



KIDS COUNT in Delaware Issue Brief



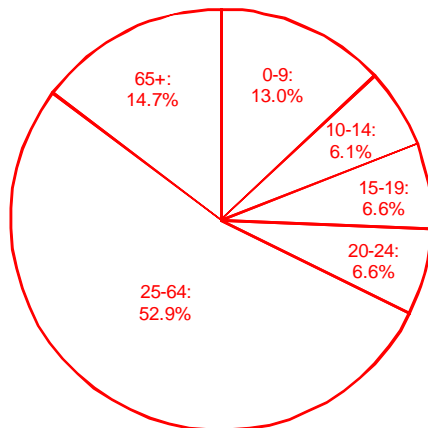
Suicide Prevention

Spring 2011

According to the CDC, suicide is the third leading cause of death among youth and young adults ages 10 to 24 in the U.S. Suicidal behavior is complex; this behavior is typically rooted in multiple social, economic, familial and individual risk factors, with mental health issues playing an important role in the whole mix. Risk factors for youth and young adult suicide may include depression, substance and/or alcohol abuse, prior victimization, a family history of suicide, physical illness, loss (relational, social, work or financial) and easy access to lethal methods including drugs or weapons. While suicide is a complex issue, it is also one that is preventable. Suicide prevention starts with bolstering the capacity of families and communities to recognize and treat those in emotional distress.

Counting the Kids: Delaware Demographics

2010 Population Estimate and Age Distribution, Delaware



Adolescence, a period of time much broader and longer than the teenage years alone, is marked by significant and dramatic change. Adolescence can be defined as the transition from childhood to adulthood. It begins with physical/biological changes and ends with changes in an individual's social role. For most of human history, the adolescent period began around age 14 and lasted from 2-4 years for an individual. In recent times, the duration of this transition has increased. It now lasts anywhere from 8 to 15 years in length. The physical changes that signal adolescence now begin on average around age 10, while adult roles and responsibilities have been delayed into early 20s for the average individual. Therefore, for the purpose of this brief, the terms 'adolescence' and 'youth and young adults' will be used interchangeably.

Delaware Total	895,173
Total Youth & Young Adults 10-24	173,481
Youth 10-14	54,994
Youth 15-19	59,518
Young Adults 20-24	58,969

Demographically speaking, we are much less of a child centered society now than we were 100 years ago. In the United States, children accounted for 40 percent of the population in 1900, but only 26 percent in 2000. Similar trends are evident in Delaware.

Source: Delaware Population Consortium, Population Projection Series, Version 2010.0

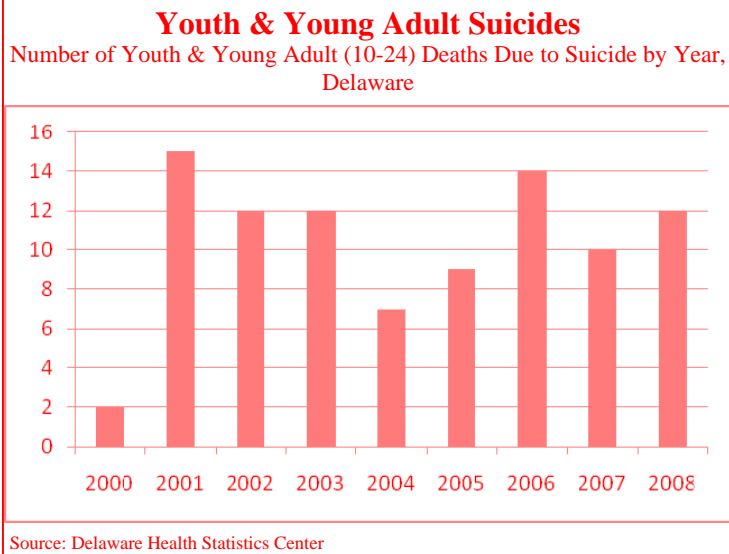
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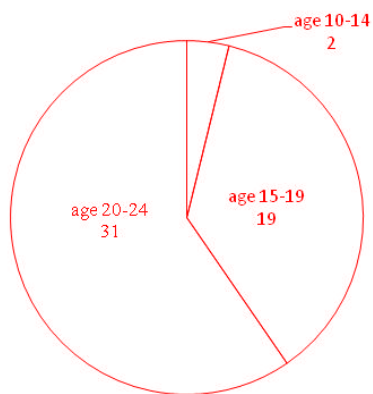
Youth & Young Adult Suicide in Delaware

