



Texas State Child Fatality Review Team Committee Position Statement: Child Suicide

The State Child Fatality Review Team Committee (SCFRT) works closely with local Child Fatality Review Teams (CFRT) to promote public awareness and action to reduce the number of preventable child deaths. Each year more than 2,300 Texans die from suicide; about 4% (75-95 deaths annually) of these are children less than 18 years of age, thus making suicide the 3rd leading cause of death for Texas youth. About 75% of all child suicide deaths occur among 15-17 year olds. Perhaps the most important statistic is that **suicide is preventable!**

Suicide is an interplay of individual, interpersonal, social, and environmental factors which must be understood and addressed by a community of caring individuals. A comprehensive and coordinated approach is critical to improving child and adolescent well-being.

RECOMMENDATIONS TO THE STATE OF TEXAS, THE TEXAS LEGISLATURE, PARENTS, AND HEALTHCARE PROVIDERS:

Community Leaders and Organizations: It is essential for the whole community to understand the dangers of suicide and know the proper steps to take to protect children and youth. Linking communities and working together in partnerships (collaboration) facilitates and promotes a more public, broad based involvement to youth suicide prevention and intervention.

Recommendations:

- Develop and expand partnerships that contribute to mental health promotion and prevention efforts. Create a mental health literacy and information plan to ensure that information on mental health and mental disorders is accessible and accurate, and thus improving mental health literacy in the general population and addressing stigma and discrimination.
- Ensure that mental health services are available and accessible to diverse populations within the community. Services should be culturally and linguistically competent with respect for the cultural preferences and traditions of the child and family. These services should be youth and family-driven.
- Take a leadership role in the development of a suicide prevention strategy and activities. Foster support for community-based and school-based prevention strategies. Establish and promote compliance with recommended media guidelines for reporting suicides in an effort to minimize copy-cat suicides.
- Monitor suicide frequencies within the community and establish a protocol for addressing emerging trends. Texas House Bill 1067 (81st Legislative Session) allows for collection and coordination of suicide data on the local level by providing that authorized local government entities specified in the bill may enter into memoranda of understanding to share suicide data that does not name a deceased individual or any other individual.

Educational Institutions and Schools: Educational specialists' have the day-to-day contact with many young individuals who can have problems and issues. Youth in trouble may cause serious injury or even death by their own hand. Educators are in a position to observe students' behavior and to act if they suspect that a student may be at risk of self-harm. There are steps to identify and help young people at risk in order to keep them healthy and safe.

- Ensure parental/teacher coordination. Teachers need to make sure that parents are informed and actively involved in decisions regarding their child's welfare. Connect and communicate with parents and guardians

- Provide training to educators regarding the risk factors associated with youth suicide and mental health literacy.
- Encourage school-based suicide prevention initiatives.
- Develop and ensure that staff are familiar with the school's postvention plan in the event of a local youth suicide.
- Become familiar with community-based resources and advocate for the particular screening and intervention needs of that school population

Medical Institutions and Doctors/Scientists: Community medical and healthcare providers have long been committed to preserving the health, safety, and welfare of children and youth; suicide prevention must be a top priority in this effort. In order to continue making a difference in suicide prevention, professionals believe that an increase of scientific research-based suicide intervention studies, that provide clear standards and replicable results, will help to decrease the loss of young lives to suicide.

Recommendations:

Medical Community

- Provide better training to pediatricians and family practitioners to recognize suicide risks
- Support and encourage the implementation of early identification and screening within primary care settings. Pediatricians should recognize that routine screening of adolescents and children for suicide risk factors and mental health issues is critical. Incorporate suicide screening into routine adolescent health maintenance visits.
- Refer children/adolescents identified as risks to appropriate mental health professionals for treatment. Be familiar with mental health resources available locally and statewide.

Parents

- Seek early treatment for children with emotional problems, possible mental disorders (particularly depression and impulse control disorders) and substance abuse problems.
- Learn how to recognize the signs of suicide and appropriate ways to respond.
- Limit access to lethal means of suicide, particularly firearms.
- Provide supervision, support, and constructive activities for children and adolescents.
- Find professional help if your child appears angry, sad, lonely, is being bullied at school, has other school problems, or is withdrawn.
- Communicate with schools.
- Look, listen, talk, and seek help.

Resources:

Coming Together to Care: A Suicide Prevention Toolkit for Texas Communities. Texas Suicide Prevention Council, www.texassuicideprevention.org.

Suicide Prevention: A Parent & Teen Guide to Recognizing Suicide Warning Signs. Mental Health America of Texas, www.texassuicideprevention.org/pdf/Suicide.pdf

Suicide Prevention Resource Center. www.sprc.org

Teaching Pediatric Residents to Assess Adolescent Suicide Risk With a Standardized Patient Module, Pediatrics Volume 125, Page 953, Number 5, May 2010.

Texas Suicide Prevention Plan.

www.sprc.org/stateinformation/PDF/stateplans/plan_tx.pdf

The SCFRT Position Statement on Child Suicide is a product of the SCFRT workgroup on child suicide (John Hellsten, PhD, Emilie Becker, MD, Kim Cheung, MD, PhD, Jeannine Von Stultz, PhD, and Kristine Brown). The Position Statement on Child Suicide will be reviewed annually and updated as new validated information indicates.

References:

American Academy of Pediatrics. AAP 2007 Policy Statement: B. In: Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. Elk Grove Village, Ill: American Academy of Pediatrics; 2008. www.medscape.com/viewarticle/711264

CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters. Morbidity and Mortality Weekly Report 1998 37(S-6);1-12.

Committee on Adolescent Health care Services and Models of Care for Treatment, Prevention, and Healthy Development, National Research Council and Institute of Medicine, Board on Children, Youth, and Families. In: Lawrence RS, Appleton Gootman J, Sim LJ, eds. Adolescent Health Services: Missing Opportunities. Washington, DC: The National Academies Press; 2009: 293. www.nap.edu/openbook.php?record_id=12063&page=293

Mann JJ et al., Journal of the American Medical Association. Suicide Prevention Studies: A Systematic Review. JAMA. 2005;294:2064-2074. <http://jama.ama-assn.org/cgi/content/full/294/16/2064>

Miller DN, Eckert TL. Youth Suicidal Behavior: An Introduction and Overview. National Association of School Psychologists, *School Psychology Review*. Volume 38, No. 2, pp. 153-167. www.nasponline.org/publications/spr/pdf/spr382millerintro.pdf

SK Goldsmith, TC Pellmar, AM Kleinman, WE Bunney (eds), Reducing Suicide: A National Imperative. Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide, Board on Neuroscience and Behavioral Health. Institute of Medicine of the National Academies, 2002.

US Preventive Services Task Force. Screening and treatment for major depressive disorder in children and adolescents: US Preventive Services Task Force Recommendation Statement. Pediatrics. 2009;123:1223-1228 www.pediatrics.org/cgi/content/full/123/4/1223