Rhode Island
Child Death Review Team
Youth Suicide Issue Brief
(2005-2010)

Rhode Island CDRT
REVIEW & PREVENTION
OF CHILD DEATHS

RHODE ISLAND DEPARTMENT OF HEALTH

Introduction

The Rhode Island (RI) Child Death Review Team (CDRT) is a multidisciplinary team established in 1997 as part of the RI Department of Health, Office of State Medical Examiners. The RI CDRT conducts a comprehensive review of deaths of children and youth, age 0 to 17, in Rhode Island, in order to identify ways in which similar deaths may be prevented. Each case is reviewed in detail, gathering evidence from a wide range of sources, in order to try to identify modifiable risk factors. Examples of deaths eligible for review include those due to sudden unexplained infant death (SUID), injuries, homicides, suicides, abuse/neglect and deaths of natural causes that are potentially preventable. The State CDRT also reviews deaths of youth aged 18-24 for certain categories, such as accidents, homicides, and suicides. The data presented in the following analysis includes deaths by suicide in RI up to age 25 years. Suicide is a serious, but largely preventable public health problem.[1]

Representation on the CDRT includes the Department of Health, Department of Education, Department of Children Youth and Families, Office of the Child Advocate, pediatricians, injury prevention specialists, psychiatrist, emergency physicians, emergency services, the Attorney General's Office, law enforcement, and Department of Human Services.

The CDRT's findings regarding youth suicide are presented herein to inform statewide prevention efforts.

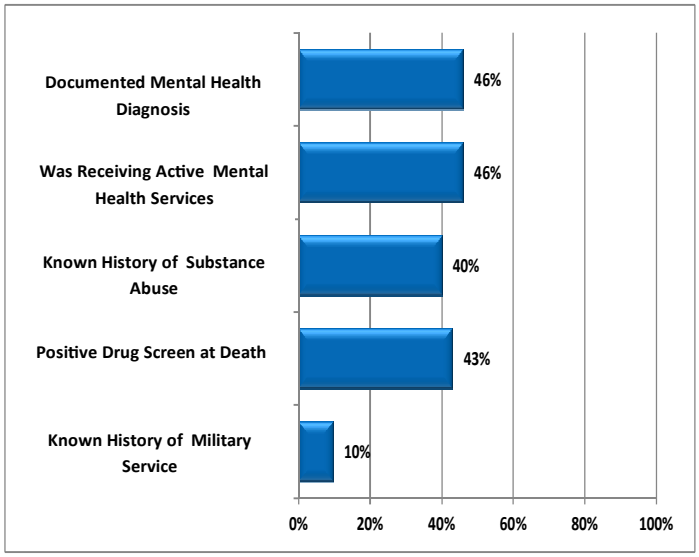
At a Glance

- Suicide is the third leading cause of death in youth ages 15-24, both nationally and in Rhode Island.[2]
- From 2005-2010, 77 young people, ages 13-24, died by suicide in Rhode Island.[3] For every one of these completed suicides in this age group there are approximately 100-200 suicide attempts.[4-5]
- Every year in Rhode Island, about 500 youth are seen in the emergency department for a suicide attempt.[6]
- Over ¾ of the youth who died by suicide in RI had told someone that they were thinking about suicide or had previously attempted suicide.[7]
- Suicide risk factors can include recent loss of a relationship, death of a loved one by suicide, mental health issues like depression and other mood changes, substance abuse, being a victim of violence - including child or sexual abuse, bullying, harassment, and dating violence.[8]
- The youth suicide rate in Rhode Island is estimated at 3.2 per 100,000 compared to 4.3 nationally.[9] Nationally, the youth suicide rate increased dramatically from 1950 to the early to mid-1990s but has decreased slightly thereafter. Rhode Island has witnessed an increase in suicides among the very young (under 15 years old) over the past three years.[10]
- In Rhode Island and nationally, males are more likely to die by suicide. From 2005-2010, 72% of youth suicide victims in Rhode Island were male.[11] Suicide *attempts* (and hospitalization for self-harm), however, are more common among females. In RI, the rate of emergency department visits for suicide attempts in 15-24 year olds is 320 per 100,000 females compared to 271 per 100,000 males.[12]