Suicide occurs when a person ends his or her life intentionally. However, suicide deaths are only one piece of a larger problem. More people survive suicide attempts than actually die. According to the Center for Disease Control and Prevention (CDC), among youth ages 15-24, there are approximately 100-200 suicide attempts for every completed suicide. The survivors are often seriously injured and need medical care. Across the nation, more than 376,000 people with self-inflicted injuries are treated in emergency rooms each year.



Total Number Youth & Young Adult Suicides in a 5-Year Period by Age Group

Delaware, 2004-2008



Source: Delaware Health Statistics Center

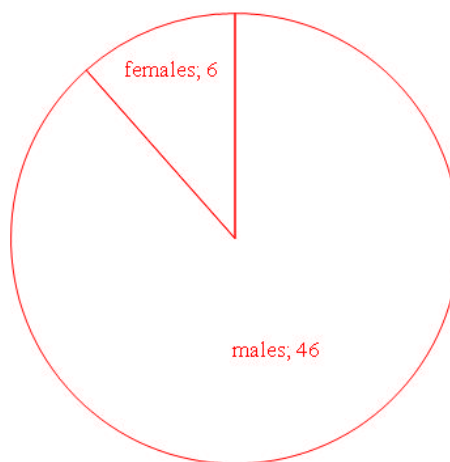
Statistics indicate that female adolescents are more likely than their male counterparts to attempt suicide and are hospitalized more often for self-inflicted injuries. However, males tend to use more violent methods, thus resulting in more completed suicides. Females are more likely to use poison or self-mutilate, while males more often use firearms.

In DE in 2005, the average medical cost per case for a hospitalized suicide attempt was \$8,693.

Source: Suicide Prevention Resource Center

Total Number Youth & Young Adult (age 10-24) Suicides in a 5-Year Period by Gender

Delaware, 2004-2008



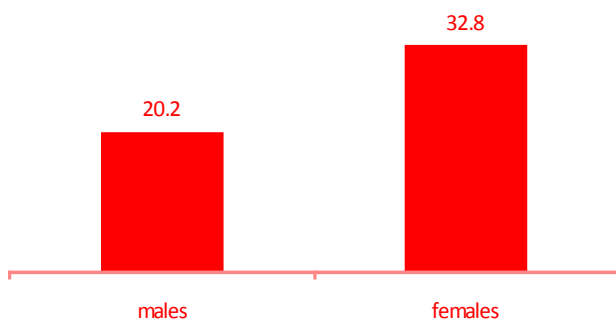
Source: Delaware Health Statistics Center



Risk Factor: Mental Health

Percentage of High School Students Feeling Sad or Hopeless* by Gender

Delaware, 2009



* During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Source: Youth Risk Behavior Survey 2009, Center for Drug and Alcohol Studies, University of Delaware

Depression is a risk factor for suicide among youth and young adults. According to Child Trends, one study found that over 90 percent of youth and young adults who died by suicide had some sort of mental health illness.

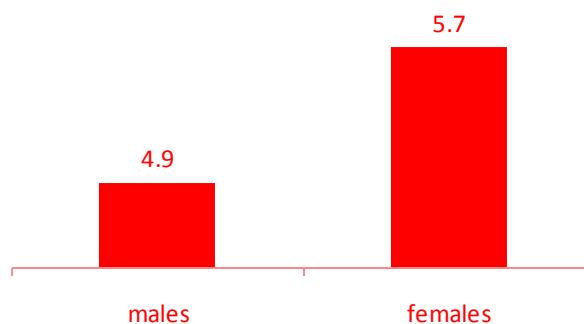
Looking at the cognitive development of an average adolescent: thinking becomes more abstract, logical and idealistic; adolescents are likely to compare themselves and others to ideal standards; adolescents develop what David Elkind coined as perceptions of an ‘imaginary audience’ and a ‘personal fable.’ In other words “everybody is watching me” but “no one can really understand how I feel.” In the extreme, such thinking serves to detach an individual from family & community supports.

