

The Carter-Jenkins Center presents



Humberto Nagera M.D.

Director, The Carter-Jenkins Center



Suicide in Children and Adolescents

by

Humberto Nagera M.D.

Professor of Psychiatry, University of South Florida.

Professor Emeritus, University of Michigan.

Training and Supervising Psychoanalyst.

Director, The Carter-Jenkins Center.

Suicide in Children and Adolescents

A) General Statistics of Suicides in Children:

- 1) Suicide is relatively rare in pre-pubertal kids
- 2) But there are each year an estimated one million *accidental* ingestions of toxic substances by children under five years of age. *They are preventable*
- 3) In the 5 to 14 age group there are 100,000 self-poisonings each year

Suicide in Children and Adolescents

- **4) In 1985, 232 children between the ages of 5 and 14 years committed suicide (0.7/100,000). These numbers have increased significantly since then**
- **5) The low incidence of fatalities (1:11,000 events) in children between the ages of 5 and 14 suggests that the lethality of the attempts were very low when compared with those between the ages of 15 and 24 where the fatalities are of 1:168 events**
- **6) From 2003 to 2004 the rate for the 10 to 14 group increased by 8%, from 1.2 to 1.3/100,000**

Suicide in Children and Adolescents

- 7) Suicide between the ages of 10 to 14 years, increased by 120% from 1981 to 2005. In 2005, 270 children in this age group completed suicide in the USA
- 8) From 2003 to 2004, for the 14 to 19 age group the rate of suicide increased by another 11%, from 7.3 to 8.2/100,000 (*)
- 9) It is estimated that at least 100,000 adolescents die by suicide across the world each year

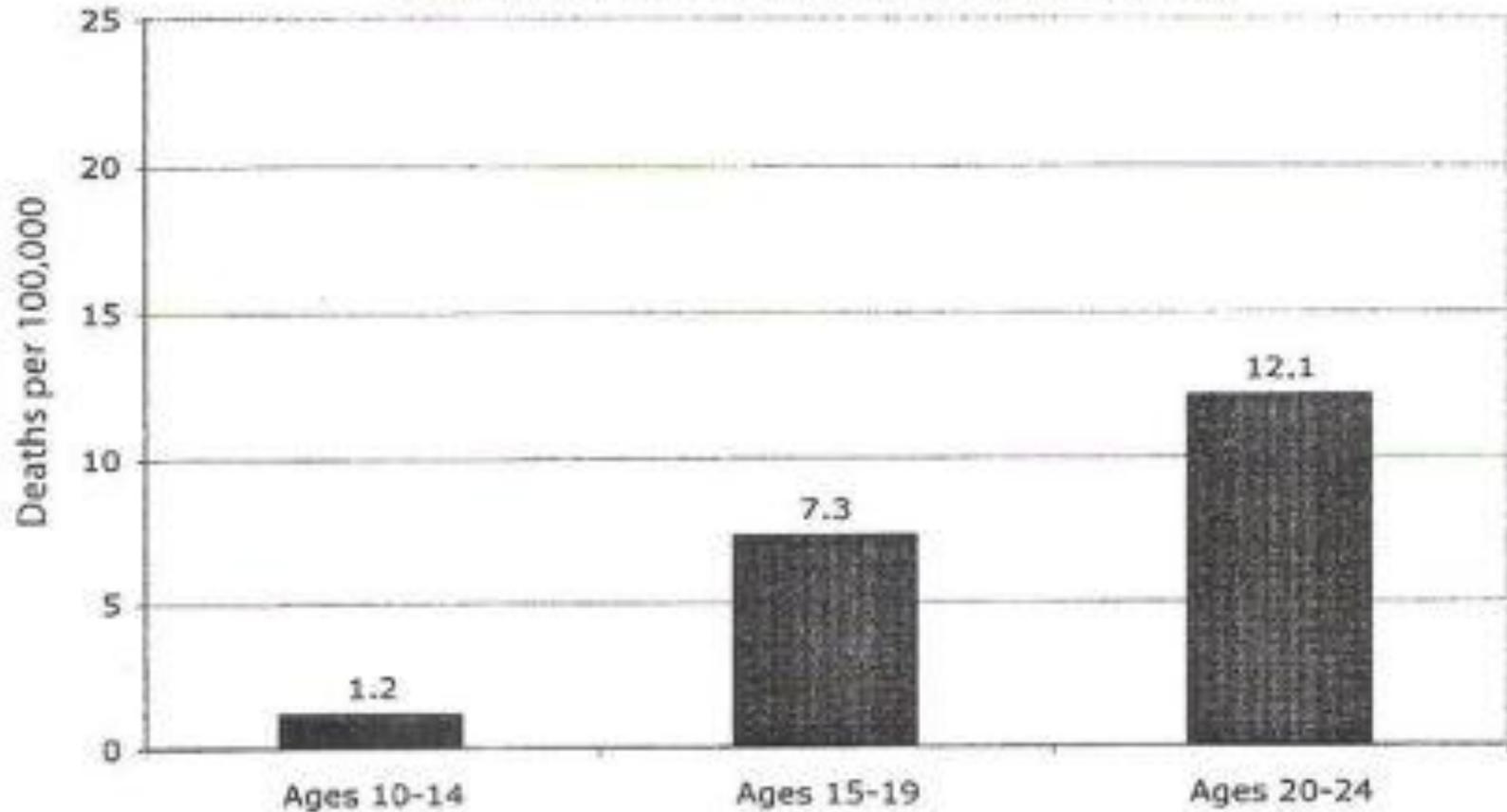
Suicide in Children and Adolescents

- **10) African-American children (10 to 14) showed by far the biggest increase in suicide rates between 1980 and 1995 (233%). Yet, their rates are lower than for Caucasian children**
- **11) In this age group (10-14), suicide was the 3rd cause of death for Caucasian children, and the 5th cause of death for African-American children**
- **12) Ninety per cent of suicides are attributable to mental illness, mostly depression, which affects one of every eight teens and one in thirty three children**

