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Teenage Suicide Prevention

What are basic human needs?

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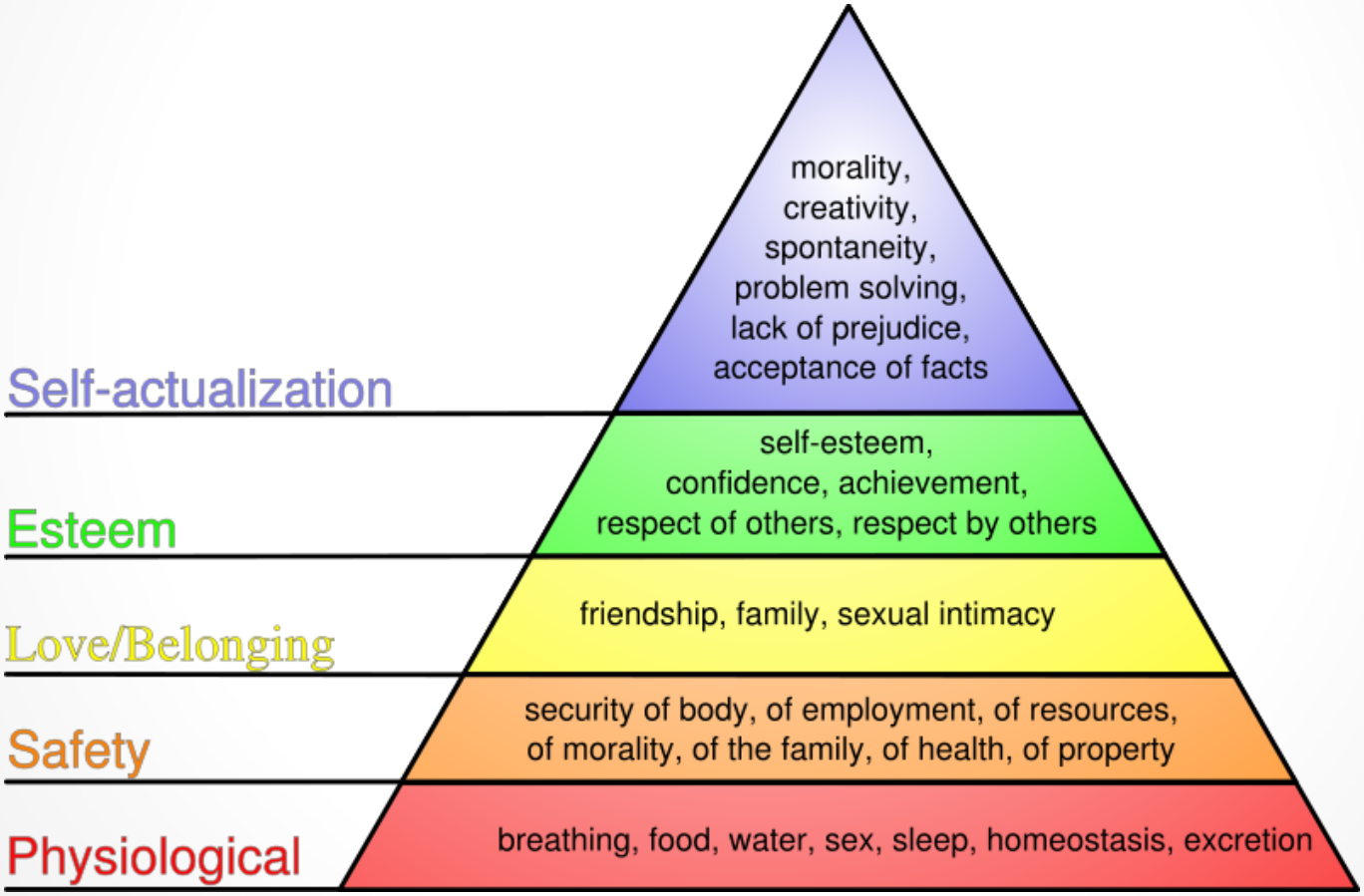

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Needs

Achieving Self actualisation through the minefield of adolescence can be challenging to young people.

- Searching for their own identity whilst preparing to separate emotionally and physically from their families.
- Starting to feel responsible and a need to control themselves.
- Questioning things they did automatically
- Impact of hormones and sexual maturation.
- With a teenage brain.

We know that economic recession results in increased rates of suicide, especially in men. The current economic climate involves a great deal of uncertainty. We do not know what the impact that Brexit will have over the next few years.

