



Youth Suicidal Behavior Fact Sheet

Prevention of Youth Suicides and Suicidal Behavior

Youth suicidal behavior is a significant problem. Yet *youth suicide is often preventable*. The extent of suicidal behavior — including thoughts of and planning for suicide, nonfatal suicide attempts, and suicide deaths — is shown below. Saving the lives of youth at risk involves a diverse range of interventions including effective assessment and treatment of those with mental disorders, promotion of mental health and help-seeking, early detection of and support for youth in crisis, training in life skills, and reduction of access to lethal means of harm.

Data and demographics – USA Suicides

The following data are for 2009, for youth aged 10 to 24:

- NUMBER OF SUICIDES: 4,630 died by suicide
- A LEADING CAUSE OF DEATH: Suicide was the third leading cause of death for 10- to 24-year-olds.
- SUICIDE RATES: Rates of suicide are highest for older youth. For youth aged 20 to 24, 12.5 per 100,000 youth died by suicide. For youth aged 15 to 19, 7.8 per 100,000 died, while for youth aged 10 to 14, 1.3 per 100,000 died.
- GENDER: Male youth die by suicide over four times more frequently than female youth.
- RACE: Native American/Alaska Native youth have the highest rate with 17.4 suicides per 100,000. White youth are next highest with 7.5 deaths per 100,000.
- METHODS: The majority of youth who died by suicide used firearms (45 percent). Suffocation was the second most commonly used method (40 percent).

(Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. [cited January 2012]. Available from www.cdc.gov/ncipc/wisqars)

Data – Suicide thoughts, plans, and attempts

The national Youth Risk Behavior Survey found that among high school students:

- 6.3 percent self-reported having attempted suicide one or more times in the previous 12 months. Attempts were reported more frequently by female students (8.1 percent vs. 4.6 percent for males) and Hispanic females reported attempts more than other racial and ethnic groups (11.1 percent).
- 1.9 percent reported having made a suicide attempt in the previous 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- 10.9 percent reported having made a plan for a suicide attempt in the previous 12 months.
- 13.8 percent reported having seriously considered attempting suicide in the previous 12 months.

(Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance – United States, 2009*. Surveillance Summaries, June 4, 2010. *MMWR* 2010; 59 (No. SS-5).)

High school student reports of suicide attempts decreased from 2001 to 2009, and reports of serious suicide attempts decreased from 2003 to 2009. (Centers for Disease Control and Prevention, Adolescent and School Health, Youth Risk Behavior Surveillance System http://www.cdc.gov/healthyyouth/yrbs/pdf/us_suicide_trend_yrbs.pdf)

Rates of nonfatal attempts and ideation have been found to be higher among youth who are in alternative schools. (Grunbaum et al. Youth risk behavior surveillance — National alternative high school Youth Risk Behavior Survey, United States, 1998. In CDC Surveillance Summaries, *MMWR* 1999; 48(No. SS-7):1-44.)

Risk and Protective Factors for Youth Suicide

Youth with risk factors are more likely to engage in suicidal behavior while youth with protective factors are less likely. Risk factors do not establish a cause of suicidal behavior; they describe an association found through research with groups of youth. The following list shows the most important factors.

Risk factors:

- Mental illness and substance use disorder (Brent et al., *J Am Acad Child Adol Psych*, 1999. Fleischmann et al., *Am J Orthopsych*, 2005)
- Previous suicide attempts (Beautrais, *SLTB*, 2004)
- Firearms in the household (Brent et al., *J Am Acad Child Adol Psych*, 1999)
- Nonsuicidal self injury (Nock et al., *Psychi Res*, 2006)
- Exposure to friend's or family member's suicidal behavior (Borowsky et al., *Pediatrics*, 2001)
- Low self-esteem (Resnick et al., *JAMA*, 1997)

Protective factors:

- Family connectedness and school connectedness (Kaminski et al., *J Youth Adol*, 2010)
- Reduced access to firearms (Grossman et al., *JAMA*, 2005)
- Safe schools (Eisenberg et al., *J Ped*, 2007)
- Academic achievement (Borowsky et al., *Pediatrics*, 2001)
- Self-esteem (Sharaf et al., *JCAPN*, 2009)

Important Resources for Youth Suicide Prevention

National Center for the Prevention of Youth Suicide at <http://www.suicidology.org/ncpys>

Warning Signs of Suicide at <http://www.suicidology.org/web/guest/stats-and-tools/warning-signs>

Suicide Prevention Resource Center at <http://www.sprc.org>

Society for the Prevention of Teen Suicide at <http://www.sptsusa.org/>

ReachOut at <http://us.reachout.com/>

The National Suicide Prevention Lifeline is a free, 24-hour hotline available to anyone in suicidal crisis or distress. Call 1-800-273-TALK (8255). Learn more at <http://www.suicidepreventionlifeline.org/>

The National Center for the Prevention of Youth Suicide is a program of the American Association of Suicidology. AAS is the oldest national organization devoted to understanding and preventing suicide. The Association leads advances in suicide prevention science and programs through research, education, training, development of standards, dissemination of accurate information, and survivor support services. Learn more at www.suicidology.org

If you or someone you know is suicidal, please contact a mental health professional or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).