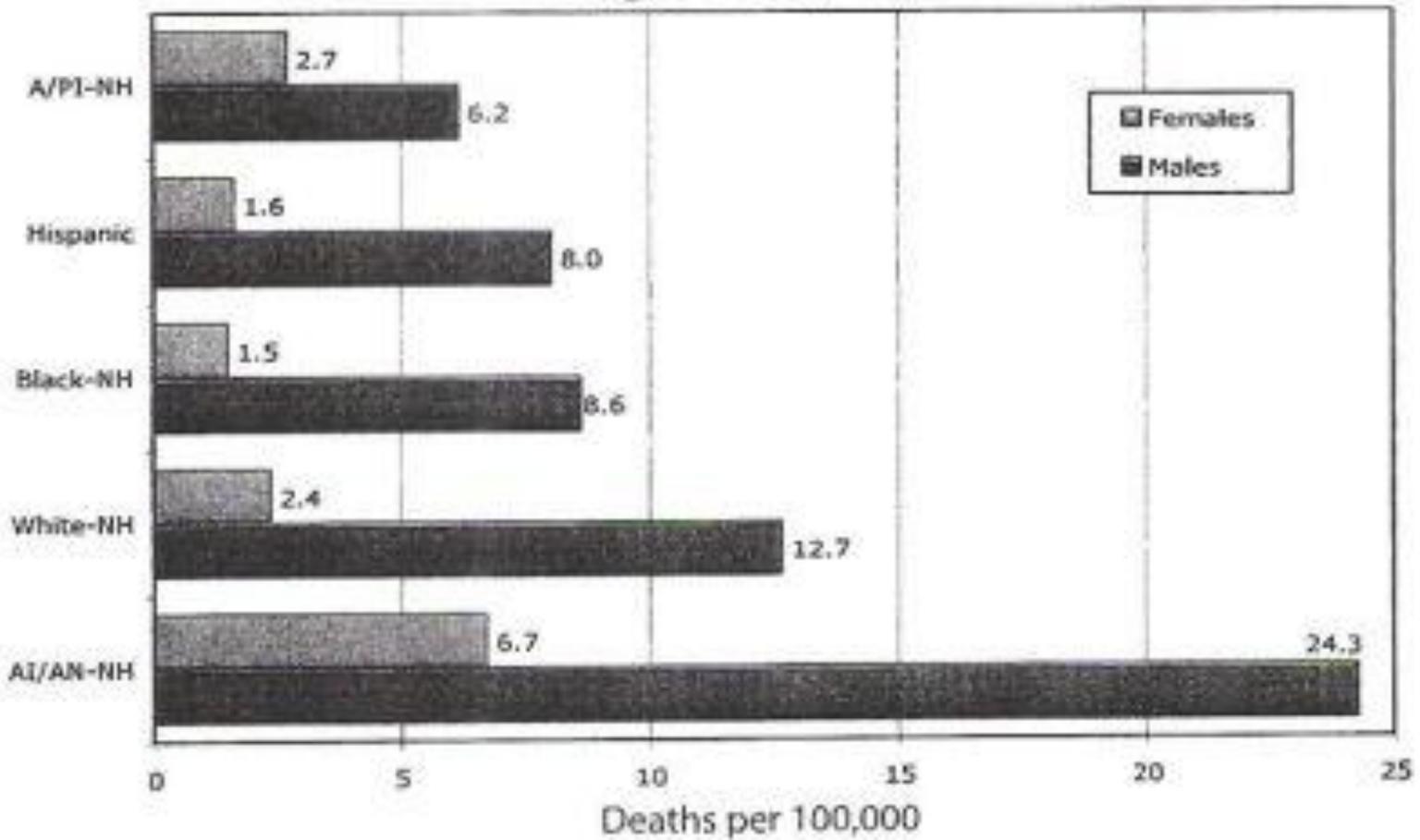
Suicide in Children and Adolescents

- **13) Caucasian males (10-14) complete suicide at a rate 1.8 times bigger than Caucasian females**
- **14) This age group, in terms of methods of suicide had followed the pattern of the 15 to 19 years old**
- **15) Thus suicide by firearms decreased in this age group since 1993 while suicide by suffocation increased**
- **16) Suicide by suffocation finally overtook suicide by firearms in 1999**