Recent research into the adolescent brain shows that brain development continues into an individual’s twenties. The last part of the brain to be completely developed is the pre-frontal cortex which regulates executive functioning (things like decision-making and impulse control). This may explain why, despite cognitive improvements, adolescents appear to be more prone to erratic or emotionally influenced behavior and a disregard for risks and the resulting consequences.

Early adulthood is often a time when people marry or begin to form families. While positive aspects of marriage often serve to protect against depression, an increase in social stress can increase an individual’s risk for mental health illness. New financial burdens, career demands, a poor adjustment to married life and the birth of children among young couples can lead to negative mental health outcomes, especially among women. Young adults who suffer from depression are more likely to have problems with interpersonal relationships, employment and substance abuse. Young adulthood coincides with the legal age for alcohol use; young adults who engage in frequent drinking are more likely to experience depression.

Depression in Young Adults

Percentage of Young Adults (age 18-24) Reporting Two or More Depressive Symptoms* by Gender
US, 2008

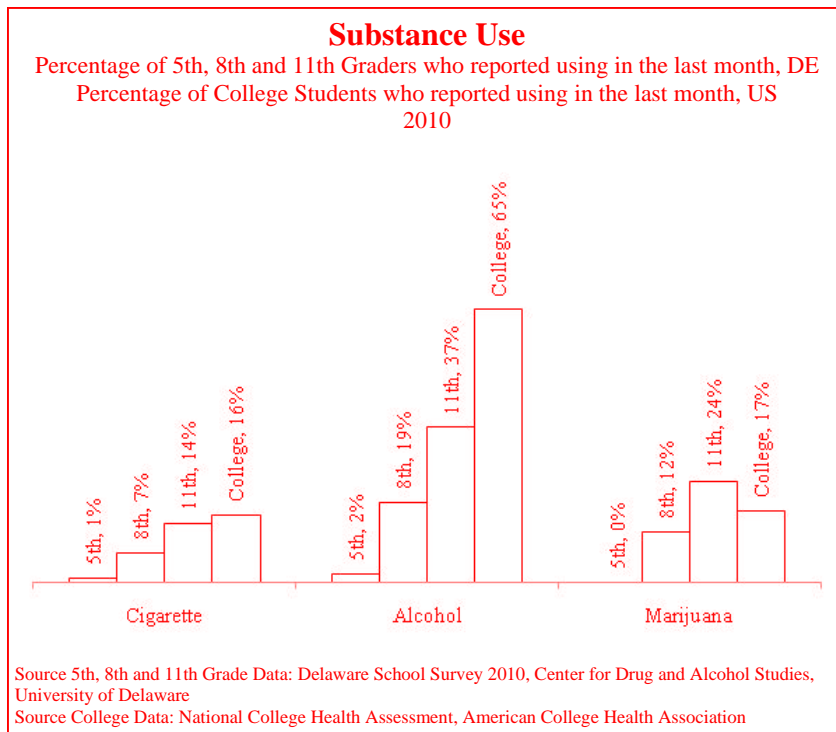


* Depressive symptoms include the following: felt sad, hopeless, worthless, restless, or that everything was an effort all of the time or most of the time during the past 30 days

