

Montana FICMMR

Fetal, Infant, Child, and Maternal Mortality Review

March, 2014

CHILDHOOD SUICIDE DEATHS, MONTANA, 2006-2012

The Montana Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) statute requires local jurisdictions to review all deaths of Montana-resident infants and children under the age of 18, fetal deaths from 20 weeks gestation through birth, and maternal deaths up to one year postpartum.¹ The goal of FICMMR is to determine whether deaths were preventable and make recommendations to prevent future deaths. This report addresses statewide findings about childhood suicide deaths in Montana from 2006 through 2012.

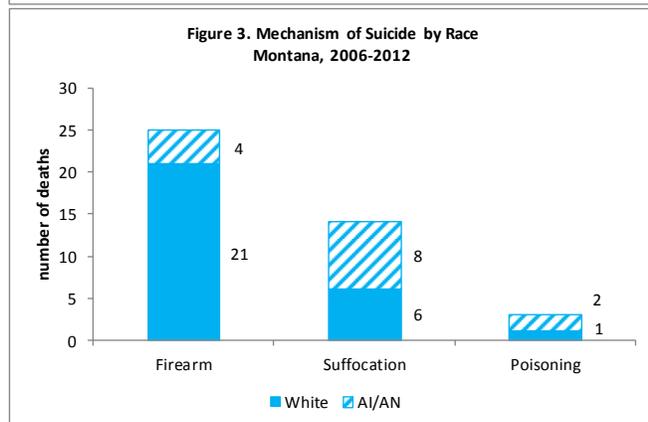
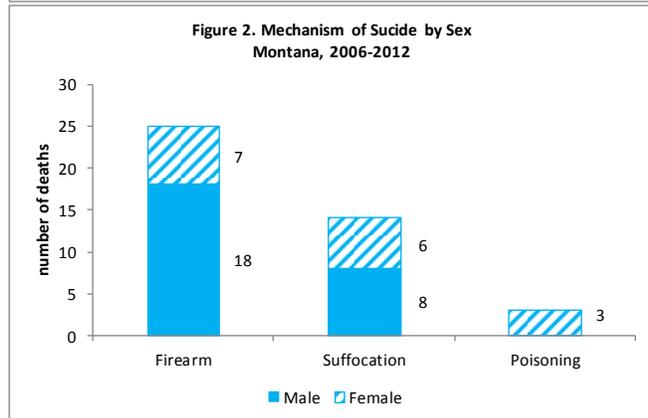
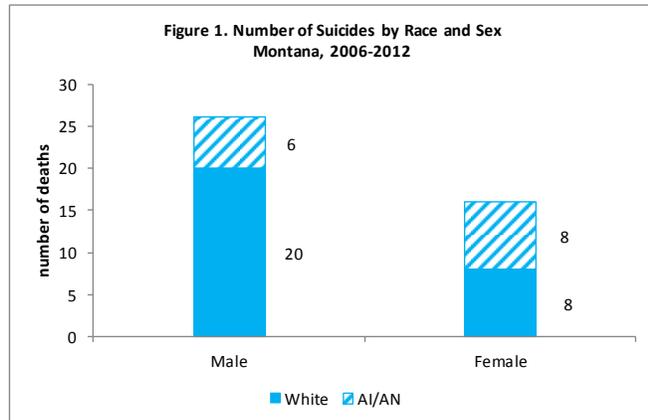
From January 2006 through December 2012, 42 children ranging in age from 12 to 17 died from suicide. Twenty-eight decedents were white and 14 American Indian/Alaska Native (AI/AN); 26 decedents were male and 16 female (Figure 1).

Twenty-five deaths were caused by a firearm, 14 by suffocation (i.e., hanging), and 3 from poisoning due to an overdose of prescription medication. Firearms were used in 69% of male suicides and 44% of female suicides. Suffocation was nearly equally distributed between the sexes, while only females chose poisoning as a mechanism of suicide (Figure 2).

Firearms were the most common mechanism of suicide in whites, accounting for three-quarters of these deaths, followed by suffocation and poisoning. In contrast, suffocation was a more common mechanism than firearm and poisoning combined among AI/AN (Figure 3).

Toxicology tests were performed for 31 suicides and the results of 26 of these tests were available to the FICMMR review committees. Twelve decedents were found to have detectable levels of drugs and/or alcohol in their systems at the time of death. Of these, 5 decedents had only alcohol, 2 had only THC (marijuana), 1 had only cold/cough medicine, 1 had an opiate-based prescription medicine in combination with another prescription medicine and an over-the-counter medicine, 1 had an unspecified opiate in combination with THC, and the remaining decedents both had alcohol in combination with caffeine and nicotine (Data not shown).

