



AMERICAN ASSOCIATION OF SUICIDOLOGY

YOUTH SUICIDAL BEHAVIOR FACT SHEET

BASED ON 2010 DATA

Prevention of Youth Suicides and Suicidal Behavior

Youth suicidal behavior is a significant national problem. The extent of suicidal behavior – including thoughts of and plans for suicide, nonfatal suicide attempts, and suicide deaths – is shown below. Yet, as with so many public health problems, youth suicide is often preventable. Saving young lives at risk involves a diverse range of interventions including effective assessment and treatment of those with mental disorders, promotion of help-seeking, early detection of and support for youth in crisis, preventive training in life skills, and reduction of access to lethal means.

Data and Demographics – USA Suicides

The following data are for 2010, for youth aged 15-24:

- **NUMBER OF SUICIDES:** 4,600 died by suicide
- **LEADING CAUSE OF DEATH:** Suicide was the third leading cause of death for 15-24 year olds.
- **SUICIDE RATES:** The rate of suicide for youth aged 15-24 was 10.45 per 100,000. Rates of suicide are highest for older youth. For youth aged 20 to 24, the rate was 13.62 per 100,000, for youth aged 15 to 19, 7.53 per 100,000, for youth aged 10 to 14, 1.29 per 100,000 died.
- **GENDER:** Male youth die by suicide four (4.34) times more frequently than female youth.
- **RACE:** Native American/Alaska Native youth have the highest rate with 20.89 suicides per 100,000. White youth are the next highest with 11.30 deaths per 100,000. Black youth had 6.59 deaths by suicide per 100,000.
- **METHODS:** The majority of youth who died by suicide used firearms (44.5% of deaths). Suffocation was the second most commonly used method (39.7% of deaths).

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

Data – Suicide thoughts, plans, and attempts

The 2011 Youth Risk Behavior Survey found that among high school students:

- 7.8 percent self-reported having attempted suicide one or more times in the previous 12 months. Attempts were reported more frequently by female students (9.8 percent vs. 5.8 percent for males) and Hispanic females reported attempts more than other racial and ethnic groups (13.5 percent)
- 2.4 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. Females reported suicide attempts more often than did males (2.9% versus 1.9%).
- 12.8 percent reported having made a plan for a suicide attempt in the previous 12 months.
- 15.8 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, 2012. MMWR 2012; 619 (No. SS-4).)

High school students reports of suicide attempts decreased from 2001 to 2009, and reports of serious suicide attempts decreased from 2003 to 2009; however both were reported at increased levels in 2011.

(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.)

Risk and Protective Factors for Youth Suicide

Risk Factors are characteristics and other variables associated through research with those who engage in suicidal behavior versus those who do not. Protective factors are characteristics or variables associated with youth not engaging suicidal behavior. Risk factors do not establish a cause of suicidal behavior, they only describe an association. The following list is not complete, but shows the most important factors.

Risk factors:

- Mental illness and substance abuse (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 friends' or family members' 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 e al., JCAPN, 2009)

Important Resources for Suicide Prevention

American Association of Suicidology resources

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

Risk Factors for Suicide and other suicide prevention fact sheets at <http://www.suicidology.org/web/guest/stats-and-tools/suicide-fact-sheets>

National Center for the Prevention of Youth Suicide

<http://www.preventyouthsuicide.org>

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>

American Association of Suicidology

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. For membership information, please contact:

American Association of Suicidology

5221 Wisconsin Ave., N.W.

Second Floor

Washington, DC 20015

tel. (202) 237-2280

fax (202) 237-2282

www.suicidology.org

info@suicidology.org

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