

Suicide in Children & Adolescents

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Girl found dead after getting exam result

SEREMBAN: A 17-year-old is believed to have hanged herself here yesterday out of frustration over failing to obtain a credit in the SPM Bahasa Melayu paper.

The girl was found dead in her room at 1pm by a family member who had suspected something was amiss when she failed to come out for lunch.

She had returned home earlier about 11am after receiving her result slip from her school.

According to a relative who wants to remain anonymous, the girl had hoped to achieve excellent results in the examination, based on her school's trial examination last year.

"She was very ambitious, hoping to gain a place in Form Six this year

Star, Friday

6

28 Nov 1997

Form Two girl found hanged

DUNGUN: A Form Two student was found hanged in her house in Jalan Nibong Stesen yesterday morning.

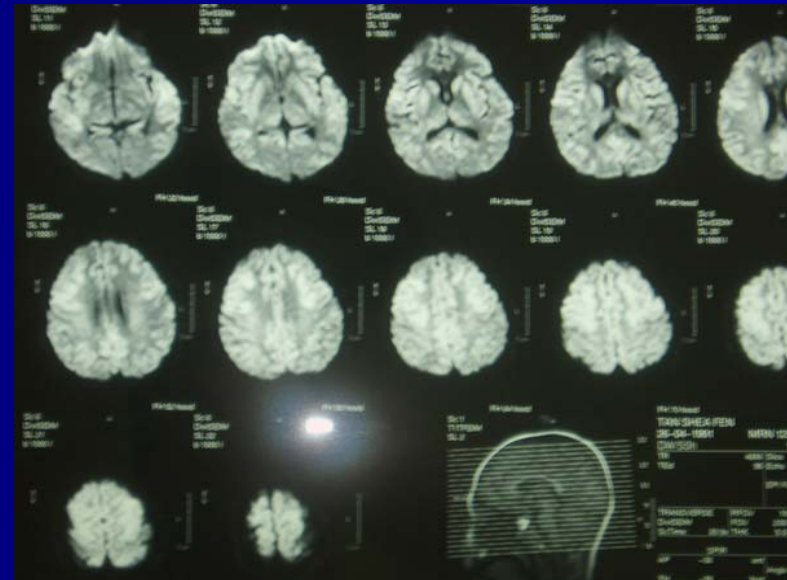
Rosliza Awang, 14, was found dead in her bedroom by her mother at 10am.

Rosliza, third in a family of eight children, was said to have been scolded by her brother after she had quarrelled with a friend staying near her house earlier in the morning.

Police said the girl's father, Awang Hitam, had lodged a report and police were investigating the incident.

Tragic Case of a UPSR student

- 12 y.o. Chinese girl
- good looking
- 'A' student
- high expectations
- severe anxiety
- hanged herself
- discovered by dad
- brain damage
- mental age of 6-7 yrs



Depression in children

- Every child experiences sadness
 - a normal reaction to stressful events
- Depression becomes a **disorder** when
 - severe, persistent
 - associated with:
 - loss of enjoyment
 - impairment in child's functioning
- Depressive disorder in childhood →
 - poor school performance
 - difficulties in peer relationships
 - increased risk of deliberate self-harm & suicide
 - strong predictor of adult major depression



The Current Context

- Suicide rate is **rising** dramatically in children below the age of 14
- It has demonstrated that children “can experience the pain of life to the point of wanting to die”

(Fish, 2000)

- Professionals need to recognize that youth suicide does occur and be alert to the warning signs

Suicide

ChenP, LeeLK,etal 2005: Negri Sembilan Study, 4500 Sec Students

- Suicidal behaviour –
 - suicidal ideation, making a suicide plan and attempting suicide
- 4.6% attempted suicide at least once
- More girls than boys
- More Chinese and Indians
- Victims of bullying
- 20% overall respondents felt sadness and hopelessness at least 14 days, stopped usual activities
- More Form 3 & Form 5 students – major public exams?

