

HEALTHY PEOPLE 2020

CRITICAL INDICATORS FOR ADOLESCENTS AND YOUNG ADULTS



Suicide rate among adolescents (12–17 years) and young adults (18–24 years)

Overview

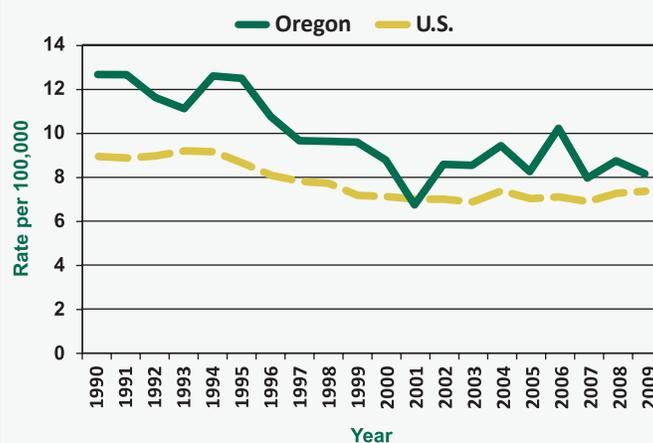
Suicide is a serious public health concern. It has long-lasting effects on individuals, families and communities. Nationally, suicide is the third leading cause of death among youth aged 15–24 years old. In Oregon suicide is the second leading cause of death in youth of the same age. The path to suicide is complex. It is paved with many factors that can put youth at risk for and protect them against suicide. However, the goal of suicide prevention is simple: Reduce factors that increase risk and increase factors that promote resilience. Successful prevention strategies address individual, relationship, community and societal levels. Effective prevention actions will promote suicide awareness and encourage social change.

Youth suicide in Oregon

Oregon's adolescent suicide rate has decreased approximately 50 percent since the early 1990s. However, Oregon's suicide rate has generally been higher than the U.S. rate (see Figure 1).ⁱ Major contributors to Oregon's suicides include mental health challenges (such as depression), a crisis within two weeks, interpersonal relationship problems and trouble at school. Nearly eight of 10 youth who attempted suicide in 2012 had at least one mental health condition. Youth attempted suicide by using prescription or over-the-counter drugs more than by any other method. Most attempts were in the youths' own home. Data from the Adolescent Suicide Attempt Data System show that 66 percent of the youth who attempted suicide were females.

Suicide rates among youth aged 10–24 in Oregon and the U.S., 1990–2009

Figure 1



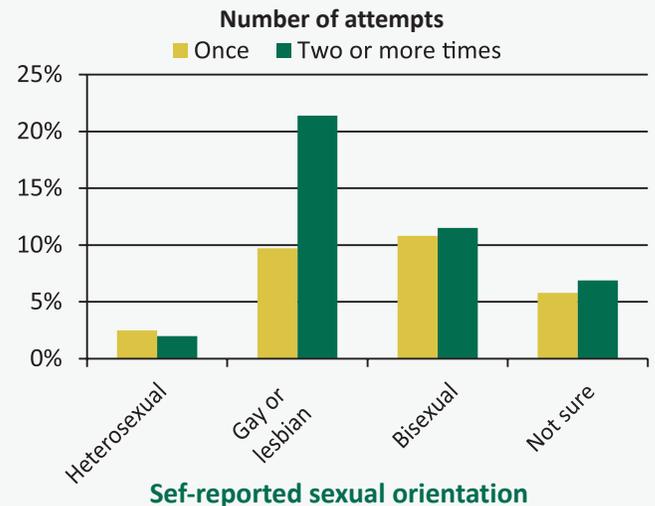
Source: CDC WISQARS data set; Oregon Violent Death Reporting System

However, three times more males than females died by suicide. Over half of youth suicides were from firearms.

Emotional and mental health are strongly connected to suicidal thoughts and behaviors. In the 2009 Oregon Healthy Teens Survey, 71 percent of students with serious suicidal thoughts also reported poor emotional or mental health. Students who felt depressed for two weeks in a row in the past year were six times more likely to have suicidal thoughts and behaviors than those who did not feel depressed (40.1% vs. 6.7%). Substance abuse, exposure to violence and harassment at school also contribute to these thoughts and behaviors. Youth who identify as lesbian, gay or bisexual considered and attempted suicide at a higher rate than youth who identify as heterosexual (see figure 2).

