

Zero Suicide Discussion Summary

November 5, 2020

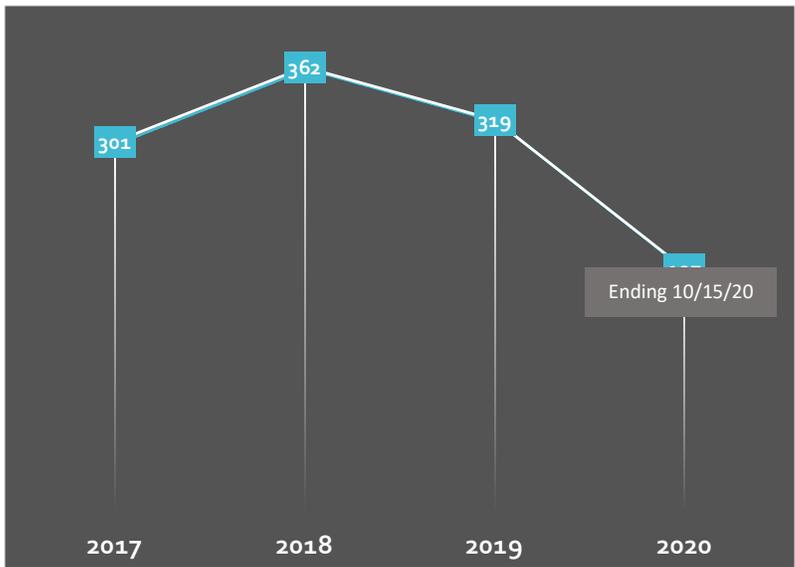
CDR members present representing Naval Station Everett Family Support Services, Everett School District, Mukilteo School District, Northshore School District, Edmonds School District, WA State Division of Child, Youth and Family Services, the Snohomish County Medical Examiner’s office, Safe Kids Snohomish County, and the Snohomish Health District.

Purpose:

From August 2019 to August 2020 there were no youth (age 0-17) suicides in Snohomish County. This was the first time in nearly 20 years where there were zero youth suicides in a 12-month period. Given that the pandemic also began during this time, the Child Death Review team wanted to discuss possible protective factors that may have been in place during this unique time that may have prevented youth suicides. The group also wanted to discuss youth being at higher risk as we move into another year of the pandemic and the potential for higher numbers of youth who are experiencing mental health crisis or conditions.

1. EMS Data

The group examined EMS Dispatch for Suicidal, Suicidal Ideation, OD related to an attempt, and/or Intentional Self-harm for ages 10-17 in Snohomish County from 2017 through October 15, 2020. Review of this data shows there was not a significant change over the nearly four-year period in EMS response to suicidal youth in the county.



EMS Dispatch for Suicidal, Suicidal Ideation, OD related to an attempt, and/or Intentional Self-harm for ages 10-17 in Snohomish County from 2017 through October 15, 2020.

Source: Pre-hospital Electronic Health Record Database, Snohomish County, 2017- YTD 2020

- NOTE: Some calls may be duplicate addresses (same youth having a crisis on a different day), some suicide attempts or mental health crisis do not call EMS and go directly to the ER via personal vehicle. Also, during COVID, residents may be calling 911 less frequently. The group suggested obtaining ER data for a more accurate number.

2. Potential Protective Factors Discussed

- Sleep
- More family time/interaction (and pets!)
- Less juggling of commitments, not overextended
- Less bullying
- More flexibility in terms of schedule and an opportunity to take ownership of when and where schoolwork is completed
- Less academic pressure – testing, deadlines
- Less distraction and chatter (esp for ADD/HD, anxiety students)
- Supervision

Supervision was discussed more in-depth. Data tells us that youth who die by suicide typically do it when they are alone - unsupervised at home or they leave the home. During the COVID restrictions and having more families at home, there is less opportunity for youth to be alone. This is regardless of whether or not the home is a safe space for the youth. Simply having an adult around, or others in the home more often may be a deterrent to an attempt.

It was also noted that DCYFS intakes regarding suicide attempts were down during this time as well.

3. Potential Risk Factors Discussed (in addition to the traditional suicide risk factors)

- Unpredictability of the future – days, weeks, months, years – increases anxiety
- Lack of coping strategies
- Youth who have become disengaged from school
- When home is not a safe space – creating trauma that may lead to mental health crisis or suicide attempt(s).
- Not discussed but worth noting: increased access to firearms

4. Recommendations

- Resources to schools after a suicide. To include survivor and bereavement resources
- Suicide risk assessment screening for all CPS cases
- Make mental health training for teachers a priority – mandatory policy? Update WA HB1336 to include teachers?
- Adapt school crisis plans to virtual learning
- Monitor ER data for mental health crisis
- Policy directives from OSPI are requested so districts don't have to make difficult decisions on their own. This would also help with continuity and predictability.
- Community education and/or PSAs regarding the psychological responses to the pandemic. Example: These times are unprecedented (not normal), but your feelings in response to the situation are normal; give tips on what to do and common responses to mental health issues surrounding COVID
- Distribute a community-wide health advisory re. mental health and suicide