

## **Suicidality in Youth**

### **How prevalent is suicide?**

Suicide is the 4<sup>th</sup> leading cause of death in adults and the 3<sup>rd</sup> leading cause of death in adolescents (FDA and CDC). In a study of high school students, 8% reported attempting suicide with the prior year (Eaton et al., 2006). Even more (15-25%) report thinking about suicide (“suicidal ideation”) (Lewinsohn et al., 1996).

### **What are the risk factors?**

- Attempted suicide is one of the biggest risk factors for completed suicide
- Current or lifetime psychopathology (mood disorders most common)
- Availability of lethal agents
- History of previous attempts or self-injurious behavior
- Hopelessness
- Impulsivity
- Lack of affect regulation
- Poor problem-solving skills
- Social skills deficits
- Hostility and aggression
- Drug or alcohol abuse
- High situational stress
- Parental psychiatric conditions
- Family discord, neglect, or abuse
- Suicide Contagion

### **What are the warning signs of suicidality in children or adolescents?**

- Isolation
- Change in personality or mood
- Drop in grades
- Changing group of friends
- Drop out of extracurricular activities
- Physical complaints
- Low self-esteem
- Argumentative, negative attitude, aggression, irritable
- Frequent absences, truancy
- Change in dress or hygiene
- Apathy, boredom, loss of interest

### **What are some protective factors that help prevent suicide?**

- Positive relationship with family
- Positive connection between child and school
- Academic success
- Pro social peer group
- Religious affiliation
- Fair number of reasons for living

**What are the treatment options for children and adolescents with suicidal ideation?**

Early diagnosis and treatment are essential. Typically, clinicians target the treatment on reducing the psychiatric illness (most often depression or bipolar disorder) that is related to the suicidal thinking. Treatments for both depression and bipolar disorder include medications and/or psychotherapy.