

FRANKLIN COUNTY CHILD FATALITY REVIEW REPORT: YOUTH SUICIDES

INTRODUCTION

Suicide in children and adolescents is a major public health issue. Nationally, suicide is the second leading cause of death for 10- to 19-year-olds. Suicide is complex and can rarely be attributed to one single cause; instead, there are many risk factors—both internal and environmental—that contribute to suicide. Suicide affects people of all races, genders, income levels, religions and sexual orientations. Although suicide is complex and no one is immune, professionals believe that suicide is largely preventable if communities have the appropriate tools.

This report examines suicides among Franklin County residents under age 18 and describes the 48 children who lost their lives to suicide from 2008-2017. It provides demographics, circumstances of death and information to identify common themes that might help our community prevent future deaths. Information presented is gathered and discussed through the Franklin County Child Fatality Review (FCCFR), an ongoing community planning process in which a team of community experts from various systems and agencies convenes to review the circumstances around the deaths of youths residing in Franklin County.

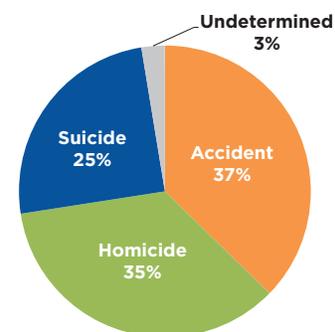
YOUTH SUICIDES COMPARED TO OTHER YOUTH DEATHS

- Suicides made up 15 percent of all deaths to Franklin County children ages 8-17, from 2008 to 2017.
- External injuries (including accidents, homicides and suicides) are the leading cause of death of children ages 8-17 in Franklin County. Of these external injury fatalities from 2008 to 2017, 25 percent were suicides.

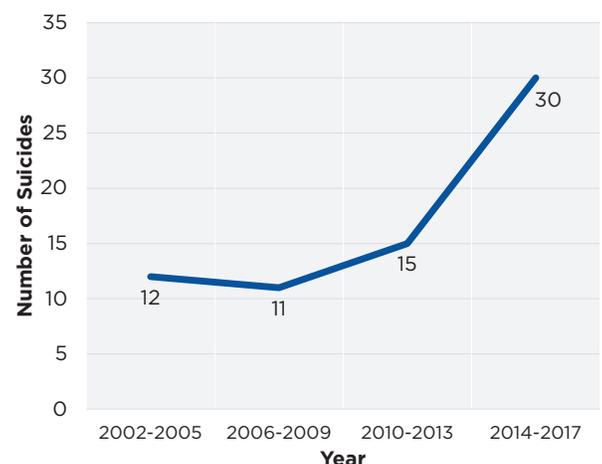
THE NUMBER OF YOUTH SUICIDES IS INCREASING

- From 2002 to 2013, one child died from suicide every 3.8 months, on average.
- During the last four years (2014-2017), one child died from suicide every 1.6 months, on average.

EXTERNAL INJURY FATALITIES AMONG YOUTHS BY MANNER OF DEATH, FRANKLIN COUNTY, 2008-2017 (N=193)



YOUTH SUICIDE NUMBERS OVER TIME, FRANKLIN COUNTY, 2002-2017 (N=68)



DEMOGRAPHICS

Age and Sex: The majority of child suicides are to teens ages 15-17 years old, though we have instances in our community of children as young as 8 years old who have taken their own life. Overall, 60 percent of child suicide victims in Franklin County were male, though in the younger age groups the percentage of males was higher while the percentage of females increased to nearly 50 percent in the 15-17 years age group.

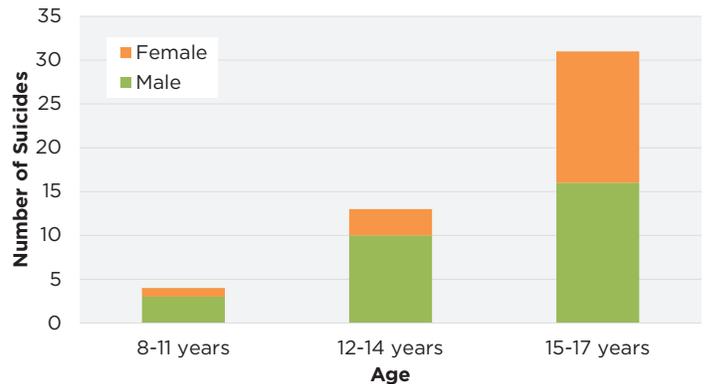
The national data show that girls are more likely to experience suicidal ideation and they attempt suicide two to three times more often than boys. However, boys are four times more likely to die by suicide than girls. This in part is because boys are more likely to choose methods of high lethality, like firearms, and because they tend to act more impulsively than girls.

