OHIO

Children & Youth

Children & Youth Commission
Teen Suicide Awareness Information and Resources

THE AMERICAN LEGION DEPARTMENT OF OHIO

OHIO

Risk factors for youth suicide

Intrapersonal:

- History of suicidal ideation
- History of attempting suicide
- Nonsuicidal self-injury
- Mental illness
- Substance abuse
- Having a serious wish to die
- Low self-esteem
- Impulsivity (poor behavioral control)
- Trait anxiety and hopelessness
- Hostile and aggressive
- Perfectionist
- Academic problems
- Access to a firearm

Interpersonal:

- Sexual or physical abuse
- Family history of suicidal behaviors
- Living with no biological parents
- Parents with low levels of education
- Youth has one or no siblings
- Major conflict with a significant other
- Unlocked and loaded firearms in the home
- Social isolation
- Exposure to other adolescent suicides
- Bullying
- Low socioeconomic status
- Low family and school connectedness

Community factors:

- High levels of family disruption
- Inadequate funding for mental health/substance abuse programs
- Inadequate access to mental health care
- Lack of enforcement of firearm laws and education
- Attitudes (prejudice) toward mental disorders and suicide
- Inappropriate media reporting regarding mental illness and suicides
- Schools not addressing coping and problem-solving skills
- Lack of school staff training (gatekeeper) on suicide prevention

- Absence of a crisis helpline
- Schools not assessing adolescents for suicidal behaviors
- Inadequate coordination of community suicide prevention activities

Society factors:

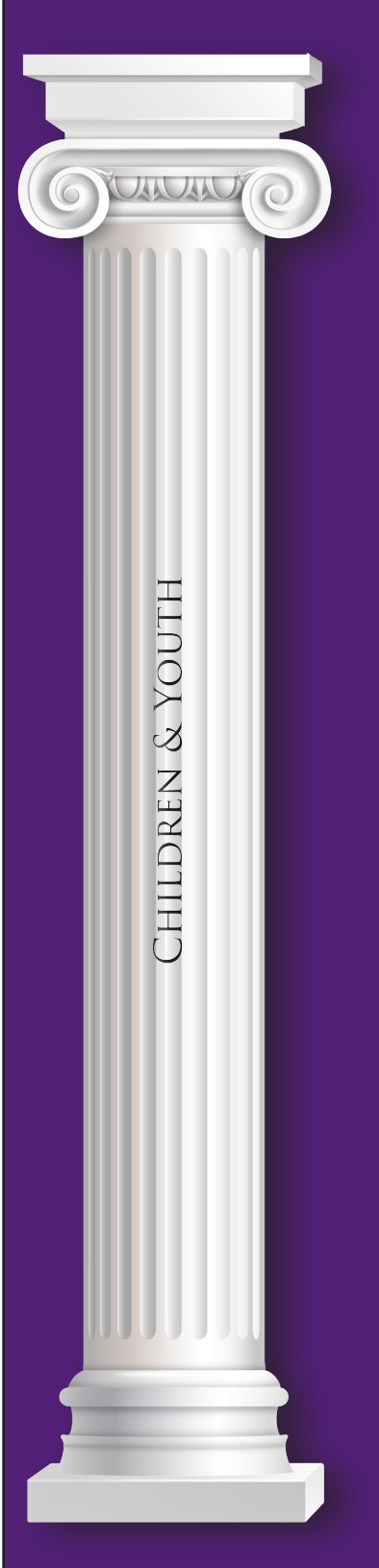
- Inadequate funding for mental health programs
- Inadequate funding for substance abuse programs
- Inadequate access to mental health care services
- Population lack of knowledge of the warning signs of suicide and a lack of awareness on how and when to contact mental health professionals
- Inadequate policies and enforcement for the media and entertainment industry regarding portrayals of suicide behaviors
- Inadequate adoption of core education and training guidelines on the prevention of suicide by health credentialing and accreditation organizations
- Inadequate numbers of child/adolescent psychiatrists
- Inadequate funding for research on suicide prevention

Statistics and Factoids for youth suicide

Suicide is the second leading cause of death among adolescents.

