

REPORT OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSAPH Report 3-I-06

Subject: Resources to Combat Teen and Young Adult Suicide in the United States

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Referred to: Reference Committee K
(David Simmons, MD, Chair)

1 Resolution 424 (A-05), introduced by the Medical Student Section at the 2005 Annual Meeting and
2 adopted as amended, asks that our American Medical Association (AMA) recognize teen and young-
3 adult suicide as a serious health concern in the United States and work with appropriate federal
4 agencies, national organizations, and medical specialty societies to compile resources to reduce teen
5 and young-adult suicide, including but not limited to continuing medical education (CME) classes,
6 patient education programs, and other appropriate educational and interventional programs for health
7 care providers.

8
9 Methods

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11 Google Scholar and PubMed were searched for English-language articles published between 1996-
12 2006 using the search terms “youth suicide,” “youth suicide resources,” and “suicide resources for
13 professionals.” Web sites of various medical specialty organizations, including psychiatry, family
14 medicine, pediatrics, and gynecology, and relevant governmental, mental health, and child health
15 entities were reviewed to identify resources on adolescent suicide. Family support, advocacy, and
16 suicide prevention Web sites also were reviewed.

17
18 Background

19
20 Suicide is the third leading cause of death for U.S. residents aged 10 to 24 years.¹ The overall rate of
21 suicide among youth has declined slowly since 1992.² However, according to the 2005 Youth Risk
22 Behavior Survey (YRBS), among students in grades 9 to 12 during the 12 months preceding the
23 survey, 28.5% of students nationwide had felt so sad or helpless almost every day for ≥ 2 consecutive
24 weeks that they stopped performing some of their usual activities.³ Nationwide, 16.9% of students
25 had seriously considered attempting suicide during the 12 months preceding the survey.³ In 1998
26 dollars, completed and medically treated suicides involving youth up to 20 years of age, totaled
27 \$945,000,000 for medical costs and \$2,853,000,000 in lost future earnings.⁴ More teenagers and
28 young adults die from suicide than from heart disease, cancer, stroke, respiratory diseases, AIDS, and
29 birth defects combined.⁵

30
31 Healthy People 2010 objectives include reducing the rate of suicide attempts by adolescents and
32 increasing the proportion of children with mental health disorders who receive treatment.⁶ Preventing
33 suicide and suicidal behavior requires the support and contributions of many partners, including
34 federal agencies, state and local health departments, nonprofit organizations, academic institutions,
35 and private industry. These groups assist in highlighting risk factors, developing strategies for
36 prevention, and ensuring that appropriate interventions reach those at risk.⁷

1 Relevant AMA Policy

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3 Council on Science and Public Health Report 8 (A-06) reviewed the scientific data on the efficacy of
4 prevention programs aimed at reducing the incidence of depression, substance abuse, and suicide on
5 college campuses, as well as information on the access to, and utilization of, college mental health
6 services. Policy emanating from this report (Policy D-345.995, AMA Policy Database) contains
7 directives designed to reduce suicide in this young adult population, including increased availability
8 and quality of on-site college and university-based mental health services and treatment coupled with
9 appropriate community support, and the elimination of policies that discriminate against students who
10 disclose or seek treatment for depression, substance use disorders, or other mental health disorders.
11 Our AMA also opposes media presentations that directly or indirectly encourage suicide in young
12 children and adolescents (Policy H-60.980).

13
14 Preliminary Findings

15
16 Although hundreds of published articles and reports address adolescent suicide, few specifically
17 discuss resources for the prevention of suicide and treatment for adolescents who are at risk or who
18 have attempted suicide. However, most primary care medical specialty societies have developed
19 policy and created fact sheets or other resources for their members. Other initiatives sponsor Web
20 sites containing a variety of resources on youth suicide prevention, including fact sheets, training
21 programs, and tool kits for professionals, patients, and families. Additionally, many states have
22 developed initiatives to address suicide and some have created youth suicide prevention programs.
23 Many organizations work exclusively on suicide prevention, either in general or specifically for youths
24 at risk. Some organizations offer support for families whose children have committed suicide, while
25 others support survivors of suicide attempts and their families. Unfortunately, despite the number of
26 organizations devoted to suicide prevention and the volume of materials that have been developed,
27 evidence that these materials have significant beneficial effects is limited.

