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Terry Coniglio-McQuay
tsconiglio1965@siu.edu

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Terry S. Coniglio-McQuay

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Approved by:

Dr. Thomas D. Upton, Chair

Graduate School
Southern Illinois University Carbondale
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CHAPTER 1

SUICIDE PREVENTION IN EARLY CHILDHOOD

This review focuses on the need to implement preventative measures during the early childhood years to reduce suicide rates. Early childhood preventative measures should include interpersonal skills focusing on building self-esteem, understanding their emotional experiences, strengthening emotional regulation and coping skills; in addition to, developing a healthy perspective in how valuable the human life is.

Suicide has been an ongoing national concern prior to 1999; however, it was observed that the rates were increasing at that time and are continuing to rise. Strategies for public awareness of risk factors and preventative measures have been developed and implemented. Nonetheless, the rates continue to increase, even though many schools have included evidence-based protocols and policies into their curriculums to assist in counteracting this phenomenon. There still needs to be a greater awareness and interventions geared toward targeting early childhood ages. Interventions should involve educating and training parents and caregivers (e.g., foster care parents, partners, extended family members), educators and staff for pre-k through fifth grades, anyone who is involved with young children during the early developmental years. An early intervention that includes an *emphasis* on the value of human life, will decrease the negative effects of childhood adversities that lower self-esteem and create unhealthy coping mechanisms. By implementing a program before a child's emotional distress influences and disrupts their cognitive and emotional development, will reduce the impact of their negative experiences.

Background

Since 1999, there has been a continuous increase in suicide rates among youth between

the ages of 10-19 years. During 2013, suicide was recognized to be the tenth leading cause of death for this age group. By 2016 and again in 2017, it had become the second leading cause of death (Refer to Table 1). As of 2018, and even as of today the rates continue to rise, suicide remains the second leading cause of death for individuals between the ages of 10-19 years (American Foundation for Suicide Prevention [AFSP], 2019; Centers for Disease Control and Prevention [CDC], 2015; Hedegaard et al., 2020). The Substance Abuse of Mental Health Services Administration (SAMHSA) acquired the National Registry of Evidence-Based Programs and Practices (NREPP) in 2005, after the Suicide Prevention Resource Center (SPRC) and the AFSP discontinued reviewing evidence-based interventions. (Suicide Prevention Resource Center, 2020a).

The National Violent Deaths Reporting Systems (NVDRS) started collecting data from the individual states in 2002. It wasn't until 2018 before all 50 states became agreeable to participate in the surveys. As of today, there are only 27 states that have some form of legislature requiring some form of implementation of intervention programs into their school systems (Centers for Disease Control and Prevention, n.d., d; Rafa, 2018).

There have been evidence-based preventative programs initiated by SAMHSA to help high schools and school districts; however, these programs target teenagers. The AFSP developed a model for such a program, that indicates a need for interventions at the earlier grade levels. Consequently, a similar toolkit specifically designed by SAMHSA or other governing agencies for intervention practices for the early childhood educational level (e.g., preschools and grade schools), were not detected. However, Yellow Ribbon did design a toolkit for kindergarten through fifth grade, but no evidence had been found for approval by the U. S. Department of Human and Health Services.

Method

In order to incorporate such an idea, an extensive online literature review from AFSP, the CDC, the National Institute of Mental Health (NIMH), SAMHSA, and SPRC was conducted. The literature review will be conducted as an observational study from significant data gathered related to methods used for suicide, demographic trends, risk factors, warning signs and mental illness that is linked to suicidal tendencies in adolescence through late teens. A self-conducted queries were ran from the Web-based Injury Statistics Query and Reporting System (WISQARS), in order to ensure accuracy of trends (https://wisqars-viz.cdc.gov:8006/explore-data/home). The queries conducted for this study, used the following filters: Intent of Death: suicide; Mechanisms of Death: firearms, suffocation, and poisoning; Both Sexes; All Races offered: White, Black, and American Indian; All Ethnicities offered: Hispanic, Non-Hispanic and Unknown-Hispanic Origin; All States; and Age Ranges: 5-9, 10-14, and 15-19 years. The age range of 0-4 did not provide any related information; therefore, it was removed from the queries.