Males are 3 times more likely than females to die from suicide. Among males and females, white adolescents commit the majority of the suicides, followed by Hispanics and African Americans.

Both males and females most often use a lethal method of attempting suicide. In contrast, adolescent females are more likely to attempt suicide by suffocation (ie, strangulation by hanging), a method with a narrow window of potential revival. Additionally, poisonings are very ineffective methods of suicide because the adolescent may not take enough of the drug to be fatal or many drugs will make the person vomit or she or he may recover from the attempt with damage to some internal organs (ie, liver, kidneys, or



brain). The second major reason why fewer adolescents do not die in comparison to the number who attempt suicide is because the majority (75%) of adolescents who attempt suicide do not really want to die. Adolescents are often faced with a perceived crisis and they deal with the crisis in a state of "cognitive constriction," where they do not understand all of their options and the consequences of their actions (they lack a fully matured prefrontal cortex).

The following are some widely known and utilized actions that could help reduce the number of suicides in adolescents:

- Implement programs to reduce bullying (bully victims are most at risk compared to bullies).
- Implement substance abuse education and referral programs.
- Increase the training of Health Educators in mental health/mental illness issues.
- Require that journalism and mass communication college programs provide education on the appropriate portrayal of suicides and mental illness in news reports and fictional accounts in movies and on television shows.
- Launch antistigma campaigns regarding mental illnesses.
- Launch antiprejudice/discrimination campaigns regarding LGBTQ adolescents.
- Health Educators need to be more active in lobbying local, state, and federal entities that can affect funding for mental health/substance abuse programs.
- Establish later school start times to improve total sleep time (essential for mental health). Provide designated federal funds to attract, train, and retain more physicians who specialize in child and adolescent psychiatry.
- Encourage health care providers who interact with adolescents at risk (eg, emergency department professionals, family physicians, pediatricians, nurses) to have periodic updates on means restriction for suicide and other suicide assessments.
- Implement a public awareness campaign to raise awareness of the signs and symptoms of mental disorders, risks for suicides, and where help can be obtained.
- Widely publicize the Suicide Prevention telephone lines.

The most frequent suicide method was hanging, followed by poisoning by pesticides for females and firearms for males.

Overall, suicide remains a leading cause of death in young people.

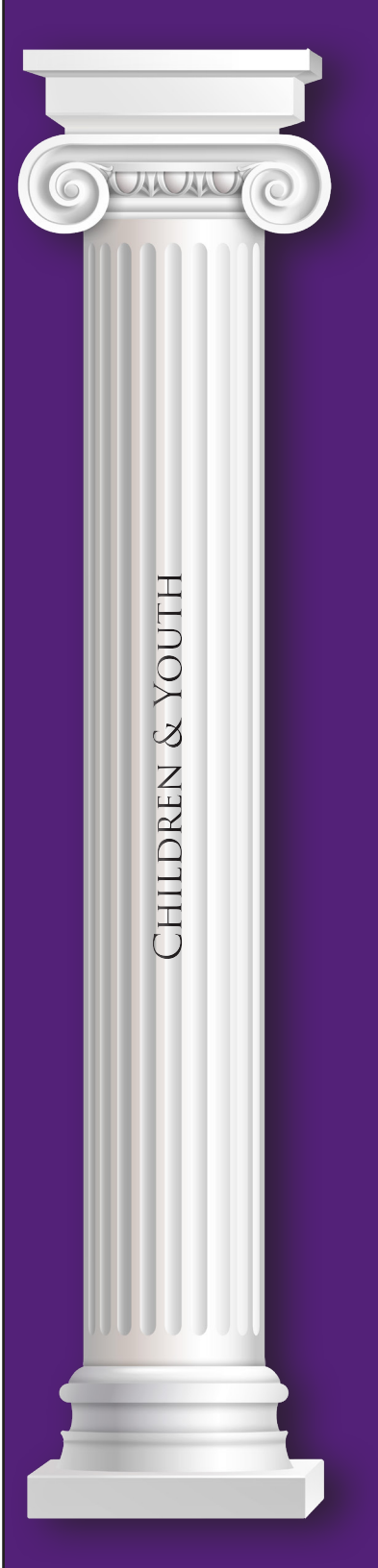
The most frequent suicide methods were categorized into seven groups.