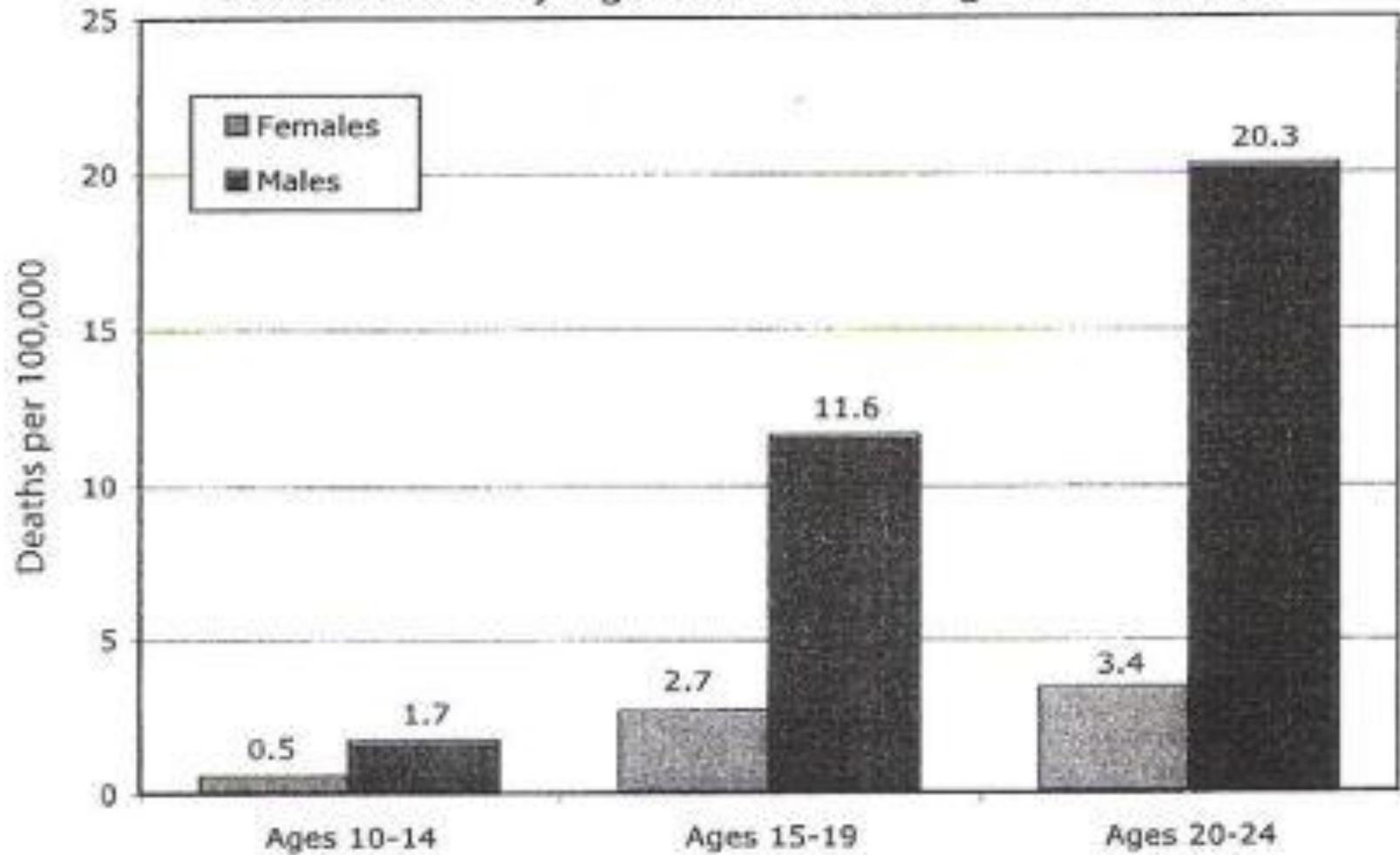
Suicide Rates by Age, Ages 10-24, 2003¹



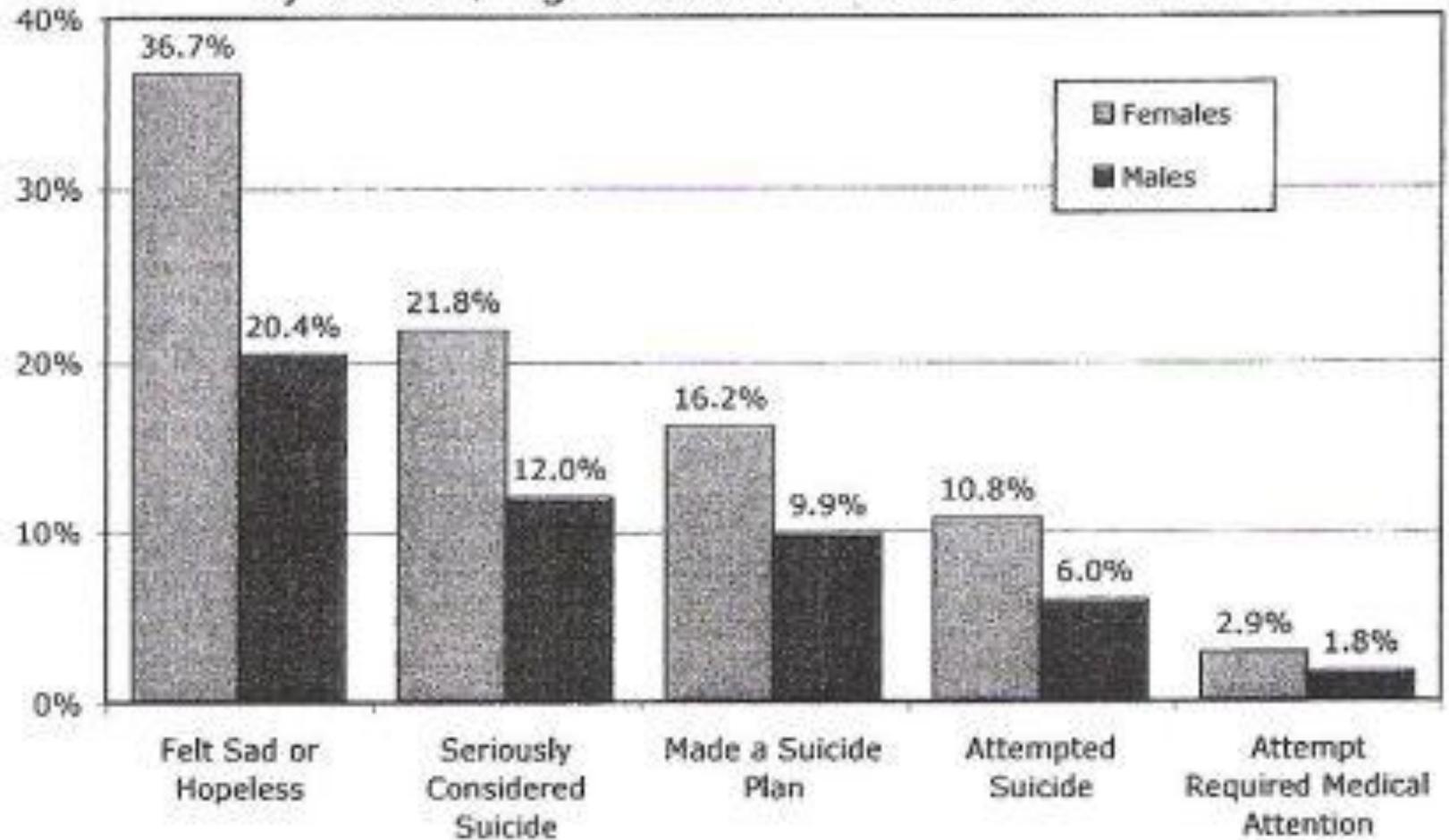
Suicide Rates by Race/Ethnicity* and Gender, Ages 10-24, 2003¹



