Mental Illness and Suicide Prevention Among Children and Adolescents

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RISK FACTORS FOR SUICIDALITY AMONG HISPANICS

Most common reasons:

- Generational differences, beliefs, and customs—meaning disagreements among generations regarding lifestyle choices and personal issues that might erupt into family conflict;
- The stress of being recent immigrants;
- Reduced access to mental health assistance because of language barriers, cost of care, or perceived cultural exclusion and cultural patterns, such as the idea that "la ropa sucia se lava en casa" (similar to “don’t air your dirty laundry in public”);
- The Latino community tends to be very private and often do not want to talk in public about challenges at home.
LATINAS – MOST VULNERABLE AT RISK FOR SUICIDE

Hispanic/Latino female teens are particularly vulnerable to suicide attempts. In fact, according to the Youth Behavioral Risk Survey 2011 results, compared to other demographic groups, high school-age Hispanic/Latino Females reported:

- Nearly 20% higher rates of “seriously considered attempting suicide”
- 25% higher rates of “having made a suicide plan”
- Nearly double the rate of having made a suicide attempt
- Nearly double the rate of having made an attempt requiring treatment by a doctor or nurse (Mental Health America of Texas)

There are specific protective factors for Hispanic/Latino female teens that may aid in preventing suicide. These include greater support from friends and family, and a greater ability to deal with problems at home. (Dr. Luis Zayas, Dean School of Social Work, UT Austin)
Hispanics often share protective factors against suicidal tendencies:

- Strong sense of family and culture (which could also be blame in creating unresolvable conflict and leading to suicide attempts might just as easily serve a positive role in preventing them).
- Recognition of the importance of the family unit over the needs of the individual, along with strong family support.
- A general moral opposition to suicide among Hispanics.
- Ethnic pride, which has been shown to result in a lower risk of drug use (a suicide risk factor).
- Being born outside the United States—Hispanic youths who were born elsewhere but live in the United States have a lower suicide attempt rate than those born here.
Nationwide, suicide is the second leading cause of death for youth aged 10 to 14 years.
EPIDEMIOLOGY of Suicide in Children and Adolescents

• **Females** 10% vs 4% more likely to attempt suicide and have *specific ideation*
  • **Males** 6:1 more likely to complete suicide
  • use *more lethal* means such as hanging or firearms
  • substance use and antisocial behaviors
  • Adoptees 4 x more likely to attempt suicide than those not adopted (Keyes, Malone, Sharma, Iacono, McGue, 2013)
  • Children with parent who has attempted suicide almost 5x risk of attempting suicide (Brent, et al. 2015)
Deaths by Suicide

Cameron County
Total suicides 2017: 38

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(Information provided by, Dr. Elizabeth Miller, Cameron County Forensic Pathology.)

Hidalgo County
13 suicides in 2017 - 24 years of age or less. The youngest for 2017 was 14 years old.

Willacy County
There was one suicide referred to this office in 2017 in which the decedent was less than 24 years old.

Information Provided by, Dr. Philip Farley, Valley Forensics

Sixty-Six Counselors in a Cameron County School District were surveyed. They reported that in the last year,
- 74.6% suspected and/or intercepted a suicidal communication or had seen one or more warning signs in someone to whom they were providing services.
- 20.6% attempted suicide.
- 65.1% indicated that one of students had completed suicide.
- 15.9% indicated that two of students had completed suicide.
- 4.8% indicated that three students had completed suicide.
STUDENTS AND MENTAL HEALTH

A Silent Epidemic: Our public schools are struggling to handle millions of students with mental health problems.

MENTAL HEALTH PROBLEMS AMONG YOUTH AND RISK FOR SUICIDE

Top 10 Reasons Teenagers Commit Suicide

(Reference - http://listcrux.co/top-10-reasons-teenagers-commit-suicide)
BULLYING AND PEER PRESSURE

- Bullying happens to kids at any grade level.
- Kids in their early teens, entering high school tend to experience a bit more bullying than usual. From pranks to name calling some teens can be really mean people – pushing the other to the far end.
- Teens who are bullied feel cornered and their self-esteem and confidence is beaten down to the bare minimum. They feel worthless and incapable of anything productive.
- This leads them to think and imagine that their life truly is worthless and therefore no longer feel the need to keep on living.
- The effect of bullying turn into depression and some kids end up taking their own lives.
- Most teens are scared of further bullying and never bring up what’s happening to their teachers or parents and these things tend to go unnoticed for years on end.
Cyber-Bullying

- We live in a time where technology occupies most of our time. Teens look online for recreation and friends and as this may have a lot of pros; it also comes with its cons.

