Colorado Statewide Youth Development Plan: Supplemental Material, 2014

YOUTH AND SUICIDE PREVENTION

Suicide is the second leading cause of death for Colorado youth ages 10-24. More Colorado youth die by suicide than by either homicide, motor vehicle crashes, cancer or drowning. Female youth ages 10-24 have the highest suicide attempt rate out of any age and gender group in Colorado. Hispanic/Latino, Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex youth, youth who have experienced trauma, and youth in the juvenile justice and child welfare systems need culturally competent, responsive interventions and services. In addition, all Colorado youth need access to programs and services that are resiliency-based and build protective factors.

NATIONAL AND COLORADO DATA

National

- Between 2007 and 2011, the rate of suicide deaths for all ages in the United States increased by 18.2% from 11 deaths per 100,000 people to 13 deaths per 100,000 people.
- Suicide deaths in youths ages 10-24 increased from seven deaths per 100,000 people to eight deaths per 100,000 people, a 14.3% increase.
- Among youth ages 15-24 years old, there are approximately 100 to 200 attempts for every completed suicide (U.S. Center for Disease Control Fact Sheet, National Center for Injury Prevention and Control, Division of Violence Prevention, 2012).
- According to the 2013 Youth Risk Behavior Survey for High School Students :
  - 17% of students reported they had seriously considered attempting suicide during the 12 months preceding the survey.
  - 13.6% reported they had made a plan about how they would attempt suicide.
  - 8% reported they had attempted suicide one or more times during the 12 months preceding the survey.
  - All of these statistics represent an increase from the 2009 survey.

Colorado

- Between 2007 and 2013 in Colorado:
  - The rate of suicide deaths for all ages increased from 17 deaths per 100,000 people to 19 deaths per 100 people, an 11.8% increase.
  - The rate of suicide deaths for ages 10-14 increased from two deaths per 100,000 people to three deaths per 100,000 people, a 50% increase.
  - The rate of suicide deaths for ages 15-19 increased from 10 deaths per 100,000 people to 14 deaths per 100,000 people, a 40% increase.
  - The rate of suicide deaths for ages 20-24 increased from 15 deaths per 100,000 people to 23 deaths per 100,000 people, both representing a 53% increase.
- According to the 2013 Healthy Kids Colorado Survey for High school Students:
  - 14.5% of students reported they had seriously considered attempting suicide during the 12 months preceding the survey.
  - 12% reported they had made a plan about how they would attempt suicide.
  - 6.6% reported they had attempted suicide one or more times during the 12 months preceding the survey.

Data from the Colorado Child Fatality Prevention System

- A review of the known circumstances surrounding youth suicides (under age 18) between 2008 and 2012 revealed that most children demonstrated one or more warning signs before killing themselves. Of the 151 suicide deaths:
  - 21.9% (33) of the children had made prior attempts;
  - 35.1% (53) had made prior suicide threats; and,
  - 51.0% (77) had spoken previously of suicide.

- Protective factors such as positive community environment and support as well as family and peer connectedness in school foster healthy relationships. Healthy and positive relationships can greatly help youth in building resiliency; however, many of the 151 youth who died by suicide lacked these protective factors which would have made it less likely to consider, attempt or die by suicide. Leading up to the incident, of the 151 youth who committed suicide:
  - 31.1% (47) had an argument with a caregiver;
  - 25.2% (38) were dealing with family discord;
  - 25.8% (39) of had a history of child maltreatment as a victim; and,
  - 15.2% (23) were physically abused.

- Additionally, of the 151 youth suicide deaths between 2008 and 2012:
  - 32% involved a firearm;
  - 57% (28) of the 49 firearms used in the suicide deaths were owned by a biological parent of the child, 10.2% (5) were owned by the youth, and 6.1% (3) were owned by another relative or the mother's partner.

GAPS

Suicide Prevention, Intervention and Post Prevention Gaps:

- Colorado does not have standard practices or requirements for suicide prevention training or programs in schools.
- Colorado does not have standard practices or requirements for school staff or personnel to be trained to recognize the risk factors and warning signs for suicide prevention and intervention.
- Not all Colorado youth have access to mental health professional services.
- Colorado does not have standard practices or requirements for mental health screenings in schools or in primary care settings.

PRIORITIES

- Implement the *Sources of Strength* program, an evidence-based suicide prevention program delivered in schools focusing primarily on resiliency building, school attachment, and connecting with caring adults and peers.
- Provide means-restriction education in the emergency department setting to the parents/guardians of adolescents who have attempted suicide or who are suicidal. Means-restriction education trains emergency department staff to council parents/guardians on how to reduce access to firearms and lethal medications in the home.
- Reduce the rate of self-reported suicidal ideation and suicide attempts as reported in the Healthy Kids Colorado Survey.
- Reduce the rate of suicide attempts and suicide deaths among Colorado youth ages 10-24.

PROPOSED SOLUTIONS

- Restricting access to lethal means of suicide is one of the most effective strategies to prevent youth suicides. It is critically important for parents who are concerned that their child might be feeling suicidal to reduce easy access to lethal means including firearms, medications and alcohol.
- Implement the *Sources of Strength* program, an evidence-based suicide prevention program delivered in schools focusing primarily on resiliency building, school attachment, and connecting with caring adults and peers.
- Train school staff, community mental health providers, primary care physicians, and other youth serving adults how to recognize suicidal youth and how to intervene appropriately when necessary.
- Ensure that mental health care is universally included in the implementation of the affordable care act.

ADDITIONAL INFORMATION

OFFICE OF SUICIDE PREVENTION/COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

The Office of Suicide Prevention serves as the lead entity for statewide suicide prevention and intervention efforts, collaborating with communities to reduce the burden of suicide for all ages of Coloradans. Office of Suicide Prevention programs and activities are described at www.coosp.org.

The newly formed Suicide Prevention Commission (which will be administered by the Office of Suicide Prevention) will identify statewide priorities for suicide prevention and will expand public and private partnerships for suicide prevention in Colorado. The Commission will use the 2012 National Strategy for Suicide Prevention to inform priorities as well as develop a new strategic plan for suicide prevention in Colorado. The Commission will begin meeting in October 2014.

The Office of Suicide Prevention applied for Garrett Lee Smith Memorial Act funding through SAMHSA's State-Sponsored Youth Suicide Prevention and Intervention program in the summer of 2014. If awarded, the project will begin in October 2014 and run through September 2019 and the Office of Suicide Prevention will expand implementation of the Sources of Strength program, train emergency department staff in means restriction education training, and train school personnel and mental health professionals to recognize and intervene with suicidal youth in Colorado.

SUICIDE PREVENTION COALITION OF COLORADO

The mission of the Suicide Prevention Coalition of Colorado (SPCC) is to reduce suicide and its impact for all Coloradans through advocacy, collaboration and education.

SPCC works with its network of organizations and individuals to ensure everyone in Colorado has access to the best resources, educational opportunities and advocacy efforts.