Warning Signs for Youth Suicide Victims in Rhode Island

There are often warning signs before a youth suicide. A warning sign does not automatically mean a person is going to attempt suicide, but it should be taken seriously. The most concerning warning signs include: a prior suicide attempt, talking about suicide, acquiring means, and making a plan, giving away prized possessions, preoccupation with death, signs of depression, hopelessness and anxiety, and increased drug and alcohol use.[13] The RI CDRT case review process found that there was a documented history of suicide attempts and/or suicidal statements for 80% of those who killed themselves. Studies estimate as many as 80% of those thinking about suicide want others to be aware of their emotional pain and stop them from dying.[14] Risk factors include those who have a family history of suicide, have a family history of child maltreatment, and experience barriers to accessing mental health treatment.[15] Poverty, recent immigration, and easy access to lethal means also increase the risk.

Figure 1. RI CDRT Review Findings—Suicide Risk Factors in Youth Ages 13-24, Who Died from Suicide, 2005-2010



Although the most common manner of death by suicide nationally is by firearm, the most common method of youth suicide in RI is by hanging (60%). The second most common method in RI is by firearm (23%).[16]

The Role of Pre-existing Mental Health Problems in RI Youth Suicides

Approximately one in five children ages nine to 17 in RI (and nationally) has a diagnosable mental health disorder.[17] One in ten has a mental health problem severe enough to interfere with their functioning at home, school, or in the community. Despite the high rates of mental health disorders among youth, four out of five children do not receive needed treatment.

The RI CDRT review process has identified mental health problems, such as depression and bipolar disorder, as the primary factor related to youth who die by suicide. Since behavioral health diagnosis is often under-recognized and not always documented in the record, this is likely to be an underestimation.

Among the youth who died by suicide between 2005-2010 in RI, 46% had a documented mental health diagnosis and 46% of those who died were receiving mental health services at the time of death.[18] (Figure 1). Nationally, more than 90 percent of people who die by suicide have depression or other mental health disorders.[19] The risk for suicide frequently occurs in combination with external circumstances that seem to overwhelm at-risk teens who are unable to cope with the challenges of adolescence because of predisposing vulnerabilities such as mental disorders. Examples of stressors are disciplinary problems, interpersonal losses, family violence, sexual orientation confusion, physical and sexual abuse, and being the victim of bullying.

Populations at Increased Risk of Youth Suicide

Youth with a history of substance abuse. The CDRT review process revealed that 40% of youth suicides had a documented history of substance abuse, and 43% had a positive drug screen at the time of death.[20] National studies have also associated substance use with an increased risk of suicide among youths. Youth who reported alcohol or illicit drug use during the past year were more likely than those who did not use these substances to be at risk for suicide during this same time period.[21]

Military personnel. Nationally, former servicemen and women are more than twice as likely as the rest of the population to die by suicide. Although information about military service is not always available, in Rhode Island, 10% of the youth (18-24 years of age) suicides in 2005-2010 had a known history of personal military service.[22]

High School Youth Risk Behavior Survey (YRBS) Findings

Mental Health. Students who report poor academic performance, having a disability, being bullied or identifying as a sexual minority all had substantially higher rates of feeling "sad or hopeless" or having attempted suicide in the past year according to the YRBS findings (Figure 2).

Immigrant youth. Summary findings from the 2007 RI YRBS showed that students who speak a language other than English at home were twice as likely to attempt suicide than those who spoke English at home. Approximately 7% of the deaths by suicide reviewed by CDRT were known to be from recently immigrated families.[23]