- Hanging
- Poisoning by drugs
- Poisoning by pesticides
- Firearms
- Jumping from height
- Moving object
- Other methods

Age groups:
10–14 years comprised 14.7 % and age group 15–19 years 85.3 % of all suicide cases. Male to female ratio was 2.34, the ratio being lower for age group 10–14 years compared to the 15–19 years: 1.62 vs 2.51, respectively. The most frequent suicide method for both age groups and genders was hanging (highest in males aged 10–14 years).

There were significant differences in suicide methods by age and gender. Hanging was the only method significantly more prevalent in younger age group (10–14 years) for both genders, a variety of other methods were more prevalent in the older age group (15–19 years). Comparison by gender showed that males used significantly more frequently hanging and firearms, females poisoning by pesticides, drugs, jumping from height and other methods.

Children's cognitive ability and maturity to understand death and suicide is often questioned and this issue is of crucial importance when coroners, medical examiners or forensic pathologists determine a child's cause of death.



References & Resources to learn more:

American Academy of Child & Adolescent Psychiatry:

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx

UC Davis Health:

https://health.ucdavis.edu/news/headlines/even-before-covid-19-pandemic-youth-suicide-already-at-record-high/2021/04

American Academy of Pediatrics:

https://www.aap.org/en/news-room/campaigns-and-toolkits/suicide-prevention/

Ohio Department of Health:

https://odh.ohio.gov/wps/wcm/connect/gov/7f853eb4-9c94-4caf-9dc8-208d3bb92a7c/FS-Youth-Suicide-in-Ohio-Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-7f853eb4-9c94-4caf-9dc8-208d3bb92a7c-mkltZPB#:~:text=Ohio's%20rate%20of%20youth%20suicide,rate%20of%201.69%20per%20100%2C000.

University of Rochester Medical Center:

https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=90.&contentid=P02584

Mayo Clinic:

https://www.mayoclinic.org/healthy-lifestyle/tween-and-teen-health/in-depth/teen-suicide/art-20044308

Suicide Prevention Lifeline:

https://suicidepreventionlifeline.org/help-yourself/youth/

Youth.gov:

https://youth.gov/youth-topics/youth-suicide-prevention

National Association of School Psychologists:

https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators

American Academy of Pediatrics - Suicide Prevention Campaign Toolkit:

https://www.aap.org/en/news-room/campaigns-and-toolkits/suicide-prevention/

988 Suicide and Crisis Lifeline:

*The 988 Suicide & Crisis Lifeline is a United States-based suicide prevention network of over 200+ crisis centers that provides 24/7 service via a toll-free hotline with the number **9-8-8**. It is available to anyone in suicidal crisis or emotional distress.*

988 Suicide and Crisis Textline:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiqmqu_ru39AhWKkmoFHbHxCm0Q-ccEegQIBBAE&url=https%3A%2F%2F988lifeline.org%2Fchat%2F%3Futm_source%3Dgoogle%26utm_medium%3Dweb%26utm_campaign%3Donebox&usg=AOvVaw2pi4Ie9LBoqjBNjHN9__pw

CHILDREN & YOUTH

This pamphlet on teen suicide awareness is so its readers can be better educated on the warning signs and statistics in regards to teen suicide prevention. No better cause is worthy of focus for the American Legion's Pillar of Children and Youth.

-Children and Youth Commission, Department of Ohio

Please contact the Department Children & Youth Office for additonal materials, information, and other assistance:

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American Legion Internet Websites:

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www.legion.org
Ohio American Legion Headquarters:
www.ohiolegion.com

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