

SUICIDE PREVENTION IN CHILDREN AND YOUTH

THE PROBLEM:

Suicide is the second leading cause of death among high school-aged youths 14–18 years after unintentional injuries.

During 2019, a total of **18.8%** of students reported **having seriously considered suicide**, with prevalence estimates highest among females (**24.1%**); white non-Hispanic students (**19.1%**); students who reported having sex with persons of the same sex or with both sexes (**54.2%**); and students who identified as lesbian, gay, or bisexual (**46.8%**).

Among all students, **8.9%** reported **having attempted suicide**, with prevalence estimates highest among females (**11.0%**); black non-Hispanic students (**11.8%**); students who reported having sex with persons of the same sex or with both sexes (**30.3%**); and students who identified as lesbian, gay, or bisexual (**23.4%**).

<https://www.cdc.gov/mmwr/volumes/69/su/su6901a6.htm>



A report from the Centers for Disease Control and Prevention (CDC) looking at mental health and suicidal behaviors from 2011 to 2021 indicates that **13% of high school girls had attempted suicide** (30% had seriously considered it). That jumped to more than **20% for LGBTQ+ teens** (45% had seriously considered it) (Youth Risk Behavior Survey Data Summary and Trends Report: 2011–2021).



Comprehensive suicide prevention can address these differences and reduce prevalence of suicidal ideation and behaviors by implementing programs, practices, and policies that prevent suicide (e.g., parenting programs), supporting persons currently at risk (e.g., psychotherapy), preventing reattempts (e.g., emergency department follow-up), and attending to persons who have lost a friend or loved one to suicide.

RISK FACTORS

Risk factors are stressful events, situations, and/or conditions that are associated with greater potential for suicide and suicidal behavior.

According to the Surgeon General, these include but are not limited to:

- Easy access to lethal methods, especially guns
- Alcohol and/or substance abuse
- Past suicide attempts
- Traumatic loss
- Impulsive and/or aggressive tendencies
- Significant disappointment, humiliation, or loss of status (e.g. break-up, arrest)

WARNING SIGNS

Call 988 or seek immediate help from a mental health provider when you hear or see any one of these behaviors:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide

Seek help by contacting a mental health professional or calling 988 should you witness, hear, or see anyone exhibiting any one or more of these behaviors:

- Hopelessness
- Rage, anger, seeking revenge Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use withdrawing from friends, family, or society
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life

THE SOLUTIONS

Ways to be helpful to someone who is threatening suicide:

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available.
- Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available, but do not offer thoughtless reassurance.

Suicide is preventable.

The National Center for Adoption Competent Mental Health Services has compiled information about suicide prevention in child welfare, which can be found on the Knowledge Hub.