**Suicide in Teens: Risk Factors, Warning Signs and Protective Factors**

More teenagers and young adults die from **suicide** than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED. Each day in our nation, there are an average of over 3,041 suicide attempts by young people in grades 9-12. **Four** out of **Five** teens who attempt suicide have given clear warning signs

Between 2013 and 2016, the total death rate for young people aged 10 to 19 years old grew 12 percent, largely due to a significant increase in injury-related deaths, such as drug overdoses, homicides, car crashes and suicides. According to the Centers for Disease Control and Prevention (CDC <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>) suicide is the second leading cause of deaths in the 10 - 14 and 15 – 24 year old age groups. Suicide rates among those aged 10-19 years rose 56 percent between 2007 and 2016, with greater increases for females than males. Firearms accounted 43 percent of all suicides Americans aged 10-19 years between 1999 and 2016. According to emergency department data, there has also been an increase in visits for nonfatal self-harm, known to be a precursor to suicidal behavior, the CDC reported. Self-mutilation or self-harm behaviors include head banging, cutting, burning, biting, erasing, and digging at wounds are behaviors becoming increasingly more common among youth, especially female youth

Suicide does not typically have a sudden onset. There are a number of stressors that can contribute to a youth’s anxiety, depression and unhappiness increasing the possibility of a suicide attempt. A number of them are described below. Some youth making a suicide attempt said that they did it because they were trying to escape from a situation that seemed impossible to deal with or to get relief from really bad thoughts or feelings. Sometimes a depressed person plans a suicide in advance. Many times, though, suicide attempts happen impulsively, in a moment of feeling desperately upset. A situation like a breakup, a big fight with a parent, an unintended pregnancy, being outed by someone else, or being victimized in any way can cause someone to feel desperately upset. Often, a situation like this, on top of an existing depression, acts like the final straw. Sadly, many people who really didn't mean to kill themselves end up dead or critically ill.

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. 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.

What we know is that most suicides are preventable with appropriate resources and counseling and by creating more barriers to lethal forms of self-harm, for example by locking up firearms and keeping them unloaded

**Suicide risk factors**:

* **Prior suicide attempts** increase risk for another suicide attempt. One out of three suicide deaths is not the individual’s first attempt. The risk for completing suicide is more than 100 times greater during the first year after an attempt and they are eight times more likely than youth who have never attempted suicide to make another suicide attempt
* **Exposure to suicidal behavior of others**, such as family members or peers
* Within the home in particular a lack of cohesion, high levels of violence and conflict including a history of domestic violence, child abuse or neglect.
* **A psychiatric disorder**, particularly a mood disorder like [depression](https://childmind.org/topics/concerns/depression/), or a [trauma](https://childmind.org/topics/concerns/trauma-and-grief/)– and stress-related disorder.
* [**Alcohol and other substance use disorders**](http://childmind.org/article/parents-know-teens-drinking-drugs/), especially when coupled with another mental disorder
* **A recent or serious loss** whether anticipated or actual including the death of a family member, a friend or a pet, the separation or a divorce of parents or a parent losing a job, or the family losing their home, or a breakup with a boyfriend/girlfriend. These loses can lead to feelings of shame, humiliation, or despair, losing self-confidence and/or self-esteem, and lead to a loss of interest in friends, hobbies or activities previously enjoyed and may serve as triggering events for suicidal behavior.
* Getting into a lot of trouble, having disciplinary problems, engaging in a lot of high-risk behaviors. Suicide is associated with fighting for both males and females, across all ethnic groups and for youth in urban, suburban and rural areas.
* [**Struggling with sexual orientation**](https://childmind.org/article/lgbt-teens-bullying-and-suicide/) in an environment that is not respectful or accepting of that orientation.
* **Lack of social support**. A child who doesn’t feel support from significant adults in her/his life, as well as from friends, can become so isolated that suicide seems to present the only way out of their problems.
* [**Bullying**](https://childmind.org/topics/concerns/bullying/). We know that being a victim of bullying is a risk factor, but there’s also some evidence that [kids who are bullies](https://childmind.org/article/what-to-do-if-your-child-is-bullying/) may be at increased risk for suicidal behavior.
* **Access to lethal means**, especially having access to firearms and pills in the home.
* **Family violence including physical or sexual abuse**
* **Stigma associated with asking for help**.
* **Barriers to accessing services**: Difficulties in getting much-needed services include lack of bilingual service providers, unreliable transportation, and the financial cost of services.
* **Cultural and religious beliefs** that suicide is a noble way to resolve a personal dilemma.
* **A combination of external circumstances** that, taken together, overwhelm or seriously challenge the youth’s ability to cope such as disciplinary problems, interpersonal losses, family violence, sexual orientation confusion, physical and sexual abuse and being the victim of bullying.
* **Chronic feelings of loneliness, abandonment and alienation**

[**Warning signs**](https://childmind.org/article/teen-suicides-what-are-the-warning-signs/) - By themselves, many of these observations are not sure signs that someone is suicidal, but could mean that they are struggling with issues in their lives and could use help. However, if a youth shows or expresses any of the following behaviors or symptoms, they may signal a suicidal crisis. An evaluation by a mental health professional is important to rule out the possibility of suicide and/or to initiate appropriate treatment. Four out of five teens who attempt suicide give clear warning signs.

