

## Youth Suicide: Risk and Protective Factors

### Risk Factors for Youth Suicide

- 1. Unrecognized, untreated, or undertreated depression and bipolar disorder.** One in 6 people with severe depression and one in 5 people with bipolar disorder will die by suicide (over the lifespan. For depression, a combination of medication and Cognitive Behavioral Therapy is the most effective form of therapy – more effective than either treatment alone. Used in combination, more young people get better and they stay better longer.<sup>14</sup> And those who have attempted suicide and were treated with CBT are 50% less likely to attempt again.<sup>4</sup> Unfortunately, this combination of treatments is not what happens: two-thirds of children do not see a therapist within a month of beginning drug treatment and more than half still have not had a mental health visit by three months. (Medco, 2003 data) CBT is especially effective at reducing hopelessness, one of the most important risk factors for suicide in a individual who is depressed. In addition, parental depression is a risk factor from both genetic and modeling influences.<sup>25</sup> For bipolar disorder, a combination of medication and psychoeducation is most effective at reducing relapse and hospitalizations. Lack of access to mental health resources remains a significant problem across the state.
- 2. Contagion.** Mass media coverage does influence suicide. Youth much more susceptible to imitative self-harm (contagion) than are people in other age groups (6.9% vs. 0.5% in adults).<sup>21, 19, 21</sup> This risk is 30 times greater if there is a gun in the home.<sup>21, 24</sup> Peer suicidal behavior seems to promote a perceived norm that suicide is a commonplace response to distress.<sup>13</sup> Adolescents who have a friend attempt are 2-3 times more likely to make an attempt themselves.<sup>9</sup> In youth exposed to suicide, even 6 years after the death, those with traumatic grief showed 5 times higher rate of suicidal ideation, even controlling for depression.<sup>19</sup>
- 3. Childhood trauma – especially physical abuse, sexual abuse and severe neglect.** Trauma in childhood can have profound and lasting impact on the brain, both by disrupting normal, healthy, developmental experiences and by causing potentially lifelong changes in the anatomy and physiology of the brain. The greater the number of traumas, the greater their risk of depression and suicide, especially among children who have experienced five or more. The more severe the traumas, the greater the risk as well. Of all types of child maltreatment, sexual abuse causes the highest risk of depression and suicide, 25 times greater risk than for those without such history.<sup>11</sup>
- 4. Presence of a firearm in the home.** More children and teens die by firearms than by any other method. Because 8 of 10 attempts with a firearm are lethal, the combination of the impulsivity of young people and the lethality of a firearm is often deadly. NC has slightly higher rates of suicide deaths by guns, because of the rural nature of the state. Restricting access to alcohol also decreases the risk of a person acting impulsively on their suicidal thoughts. Risk of imitation is 30 times greater if there is a gun in the home.<sup>21, 24</sup>

## **Recommendations for decreasing Risk Factors for Youth Suicide:**

1. Reduce barriers and increase access to mental health treatment:
  - a. Increase affordable health care,
  - b. decrease stigma toward getting treatment,
  - c. increase the number of child psychiatrists in the state,
  - d. increase public education about the illnesses that predispose youth to suicide
2. Encourage news coverage that describes the resources and support available in the community, encourage help-seeking, and addresses the risk and protective factors for youth suicide. Work with media to increase awareness of the characteristics of news coverage that contribute to contagion, so that it can be avoided: simplistic explanations, excessive coverage, focusing on the person's positive characteristics, sensationalistic coverage (how-to descriptions, photographs of site/funeral), front-page coverage)<sup>16</sup>
3. Renewed public awareness and education about safe gun storage and its rationale.
4. Encouraging "lethal means" conversations between clinicians / consumers, including primary physicians, psychiatrists, social workers, psychologists, mental health practitioners.
5. Targeting prevention efforts toward "at risk" populations, including children in foster care (victims of abuse/neglect), children whose parents have depressive disorders, etc.

## Protective Factors for Youth Suicide

1. Research has shown that many of the skills that protect kids from depression and suicide are **learned skills** and can be easily taught by adults in the child's life:

- Social skills (making friends, reading social situations)
- Assertiveness (clear about personal feelings, limits)
- Empathy (understanding how another would feel)
- Taking responsibility (apologizing, not blaming others)
- Negotiating (compromising, feeling some control/power)
- Optimism (good humor and playfulness)
- Managing stress and emotions (calm self when upset or angry, motivate self) <sup>11, 17, 18</sup>

In school based programs where classes for these specific skills were taught to 5<sup>th</sup> and 6<sup>th</sup> graders, the children who received training were half as likely to develop depression.<sup>20</sup>

2. In high school students, two important protective factors are the:

- Quality and density of **relationship ties**
- **Social norms** that develop in the relationship groups in which adolescents interact

Social connectedness reduces risk through: 1) increased monitoring of behavior by others, 2) enhanced psychological well-being, 3) exposure to normative social influences that encourage adaptive coping strategies.<sup>1, 3, 5, 7</sup>

3. Having three or more of the following protective factors reduces the risk of suicide in adolescents by 70-85%:

- Perception that an important adult cares about them
- School connectedness (teachers treat them fairly, feel part of school)
- School safety (feels safe at school)
- Parental presence before and after school
- Parent / family connectedness / caring
- GPA
- Religious identity (faith affiliation)
- Counseling services provided by the school
- A number of parent/child activities <sup>11, 22</sup>

## **Recommendations for increasing Protective Factors for Youth Suicide:**

1. Increase “gatekeeper” training: teaching those who work with youth (teachers, faith community youth leaders, Scout leaders, after-school providers) what symptoms to look for and how to intervene. **ASSIST and QPR** are two such well-recognized programs. **SOS** serves a similar function with teens serving as “gatekeepers” for each other.
2. Provide universal skills training for preteens in social skills, emotion regulation, and optimism to protect them from the stresses that make them vulnerable to depression and suicide later as adolescents and adults.
3. Encourage healthy extra-curricular activities for all children/teens to increase both school connectedness and social connectedness. At school and outside of school, encourage participation in and reduce financial barriers to children’s involvement in sports teams, clubs, faith-based youth groups, band, choir, orchestra, Scouts, etc.
4. Increase efforts to prevent bullying in schools and in cyberspace.
5. Have postvention plans in place in school systems, mental health facilities, residential group homes, etc. Treat all deaths of young people in these settings comparably.

## **Monitoring and Using Social Media**

82% of teens are now on Social Networking sites (Pew data, 2000). These sites have both benefits and risks. Some are excellent sites that have been developed to help young people who are struggling with suicidal thoughts (as well as other mental health concerns.) These “chats” occur on secure sites. <sup>8, 9</sup>

- ReachOut.com
- theTrevorProject.org
- GoAskAlice.columbia.edu <sup>18</sup>

But for many youth, online discussion forums are a source of risk. While many people do offer help when someone posts about thinking of suicide, some others openly encourage the person to go through with the act. <sup>2, 15</sup>

## **Recommendations:**

1. Promote safety guidelines for organizations, schools, and agencies regarding monitoring of social networking sites and their use following the death of a young person by suicide, i.e. don’t use Facebook or Twitter to announce news of suicide deaths; don’t give details about means of death, personal details, or post photos. Be careful in creating virtual memorials or tributes – elevating the victim to the level of celebrity and increasing contagion risk. <sup>19</sup>

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