

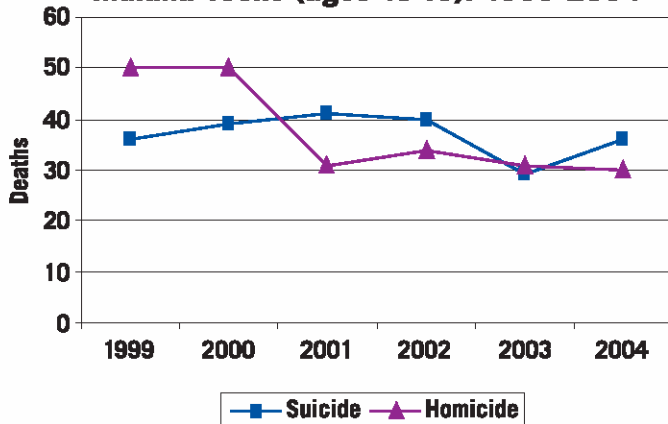
## Suicide Surpasses Homicide as #2 Cause of Death among Hoosier Teens

### In brief

Suicide among Hoosier teens, ages 15-19, has increased, placing it ahead of homicide and behind unintentional injury as a cause of death.<sup>1</sup> Suicides have outnumbered homicides in three of the last four years. Indiana statistics mirror a similar national trend, which confirms a recent rise in suicides among all young Americans, 10-24 years old.<sup>2</sup> The elevation

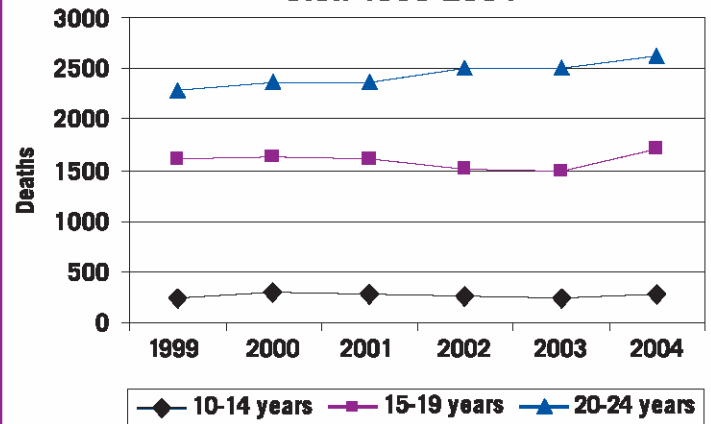
may be an early indicator of a new trend or could be an inexplicable “blip” that will correct itself. In either case, anyone who works with youth should be aware of the risk factors and warning signs, as well as the resources available to persons vulnerable to suicide or coping with the suicide of a friend or family member.

**Suicide and Homicide Deaths Among Indiana Teens (ages 15-19): 1999-2004**



Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team.

**Suicide Deaths Among Youth, by Age Group, U.S.: 1999-2004**



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (producer). Web-based Injury Statistics Query and Reporting System (WISQARS).

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<sup>1</sup> Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team.

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (producer). Web-based Injury Statistics Query and Reporting System (WISQARS). (2004). Retrieved Feb. 28, 2007, from <http://www.cdc.gov/ncipc/wisqars/default.htm>

## Under the radar

Ninety-nine Indiana youth, ages 10-24, committed suicide in 2004. More difficult to track than fatalities are the numbers of young Hoosiers who consider, plan, or attempt suicide. A quarter of participants in the 2005 Indiana Youth Risk Behavior Survey reported that in the past year they “felt so sad or hopeless almost every day for two

weeks or more...that they stopped doing some usual activities,” a common symptom of depression. One in six seriously contemplated suicide in the past year; one in seven devised a suicide plan; one in 10 tried to carry out the plan; and one in 28 required medical attention after attempting suicide. All 2005 numbers reflected an increase from 2003.

### YOUTH RISK BEHAVIOR SURVEY

During the past year . . .	2003		2005	
	IN	US	IN	US
Percentage of students who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities	25.5	28.6	27.3	28.5
Percentage of students who seriously considered attempting suicide	16.0	16.9	18.0	16.9
Percentage of students who made a plan about how they would attempt suicide	12.6	16.5	14.8	13.0
Percentage of students who actually attempted suicide	6.6	8.5	9.6	8.4
Percentage of students whose suicide attempt required medical attention	1.6	2.9	3.5	2.3

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. (2005). Youth Risk Behavior Survey, 2003 and 2005. Data retrieved from [www.cdc.gov/HealthyYouth/yrbs](http://www.cdc.gov/HealthyYouth/yrbs)

## Here's what we know...

Although a commonly-held belief is that the majority of suicides occur during the winter months, suicide rates actually are highest in the spring.<sup>3</sup> Research indicates suicide rates are affected by cyclical factors, with an increase in the first part of a season, month, and week.<sup>4</sup> Females are three times as likely as males to attempt suicide during their lifetimes, but males are four times as likely to succeed in their attempts because they often choose

more lethal means.<sup>5</sup> Regional location offers no guarantee of immunity to suicide; all 92 Indiana counties reported at least one suicide among their youth in the past decade.

