

ATTACHMENT 1.03

RISK FACTORS FOR YOUTH SUICIDE

Adapted with minor changes from SAMHSA's *Preventing Suicide: A Toolkit for High Schools*.⁸

Risk factors for suicide refer to personal, social, physical, or cultural characteristics that are associated with suicide. Individuals affected by one or more of these risk factors may have a greater probability of suicidal behavior. There is no single, agreed-upon list of risk factors, but this page summarizes the risk factors identified by current research.

BEHAVIORAL HEALTH ISSUES/DISORDERS

- Depressive disorders
- Substance use (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other mental health diagnoses
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

PERSONAL CHARACTERISTICS

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation
- Experience of low belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk-taking or reckless behaviors
- Poor problem solving or coping skills
- Negative perception of self or self-image
- Capacity to self-injure
- Perception of being a burden (e.g., to family or friends)

ADVERSE/STRESSFUL LIFE CIRCUMSTANCES

- Interpersonal difficulties or losses (e.g., breaking up with partner)
- Disciplinary or legal problems
- Bullying, either as a victim or perpetrator
- School or work problems
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of a peer

RISK-TAKING BEHAVIORS

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior
- Reckless driving
- Putting self in dangerous situations on purpose

FAMILY CHARACTERISTICS

- Family history of suicide or suicidal behavior
- Parental or caregiver mental health problems
- Death of a caregiver or relative
- Caregiver divorce
- Problems in caregiver-child relationship (e.g., feelings of detachment, communication issues, interpersonal conflicts, financial struggles, violence or abuse, highly critical caregivers)

ENVIRONMENTAL FACTORS

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions with staff/students
- Lack of acceptance of differences
- Expressions and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly at home
- Exposure to other suicides
- Exposure to stigma and discrimination against students based on race, ethnicity, sex, ability, sexual orientation, gender identity, or physical appearance

ADDITIONAL POPULATIONS AT RISK OF SUICIDE

For certain populations of youth, suicide and suicide attempts can be more common.

- Male youths are more likely to die from suicide – at a rate of 81% to 91%.
- Female youths are more likely to attempt suicide.
- Racial and ethnic groups with the highest rate of deaths by suicide in 2021:
 - Non-Hispanic American Indian/Alaska Native – 21.8
 - Non-Hispanic White – 17.4
 - Non-Hispanic Native Hawaiian/Other Pacific Islander – 12.6
 - Non-Hispanic Multiracial – 9.7
 - Non-Hispanic Black – 8.7
 - Hispanic – 7.9
 - Non-Hispanic Asian – 6.8
- Hispanic youth were more likely to report attempting suicide than their Black and White, non-Hispanic peers.

As published in the *American Academy of Pediatrics*¹², of youth surveyed, those who identified as a transgender male had attempted suicide at a rate of 50.8% and transgender females at a rate of 29.9%

- These numbers were significantly higher than those surveyed youths who identified as female and male, 17.6% and 9.8%, respectively.

According to **The Trevor Project**¹³, recent data indicates the risks for students in the LGBTQIA+ communities are at disproportionately higher risk not because of their identity or orientation but because of stigmas that lead to mistreatment in society. Below are some significant data points that help paint a picture of what the risk looks like in the LGBTQIA+ community:

- Suicide is the second leading cause of death among young people aged 10-24 (Hedegaard, Curtin, & Warner, 2018) – and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth are at significantly increased risk.
- LGBTQ youth are **more than four times as likely** to attempt suicide than their straight, cisgender peers (Johns et al., 2019; Johns et al., 2020).
- The Trevor Project estimates that more than **1.8 million LGBTQ youth** (ages 13-24) seriously consider suicide each year in the U.S. – and at least one attempts suicide **every 45 seconds**.
- The Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health found that **45% of LGBTQ youth** seriously considered attempting suicide in the past year, including **more than half of transgender and nonbinary youth**.

Below are some data points from The Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health regarding protective factors:

- LGBTQ youth who felt high social support from their family reported attempting suicide at **less than half the rate** of those who felt low or moderate social support.
- LGBTQ youth who found their school to be LGBTQ-affirming reported **lower rates of attempting suicide**.
- LGBTQ youth who live in a community that is accepting of LGBTQ people reported **significantly lower rates of attempting suicide** than those who do not.
- Access to culturally competent, LGBTQ-affirming mental health providers, both within schools and in the broader healthcare system, is essential to the well-being of LGBTQ teens.
- Transgender and nonbinary young people who reported that all of the people they live with **respect their pronouns** reported lower rates of attempting suicide.
- Nearly 1 in 3 LGBTQ young people said their mental health was poor most of the time or always **due to anti-LGBTQ policies and legislation**.

