence

❑ Public Health Leadership Toolkit

- Summer 2012 www.vetoviolence.org
- Framework and tools for state health departments to address child maltreatment as a priority issue
 - Video library to aid in communicating key messages for the support of programs that contribute to primary prevention of CM
 - State examples and links to other web-based resources

Additional Resources

CDC Strategic Directions

- ❑ Safe, Stable, Nurturing Relationships (child maltreatment)
http://www.cdc.gov/ViolencePrevention/pdf/CM_Strategic_Direction--Long-a.pdf
- ❑ Connectedness (suicide)
http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf

General Information

- ❑ Child Maltreatment Prevention
<http://www.cdc.gov/ViolencePrevention/childmaltreatment/index.html>
- ❑ Suicide Prevention
<http://www.cdc.gov/ViolencePrevention/suicide/index.html>

References

- ¹ Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2011). National Center for Injury Prevention and Control, CDC (producer). Available from URL: www.cdc.gov/injury/wisqars/index.html.
- ² Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Surveillance—United States, 2011. Surveillance Summaries, June 8. MMWR 2012; 61 (No. 4).
- ³ U.S. Department of Education, National Center for Education Statistics. (2009). Characteristics of Public, Private, and Bureau of Indian Education Elementary and Secondary Teachers in the United States: Results from the 2007-08 Schools and Staffing Survey (NCES 2009-324).
- ⁴ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. Child Maltreatment 2008: Summary [online]. Washington (DC): Government Printing Office; 2010. [accessed 2011 Nov 1]. Available from: <http://www.acf.hhs.gov/programs/cb/pubs/cm08/summary.htm>
- ⁵ Fang X, Brown DS, Florence C, Mercy J. The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse and Neglect. January 2012.

References

⁶Centers for Disease Control and Prevention. Child Maltreatment: Risk and Protective Factors. Retrieved on June 11, 2012 from

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>

⁷Centers for Disease Control and Prevention. Suicide: Risk and Protective Factors. Retrieved on June 11, 2012 from

<http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html>

⁸Logan, J., Leeb, R., & Barker, L. (2009). Outcomes among physically abused high-risk seventh-grade youths. *Public Health Reports*, 124, 234-245.

⁹Dube, S., Anda, R., Felitti, V. Chapman, D., Williamson, D., and Ciles, W. (2001). Childhood abuse, household dysfunction and the risk of attempted suicide throughout the life span: Findings from the Adverse Childhood Experiences study. *JAMA*, 286, 3089-3096.

Acknowledgements

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Thank You!

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The findings and conclusions of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.



Suicide Prevention Resource Center

Comprehensive Approach to
Suicide Prevention
June 20, 2012

Julie Ebin, MEd
Senior Prevention Specialist

Who We Are

The screenshot shows the SPRC website homepage. At the top, there is a navigation bar with links for "About SPRC", "Contact Us", and "FAQ". A search bar and a "Login" button are also present. Below the navigation bar, the SPRC logo and name are displayed, along with the tagline "Promoting a public health approach to suicide prevention". To the right, there is a "SUICIDE PREVENTION LIFELINE" banner with the phone number "1-800-273-TALK (8255)" and the website "suicidepreventionlifeline.org".

The main content area features a large map of the United States with red dots indicating grantee locations. The map is titled "Garrett Lee Smith State and Tribal Suicide Prevention - Cohort 6 Grantees". To the right of the map, there is a section titled "New Garrett Lee Smith Memorial Act Grantees" with a text block stating: "On September 1, Health and Human Services Secretary Kathleen Sebelius announced that \$52.9 million in new grants will be awarded to 16 states and 22 tribes for youth suicide prevention programs under the Garrett Lee Smith Memorial Act."

Below the map, there is a row of navigation links: "R2P Webinar", "Youth Suicide Prevention Grantees", "AMSR", and "One-Year Mark". To the right of these links are navigation arrows: "« || »".

The bottom section of the page is divided into several columns. The first column contains a section titled "Professionals Providing Social Services" with a sub-header "Resources and information for professionals in schools, communities, and organizations. For Professionals »". The second column contains a section titled "Health & Behavioral Health Care Providers" with a sub-header "Learn how providers can play a role in identifying and helping individuals at risk of suicide. For Providers »". The third column contains a section titled "Director's Blog" with a sub-header "Systems of Care for Suicide Prevention: Changing the Story".