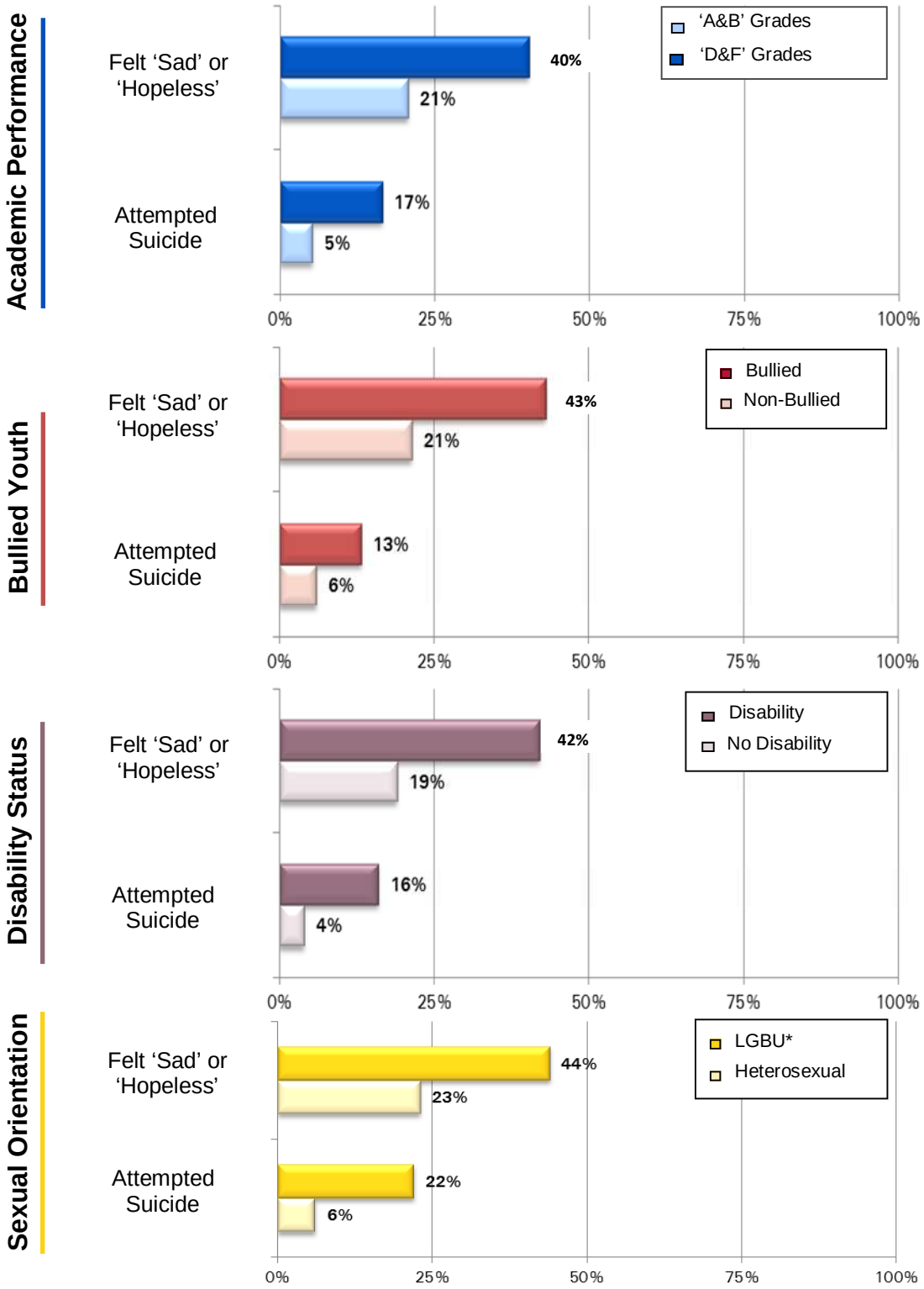
Hispanic and African-American youth. Of the youth who died by suicide in 2005-2010, 10% were classified as Black/African-American and 16% were Hispanic. Summary findings from the 2009 RI Youth Risk Behavior Survey (YRBS) indicate that Hispanic and African American high school students were more likely than their white peers to report making a suicide attempt in the 12 months prior to the survey (13%, 8%, and 6%, respectively).[24]

