

# The Epidemic of Adolescent Suicides

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RIP



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# Children Are Not Supposed to Want to Die!

- The problem is centuries old.
- Children shouldn't have to be buried by their mothers and fathers.
- The consequences of suicide are final.
- There is no return from death.
- Society has choices to help cure the despair of our youth.



# Attachments and Alliances

Failure to thrive, loss of hope, despair

When a child feels rejected, a baby is given the term “failure to thrive”, and many times dies... When a youth feels rejected, the same thing occurs

And a child dies.

The attachment failed, to the caregiver, to society, to anyone.

The child died for loss of an ally.



# A Cry for Help

Washington post.com Jan. 22, 2008

“Latinas ages 12 – 17 are the largest minority group of girls in the country, and growing. They are more likely to try to take their lives than any other racial or ethnic group their age. Twenty-five per cent say they’ve thought about suicide, according to the Centers for Disease Control and Prevention, and about 15% attempt it, compared with approximately 10% of white and black teen girls.”



# Parent's Expectations

Parents don't know that for some, social success inspires motivation and academic success. What parents do know is that by moving to the U.S., they left behind relatives, friends and neighbors who would have watched out for their daughter. They may be more rigid than they would have been back home and their daughter is hearing from her non-Latino friends, "think about yourself and what you want. Forget your parents" and the daughter then tries to be dutiful at home and to fit in at school.



Add to that the isolation they may feel in school and you get some pretty depressed teenagers, Zayas says. They rarely seek help partly because they and their parents are suspicious of mental health services and believe in keeping family troubles in the home.



# STATISTICS



# Sacramento Teen Deaths

- Between 2000 – 2005, 174 child deaths occurred in youth between 13 – 17.
- 51 were natural causes, and 123 were injury related. 106 were male, 68 female.
- 92 Caucasian, 34 Asian/Pacific Islander, 23 African American, 13 Hispanic, 8 multi-racial, and 2 each American Indian and Other races.



# Sacramento statistics

January 1, 2005 - June 30, 2008

- 942 completed suicides all ages
- 60 - African American, 21 - Asian, 5 Chinese, 5 Hmong, 75 Hispanic, 709 Caucasian, 67 other

Children's suicides include:

- 1–10 yr old male African American hung himself 3 months ago; 1-12 yr old Hispanic female hung herself; 8 youth 12 -14 yrs old (5 male, 3 female), 31 youth 14 - 19 years old including 1-17 year old Hispanic female who hung herself.
- Total children/youth deaths: 40 -18 and under, 56 suicides 18 - 25 years old
- Of the 96 youth under age 25, 31 died from gunshot wounds, 32 from hanging, 33 misc including 10 from intentionally stepping in front of a moving vehicle, and 10 from overdoses.
- Completed suicides in 2003=167, 2004=173, 2005=171, 2006=172, 2007=165, and in the first six months of 2008 Sacramento had 182 suicides, significantly higher than in any previous year.



# 2005 /Suicides

- Suicides comprised 38% of the 21 injury-related teen deaths, 6 male and 2 female.
- Four were 17 years of age, 3 were 15-17, and one was 14 years of age.
- Five teens used firearms and 3 used hanging as the mechanisms of suicide.



Females attempt suicide 3 times more often than males

Males are more likely to complete the tragedy



# Completed suicides

- Most of the victims had negative school experiences, characterized by failure, disciplinary action, or segregation from peers.
- Most did not get along with parents and were not living with both biological parents for various reasons, mostly as a result of divorce or separation.
- A sizable portion had a history of running away.
- Males ages 13-14 had experienced the greatest number of problems of all the teenage victims.



# Signals

- The American Psychological Association says four out of five people who attempt suicide have given clear signals of their intent.
- They actually talked to someone and told them how they were feeling hopeless.
- San Diego Magazine/Height of Despair



# Family Sociocultural Environment

...when this is complicated by poor family functioning, conflicts in parent-daughter interactions, and psychological vulnerability, the conditions for the suicide may be set.



They Did Not Need To Die.

Where were we?

