



## Ohio Chapter

INCORPORATED IN OHIO

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# Store It Safe Teen Suicide Prevention Program FAQ For Parents & Teens

1. *We hear a lot about teen suicide, is it really a problem today? Nationally? In Ohio?*
  - a. Suicide is the second leading cause of death among 10-34 year old's (behind unintentional injuries). More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **COMBINED**. Between 2000 and 2016, the teen suicide rate increased 30%. In 2015 alone, 5,900 children and adults aged 10 to 24 committed suicide. Teen boys have a completion rate 3 times that of females, yet attempts were twice as high among female (boys tend to choose much more lethal means). Suicide affects youth of all races and socioeconomic groups.

This problem is no different in Ohio, where in 2007, 174 children and teens completed suicide. This number rose by 36% in 2017, and 16 counties had 6 or more suicides with most occurring among males in metropolitan areas.

Unfortunately, the completion of suicide is only the tip of the iceberg, as attempts and thoughts are far more common than completion.

2. *Emergency Room physicians are typically one of the first doctors to see suicidal patients- what are some common trends ER physicians are seeing in emergency departments across the state?*
  - a. As stated above, this problem is not only a problem in Ohio but across the country. In the US, ED visits by teens for a psychiatric complaint have increased by 28% between 2011 and 2015. In 2015 along, 1 in 10 ED visits were for a psych complaint. An increase in psychiatric complaints in the ED can also increase wait times and staffing needs.



## Ohio Chapter

INCORPORATED IN OHIO

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



3. *Tweens and teens by nature can have extreme mood swings. How does a parent recognize a potentially suicidal child when they have so many ranges of emotions? What's normal and what's a warning sign?*
  - a. 1 in 5 adolescents have suicidal thoughts each day and 25% feel depressed at any given time. The bottom line is because the adolescent brain is still developing, the risks taken, and mistakes made by some children and youth may be impulsive and prove fatal in some circumstances.
  
4. *Are there any medical tests that can be used to diagnose it before it's too late?*
  - a. Unfortunately, there aren't any medical tests that can be done; however teens may display specific risk factors. It is important to remember that risk factors may be common, but the lack of most risk factors does not make an adolescent safe from suicide. Some of these risks may include:

**Fixed risk factors:**

- i. Family history of suicide, attempts or depression
- ii. History of adoption
- iii. Males
- iv. History of abuse

**Personal risk factors:**

- v. History of depression or substance use
- vi. Feelings of detachment from others or hopelessness
- vii. Sleep disturbance
- viii. Panic attacks or anxiety
- ix. Anger management issues
- x. Previous attempts

5. *What are the most common triggers for suicidal patients?*
  - a. Bullying – Between peers, repeated over time, or even through popularity can lead to lower school performance and detachment from others.
  - b. Internet usage-Studies have shown that more than 5 hours of video games and internet usage a day is strongly associated with higher levels of depression and suicidality.
  - c. Increases in stress in school and at home.
  - d. Recent attempts – There was a 13% increase in suicide attempts among teens just 3 months after the show *13 Reasons Why*.



## Ohio Chapter

INCORPORATED IN OHIO

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



6. *What are the most common ways our youth use to commit suicide and how has it changed over the years?*
- Suicide is happening among young children today - an 80% increase in suicides among children 14 and younger.

For youth 15-19 years of age, completed suicide is most common by firearm and suffocation. In fact, 85% of suicide attempts by firearm are fatal and 2/3 of all US gun deaths are the result of a suicide. Ingestions are still the most common type of attempt. You may also notice teens cutting themselves. This is more often a cry for help or attention and isn't as much of an indicator of later successful suicide.

7. *What advice can you give parents with regard to preventing teen suicides?*
- While there is no one size fits all solution for all teens and children, the below information may be helpful for parents and caregivers.
    - Get to know your child. Although this sounds obvious, it isn't always easy. Teens can be quiet or not want to talk to adults. Spend time every day with them. Have family dinners. Get to know their friends and what they are involved with.
    - Know the risk factors and ask your kids about them. You can even screen your children for depression using tools like the [PHQ-9](#).
    - If you have concerns, make sure you seek medical attention.
    - Since teens are impulsive, a barrier to lethal means by locking up medications, alcohol and guns from teenagers can be highly successful. Keeping your firearm inaccessible to a teen has been shown to significantly reduce the completion of suicide, in some studies by as much as 73%. It is no different than keeping a child away from a pool by having a fence. This is the basic idea for the Ohio AAP's Store it Safe Program.

8. *What is the Ohio AAP Store it Safe Teen Program?*
- The Ohio AAP is working with pediatricians in Ohio to launch an expanded program of our Store it Safe initiative. Store it Safe started as a collaboration of groups from both sides of the gun argument that worked together to develop messaging that everyone could agree upon-to keep children safe from unintentional gun injuries in the home. This new



## Ohio Chapter

INCORPORATED IN OHIO

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



program focuses on teenagers and preventing teen suicide through safe storage. The program consists of a few main components in which pediatricians will be instituting the following:

- i. Pediatricians screen for depression at every visit. As mentioned previously, depression is fluid, and we must address mental health at every adolescent visit. In addition, pediatricians will provide counseling when indicated. Many studies have shown that pediatricians are the most trusted source of information for families and their patients.
  - ii. Another component of the program is to encourage families to have lethal means (e.g. firearms, alcohol and medications) locked and inaccessible by teens in the home. The goal is to put a barrier between adolescents and some of the mechanisms they might consider using when their thoughts are unstable. With close to 50% of homes containing a firearm, and with firearms being the leading cause of teen suicide – it is a particular area of focus. Of course you can never remove all risks, but avoiding the known problems is a great start.
  - iii. The distribution of free gun lock boxes to pediatricians and other community partners across the state in order to encourage families to lock lethal items away. Studies have shown that counseling along with providing families safety equipment significantly increases positive behavior changes.
9. *What are some next steps for parents who may have concerns about their child?*
- a. Parents should contact their pediatrician if they have concerns that their child may be at risk. If there are additional concerns you may also contact a suicide specialist at a hotline like the Suicide Prevention Resource Center or Suicide Prevention Life Line. If you have immediate concerns, you should take your child to the nearest emergency department.