What can be done to prevent youth suicide?

**(Suzanne Button, Ph.D., Assistant Executive Director of Quality & Clinical Outcomes,
Alice Linder, M.D., Medical Director, & Paul Bulman, Ph.D., Psychologist/Team Leader,
Astor Services for Children & Families)**

In recent years, Astor Services for Children & Families faced a higher number of more serious suicide attempts by some of the youth served than it had seen in the agency's long history of providing behavioral health services. While, thankfully, none of the attempts were fatal, this increase in attempts mirrors a nationwide increase in attempts, and completed suicides, in youth of late, and punctuates the fact that youth suicide is a very real and very tragic phenomenon in many communities.

Astor has been compelled to struggle, as an agency, with why this increase has occurred, with what is happening to increase the stress of youth across the country and, most importantly, with what can be done to prevent youth from becoming so disheartened as to consider ending their lives.

Suicide, and attempted suicide, is the result of complex factors. More than 90 percent of youth suicide victims have at least one major psychiatric disorder – most often depression and/or a combination of substance abuse and rule-breaking behaviors. However, very few adolescents with a psychiatric disorder will go on to complete suicide, and younger suicide victims have lower rates of psychiatric disturbance.

Importantly, suicidal ideation (thinking about or planning to kill oneself) in youth is more widespread than is commonly understood. A 2009 CDC survey, for example, revealed that 14 percent of U.S. youth in grades nine through 12 had seriously considered suicide, while 11 percent had actually created a specific plan to commit suicide. Because youth who complete suicide tend to be more impulsive and engage in less planning than their adult counterparts, both numbers must be considered grave indicators of the prevalence of suicide risk among our nation's youth.

Some evidence exists that contextual factors, including those family stressors commonly associated with economic hardship and poverty, may play a part in the rise of attempted and completed suicide. Youth whose family members have completed or attempted suicide, youth who have experienced stressful life events or loss, or youth who have experienced moves, lived with different parental figures and attended different schools, for example, are at increased risk for suicide. Youth who experience family or interpersonal conflict, and youth who are victims of bullying, are particularly vulnerable.

Youth suicide is preventable.

Family and community members should be aware of both risk factors (youth who have attempted suicide before, youth who have a diagnosed psychiatric disorder (such as depression), youth who are abusing drugs or alcohol or youth experiencing family conflict or peer conflict/bullying) and warning signs (*any*

communication that hints of suicidal thinking or feeling trapped, withdrawal from relationships, drastic mood changes, risky behaviors, or excessive anger and agitation). Importantly, a youth who already is struggling and who is exposed to a crisis (e.g., the loss of a loved one, a family crisis or the suicide of a peer), is more likely to experience the deep hopelessness and despair that lead to suicidal behavior. Youth who are at risk, or who exhibit warning signs, should be promptly assessed and treated. Limiting youth access to lethal methods, such as eliminating over-the-counter and/or prescription medication or preventing access to weapons, is the single-most effective measure that can be taken to prevent suicide.

At the community level, broad-based, preventative approaches that acknowledge and address the complexity behind youth suicide must be prioritized. Protective factors – strong connections to a caring adult and a sense of connectedness and belonging to community – are fostered by resourced schools, supported communities and stable families. Accurate diagnosis and effective treatment pf psychiatric disorders that increase risk must be readily available to youth.

In the current economic climate, the possibility of the exacerbation of some risk factors for youth suicide also is likely, Families struggling to get by often are forced to move, unemployed caregivers are at risk for depression and preventive factors are more likely to be reduced and eliminated. Access to effective treatment of psychiatric disorders and to other preventive factors is reduced and limited when families are unemployed, under or uninsured and forced to be more transient.

Budget cuts, although necessary at present, can lead to the vulnerability of the very programs (for families, in schools and in communities) that allow for the caring of adult-youth relationships and community interconnectedness that reduce the risk of suicide. In light of the trend of increased attempts and suicides in the county's (and the country's) youth, fiscal compromises must prioritize funding those strategies that support youth well-being and reduce risk associated with psychiatric disturbance, poverty and family stress.

What can be done to prevent youth suicide?

First and foremost, parents, teachers, religious figures, and community leaders must work and communicate together to create a supportive community for each child. Second, caregivers, teachers and other adults should learn to recognize the warning signs. Adults should be empowered to reach out to youth who exhibit warning signs, and should know that asking a youth directly about suicidal feelings or intentions is far more likely to prevent harm than to cause a youth to think about suicide.

Third, communities must work to reduce the stigma associated with depression and other psychiatric illnesses, so that all families feel confident in seeking screening, assessment and treatment services when their children are at risk. Communities also must assure that youth and families have access to readily-available, high-quality mental health treatment.

Families and youth in need of mental health support in Dutchess County should contact the **Mental Health America of Dutchess County Help-Line** at **845-485-9700** (on line at http://mhadc.com/).

Anyone can obtain support or assistance in coping with suicidal feelings or helping a suicidal individual by calling the 24-hour, 7-day **National Suicide Prevention Lifeline** at **1-800-273-TALK (8255)**.

More information about understanding and preventing youth suicide is available on the web at **www.afsp.org** (**American Foundation for Suicide Prevention**), **www.cdc.gov/ViolencePrevention/suicide/** (**Centers for Disease Control**) and **www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml** (**National Institute of Mental Health**).