



PREVENTING SUICIDAL BEHAVIOR AMONG YOUTH IN FOSTER CARE

Preventing suicidal behavior

While suicide is the third leading cause of death for youth, suicide deaths are often preventable. Preventing suicidal behavior in youth involves a diverse range of interventions including effective treatment of those with mental illness and substance abuse, early detection of and support for youth in crisis, promotion of mental health, training in life skills, and reduction of access to the means of suicide. Many youth in foster care experience trauma and risk factors such as mental illness, substance abuse, and family discord. They are more likely than other youth to think about, attempt, and die by suicide, so it is important to learn about prevention.

The purpose of this resource sheet is to help caregivers and foster parents keep youth in foster care safe by:

- Educating and informing them about suicidal behavior and prevention, and
- Giving them guidance about responding to a suicidal youth.

A note – many of the studies referenced here do not look exclusively at youth in foster care and may include other youth who were maltreated or at risk of maltreatment.

Suicide deaths

Losing a youth to suicide affects a community greatly. Aside from the devastating loss of a young person's future and potential contributions to society, the bereaved families and friends are at higher risk for suicide themselves. In 2009, 4,630 youth aged 10 to 24 died by suicide. Suicide is the third leading cause of death for youth (Centers for Disease Control and Prevention WISQARS, 2012).

- Studies have found that youth involved in child welfare or juvenile justice were 3 to 5 times more likely to die by suicide than youth in the general population (Farand, 2004; Thompson, 1995).
- A large-scale study in Sweden found more than twice the relative risk for suicide among alumni of long-term foster care compared to peers after adjusting for risk factors (Hjern et al., 2004).

Suicide attempts

One of the strongest predictors for suicide deaths is a suicide attempt. Among high school students 6.3 percent reported having attempted suicide one or more times in the previous 12 months (Centers for Disease Control and Prevention, 2010). Attempts point to a youth who is in unbearable distress. As a result, foster parents and caregivers of youth who attempt suicide need to pay attention and follow up with them.

- Adolescents who had been in foster care were nearly four times more likely to have attempted suicide than other youth (Pilowsky & Wu, 2006).
- Experiencing childhood abuse or trauma increased the risk of attempted suicide 2- to 5-fold (Dube et al., 2001).
- Adverse childhood experiences play a major role in suicide attempts. One study found that approximately two thirds of suicide attempts may be attributable to abusive or traumatic childhood experiences (Dube et al., 2001).

Suicide ideation

Thoughts about taking one's life range from passing thoughts to constant thoughts, from passive wishes to be dead to active planning for making a suicide attempt. Among high school students 13.8 percent reported having seriously considered attempting suicide in the previous 12 months (Centers for Disease Control and Prevention, 2010). Youth considering attempting suicide have significant mental health needs, and many youth who think about suicide go on to

attempt suicide. If a youth can be engaged to talk about his/her thoughts of suicide, adults can intervene so that problems can be addressed and escalation to suicide attempts or deaths can be prevented.

- Adolescents who had been in foster care were nearly two and a half times more likely to seriously consider suicide than other youth (Pilowsky & Wu, 2006).
- Among 8-year-olds who were maltreated or at risk for maltreatment, nearly 10% reported wanting to kill themselves (Thompson, 2005).
- Suicide ideation is a marker for significant mental health problems, as well as risky sexual behavior, substance abuse, and delinquency (Thompson, 2012).

Risk and protective factors for suicide

Youth who have suicide risk factors are more likely to think about, attempt, or die by suicide, while youth with protective factors are less likely to engage in suicidal behavior. When near-term and longstanding risk factors are present, protective factors are unlikely to be effective in preventing suicidal behavior. Most youth in foster care have a multitude of risk factors and a scarcity of protective factors. Many come from homes with mentally ill and substance-abusing parents, domestic violence, and social isolation. Youth in foster care experience trauma, often repeated trauma, and have higher rates of mental illness than the general public. They may lack access to help and support (Pecora et al., 2009). In addition to the risk factors listed below, there are warning signs that indicate near-term risk of suicide (see page 3).

Families of and caregivers for youth in foster care can help to reduce some risk factors, and support and advocate for services to build protective factors. Other factors can't be changed, but are important to address.