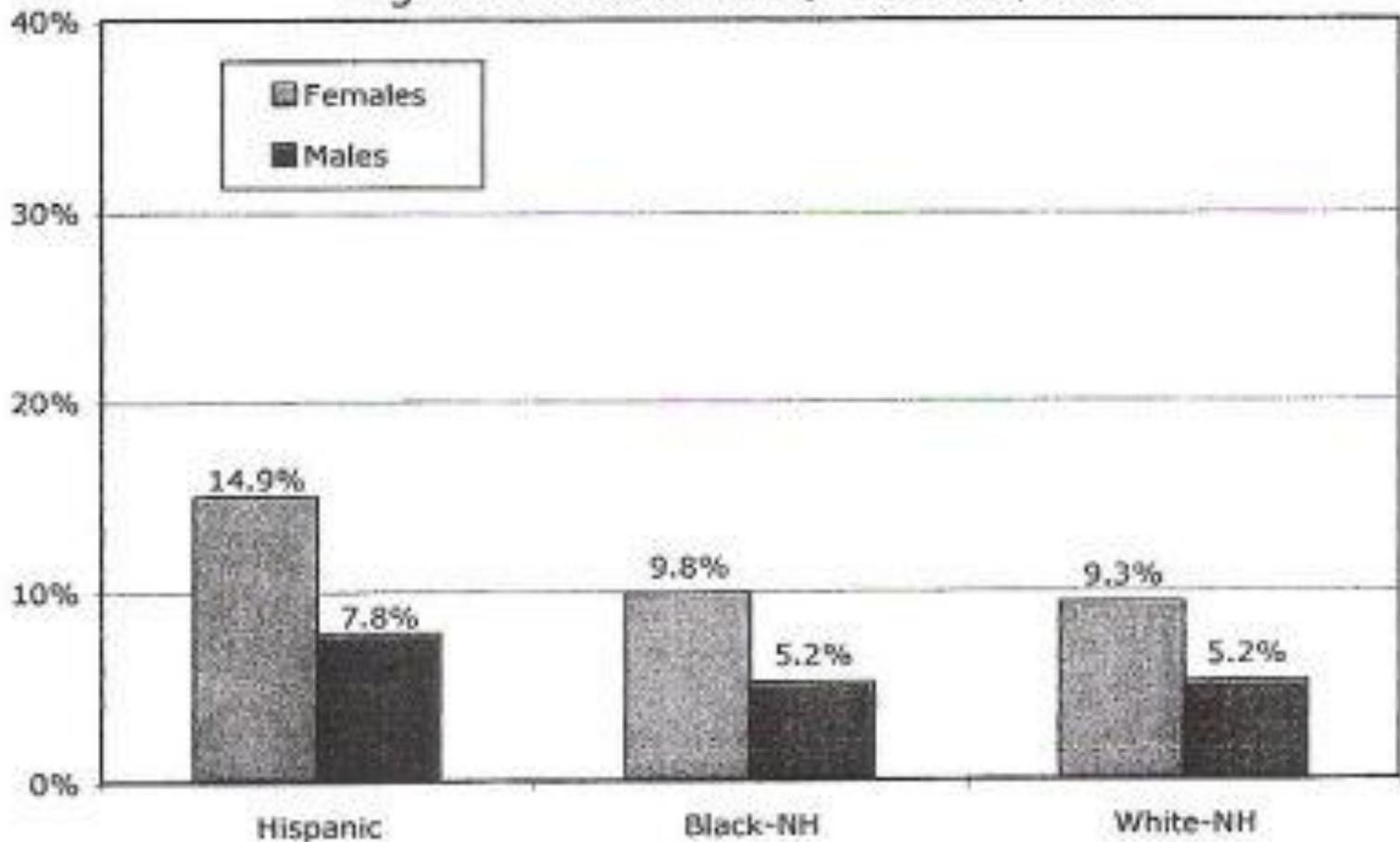
Suicide Rates by Age and Gender, Ages 10-24, 2003¹