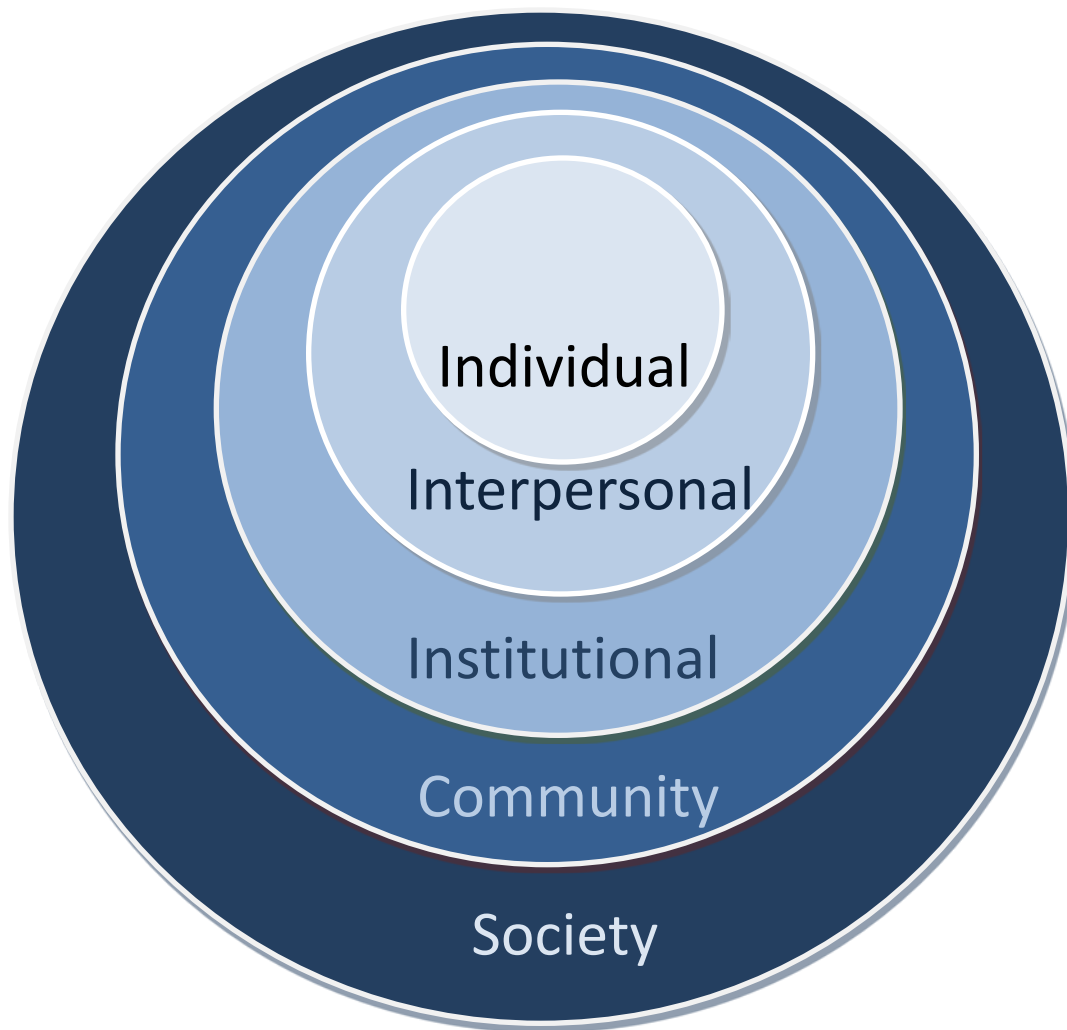
Below these sections, there is a row of four smaller sections: "SAMHSA Youth Suicide Prevention Grantees" (Find out more about SAMHSA's Garrett Lee Smith Grantees, including a grantee locator, archived webinars and presentations.), "States & Communities" (Find suicide prevention contacts, events, and recent developments in your state and learn how you can get involved. For States and Communities »), "The Weekly Spark" (with a form to enter an email and a "Subscribe" button), and "American Indian/Alaska" (partially visible).

At the bottom right, there is a social media sharing section with icons for Facebook, Twitter, LinkedIn, Email, Print, and a "Share" button.

www.sprc.org

Public Health Approach

Problems occur
at multiple
levels



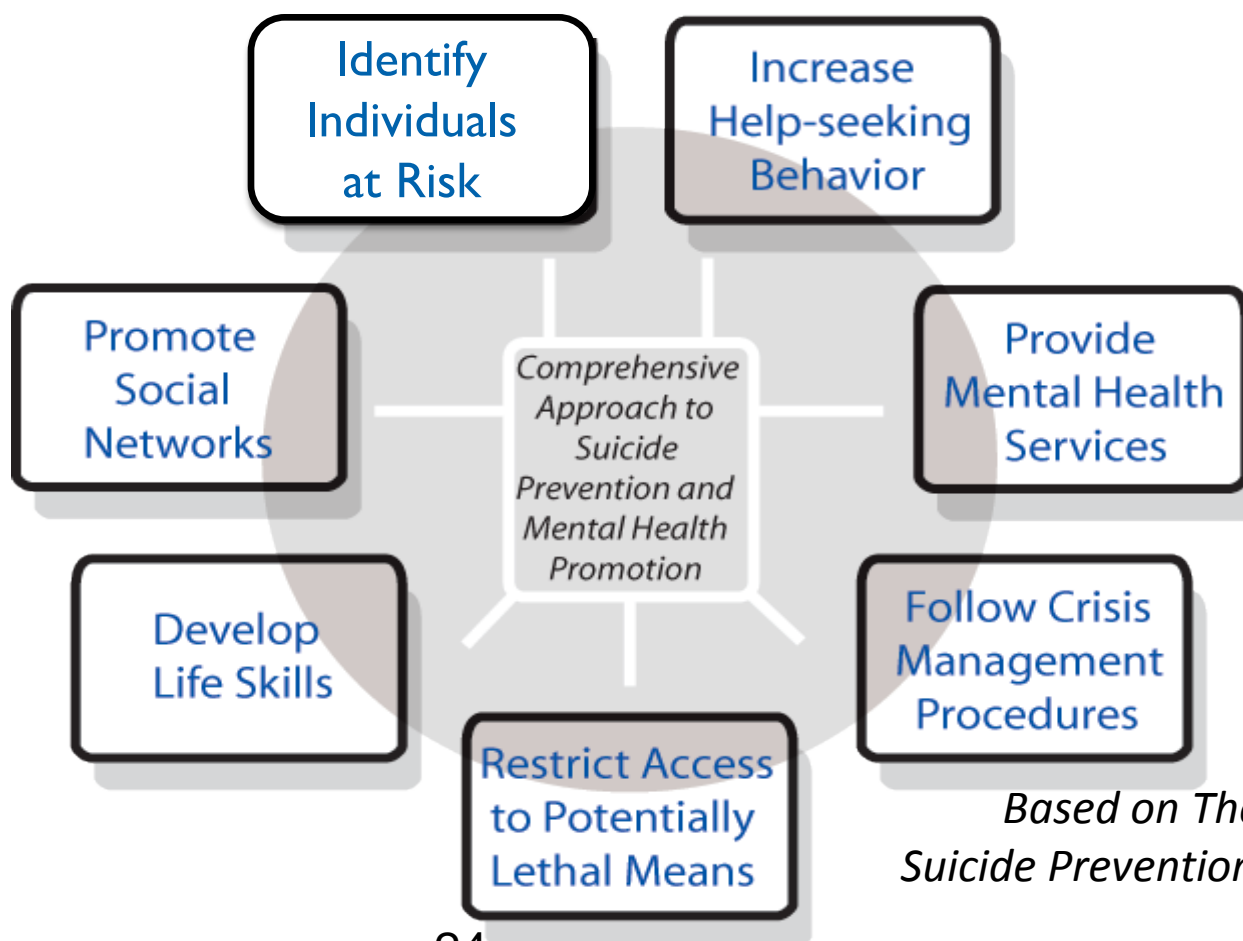
Based on DeJong & Langford, 2002

Public Health Principles

- Problem is one of the entire community
- Include prevention *and* treatment
 - Address problems at multiple levels
 - Think/plan strategically
 - Use best practices and tactics
 - Best Practices Registry -- <http://www.sprc.org/bpr>