28
29 Specific Resources

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31 Materials that address suicide were identified from the following professional medical specialty
32 associations: American Academy of Child and Adolescent Psychiatry (AACAP), American Academy
33 of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of
34 Obstetrics and Gynecology (ACOG), American Psychiatric Association (APA), American Society for
35 Adolescent Psychiatry (ASAP), and the Society for Adolescent Medicine (SAM). Materials included
36 fact sheets, CME programs, practice guidelines, and policy statements. The psychiatric associations
37 have more in-depth materials and a broader range of information and educational options for their
38 members.

39
40 Numerous governmental agencies have made a commitment to developing and distributing materials
41 that address youth suicide. These agencies include, but are not limited to, the Centers for Disease
42 Control and Prevention (CDC), Health Resources and Services Administration's (HRSA) Maternal
43 and Child Health Bureau (MCHB), National Institute on Drug Abuse (NIDA), National Institute of
44 Mental Health (NIMH), Substance Abuse and Mental Health Services Administration (SAMHSA), the
45 Surgeon General's office, and the U.S. Preventive Services Task Force.

46
47 Each governmental agency has a specific focus. For example, approximately one year ago SAMHSA
48 awarded 37 grants to address national suicide prevention efforts, including support for a suicide
49 prevention resource center, suicide prevention efforts for college-age youth, state and tribal youth
50 suicide prevention, and early intervention programs across the country. NIMH offers information

1 about mental illnesses that carry an increased risk for suicide, as well as fact sheets, statistics, and
2 links to related resources. The MCHB addresses suicide as part of its commitment to meeting the
3 comprehensive physical, psychological, and social needs of the maternal and child population, and
4 links to numerous other organizations that offer youth suicide materials. NIDA addresses youth
5 suicide because of its relationship with depression and drug abuse. The CDC sponsors the national
6 Youth Risk Behavior Surveillance Survey, which asks high school aged youth about mental health
7 issues. The CDC also provides suicide statistics in the Morbidity and Mortality Weekly Report.

8
9 Concerns about youth suicide are shared by mental health organizations, advocacy and policy
10 organizations, certain foundations, and organizations that focus on young people or on families that
11 have lost a child to suicide. Examples of the latter include the National Suicide Prevention Lifeline,
12 The Jason Foundation, Inc., National Alliance for the Mentally Ill, National Mental Health
13 Association, The Jed Foundation, and the American Foundation for Suicide Prevention. The Jed
14 Foundation was started in 2000 after the suicide of a college sophomore named Jed whose family
15 understood the impact that his death had on the entire campus community. The Jed Foundation
16 describes itself as the “leading organization focusing exclusively on college student mental health and
17 suicide prevention.”⁸ The Foundation has developed a framework that is designed to help institutions
18 reach acutely distressed or suicidal college students, in addition to other materials.

19 20 Approach to Implementing Resolution 424 (A-05)

21
22 Medical specialty societies (pediatrics, family practice, internal medicine, gynecology, and various
23 psychiatric specialties) offer numerous resources to address youth suicide, including fact sheets, policy
24 statements, training workshops, CME programs, and physician tool kits. The federal government has
25 made a commitment to developing and distributing resources that address youth suicide; many of these
26 are available through various Web sites. Non-medical professional organizations, private foundations,
27 advocacy organizations, and others offer resources as well. Categorizing or classifying these materials
28 in a meaningful, accessible manner for physicians and other health care professionals is challenging
29 due to their volume, quality, and disparate target audiences. Consequently, a process and strategy is
30 required to assess the usefulness, evidence base, and value of these resources for physicians.

31
32 Therefore, Resolution 424 (A-05) will be implemented through the creation of an AMA-led task force
33 convened with the following objectives: (1) review youth suicide prevention and treatment resource
34 materials; (2) develop inclusion criteria for materials that will be included in an on-line database; (3)
35 recommend a strategy for categorizing the materials to enhance accessibility; (4) outline a plan for
36 making the resources available to interested physicians and other health care professionals who treat
37 adolescents and young adults, especially those who may be at risk for suicide; (5) identify potential
38 support for developing the database; and (6) propose an evaluation strategy to determine utilization of
39 the database over time.