Source: <https://www.nationwidechildrens.org/conditions/suicidal-behaviors>

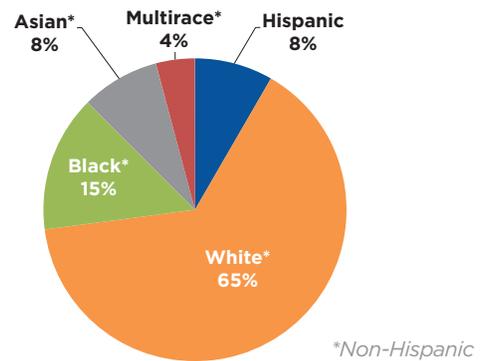
Race and Ethnicity: Most children who died by suicide in our community were non-Hispanic white (65 percent). For comparison, the 2010 Franklin County population under age 18 was 55 percent non-Hispanic white, 27 percent non-Hispanic Black, 4 percent Asian, 7 percent Hispanic, and 7 percent other or multirace.

Source: U.S. Census Bureau, 2010 Census, table QT-PL

YOUTH SUICIDES BY AGE AND SEX, FRANKLIN COUNTY, 2008-2017 (N=48)



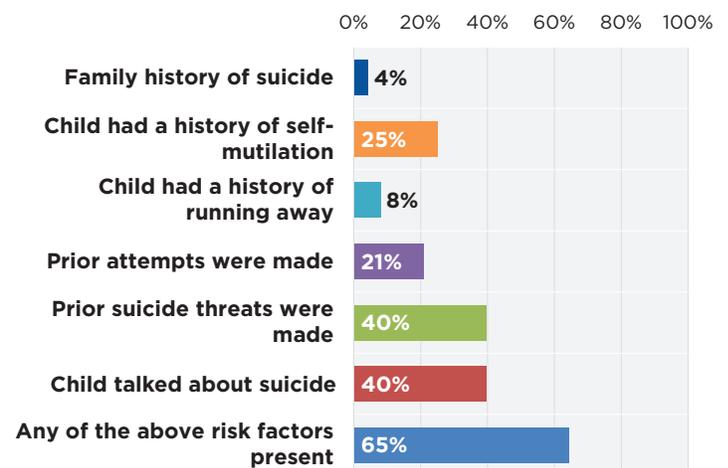
YOUTH SUICIDES BY RACE/ETHNICITY, FRANKLIN COUNTY, 2008-2017 (N=48)



RISK FACTORS

In 65 percent of all suicides, the child had at least one known risk factor or warning sign, including previous suicide attempts, self-mutilation or a history of running away.

PERCENT OF YOUTH SUICIDES WITH RISK FACTORS, FRANKLIN COUNTY, 2008-2017 (N=48)



Note: Percentages will not add up to 100 as some youths had multiple risk factors.

METHOD OF SUICIDE

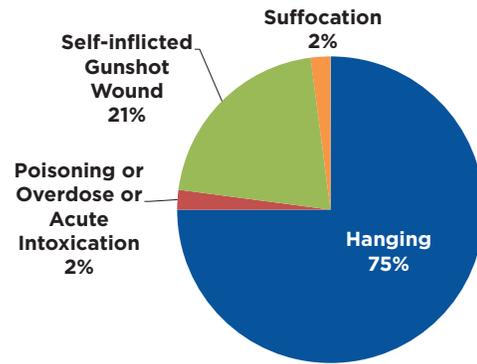
Although firearms are considered to be a suicide method of high lethality, most youth suicides in our community have been hangings. It is important to develop prevention initiatives that include all suicide methods, rather than focusing on only one method. Some suicide prevention strategies include teaching coping and problem solving skills, promoting connectedness, strengthening access and delivery of mental health care, and identifying and supporting people at risk.