Purpose

The purpose of this research is to establish the need to integrate a framework for a matrix that will introduce interpersonal skill building, with a focus on building self-esteem, understanding emotional experiences, strengthening emotional regulation and coping skills, increasing resilience, and a healthy perspective in how valuable human life is during early childhood. An intervention needs to be established within the educational systems during the pre-k through elementary grade levels. To add such an intervention of preventative measures with an emphasis on valuing human life to the framework for developing and practicing healthy life skills at an earlier age, will assist in the reduction of the alarming fatality rate of suicide.

Definitions

- Emotional regulation is the ability to identify one's intense emotions with the ability to manage those emotions and the associated behaviors in a healthy manner.

- Interpersonal skills are a combination of verbal and non-verbal cues used to express a message, which will commonly have an emotion attached to it. Additionally, it also includes how the receiver interprets the verbal and non-verbal messages.

- Gate Keepers are those who are in control of training other designated individuals for the purpose of suicide prevention (e.g., recognizing warning signs of risks, coping with loss).

- Life skills are abilities to effectively cope with people, problems, situational changes or life stressors. This means to have the abilities to adapt, rationally think about a situation, healthy decision making, listening with an open mind, healthy relationship building skills and strong self-awareness.

- Psychological Autopsy is an in-depth and holistic standardized interview for unclear suicide deaths by a trained mental health expert. The expert gathers information from family members, friends, and others who are able to provide background and recent information about the victim, the behaviors, and events which led up to the death. They are gathering information that provides a better understanding of the individual's life experiences and their stressors that jeopardized their mental health.

- Value is a relative worth of importance. Value signifies the degree of importance of something (e.g., human life) and an action, with the aim of determining what actions are best to do or what way is best to live.

CHAPTER 2

LITERATURE REVIEW

Many organizations work diligently by gathering information that assist in developing preventative measures to reduce the rates of death by suicide. This observational study, will review the findings from the query conducted by linking the demographic elements of the individuals between the ages of 5-9, 10-14, and 15-19, to risk factors, and warning signs; in how those features play a significant role to implementing interventions at an earlier age.

Deaths by Suicide

When identifying that an individual's death is associated to suicide, it is inappropriate to use such expressions as, *committed suicide* or *successful suicide*. These expressions are not considered to be proper and are strongly discouraged.

Methods Used

As of 2018, the most common methods used for suicide by youth were firearms, suffocation, poisoning and other means (e.g., other injury, falls, cut/pierce). It is unclear as to why there has been an increase in the use of suffocation (hanging) since 1997, but it has become a common method for ages between 10-14 years (Centers for Disease Control and Prevention, 2004; Suicide Prevention Resource Center, 2020b) and is almost as frequent as the use of firearms. Additionally, the most common methods by both males and females that are in the designated age categories are firearms and suffocation was verified by the query conducted (Refer to Table 2 and Figure 1).

Demographics (5-19 Years of Age)

Various demographic trends are relevant in the strategies used in the development of preventative measures and treatment techniques. The age, sex, and race are the most common

demographic trends found throughout this study. There is a significant increase in death by suicide starting at the age of 10 through 19. The older the age range, the higher the death tolls are for the specific age groups in this report. The male population have a higher percentage rate in death by suicide, whereas females attempt more suicide (Centers for Disease Control and Prevention, 2015; National Institute of Mental Health, n.d.). Access to lethal resources and increased use of substances (e.g., alcohol and drugs) are contributed to the higher rates for the 20-24-year old male population; in addition to preference of lethal method. Whereas females were more apt to overdose by the means of pills. It was also revealed that males were recognized to have higher rates of a known mental illness, compared to females (Stone et al., 2018).

Substance use usually co-exists with another mental disorder. Substance use is more common for teen and early adulthood ages than ages under 12 (Substance Abuse and Mental Health Services Administration, 2020), as they may have been exposed to alcohol and drugs by exposure from family members and/or peer pressure. The effects of substance use can lead to poor decision-making that could enhance the likelihood that they will decide to use; furthermore, feel that their adversities are too great to cope with; making the decision that death by suicide is the answer as means to stop their suffering.