Geographic distribution. Youth suicides in Rhode Island are distributed across the state, and are not concentrated in any one single area. Although the absolute numbers of suicides in "core cities" (cities with greater than 15% child poverty) are high, when adjusted for population there is no difference between youth suicide rates in core cities and other parts of the state.[25]

Bullied Youth. Findings from the RI YRBS show that youth threatened or injured by a peer are 2.4 times more likely to report suicidal thoughts, and 3.3 times more likely to report suicidal behavior than non-victimized peers.[26]

Youth with disabilities. CDRT review of youth suicide indicates that poor school performance and having a learning disability are often found in the history of youth who died by suicide. High school students in RI who state on the YRBS that they have a "long-term emotional problem or learning disability" are more than three times more likely to report having seriously considered suicide (27% compared to 8%). Students who report having a physical disability are twice as likely (21%).[27]

Figure 2. Mental Health by Risk Population for Rhode Island High School Students, Youth Risk Behavior Survey (YRBS) 2009



* LGBU refers to Lesbian, Gay, Bisexual, and Unsure youth as self-identified on YRBS.

Sexual minority youth. Mental health clinicians have noted that lesbian, gay, bisexual, and unsure (LGBU) youth coping with the stigma associated with their sexual orientation, especially when combined with other problems, such as extreme poverty, witnessing and experiencing traumatic incidents, and racial discrimination, are a high risk group for suicide attempts and completed suicides. Nationally, LGBU youth are nearly one and a half to seven times more likely than non-LGBU youth to have reported attempting suicide.[28]

According to the 2009 RI YRBS, 9% of the high school students who participated in the survey identified themselves as lesbian, gay, bisexual, or unsure (LGBU). LGBU students were almost twice as likely to report feeling "sad or hopeless" and nearly four times more likely then their heterosexual peers to have attempted suicide (22% v. 6%) (Figure 2).[29] Sexual orientation is unknown for most youth who die by suicide. Given the comparatively higher prevalence of suicide ideation and suicide attempts reported by LGBU youth in the 2009 RI YRBS, however, lesbian, gay, bisexual, or unsure youth are an especially important target population for suicide prevention efforts.

Existing Rhode Island Youth Suicide Prevention Efforts

Rhode Island has already begun to focus on youth suicide prevention; but more can be done. Even one child death by suicide is too many. Existing youth suicide prevention efforts in Rhode Island are listed below.

The Rhode Island Department of Health funds the Rhode Island Youth Suicide Prevention Project (RIYSPP) with a grant from the Substance Abuse & Mental Health Services Administration.

- RIYSPP implements evidence-based suicide prevention education programs in selected public schools and community-based organizations that serve adolescents and their families. The project provides a safety net for at-risk youth by developing screening, identification, and referral protocols; training gatekeepers; and providing a media campaign about who is at risk and how to respond.

- RIYSPP has developed a statewide means-restriction media campaign targeting parents, and interventions targeting college-age youth, military personnel, and military families.

- RISAS (RI Student Assistance Services) is funded by the Department of Health to provide gatekeeper training in schools and community-based organizations under the RIYSPP. RISAS trained 1,117 gatekeepers in the six core city high schools in Question, Persuade, and Refer (QPR), a simple three step evidence-based protocol to help prevent suicide, from September 2009 through December 2010. Gatekeepers continue to be trained in the six core cities in Rhode Island.[30]

- RISAS-trained gatekeepers identified 158 at-risk youth during the 2010 school year. Referrals for services and access to services are documented for every youth identified. Youth continue to be identified and referred for help in the six core cities in Rhode Island.[31]

- RISAS is also funded by the RI Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) to implement the Student Assistance Program, including placement of specially-trained, masters-level behavioral health service providers in 50 RI secondary schools.

Samaritans Prevention Efforts

- Since 1986, The Samaritans of Rhode Island has provided state-mandated, school-based, suicide prevention training and educational programs to student, parents, teachers, and community professionals serving children, youth, and families.

