

SUICIDE PREVENTION

Suicide among teens is a national problem. More teens die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.

The first step in assisting teens may be as simple as learning the **FACTS** or warning signs.

Feelings – Expressing hopelessness about the future.

Actions – Displaying severe/overwhelming pain or distress.

Changes – Showing worrisome behavioral cues or marked changes in behavior, to include: withdrawal from friends or changes in social activities; anger or hostility; or changes in sleep.

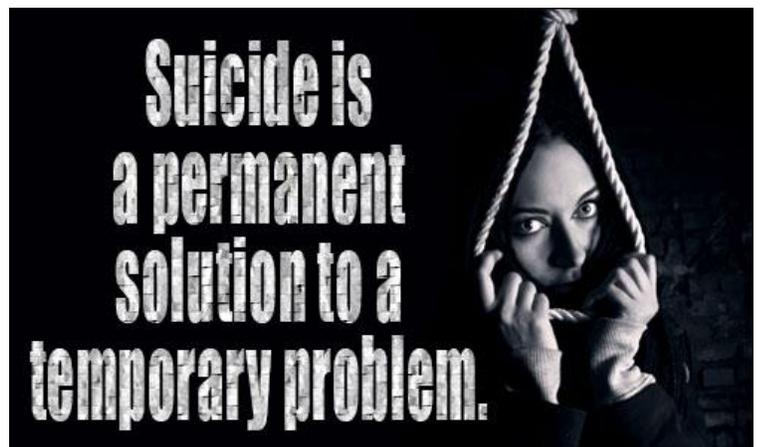
Threats – Talking about, writing about, or making plans for suicide.

Situations – Experiencing stressful situations including those that involve loss, change, create personal humiliation, or involve getting in trouble at home, in school or with the law.

National Teen Suicide Statistics

- 4,600 annually
- Average of 12 suicides per day
- 575,000 teen suicide attempts per year
- Teen Suicide Methods
 - 45% - firearms
 - 40% - suffocation
 - 8% - overdose/poisoning
 - 7% - other
- Teen Suicide Demographics
 - 24.7% - Native America
 - 13.3% - White
 - 9.2% - Hispanics
 - 6.7% - Asians
 - 6.6% - Blacks
- 81% of teen suicide deaths are male

According to KIDS COUNT Data Center, there were 48 youth suicides in the state of Colorado in 2013. As the national number continues to rise, there was definitely an increase in the state over to past couple of years.



Along with the warning signs listed above, there are certain Risk Factors than can elevate the possibility of suicidal ideation.

- Perfectionist personalities
- Gay and Lesbian youth

- Learning disabled youth
- Loners
- Youth with low self-esteem
- Depressed youth
- Students in serious trouble
- Abused, molested or neglected youth
- Genetic predisposition
- Parental history of violence, substance abuse, or divorce

Risk Factors

Suicide does not typically have a sudden onset. There are a number of stressors that can contribute to a youth's anxiety and unhappiness, increasing the possibility of a suicide attempt. A number of them are described below.

Depression, Mental Illness and Substance Abuse

One of the most telling risk factors for suicide in youth is mental illness. Mental or addictive disorders are associated with 90% of suicides. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20 percent receive treatment. In fact, 60% of those who complete suicide suffer from depression. Alcohol and drug use, which clouds judgment, lowers inhibitions, and worsens depression, are associated with 50-67% of suicides.

Aggression and Fighting

Recent research has identified a connection between interpersonal violence and suicide. Suicide is associated with fighting for both males and females, across all ethnic groups, and for youth living in urban, suburban, and rural areas.

Home Environment

Within the home, a lack of cohesion, high levels of violence and conflict, a lack of parental support and alienation from and within the family.

Community Environment

Youth with high levels of exposure to community violence are at serious risk for self-destructive behavior. This can occur when a youth models his or her behavior after what is experienced in the community. Additionally, more youth are growing up without making meaningful connections with adults, and therefore are not getting the guidance they need to help them cope with their daily lives.

School Environment

Youth who are struggling with classes, perceive their teachers as not understanding them or caring about them, or have poor relationships with their peers have increased vulnerability.

Previous Attempts

Youth who have attempted suicide are at risk to do it again. In fact, they are eight times more likely than youth who have never attempted suicide to make another suicide attempt.

Cultural Factors

Changes in gender roles and expectations, issues of conformity and assimilation, and feelings of isolation and victimization can all increase the stress levels and vulnerability of individuals. Additionally, in some cultures (particularly Asian and Pacific cultures), suicide may be seen as a rational response to shame.

Family History/Stresses

A history of mental illness and suicide among immediate family members puts youth at greater risk for suicide. Exacerbating these circumstances are changes in family structure such as death, divorce, remarriage, moving to a new city, and financial instability.

Self-mutilation

Self-mutilation or self-harm behaviors include head banging, cutting, burning, biting, erasing, and digging at wounds. These behaviors are becoming increasingly common among youth, especially female youth. While self-injury typically signals the occurrence of broader problems, the reason for this behavior can vary from peer pressure to severe emotional disturbance. Although help should be sought for any individual who is causing self-harm, an appropriate response is crucial. Because most self-mutilation behaviors are not suicide attempts, it is important to be cautious when reaching out to the youth and not to make assumptions.

Situational Crises

Approximately 40% of youth suicides are associated with an identifiable precipitating event, such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse. Typically, these events coincide with other risk factors.