Additionally, nearly one-third of LGB youth had attempted suicide at least once in the prior year compared to 6% of heterosexual youth. What's more startling is that high school students who identify other than heterosexual are almost five times as likely to attempt suicide compared to their peers (Centers for Disease Control and Prevention, n.d., a; National Alliance on Mental Illness, 2020).

The data sets for suicide rates by race indicate that Native American have the highest suicide rates compared to Whites having the second highest rates and Blacks having the third

highest rates for death. The males and females for each race are consistent with the general

trends of male versus female populations, where there are more males who die by suicide

compared to females. (National Institute of Mental Health, n.d.). However, the query conducted

shows evidence that Whites have higher rates of suicide (Refer to Figure 2).

Risk Factors

Regardless of age or sex, the risk factors are similar for any cohort. In general, there is

usually not just one circumstance that causes enough stress, where extreme emotional

dysregulation occurs and influences their decisions. Generally, most adolescence, teens and early

adults have experienced negative type situations from their early childhood that results in risky

behaviors, which becomes unbearable to live with by a certain point in time in life. There are

many individuals who may attempt suicide between the ages of 10-19 years, but as life

circumstances continue to occur, adding onto their unhealthy behaviors will likely die by suicide

later on in adulthood (Centers for Disease Control and Prevention, n.d., b; Suicide Prevention

Resource Center, 2020c).

The reviewed literature indicates that risk factors for young people generally stem from

an adverse childhood experience(s). For those younger than 4, it could be that their special needs

become stressful for the parent or caregiver. This could be circumstances that lead into some

form of abuse (e.g., physical, sexual, emotional or neglect). Regardless of the circumstances of

the caregiver in the child's environment, there are other facts to consider such as the after effects

that can be linked to suicidal tendencies. Any form of physical injury can be traumatic for a

child; additionally, the emotional scarring that occurs; contributing to depression and anxiety,

toxic stress, Substance Use Disorders, and PTSD. The results of abuse and other forms of trauma

can leave a child feeling unsafe in their environment. (Centers for Disease Control and

Prevention, 2020a; American Foundation for Suicide Prevention, 2019).

Furthermore, other adversities could include a disruption in family, unstable residency, substance abuse by family members (e.g., caregivers, siblings), exposure to violence, bullying, poor coping skills and lack of healthy supports. There are many other potential risk factors, but these are the prevalent risk factors that a child may experience and when combined with psychological problems that are left untreated will enhance the likelihood for the development of suicidal tendencies (Centers for Disease Control and Prevention, 2020b; Healthy People, n.d.; Newman & Newman, 2015, pp. 11-12; Substance Abuse and Mental Health Services Administration, 2012).

Warning Signs

Warning signs are the indicators that something is happening within an individual that causes them severe emotional dysregulation and they are unable to cope or manage their cognitive and emotional dysregulation(s), to an extent that they are unable to control persistent thoughts about suicide, which can cause them to act upon those thoughts. What this means is their normal behaviors have significantly changed, their negative emotions have intensified and have completely altered their behaviors and outlook on life. Indicators for early ages in childhood could be the change in behaviors; such as, aggression or extreme mood swings, worrisome behavioral cues or reckless behaviors, withdraw and disinterest in relationships (e.g., lack of affection) and activities, there would be a noticeable change in sleep and eating patterns; such as, not enough, excessive amounts or a significant disruption (Substance Abuse and Mental Health Services Administration, 2012; Suicide Awareness Voices of Education [SAVE], n.d.).