RISK FACTORS

Mental illness including substance abuse
Prior suicide attempt
Self injury
Abuse and neglect
Trauma
Parental mental illness and substance abuse
Family conflict and dysfunction
Family history of suicidal behavior
Poor coping skills
Social/interpersonal isolation/alienation
Exposure to suicides and attempts
Suicide means availability/firearm in household
Violence and victimization
Being bullied, bullying

PROTECTIVE FACTORS

Psychological or emotional well-being
Family connectedness
Safe school, school connectedness
Caring adult
Self esteem
Academic achievement
Connectedness, support, communication with parents
Coping skills
Frequent, vigorous physical activity, sports
Reduced access to alcohol, firearms, medications

You can help to prevent suicide

For foster parents:

- Contact your state suicide prevention coalition to find suicide prevention training, resources, and conferences. To find your state suicide prevention coalition see <http://www.sprc.org/states>
- Continue to advocate for youth in foster care getting the mental health services they need.

- Being depressed is not a normal part of adolescence. If a youth seems especially sad or stops his or her usual activities, get help.
- For most youth in foster care, trauma-focused therapy is critical. The foster family may need to help their youth through stress reactions and to manage triggers. Find out more at the National Child Traumatic Stress Network at <http://www.nctsn.org/>
- Offer to go with your youth to mental health visits. Although your youth can talk to the provider in privacy, he or she may appreciate your support.
- Learn the warning signs of suicide for youth at near-term risk and what to do. (See sidebar.)
- Sometimes youth are unwilling to talk about what's bothering them. Some may express themselves through expressive therapy, such as art, music, play, or sand tray. Have resources on mental health that you can share with them. See mental health resources by youth, for youth at ReachOut at <http://us.reachout.com/>
- If a youth you are caring for is suicidal, get the support you need.

For caregivers:

- Learn the warning signs of suicide for youth at near-term risk and what to do. (See sidebar.)
- As a caregiver, get training about trauma — how it may show up in your youth, and what you can do to help him or her recover.
- Develop a safety plan for your youth and family so if he or she starts thinking about or attempting suicide you are prepared. Make sure to have contact information for

If you are worried about a youth

You may be concerned about a youth. It is important that you recognize the warning signs of suicide and know what to do, but first there are things you may want to know.

- **Always take talk of self-harm and suicide attempts seriously.** A youth may hint or joke about suicide, but it is important to take all communications about suicide seriously.
- **Go ahead and ask.** It is safe to ask a youth directly, “Are you thinking about killing yourself?” Talking about suicide does not cause suicide. If you have difficulty asking, enlist another adult to help you. Or call Lifeline at 1-800-273-8255 and the trained counselors there will help.
- **Really listen.** Show your interest and support without judgment. Don't interrupt, and don't give advice. Express concern and tell the youth that together you can make a difference.
- **Stay with the youth.** Don't leave a suicidal youth alone. Go with him or her to a mental health professional, hospital emergency room, or his or her primary care physician.
- **Move lethal means out of harm's way.** If there are firearms, drugs, or other means of suicide in the home, remove them until the crisis has passed. Make inaccessible anything that might be used by the youth in an impulsive moment.

Warning signs of suicide and what to do

Families of and caregivers for youth need to learn the warning signs of suicide and know how to get help. If a youth has any of the following warning signs, express your concern, ask about suicidal thoughts and plans, and get help.

A youth is at critical risk of suicide if he or she:

- Threatens or talks of wanting to hurt or kill him or herself; and/or
- Looks for ways to kill him or herself by seeking access to firearms, pills, or other means; and/or,
- Talks or writes about death, dying, or suicide, when these actions are out of the ordinary.

If a youth has suicidal thoughts or plans, get help **immediately** from a mental health professional, a hospital emergency department, or 911.

If a youth has any of the following behaviors or symptoms, they may signal a suicidal crisis. Call a mental health professional or Lifeline at 1-800-273-8255.

- Feelings of **hopelessness**
- **Anxiety**, agitation, trouble sleeping, or sleeping a lot
- Expressions of having **no purpose** or reason for living
- Feelings of being **trapped** - like there's no way out
- Increased **alcohol and/or drug use**
- **Withdrawal** from friends, family, and community
- Rage, uncontrolled **anger**, seeking revenge
- **Reckless** behavior or more risky activities
- Dramatic **mood changes**

Losses — whether anticipated or actual — such as loss through the break-up of a relationship or death, failures, bullying, or trouble with authorities, can trigger suicide attempts in youth who are vulnerable. If a youth has attempted suicide in the past, he or she is at increased risk for another attempt.

knowledgeable adults that the youth is comfortable with.