- Many teens get made fun of and mocked online for various reasons, even for the things they like or dislike and their beliefs.

- This might lead to having low self-esteem and depression and withdrawal which could eventually lead to taking their own lives.
Blue Whale Challenge: Teen Commits Suicide Live Online

https://www.youtube.com/watch?v=nnCy2ydoldY
Mental Health Disorders

- Depression, bipolar disorder, schizophrenia and other disorders cause the brain to function differently than usual and lead to thoughts that eventually result in suicide.

- A lot of teens with mental disorders don’t feel like they belong in society and consider themselves outcasts.

- Frustration with themselves and society and the trouble they have fitting in often lead them to take call it an end.

- Mental disorders need to be detected early on and treatment is required.
Sexual Orientation

- It is mostly in their teenage years that kids come to terms with their sexuality and for most there are a lot of complications involved.

- Many of them have a difficult time determining their sexuality. Once they do, realizing that they are gay, lesbian, bisexual, or whatever other sexuality they fit themselves in comes with its own set of difficulties.

- There is the problem of telling friends and peers who sometimes turn on the person and mock and ridicule them.

- Then there is the issue of parents and family who, more often than not, are not particular welcoming and understanding about their child’s sexual orientation. This creates a lot of pressure on the child and “coming out” that already took so much courage is now being pummeled.

- The attempt to be themselves and society’s view of them creates turmoil within them. This eventually leads to a depression.

- Finally when the teen actually starts to believe that he is actually as a bad a person that people make him out to be, he concludes that living is no longer worth it. Especially if living means not being able to love who he chooses to love.
Drug and Alcohol Abuse

During the teen years people discover the effects of alcohol and drugs. However, what might start out as just experimenting could turn into a fully fledged addiction, especially if the teen is experiencing emotional or psychological pain.

The use of drugs and alcohol could be a way through which the teen tries to fit in with friends who are also using drugs/alcohol.

The use of drugs and alcohol can lead to overdosing and most do not survive.

Some overdose on drugs and alcohol because of their various problems at home or in school.
• Kids and teens have a general tendency to believe that they are the cause of everything that is going wrong in the life of a loved one, especially if they are not being told differently.

• When parents are divorcing they are sometimes made to believe that they are the cause of it or even they aren’t told that they come to that conclusion.

• Thus in taking their life they assume that their parents will be happy or happier without them around.
Emotional Neglect

- Some parents seemed to be involved in their own lives with no concern for their teenage children. In doing this they sometimes ignore the signs of suicide.

- Emotional neglect leads to the teen feeling forgotten about and alone. They feel like their existence makes no real difference and if they were to end their lives no one would even notice their absence.

- This emotional neglect has a worse effect than some people can imagine.
Sexual Abuse

- Many teens grow up with being sexually abused since childhood and some experience sexual abuse later in their teens.

- Sexual abuse has more than just long lasting physical damages; it is extremely emotionally/psychological damaging as well.

- Children who are sexually abused tend to blame themselves for the abuse. Often the child does not talk about it and in cases when they tell their parents they are faced with the parents denying that the abuse actually happen.

- Sexual abuse caused depression.

- Enduring the psychological pain caused by sexual abuse might lead them to take their own life.
Domestic Abuse

- Some teens are victims of domestic abuse. Over the years they’ve been physically and mentally abused by one or more members of their family. Those experiences have a long lasting damaging effect on people.

- Sometimes if they are not direct victims then they are witnesses to acts of domestic violence, which has an equally damaging effect.

- A lot of the time the abusers blame the teens for whatever may be wrong – big or small. Believing that they are the cause of every problem in their household can be very demeaning for the person.

- Some survive to have healthy adult lives, some go on to experience more violence from their spouses in the future; others decide to end their lives there and then, believing no good can ever come from their existence.
Stress

- Pressure at school to get good grades and pick a career at such a young age agitates teens and becomes too much for them after a certain point.
- This pressure is increased by parents and families to live up to a certain standard. When the pressure gets too much many teens decide to take the pressure off once and for all.
- Children and adolescents with learning disabilities have a tough time in school as they are often perceived as “retarded”.
- Children in need of eyeglasses and hearing impaired can also be victimized by others.
- The lack of educational supports and assistance for those children can push them to end their lives as they perceive themselves as not having any worth.
WARNING SIGNS AND INDICATORS FOR SUICIDE AMONG YOUTH