- Youth unemployment
- Fewer local resources for young people.
- Academic pressures – cost of further education.

"Mental health, in effect refers to the capacity to live a full, productive life as well as the flexibility to deal with its ups and downs. In children and young people it is especially about the capacity to learn, enjoy friendships, to meet challenges, to develop talents and capabilities."

(YoungMinds,1996)

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Achieving good emotional health.

- Children and young people need to feel safe and cared for in order to develop emotional well-being.
- Personal Resilience which can be used in the face of adversity is a key factor in enabling children and young people to manage emotional distress.
- Whenever we are faced with any difficulty, the ability to survive the emotional and physical pain associated with the event will be influenced by our level of personal resilience

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Building Resilience

Thinking without **distortion** is a major factor in understanding resilience:

- Positive view of the self & high self esteem.
- Robust, easy temperament & constitutional strength.
- Secure attachments & ability to trust.
- Social empathy & balance of leisure/ work life.

Ability to take care of ourselves.

Resilience

- Resilience is fostered and developed through relationships and connectedness with others.

- Grows through a gradual exposure to difficulties that the child young person learns to manage. Children who have secure attachments and believe that the environment is a safe and supportive one are able to do this more effectively.

Complex interplay between risk and resilience factors:

As the number of risks accumulate for children or young people, more protective factors are needed to act as a counterbalance.

Individuals are often able to cope, so long as the balance among risks, stressful life events and protective factors is manageable

When risk factors and stressful life events outweigh the protective factors, even the most resilient individual can develop problems

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The role of schools

- Schools can provide an emotionally healthy environments where children and young people can develop resilience.
- An environment where there is an openness about managing emotions and children and young people who experience difficulties with this are not stigmatised.
- Where children and young people can be supported and encouraged to build relationships with other young people. Peer support and nurture groups can offer effective support.

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School Resilience Factors

Positive everyday interactions between a teacher and a vulnerable pupil can develop a more positive view of relationships and build emotional resilience

Significant Social Risk factors

- Social isolation, limited positive relationships
- Previous suicide attempts (practice)
- Sense of hopelessness, no future plans.
- Impulsivity.
- Presence of abuse or bullying
- Alcohol or substance misuse.

A still developing ability to act in a reflective way, greater self-awareness in relation to others and increased self-consciousness place young people more at risk of impulsive and socially influenced suicidal thoughts and acts.

Boys v Girls

- Nationally teenage boys consistently don't present to CAMHS with the same volume as teenage girls. Highest referral groups in Essex are typically adolescent girls and latency age boys.

- The recent statistics from NHS Digital (2016) show that 26 per cent of women aged between 16 and 24 reported symptoms of common mental health conditions – **a rise from 21 per cent when the study was last done, in 2007**.

- In 1993, young women were twice as likely as young men to exhibit common mental health symptoms, but they are now three times more likely to experience them.

- **Young women were three times as likely as men to report such symptoms, with rates of 9 per cent among males of the same age, the figures show.**
- (National Centre for Social Research, 2016)

- Teenage girls appear to be more at risk of mental health needs (but also are better at reporting needs).

- Higher prevalence of suicide amongst young men however, but fewer are approaching services.

- Suicide rates are 3 times higher in teenage boys than girls. In Uk 15-19 years age group, tendency is about 4 per 100,000 for female and as many as 15 per 100,000 for males.

- Traditional thought in CAMHS suggests adolescent boys are more likely to manifest their emotional and psychological difficulties through challenging, isolating or anti-social behaviour.

- **This in turn makes for more 'violent' acts and means of suicide with higher 'success' rates. From 2013 data (mental health foundation) we also know that overall only 20% of those who commit suicide are known to mental health services.**

- In one UK study of 174 cases of suicide in under 25 year olds: (148 males, 26 females) more individuals were of lower social class and unemployed than in the general population.

- Nearly half (44.8%) of the young people had a history of previous self-harm, nearly half of these having carried out multiple episodes and 80% having self-harmed within the previous year.

- Little support was found for an earlier finding of increasing frequency of general practitioner visits shortly before death. Only 22.4% of individuals were in the care of psychiatric services.

(Houston, K., Hawton, K., Shepperd, R. (2001) Suicide in young people aged 15-24: a psychological autopsy study. Journal of Affective Disorders, 63, 159-170)

The temptation is to jump to the conclusion that we therefore need to encourage more adolescent boys and in particular the remaining 80% to be accessing services more readily.