Source: Child Trends’ Analysis of National Health Interview Survey Data



Risk Factor: Substance Abuse



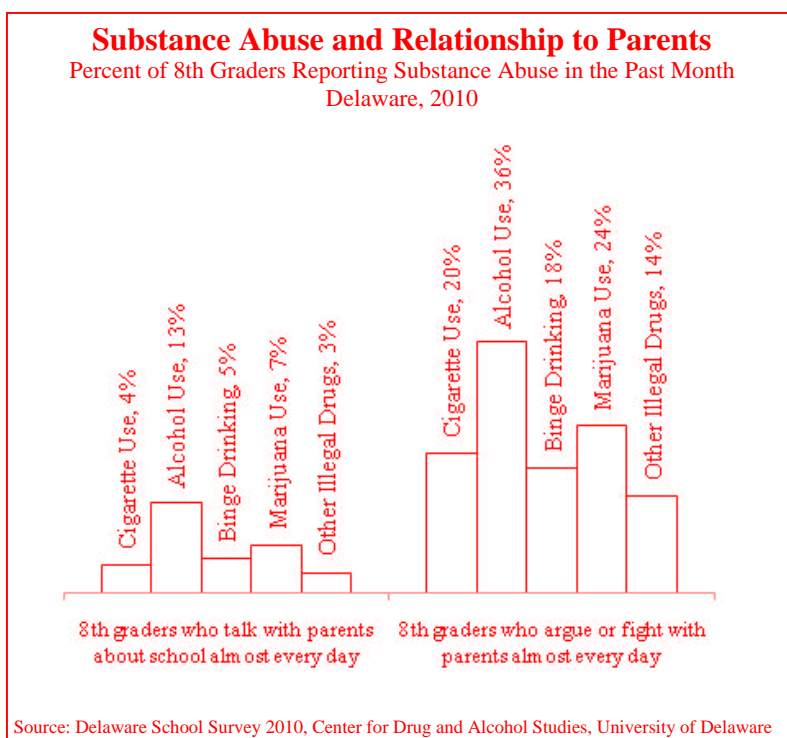
According to the Center for Drug & Alcohol Studies, the 1994 binge drinking rate at the University of Delaware was 64% (which was 50% above the national average). To address this problem, a City/University coalition was created to combat this problem. Binge drinking rates declined for the next three years. However in 2000, focus on this issue decreased and binge drinking rates on campus began to climb once again. In Spring of 2008 the rate of binge drinking on campus had risen to 1994 levels.



Adolescence is a time often associated with risk-taking or sensation seeking behavior. Risk-taking is viewed as a means of asserting independence and defining/developing personalities.

Research shows that depressed, self-injuring or suicidal adolescents typically have more involvement in drugs and alcohol than their peers.

Parents play a critical role in helping their children engage in healthy risk-taking (i.e., playing sports, making new friends, volunteering) and avoiding negative, unhealthy risk-taking (i.e., substance use and abuse, sexual activity, violence).

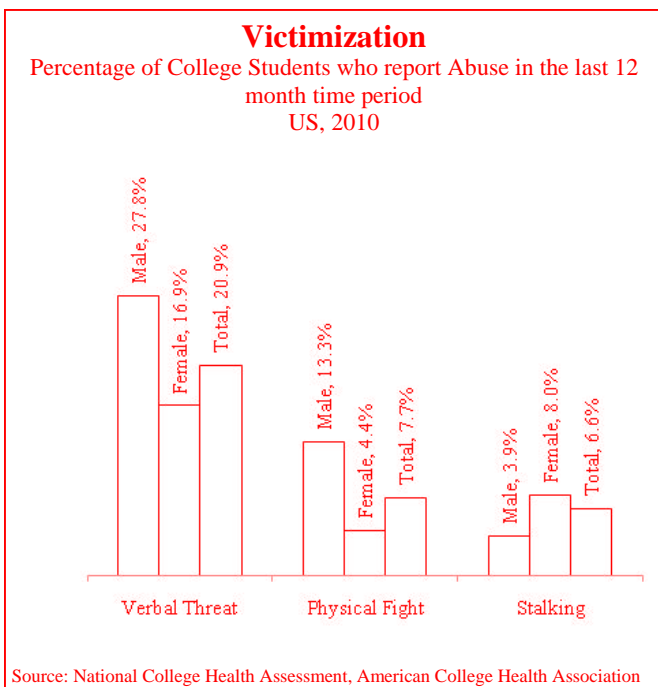
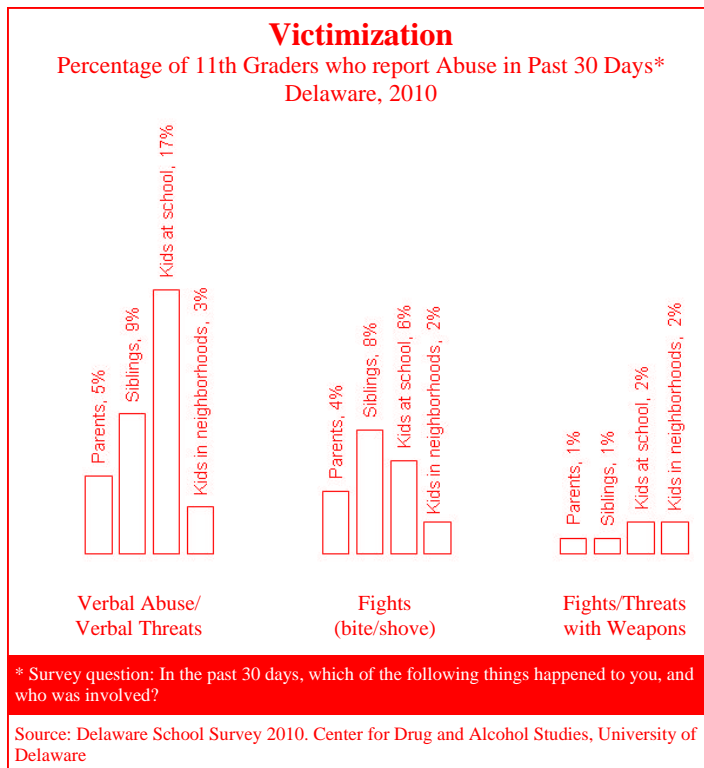