- Feelings of sadness or hopelessness, often accompanied by anxiety
- Declining school performance or not wanting to go to school
- Loss of pleasure/interest in social and sports activities
- Sleeping too little or too much
- Major changes in weight or appetite
- Inability to concentrate or think clearly
- Withdrawals from friends or family and no desire to go out
- Talking about “going away”
- Giving away favorite possessions
- Sudden changes to a cheerful mood after being depressed or sad

Mental Health America of Texas
Youth Suicide Warning Signs (Continued)

1. Expressing hopelessness about the future
2. Displaying severe/overwhelming emotional pain or distress
3. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
   - Withdrawal from or changing in social connections/situations
   - Changes in sleep (increased or decreased)
   - Anger or hostility that seems out of character or out of context
   - Recent increased agitation or irritability
   - Other:
     - Staying by themselves in their rooms
     - Not wanting to go to school
     - Regressive behaviors, like wetting the bed in small children
     - Preoccupied with death

(Reference WWW.youthsuicidewarning signs.org/healthcare-professionals)
Risk is greater if the warning sign is:

- New and/or has increased and possibly related to an anticipated or actual painful event, loss, or change.
Other Indicators
Academic Indicators:

- Sudden decline in quality of work or grades
- Repeated absences
- Bizarre content in writings or presentations
- Repeated classroom disruptions
Psychological Indicators:

- Self-disclosure of distress (relationship/family issues, grief, suicidal thoughts, school concerns...)
- Excessive tearfulness, panic, irritability, or apathy
- Verbal abuse
- Concern from peers
Safety Risk Indicators:

- Unprovoked anger or hostility
- Implied or direct threats to harm self or others
- Stalking or harassing
- Your gut feeling tells you that there is a safety risk.
Physical Indicators:

- Marked changes in physical appearance, grooming, hygiene, weight
- Excessive fatigue or sleep disturbances
- Intoxication, disorientation, or smelling of alcohol
Guidelines for Intervention

- Let the student know you are concerned about them and would like to help.
- Allow the student to discuss their thoughts and feelings, which often helps relieve pressure.
- Avoid offering lots of advice or solutions.
- Don’t be afraid to ask about suicide directly: “Are you thinking about suicide/ killing yourself?”

Stay safe and maintain the boundaries of your professional role.
Guidelines for Disruptive:

- Ensure the safety of yourself and those present.
- Use a calm, non-confrontational approach to defuse and de-escalate the situation.
- Set limits by explaining now the behavior is inappropriate. If the behavior persists, notify the student that disciplinary action may be taken, ask the student to leave. Call Campus Police.

*Remember: Safety First!*
How to Respond

If you notice any of these warning signs in anyone, you can help!

1. Ask if they are ok or if they are having thoughts of suicide
2. Express your concern about what you are observing in their behavior
3. Listen attentively and non-judgmentally
4. Reflect what they share and let them know they have been heard
5. Tell them they are not alone
6. Let them know there are treatments available that can help
7. If you are or they are concerned, guide them to additional professional help.
8. Most importantly intervene with family.
Teen Suicide Prevention

https://www.youtube.com/watch?v=3BByqa7bhto
If you think that your child or another youth may need help right now, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). Your call is free and confidential. Trained crisis workers in your area can assist you and the youth in deciding what they need right now.
Local Resources

**Abundant Grace Community Church**
2100 S. McColl Rd., Edinburg
956-381-0622

**Catholic Charities**
700 N. Virgen De San Juan Blvd., San Juan
956-702-4088

**Hope Family Health Center**
2332 Jordan Rd., McAllen
956-994-3319

**Methodist Healthcare Ministries**
209 E. Doherty, Mission
956-440-1686

**Tropical Texas Crisis Mobile Unit**
1-877-289-7199

**United Methodist Church**
Brownsville 866-212-0440
Edinburg 866-840-4041
Harlingen 866-212-3367
La Feria 866-212-6716
McAllen 866-395-3241
Mission 866-395-3241
Pharr 866-724-1402
Port Isabel 866-212-3367
Raymondville 866-212-6716
San Benito 866-212-0440
Weslaco 866-840-4041

**National Hotlines**

Suicide Prevention Lifeline
1-800-273-TALK (8255)

Veterans Press 1

LGBT Hotline
1-888-843-4564

Trans Life
1-877-565-8860
Additional Resources:

- American Foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org)
- National Center for the Prevention of Youth Suicide [www.suicidology.org/ncpys](http://www.suicidology.org/ncpys)
- Society for the Prevention of Teen Suicide [http://www.sptsusa.org/educators](http://www.sptsusa.org/educators)
- Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org)
Gratitude
Louie Schwartzberg

https://www.youtube.com/watch?v=gXDMoiEkyuQ