Factors relating to adolescent suicidal behavior: a cross-sectional Malaysian school survey J Adolesc Health. 2005 Oct;37(4):337

Psychiatric Symptoms

- One predominant finding in the literature is the association between **psychiatric diagnosis** with suicidality
- Research indicates that **more than 90%** of child and adolescent suicide victims had a psychiatric diagnosis
 - Pfeffer (2001)
- Most common disorders include
 - mood disorders
 - substance abuse disorders
- Among mood disorders, **depression** is common,
 - although it is not a necessary precursor to suicide

Walrath et al. (2001)

Psychiatric Symptoms

- A thorough study by Strauss et al. (2000)
 - did not find significant differences between suicide ideation, attempters and non-suicidal youth in rates of general or specific anxiety disorders.
- Adolescent suicide attempts with **self mutilative behaviour (SMB)** are associated with greater cognitive/affective and behavioural symptoms
 - Guertin et al. (2001)
 - It is recommended that **routine screening for SMB** be included when treating adolescent suicide attempters
 - SMB symptoms may be an indicator of the **severity of distress** and should be attended to

Family Factors

- A family history of **suicide** and a parent with a **psychiatric disorder** are the two most common familial risk factors for suicide in teenagers
- Other familial related issues that are risk factors for suicide include
 - **poor communication** with parents
 - **living in non-intact families**

(Anderson, 1999; Pfeffer, 2001)

- Suicide attempts are also common among
 - **homeless**
 - **runaway youth**

(Yoder, 1999)

Stressful Experiences

- One key experience is childhood physical or sexual abuse
 - physically abused children 6-12 years old manifest significantly higher levels of depressive symptomatology and suicidality than do children who are neglected or who are neither physically abused nor neglected
Finzi et al. (2001)
 - childhood sexual abuse imparts risk for youth and adult suicide
Pfeffer's (2001)
- **Homosexual youth:** higher rates of suicide attempts
- Youth can find many different life experiences (e.g. **school bullying**) stressful, and each child will have a unique response to these stressors

Cognitive Factors

■ Hopelessness

- is an integral component of Beck's theory of depression
- the relationship to hopelessness is **strongly** tied to depression, which is often comorbid with suicidality

■ Other cognitive risk factors include

- **poor** self-efficacy and **self-esteem** (Pfeffer, et al 2000)
- **perfectionism** (Boergers, Spirito, & Donaldson, 1998)
- being **overly conscientious**

(Haliburn, 2000)

■ An interesting finding by Goldson et al. (2001)

- is that a youth's answer to the question "Will you attempt again?" is related to later suicidal behaviour

Risky Behaviour

- Youth who engage in risky behaviour *do not always* express a desire to end their life
 - but indicates a *devaluing* of their lives
- Risky behaviours include
 - intercourse
 - substance abuse
 - fighting
 - suicidal ideation/attempts

(Flisher et al., 2000)

Key Areas in Clinical History

- A thorough evaluation of depressive symptoms
 - (duration & severity)
- Impact of symptoms on child's personal life & relationships
- Acute stressors & chronic difficulties,
 - including possibilities of sexual abuse
- Family history
 - (depression & other psychiatric conditions)
- School history
 - academic problems, relationship with peers, bullying
- Medical & drug history
- Substance use (illicit drugs/alcohol)
- Other co-morbid psychiatric & physical disorders

Assessing Suicidal Risk

- Specific factors
- Previous suicide attempt
- Mood disorder (major depressive disorder)
- Substance abuse disorder (particularly in males)
- 16 years or older, male, and living alone
- History of physical or sexual abuse
- Less specific, but alarming factors
- Recent dramatic personality change
- Psychosocial stressor (trouble with family or friends, or a disciplinary crisis)
- Writing, thinking, or talking about death or dying
- Altered mental status (agitation, hearing voices, delusions, violence, intoxication)

Assessment Tips

- Youth:

- do experience **real emotional distress**
- in general are not experienced with seeking help, particularly for emotional concerns

Hurry (2000)

- Examination of the reasons that adolescents attempt suicide indicated that the intentions are rarely manipulative

- but based on a real belief that suicide is the only viable **solution** to their distress Boergers et al.'s (1998)

- Exploring the youth's personal experiences and perspectives are a key aspect of any assessment

Clinical Implications

- Direct, thorough interviewing is best
- The personal relationship developed with the youth is important (strong alliance)
- Adolescent self report is **valid and should be taken seriously**
- A multi method approach to assessment is useful
- Agreement across measures equals high risk of severe suicidality
- Ongoing assessment throughout treatment is valuable

Practical Points

- Teenagers at risk should be screened by asking about :
 - suicidal ideation
 - substance abuse
 - past history of suicide attempts
 - family history of suicide
- A verbal contract (such as might be made with an adult) should not be relied on
- SSRIs: Rx of choice in suicidal teenagers
 - less chance of a lethal overdose than with TCAs
 - Medication therapy should not be discontinued when target symptoms decline but should be continued, at least for 6-9 mths