Mental Illness

Any type of life circumstance can negatively impact the physical and mental health of an

individual. The mental well-being plays a huge role in an individual's ability to cope with life stressors and when there's a significant amount of emotional distress, their mental health becomes jeopardized. There is a greater impact upon those with a congenial mental disorder that can exacerbate emotional dysregulation and if left untreated will increase the likelihood of suicidal ideations as the young child's cognitive process develops. According to SAMHSA (2012) the recognized behavioral health issues and disorders linked to as early as 10 years of age, are depressive disorders, substance use (mostly alcohol but could include drugs), conduct/disruptive behavior disorders, other disorders (e.g., anxiety and personality disorders), previous suicide attempts, self-injury (without intent to die), and genetic/biological vulnerability (Substance Use and Mental Health Services Administration, 2012).

Even though life experiences can become risk factors, primarily for those with a known mental illness or symptoms of one, the CDC reports that 54% of the deaths by suicide do not have any report of mental illness. Conversely, Harkavy-Friedman (2020), reports that 90% of people who die by suicide have some form of a mental health condition, which includes substance abuse disorders; whereas the CDC classifies substance related deaths in its own classification. In determining such factors, the AFSP uses a psychological autopsy compared to the yes or no question forms presented to the families by the emergency rooms or coroner. The forms for gathering information about the deceased individual is provided to the related medical facilities, by the NVDRS, determining if any mental illness symptoms or diagnosis was known at the time of death (Harkavy-Friedman, 2020; Centers for Disease and Prevention, n.d., c).

Evidence-based Programs

There was only one evidence-based program specifically designed for school systems that was discovered. *Preventing Suicide: A Toolkit for High Schools*, is a toolkit published by

SAMHSA, which provides tools for setting protocols and policies for preventative measures that can be implemented into high school curriculums. It is an evidence-based agent that delivers strategical tools for protocols and policies for training and educating staff, peer leaders and parents. Specific staff members and peer leaders are designated as gate-keepers in evaluating and assisting students who appear to be at risk or trying to cope with a suicide of a peer or loved one (Substance Abuse and Mental Health Services Administration, 2012). This guide also encourages tools to promote peer leaders and groups for preventative measure before and after a suicide. There is also protocols and tools designed for collaboration with mental health professions and other external resources, education about risk and warning signs integrated into health-related classes (e.g., health education, psychology, parenting) and methods to engage and educate parents (Refer to Appendix A for Tables A1 & A2).

Additionally, there is also a policy model for school districts established by the AFSP. The purpose of this model is to inform school districts about suicide prevention, but more importantly how to use the best practices for the implementation of policies and procedures for schools to be able to prevent, assess, intervene and respond to suicidal behavior. This model does address the need to implement policies and procedures for the lower grade levels, as they recognize that most focus is on the middle and high school students (American Foundation for Suicide Prevention. 2019). There is an elementary program toolkit established in 2009, *Children's Wellness Curriculum: Ask 4 Help!,* that offers training for children in elementary grades that focuses on training educators and staff (seminars that include parents too); in addition to, a child's program that focuses on learning about warning signs, risk and protective factors that are related to their age (K-5). The program is designed to address the definition of emotions, understanding those emotions, recognizing what they are feeling, how to express what they are

feeling and how to ask for help (Yellow Ribbon.org, n.d.). What is offered, promotes healthy

coping skills, which can assist in developing and strengthening self-esteem and life skills.

CHAPTER 3

DISCUSSION AND IMPLICATIONS

It is difficult to wrap your head around, as much as it is disturbing to know that suicide is the second leading cause of death among individuals between the ages of 5-19 years. Taking into the consideration of what it would feel like to feel so lonely and hopeless, that a child would actually experience suicidal ideations and believe that their life has no value to the point that death by suicide is their solution is not acceptable to not incorporate more proactive interventions at an earlier age. There are many contributing reasons why an individual may want to die by suicide; however, one conclusive reason is the emotional despair that they experience due to their childhood disparities.

Early childhood ages are the focus because of their vulnerability and limited cognitive development; which can be easily influenced by untrustworthy adults or from positive adult supports. If preventative measures are being implemented at the earliest age possible, there is a significant chance that they are able to incorporate a higher level of understanding in how valuable their life really is and develop healthy coping mechanisms. Unfortunately, young people become easily reliant upon external circumstances that are manifested within, creating poor coping skills if left unattended. Furthermore, the negative life experiences may be compounded by a mental illness(s) or could cause severe symptoms resulting in emotional distress (e.g., depressive feelings of hopelessness, low self-worth, and anxiety). It is up to the professionals who are involved with children to take on the responsibility, working collaboratively in teaching the necessary life skills for a higher-level of experience in the quality of life.