Is this the best approach however?

Would this be trying to force a round peg into a square hole?

Instead of forcing young people into an albeit evolving, but essentially pre-designed model of mental health, could we address the problem in a different way?

We need to consider how all professionals build resilience in young people?

Adults have greater activity in their frontal lobes than teenagers do.

The frontal lobes of the brain are believed to affect:

- behavioural inhibition
- the ability to control emotions and impulses
- the place where decisions about right and wrong are made
- cause-effect relationships are processed

The teenage brain

https://m.youtube.com/watch?v=CyUi5-W1s9Q

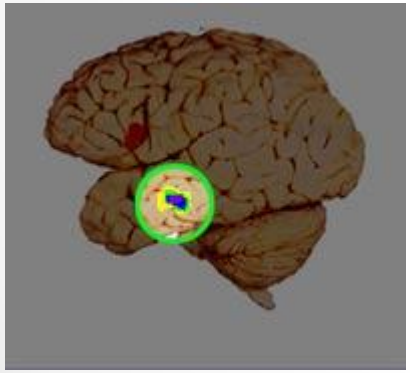
The teenage brain

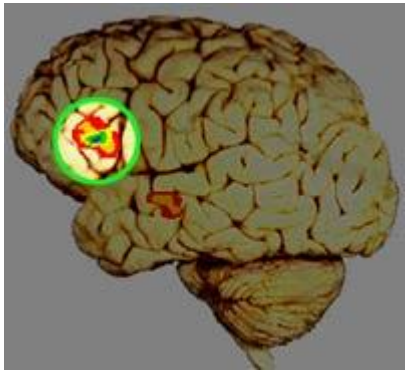
- Teenage brains are affected by the activity of the medial pre-frontal cortex; **the area of the brain active in determining the significance of events to oneself. Activity in this area appears to peak around the age of 15years, meaning that social situations carry a lot of weight and emotional significance.**

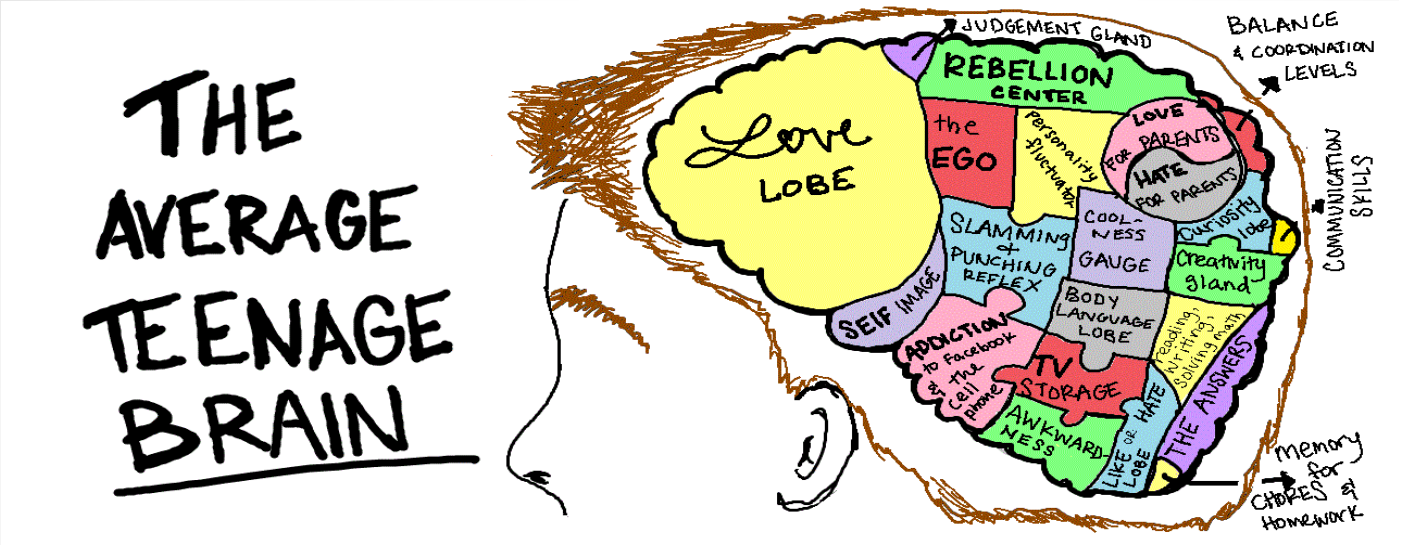
- Whilst reading emotions in others, teenagers also rely more on the amygdala, while adults rely more on the frontal cortex.