Sad Feelings, Suicidal Ideation and Attempts by Gender, High School Students, Past Year, 2005³



Suicide Attempts by Race/Ethnicity and Gender, High School Students, Past Year, 2005³



* These abbreviations apply to all graphs and text through this presentation.
NH(s)=non Hispanic(s) AI/AN=American Indian/Alaskan Native

Suicide in Children and Adolescents

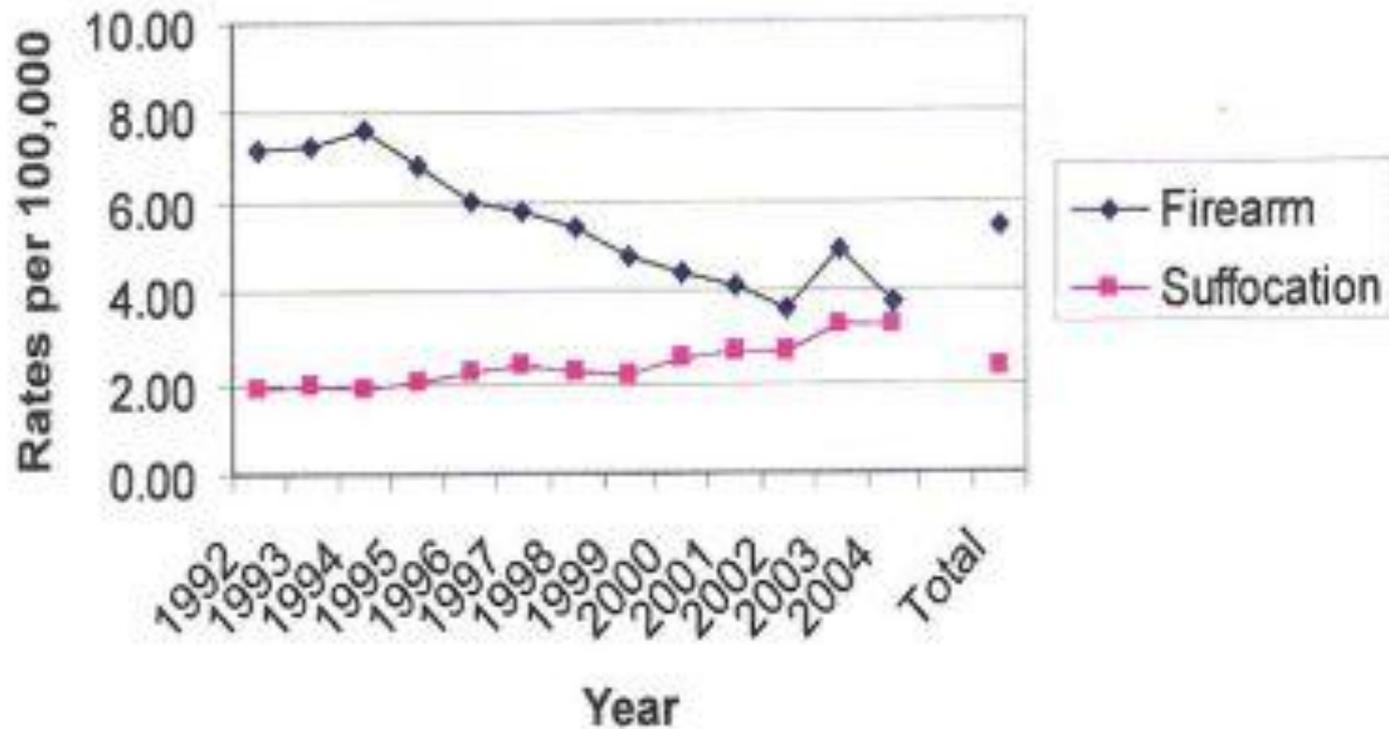
- **17) The CDC described how suicide had decreased 28.5% between the years 1990 and 2003 for those between 10 and 24 years of age**
- **18) But in the years 2003/4 females between 10 and 19 years and males between 15 and 19, had a marked increase in suicide, over the statistics that had been decreasing up to that time**

Suicide in Children and Adolescents

- **19) In 1990 firearms were the most common method of suicide. Among the 10 to 14 years old suicides, they were used 55.2% of the time and 56% for those between 15 and 19 years of age.**
- **20) But between 1990 and 2004 the trends to use firearms and poisoning diminished markedly as has happened with children. Its place, been taken by hanging/suffocation, that was used 71.4% of the time for those between 10 and 14 years of age, and 49% of the time, for those between 15 and 19 years of age.**

Suicide Rates for Ages 15 to 19

Source: Centers for Disease Control and Prevention, 2006



Suicide in Children and Adolescents

- **The CDC in 2007 pointed out, that in their survey 8.5% of Secondary students (grades 9 to 12) had attempted suicide at least once in the previous 12 months**
- **They found too, that 16.9% had seriously considered suicide**
- **Some clinical studies show, that a third of those attempting suicide, will repeat the attempt in 3 years**
- **It is believed, that 11% of those attempting suicide, will eventually complete it**

