or more of the problems or "signs" detailed below. The following list describes some potential factors of risk for suicide among youth. If observed, a professional evaluation is strongly recommended: Presence of a psychiatric disorder (e.g., depression, drug or alcohol, behavior disorders, conduct disorder [e.g., runs away or has been incarcerated]). The expression/ communication of thoughts of suicide, death, dying or the afterlife (in a context of sadness, boredom, or negative feelings). Impulsive and aggressive behavior; frequent expressions of rage. Previous exposure to other's suicidality. Recent severe stressor (e.g., difficulties in dealing with sexual orientation; unplanned pregnancy or other significant real or impending loss). Family loss or instability; significant family conflict.

**Marathon County Suicide Task Force**

**For Information call**
**715-845-4326**

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**Suicide Prevention Line**
**1-800-SUICIDE**
**(1-800-784-2433)**

# *Youth Suicide Fact Sheet*

**Marathon County Suicide Task Force**

## Youth Suicide Fact Sheet

Suicide ranks as the third leading cause of death for young people (ages 15-19 and 15-29); only accidents and homicides occur more frequently. Each year, there are approximately 12 suicides for every 100,000 adolescents. Approximately 12 young people between the ages of 15-24 die every day by suicide. Within every 2 hours and 2.5 minutes, a person under the age of 25 completes suicide. In 2000, 29,350 people completed suicide. 13.6% of all suicides were committed by persons under the age of 25. Whereas suicides account for 1.2% of all deaths in the U.S. annually, they comprise 12.8% of all deaths among 15-24 year olds. Suicide rates, for 15-24 year olds, have more than doubled since those of the 1950's, and remained largely stable at these higher levels between the late 1970's and the mid 1990's. Suicide rates for those 15-19 years old increased 11% between 1980 and 1997. Suicide rates for those between the ages of 10-14, however, increased 99% between 1980 and 1997. Both age groups have shown small declines in rates in the past two years. Firearms remain the most commonly used suicide method among youth, regardless of race or gender, nearly accounting for almost three of five completed suicides. Research has shown that the access to and the availability of firearms is a significant factor in the increase of youth suicide. The male to female ratio (in 2000) of completed suicides was 3.7: 1 among 10-14 year olds, and 5: 1 among 15-19 year olds, and 6.2: 1 among 20-24 year olds. Black male youth (ages 10-14) have shown the largest increase in suicide rates since 1980 compared to other youth groups by sex and ethnicity, increasing 180%. Among 15-19 year old black males, rates (since 1980) have increased 80% (2000 data). Research has shown that most adolescent suicides occur in the afternoon or early evening and in the teen's home. Although rates vary somewhat by geographic location, within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year. (Rev 10/16/03) Nationwide, nearly one in five high school students have stated on self-report surveys that they have seriously considered attempting suicide during the preceding 12 months. A prior suicide attempt is an important risk factor for an eventual completion. The typical profile of an adolescent nonfatal suicide attempter is a female who ingests pills; while the profile of the typical completer suicide is a male who dies from a gunshot wound. Not all adolescent attempters may admit their intent. Therefore, any deliberate self-harming behaviors should be considered serious and in need of further evaluation. *Most* adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior appears to be to effect change in the behaviors or attitudes of others. Repeat attempters (those making more than one nonlethal attempt) use their behavior as a means of coping with stress and tend to exhibit more chronic symptomatology, poorer coping histories, and a higher presence of suicidal and substance abusive behaviors in their family histories. Many teenagers may display one