

Effective youth suicide prevention: evidence from Kentucky

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Chapter I – Introduction

In 2013, Suicide was the second leading cause of death among U.S. young adolescents (15-19 years of age), accounting for 18.4% of all deaths in this age group.¹ According to a nationally representative study on the lifetime prevalence of adolescent suicidal behaviors, 12.1% of U.S. adolescents experience suicidal ideation, 4.0% develop a plan, and 4.1% attempt suicide.² The same study estimated that approximately 60% of young people with a suicide plan will attempt suicide, and most of the adolescents who subsequently make an attempt do so within the first year after the onset of ideation.

These findings support the importance of the early identification of youths at risk of developing suicidal thoughts, monitoring their behavior, and providing the necessary help to address the risk factors that could act as catalysts for self-inflicted harm.

Research studies show that there were many factors, beyond genetic predisposition and mental illness that could influence suicide risk during adolescence. The adolescent phase is associated with physical, emotional, and social changes. Lack of family support, unrealistic expectations, academic pressure, social isolation, or victimization, can lead to disappointment, depression, or simply overreaction that may result in a self-inflicted injury or death.

Researchers found that patients who survived suicide attempts often acted impulsively, with very little time between thinking about suicide and actually attempting suicide.³ Having access to a firearm increases the chances that the suicide attempt will result in death.⁴⁻⁷ Adolescents, who were victims of dating violence were at higher risk for planning and/or attempting suicide.^{8,9} There was a strong association between sexual assault and suicide risk in U.S. adolescents, for both males and females.¹⁰ Kindrick and colleagues found that “being forced to have sex”, the early onset of sexual activity, and having more than one partner, were risk factors for depression, suicide ideation, suicide planning and attempts among Arkansas high-school students.¹¹ Similar results were published by Epstein and

Spirito who found that being forced to have sex, having sex before age 13, early alcohol onset, and injection drug use, were associated with planning and attempting suicide.¹²

Bullying victimization (school bullying or/and cyberbullying) is associated with higher risk of sadness and attempting suicide. Messias and colleagues reported that according to the 2011 national Youth Risk Behavior Survey (YRBS) data, among the high-school students who reported not being bullied 4.6% reported having made a suicide attempt, compared with 21.1% of those reporting victimization of school and cyber bullying.¹³ Depression and hopelessness developed as a result of being bullied are related to suicidal ideation and attempts.¹⁴ Based on a meta-analysis, Holt et al. concluded that involvement in bullying in any capacity (victim or perpetrator) was associated with suicidal ideation and behavior.¹⁵ “Feeling unsafe at school” was a significant risk factor for depression and suicide among high-school students.¹⁶ Adolescents who engaged in substance use were more likely to experience suicide ideation and behavior.¹⁷⁻¹⁹ Preteen alcohol use initiation was found to be an important risk factor for suicidal ideation and suicide attempts²⁰. Effective public health prevention of youth suicide is focused on reducing the suicide risk factors.

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