Additional resources for supporting LGBTQ+ youth can be found in the Resources section of this Toolkit.

RECOGNIZING AND RESPONDING TO WARNING SIGNS OF SUICIDE

Adapted with minor changes from SAMHSA's *Preventing Suicide: A Toolkit for High Schools*.⁸

Warning signs are observable behaviors (online and offline) that may signal the presence of suicidal thinking. They might be considered cries for help or invitations to intervene, and they may differ by age group, culture, and even by individual. Warning signs signal the need to ask directly about suicide. If suicidal thoughts are present, then suicide interventions will be required.

EXAMPLES OF WARNING SIGNS

- **Suicide Statements**

It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct and indirect statements need to be taken seriously. See examples below.

- *Direct:* "I want to kill myself."
- *Indirect:* "You won't have to worry about me for much longer."

- **Suicide Notes and Plans**

The presence of a suicide note is a very significant sign of danger. The more in-depth plan a youth has, the greater the risk of suicidal behavior.

- **Prior Suicidal Behavior**

Prior suicide behavior is a powerful indicator of future suicide behavior. Thus, anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior. Examples of suicide behavior include the following:

- **Suicide Attempt:** Any action a youth takes with at least some intent or desire to die as a result. Suicide attempts don't always result in injury or harm.
- **Interrupted Attempt:** A youth starts to take steps to end their own life but something or someone stops them.
- **Aborted Attempt:** A youth starts to take steps to end their own life but stops themselves before lethal action is taken.
- **Preparatory Acts or Behaviors:** Any action a youth takes with the intention to die later, beyond saying something about suicide (including suicide rehearsals).
- **Non-Suicidal Self Injury (NSSI):** Engaging in self-injurious behavior purely, 100% for reasons other than dying, usually to affect the youth's internal state or external state.
 - While NSSI (aka self-harm) is NOT suicidal behavior, it does increase a youth's risk of suicide and can be seen as a warning sign, especially if the behavior is new or the severity of the behavior is worsening.

- **Making Final Arrangements**

Making funeral arrangements, writing a will, and/or giving away prized possessions may be warning signs of impending suicidal behavior.

- **Preoccupation with Death**

Excessive talking, posting, drawing, reading, and/or writing about death may suggest suicidal thinking.

- **Changes in Behavior, Appearance, Thoughts, and/or Feelings**

Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions or responsibilities, and reduced interest in previously important activities are just some examples.

In general, warning signs of suicide look like signs of suffering or signs of struggle. They are most often associated with experiences of pain and loss. Not everyone who exhibits warning signs will inevitably experience suicidal thoughts or behaviors.

The most important thing is that all warning signs of suicide, when observed, are not ignored, and are taken seriously.

PROTECTIVE FACTORS AGAINST YOUTH SUICIDE

Adapted with minor changes from SAMHSA's *Preventing Suicide: A Toolkit for High Schools*.⁸

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called *resilience*. Actions by school staff members to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance use, and academic hardships.

There is no single, agreed-upon list of protective factors. They are different for everyone, depending on age, culture, and interests. The list on this page summarizes the protective factors identified by the most recent research.

INDIVIDUAL CHARACTERISTICS AND BEHAVIORS

- Psychological or emotional well-being
- *Emotional intelligence*: The ability to perceive, integrate into thoughts, understand, and manage one's emotions.
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent body movement or participation in sports/activities
- Cultural and religious beliefs that affirm life
- Ongoing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Positive body image, care, and protection

FAMILY AND OTHER SOCIAL SUPPORT

- Family support and connectedness to family
- Closeness to or strong relationship with caregivers; caregiver involvement
- Close friends or caring adults
- Caregivers promote pro-social norms

SCHOOL-BASED EXPERIENCES AND CHARACTERISTICS

- Positive school experiences
- Part of a close school community
- Safe school environment (especially for youths who identify within the LGBTQIA+ community or are otherwise minoritized)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

MENTAL HEALTH AND HEALTH CARE PROVIDERS AND CAREGIVERS

- Access to effective care for mental health, physical health, and substance use disorders
- Easy access to care and support through ongoing medical and mental health relationships
- Caregiver support/endorsement of youth accessing these services

ACCESS TO LETHAL MEANS

Reducing access to lethal means is the most protective thing we can do to prevent suicide.

• Firearms:

- Lock up all firearms, preferably unloaded
- Store/lock ammunition separately from the firearm
- During a suicide crisis, storing firearms *outside* of the home is the safest option.

• Medication:

- Get rid of unused or unnecessary medications
- Keep small quantities of OTC and prescription medications on hand; lock up the rest

• Other considerations:

- Install safety barriers for bridges, buildings, and other jumping sites
- Lock up alcohol since there is an increased risk of suicidal behavior when drinking