

Youth Suicide and Prevention

Youth Suicide and Attempts

- Suicide is the third leading cause of death among 10-24 year olds.¹
- Between 1999 and 2008, a total of 43,501 young people aged 10-24 died by suicide, translating to nearly 4,400 deaths in this age group every year.²
- Approximately 135,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at U.S. Emergency Departments each year.³

There are an estimated 100–200 suicide attempts for each completed suicide among young people.⁴

- Data from the 2009 Centers for Disease Control and Prevention Youth Risk Behavior Survey revealed that in the previous year:
 - 17.4% of responding US high school students had serious thoughts of killing themselves,
 - 13.2% made a suicide plan,
 - 8.1% attempted suicide, and
 - 2.3% made a suicide attempt that required medical attention.
- It is estimated that 13.2 million people were directly affected by a suicide within the previous year.⁵

Demographic Variations in Risk

- **Age:** Older adolescents (≥16 years) are more at risk of death due to suicide than younger adolescents.⁶ However, a 2011 study found that nearly 40 percent of youth who attempted suicide were in elementary or middle school at the time of their first attempt.⁷
- **Gender:** More than four times as many male youth (ages 15-19) die by suicide⁸, however girls attempt suicide two to three times more often than boys.^{9, 10}
- **Geographic location:** Data from 2000- 2006 indicates that suicide rates are highest in the western and northwestern regions of the U.S.¹¹
- **At-Risk Populations:** The following populations have been demonstrated to have elevated rates of suicide or suicide attempts among young people:

- American Indian and Alaska Native youth,
- Latina youth,
- lesbian, gay, bisexual and transgender youth,
- young people from disadvantaged socio-economic backgrounds, and
- youth in the juvenile justice and child welfare systems.^{12,13}

Risk Factors

- **Depression:** Up to 60% of adolescent suicide victims have a depressive disorder at the time of their death.^{14,15}
- **Drug and Alcohol Use:** Substance use disorders are associated with up to 6.2 times greater than average risk of suicide attempts, according to data from the National Comorbidity Survey.¹⁶
- **Prior Attempts:** A prior suicide attempt is one of the strongest predictors of completed suicide. Between 25 and 50 percent of teenage suicide victims are known to have made a previous suicide attempt.¹⁷
- **History of Trauma or Abuse:** Exposure to sexual and/or physical abuse as a child leads to a significant increase in the occurrence of suicidal ideation and behavior between ages 16 and 25.¹⁸
- **Bullying:** Students who are involved in bullying behavior, whether as a victim or a bully, are at significantly higher risk for depression, serious suicidal ideation (SSI), and suicide attempts.¹⁹
- **Exposure to Suicide:** A single adolescent suicide increases the risk of additional suicides within a community and may serve as a catalyst for the development of a suicide cluster, a phenomenon which accounts for 1-5% of teenage suicides.²⁰ Having an immediate family member commit suicide has been found to increase the risk of suicide by a factor of three or more.^{21, 22}

An Opportunity for Intervention

- The vast majority of adolescent suicide victims have a psychiatric disorder (90%), and 63 percent exhibit symptoms identifiable by screening for at least a year before their death, leaving an opportunity for intervention and prevention.²³



Low Recognition of Warning Signs

■ Adolescents with suicidal ideation are less likely to seek help than their peers; studies of high school students have repeatedly shown that higher levels of suicidal ideation are significantly correlated with lower intentions to seek help.²⁴

■ As many as 83% of adolescents seen in primary care settings who had attempted suicide were not recognized as suicidal or a danger to themselves by their primary care physician, even when examined in the months prior to their suicide attempt.²⁵

■ Studies have found that fewer than 25% of parents of children with self-injurious behaviors are aware of the problem.²⁶

Improving Prevention Practices

■ In *The Case for Routine Mental Health Screening*, the American Academy of Pediatrics' Task Force on Mental Health states that a review of the evidence supports the conclusion that screening with a validated tool is useful in identifying youth with mental health problems in a variety of settings.

A 2007 study in *Pediatrics* resolved that “the best way to assess for suicidal ideation is by directly asking or screening via self-report.”²⁷

Mental Health Screening Endorsed as a Suicide Prevention Measure

■ In 2003, the President's New Freedom Commission on Mental Health recommended mental health screening as a means to improve early intervention and prevent complications of mental illness, such as suicide.

