Suicide Outreach in teenagers

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Across the globe, suicide is the second leading cause of mortality of young people age 15-19

The suicide rate for males in this age group has increased by 31% from 2007 to 2015 (10.8 to 14.2/100,000)

The suicide rate for females in this age group has roughly doubled in the same time frame (2.4 to 5.1/100,000)

In 2017, 17.2 percent of high schoolers surveyed in the Youth Risk Behavior Surveillance System said they had seriously considered attempting suicide

Depression is also rising at an alarming rate. Depression has been on the rise since 2012. In 2017, 17.5% of teenagers aged 15-17 reported an episode of major depression.

Entertainment has also affected teenage suicide. Most notably after the release of 13 Reasons Why, there was a month of a statistically significant increase in suicide for people aged 10-17
PUBLIC HEALTH COST AND CONSIDERATIONS IN HOST COMMUNITY

- Vermont has an overall 35% higher suicide rate than the national average.
- Suicide is the 8th leading cause of death in Vermont, killing more people than car accidents or homicide.
- In 2019, the teen suicide rate in Vermont was 11.8% compared to the national average of 10.5%.
- In 2017, 11% of Vermont teenagers made a suicide plan, while 5% made an attempt.
- The majority of suicides in Vermont are done using a firearm.
- In 2013, the cost of suicide attempts in the US was 58.4 Billion.
- The average teen suicide costs 1.4 million in lost productivity.
COMMUNITY PERSPECTIVE – THE PARENT OF A CHILD WITH A SUICIDE ATTEMPT

• Overall I think we are seeing a big increase in terms of anxiety and sort of feelings of isolation. It feels like there is a real lack of awareness on the part of most parents about what their kids are doing.
• I don’t think the “local high school” is doing much of anything. They have had multiple suicides in the last three years. I think they haven’t done a good job addressing it. One of my main concerns is a lack of supervision.
• There aren’t good systems in place for kids trying to make connections with peers and teachers, especially those struggling with mental health.
• We are provided next to none in terms of resources for mental health. You have to go looking for it.

• In terms of my situation, all the school did was say “let us know if there is anything we can do to support you” and then they made sure we had the number for First Call.
• I think all schools need more mental health supports right in the building
• There is a sense that adults at the school don’t care, I have certainty heard that from my son
• I think so much about mental health is about the relationships
• The medications can be overwhelming. There are so many anit-depressive medications. I really relay on the medical professional
COMMUNITY PERSPECTIVE B- ADMINISTRATOR AT LOCAL HIGH SCHOOL

- I think the mental health of our students probably mirrors the national norm. Not just the students, but I would include the adults as well.
- I would say this group of students are so much more thoughtful, so much more sensitive, so much more informed and yes so much more anxious.
- So am I overly alarmed? No
- I do not think the impact of social media is always negative or positive, I think the interaction of being negative or positive depends a lot on if it is being on all the time.
- There is an achievement culture at our school. We have won many school championships, which is great. But what happens if you aren’t apart of that? You feel isolated
- I think social economy differences are big here. Some kids are driving expensive cars, while others take the bus to school.
- I don’t’ claim to understand it fully, but I know it needs to be studied.
- I do think there are some cultural barriers on students having access to primary care. A doctor’s office can feel intimidating for a lot of people. Here is this professional with all this education. It is hard for them to open up in the situation.
INTERVENTION AND METHODOLOGY

Handouts were created with the goal of:
• Showing teenagers mental health problems are common and combat the stigma associated with mental health
• Target the feeling of isolation that was a common theme from the community
• Encouraging them to come forward and start a dialogue with someone
• Telling them some signs of depression and a possible suicide attempt
• Giving them resources to use if there is an emergency
RESULTS

• Pamphlet offered to local high school administration for use

• Pamphlet also offered to primary care office for use of teens that come into office
EVALUATION OF EFFECTIVENESS AND LIMITATIONS

Evaluation of Effectiveness:
Due to time limitations of the project, the effectiveness of the pamphlet was not directly assessed.

Going forward, it can be assessed by:

• Following up with the high school and seeing how effective they found it to be
• Monitor for increased discussion of mental health between students and providers/faculty
• Monitor suicide planning and rates in the area for the coming years
• Conduct focus groups with at risk teens on their thoughts of the pamphlet

Limitations:
• Limited follow up on thoughts of the pamphlet
• Barriers of conducting a survey at the school
• Differing viewpoints of the severity of the issue from the point of view of parents and school administrators
RECOMMENDATIONS FOR FUTURE INTERVENTIONS

• Interview administration and parents together in the same room to foster an open discussion of the topic
• Work with local schools to have more open conversations about the topic in the classroom setting
• Give parents information of signs to look out for when they bring their child in for medical care
• Work with the school to conduct surveys of the students
• Engage PCPs to continue to make mental health a priority for all age groups
• Study in depth the limited access to mental health support for youth in Vermont
REFERENCES


• Miron, Oren. “Suicide Rates in Adolescents and Young Adults, 2000 to 2017.” *JAMA*, American Medical Association, 18 June 2019, jamanetwork.com/journals/jama/article-abstract/2735809.