40
41 The teen and young adult population will be considered in three groupings based on National Center
42 for Health Statistics-defined age categories: 10-14 years, 15-19 years, and 20-24 years. The task force
43 will comprise selected members of the Council on Science and Public Health, physician
44 representatives and/or staff members of several medical specialty associations (the AAFP, AAP, APA,
45 AACAP, ASAP), a representative from the American Association of Suicidology (AAS), a
46 representative of SAMHSA, and selected state mental health department directors.

47
48 The task force will review materials, establish inclusion and categorization criteria for resource
49 materials, and recommend a process to make the resource materials publicly available. Initially,
50 materials to be considered will include evidence-based practice guidelines, best practices, promising
51 programs, public health and medical resources, CME programs, active programs with consensus

1 evaluations, and enduring resources. A sample categorization scheme is attached (Table). It is
2 anticipated that the validated resources will be hosted on the AMA Adolescent Health Web site.

3
4 RECOMMENDATION

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6 The Council on Science and Public Health recommends that the following statement be adopted and
7 the remainder of the report be filed.

8
9 That our American Medical Association convene a time-limited work group to meet through
10 conference call to identify and evaluate appropriate resources for physicians intended to
11 prevent and reduce teen and young adult suicide, and that such resources be maintained on a
12 publicly accessible Web page hosted by our AMA. **(Directive to Take Action)**

Fiscal Note: \$3,000

References

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7. Centers for Disease Control and Prevention. Preventing Suicide: Program Activities Guide. Available at: http://www.cdc.gov/ncipc/dvp/Preventing_Suicide.pdf. Accessed 6/29/06.
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Table. Preliminary Categorization of Suicide Resources

Source	Type(s) of Resources	Web Sites
GOVERNMENTAL		
CDC/National Center for Injury Prevention and Control	Suicide statistics by year, region, race, gender, age	www.cdc.gov/ncipc http://webapp.cdc.gov/sasweb/ncipc/mortrate.html
CDC MMWR	Methods of youth suicide	http://www.cdc.gov/mmwr/PDF/wk/mm5322.pdf
CDC MMWR	Suicide and attempted suicide 6/11/04	http://www.cdc.mmwr/preview/mmwrhtml/mm5322a1.htm
CDC MMWR	Suicide among children, adolescents, and young adults – U.S., 1980-1992	http://www.cdc.gov/mmwr/preview/mmwrhtml/00036818.htm
MCHB	Information resource center	http://www.hrsa.gov/mchirc/dataspeak/events/feb_06/resource.htm
NIDA	Drug use and depression information	http://www.drugabuse.gov
NIMH	Report of youth depression	http://www.nimh.nih.gov/healthinformation/depchildmenu.cfm
NIMH	Suicide prevention	http://www.nimh.nih.gov/suicideprevention/index.cfm
NIMH	Antidepressant medications for youth	http://www.nimh.nih.gov/healthinformation/antidepressant_child.cfm
White House	President's New Freedom initiative on Mental Health	http://www.mentalhealthcommission.gov/reports/reports.htm
Surgeon General	1999 mental health report	www.surgeongeneral.gov/library/mentalhealth/chapter3/sec5.html
Surgeon General	National Strategy for Suicide Prevention: Goals and Objectives for Action. 2001	http://www.surgeongeneral.gov/library
SAMHSA	National Suicide Prevention Lifeline	http://www.suicidepreventionlifeline.org/
SAMHSA	Evidence-based practices	http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits.about.asp
SAMHSA	Suicide grant awards	http://www.samhsa.gov/news/newsreleases/050920_grants.html
U.S. Preventive Services Task Force	Recommendations and evidence	<i>Annals of Internal Medicine</i> . 2004.140;820-821. <i>Annals of Internal Medicine</i> . 2004. 140;822-835.