- In contrast, the amygdala is part of the limbic system of the brain and is involved in instinctive "gut" reactions, including "fight or flight" responses.

Neurological development of adolescent brains causes less active (frontal lobe) impulse control systems, allowing for the necessary evolutionary requirement to act more impulsively, encouraging the opportunity to 'try things out' and gain more experiences.







Lower activity in the frontal lobe could lead to poor control over behaviour and emotions, while an overactive amygdala may be associated with high levels of emotional arousal and reactionary decision-making!

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Good news...

- Researchers found that the number of neurons in the frontal lobe continued to increase throughout childhood until an average age of 12.1 years for men and 10.2 years for women.
- Scientists previously thought that grey matter production and development only occurred during the first 18 months of life.
- The fact changes are still occurring in the brain during adolescence provides some evidence against some popular theories that suggest that our brains are hardwired during early childhood.

These brain imaging studies suggest adolescence may provide a sort of "second chance" to refine behavioural control and rational decision making.

(Giedd, J.N. et al. October 1999. "Brain development during childhood and adolescence: a longitudinal MRI study." Nature. Vol 2, No 10, pp. 861-863. Medical Data International. June 15, 1998. "Don't Understand Teens? Researchers Try to Provide Insight." Medical Industry Today)

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Increased risk-taking

- **Developing capacity for reflection & strategic thinking:** This places young people at greater risk of impulsive acts, and needs to be considered in a modern context.

- **Poorer ability to read emotional cues and increased self-consciousness:** This increases frequency of risk taking behaviours by young people when with (or in context of) being with friends.

- We know that most attempts at suicide by young people are relatively impulsive.

  (Houston review, focused specifically on young people, 13-34 yrs.)

- **1 in 4 said there was less than 5 mins between decision & action.**

Stopping and reflecting:

Is it realistic to expect young people at risk to develop this behaviour at the points when they are at highest risk? These skills need to be practiced, supported, developed and reinforced over time.

There is no point in pretending that everyone who needs access to support, (**to be understood, and help in developing skills in 'stopping and reflecting'**) will get this from mental health services alone.

The need then is to develop impulse control, build resilience and help young people feel listened to.

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Self harm and Suicide

- Self harm and suicide are both a response to distress.
- Self-harm, most commonly by self-cutting or taking an overdose of medication, *is* still one of the strongest predictors of death by suicide in adolescence, increasing the risk of suicide approximately ten-fold.
- Painful and complex life issues that can lead to self harm can also lead to suicide.
- Self harm and Suicide are both solutions to managing unbearable emotional distress.
- It is therefore important to acknowledge the distress.

What's needed to help teenagers…

- **Being listened to:** Adolescents need opportunities to be listened to, heard and understood.
- For adults not to be shocked by their intensity and to listen to the underlying message. e.g. that anger may be an expression of other feelings i.e. anxiety, feeling threatened, frustration, insecurity, showing off. Support their development of emotional intelligence.
- Adults that will support them to learn to cope rather than running to rescue. Let them work out their own solutions and accept that life is not perfect. Understand their need to control.

- Understand their developmental stage and the pressures this places on them. Young males believe need to display strength and courage. Complexity of aggression, competitiveness, need to deal with anxiety and threat and a need to impress.
- Good role models https://youtu.be/KTMNWiIurOM
  Tom Harkin 'Man up' TV series.

Young people want to be understood and know they aren't alone.

- Feedback from service users about who difficulties are first shared with, is that often it's not GPs or CAMHS workers;
- But it's typically peers, parents, teachers and support staff. It isn't just health clinicians who young people want to talk to.
- **(Remember: 80% of young people who commit suicide weren't known to mental health service, and no evidence to show they were trying to access via their GPs)**

How to support and engage young people...

If we are to target young men we need to consider the mediums they access.

- Feedback from large online service provider, 'The Mix' is that the online medium most accessed by adolescent boys is online videos and vlogs, (as opposed to chat rooms/online help or advice web pages).
- If young people disclose to their peers, we need to develop peer support campaigns and acknowledge this already happens in school.
- EWMHS staff need to be used effectively to support those working in the community- offering support to youth workers, children's centres, pastoral workers, nurses, social worker etc.
- Work together with schools and universal services around peer awareness and support campaigns
- Developing skills in Mindfulness & Mentalization amongst young people
- Work across services to help build resilience, (considering the hierarchy of needs)