Suicide Prevention

Suicide was the third leading cause of death in youths 10- to 24-years old nationwide in 2007, and the majority of those who make a suicide attempt have history of a psychiatric, behavioral, or substance use disorder. Through screening and early intervention, mental and behavior health problems can be identified, addressed, and treated. Studies have shown that through early treatment and interventions with at-risk youth, mental illness and suicide rates decrease in the targeted populations. Embracing screening and community-wide prevention programs can increase the long-term well-being of America's youth and reduce the suicide epidemic nationwide.

Youth Suicide: The Facts

- In 2007, over 1,600 children and adolescents died as a result of suicide.[1,2]
- Several studies show that up to 90% of youths who made a suicide attempt have a history of a treatable psychiatric, behavior, or substance use disorder.[3]
- Females are more likely to attempt suicide, but 15- to19-years-old males are 4 times more likely to die by suicide than their female peers.[4] The 2009 Youth Risk Behavior Surveillance Survey (YRBSS) found that 6.3% of students in grades 9 through 12 reported making a suicide attempt in the year prior to the survey. The Survey also found that 10.9% of students made a suicide plan and 13.8% seriously contemplated suicide.[5]
- Minority students are more likely than white students to consider, plan, and attempt suicide. Hispanic students were most likely to consider (15.4%) and plan a suicide attempt (12.2%) than white and black students. Hispanic and black students were more likely to make a suicide attempt (8.1% and 7.9%) than white students (5.0%).[6]
- Suicide is the second leading cause of death for American Indian youth aged 15 to 24-years-old and is 3.5 times higher than the national average. According to the 2003 YRBSS, 16% of youth attending Bureau of Indian Affairs schools in 2001 attempted suicide in the past year.[7]

Strategies for Suicide Prevention

Screening

- Mental health screening is the administration of a standardized questionnaire that is scored to determine if additional follow-up is necessary. Research has found that screening does not induce depression or suicidal thoughts.[8]
- Approximately 70% of adolescents see their primary care physicians at least once a year, providing a good opportunity to screen youth for symptoms of mental illness.[9]
- In youth up to age 21, there is a two to four year window between the first symptoms and

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full onset of a diagnosable mental illness when treatment is most effective at diminishing the severity of specific disorders.[10]

- Interventions targeted at high-risk youth are more successful than universal interventions.[11]

School- and Community-based Interventions

- Schools interact with children and their families on a daily basis. As a result, school-based interventions have the greatest potential to screen students for risk factors and potential mental illness symptoms and conduct targeted interventions with many of the at-risk students.[12]
- Studies reviewing school-based mental health promotion programs have shown improvements in positive development and coping skills and reductions in problem behaviors.[13]
- Comprehensive interventions that cover areas such as teacher training, parent education, and life skills curricula that aim to enhance protective factors such as stress management have been shown to decrease suicides and suicide attempts over time.[14] The Seattle Social Development Project has been associated with lower incidences of mental health problems among participants even 15 years after the intervention than a control group who did not go through the program.[15]

For additional information, read the article on suicide in children and adolescents by AACAP's Work Group on Research in the November/December 2010 issue of AACAP News.

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