- The Samaritans of RI provides additional support by the agency's Crisis Hotline/Listening Line staffed by trained volunteers, providing nonjudgmental listening and RI-based referrals to at-risk teens as well as to their family, friends, caregivers and professionals seeking direction and assistance. Since 1981, The Samaritans has offered a grief support group for adults who have lost a child to suicide. The agency also has online resources, including in-depth information for teens, parents, and educators.

Other State Prevention Efforts

- The Rhode Island Department of Health developed a *"Suicide Prevention Framework for Rhode Islanders Ages 15-24."* This state plan was a three-year endeavor carried out by the RI Injury Community Planning Group Steering Committee and Suicide Prevention Subcommittee.

- The RI Kid's Link is a 24-hour hotline that connects youth with the Department of Children, Youth and Families (DCYF) publicly funded inpatient and outpatient mental health services. RI Kid's Link is a partnership of DCYF, Gateway Healthcare, Inc., and Bradley Children's Hospital.

- The RI Council of Resource Providers for Children, Youth, and Families provides psychiatric services to meet the needs of children and adolescents transitioning back into the community from shelters and group homes.

- RI has seven federally funded community mental health centers that provide mental health treatment to underinsured and uninsured patients and those enrolled in the state Medicaid program. In 2009, an estimated 8,000 youth under age 18 were treated in these community health centers; approximately 17% of the youth seen had a primary diagnosis of a depressive disorder.[32]

Rhode Island CDRT Recommendations for Youth Suicide Prevention

(1) Take all warning signs seriously; encourage parents, educators, and others who work with youth to seek help if they see warning signs.

(2) Increase support for, and access to, mental health and crisis intervention resources, especially for the uninsured and underinsured.

(3) Improve visibility of existing support and behavioral health services.

(4) Expand RISAS to all secondary schools so that every high school student has access to a specially trained behavioral health service provider.

(5) Expand school-based and community-based gatekeeper training statewide.

(6) Increase community gatekeeper/suicide risk-assessment training for community members who interact frequently with teens.

(7) Reduce stigma associated with seeking services for mental heath, substance abuse, and suicide prevention.

(8) Reduce access to lethal means of suicide, including removal of firearms in homes of high-risk teens.

(9) Maintain and strengthen the RI Injury Community Planning Group Steering Committee and Suicide Prevention Subcommittee, which advance the goals and objectives of the *Suicide Prevention Framework for Rhode Islanders Ages 15-24.*

(10) Work with the media to ensure that coverage of deaths by suicide serves to discourage future youth suicide.

(11) Develop and implement a youth suicide investigation protocol for the RI Medical Examiner Investigation team.

(12) Improve data collection and use information for review and surveillance of youth suicide attempts and completions to improve intervention and prevention services.

(13) Ensure school crisis plans include suicide prevention and intervention strategies aligned with the *RI Emergency Procedures Guide* for schools.

(14) Increase the number of youth-serving programs that are aware of the suicide prevention plan and that incorporate evidence-based strategies from the implementation plan into their work.

(15) Increase or maintain current levels of funding for youth serving mental health and social support services.

Notes on Data Limitations:

Individual case review of youth suicide is conducted on each suicide age 0-24 in Rhode Island by the staff and participants of the CDRT. Despite individual case review, gaps in the data still exist and there are several limitations. (1) These suicides are a relatively rare occurrence, in a small state, and so because of the small numbers, any trends and associations may or may not be stable. (2) Gaps in the record exist. The CDRT has access to records in the Medical Examiner's Office records. These may or may not include medical records, Emergency Medical Services (EMS) run sheets, school records, family and witness interviews and full police reports. Although additional records are requested, there are often gaps in the data and some of the risk factors and warning signs cannot be determined. (3) Some data elements, such as sexual orientation, are not routinely collected or documented – and therefore are not available for analysis. (4) The Medical Examiner's determination of suicide as a cause of death may not include all of the individuals who chose to end their own life. Clear evidence of intent is needed for a forensic determination of suicide as cause of death. Suicide by using legal or illegal medication might be under counted, for instance, if the individual does not leave a note. (5) Rhode Island residents who died by suicide outside of the state are not included in this analysis unless they were brought to Rhode Island for medical care and/or autopsy. Residents of other states who died by suicide in Rhode Island are included in this analysis.