Limitations

Gathering most recent data for suicide is an exhausting process and has been proven

difficult, as there is an abundance of resources, some of which are outdated for the requirements of this project. Several of the organization's search engines had proven difficult when key words were inserted (e.g., evidence-based programs, elementary toolkits). Several literature reviews had discrepancies in which race has the highest ranking prone to death by suicide. The majority indicated that the American Indians had the highest suicide rates, Whites were second and Blacks were third; however, from the self-conducted queries, there was an indication that white youth prevail in suicide rates. WISQARS is a useful tool in gathering the most up-to-date information, but also has its limits and very time consuming (e.g., selections of race and ethnicity, only one method used is allowed at a time). It is recognized that the populations have changed and so has the death rates. Furthermore, when targeting a specified race, it is required to include an ethnicity to the filtering system, which then a true value is not generated, plus the population totals change accordingly.

Additionally, several of the scholarly articles require a purchase and if the researcher is not funded by a grant, then important key information is overlooked. Furthermore, the evidence-based program toolkits, which are very impressive, lack the emphasis on how important the value of human life is within their matrix, especially since the main goal and objectives of the organizations involved are to save lives. Moreover, it is odd that the only cultures, outside of the parameters of youth, that are specifically addressed for additional school interventions are for Tribal Youth and the LGBT community. Additionally, there is a lack of information available that focuses on the early childhood development in regard to suicidal tendencies, which would require exploring an extensive amount of research in other domains that would provide a more detailed review of the cognitive development of children and how it can specifically influence the suicidal tendencies at an early age.

Implications

There is a need to include an emphasis on the value of human life at the early ages of childhood development through further research, as it is relevant in building self-esteem, healthy coping skills and decision-making, which influence behaviors. Conducting further research in how to develop effective practices within the classroom and outside targeting the younger children in preschool and early elementary levels. Another consideration would be incorporating qualified mental health professionals into the classrooms to teach these vital life-saving skills could prove to be expensive and unavailable. There should be a federal enforcement required to integrate evidence-based programs to mandate all states and school districts to incorporate an early intervention program into their curriculum, especially when there are funding opportunities to cover the expense. Furthermore, it will be difficult to encourage more parents to be more proactive and involved during the learning process of building self-esteem and healthier coping skills, as many do not possess these skills themselves.

Conclusion

Even though there are many agencies and professionals involved in reducing and correcting childhood adversities, there is a significant lack of programs that focus on teaching children about emotions and managing them. Such implementation into pre-k and elementary curriculums would strengthen each individual's self-esteem and life skills. An integration of this nature should include a strong emphasis on how valuable the human life is! Everyone's life is valuable and this needs to be established and instilled at an earlier age; as well as, through out their lifespan. Life has many stressors and if we do not become more proactive in influencing healthier coping mechanisms, then the suicide rates will continue to take the lives of our children. This is not acceptable to this clinician and nor should it be to anyone else.

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Table 1

10 Leading Causes of Death 2018

Leading Cause of Death in the United States (2018) Data Courtesy of CDC							
Select Age Groups							
Rank	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**All Ages**
1	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 655,381
2	**Suicide 596**	**Suicide 6,211**	**Suicide 8,020**	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 599,274
3	Malignant Neoplasms 450	Homicide 4,607	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Unintentional Injury 167,127
4	Congenital Abnormalities 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	**Suicide 7,521**	**Suicide 8,345**	CLRD 18,804	CLRD 159,486
5	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Cerebro-vascular 147,810
6	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Alzheimer's Disease 122,019
7	CLRD 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro-vascular 5,128	Cerebro-vascular 12,789	Diabetes Mellitus 84,946
8	Cerebro-vascular 54	Influenza & Pneumonia 200	Cerebro-vascular 567	Cerebro-vascular 1,704	CLRD 3,807	**Suicide 8,540**	Influenza & Pneumonia 59,120
9	Influenza & Pneumonia 51	CLRD 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 51,386
10	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	**Suicide 48,344**

