


13 Reasons Why: Understanding Suicide

Implications for Healthcare Professionals

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Objectives

Participants will be able to:

- Describe the scope of the problem of adolescent depression and suicide
- Explain the "why" behind teen suicidal ideation/attempts and completions
- Describe ways that healthcare professionals can mitigate the problem of teen depression



13 Reasons Why: Did you actually see it? What's your angle?

- Series represents the need for awareness of adolescent's angst; bullying, assaults, drugs, suicidal ideation and attempts, personality disorders.
- Series represents a glamorized view of suicide and worsens suicidal symptoms in adolescents. Promotes assault and bullying.





13 Reasons Why-The Bad

Did 13 Reasons Why Spark a Suicide Contagion Effect?

- A study revealed that Google queries for suicide skyrocketed in the wake of the show's release
 - 19% increase or 1.5 million more searches.
- The series gives a poor view of parents.
- A glamorized version of suicide, bullying, mental illness.
- Portrays adolescents as mean and aloof.
- Promotes drinking, drugs, bullying, violence and sex.

Ayers JW, Althouse BM, Lee EC, et al. Internet Searches for Suicide Following the Release of 13 Reasons Why. JAMA Intern Med. 2017;177(10):1527-1529.



13 Reasons Why-The Good

- Supporters of the show argue that the series "opens the door for dialogue" about family dysfunction, bullying, sexual assault, substance abuse, mental illness and suicide.
- The show gives an inside view of the life of adolescents with personality problems and poor family cohesiveness.
- Portrays adolescents with personality disorders which many mental health professionals avoid diagnosing.
- Makes it clear many adolescents are doing well and stay away from peers with maladaptive behaviors.



Sexual Assault (Rape)



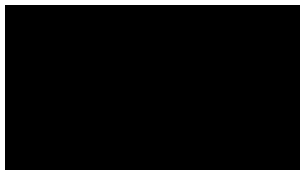
This group bully others, use drugs, sexually and physically assault others.

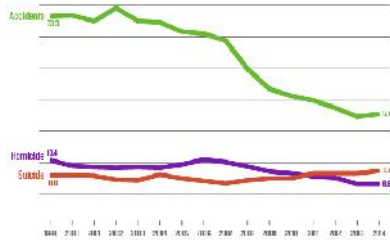


Bullied and physically attacked



13 Reasons Why





Source: Population Reference Bureau analysis of data from the Disease Control and Prevention, National Center for Health Statistics, "The rising Cause of Death 1998-2014," CDC WONDER Cause Database, accessed at <https://www.cdc.gov/data-and-graphics/data-visualization/2014-01-01>, on May 27, 2016.

Unintentional deaths

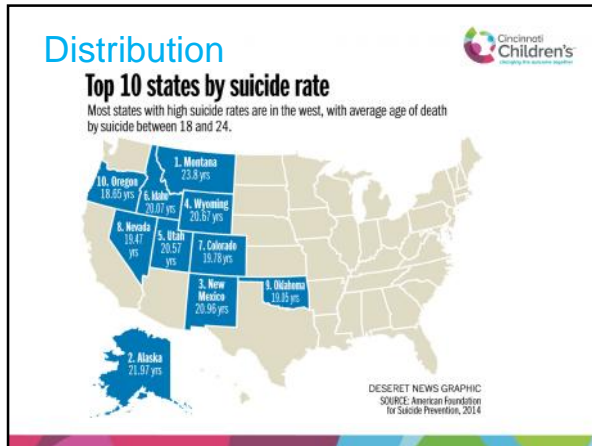


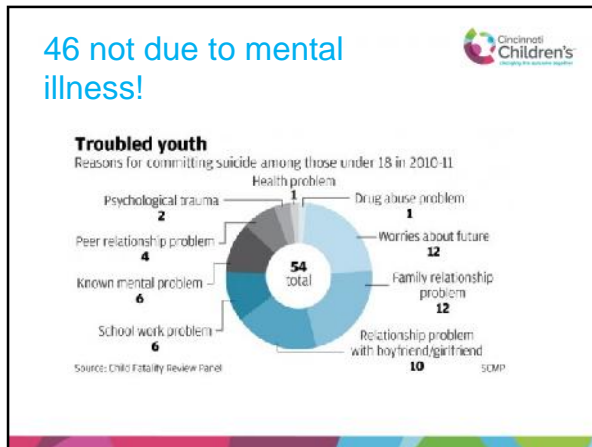
- Automobile accidents account for the largest number of accidental deaths.
- Drowning
- Fire
- Falls-TBI
- Poisoning

Dilemma:
What leads adolescents to commit suicide?




