

# PUBLIC HEALTH ALERT: YOUTH SUICIDE



Office of the Child Advocate

[www.ct.gov/oca](http://www.ct.gov/oca)

Child Fatality Review Panel

## Overview

In 2013, ten of Connecticut's youth died by suicide, seven of them girls. Five of the ten youth in 2013 died by suicide within 6 weeks of the start of school, one in the afternoon of the first day of school. Historically, studies have shown that while girls are four times more likely to have depressed thoughts or even suicidal ideation, boys are far more likely to complete suicide than girls (81% vs. 19%). However, in 2013 and 2014, this was reversed for Connecticut youth. While this is not a trend line, it is certainly cause for concern and intervention.

## What are risk factors for youth suicide?

According to the Centers for Disease Control and Prevention ([www.CDC.gov](http://www.CDC.gov)), the following are risk factors for youth:

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal methods
- Exposure to the suicidal behavior of others
- Incarceration

Many of Connecticut's youth that are involved in the state's child welfare and juvenile justice systems already have some of the risk factors listed above, and are therefore at an increased risk of suicidal ideation and suicide. Indeed, of the ten youth who died by suicide in 2013, 6 of them had previous involvement with the Department of Children and Families (DCF) and/or the juvenile justice system.

## Connecticut Data

From 2001 through 2014, 114 of Connecticut's youth have died by suicide. Connecticut's statistics closely follow the national statistics (above) for suicidal ideation or planning, having trended down from 2001-2009 and increasing since 2009 (graph). Equally concerning is the downward trend in the average age of a youth who die by suicide, from 17 in 2007 to just over 14 years of age in 2013. Although the numbers are small relative to the total population, each youth suicide has a devastating impact to the youth's family, school, and community, and the ripple effect of each tragedy cannot be overstated.

## Youth Risk Behavior Survey

In Connecticut the departments of Public Health and Education administer the Youth Risk Behavior Survey (YRBS) every two years to select high school students across the state. This is also a national study supported by the CDC. While there has been an overall decline in suicidal ideation and making a plan for suicide since 1991; from 2009 to the present, this number has begun to climb again. Highlights from the 2013 CT YRBS:

- About 27.2% of students felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months. That's about 1 out of every 3 students.
- About 14.5% of students seriously considered attempting suicide during the past 12 months.
- 21% of students said that when they felt "sad, empty, hopeless, angry or anxious," they "were not sure" who to talk about it with.

For the report in full: <http://www.ct.gov/dph/cshs>



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## *Protective Factors*

- Effective clinical care for mental, physical and substance use disorders;
- Easy access to a variety of clinical interventions and support for help-seeking;
- Restricted access to highly lethal means of suicide;
- Strong connections to family and community support;
- Support through ongoing medical and mental health care relationships;
- Skills in problem solving, conflict resolution and nonviolent handling of disputes;
- Cultural and religious beliefs that discourage suicide and support self preservation.

## RECOMMENDATIONS FOR PREVENTION

### *For Community Partners, Schools, and Lawmakers ...*

- Conduct an annual child fatality report and legislative hearing to review child deaths and prevention strategies.
- Mandate the use of a simple screening tool, such as the C-SSRS (Columbia Suicide Severity Rating Scale), by health care providers and school systems.
- Incorporate data from the Adverse Childhood Experiences Study (ACES) into prevention and practice.
- Join the Connecticut's Suicide Advisory Board ([preventsuicidect.org](http://preventsuicidect.org)).
- Monitor the depression inventory of high-risk clients and families.
- Follow established best practice guidelines to ensure student safety, including the link between bullying and suicide.
- Call 211/Emergency Mobile Psychiatric Services (EMPS) for children/youth in crisis.
- Increase screening for depression.
- Ensure uniform law enforcement, first responder and medical examiner protocols for suicide investigations.
- Regulate the sale of lethal means, including firearms and prescription and illicit drugs.

### *A note about lethal means...*

Because Connecticut has fairly stringent gun safety laws compared with other states, the incidence of youth suicide by firearm is relatively low. In fact, only one of the ten teen deaths from suicides in 2013 was a fatal gunshot wound. However, we know that persons – both youth and adults – with a plan for suicide will use any available means. Every other youth who completed suicide in 2013 died by hanging, and had used an item available in their homes, such as a belt or scarf.



### *For More Information ...*

- [www.preventsuicidect.org](http://www.preventsuicidect.org)
- [www.cdc.gov/violenceprevention/pub/youth\\_suicide.html](http://www.cdc.gov/violenceprevention/pub/youth_suicide.html)
- [www.cssrs.columbia.edu/](http://www.cssrs.columbia.edu/)
- [www.211ct.org](http://www.211ct.org) or dial 211
- [www.suicidology.org](http://www.suicidology.org)

If you know someone having thoughts of suicide contact the National Suicide Prevention Lifeline  
1-800-273-TALK (1-800-273-8255)