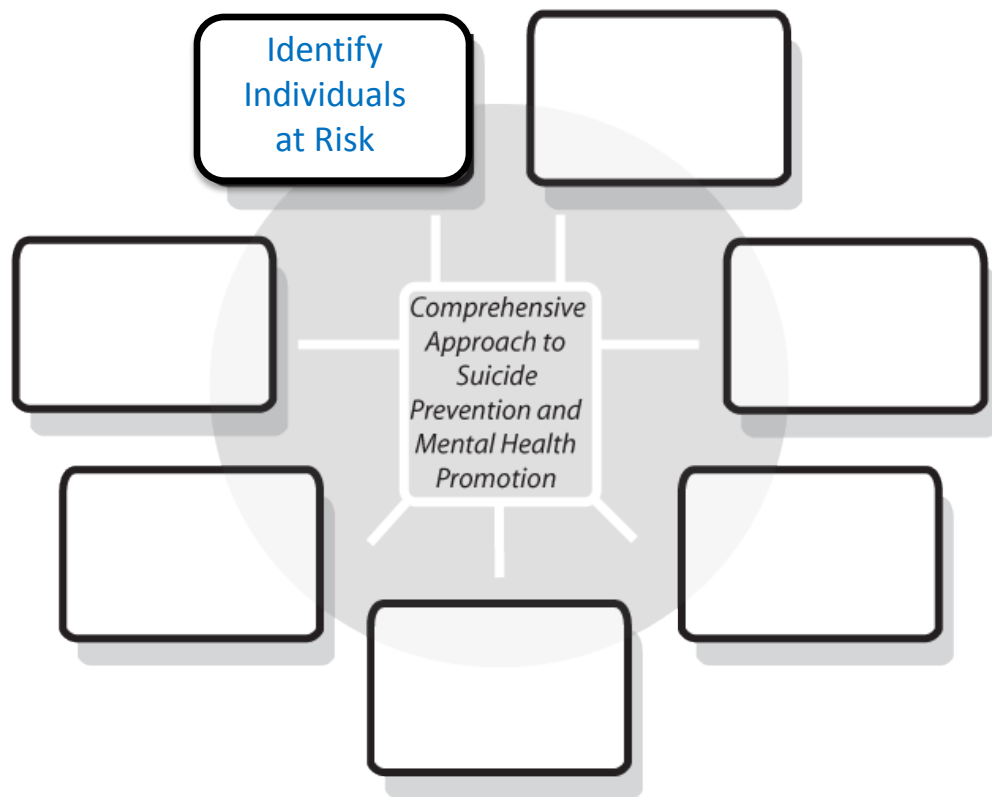
The Comprehensive Approach

Intervene at multiple levels with multiple, integrated strategies



*Based on The Jed Foundation;
Suicide Prevention Resource Center*

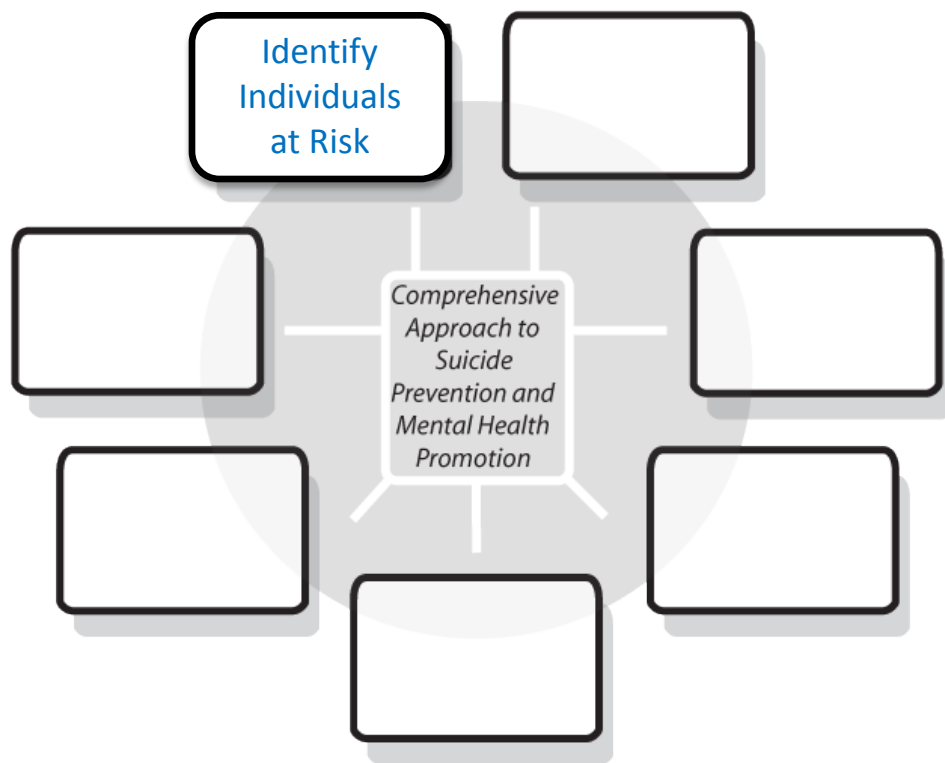
Identify Individuals At Risk



Goal:

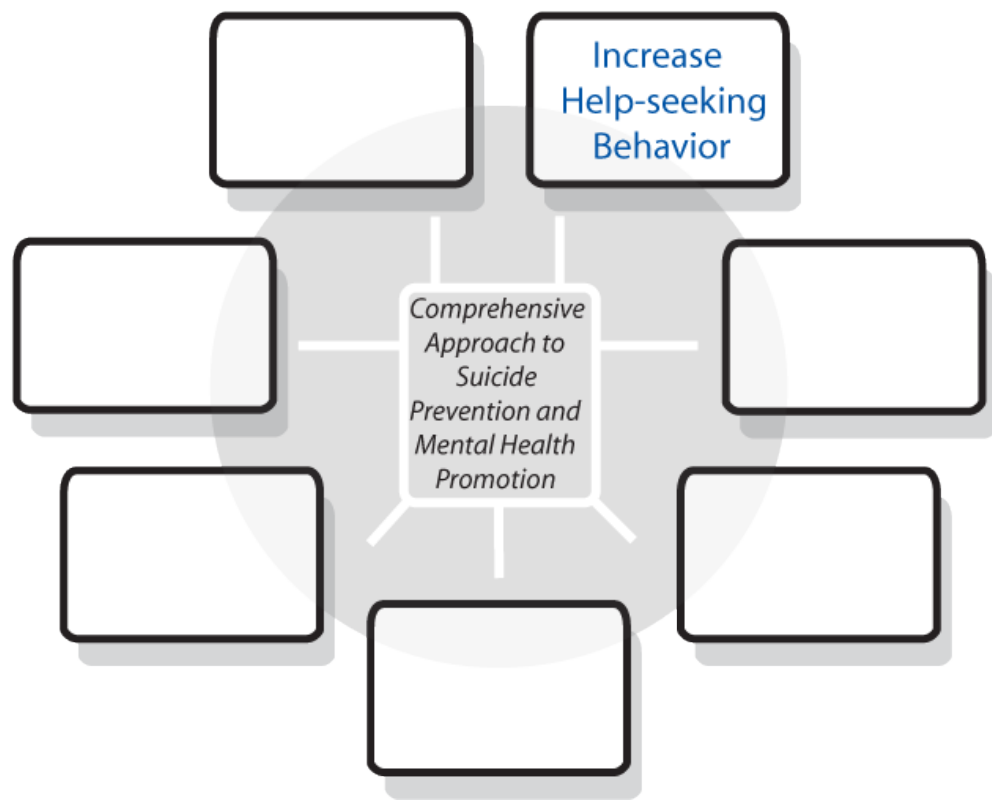
To identify individuals who may be at risk for suicide through the use of outreach efforts, screening, and other means.

Identify Individuals At Risk



- Include questions about mental health on medical history form
- Provide gatekeeper training to key natural helpers to recognize/refer distressed people
- Create interface between disciplinary process and mental health service
- Screen to identify high-risk or potentially high-risk individuals among target populations
- In closed institutions (e.g. military, schools) establish cross-department case management committee

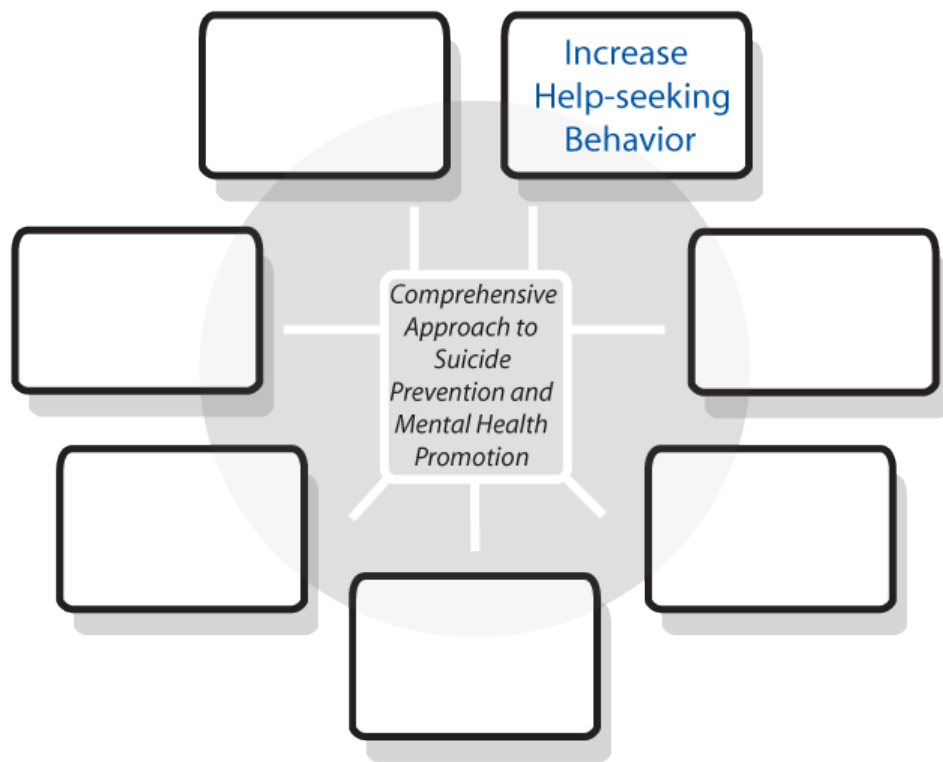
Increase Help-Seeking Behaviors



Goal:

To educate key populations about mental health and wellness, encourage seeking appropriate treatment for emotional issues, and to reduce the stigma surrounding mental illness and seeking help for suicidal thoughts and behaviors.