It is difficult to pinpoint the reasons behind the increase in youth suicides. Some research indicates a correlation between high risk behaviors, such as sexual activity and drug use, and higher suicide rates.<sup>6</sup>

<sup>3</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2006). Suicide Fact Sheet. Retrieved Feb. 28, 2007, from [www.cdc.gov/ncipc/factsheets/suifacts.html](http://www.cdc.gov/ncipc/factsheets/suifacts.html)

<sup>4</sup> Gabennesch, H. (1988, September). When promises fail: A theory of temporal fluctuations in suicide. *Social Forces*, 67:1, 129-145.

<sup>5</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2006) Suicide Fact Sheet. Retrieved Feb. 28, 2007, from [www.cdc.gov/ncipc/factsheets/suifacts.htm](http://www.cdc.gov/ncipc/factsheets/suifacts.htm)

<sup>6</sup> Quigely, A. (2004). Sex and drug use increase teen suicide risk. *Health Behavior News Service*. Retrieved on April 6, 2007, from [www.cfah.org/hbns/news/teensuicide09-10-04.cfm](http://www.cfah.org/hbns/news/teensuicide09-10-04.cfm).



Late warning signs may be as obvious as statements such as: “I won’t be a problem for you much longer;” “It’s no use;” “I wish I were dead;” or “I shouldn’t have been born.” Other tip-offs are:

- Talking about suicide
- Behaving violently or rebelliously
- Refusing help
- Not tolerating praise or rewards

- Complaining about being a “bad” person
- Giving away favorite possessions

If any of these red flags appear, the next steps are communication with the young person’s peers to determine if they also have noticed the warning signs and conversation with the youth. Experts offer these suggestions for talking to a youth identified as “at-risk” of suicide:”

## DO’S AND DON’TS FOR HELPING A TEEN WHO IS THINKING ABOUT SUICIDE<sup>10</sup>

### DO

- Stay with the individual
- Ask direct questions
- Encourage the individual to express his/her feelings
- Focus on the present
- Use active listening
- Remain calm
- Ask the individual if he/she has a suicide plan and access to carry out the plan
- Follow your organization’s intervention plan (and alert the crisis team)
- Refer the individual to a mental health professional

### DON’T

- Leave the individual alone
- Beat around the bush
- Make promises you can’t keep
- Focus on the past or future
- Promise to keep secrets
- Become anxious
- Try to convince the individual that “things aren’t that bad”
- Try to handle the situation on your own
- Hope the situation will resolve itself without help from a mental health professional

## Responding to grief: A success story

Youths who take their own lives are not the only victims of suicide. The deep grief felt by children who lose a friend to suicide may be compounded by an inability to communicate their emotions. They may feel guilty, abandoned, confused, or ashamed. They need assurance from adults that the death was not their fault and that someone is present to take care of them. Many survivors find that the best help comes from attending a support group where persons share their stories and feelings without pressure or fear of judgment.<sup>11</sup>

At least one Indiana community has developed an effective response to suicide following a 14-month stretch of increased deaths in the early 1990s. TRI-CAP Mental Health Initiative and Survivors of Suicide in Dubois County created programs organized by area leaders, students, parents, and teachers. The

initiative consists of four components that address suicide prevention in a comprehensive way:

- **Teen Wellness Centers** are located in four county high schools and provide care and counseling.
- **QPR** (Question, Persuade, and Refer) trains school personnel to recognize warning signs of suicide and to reach out to potential victims.
- **Natural Helpers** recruits and trains high school students to identify and assist peers who are stressed or depressed. The most serious cases are referred to TRI-CAP for professional help.
- **Survivors of Suicide** is a support service program that offers assistance following a suicide.

The programs have contributed to a significant reduction in the incidence of local teen suicide.

<sup>10</sup> King, K.A. (2006). Practical strategies for preventing adolescent suicide. *The Prevention Researcher*, 13 (3). 8-10.