LIFES TO SHORT



# Examples / Stories



# How Do We Begin?

Known risk factors that contribute to completed suicides:

- poverty
- substance abuse
- domestic violence
- child neglect and abuse
- history of crime
- gang involvement



# Known Adolescent Risk Factors 2005

- 9 had a history of a non-violent crime
- 5 had a history of a violent crime
- 5 had a history of child abuse and neglect
- 5 had a history of alcohol and/or drug use
- 4 had a history of gang involvement



- 2 had a history of drug and alcohol use
- 2 had a history of non-violent crime
- 1 had a history of abuse and neglect
- Between 2000-2005, suicides comprised thirty of the 123 injury-related teen fatalities. 23 were male, 7 female
- 18 used hanging, 7 firearms, 2 each used suffocation and overdose, and one used vehicular trauma as a mechanism of suicide.



# Risk factors in families in our program:

- Single parent household, parents separating or divorced
- LGBTQ (lesbian, gay, bi-sexual, transgender, questioning) youth or youth who are targeted as such who are ostracized at school
- Loss of a loved one, either family or peer
- Youth who have very poor communication with caregiver
- Youth who feel they have no ally
- School problems, either failing classes or having suspensions/expulsions



# Example 1: Latino Youth

- Attempted suicide through hanging
- Oasis FTA and clinician met youth at hospital and introduced the voluntary services to the youth, and then the caregiver, providing services in Spanish.
- Risk factors: single parent household, history of DV, poor communication between youth and caregiver, poor school performance, younger siblings to care for while caregiver worked, poverty and limited resources, few friends



# Example II, Latina Youth, 15

- Overdose, liquid Tylenol and pills
- Coming from hospital, met upon arrival at home after discharge
- Discussed wrap around services and offered to enroll youth in program.
- Risk factors: single parent household, poverty, younger siblings to care for, just broke up with boyfriend, very poor communication with caregiver, on probation for stealing makeup, gang involvement, substance abuse, expelled from school



# III. Hmong Youth 15

- Met at hospital, formed alliance with FTA
- Met caregivers and provided services in Hmong, formed alliance and offered hope.
- Created safety plan
- Used cultural explanations related to physical health such as the liver, stomach, heart ailments
- Used proper terms such as “grandfather” or “uncle” to address elders
- Vocational assistance and employment



## Hmong Youth, Example 2

- 17 yr old female
- Call from Healthy Start social worker at school. Youth is in crisis, curled up in a fetal position under the window outside rocking back and forth.
- FTA and clinician travel to the school, find the youth, talk to her, assist her to call her parent and accompany them to SCMHTC where youth contracts not to harm self and is released.
- Services are provided in Hmong to parents and English/Hmong to youth.



- Parents identify that education is most important. They say the problem is that youth lost her spirit and they are going to get brooms and go find it and sweep it up and bring it back. They need money to buy a chicken for sacrifice with the shawoman who is coming. They have a \$2000 bill from juvenile hall for sibling and need help applying for a reduction waiver.
- Youth is isolating, not communicative, has poor self image and obesity, says she feels nothing but despair and hopelessness.



- Shaman involved
- Rituals including broom sweeping to find the lost spirit
- Provided assistance in obtaining a live chicken,
- Advocated for financial assistance with \$2000 bill from juvenile hall for sibling
- Placed education as a focus way to measure progress
- Provided Christmas baskets
- Paid gas bill



# Gay/Lesbian Youth

- According to YES Institute 33% of all teenage suicides identified as gay
- 50% are rejected by their parents when orientation disclosed
- 80% harassed as gay actually identify as heterosexual and are 5 times more likely to commit suicide
- 97% of all students hear anti-gay epithets in school



# 12 yr old Mexican-American in 1996

Created an alliance of people for support which included, family, school staff, church staff, mental health staff, a plan to release pent up emotions/anxiety, and safety net for 24 hour care.

- Ally – Mother
- Education, IEP – Safety Plan
- Family Support for Parent – Sister
- Exercise for anxiety
- Church Mouse
- Therapy Sessions/Individual, Family, Hospital
- Support for bad days



# What didn't work?

- No one spoke Spanish for R's dad.
- No one mediated between R & her dad to have her dad become a cultural ally.
- Therapists did not understand the cultural beliefs of a rural Mexican immigrant and did not know how to engage him in resolving the trouble.
- HMO therapists changed 5 times.
- R had no MH alliance, no negotiator to help improve the relationship and communication with her dad. Psychiatrist gave her a diagnosis of anorexia for exercising too much.
- There was no PSC to become our ally.
- I was all by myself. I had no ally and had to create my own safety plan for my daughter.