Increase Help-Seeking Behaviors

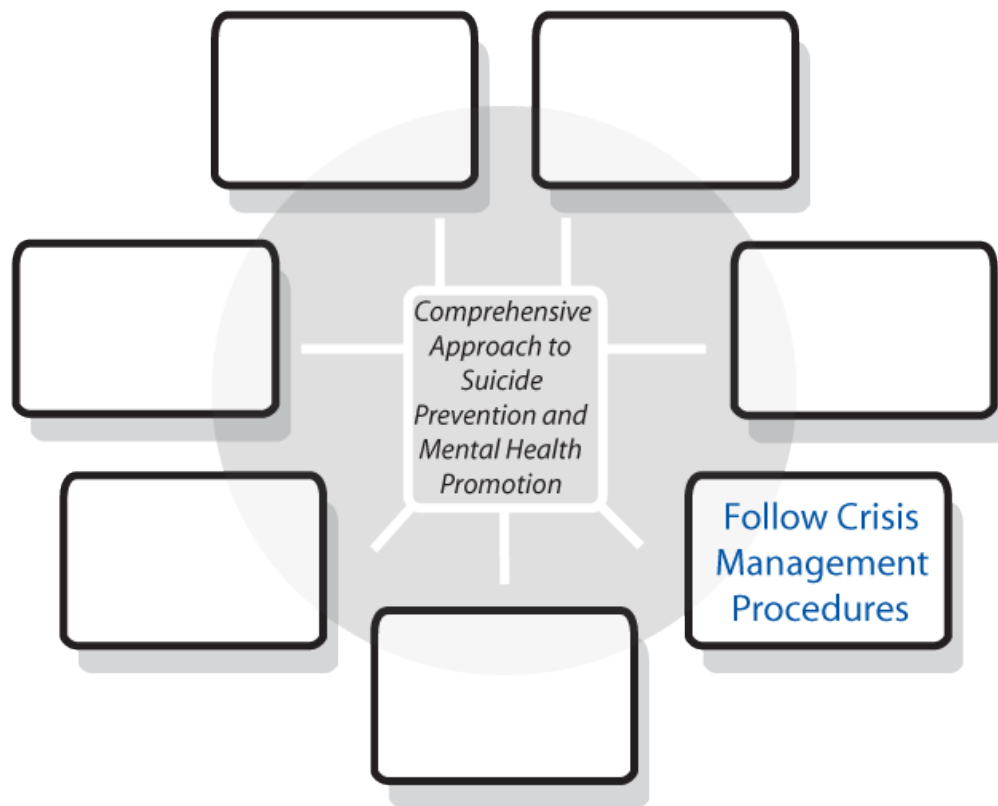


- Identify problems or barriers to getting help.
 - Enhance accessibility of mental health services.
- Stimulate community-wide cultural change that destigmatizes mental health problems and removes barriers to getting help.
- Educate individuals about the signs and symptoms of suicide and mental illness and where to go to get help.
- More than using signs or posters to raise awareness of services.

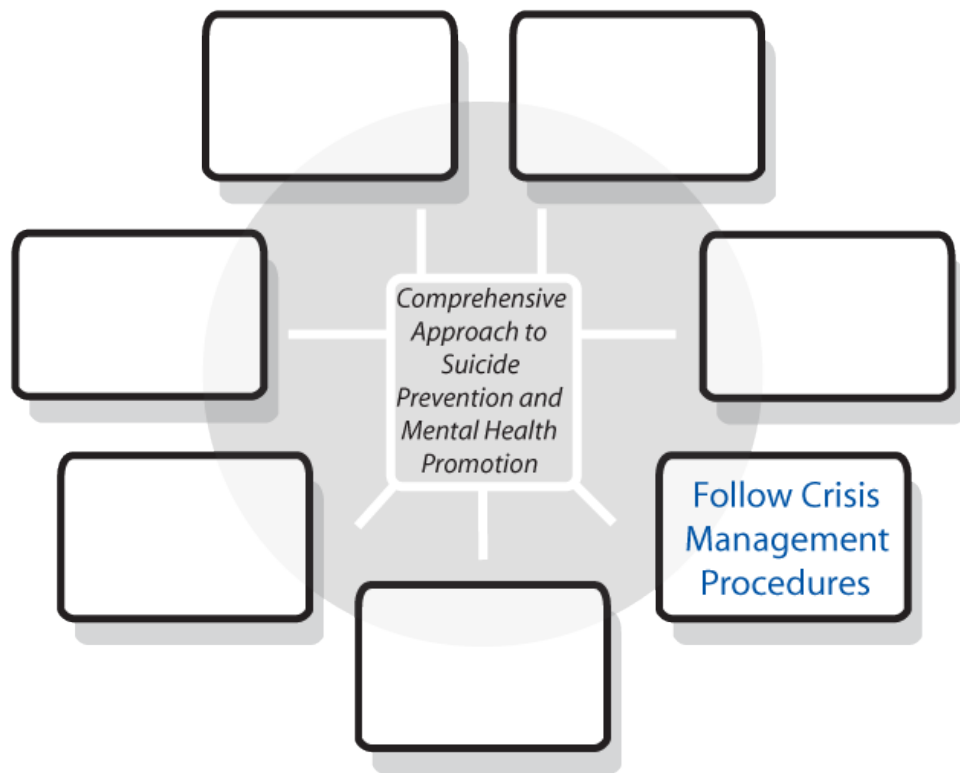
Crisis Management Procedures

Goal:

To develop policies that promote the safety of distressed or suicidal individuals, and respond to crises including suicidal acts using institutionalized processes.