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[18] RI NVDRS Database.
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[30] RISAS, Correspondence.
[31] RISAS, Correspondence.
[32] RI KIDS COUNT, Children's Behavioral Health Issue Brief, January 2010.

Suicide Prevention & Support Resources

RI Youth Suicide Prevention Resource Guide
The *Guide* provides an inventory and characterization of agencies throughout Rhode Island that provide relevant services to youth at-risk of suicide.
http://riyouthsuicidepreventionproject.org/images/clientid_267/riyouthsuicidepreventionresourceguide.pdf

RI Youth Suicide Prevention Project
http://riyouthsuicidepreventionproject.org/

United Way 2-1-1
www.211ri.org (or dial 2-1-1)

Samaritans of Rhode Island
http://samaritansri.org/youth-resources

National Action Alliance for Suicide Prevention
www.ActionAllianceforSuicidePrevention.org

American Foundation for Suicide Prevention (AFSP)
http://www.afsp.org/

Suicide Prevention Resource Center (SPRC) (postvention)
http://www.sprc.org/

The Jason Foundation
http://www.jasonfoundation.com/

American Association of Suicidology
http://www.suicidology.org/web/guest/suicide-loss-survivors

RI Student Assistance Services (RISAS)
http://www.risas.org/

Bradley Hospital Safe Quest Program
The SafeQuest program is an intensive after-school program for adolescents who are at risk for self-harm and/or who are suffering from significant mood or anxiety disorders.
http://www.lifespan.org/bradley/services/adol/safequest.htm

24-hour Help Lines

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

Veterans Suicide Prevention Hotline
1.800.273.8255 (press 1)
TTY: 1-800-799-4TTY (4889)
http://www.suicidepreventionlifeline.org/

Samaritans of Rhode Island
(401) 272-4044 or 1-800-365-4044
(800) 365-4044

Samaritans
1-877-870-HOPE (4673)

Samariteens
1-800-252-TEEN (8336)

RI Kid's Link
http://www.gatewayhealth.org/KidsLinkRI.asp
Central emergency hotline for kids in emotional crisis, connected to all the children's services

Lesbian Gay Bisexual Transgender Youth Support

Youth Pride RI
(401) 421-5626
http://www.youthprideri.org/

The Trevor Project
http://www.thetrevorproject.org/
1-866-4-U-TREVOR
1-866-488-7386

It Gets Better Project
http://www.itgetsbetter.org/

Survivor Support and Groups

Safe Place
The Samaritans of Rhode Island
(401) 272-4243

Online support groups

Suicide Grief Support Forum
Survivor discussion board
www.suicidegrief.com

GROWW - Friends Helping Friends
Online support group and chat rooms
www.groww.org/Branches/sos.htm

Friends and Families of Suicides
Website and online community
http://www.pos-ffos.com/

Living through Suicide
Online Support Group
http://livingthroughsuicide.invisionzone.com/

AAS Clinician Survivor Task Force
Consultation, support and education provided to mental health professionals to assist them in understanding and responding to their personal/professional loss resulting from the suicide death of a patient/client.
http://mypage.iusb.edu/~jmcintos/therapists_mainpg.htm

Postvention Support

After a Suicide: A Toolkit for Schools
Suicide Prevention Resource Center
http://www.sprc.org/library/AfteraSuicideToolkitforSchools.pdf

Reporting on Suicide

American Foundation for Prevention
Recommendations for the Media
http://www.afsp.org/files/Misc_/recommendations.pdf

Other RI Resources:

Suicide Prevention Framework
http://www.health.ri.gov/publications/programreportsASuicidePreventionFrameworkFor-RhodeIslanders15-242002.pdf
Coordinated plan for professionals and individuals interested in suicide prevention planning among Rhode Islanders ages 15-24.

RI Council of Resource Providers for Children, Youth and Families (RICORP)
http://www.ricorp.net/index.html
Provides support to direct services organizations service children, youth and families in RI