

Effective youth suicide prevention: evidence from Kentucky

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Chapter VI – Discussion

In 2011, Kentucky high school students were no more likely than their U.S. peers to be seriously considering suicide or planning to attempt suicide, yet Kentucky students were significantly more likely to carry out their suicide plan¹. It is not clear why Kentucky students were more likely to follow through with their suicide plan. One explanation could be that adolescents often make decisions on impulse and easy access to firearms and lack of engagement with their support network lead to making a serious/fatal suicide attempt. A study of 82 psychiatric patients post-suicide attempts found that although about 83% of patients were alone when the decision (87%) to commit suicide came about, 76% had personal contact with a family member, partner, or friend via phone during which 25-40% hinted of their wish to die². Kentucky residents need to better identify/recognize students at risk for suicide and who are planning suicide, so that future attempts can be prevented. When it comes to risk factors, Kentucky adolescents have a specific set of risk behaviors with a higher prevalence than their U.S. peers. For example, in 2011, when suicide attempts peaked, Kentucky students were more likely than U.S. students to carry a weapon or gun, to not go to school because they felt unsafe at school or on their way to or from school, to have ‘ever been physically forced to have sexual intercourse’, to have ‘ever used a needle to inject any illegal drug into their body’, or have ‘ever used heroin one or more times’. For these risk factors, no change was seen in Kentucky students from 2011 to 2013. Unfortunately, the questions for injecting illegal drugs or using heroin were not even included in the Kentucky Youth Risk Behavioral Surveillance System (YRBS) in 2013, but it is known that these are growing issues for Kentucky youth.

Interestingly enough, in 2013, the percentage of Kentucky students who attempted suicide decreased but those who were seriously considering or planning suicide did not. This could suggest a couple of things. Either the risk factors for suicide which did decrease during this time were the factors which made those who were thinking about suicide more likely to

attempt, or that students had greater access to resources which kept those who were thinking about suicide from attempting.

The risk factors for suicide which decreased from 2011 to 2013 for Kentucky high school students were being in a physical fight both on and off school property, having been subjected to cyber bullying, drug use (except for injecting illegal drugs, heroin use, alcohol, and marijuana).

Although Kentucky females were more likely than Kentucky males to report suicidal ideation, make plans, or attempt, they were less likely than males to report for the remaining suicidal risk factors that were covered by YRBS. As Kentucky adolescents have a specific set of risk behaviors with a higher prevalence than their U.S. peers, so does each gender when compared with the other. In the same manner that Kentucky residents need to be aware of their adolescents' suicidal risk factors, they should also be particularly conscientious of each gender's increased suicidal risk, while not overlooking the opposite gender for those same risks.

In 2010, Kentucky's governor signed Senate Bill 65 and House Bill 51 as suicide prevention education for Kentucky's high school students and staff. Senate bill 65 amended KRS 158.070 to require principals, guidance counsellors, and teachers to complete a minimum of two hours of instruction in suicide prevention each school year. House bill 51 amended KRS 156.095 to require the Cabinet for Health and Family Services to post suicide prevention awareness and training information on its Web page by August 1, 2010; requiring every public middle and high school administrator to disseminate suicide prevention awareness information to all middle and high school students by September 1, 2010, and September 1 of each year thereafter.

The Stop Youth Suicide Campaign (SYS) is a community-based youth suicide prevention program, led by the University Of Kentucky Division Of Adolescent Medicine³. It raises awareness and educates government agencies, teachers, parents, and students about the high risk behaviors that can lead to youth suicide. It provides education for medical care agencies to recognize and screen for adolescent depression and suicide, connects youth, parents, citizens, caregivers, and professionals with appropriate support services⁴. SYS also was instrumental in creating and initially leading the state wide effort through the KY suicide prevention group. The Kentucky Suicide Prevention Group, unites people who have been affected, personally or professionally, by suicide⁵. A few of the suicide prevention programs that are posted on their website include Signs of Suicide (SOS) and Question, Persuade, and Refer (QPR) Suicide Prevention Gatekeeper Training. QPR seek to train ordinary

citizens in sessions lasting 90 minutes in questioning, persuading and referring. SOS is a 2 day program during which students are screened for depression and suicide risk and referred for professional help where necessary. Students are taught to recognize signs of depression and suicide in others to acknowledge them, and let that person know they care about them, and to also inform a responsible adult. Aside from suicide awareness, this program strives to develop productive attitudes toward suicide and encourages seeking help.