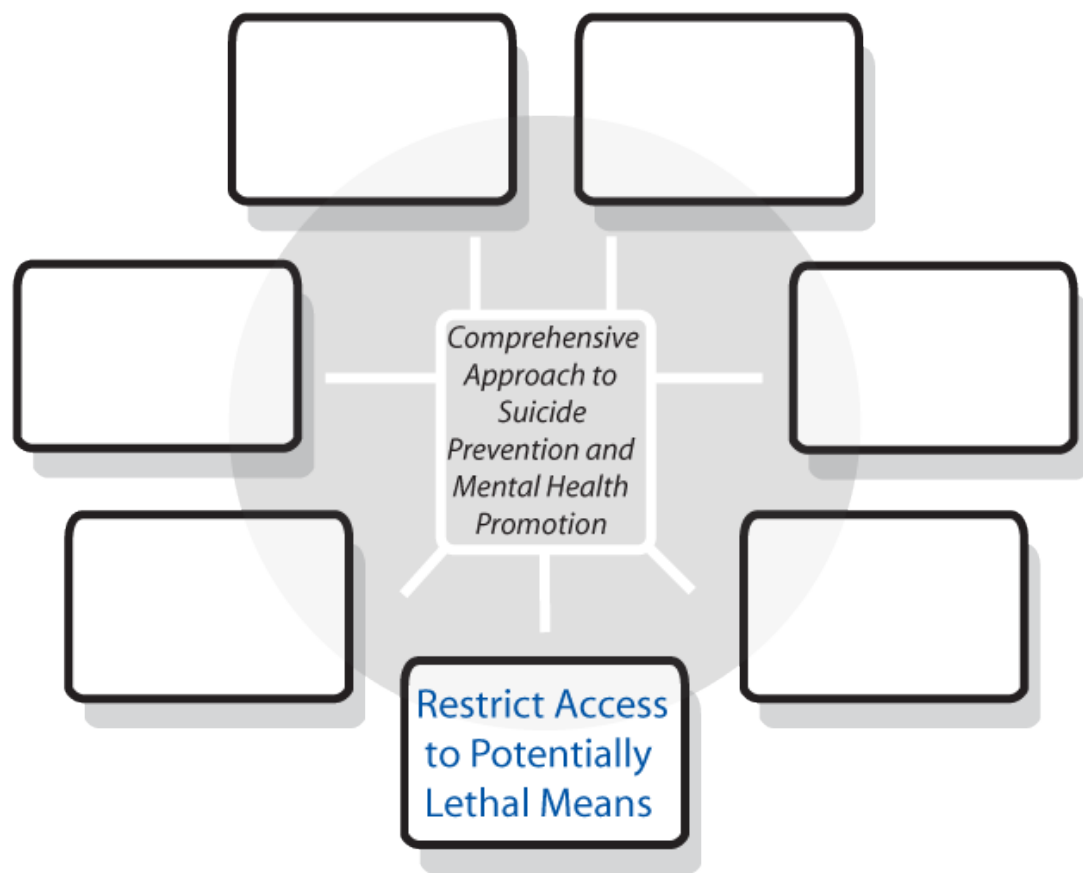


Crisis Management Procedures



- Establish and follow policies
- Tailored policies for specific venues/personnel
 - Schools, emergency department, work place, mental health centers, first responders
 - Protocols for response to suicide attempts and other high-risk behavior
 - Policy for management of attempts and of high risk individual
- Establish a postvention policy

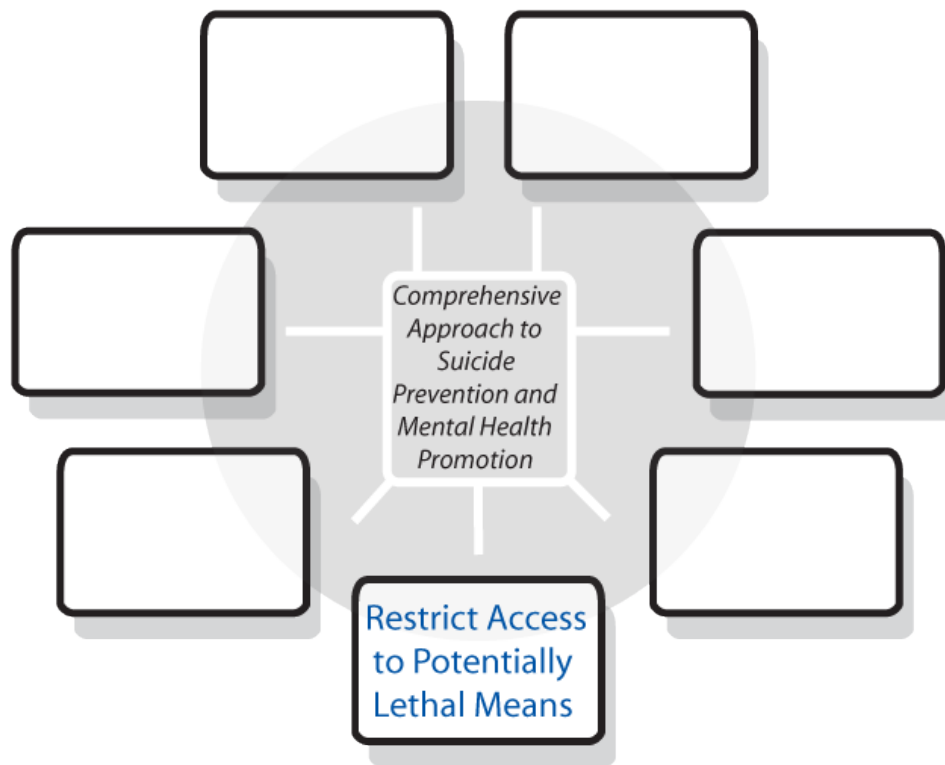
Restrict Access to Lethal Means



Goal:

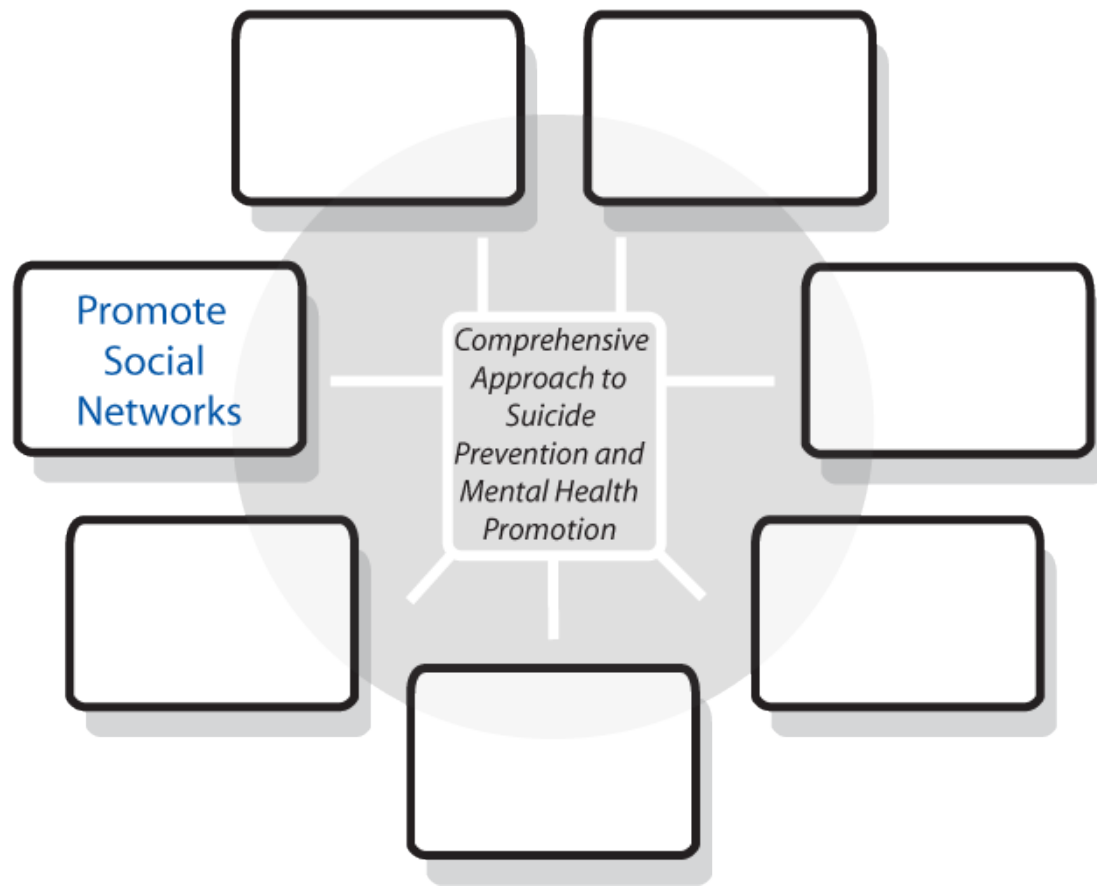
To limit access to potential sites, weapons, and other tools or methods that may facilitate dying by suicide.