# FINDING ALLIES AFTER CRISIS

- Immediate alliance to a caring person
- Identifying helpers
- Safety planning
- Identifying strengths and needs
- Implementing the plan
- Celebrating successes



# LATINA CHALLENGES

- Acculturation of parent/conflicting goals
- Youth's lack of ally
- Cutoffs from Family of origin
- Single parent household
- Youth has to care for siblings, feels stuck.
- Peers' value system
- Caregiver has limited English skills
- Not familiar with supports in the community
- Teen pregnancy/STD's
- Crime involvement
- Substance abuse



# Why Latina Girls?

National Household Survey on Drug Abuse (NHSDA); SAMHSA, 2003) reported that, in 2000, about 283,000 Hispanic girls aged 12 to 17 years were at risk for suicide: U. S. born more likely than foreign born, the peak age 14-15 years (22.6%)



- “Hispanic families exert authoritarian parenting supported by cultural beliefs that emphasize deference to parents, restrictions on adolescent female autonomy, and family unity., However, countervailing pressures from the broader social-cultural environment about adolescent autonomy and sexuality, for example, can create adolescent--family conflicts that test a family’s adaptability to these tensions...



- Hispanics have the highest unmarried birth rate in the country according to the CDC, and experts say many youths who have attempted suicide have witnessed a parade of boyfriends move in and out of their homes. Abuse is not infrequent and can contribute to feelings of worthlessness.



- **A Latina's relationship with her mother is the single biggest factor in whether that girl copes well with stress**, according to a study published by Fordham University's Graduate School of Social Service., "It's not just being loved, but knowing they're loved," says Edgardo Menvielle, a psychiatrist at Washington's Children's Hospital who also works at Cliniqua de Pueblo.



# Health Status of Latino Youth

- Latino children are more likely to live in poverty than children of any other ethnic group. Poverty is linked to a number of negative outcomes, including educational attainment, teen parenting, and future employment.
- Latino children are more likely to be uninsured. Many Latinos work in low-wage jobs that do not offer health insurance and may be ineligible for public programs due to income or immigration status.



# Substance abuse

- 50% of Latino students responding to a survey reported using marijuana one or more times, 12.7% reported using cocaine, and 14.8% reported using inhalants.
- 53% current use of alcohol, 1 or more drinks w/ 30days, binge drinking 32%



# Teen pregnancy

- Birth rates among Latino teens remain over four times higher than those of whites and five times higher than those of Asian/Pacific Islanders.
- Adolescents and young adults have the highest rates of chlamydia in the Latino population.



# Prevalence and correlates of lifetime suicidal ideation

Most lifetime suicide attempts described by Latinos were reported as occurring when they were under the age of 18 years. Any lifetime diagnosis DSM-IV, including dual diagnosis, were associated with an increased risk of lifetime suicidal ideation and suicide attempts among Latinos. In addition, female gender, acculturation (born in the U.S. and English speaking), and high levels of family conflict were independently and positively correlated with suicide attempts among Latinos, even among those without any psychiatric disorder.



Send out a beacon of light  
Throw out a lifeline  
Do whatever it takes



# HOPE/THE HELPING CURE

Finding An Ally (Buscando Aliados)



# Sacramento Program Works at Solution

- **OASIS / YPOD** = Obtaining and Sustaining Independent Success and Young People Opening Doors/ TAY (Transition Age Youth)
- Programs developed with Sacramento County Mental Health and SAMHSA to assist the underserved and poorly served youth in Sacramento.



# Connecting to the Community

- In Oasis, our goal was to involve the youth and family members at every level. To encourage participation and reduce fear of not understanding the conversations, translators were available at all get togethers. We had bingo in four languages. We provided Latino, Asian, African American specialty foods., We had cultural celebrations with youth dancing and singing and modeling, poetry reading, and more from each culture.



# Community and Program Planning

- We invited them and asked them for their help and they came 50 – 300 +. The parents found unity, an alliance with others. They provided a wealth of information and support to the program. Attendance at steering committee meetings, stakeholder meetings, and program reviews were high. SAMHSA offered advice that was valuable at our start up. It was suggested to offer a stipend to youth and their parents. Just as we were paid to attend meetings, they, too, should be honored and recognized for their effort to participate. “no meeting without them”.