The FCCFR Board has recommended that safety plans are developed for children at risk, including children with a mental health diagnosis, children experiencing suicidal ideation, or children going through a perceived personal crisis. Restricting the access that children and teens have to firearms is certainly always a best practice. Our community, schools and parents should be equipped to recognize suicide warning signs and signs of crisis so that there can be appropriate interventions. During times of crisis, parents should take extra safety precautions to restrict access to lethal means, such as firearms, medications and sharp objects. These tactics are shown to save lives, as 90 percent of people who survive a suicide attempt do not go on to die by suicide.

Sources:

- <https://www.cdc.gov/violenceprevention/suicide/prevention.html>
- <https://www.nationwidechildrens.org/family-resources-education/700childrens/2016/09/myths-about-suicide-moving-beyond-common-misconceptions>

METHOD OF YOUTH SUICIDES, FRANKLIN COUNTY, 2008-2017 (N=48)



DISABILITY OR CHRONIC ILLNESS

Forty-two percent of Franklin County children who died by suicide had a diagnosis of a disability or chronic illness that was known at the time of review. This could include a physical/orthopedic condition, cognitive disability, or a mental health or substance abuse condition.

Half of these children had a mental health or substance abuse condition. Examples of this include, but are not limited to, depression or anxiety disorders, bipolar disorder, or substance abuse and addiction.

Seventeen percent of young people experience mental health challenges such as an emotional, mental or behavioral disorder. These mental health challenges can be associated with an increased risk of suicide.

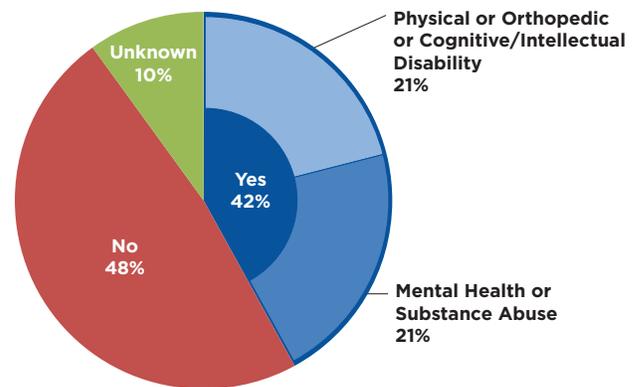
Sources:

- <https://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth>
- <https://youth.gov/youth-topics/youth-suicide-prevention>

In a national study of elementary school-aged children who died by suicide, it was found that childhood decedents (ages 5-11) more often experienced attention-deficit disorder, with or without hyperactivity, and less often experienced depression/dysthymia compared with early adolescent decedents (ages 12-14).

Source: *Suicide in Elementary School-Aged Children and Early Adolescents*; Arielle H. Sheftall, Lindsey Asti, Lisa M. Horowitz, Adrienne Felts, Cynthia A. Fontanella, John V. Campo, Jeffrey A. Bridge; *Pediatrics* Oct 2016, 138 (4) e20160436; DOI: 10.1542/peds.2016-0436

YOUTH SUICIDES, FRANKLIN COUNTY, 2008-2017: DID CHILD HAVE A DISABILITY OR CHRONIC ILLNESS, AND IF YES, WHAT TYPE? (N=48)

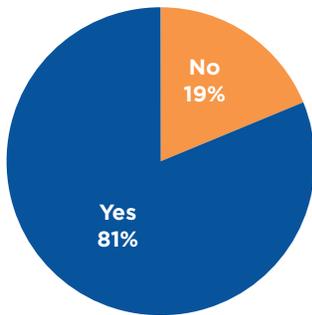


HISTORY OF PERSONAL CRISIS

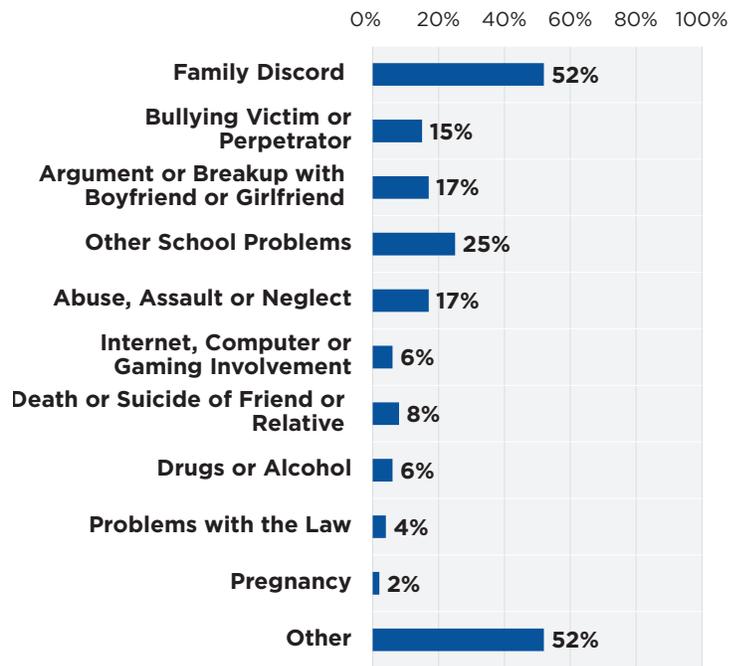
The vast majority (81 percent) of children who died by suicide had a history of acute or cumulative personal crises leading up to their death.