Percent of 11th graders, by sexual orientation, who attempted suicide in the past year, 2008

Figure 2



Source: Oregon Healthy Teens Survey, 2008

Suicide prevention in Oregon — a public health approach

A public health approach to preventing suicidal thoughts and behaviors includes a broad range of interventions, programs and policies. This approach cuts across health, media, criminal justice, advocacy, education and other sectors. The public health approach monitors trends, conducts research on risks and protections, develops and tests interventions, and builds capacity for tactics that reduce suicide behavior.

Creating nurturing environments to prevent suicide

When children's and youths' exposure to violence, parental conflict, bullying, victimization and other toxic conditions decrease and nurturing conditions (such as strong relationships with adults and peers and safe and supportive school environments) increase, many behavioral and psychological problems, including suicide, decrease.ⁱⁱ Everyone can help create nurturing environments that support healthy youth development.

Policymakers

Policymakers can help develop state and local systems of care that include partnerships among families, schools, health care providers and local programs. Youth who have more access to physical and mental health services through school-based health centers can help ensure youth have access to qualified providers.

Policymakers can also invest in evaluating and implementing evidence-based prevention and mental health promotion approaches in communities and school systems. They could also require health professionals to receive and mental health graduate programs to provide training in suicide intervention. Policies that reduce access to firearms would reduce the number of youth suicides.

Schools and communities

Schools are critical for suicide prevention. Increasing school connectedness can build resilience among youth. Resilience protects youth from a number of health risks, including suicide, and supports greater academic achievement.ⁱⁱⁱ

Schools can work to increase school connection in several ways. One is to ensure a healthy and safe school environment that promotes positive behavior and engagement. Schools can ensure they have strong policies to prevent and report bullying, aggression and harassment. School staff also need suicide awareness and intervention skills. Adequate and frequent staff training in these areas is vital to

support strong policies. In Oregon, most counties offer suicide intervention skills training through QPR and [Applied Suicide Intervention Skills Training \(ASIST\)](#). These trainings help recognize signs of suicidal thinking and behaviors, and teach what to do and how to get help.

Schools can also help provide students with the academic, emotional and social skills to actively engage in school. Examples of evidence-based programs include Positive Behavioral Interventions and Supports (PBIS), the Good Behavior Game, and Reconnecting Youth.

Health care providers

Health care professionals in clinics, hospitals and emergency departments can screen all youth for depression and suicidal thinking. This will help identify at-risk youth, and help them find the right resources. They can counsel patients at risk to remove access to firearms. Emergency departments that follow up with youth who have attempted suicide help reduce further attempts.

Where to go if you need help



The National Suicide Prevention Lifeline is available to everyone 24 hours a day, seven days a week. It can provide connections to local resources. Call 1-800-273-8255 if you need help or want to help someone else.

Resources

1. **Oregon Youth Suicide Prevention Program:** Find resources to prevent suicide and to help support survivors, families and friends: <http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/index.aspx>.
2. **Suicide Prevention Resource Center** provides national data, resources and best-practice registries for suicide prevention. Go to www.sprc.org.
3. The U.S. Department of Education has established the **Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS)** to provide school capacity-building information and technical assistance disciplinary practices. See www.pbis.org.
4. **RESPONSE is** a comprehensive, high school-based suicide prevention program designed to increase awareness, heighten sensitivity to depression and suicidal ideation, change attitudes, and offer response procedures to refer a student at risk for suicide. Go to www.columbiacare.org/Page.asp?NavID=99.
5. **Northwest Area Indian Health Board's THRIVE**, Tribal Health: Reaching out InVolves Everyone, provides regional support for suicide prevention and is developing four national AI/AN media campaigns from 2011 to 2013. Go to www.npaihb.org/epicenter/project/thrive/.

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- i Suicide, Suicide Attempts, and Ideation among Adolescents in Oregon. (2012). Oregon Health Authority.
 - ii Biglan, A., Flay, B.R., Embry, D.D., & Sandler, I.N. (2012). The critical role of nurturing environments for promoting human well-being. *American Psychologist*, 67, (4) 257-271.
 - iii Centers for Disease Control and Prevention. (2009). School Connectedness: Strategies for Increasing Protective Factors Among Youth. Atlanta, GA: U.S. Department of Health and Human Services.