Courtesy of CDC. Adapted from The National Institute of Mental Health Resource Center

https://www.nimh.nih.gov/health/statistics/suicide.shtml#part_154971

Table 2

Population Age Total for Trends in Suicide Method

	Total Population: 62,172,390 Ages 5-19				Crude Rate
	Total Number of all Suicide Deaths: 3,009				
Methods	**Number of Deaths All Ages**	**Ages 5-9**	**Ages 10-14**	**Ages 15-19**	**All Ages**
Firearms	1,297	1**	193	1,067	2.09
Suffocation	1,350	0**	339	920	2.17
Poisoning	172	0**	19**	141	0.28

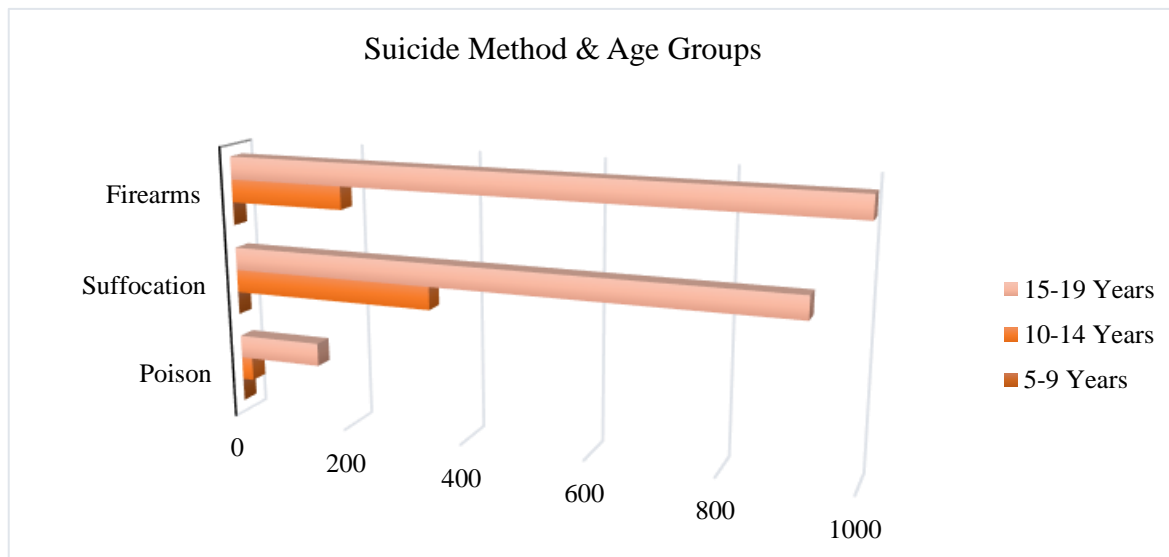*Note.* Filters used intent of death, intent of injury, age, sex, race, ethnicity, state.

**Indicates Unstable Values

Adapted from WISQARS, Explore Fatal Injury Data Visualization Tool. (2020).

