

YOUTH SUICIDE FACT SHEET

- In 2005, suicide ranked as the third leading cause of death for young people (ages 15-19 and 15-24); only accidents and homicides occurred more frequently.
- Whereas suicides accounted for 1.3% of all deaths in the U.S. annually, they comprised 12.3% of all deaths among 15-24 year olds.
- In 2005, 32,637 people completed suicide. Of these, 4,212 were completed by people between the ages of 15 and 24.
- Suicide rates, for 15-24 year olds, have more than doubled since the 1950's, and remained largely stable at these higher levels between the late 1970's and the mid 1990's. They have declined 28.5% since 1994.
- In the past 60 years, the suicide rate has quadrupled for males 15 to 24 years old, and has doubled for females of the same age (CDC, 2002).
- Suicide rates for those 15-19 years old increased 19% between 1980 and 1994. Since the peak in 1994 with 11.0 suicides per 100,000, there has been a 34% decrease. In 2004, the rate was 8.2 per 100,000.
- Males between the ages of 20 and 24 were 5.8 times more likely than females to complete suicide. Males between 15 and 19 were 3.6 times more likely than females to complete suicide (2005 data).
- For every completed suicide by youth, it is estimated that 100 to 200 attempts are made.

Based on the 2003 Youth Risk Behavior Surveillance Survey (YRBSS), 8.5% of students in grades 9 through 12 reported making an attempt at suicide in the previous 12 months (11.5% female and 5.4% male). These percentages decreased from grades 9 (10.1%) to 12 (6.1%). A prior suicide attempt is an important risk factor for an eventual completion. In fact, according to the YRBSS, 16.9% of students seriously considered attempting suicide in the previous 12 months and 16.5% of students made plans for an attempt (2003).

- Firearms remain the most commonly used suicide method among youth, accounting for 49% of all completed suicides. ● In the last decade, for youths aged 15 to 19, the suicide rate by firearm decreased (from 7.3 in 1992 to 3.5 in 2005); correspondingly, suicide rates by suffocation increased (from 1.9 in 1992 to 3.06 in 2005). Firearms remain the most commonly used method.
- Research has shown that the access to and the availability of firearms is a significant factor in observed increases in rates of youth suicide. Guns in the home are deadly to its occupants!

SUICIDE AMONG CHILDREN

- In 2005, 270 children ages 10 to 14 completed suicide in the U.S.
- Suicide rates for those between the ages of 10-14 increased 50% between 1981 and 2005.
- Although their rates are lower than for Caucasian children, African American children (ages 10-14) showed the largest increase in suicide rates between 1980 and 1995 (233%). In 2004, the rate for African American males ages 10-14 was 0.62 per 100,000 in 2005 (the rate for Caucasian males was 1.92 per 100,000).

- In the 10 to 14 age group, Caucasian children (ranked 3rd leading cause of death) were far more likely to complete suicide than African American children (ranked 5th leading cause of death). Caucasian males between 10 and 14 years of age were 1.8 times more likely to complete suicide than Caucasian females of the same age.

- The trend of methods used by children has followed a similar pattern to that of youths 15 to 19 years old. Since 1993, suicide by firearm decreased and suicide by suffocation increased. Suicides by suffocation among 10 to 14 year olds have occurred more frequently than those by firearms since 1999.

Other factors

- Research has shown that most adolescent suicides occur after school hours and in the teen's home.

- Although rates vary somewhat by geographic location, within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year.

- The typical profile of an adolescent nonfatal suicide attempter is a female who ingests pills, while the profile of the typical suicide completer is a male who dies from a gunshot wound.

- Not all adolescent attempters may admit their intent. Therefore, any deliberate self-harming behaviors should be considered serious and in need of further evaluation.

- Most adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior appears to be to effect change in the behaviors or attitudes of others.

- Repeat attempters (those making more than one nonfatal attempt) generally use their behavior as a means of coping with stress and tend to exhibit more chronic symptomology, poorer coping histories, and a higher presence of suicidal and substance abuse behaviors in their family histories.