These crises could include general family discord, arguments with their parents or significant other, a history of being bullied, other serious school problems, or a history of child abuse or neglect.

YOUTH SUICIDES WITH ANY HISTORY OF PERSONAL CRISIS, FRANKLIN COUNTY, 2008-2017 (N=48)



TYPES OF PERSONAL CRISIS FOR YOUTH SUICIDES WITH ANY HISTORY OF PERSONAL CRISIS, FRANKLIN COUNTY, 2008-2017 (N=39)

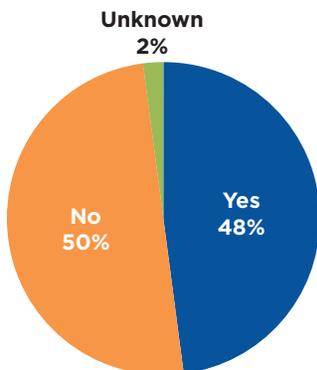


Note: Percentages will not add up to 100 as some youths had multiple personal crises.

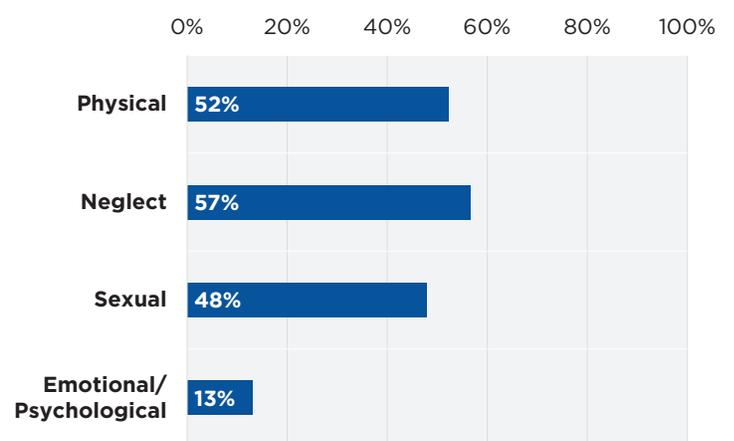
HISTORY OF MALTREATMENT

Approximately half of all children who died by suicide had a history of child maltreatment. Types of maltreatment include physical, sexual, emotional/psychological and neglect.

HISTORY OF BEING A VICTIM OF CHILD MALTREATMENT AMONG YOUTH SUICIDES, FRANKLIN COUNTY, 2008-2017 (N=48)



PERCENT OF YOUTH SUICIDES WITH A HISTORY OF BEING A VICTIM OF CHILD MALTREATMENT, BY TYPE OF MALTREATMENT EXPERIENCED, FRANKLIN COUNTY, 2008-2017 (N=23)

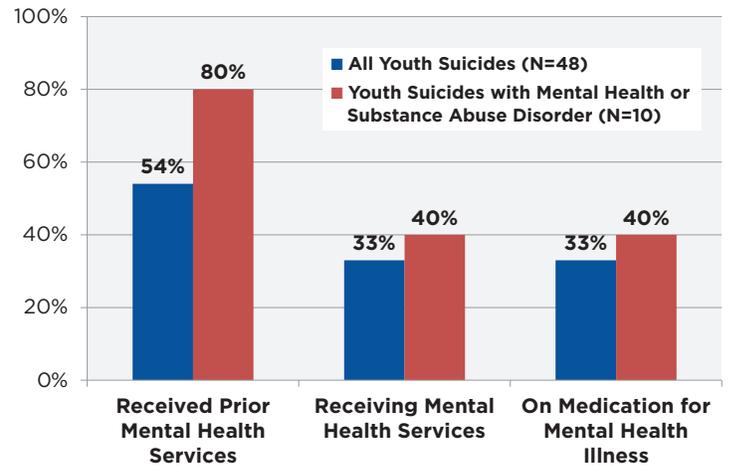


Note: Percentages will not add up to 100 as some youths experienced multiple types of maltreatment.