- Review your agency's protocol for when there is a youth in care who is thinking about suicide, or who has attempted or died by suicide. Know your role and confirm that referrals and inter-agency agreements are current. If your protocol needs updating, start a community response network to collaborate on the work.
- Work with community group to set up protocols for following a suicide (postvention). The protocols are to promote healthy grieving and to discourage contagion.
- Review the agencies represented on your crisis team and their willingness and ability to respond.
- For clinicians, get training to increase your effectiveness recognizing and responding to youth who are suicidal. See
 - mental health professionals at <http://www.suicidology.org/education-and-training/recognizing-responding-suicide-risk> and <http://www.sprc.org/training-institute/amr>
 - primary care providers at <http://www.suicidology.org/education-and-training/recognizing-responding-suicide-risk-primary-care>
- Make sure your intake, screening, and assessment tools include questions about suicide and suicide risk and protective factors. See suicide screening and assessment tools:
 - the SAFE-T pocket card at <http://store.samhsa.gov/shin/content/SMA09-4432/SMA09-4432.pdf>
 - for agencies, see a technical review of instruments at http://www.suicidology.org/c/document_library/get_file?folderId=235&name=DLFE-141.pdf
- Older youth and youth in transition face higher risk, so plan supports for youth for when they age out of foster care.
- Become familiar with resources for youth and their families following a suicide attempt.
- Consider having someone from your agency involved in your state's child fatality review process. See <http://www.childdeathreview.org/home.htm>
- Learn about how to reduce the suicide risk of having firearms, medications, and alcohol accessible to youth and provide guidance to families. See Means Matter at <http://www.hsph.harvard.edu/means-matter/>
- Support the services that will help build resiliency and protective factors for youth in foster care such as adult mentors, faith-based activities, school sports, and academic services.

Youth suicide prevention resources

Learn more about

- youth suicide prevention at the National Center of the Prevention of Youth Suicide at <http://www.suicidology.org/ncpys>
- what foster parents can do to prevent suicide at <http://www.sprc.org/sites/sprc.org/files/FosterParents.pdf>
- best practices in training and awareness programs at <http://www.sprc.org/bpr>
- understanding suicide loss at <http://www.suicidology.org/web/guest/suicide-loss-survivors>
- suicide prevention in tribal child welfare programs at <http://www.nicwa.org/resources/documents/YSPToolkit.pdf>

What to do

- if you, or someone you know, is in suicidal crisis or emotional distress, call 1-800-273-TALK (8255).
- after an individual attempts suicide <http://www.suicidology.org/web/guest/suicide-attempt-survivors>
- when a youth at your school dies by suicide http://www.sprc.org/library_resources/items/after-suicide-toolkit-schools

References

- Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance – United States, 2009*. Surveillance Summaries, June 4, 2010. *MMWR* 2010; 59 (No.SS-5).
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. [cited January 2012].
- Dube, Shanta R., Robert F. Anda, Vincent J. Felitti, Daniel P. Chapman, David F. Williamson, and Wayne H. Giles (2001). "Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study. *JAMA*, 286.24: 3089-096.
- Farand, L., Chagnon, F., Renaud, J. and Rivard, M. (2004). Completed Suicides Among Quebec Adolescents Involved With Juvenile Justice and Child Welfare Services. *Suicide and Life-Threatening Behavior*, 34: 24–35.
- Hjern, A., Vinnerljung, B., & Lindblad, F. (2004). Avoidable mortality among child welfare recipients and intercountry adoptees: A national cohort study. *Journal of Epidemiology & Community Health*, 58:412-417.
- Pecora, P.J., Kessler, R.C., Williams, J., Downs, A.C., English, D.J., White, J. & O'Brien, K. (2009). What works in foster care? Key components of success from the northwest foster care alumni study. New York, NY: Oxford University Press.
- Pilowsky, Daniel J., and Li-Tzy Wu.(2006).Psychiatric Symptoms and Substance Use Disorders in a Nationally Representative Sample of American Adolescents Involved with Foster Care. *Journal of Adolescent Health*,38.4: 351-58.
- Thompson, A.H. and Newman, S.C.(1995). Mortality in a child welfare population: Implications for policy. *Child Welfare*, LXXIV, #44 (July-August).
- Thompson, R., Briggs, E. English, D. J., Dubowitz, H., Lee, L.-C., Brody, K., Everson, M. D., & Hunter, W. M. (2005). Suicidal ideation among 8-year-olds who are maltreated and at risk: Findings from the LONGSCAN studies. *Child Maltreatment*,10(1), 26-36.
- Thompson, R., Proctor, L.J., English, D.J., Dubowitz, H., Narasimhan, S., & Everson, M.D. (2012) (in press). Suicidal ideation in adolescence: Examining the role of recent adverse experiences. *Journal of Adolescence*.

The National Center for the Prevention of Youth Suicide, a program of the American Association of Suicidology, works to reduce the rate of youth suicide attempts and deaths. AAS is the oldest national organization devoted to understanding and preventing suicide. Learn more at www.suicidology.org/NCPYS