- Suicide represents an intentional act of an adolescent with a mental illness.
- Suicide is a serious event that represents a series of multiple complex factors in adolescents






- ### A few reasons that can lead to serious suicidal ideation/attempts.
- Parents take the child's cell phone for a month or restrict Facebook access, if failing at school.
 - Siblings 'fight' over remote control for the TV.
 - Parent would not allow child to watch TV or play videogame before dinner.
 - Adolescent 'broke up' with boyfriend or girlfriend.
 - Child refuses to get up and go to school (police are called).
 - Child will not conform to grandparents house rules.
 - Adolescent prefers lighthouse over having to sleep on the floor in 2 bedroom apt with parent and 4 siblings.



DSM-5 Psychiatric Diagnosis that can lead to suicide


- Bipolar Disorder
- Major Depressive Disorder
- PTSD
- Schizophrenia
- Substance Use Disorders
- Eating disorders
- *Personality Disorders (>25% of college students, 9.1 % in adults).*



Prevalence of psychiatric disorders in adolescents

- The overall prevalence of psychiatric disorders in adolescents with severe impairment and/or distress is 22% (11.2% with mood disorders; 8.3% with anxiety disorders; 9.6% behavior disorders)
- Higher incidence of cognitive weakness in children with psychiatric disorders 40%
- Up to 50 % of population have learning weaknesses
- Up to 20% of the population may have dyslexia, less than half will qualify for services
- 6-7% of population have a formal learning disability

Marianne et al. Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). JAACAP. 2010;49(10):980-989.



Theories of Suicide. What are we missing?

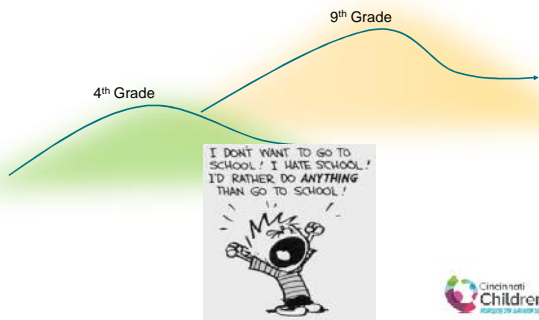
- Poverty or unemployment
- Parent or family limitations
- Cognitive deficits: >60% in parents and child
- Bullying
- Copy cat-personality disorders
- Impulsive mistakes
- Developmental-Unaware of the permanency of act
- Shame
- Racism
- Philosophical Desire / Existential Crisis
- Social Isolation / Loneliness

Does mental illness really increase during the school year?



- Poor general health and learning weaknesses among children were associated with classroom exclusion.
- Students who experienced exclusion at baseline and follow-up, consistently had high level of psychological distress.

Cognitive Milestones with Behavioral Impact



U.S. suicide attempts up most among younger adults who are less educated

- Young adults with low levels of education bore the greatest burden of a recent increase in suicide attempts in the U.S.
- We should be focusing on helping young adults from socially and economically disadvantaged backgrounds Dr. Mark Olfson
- Given the cumulative frequency of family, legal and financial problems, it behooves us to look beyond the walls of our clinics to engage with vulnerable individuals and families in schools, juvenile detention centers, social service agencies and perhaps the streets long before they have become suicidal. Dr. Eric Caine



Studies confirm low self-esteem in children with different social and academic abilities.



School and Teachers in the 21st Century



- More students per classroom
- More students with disabilities are mainstreamed
- It is difficult to get a 504 Plan or an IEP and more difficult for it to be followed
- Online schooling leads to isolation and makes obvious the inabilities to learn like others
- It is projected that there will be a deficit of 100,000 teachers by next year.

Understanding our Children! Isolation and Loneliness is a public health problem.



Children need help making friends, not help being popular

- When parents have close friends, their children make close friends, with long term benefits; higher self-esteem and lower anxiety.
- Good self-esteem about family and friends promotes academic achievement.
- Popular teens are not well liked, they bully others (13 Reasons Why) to promote their status.