MENTAL HEALTH TREATMENT

Only 40 percent of youths noted as having mental health or substance abuse disorders were known to be receiving mental health services at the time of suicide. An ongoing recommendation from the FCCFR Board is to expand access and linkage to adequate mental health care for children and teens.

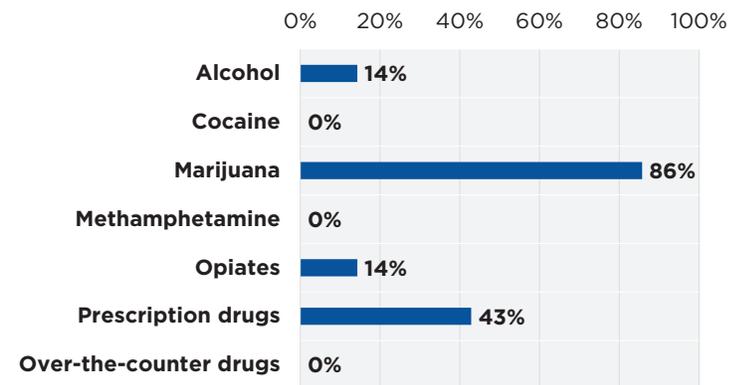
PERCENT OF YOUTH SUICIDES WHO RECEIVED MENTAL HEALTH TREATMENT, FRANKLIN COUNTY, 2008-2017



SUBSTANCE ABUSE

Fifteen percent of all children who died by suicide from 2008-2017 had a known history of substance abuse. The most common drug of abuse for these youths was marijuana.

YOUTH SUICIDES WITH A HISTORY OF SUBSTANCE ABUSE, FRANKLIN COUNTY, 2008-2017: SUBSTANCES USED (N=7)



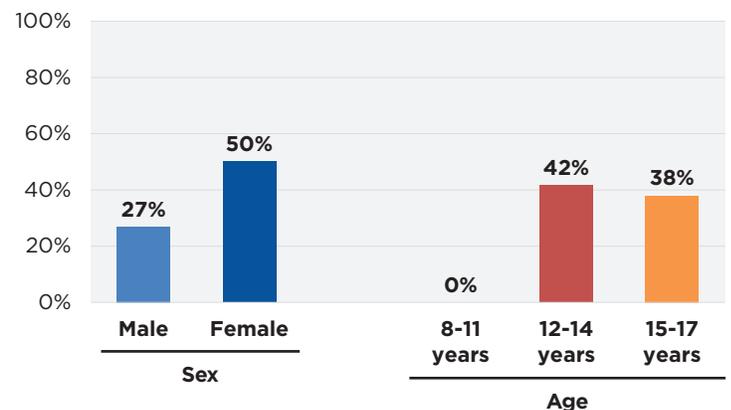
Note: Percentages in chart will not add up to 100 as some youths used more than one type of substance.

THOSE WHO LEFT A NOTE

A suicide note was left in only 33 percent of cases. More females left suicide notes than males, and older children left suicide notes more often.

- Notes:
- 'Unknown' suicide note responses were excluded (n=4)
 - None of the differences by demographic characteristics were statistically significant

PERCENTAGE OF YOUTH SUICIDES WHO LEFT A NOTE, BY SEX AND AGE CATEGORY, FRANKLIN COUNTY, 2008-2017 (N=44)



RECOMMENDATIONS

Recommendations of the Child Fatality Review Board include:

- **Improve investigations of suicides** to gather more comprehensive information about the circumstances and history of the decedent (psychological autopsies).
- **Encourage suicide prevention education** for leaders and staff in all religious institutions and groups.
- **Integrate social workers into all schools;** promote safety planning and linkage to care for children or teens who talk about suicide, self-harm or other concerns.
- **Improve community/parental awareness of risk factors and warning signs** to take seriously; teach clear action steps to acknowledge and support youth displaying warning signs.
- **Improve parental awareness** of healthy/unhealthy social media use and cell phone monitoring.
- **Educate teens** about healthy social media usage, sexting, healthy coping skills and mental health resilience.
- **Publicize Franklin County Youth Psychiatric Crisis Line** (614) 722-1800.
- **Improve emergency access** to behavioral and mental health services for children.
- **Increase support and prevention programming for underserved populations** (LGBTQ, incarcerated, children in foster or kinship care).
- **Provide suicide awareness and prevention education** for new Americans and immigrant populations.
- **Provide and promote programs** to reduce bullying/social media harassment, loneliness and isolation among teens.
- **Increase youth-led prevention initiatives** to increase awareness, help-seeking and crisis management skills.
- **Restrict the access** that children and teens have to firearms, medications and other lethal means.
- **Provide linkage with mental health services after experiencing trauma**—schools or Child Protective Services can assist with referrals.
- **Provide and promote yearly suicide prevention training for all school faculty and staff,** including cultural competency and fostering resiliency among youth.
- **Incorporate crisis management, resiliency and healthy coping skills** during disciplinary action for students in school.
- **Screen youth for suicide annually** at primary care visits and train primary care physicians in proper implementation.
- **Increase treatment provider adoption** of Zero Suicide Academy tools and certification.
- **Increase access to “postvention”**—support for the bereaved to reduce risk and promote healing after a suicide—for families (including non-English speaking families) and communities experiencing a suicide (LOSS, Respond Now Postvention Network for Franklin County schools), as well as ongoing grief support.

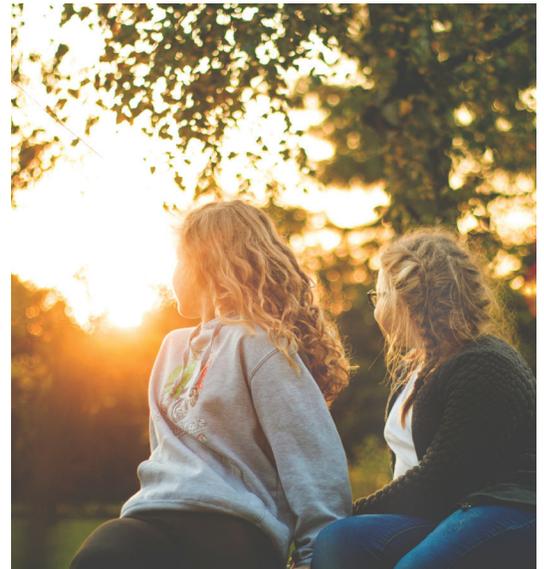
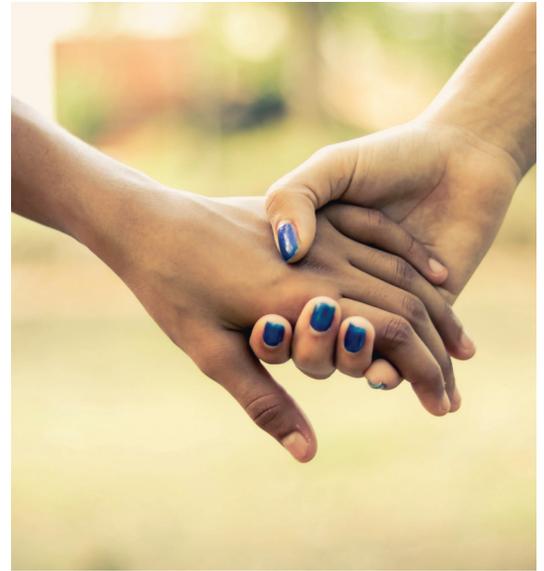
FRANKLIN COUNTY CHILD FATALITY REVIEW MEMBER AGENCIES

- ADAMH Board of Franklin County*
- Franklin County Board of Development Disabilities
- CASA of Franklin County
- CHOICES of Columbus
- Columbus City Schools
- Columbus Police Department*
- Columbus Division of Fire
- Columbus Public Health (Lead Agency)
- Franklin County Children’s Services*
- Franklin County Coroner’s Office*
- Franklin County Court of Common Pleas
- Franklin County Juvenile Court
- Franklin County Job & Family Services
- Franklin County Prosecutor’s Office
- Franklin County Public Defender Office
- Franklin County Public Health
- Franklin County Sheriff’s Office
- LOSS (Local Outreach for Suicide Survivors)
- Nationwide Children’s Hospital (Dept. of Pathology, Center for Injury Research and Policy, Center for Child & Family Advocacy, Center for Suicide Prevention and Research, Primary Care Pediatrician*)
- U.S. Consumer Product Safety Commission

* Indicates a mandated member

WHAT ARE WE DOING?