The most common circumstances of the suicide



¹ Montana Code Annotated 50-19-401 through 50-19-406, http://leg.mt.gov/bills/mca_toc/50_19_4.htm

for both races are presented in Figure 5. AI/AN decedents more often left a suicide note and only AI/AN decedents were reported to have a family history of suicide, the suicide was part of a suicide pact, or the suicide was part of a suicide cluster. Suicides in whites were more often reported as completely unexpected (Data not shown).

The majority of the reported personal crises for the decedents involve a negative change in the relationship between the decedent's family or their girlfriend or boyfriend, followed by drugs and alcohol, serious school problems, bullying, and problems with the law (Figure 6). Several items listed as "other" such as a recent history of a concussion, isolation from the community or family, and issues of self-image were each reported once.

Despite the large proportion of child suicides reported as having been completely unexpected, twenty-seven were reported with 3 or more different circumstances and more than half of all suicides occurred with 3 or more different crises.

Summary and Recommendations

More than half of the childhood suicides involved the use of a firearm. A large number of suicides occurred in children with a current or prior history of mental illness. Even in cases in which the suicide was said to be completely unexpected, many warning signs were present. Prevention measures for reducing suicides include:

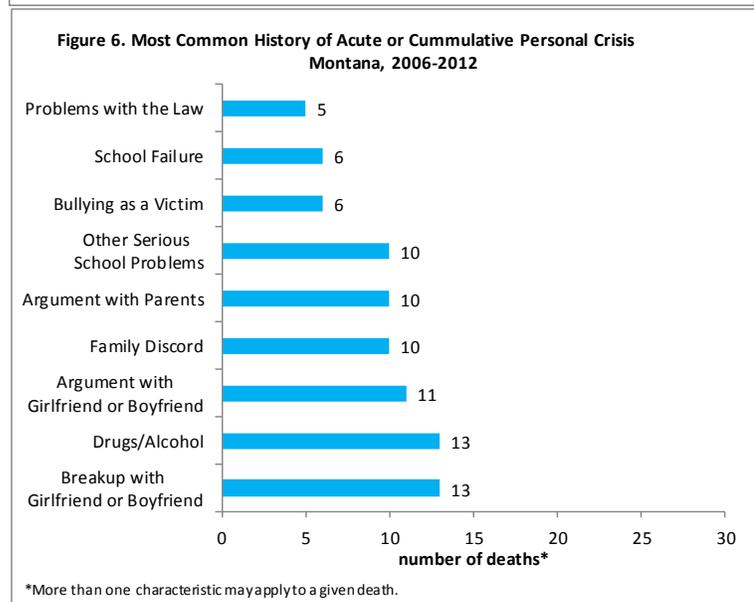
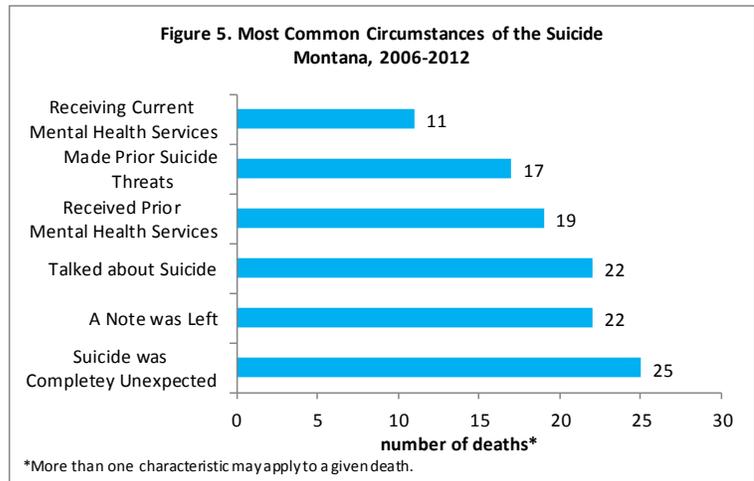
- Reduce access to lethal methods.² All firearms should be stored unloaded and locked up. Several deaths may have been prevented if the location of the key or combination for a lock was known only to the parent.
- Provide ongoing instruction to parents and educators on how to identify and effectively respond to the warning signs of suicidal behavior.³
- Children with a previous suicide attempt or with a history of mental illness or substance abuse need effective clinical treatment and access to a variety of interventions and support.³

² Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

³ National Alliance on Mental Illness, http://www.nami.org/Content/ContentGroups/Illnesses/Suicide_Teens.htm

For information about the FICMMR program, call 406-444-3394 or visit <http://www.dphhs.mt.gov/publichealth/cdrp/index.shtml>

This document was published in electronic form only. Alternative formats are available on request.



Resources for the Prevention of Childhood Suicides

- Montana Suicide Prevention Resource Center
<http://prevention.mt.gov/suicideprevention/>
- Centers for Disease Control and Prevention
<http://www.cdc.gov/violenceprevention/suicide/index.html>
- National Alliance on Mental Illness
<http://www.nami.org>