Personality

The brain has no separate systems for emotion and cognition, both are constructed by the same set of brain wide networks working collaboratively.

Temperament

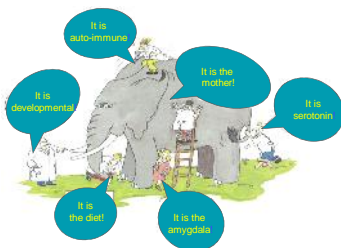
Cognition

Cognitive Flexibility/ToM

Attachment Style



How we formulate shapes our interventions. Biopsychosocial Models



Ohio data

- 15th in Percentage of Births to Unmarried Mothers.
- 23rd Teen Birth Rate.
- Excess amounts of cortisol reaching the human fetal brain during periods of maternal stress could alter personality and predispose to attention deficits and depressive illness through changes in neurotransmitter activity.

36 weeks gestation Newborn 3 months 6 months 2 years 4 years 6 years

Synapse formation Synapse pruning

Cognition

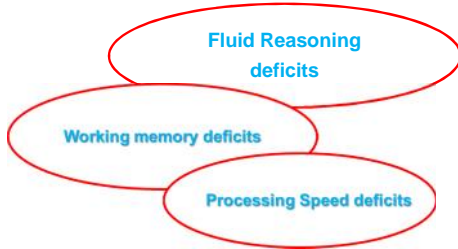
- Extremely High
- Very High
- High Average
- **Average**- The majority of the population, 68.26%, falls within one standard deviation of the mean (IQ 85-115). High School grades are generally "C"
- **Below Average**
- Very low
- Intellectual Disability

IQ distribution of cognitive function

Speech-Language Findings in Psychiatry

- Inpatient:
 - **50% FAIL language screenings**
 - **Children <10 y.o. FAIL language screenings at 70%**
- Residential:
 - 75% have language impairments
 - >88% have pragmatic language deficits
- Partial: 35% FAIL language screenings

Teach how to regulate before you educate

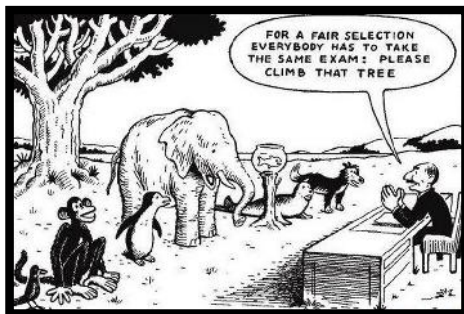


Adolescence



- Adolescence is not a phase of troubled years. 81.6 % of adolescents 12-17 years of age are in excellent or very good mental and physical health
- Adolescent brains are still developing the ability to inhibit certain emotions, desires, and actions, and it is **unreasonable** to expect them to know what to do when in dysfunctional environments.
- Recognize that when adolescents feel suicide is a solution, their problem doesn't seem all that temporary.

Our Expectations:



Solutions for healthcare professionals to help the suicidal adolescent

1. We need to help improve family dynamics.
2. We need to help improve educational struggles and access to apprenticeships or technical schools.
3. We need to include loneliness and stress in our assessments and interventions.
4. We need to accept their hardwired aspects
5. We need to use medications for conditions that meet criteria (signs and symptoms confirmed).
6. We need to pay attention to their strengths.



Solutions for healthcare professionals to help the suicidal adolescent

7. We need to stop thinking that suicide is primarily due to depression, we do a disservice to the adolescent and family.
8. We need to be open to evidence and not think that all maladaptive behaviors are a mental illness.
9. We need to help adolescents have friendships in school, to improve long-term mental and emotional health.
10. Have access to mental health care. Untreated mental illness is associated with drug and alcohol abuse, violence, school failure, involvement in legal system and potential suicide.



The predicament of helping people with cognitive, social and economic challenges.
The bio-psycho-family-peer view by healthcare professionals.



Our goal-Communicate



Silos collaborating!



@gagapinyata

Treatment interventions need a point person.



- Many times nurses are the first to recognize the need for collaboration with mental health providers
- Case management-Family support
- Family therapy
- Group therapy
- Psychotherapy- IPT-A, DBT, CBT, PD
- Communication with school, assess for change in type of instruction
- Afterschool activities that improve self-esteem

We are part of the solution!