# WHAT WORKED FOR OASIS

Provide services in the language youth/family prefer and feel most comfortable with. Cultural brokering

- Meet the youth wherever it is convenient for the youth, whether at the hospital, at home, juvenile court, at school, at a friend's—wherever.
- Family and youth driven, not therapist centered
- Team approach
- Strength based
- Full service partnership/ assisted the whole family
- Oasis was not Medi-Cal based. Youth did not have to provide insurance. It was all free.
- Family Team Assistants/Community Service Partners
- Looked at whole picture—housing, employment, bills, Dept. of Justice problems, CPS involvement, teen pregnancy and health needs, not just mental health.



# Youth Allies/support

- Ally: Family Team Assistant, met at hospital, formed alliance.
- Met with mother and provided ally, introduced family advocate.
- Safety plan completed
- Assisted with exercise program
- Connected to legal assistance



- Provided advocacy in juvenile court
- Helped enroll in school, home studies
- Met in team meetings with psychiatrist, FTA, therapist, mother, youth, and provided all services in language of choice.
- Mediated communication between youth and mother, discussed cultural values, strengths and challenges



# Caregiver Support

- Provided services in Spanish
- Conducted team meetings
- Identified family challenges and strengths
- Assisted with housing, electric bills, transportation, etc. to stabilize family
- Provided Parent support group
- Provided cultural celebrations, food and dancing
- Asked for their help in understanding their situations, beliefs, and ways of dealing with challenges



# Meeting Other Challenges

- Day care was needed and we provided either \$10/hr to a parent's caregiver, or we provided day care at the meetings in a sectioned off area.
- We provided transportation by recruiting staff and volunteers to transport, or paid a taxi with flex funds. They were paid at end of the meetings, did not have to wait.
- We provided food of all kinds.
- We provided translators in Spanish, Hmong, Vietnamese, Chinese Cantonese, and Russian.
- Youth and family members intermingled with staff, County staff, and other participants. Everyone's voice was heard and recorded.



# Outcomes

- Key findings: Oasis Assessment Event
- “The majority of the participants agree that the cultural competence and communication in their primary language was extremely important. Also, the majority of clients agreed that OASIS Project was instrumental in improving the communication between youth and family members, as well as improving behaviors in the school and within the family. This was consistent with the program’s outcome findings”.



- “The program fits well because it serves the entire family and not only the youth in providing and receiving services on how to navigate systems.” quote from Oasis family member.



- Initial statistics indicate 98% of youth referred for suicidal attempts/ideation did not return to a hospital during the time in the program. One youth with dual diagnosis returned for help.
- There were no suicides in the five years of the program's existence of youth in the program.



# Conclusions

- The findings reinforce the importance of understanding the process of acculturation, the role of the family, and the socio cultural context for suicide risk among Latinos.



# Solutions

- If you plan a workshop at a school, most parents won't go because they associate it with something bad about their child; but with forums, getting together in a more social way, having a get-together in a restaurant, there's no stigma.



# Solutions

Assemblyman Peter M. Rivera, chairman of standing committee on mental health, led a hearing on suicide attempts by young Hispanic women.

- “It’s a national problem”
- “the next step is to begin an outreach effort, posters and public service announcements to help identify people who suffer from depression.



# Solutions/Prevention

- Rep. Grace Napolitano (D-Calif) introduced a comprehensive suicide prevention bill in congress that didn't succeed. But has, instead, secured \$1.6 million in federal funding for a suicide prevention project in her own district that takes a family bases approach, providing multiple sources of support, including parenting education.



- MHSA (Mental Health Services Act) has identified suicide prevention as an area that is to be addressed in the Prevention and Intervention portion of the MHSA services act.
- There will be community forums the September/October timeframe to hear suggestions on how to proceed further, what programs/training are needed in the Sacramento area.



# Successful Intervention

- A Guide/an ally connects to victim
- A Guide/ally connects to caregivers
- A team is formed, safety plan developed
- Family language and cultural values rule
- Bring in the supports/ wrap them around
- Help the entire family.
- Create alliances/hope



**EDAW is proud to be a supporter of La Familia and our community.**