

Nassau County
Child Fatality Review Team



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NASSAU COUNTY DEPARTMENT OF HEALTH
NASSAU COUNTY DEPARTMENT OF MENTAL
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NASSAU COUNTY DEPARTMENT OF SOCIAL
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NASSAU COUNTY FIRE COMMISSION
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NASSAU COUNTY PERINATAL SERVICES
NETWORK
NASSAU COUNTY POLICE DEPARTMENT
NASSAU COUNTY SAFE KIDS
NASSAU COUNTY TRAFFIC SAFETY BOARD
NASSAU PEDIATRIC SOCIETY
NASSAU REGIONAL EMS COUNCIL
NEW YORK STATE CENTER FOR SUDDEN INFANT
DEATH, STONY BROOK UNIVERSITY
NEW YORK STATE OFFICE OF CHILDREN &
FAMILY SERVICES
NEW YORK STATE POLICE
NORTH SHORE/LIJ CHILD PROTECTION CENTER
NU HEALTH-AMBULATORY CARE
THE SAFE CENTER-LONG ISLAND
WINTHROP UNIVERSITY HOSPITAL
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August 2015

Dear Colleague,

The Nassau County Child Fatality Review Team would like to share with you information on teen suicide as you are in a unique position to prevent suicide deaths among your patients. Suicide is considered a preventable cause of death, yet it remains a severe public health challenge. Nationally, suicide is the third leading cause of death in 15-24 year olds (following unintentional injury and homicide).

Data from the Youth Risk Behavior Study in 2013¹ of 9-12 graders in New York shows that:

- ❖ ~24% of students feel sad or hopeless almost every day for 2 or more weeks in a row so that they stop doing some usual activities
- ❖ ~14% of students seriously considered suicide in previous 12 months
- ❖ ~7% of students attempted suicide at least once in previous 12 months

The Nassau County Child Fatality Review Team (NCCFRT) is a multidisciplinary team that has functioned as a NYS approved child fatality review team as provided in Social Services Law (SSL) §422-b working under the supervision of the Office of Children and Family Services (OCFS) since December 2008. The team was created to review fatalities of Nassau County residents age 0-17 years who die in Nassau County and whose death is otherwise unexpected or unexplained to better understand the causes of these deaths and to make recommendations based on the team's findings in order to reduce future child fatalities.

The NCCFRT has reviewed 11 suicide cases that occurred to Nassau County residents between 2008 and 2014. The victims were between the ages of 12 and 17 years of age. Sixty-four percent were female. Ninety percent were White, 8% were African American. Ninety percent were non-Hispanic.

- ❖ 6 victims died by asphyxia hanging; other methods included self-inflicted gunshot, fire/burns, train
- ❖ 5 of the victims had a known history of mental illness at some point
- ❖ 3 victims had a history of mental health treatment at some point
- ❖ 3 had a positive toxicology for alcohol or drugs at death
- ❖ 5 had prior suicide attempts
- ❖ 7 had family issues or other relationship loss or conflict at time of death (incl. verbal abuse, divorce, financial issues, recent immigration)

Research has shown that up to 83% of suicides had contact with their primary care provider within a year prior to death and up to 66% within the prior month.^{2,3} Psychiatric disorders, including depression are under-recognized and undertreated in the primary care setting.⁴ Accurate identification of those at risk is required for suicide prevention to be effective. A major factor contributing toward poor help seeking behavior is a perceived stigma associated with mental illness. The AAP, in conjunction with Bright Futures, publishes recommendations for preventive pediatric health care⁵. The 2014 guidelines

were updated to include an alcohol and drug assessment and depression screening annually starting at 11 years of age. Based on the depression screening recommendation we are reaching out to you to inform you of some available resources:

- The Nassau County Behavioral Health Helpline, (516) 227-TALK (8255), is available 24 hours a day, 7 days a week to assist professionals and parents with accessing community resources, as well as provide information and referrals.
- CAP-PC NY, funded by the New York State Office of Mental Health, provides real time access to child and adolescent psychiatrists for phone consultation and CME training in recognizing, assessing and managing mild moderate mental health issues in children and adolescents. CAP-PC NY can assist with linkage and referral to specialty mental health services. Although they do not provide crisis services or evaluations for emergencies, they can refer urgent cases to appropriate medical services. More information about their services can be found at www.cappcny.org. The website also has guidelines for adolescent depression in primary care (GLAD-PC toolkit).
- Suicide Prevention Resource Center (SPRC): www.sprc.org
- American Academy of Pediatrics Mental Health Initiatives available at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/default.aspx>

The NCCFRT encourages practitioners to seek ways to implement primary prevention activities. The AAP Task Force on Mental Health notes that the many unmet needs of children and adolescents and their families warrant enhanced primary care efforts to identify children with occult mental health problems and families in need of mental health or social assistance.⁶ Screening should be done in concert with the behavioral health system that can provide effective care to those identified. Although no prevention strategy is fail-safe for every patient early identification and treatment increases the likelihood an adolescent can become a more productive, healthy adult.

If you are interested in additional behavioral health services or resource information please feel free to contact the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services at 516-227-7038.

Thank you in advance for your time and effort.

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¹ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance-United States, 2013. Surveillance Summaries, June 13. MMWR 2014; 63(No.4).

² Ahmedani et al.: Health Care Contacts in the Year Before Suicide Death, J Gen intern Med, 2014; Jun;39(6):870-7.

³ Mann et al.: Suicide Prevention Strategies: A Systematic Review, JAMA. 2005;294(16):2064-2074.

⁴ Mann et al.: Suicide Prevention Strategies: A Systematic Review, JAMA. 2005;294(16):2064-2074.

⁵ Available at: http://www.aap.org/en-us/professional-resources/practice-support/periodicity/periodicity%20schedule_FINAL.pdf

⁶ American Academy of Pediatrics, Task Force on Mental Health. Enhancing Pediatric mental health care: strategies for preparing a primary care practice. *Pediatrics*. 2010;125(3 suppl):S69-S74