- Many teenagers may display one or more of the problems or "signs" detailed below.

The following list describes some potential factors of risk for suicide among youth. If observed, a professional evaluation is strongly recommended:

Presence of a psychiatric disorder (e.g., depression, drug or alcohol, behavior disorders, conduct disorder [e.g., runs away or has been incarcerated]);

The expression/communication of thoughts of suicide, death, dying or the afterlife (in a context of sadness, boredom, hopelessness or negative feelings);

Impulsive and aggressive behavior, frequent expressions of rage;

Increasing use of alcohol or drugs;

Exposure to another's suicidal behavior;

Recent severe stressor (e.g., difficulties in dealing with sexual orientation; unplanned pregnancy, significant real or anticipated loss, etc.);

and/or Family instability, significant family conflict.

Sources

The information for this portion of the fact sheet was gathered from the National

Center for Injury Prevention and Control (NCIPC) website (www.cdc.gov/ncipc/wisqars/default.htm), a division of the Centers for Disease Control and Prevention (CDC), and the Morbidity and Mortality Weekly Reports (May 21, 2004, 53 (SS-2); June 11, 2004, 53(4), p. 471-474).

SUICIDE AMONG COLLEGE STUDENTS

- The rate of completed suicide for college students, according to a major study of suicides on Big Ten college campuses (1997) was 7.5 per 100,000.
 - It is estimated that there are more than 1,000 suicides on college campuses per year.
 - One in 12 college students have made a suicide plan.
 - In 2000, the American College Health Association surveyed 16,000 college students from 28 college campuses.
 - o 9.5% of students had seriously contemplated suicide.
 - o 1.5% have made a suicide attempt.
 - o In the twelve month period prior to the survey, half of the sample reported feeling very sad, one third reported feeling hopeless and 22% reported feeling so depressed as to not be able to function.
 - o Of the 16,000 students surveyed, only 6.2% of males and 12.8% of females reported a diagnosis of depression. Therefore, there are a large number of students who are not receiving adequate treatment and/or who remain undiagnosed.
 - Of the students who had seriously considered suicide, 94.8% reported feeling so sad to the point of not functioning at least once in the past year, and 94.4% reported feelings of hopelessness.
 - Two groups of students might be at higher risk for suicide:
 - Students with a pre-existing (before college) mental health condition, and
 - Students who develop a mental health condition while in college.
- Within these groups, students who are male, Asian and Hispanic, under the age of 21 are more likely to experience suicide ideation and attempts.
- Reasons attributed to the appearance or increase of symptoms/disorders:
 - o New and unfamiliar environment;
 - o Academic and social pressures;
 - o Feelings of failure or decreased performance;
 - o Alienation;
 - o Family history of mental illness;
 - o Lack adequate coping skills;
 - o Difficulties adjusting to new demands and different workloads.
 - Risk factors for suicide in college students include depression, sadness, hopelessness, and stress.
 - As with the general population, depression plays a large role in suicide. “Ten percent of college students have been diagnosed with depression” (NMHA, 2001). “The vast majority of young adults aged 18 and older who are diagnosed with depression do not receive appropriate or even any treatment at all”.

Sources

The information for this portion of the fact sheet was gathered from:
Safeguarding your Students Against Suicide - Expanding the Safety Net: Proceedings from an Expert Panel on Vulnerability, Depressive Symptoms, and Suicidal Behavior on College Campuses (2002), a report co-sponsored by the National Mental Health Association (NMHA) and the Jed Foundation. Suicide Prevention Resource Center. (2004). *Promoting Mental Health and Preventing Suicide in College and University Settings*. Newton, MA: Education Development Center, Inc.
The Jed Foundation and the National Mental Health Association websites.

American Association of Suicidology
5221 Wisconsin Avenue, N. W.
Washington, DC 20015
(202) 237-2280
(202) 237-2282 (Fax)
Email: info@suicidology.org
Website: www.suicidology.org

<http://suicidology.org/associations/1045/files/Kit2008.pdf>