https://wisqars-viz.cdc.gov:8006/explore-data/home

Figure 1

Top Three Suicide Method Trends & Age Groups
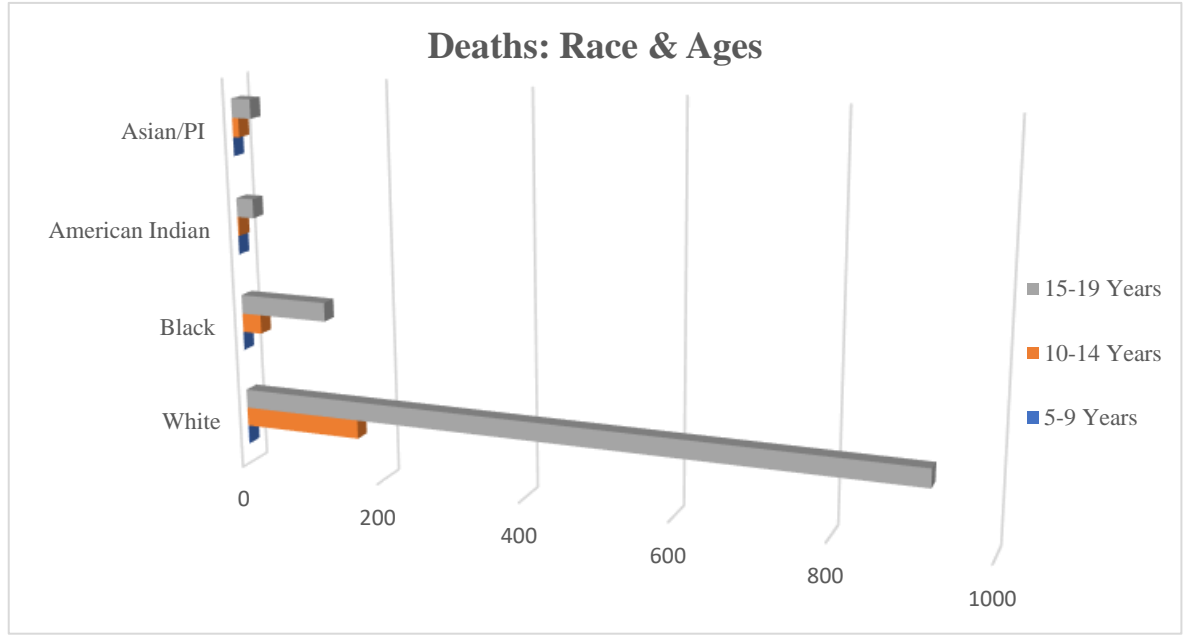

Suicide Method & Age Groups

Note. Filters: Top three deaths by suicide methods used by age categories (see legend), 2018.

Adapted from WISQARS, Explore Fatal Injury Data Visualization Tool. (2020).

https://wisqars-viz.cdc.gov:8006/explore-data/home

Figure 2

Race Comparison by Age

Deaths: Race & Ages

Note. Filters: Age categories (see legend), and the only races offered by the CDC, 2018.

Adapted from WISQARS, Explore Fatal Injury Data Visualization Tool. (2020).

https://wisqars-viz.cdc.gov:8006/explore-data/home

APPENDIX A

Adding Suicide Prevention to Existing Programs

- Incorporate risk factors and warning signs into health education, psychology, parenting classes, and dual credit courses, comparable to certified nursing classes.
- Two districts addressed suicide as part of their Federal Safe Schools/Healthy Students grant, which focuses on violence prevention (bullying) and mental health awareness and promotion.
- Another school planned a study hall with freshman on technology and cyberbullying.
- At one school, the Students Against Destructive Decisions (SADD) group emphasized that "friends help friends," which was a theme connected to the suicide prevention classroom curricula used by the school.

Note. Adapted by Substance Abuse and Mental Health Services Administration (2012).

https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

Ways to Educate and Engage Parents

- Give parents what they need; accommodate language, culture, religion, and economic status; language use: do not use the word "suicide."
- Holding a forum or event that integrates suicide prevention as a part of the transitional process and behavioral issues their teens may experience.
- Parent's night about student safety; transitioning from junior high into high school; sending information for how to handle if child is in crisis; suicide awareness for orientation that includes parents.
- Incorporate into parent's parenting classes
- PTO meetings

Note. Adapted by Substance Abuse and Mental Health Services Administration (2012).

https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

VITA

Graduate School
Southern Illinois University

Terry S. Coniglio-McQuay

terry2_77@msn.com

Southern Illinois University Carbondale
Bachelor of Science, Social Work, December 2014

Special Honors and Awards:

>   Magna cum Laude, 2014
>   Certificate of Academic Achievement, 2014

Research Paper Title:
>   Alarming Suicide Rates for Individuals Between the Ages of 10-24

Major Professor: Dr. Thomas Upton