Risk Factor: Prior Victimization

Research conducted by the Centers for Disease Control and Prevention (CDC) link peer victimization and youth suicide. Peer victimization, or bullying, can take several forms— physical coercion, hostile teasing or emotional bullying, and harassment over the internet.

In 2007, Delaware’s 144th General Assembly passed HB7 which creates the School Bullying Prevention Act. The goals of this act are to provide a safer learning environment for students and staff members of Delaware’s public schools. The bill requires each school district and charter to establish a policy on bullying prevention with certain minimal requirements including, but not limited to developing a bullying prevention program and reporting bullying to the Delaware Department of Education.



According to one study, males who were bullied were four times more likely, and females were eight times more likely, to become suicidal than their non-bullied peers .
— Child Trends Data Bank

Studies show that across the U.S., lesbian, bisexual and transgender youth are approximately four times more likely to attempt suicide than heterosexual youth. According to the Center for Drug and Alcohol Studies, Delaware’s sexual minority youth are more likely to report that within the past year they made a plan about how to attempt suicide. Specifically, 28% of sexual minority high school age students versus 5% heterosexual high school age students in DE have made a plan for how to attempt suicide.



Preventing Suicide by Building Protective Factors

Protective factors are those biological, psychological or social factors that reduce or prevent vulnerability (i.e., make it less likely) that an individual will develop mental health illness. Protective factors for suicide prevention can be grouped into individual, family and community realms:

Individual Protective Factors

- ★ Abstinence from alcohol & other drugs
- ★ Help-seeking behavior
- ★ Friends and supportive significant others
- ★ Hope for the future
- ★ Having goals
- ★ Pets/connectedness to others
- ★ Good problem-solving skills
- ★ Medical compliance and a sense of importance of health/wellness

Family Protective Factors

- ★ Strong interpersonal bonds, especially with family & adults
- ★ Family cohesion
- ★ Parental presence at key times
- ★ Cultural & religious beliefs that discourage suicide & support self-preservation
- ★ Ability to cope and handle crises

Community Protective Factors

- ★ Reasonably safe, stable environment
- ★ Effective care for mental and physical health and substance use problems
- ★ Availability of counseling or trusted adult in the life of a youth
- ★ Restricted access to firearms or other lethal means
- ★ Opportunities to contribute/participate in school and/or the larger community

Adolescents with an adequate support network of friends, family, religious affiliation, peer groups or extracurricular activities have ways to deal with their everyday frustrations.