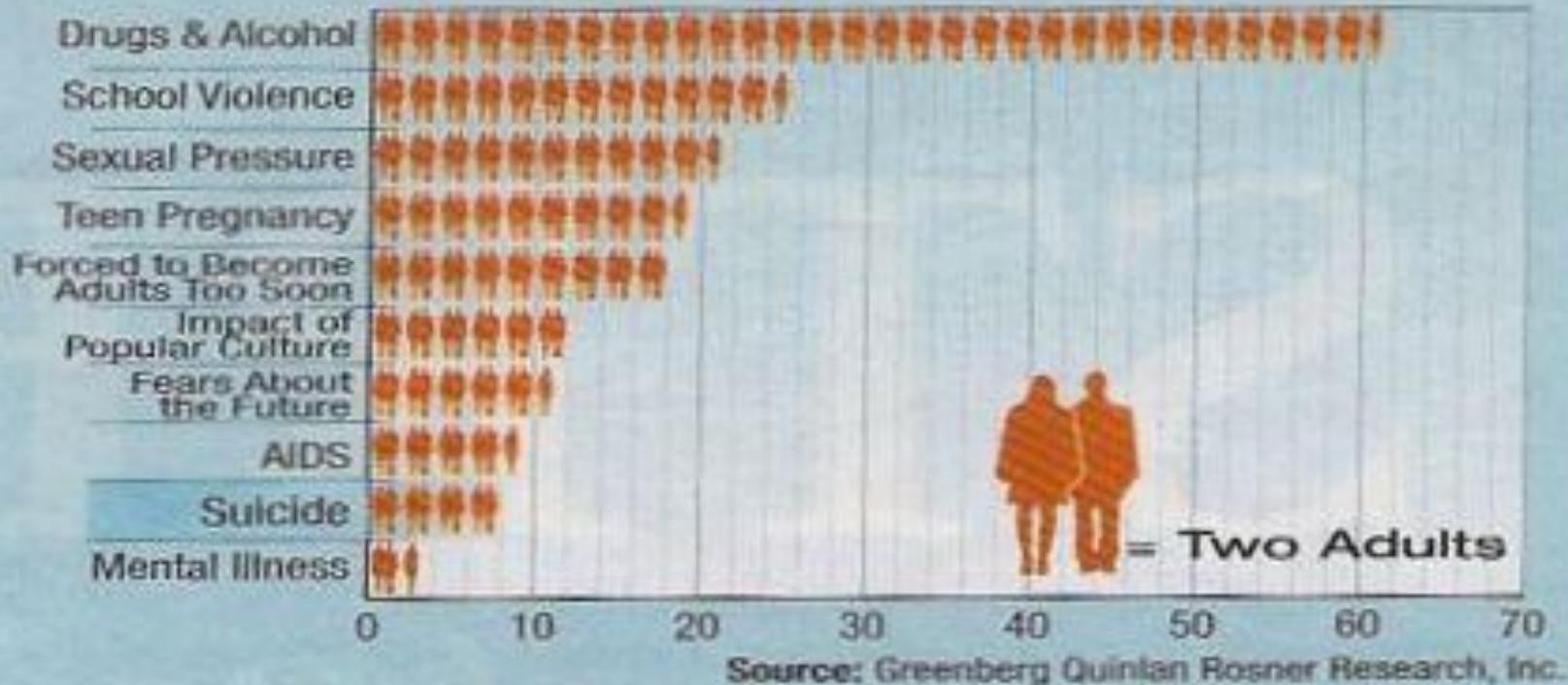
Suicide in Children and Adolescents

- **21) Among the Secondary students (grades 9 to 12) the mayor number of attempts takes place among Hispanics girls (14%), then black girls non Hispanics (9.9%), and then white girls non Hispanics (7.7%) (2008)**
- **22) We should notice as well that the large majority of adolescents attempting suicide do so after school hours and at home**

Suicide in Children and Adolescents

- A Government report released on July 13/2002 stated:
 - **Three millions American teenagers thought seriously about suicide and close to 900,000 attempted it!**
 - **Accordingly, 13% of teenagers (14-17) considered suicide in 2000**
 - **and only 36% has received treatment or counseling**
 - **girls are twice as likely as boys to say they thought about suicide**

What do Adults Think Troubles Teens?



Adults participating in a recent survey were asked to cite what they thought were the two most important problems facing teenagers today. Suicide was ranked low, despite its being the third-leading cause of death among teens aged 15 to 19.

Suicide in Children and Adolescents

B) Statistics of Suicide in Adolescence:

- **1) Among adolescents aged 15 to 19 the suicide rate was 8.9/100,000 with 1,737 deaths in 1998**
- **2) The 1998 gender ratio for 15 to 19 years old was 5:1 (males:females)**
- **3) Suicide is still the third leading cause of death in the 15-24 age group (follows unintentional injuries and homicide)**

