

### How common is suicide among youth?

Suicide is the third leading cause of death for youth aged 15 to 24 and a serious public health concern. The Centers for Disease Control and Prevention (CDC) reports that annually approximately 4,600 youth die as a result of suicide, and another 156,000 youth aged 10 to 24 are treated for self-inflicted injuries. A January 2013 study published in *JAMA Psychiatry* assessed 6,500 teens and found that one in eight contemplated suicide and one in 25 had attempted suicide. Over one-half of those teens were receiving mental health treatment.

### What are the risk factors?

Research has shown that the overwhelming majority of individuals, including teens, who attempt suicide have one or more psychiatric or mental health conditions. Substance abuse disorder may also increase suicide risk. However, most youth who live with mental health conditions do not attempt suicide indicating additional stressors and factors often play a role in those who attempt suicide.

Common stressors include a relationship break-up, victimization and/or humiliation by peers, legal trouble and childhood trauma. The presence of impulsivity, hopelessness, isolation, knowing someone who has committed suicide, a family history of suicide and/or attempts increases the risk. Teens that identify as gay, lesbian, bisexual or transgender may have increased risk of suicidal thinking due to isolation or criticism from peers.

Access to guns is also an important risk factor. Males aged 15 to 19 have a suicide rate five times higher than females due in large part to their use of guns. The CDC reports that firearms account for 46 percent of all youth suicides. Discussing home gun safety is a growing area of interest in medical and psychiatric settings.

### Are there any protective factors that will reduce risk?

Protective factors reducing the risk of suicide include supportive relationships with family, adults and peers. Feeling safe and connected at school with good access to medical and mental health supports. Faith communities can also offer protection. Teens who have good coping skills, are willing to seek help and can trust even one other person have reduced risk. Psychotherapy teaches strategies to deal with distressing feelings and helps youth identify what triggers feelings of desperation. Treating underlying psychiatric conditions and getting help for substance abuse reduces suicide risk.

Suicide thoughts and actions should always be taken seriously and a professional assessment sought. Research shows that suicidal thoughts are more common than believed. Talking about one's distress is usually helpful, and doing so with loved ones compliments professional support.

### What type of mental health treatment and support work to prevent suicide?

A comprehensive approach to treatment planning that engages the young person is essential. Several effective treatments promote coping strategies and therefore show promise for reducing suicides. Cognitive behavioral therapy (CBT) helps to reduce negative thinking which can lead to suicidal thoughts. Young people living with borderline personality disorder benefit from dialectical behavior therapy (DBT) which has been shown to reduce suicide. A connection with a trusted mental health professional can make all the difference.

Medications are one important part of a treatment plan to reduce suicide risk by addressing the symptoms of mental illness. However, some medications require a careful risk/benefit assessment. Antidepressants can help to reduce the symptoms of depression, but do present some risk. The Food and Drug Administration issues warnings for all antidepressant medications for the increased risk of suicidal thinking in a small percentage of people. This risk typically exists in the first few months of treatment. In weighting the risk, it is important to remember that untreated depression is a major contributor to suicide. Active monitoring for suicidal thinking is essential in the early stages of treatment for those at risk for suicide.

Proactive crisis planning is also important in prevention and understanding how to access help is essential. When immediate help is needed, one resource is the National Suicide Prevention Lifeline at (800) 273-TALK (8255), available 24 hours a day, seven days a week.

### Is there community support for families and youth?

There are many types of resources and support available in high schools, colleges and communities. NAMI can help. Youth and young adults seeking support and connections with peers are invited to visit StrengthofUs.org, an online community developed by NAMI and young adults. NAMI offers educational and support programs for parents and caregivers. NAMI Basics is for those with children and youth who live with mental illness, and NAMI Family-to-Family is for family members of people living with mental illness.

### Preventing Suicide

Prevention and reducing risk of youth suicide are important public health concerns. Currently, the U.S. Preventive Services Task Force (USPSTF) recommends screening for depressive disorders in youth aged 12 to 18. Research on screenings for a number of mental health conditions continues and decisions on additional screenings are expected.

*Reviewed by Ken Duckworth, M.D., August 2013*