■ *National Strategy for Suicide Prevention*

A joint effort of the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention, the National Institutes of Health, the Health Resource and Services Administration, and the Indian Health Service:

The *National Strategy for Suicide Prevention* calls for screening for depression, substance abuse and suicide risk as a measurable performance indicator for health plans and as a minimum standard of care in all federally supported primary care settings, such as Medicaid, Medicare, the Children's Health Insurance Program (CHIP).

■ The U.S. Preventive Services Task Force (USPSTF) recommends annual depression screening for all 12-18 year olds. This recommendation was based on the task force's findings that:

- adolescent depression is associated with serious long-term morbidities and risk of suicide;
- screening questionnaires can effectively identify depression in adolescents; and
- effective treatments are available.

¹⁻³ Centers for Disease Control and Prevention. (2008). Web-based Injury Statistics Query and Reporting System (WISQARS™).

⁴ Institute of Medicine. (2002). *Reducing suicide: A national imperative*. Washington, DC: National Academies Press.

⁵ Crosby A.E. and Sacks J.J. (2002). Exposure to suicide: incidence and association with suicidal ideation and behavior: United States, 1994. *Suicide and Life-Threatening Behavior* 32 (2): 321-328.

⁶ Brent, D. et al. (1999). Age- and sex-related risk factors for adolescent suicide. *Journal of the American Academy of Child and Adolescent Psychiatry* 38 (12): 1497-1505.

⁷ Mazza, J., et al. (2011). An examination of the validity of retrospective measures of suicide attempts in youth. *Journal of Adolescent Health* 49:532-537.

⁸ See endnote 1.

⁹ Greydanus, D.E. and Calles, J. (2007). Suicide in children and adolescents. *Primary Care Clinics in Office Practice* 34:259-273.

¹⁰ National Adolescent Health Information Center. (2006). Fact sheet on suicide: Adolescents and young adults.

¹¹ Centers for Disease Control and Prevention. National Suicide Statistics at a Glance. Available at:

www.cdc.gov/violenceprevention/suicide/statistics/suicide_map.html.

¹² Joe, S., Canetto, S., and Romer, D. (2008). Advancing prevention research on the role of culture in suicide prevention. *Suicide Life Threat Behavior* 38(3):354-362.

¹³ Dore, M. et al. (2006). Endangered youth: A report on suicide among adolescents involved with the child welfare and juvenile justice systems. The Connecticut Center For Effective Practice of the Child Health and Development Institute.

¹⁴ Shaffer, D. et al. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry* 53: 339-348.

¹⁵ Cash, S.J. and Bridge, J.A. (2009). Epidemiology of youth suicide and suicidal behavior. *Current Opinions in Pediatrics* 21.

¹⁶ Molnar, B.E., Berkman, L.F., and Buka S.L. (2001). Psychopathology, childhood sexual abuse and other childhood adversities: relative links to subsequent suicidal behavior in the US. *Psychological Medicine* 31: 965-977.

¹⁷ See endnote 14.

¹⁸ Fergusson, D.M., Boden, J.M., and Horwood, L.J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse Negl* 32:607-619.

¹⁹ Klomek, A.B. et al. (2007). Bullying, depression, and suicidality in adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry* 46 (1): 40-49.

²⁰ Gould, M. et al. (1990). Suicide clusters: An examination of age-specific effects. *American Journal of Public Health* 80(2):211-212.

²¹ Gould, M. et al (1996). Psychosocial risk factors of child and adolescent completed suicide. *Archives of General Psychiatry* 53:1155-1162.

²² Qin P., Agerbo E., and Mortenson P.B. (2003). Suicide risk in relation to socioeconomic, demographic, psychiatric, and familial factors: a national register-based study of all suicides in Denmark, 1981-1997. *American Journal of Psychiatry* 160:765-772.

²³ See endnote 14.

²⁴ Rickwood, D. et al. (2005) Young people's help-seeking for mental health problems. *Aust E J Adv Ment Health* 4:1-34.

²⁵ Clark, D. (1993). Suicidal behavior in childhood and adolescence: recent studies and clinical implications. *Psych Annals* 23:271-283.

²⁶ Mojtabai, R. and Olson, M. (2008). Parental detection of youth's self-harm behavior. *Suicide and Life Threatening Behavior* 38:60-72.

²⁷ Shain, B.N. (2007). Suicide and suicide attempts in adolescents. *Pediatrics* 120(3): 669-676.