Effective youth suicide prevention: evidence from Kentucky

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Chapter II

Methodology 1: Stop Youth Suicide Campaign

Introduction - Youth suicide has been a major contributing factor to mortality and morbidity over the 5 decades. It has consistently been one of the leading causes of death among teenagers 10-24 years of age and has been the third leading cause of death in the United States among this age group. According to the Centre for Disease Control, 2003 Risk Youth Behavior Survey, an average of 8.5 percent of youth have actually attempted suicide(1). A 21 year old longitudinal study by Ferguson reports (2) suicide ideation in 28.8% of youth and suicide attempts in 7.5% by age 21 years. Autopsies of youth successfully completing suicide have identified numerous factors more significantly associated with suicide completers than with controls. These factors include non-intact family of origin, less frequent and satisfying communication with parents, history of mood disorder in mother, history of legal problems in father, family history of suicidal behavior, recent discipline (especially school suspension and juvenile court appearance), recent break up with boyfriend or girlfriend, recent separation of parents, lack of employment or school attendance, or grade failure (3) and the presence of DSM-III diagnosis (4) especially mood disorder, anxiety disorder and disruptive disorders. According to prior studies, predictors of suicide attempts include parental depression, poor family functioning (5), large number of parental changes, poor attachment to parents, exposure to sexual abuse (6), depression, hopelessness (7), anxiety disorder and substance abuse (8). Primary reasons reported for suicide attempts when given a list to choose from include: to die, relief from state of mind, escape from a situation and to make others understand how desperate one feels (9). We have previously found that one of the most quoted reasons for attempted suicide in Central Kentucky as reported by teenagers who were admitted to emergency rooms for attempted suicide was conflict with parent followed by conflict with significant other (10).

Program description - The program was named "Stop Youth Suicide Campaign" and started officially in October 2000. The campaign was started by a coalition including thirty agencies in the Central Kentucky area such as the Adolescent Medicine program at the University of Kentucky (leader of the coalition), the Coroner's Office, the health department, several local media outlets, participants from the school system, parent groups and many others. The goal of the program was:

1) To improve community awareness of the problem of youth suicide.
2) To assess the need in the community and provide basic knowledge about youth suicide.
3) To start a public education campaign targeting parents, teachers and everyone who has anything to do with teens.
4) To provide for improved education of medical care providers that deal with adolescents and to improve their knowledge and comfort level in screening and assessing for depression and suicide.

5) To provide around the clock, available help to any teenagers in the area who were suicidal or needed help in that regard.

To accomplish these goals, the campaign started with a media press conference and an announcement by the mayor's office in Lexington, Kentucky to inform the people in the area about the program. This was followed by several days of media information on the government television channel in the area. The campaign then started a website (www.stopyouthsuicide.com) that is available to anyone to access information on youth suicide and to be able to contact the campaign in case help is needed. The campaign then produced local video showing teenagers, who had attempted suicide and survived, parents of youth who committed suicide and friends or peers of young people who had completed suicide as well as experts discussing ways and means on how to understand youth suicide and work on youth suicide prevention. The next step was to educate providers, which was done through numerous lectures and workshops. From October 2000 to December 2004, a total of 60 lectures and workshops and three full day conferences was devoted to youth suicide prevention training to medical care providers of all levels. The campaign has also participated in working with the state government and local agencies to build and establish a State-wide youth suicide prevention program. In addition, the Stop Youth Suicide Campaign had participated in church and school activities in multiple visits to all area middle and high schools as well as religious activities to educate parents on the problem of youth suicide.

Initial results - Over the first four years, between October 2000 and 2004 the Stop Youth Suicide Campaign has received a total of 861 e-mails and 976 phone calls from teenagers who were contemplating suicide and asking for help and 26 e-mails and 112 phone calls from parents of teens at risk. These patients were appropriately treated in the area and referred to appropriate people if they were out of the area. A total of thirteen teenagers who were acutely suicidal with a plan and readiness to complete it at the time of contacting the program were helped to change their minds and to continue to be alive as of this date. Several of the teens helped by the program have joined the campaign to help other teens. Public awareness in the area regarding youth suicide has improved based on surveys done before the launching of the program and three years after (Omar H. Unpublished observations 2003). Also, the Stop Youth Suicide Campaign played a significant role in working with the state on establishing a state suicide program that is now ongoing.

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