- *The Annie E. Casey Foundation*

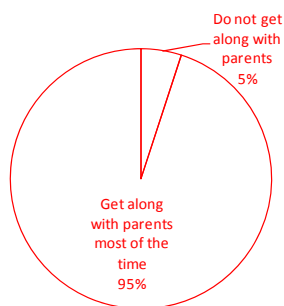


As children enter adolescence, many parents feel that their influence diminishes. However, research consistently shows that parents are a powerful influence on adolescents and can play a critical role in fostering healthy development while preventing risky behaviors.

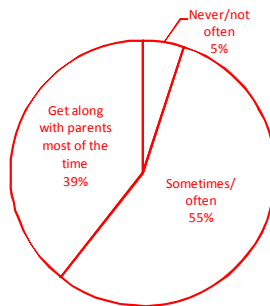
Parent and Adolescent Relationships

I get along well with my parents/guardians. Delaware, 2010

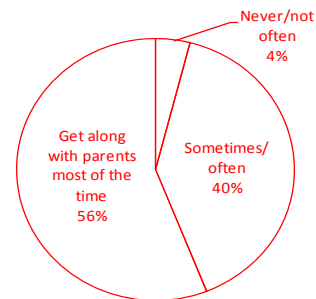
5th Graders



8th Graders



11th Graders



Source: Delaware School Survey 2010, Center for Drug and Alcohol Studies, University of Delaware



Preventing Suicide by Recognizing Warning Signs

The National Alliance on Mental Illness reports that approximately 80% of all those who die by suicide give some type of warning or message to others.

In some cases, warning signs for suicide necessitate **immediate action**. These warning signs include:

- ★ Threatening or talking about wanting to hurt/kill oneself
- ★ Direct & indirect statements of suicidal intent
- ★ Looking for ways to kill oneself by seeking access to firearms, pills or other means
- ★ Talking or writing about death, dying or suicide

Other causes for concern may or may not necessitate immediate action. Specifically, these **causes for concern** may include an individual:

- ★ Feeling hopeless
- ★ Feeling rage or uncontrollable anger
- ★ Seeking revenge
- ★ Feeling trapped– like there’s no way out
- ★ Experiencing dramatic mood changes
- ★ Seeing no reason for living
- ★ Having no sense of purpose in life
- ★ Acting reckless or engaging in risky activities
- ★ Increasing alcohol or drug use
- ★ Withdrawing from friends, family and society
- ★ Feeling anxious or agitated
- ★ Changes to sleep patterns- being unable to sleep or sleeping all the time
- ★ Sudden improvement in mood after being down or withdrawn
- ★ Giving away favorite possessions

★ For More Information ★

The National Suicide Prevention Lifeline www.suicidepreventionlifeline.org is a service available to anyone in crisis. This toll free number is available 24 hours a day, every day:
1-800-273-TALK (8255)

You may call for yourself or for someone you care about. All calls are confidential.

Project LIFE

To help prevent suicide particularly among the 10-24 age group, the Delaware Suicide Prevention Coalition sponsored Project Living Is For Everyone (LIFE). Project LIFE is an inclusive, statewide suicide prevention program that targets children and young adults ages 10 to 24 through a public health and community based approach. Project LIFE aims to prevent suicidal behaviors by improving access to and availability of prevention services, and to reduce the impact of suicide on individuals, families and communities. Project LIFE offers crisis services, post trauma counseling and follow-up care to youth and their caretakers; a teen website, www.delteenspace.org, that provides information for teens on suicide intervention; and a social marketing campaign, Get Right Side Up, to promote awareness. Project LIFE also provides tool kits for both youth and adults that include crisis intervention information, a video and other resources. The fundamental aim of Project LIFE is basic to suicide prevention and require continued attention in future efforts.

How to help a suicidal person

- ★ Take all comments about suicide seriously
- ★ Ask directly “are you thinking about killing yourself?” Do not let the anxiety of a “yes” response prevent you from asking
- ★ Listen to the person and acknowledge his or her pain
- ★ Avoid judging or inducing guilt
- ★ Help the person feel understood and let him or her know you care
- ★ Avoid being pledged to secrecy
- ★ Do not leave an actively suicidal person alone
- ★ Refer the individual to professional help
- ★ If help is refused, consult with a professional

