

WHAT YOU NEED TO KNOW ABOUT YOUTH SUICIDE

If you or a loved one are having thoughts of self-harm or need immediate support, you can contact the National Suicide Prevention Lifeline (1-800-273-8255/TALK) or Crisis Text Line by texting “NAMI” to 741-741. In a life-threatening situation, go to your nearest psychiatric emergency room or call 911.

Suicidal thoughts are common among teens and young adults. In fact, about [11%](#) of young adults (ages 18-25) report that they’ve had serious thoughts about suicide, and about 1–2% report a suicide attempt during the prior year. These numbers are higher among high school students — nearly [20%](#) report serious thoughts about suicide and 9% report a suicide attempt. Among young adults 15–24 years old in the U.S., the rate of death by suicide in 2019 was about [14](#) per 100,000 people — slightly higher than one suicide for every 10,000 people in this age group.

These numbers are frightening, but there is also hope — if we can identify and support young people who are experiencing mental health symptoms, including thinking about suicide, we have an opportunity to help prevent tragedy. There is a large gap between the number of young people thinking about suicide (about 1 in 10) and the number who die by suicide (1 in 10,000). In other words, there are 1,000 young people currently struggling with the idea of ending their life for each young person lost to suicide. Most importantly, that means that there are 1,000 opportunities to provide understanding and support to those experiencing difficulties.

Risk of suicide varies across different identity and cultural groups — in many cases, historically disadvantaged communities who experience discrimination, social/environmental stressors and limited access to care and support resources also experience higher rates of suicide.

Historically, [Black Americans](#) have died by suicide at lower rates than the general public, but the rates of suicide among Black people — [particularly youth](#) — have increased in recent years. Fortunately, this crisis is beginning to receive the necessary level of attention. The Emergency Taskforce on Black Youth Suicide and Mental Health, established in 2019 by the Congressional Black Caucus released a [report](#) outlining research, policy and practice recommendations to address the crisis of suicide in Black youth, including significant increases in National Institutes of Health (NIH) and National Institutes of Mental Health (NIMH) funding for research focused on the issue. [Indigenous communities, such as Alaskan Natives](#), have also had higher rates of suicide than the general population due to generational trauma, poverty and stigma, among other factors. The best way to address the dangers of suicide is to build a comprehensive, culturally [competent program](#) within the community. One example of a movement to build such programs is the [Indian Country Child Trauma Center](#) which was established to develop training, technical assistance, program development and resources on trauma-informed care to tribal communities.

Youth who identify as [LGBTQI](#) are also at a [higher risk for suicide](#) than the general population. Encouragingly, states that have passed same-sex marriage laws have seen rates of adolescent suicide [drop by 7%](#). The association between the laws and a lower suicide risk was concentrated among students who identified as “sexual minorities” showing evidence that laws supporting the LGBTQI community also help prevent youth suicide.

Anyone who is having serious or continuing thoughts of suicide, having impulses to self-harm or making plans for suicide *needs* to be connected to care and support services.

There are quite a few things that have been associated with [increased risk](#) for suicide:

- Prior suicide attempts
- Family history of suicide
- History of mental health conditions such as severe depression, anxiety disorders and psychotic disorders
- Substance misuse
- Impulsivity or aggressiveness
- Serious family problems
- Breakups or other major relationship losses
- Access to means for self-harm (unsecured firearms, prescription medications, poisons)
- Social isolation
- History of traumatic experiences such as sexual violence or severe episodes of racial prejudice/violence, bullying
- Lack of access to mental health care
- Multiple exposures to suicide in one’s community or through unsafe coverage of suicide in the media

While the risk factors noted above might increase someone’s long term risk for suicide, there are several things that might indicate that the person’s thoughts of suicide are escalating or that there is [more acute risk](#):

- Talking, joking or posting online about dying or life not being worth living
- Feelings of hopelessness, shame or of being a burden to others
- Extreme sadness, anger or irritability
- Extreme feelings of emotional pain
- Planning or researching ways to die
- Withdrawal from others, saying or posting “goodbye” messages, giving away possessions
- Erratic or disorganized behavior
- Changes in substance use
- Seeking means to self-harm

There are many factors that can also help to protect someone against suicidal ideation or behavior that include:

- Effective coping and problem-solving skills
- Strong social and family connections
- Access to quality mental health care
- Support from religious or social communities
- Lack of access to means to self-harm

For more information and resources please read the full article:

<https://nami.org/Your-Journey/Kids-Teens-and-Young-Adults/What-You-Need-to-Know-About-Youth-Suicide>