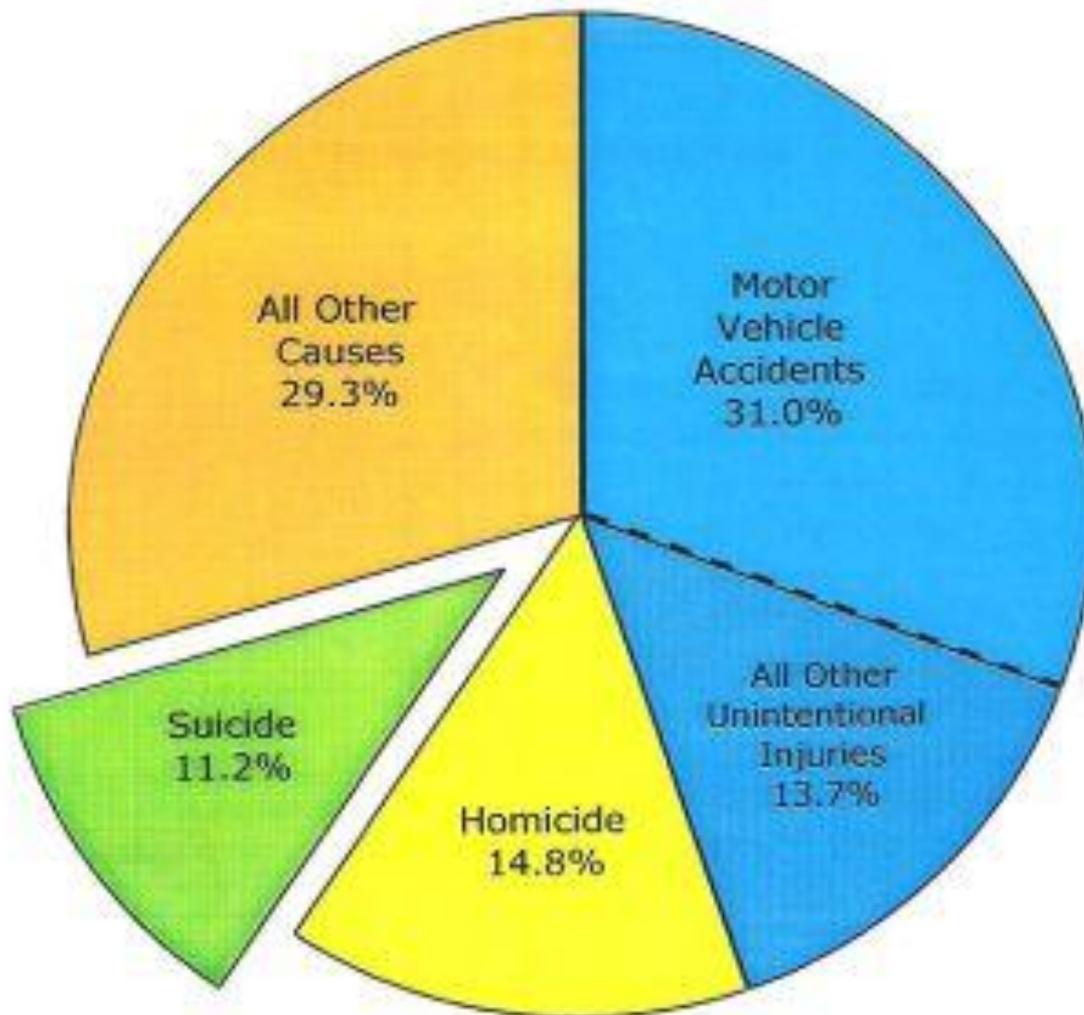
Suicide in Children and Adolescents

- **4) In 2005, in the group (15-24) there were 4,135 suicides, for a rate of 11.2 per 100,000 ... TV role?**
- **5) Adolescents ratio of suicide attempts or gestures to completed ones is estimated at 100:1 or 200:1**
- **6) This suggests that close to 900,00 attempts or gestures are made annually by US adolescents**
- **7) A recent study has suggested that many moves (more than three) increases the risk of suicide in this age groups. Isolation feelings the cause?**

Suicide in Children and Adolescents

- **8) Clusters of teenagers suicides are occurring more frequently i e, one suicide triggers many others. (The copy cat phenomena)**
- **9) Most suicide attempters' motivation (all ages) is not necessarily a wish to die but:**
 - a) a desire to influence another person**
 - b) to make someone feel guilty**
 - c) to express anger or gain attention**
 - d) to escape a difficult situation**

Leading Causes of Death, Ages 10-24, 2003¹



Suicide in Children and Adolescents

- **10) Kessel in the Edinburgh study concluded that at least 80% of self poisonings were done believing that death will not occur**
- **11) Many adolescents suicide deaths are probably unintentional**
- **12) The adolescents were not victims of suicide but of pharmacological roulette**

Suicide in Children and Adolescents

- **13) The best single correlate of lethality is the probability of rescue that existed**
- **14) Many self-poisoning adolescents ensure that they will be found soon after ingestions**
- **15) Alternatively they themselves notify somebody**

Suicide in Children and Adolescents

- **16) Imitation through exposure (friends or media publicity) makes adolescents more vulnerable to suicide (The copy cat phenomena)**
- **17) Exposure to suicide or suicidal behavior in the family, significantly influences vulnerable adolescents**

Suicide in Children and Adolescents

- **18) Potentially suicidal adolescents may show:**
 - a) a dysphoric mood**
 - b) aggressiveness or hostility**
 - c) frequent problems with peers**
 - d) reaction to a crisis situation**
 - e) inhibited personalities**
 - f) marked loneliness and extreme quietness**
 - g) extreme sensibility, lack of friends**

Suicide in Children and Adolescents

- **19) Suicidal youngsters have more psychiatric symptoms than the non-suicidal controls**
- **20) Symptoms of depression appeared in 76% of the suicide victims compared to 24% in the controls**
- **21) Many male suicidal adolescents do not meet DSM criteria for depression but are dysphoric**