* Changes in behavior such as difficulty concentrating on school work leading to declining grades and school performance, lack of attending to hygiene and/or appearance
* Sudden, abrupt changes in personality such as becoming sadder, more withdrawn, more irritable, anxious, tired, or apathetic—things that used to be fun aren’t fun anymore
* Dramatic and abrupt mood changes
* Increased use or abuse of alcohol or drugs
* Changes in[sleep patterns](https://childmind.org/article/happens-teenagers-dont-get-enough-sleep/) including trouble sleeping or sleeping all of the time, insomnia, often with early waking or oversleeping, or nightmares
* Changes in eating habits including loss of appetite and weight, or overeating.
* [Acting erratically, or recklessly](https://childmind.org/article/teen-suicides-what-are-the-warning-signs/)  starting to make really poor judgments, starting to do things that are harmful to himself/herself or other people, like bullying or fighting,
* Looks for ways to kill him/herself by seeking access to firearms, pills, or other means
* Having a preoccupation or obsession with death or suicide Expressions of having no reason for living; no sense of purpose in life, feelings of hopelessness believing things will never get better, or that nothing will ever change
* If the youth is talking about dying; “I wish I was dead.” “I just want to disappear.” “Maybe I should jump off that building.” “Maybe I should shoot myself.” “You’d all be better off if I wasn’t around.” It is important to take this form of expression seriously—even if you can’t imagine your child meaning it seriously.
* Final Arrangements Once the decision has been made to end their life, some young people begin making final arrangements. They may start to give away prized or favorite possessions, put their affairs in order, go around saying good-bye to family and friends or even make funeral arrangements
* Low self-esteem - feeling worthless, shame, overwhelming guilt, self-hatred, "everyone would be better off without me."
* Withdrawalfrom friends, family, and community
* Acute episodes of rage, uncontrolled anger or prolonged periods of agitation, expressions of wanting or seeking revenge, engaging in reckless behavior or more risky activities, seemingly without thinking

**Protective/Resilency factors**:

**Good problem-solving abilities**. Kids who are able to[see a problem and figure out effective ways to manage it](https://childmind.org/article/how-to-help-kids-learn-to-fail/), to resolve conflicts in non-violent ways, are at lower risk.

[**Strong connections**](https://childmind.org/article/12-tips-raising-confident-kids/)**.** The stronger the connections, closeness and support kids have, including consistency and good communication with their families, to their friends, and to people in the community, especially in school the less likely they are to harm themselves. Partly, that’s because they feel loved and supported, and partly because they have people to turn to when they’re struggling and feel really challenged.

Having general life satisfaction, good self-esteem, and a sense of purpose.

**Restricted access to highly lethal means** of suicide.

**Cultural and religious beliefs** that discourage suicide and that support self-preservation and healthy living.

Relatively **easy access to**[**appropriate clinical intervention**](https://childmind.org/report/2016-childrens-mental-health-report/targeted-interventions/), whether that be psychotherapy, individual, group, family therapy, or medication if indicated.

**Effective care for mental, physical, and substance use disorders**. Good medical and mental health care involves ongoing relationships, making kids feel connected to professionals who take care of them and are available to them.

#### **Resources:**

Suicide Prevention Resource Center: Web: <http://www.sprc.org> E-mail: info@sprc.org Phone: 877-GET-SPRC (438–7772)

Crisis Text Line <http://www.crisistextline.org> Crisis Text Line provides free emotional support and information to teens in any type of crisis, including feeling suicidal. You can text with a trained specialist 24 hours a day. Text “HOME” to 741741.

Maine Teen Suicide Prevention <http://maine.gov/suicide/youth/index.htm>

This website speaks directly to teens. It has information about suicide prevention and related topics, how to get help for yourself and others, stories by teens about their experiences, and a quiz on information about suicide.

Society for the Prevention of Teen Suicide Teen Section: <http://www.sptsusa.org/teens/> This website has a teen section where you can find information to help yourself or a friend who may be having suicidal thoughts. You can also find information on how to cope if a friend dies by suicide.

The Trevor Project <http://www.thetrevorproject.org/> The Trevor Project provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth ages 13–24. Its website has information about the signs of suicide and a way to connect online with other LGBTQ youth. The Trevor Helpline is a 24-hour toll-free suicide hotline at 1- 866-488-7386. TrevorChat is for online crisis chat 6 hours a day at www.thetrevorproject.org/chat. Trevor Text is for texting on Fridays late afternoon to early evening. Text “Trevor” to 202-304-1200.

Your Life Your Voice from Boys Town Hotline <http://www.yourlifeyourvoice.org> Your Life Your Voice is for pre-teens, teens, and young adults who are in crisis or feeling overwhelmed. The website has information sheets with tips for handling difficult situations. The hotline is toll free and open 24 hours a day. You can call, text, chat, or e-mail. Call 1-800-448-3000 or text "VOICE" to 20121.