MEDICAL SPECIALTIES OR ASSOCIATIONS		
AAP	Articles from <i>Pediatrics</i>	http://pediatrics.aappublications.org/cgi/content/abstract/107/3/485 http://pediatrics.aappublications.org/cgi/content/abstract/99/6/791
AAP	Suicide policy statements	http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/4/871 http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;105/4/871
AACAP	Practice parameters 2001	http://www.jaacap.com/pt/re/jaacap/abstract.0004583-2001070001-00003.htm;jsession
ACOG	Various teen resources	http://www.acog.org/navbar.current/publications.cfm
AAFP	Position paper on youth and access to care	www.aafp.org/online/en/home/policy/policies/a/adolescentsprotect.htm
AAFP	Youth homicide 2001	www.aafp.org/fpr/20010200/all.html
APA	Fact sheets	http://www.psych.org
ASAP	Links and resources	http://www.adolpsych.org
Society for Adolescent Medicine (SAM)	Resources	http://www.adolescenthealth.org/youthgmb.htm
SAM	Position paper	JAH 36 (2005) 92-93
SPECIFIC ORGANIZATIONS		
American Association of Suicidology	Education and resources	http://www.suicidology.org
Suicide Awareness Voices of Education	Community action kit and other resources	http://www.save.org/resources
SCHOOL-BASED INFORMATION		
Center for Health and Health Care in Schools	General mental health information	http://www.healthinschools.org/mentalhealth.asp
UCLA Center for Mental Health in Schools	Reports	The Important Role of Primary Care Health Professionals. 2004 http://www.smhp.psych.ucla.edu/pdfdocs/primarycare/primarycarehealth.pdf Suicide Prevention in Schools http://smhp.psych.ucla.edu/pdfdocs/policyissues/suicide.pdf

Center for School Mental Health Analysis and Action	Suicide Prevention Resource Packet, 2003	http://csmha.umaryland.edu/resources.html/resource_packet/download_files/suicide_prevention_2003.pdf
Suicide Prevention Resource Center	State information	http://www.sprc.org/stateinformation/index.asp
AWARENESS AND SUPPORT		
National Adolescent Health Information Center	Fact sheet on suicide, 2004	http://nahic.ucsf.edu/downloads/Suicide.pdf
American Foundation for Suicide Prevention	Awards grants Clinical and research information	http://www.afsp.org
National Suicide Prevention Lifeline	Crisis line	http://www.suicidepreventionlifeline.org
National Alliance on Mental Illness	Child and adolescent information	http://www.nami.org/Template.cfm?Section=Child_and_Adolescent_Action_Center
National Mental Health Association	Fact sheets and other resources	http://www.nmha.org/suicide/youngPeople.cfm
The Jed Foundation	Reducing young adult suicide rate	http://www.jedfoundation.org
The Trevor Project	Gay/questioning teens' suicide prevention information	http://www.thetrevorproject.org
TRAINING AND EDUCATION		
American Association of Directors of Psychiatric Residency Training	Training requirements	http://www.aadprt.org
The Jed Foundation, Inc	Curriculums and training programs for students, educators, youth workers, parents	http://www.jasonfoundation.com
National Center for Suicide Prevention Training	Training programs	http://www.ncspt.org/workshops.default.asp (administered by HRSA)
National Organization for People of Color Against Suicide	Resources and workshops	http://www.nopas.com/resources
PREVENT	Am J Prev Med. 2005;29(5S2)	Article describes the Preventing Violence Through Education, Networking, and Technical Assistance program which addresses youth violence and suicide in community settings

Suicide Prevention & Resource Center Training Institute	Local programs	http://www.sprc.org/featured_resorces/trainingandevents/training/clincomp.asp
Youth Suicide Prevention Program	Washington state program; offers fact sheets, training	http://www.yspp.org/resources-Links/factFacts.htm
RELATED ORGANIZATIONS		
Association of State and Territorial Health Officials	Fact sheet and resource guide: Mental Health Integration into Primary Care Settings. 2005	http://www.astho.org/pubs/MentalHealthIntegration.pdf
Association of Maternal and Child Health Programs	Promising Practices to Prevent Adolescent Suicide. 2004	http://amchp.org/policy/suicideprevention.pdf
Depression and Bipolar Support Alliance	State chapters Support groups	http://www.dbsalliance.org/info/aboutdbsa.html
Families for Depression Awareness	Family coping resources	http://www.familyaware.org