Suicide in Children and Adolescents

- **22) Antisocial symptoms, previous history of suicidal tendencies, drug abuse are prominent among suicide victims**
- **23) If high suicidal intent is present hospitalize the adolescent immediately**
- **24) Unsuccessful attempts go from nearly lethal to desperate low lethality cries for help, to minor gestures clearly manipulative in intent**

Suicide in Children and Adolescents

- **25) Suicide behavior occasionally is impulsive handling of stress, in at times, a neglectful and unsupportive environment**
- **26) Death occasionally can be seen as retaliatory abandonment, reunion, rebirth, self-punishment, or confirmation of feeling already dead**
- **27) Suicidal adolescents may feel they want to cause pain in the life of a family member or friends that cause him real or imagined hurts**

Suicide in Children and Adolescents

- **28) Adolescents may have funeral fantasies in which others sit around in pain saying, “Why did not I treat him better”, or “Why did I not tell him/her that he/she was a good son/daughter”, etc.**
- **29) Some suggest to have them read the part on “From here to Eternity”, where corporal Bloom suicides. They can thus see the reality of their peers reactions**

Suicide in Children and Adolescents

- **30) Some adolescents take their lives suddenly and without prior warning, occasionally when they seem to be doing well (about to graduate, etc)**
- **31) Any suicide attempt needs a thorough evaluation for depressive or psychotic features**

Suicide in Children and Adolescents

- **Children of teenagers mothers or those who have a low birth weight have an increased suicide risk :**

Researches at the Karolinska Institute in Stockholm (2004) found that infants born to young mothers or those who weighed 4.4 lbs at birth or less were twice as likely to try to kill themselves

Social and economic conditions, stress during pregnancy, poor parenting and poor maternal health were thought to be contributing factors

Suicide in Children and Adolescents

METHODS OF SUICIDE:

- **1) Firearms, poisoning and hanging are the most common methods in the groups 5-14 and 15-24**
- **2) Suicide by firearms is unfortunately the method that has increased most dramatically**

Suicide in Children and Adolescents

- **3) Drugs used most commonly are:**
 - a) analgesics (Tylenol, Aspirin, etc)**
 - b) tranquilizers**
 - c) sedatives**
 - d) antihistaminics**
 - e) up to recently anti-depressants (tricyclics...)**

Suicide in Children and Adolescents



Suicide in Children and Adolescents

PREDICTORS OF SUICIDE:

- 1) Previous suicidal behavior.**
- 2) Affective disorders and schizophrenia**
- 3) Family psychiatric disorders, especially affective disorders**

Suicide in Children and Adolescents

4) Exposure to parental, peers or relatives suicidal ideas:

- or parental threats or attempts of suicide**
- or parental severe emotional problems**
- or parental absence or death**
- or parental divorce or separations**
- or evidence of physical abuse**

Suicide in Children and Adolescents

- **5) Other common factors are:**

- drug abuse
- disputes with:
 - peers, boyfriends & girlfriends
- arguments with a parent
- divorce of parents
- humiliations
- victimization by bullies
- sense of failure
- lack of success at school
- punishments
- pregnancy
- social rejection
- domestic violence or abuse
- mental disorders:
 - DEPRESSION**,
 - schizophrenia or bipolar disorder
- lack of parental understanding as perceived by the adolescent

Suicide in Children and Adolescents

6) Loss of communication with one or both parents

7) Lack of religious ties

8) Anger

9) A wish to go back to ward where staff is seen as more loving and reliable than those at home

10) Significant changes in eating or sleeping habits

Suicide in Children and Adolescents

11) Writing notes or poems about death

12) Giving away precious possessions

13) Drug or alcohol abuse

14) Dramatic personality changes

15) Loss of interest in previously valued activities

16) School work deterioration, etc

Suicide in Children and Adolescents

Conclusions and Treatment Suggestions:

- 1) **Suicide, the third leading cause of death in this group is preventable**
- 2) **Important to confront the adolescent with their phantasies that their suicide will provoke remorse and guilt, or be a punishment for those left behind**

Suicide in Children and Adolescents

- 3) They need to understand what really will happen and how after a while people will go on with their lives**
- 4) Describe comments that will be made such as “He was a little crazy”, “The Lord knows we tried”, etc**
- 5) Decrease access to firearms, drugs, etc**
- 6) Do not let them paint themselves into a corner since to save face they may do something dangerous**

Suicide in Children and Adolescents

- 7) Interventions need to be life saving while avoiding secondary gains**
- 8) May be useful to describe with examples the loss of function due to decrease oxygenation, cutting through nerves, etc**
- 9) Adolescents believe that adults will make things o.k, with no resulting damage**

Suicide in Children and Adolescents

- **New research from Columbia University Medical Center, presented in June 9, 2009 at the SLEEP conference in Seattle, “demonstrated that teens with earlier parental mandated bed times got more sleep and had fewer cases of depression and suicidal ideation”**
- **The American Academy of Sleep Medicine (AASM) recommends a little over 9 hours of sleep for teens which is contrary to the general believe that teens need less sleep**
- **Sadly, each day there are approximately 12 youth suicides in the U.S**
- **Thus, every 2 hours and 11 minutes, a human being under the age of 25 completes suicide**

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1) The Carter Jenkins Center

2) The monthly programs for the community

3) The monthly programs for the professionals

4) The International (Virtual) Psychoanalytic
Institute

5) The International (Virtual) Psychoanalytic
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