Restrict Access to Lethal Means



- Limit access and/or erect fences on bridges, parking structures, and known hot-spots.
- Encourage use of gun locks and other gun safety measures
- Dispose of unneeded medications
- Educate family members

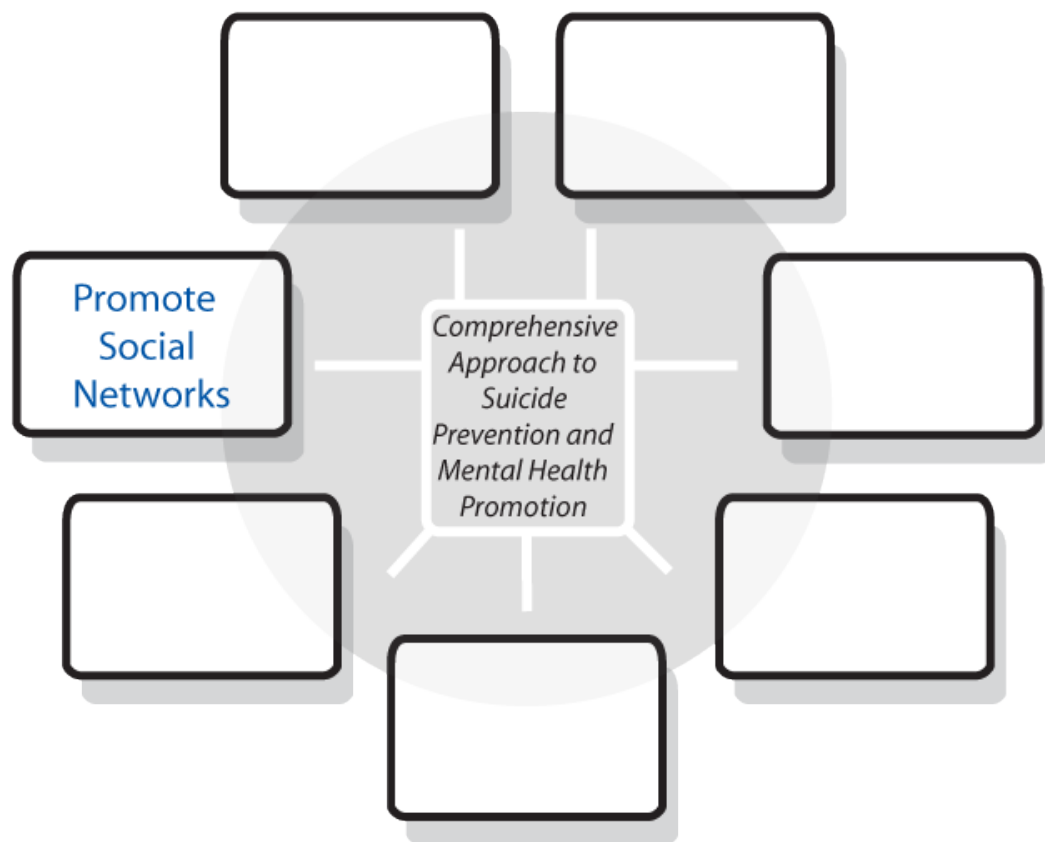
Promote Social Networks



Goal:

To promote relationship-building between individuals, e.g. families, community members, elders, and health care providers to create a sense of community.

Promote Social Networks



- Reduce isolation and promote feeling of belonging
- Encourage the development or affiliation with smaller groups within the larger community

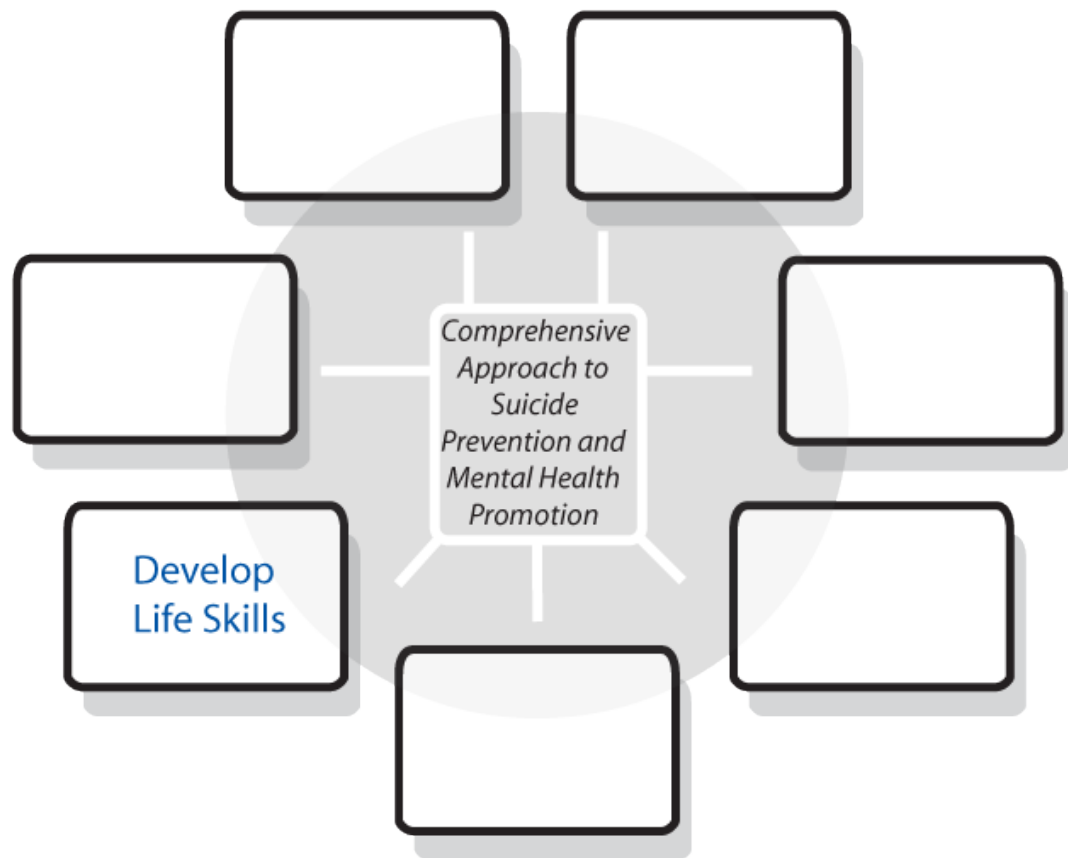
Develop Life Skills



Goal:

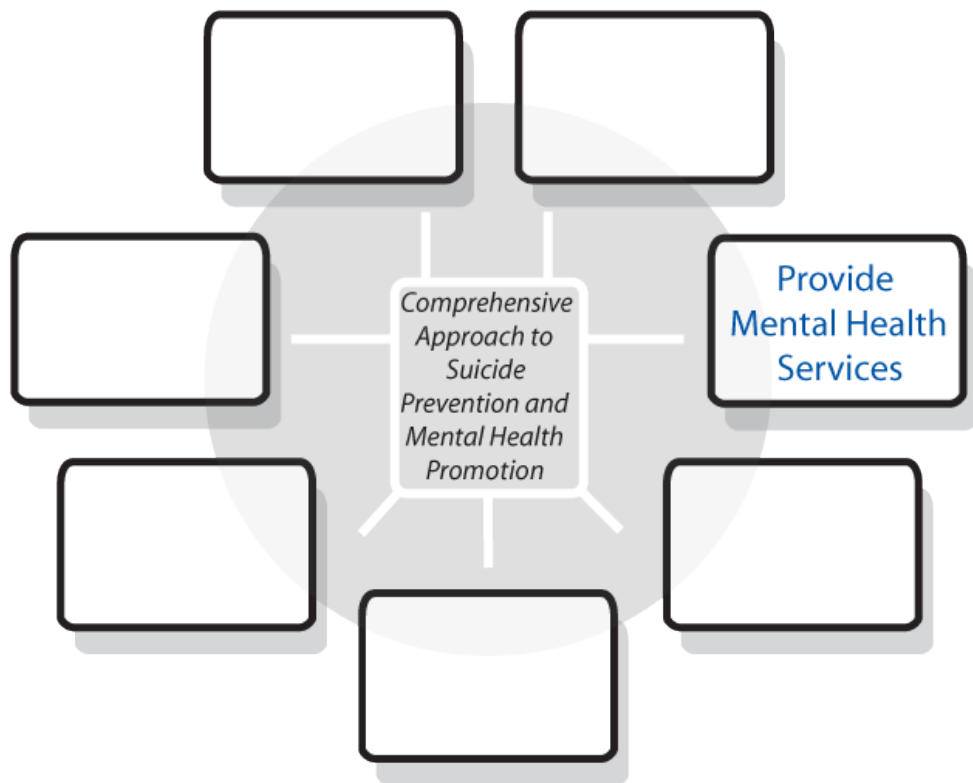
To promote the development of skills that will assist youth, adults, and elders as they face various challenges across the lifespan.

Develop Life Skills



- Improve management of the rigors and challenges of life
- Equip individuals with tools to recognize and manage triggers of stress and distress

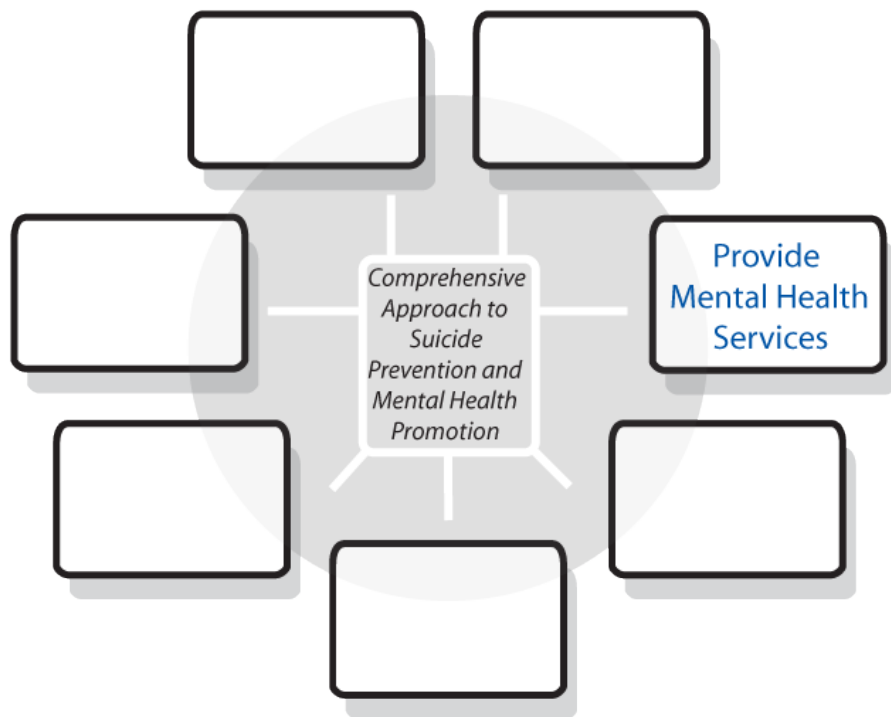
Provide Mental Health Services



Goal:

To accurately diagnose and appropriately treat individuals with emotional problems including assessing and managing suicide risk.

Provide Mental Health Services



- Engage in prevention/outreach
- Are mental health providers equipped to work with patients at risk for suicide?
- Ensure referral networks are in place to provide adequate care.
- Alternate providers
- Institute policies and procedures
- Train personnel on confidentiality, notification, and other legal issues



Questions?

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Discussion

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Upcoming Meeting

August 1st

“The Relationship between Adolescent Brain Development and Suicide Risk”

Wednesdays 10:30-11:30 Eastern Time/9:30-10:30 Central Time