<sup>11</sup> American Association of Suicidology (2007). Survivors of Suicide Fact Sheet. Retrieved March 4, 2007 from <http://www.suicidology.org/associations/1045/files/SurvivorsFactSheet.pdf>

## *State and national resources*

**The Indiana Suicide Prevention Coalition**, founded in 2001, coordinates, facilitates, advises, and provides resources to Indiana communities working to reduce suicidal behaviors and deaths. The coalition is an activity of the Indiana University-Purdue University Fort Wayne Behavioral Health and Family Institute. Contact: (260) 481-4184; [www.indianasuicidepreventioncoalition.org](http://www.indianasuicidepreventioncoalition.org)

**National Youth Violence Prevention Resource Center** is a Web-based resource created by the Centers for Disease Control to provide information about preventing youth violence and suicide. The Web site offers publications, research, statistics, and fact sheets for parents, teens, and other adults who work with youth. Contact: (866) 723-96884; [www.safeyouth.org](http://www.safeyouth.org)

**Suicide Prevention Resource Center (SPRC)** provides prevention support, training, and resource materials to strengthen suicide prevention networks. The SPRC Best-Practices Registry provides information about prevention programs that have been evaluated and found effective or promising. [www.sprc.org](http://www.sprc.org)

**American Foundation for Suicide Prevention** is a national nonprofit organization dedicated exclusively to understanding and preventing suicide through research and education and to reach out to persons with mood disorders and those affected by suicide. The AFSP provides education and information about depression and suicide to professionals, the media, and the public through workshops, training, brochures, and public service announcements. The AFSP Web site includes a list of online support groups for suicide survivors. Contact: (212) 363-3500; [www.afsp.org](http://www.afsp.org).

**The Survivors of Suicide** offers an independent Web site to help persons who have lost loved ones resolve their grief and pain. Contact: [www.survivorsofsuicide.com](http://www.survivorsofsuicide.com)

**The Jason Foundation, Inc.** is a provider of educational curricula and training programs for students, educators, youth workers, and parents. Its programs build awareness of youth suicide, educate about the warning signs, provide information on identifying at-risk behavior, and direct participants to local resources. Contact: [www.jasonfoundation.com](http://www.jasonfoundation.com)

**National Suicide Prevention Lifeline** is a toll-free number available for anyone in a suicidal crisis. The number is (800) 273-8255 and [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**American Association of Suicidology** helps people understand and prevent suicide. Its Web site provides information and links to support groups across the nation. Contact: (202) 237-2280; [www.suicidology.org](http://www.suicidology.org)

**The Dougy Center** provides a directory of national and international programs that serve grieving children, teens, and their families. Contact: (503) 775-5683; [www.dougy.org](http://www.dougy.org)

**Helpguide** is an on-line resource that provides information about recognizing and helping youth exhibiting symptoms of depression. [www.helpguide.org/mental/depression\\_teen.htm](http://www.helpguide.org/mental/depression_teen.htm)

The **Nemours Foundation's KidsHealth** Web site provides information on depression written for adults as well as teenagers. [www.kidshealth.org](http://www.kidshealth.org)

**For additional county and school district data,  
visit The Kids Count in Indiana  
Online Database at  
[www.iyi.org](http://www.iyi.org).**

## Indiana Youth Institute Resources

**IYI Weekly Update**, a free, electronic newsletter featuring useful information such as training opportunities, free resources, new reports about youth, and a “Grant Tip of the Week.” Subscribe at [http://www.iyi.org/weekly\\_updates/subscribe.asp](http://www.iyi.org/weekly_updates/subscribe.asp)

**Kids Count in Indiana Data Book and online database**, including state, county, and school district statistics on Indiana children and youth to support grant proposals and program initiatives. Access the database at <http://iyikcdb.iyi.org>

**Virginia Beall Ball Library**, a free lending library of youth development and nonprofit management materials, which can be borrowed easily by youth workers throughout the state, either on-site, online or through our toll-free main number. Search the catalog or sign up for an account at <http://www.iyi.org/library>

**Youth Service Help Line**, 877-IYI-TIPS, providing free phone assistance to youth organizations seeking quick answers to questions about fundraising, youth development and legal matters.

**Free custom research** on Indiana youth, at [www.iyi.org/statistics\\_facts/data\\_request.html](http://www.iyi.org/statistics_facts/data_request.html).

**IYI's Web site, [www.iyi.org](http://www.iyi.org)**, an online source for new reports on children, data for grant proposals, information about IYI's programs and library materials, and links to other valuable sources of youth development information.

**Regional trainings**, taught by nationally regarded instructors, offered at convenient locations across the state, on topics such as fundraising and working with youth.

**Professional Development Grants**, mini-grants for qualified youth workers to attend their choice of seminars, workshops, and conferences.

**Kids Count in Indiana Conference**, an annual fall conference designed to give Indiana youth workers the inspiration, networking opportunities, information and tools they need to serve children effectively.

**Statewide assistance**, providing free local service in all 92 Indiana counties. Call 1-800-343-7060 for information about how to contact the IYI Regional Field Representative near you.

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