Another way to keep Kentucky's youth from turning suicidal ideation/plans into an attempt is to restrict their means of committing suicide. One study found that those with firearms in their home were no more likely to report suicidal ideation or plan, but among those with a plan, having a firearm in the home increased the chances completing suicide using firearm seven-fold⁶. Schuster et al estimated from the National Health Interview Survey that 35% of homes in the United States with children younger than 18 years reported owning at least 1 firearm, and that 43% of these homes had at least 1 unlocked firearm⁷. This is troublesome because if adolescents have easy access to a firearm and choose to attempt suicide with it, there is a 86% chance that their attempt will result in death. A 2014 study reporting 30 to 50% reduction in suicide rates was observed in other countries by restricting access to lethal suicide methods such as guns⁸. As for gun access among Kentucky's youth, according to the 2013 YRBS, no improvements have been made.

Other restriction methods for suicide include reducing the availability of prescription drugs. Kentucky has made great strides in limiting the availability of prescription drugs through House Bill 1 that expanded the use of the state prescription drug monitoring program to limit the illicit use of controlled substances dispensed by pharmacies⁹. Prescription and over-the-counter drug disposal locations are available across the state to help remove unneeded medications from homes¹⁰. According to the YRBS, Kentucky's youth are less likely to have ever taken a prescription drug without a doctor's prescription in 2013 compared to 2011. The Kentucky Office of Drug Control Policy has posted Public Service Announcements (PSAs) about the "Heroin Epidemic" in Kentucky and will continue to work towards increased public education, increased access to treatment, enhanced penalties for major traffickers, and greater access to naloxone¹¹. Hopefully, the 2015 Kentucky YRBS will include the "ever used heroin" question so that Kentucky officials may use this statistic in their goal to educate the public of this growing problem.

Another category of the YRBS which has not seen improvement is sexual violence. A program called Green Dot is an initiative to spread knowledge on how to stop sexual

violence, sexual harassment, stalking and dating violence. Interventions are mostly geared to high school and college students. A recent study found that there was more than a 50% reduction in the self-reported frequency of sexual violence at schools that received the Green Dot training, compared with a slight increase in schools that did not¹². The 2013 YRBS added two new questions “experienced physical dating violence” and “experienced sexual dating violence” in order to monitor the prevalence of sexual violence in Kentucky.

Although the percentage of Kentucky students who were cyber bullied was significantly lower in 2013, the percentage of Kentucky students who were bullied on school property and who did not go to school because they felt unsafe did not change during the period 2011 to 2013. This is despite Kentucky’s anti-bullying legislation House Bill 91 from 2008 which warns students that hazing, bullying, menacing, taunting, intimidating, verbal or physical abuse of others or other threatening behavior is not tolerated and those who violate the policy are subject to the appropriate disciplinary action¹³. Additionally, students that believe they are victims of bullying/hazing will be provided with a process to enable them to report such incidents to District personnel for appropriate action.

Conclusion

While a lot is left to be done in order to minimize the suicide attempts and suicides of Kentucky’s adolescents, the work of SYS and the comprehensive grassroots’ approach is showing signs of success in the state. The 2013 YRBS shows that for the 1st time, indicators of youth suicide in the state are at or below the national average while they were always above that before. In the 3 rural counties where the school systems have partnered with SYS and the Division of adolescent medicine there is an actual absence of completed suicides compared to the average of 3 per year prior to this partnership. In order to maintain and improve that, we must ensure that students do not have easy access to weapons, guns, and drugs by ensuring that these are properly stored in homes where children are present. Kentucky’s educators must continue to develop ways to provide safe and supportive school environments. Physicians, teachers, parents, and students all must be able to recognize an adolescent at suicidal risk, be able to ask difficult questions about suicide, and have a variety of resources to seek help or offer support. Open dialogue and sharing stories about suicide can help spread awareness throughout the Kentucky community.

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