- Columbus Public Health has joined the **Partnership for the Safety of Children Around Firearms** in planning suicide prevention measures relating to firearms.
- **Franklin County LOSS** offers immediate postvention services to loved ones following a suicide, grief resources, **QPR (Question, Persuade, Refer) suicide prevention training** for gatekeepers, suicide survivor support groups, and education that can be customized by audience.
- The Nationwide Children's Hospital Center for Suicide Prevention and Research has a partnership with local schools and has provided suicide prevention through the **"Signs of Suicide" (SOS) program** in 70 schools in Franklin County. The CSPR also provides postvention services to school communities bereaved by suicide loss.
- Local school districts have partnered with Nationwide Children's Hospital, Northwest Counseling and Syntero to provide **school-based mental health services**.
- Columbus Public Health and other local agencies are taking advantage of available **grants and opportunities to fund suicide prevention efforts**.



COMMUNITY ORGANIZATIONS & PROGRAMS

- **Signs of Suicide (SOS) Program** – A nationally recognized suicide prevention program offered by the Center for Suicide Prevention and Research at Nationwide Children's Hospital. As part of SOS and their overall mission, CSPR also offers information on the warning signs of suicide, how to communicate concern effectively, and support resources.
- **Franklin County LOSS** – Local Outreach to Suicide Survivors, a local non-profit organization that provides grief support to those bereaved by suicide.
- **QPR Training** – Question, Persuade, Refer (QPR) is a suicide prevention training for anyone to learn how to recognize someone in crisis and how to connect them with others who can provide appropriate care.
- **The Partnership for the Safety of Children Around Firearms** – A community partnership with the goal of preventing firearm-related unintentional deaths and suicides among children and teens. Partnership is led by The Ohio Chapter of the American Academy of Pediatrics and includes other organizations such as Buckeye Firearms Association, Blackwing Shooting Center, Kiwanis of Columbus and others.



MORE INFORMATION & RESOURCES

- National Suicide Prevention Lifeline: (800) 273-8255
- Franklin County Suicide Prevention Hotline: (614) 221-5445
- Franklin County Youth Psychiatric Crisis Line: (614) 722-1800
- www.nationwidechildrens.org/research/areas-of-research/center-for-innovation-in-pediatric-practice/suicide-prevention-and-research
- www.cdc.gov/violenceprevention/suicide
- www.franklincountyloss.org
- www.suicidepreventionlifeline.org

HELPFUL DEFINITIONS

Suicide is a death caused by self-directed, harmful behavior with the intent to die as a result of the behavior.

A **suicide attempt** is a non-fatal, self-directed, potentially harmful behavior with intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal ideation refers to thinking about, considering or planning suicide.

Cause of death – A medical opinion of the condition that caused the individual to die at that time and in that place. For example, “gunshot wound” or “asphyxia due to hanging” are two possible causes of death that could be determined when the manner of death is classified as suicide.

Manner of death – A classification of death based on the circumstances surrounding a particular cause of death and how that cause came into play. In Ohio, the acceptable options for manner-of-death classification are: natural, accident, suicide, homicide or undetermined (or “could not be determined”).

External Injury – Injuries caused by external factors, including impact or trauma to the body sustained during an accident, suicide or homicide

Postvention – An intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals and peers). Family and friends of the suicide victim may be at increased risk of suicide themselves.

Sources:

- <https://www.clarkcountyohio.gov/DocumentCenter/View/227>
- <https://www.nationwidechildrens.org/conditions/suicidal-behaviors>
- <https://www.franklincountyloss.org/about-loss>

LIMITATIONS

Data in this report reflect the information that is collected at the FCCFR meetings. However, the board members and agencies do not always have all of the information, so some factors of the death remain unknown even after the review and therefore cannot be reflected in these data.

ADDITIONAL SOURCES

- www.nationwidechildrens.org/conditions/suicidal-behaviors
- www.nationwidechildrens.org/research/areas-of-research/center-for-innovation-in-pediatric-practice/suicide-prevention-and-research