



**Tennessee Suicide
Prevention Network**

"Saving Lives in Tennessee"

Suicide and Youth

- As of 2007, suicide ranks as the third-leading cause of death for people aged 10-24, behind accidents and homicides. Approximately eleven young people between the ages of 10 and 24 die every day by suicide in the United States, or one every 122 minutes.
- In 2007, 34,598 people died by suicide. 12.5% of these suicides were committed by persons under the age of 25.
- Suicide rates for young people aged 15-24 have tripled since the 1950s and remained largely stable at these higher levels since the late 1970s.
- Suicide rates for those 15 to 19 years old increased 11% between 1980 and 1997. Suicide rates for those between the ages of 10 and 14, however, nearly doubled during this same period. Both age groups have shown small declines in rates in the years since then.
- Firearms are the most common suicide method among youth, regardless of race or gender, accounting for almost half of all suicide deaths. Research shows that the access to and the availability of firearms is a significant factor in the increase of youth suicide.
- In 2005, the male-to-female ratio of completed suicides was 2.4:1 among 10-14 year olds, 4.7:1 among 15-19 year olds, and 5.7:1 among 20-24 year olds.
- The typical profile of an adolescent nonfatal suicide attempter is a female who ingests pills; while the profile of the typical fatal suicide attempter is a male who dies from a gunshot wound.
- Between 1980 and 2000, black male youths aged 10-14 showed the largest increase in suicide rates relative to sex and ethnicity, increasing by 180%. Among 15-19 year old black males, rates have increased 80%.
- Most adolescent suicides occur in the afternoon or early evening and in the teen's home.
- According to the 2005 Youth Risk Behavior Surveillance Study published by the Centers for Disease Control and Prevention, nearly one in seven high school students stated on a self-report survey that they had seriously considered attempting suicide during the preceding 12 months, and one in 16 actually made an attempt. Within a typical high school classroom, it is likely that two students have made a suicide attempt in the past year.
- 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 use their behavior as a means of coping with stress and tend to exhibit more chronic symptomology, poorer coping histories, and a higher presence of suicidal and substance abusive behaviors in their family histories.

COMMON RISK FACTORS FOR YOUTH SUICIDE

- Presence of a psychiatric or conduct disorder
- The expression/communication of thoughts of suicide, death, dying.
- Impulsive and aggressive behavior; frequent expressions of rage.
- Previous exposure to other's suicidality.
Recent severe stressors (e.g., difficulties in dealing with sexual orientation; unplanned pregnancy or other significant real or impending loss).
- Family loss or instability; significant family conflict.

Sources: Tennessee Department of Health, American Association of Suicidology.



"Giving Hope, Saving Lives"

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