



FACTS

Preventing youth suicide and self-directed violence

If you or a loved one is feeling suicidal, [click here right now](#) to contact professional crisis centres throughout Europe (website of the International Association for Suicide Prevention).

SCOPE OF PROBLEM

According to WHO Mortality Database, a comparison of the most recent data up to 2004 from 90 countries including the European region showed that suicide was the 4th leading cause of death among young males ages 15 to 19, and 3rd leading cause among females ages 15 to 19, and accounts for 9.1% of all fatalities in this age group.¹ In 21 of the 30 European countries covered, suicide rates for youth have been increasing.²

At least 100,000 youths kill themselves each year worldwide. While many ages groups are seeing a decline in suicides, rates of youths committing suicide have been rising at the highest rate in both developing and developed countries. Indeed, the numbers may be an underestimate, as deaths are only attributed to suicide where proof of intent is established.³

Suicide rates vary widely between European countries. For those with available comparable data in the WHO Mortality database as of 2004, Lithuania, Latvia, Norway, Austria, Belgium, Ireland, Hungary, Slovenia, Portugal and Finland demonstrated rates higher than the worldwide mean average.¹

While suicide rates between countries vary, among youths 15 to 24 years of age, there are thought to be approximately 100 – 200 suicide attempts for every completed suicide.⁴

In a 7 EU country study, 24% of youths who had made a suicide attempt made a second attempt within a year.⁵

Immediate therapeutic treatment after a suicide attempt is considering crucial to recovery. A delay of even a day or two can greatly reduce the likelihood of the victim agreeing to treatment, and increase the likelihood of another future attempt.⁶

WHO IS AT RISK

There is no one type of personality more vulnerable to suicidal thoughts and behaviours.⁴

For youths between 11 – 24 years, boys comprise over 66% of all suicide cases. Inversely, over 66% of suicide attempts are made by girls. This may reflect that boys tend to use more conclusive means, such as firearms, while girls tend to use methods such as pills and poisoning, for which there is a higher chance of survival.⁷

A previous history of depression increases the chance of a youth suicide attempt by 5 times. A previous suicide attempt by a youth increases the risk of a further attempt by 20 times.⁸

Many adolescent suicides are related to a fear of failure. In adolescents, substance abuse plays a role in up to 70% of suicides.⁹ In an Australian study of suicides, in the 9 to 14 age group, 70% of child suicides were triggered by parent-child conflict, whereas older children tended to be triggered more by other issues.¹⁰



There is evidence that youths of non-traditional sexual orientation are at higher risk of suicide, this is thought to be caused by the stigmatization, marginalisation and discrimination they may feel in the school and/ or home environment.¹¹

Research shows that not only victims of bullying have a higher risk of suicidal thoughts, but that the perpetrators of bullying themselves are also at higher risk. Youths threatened with peer violence and bullying are 3.3 times more likely to have suicidal thoughts.^{12,13}

Each year, an average of 16 children in the UK commits suicide as a result of being bullied in school.¹⁴

Exposure to sensationalistic media reporting of a suicide by either a peer or admired celebrity can increase the likelihood of an at-risk person also attempting suicide, often by the same means.¹⁵

In recent years in Ireland, females of 15 to 19 years of age have had the highest rate of self-directed violence, with medication overdose being the most common method. The medications most frequently used are common minor tranquilizers.¹⁶

The following experiences and factors may put children and adolescents at higher risk for self –directed violence and suicide:^{5,17, 18}

- Surviving the loss of a loved one, especially to suicide
- Violence or mistreatment in the household
- Mental illness or substance abuse by parental figures,
- The end of a relationship
- Knowing peers or family members who engage in self-directed violence
- Migrating to a foreign country
- Low self-esteem, social exclusion or feeling left out, including due to sexual orientation discrimination within or outside of the home
- Child abuse (emotional / physical / sexual)
- A history of perfectionism or impulsiveness
- Mental disorders (in particular depressive symptoms or mood disorders) in themselves or family members
- Eating disorders, self-directed violence such as cutting and burning, and regular feelings of anxiety
- Bullying or peer violence in school settings
- Posting about suicide and self- directed violence on online forums
- Extensive sensational media coverage of local youth suicides (leading to copycat cases)

The risk of self-directed violence or suicide increases when more of these factors are present.

Recommended Preventive Actions and Strategies

Adequate prevention and treatment of depression, psychological orders, and substance abuse helps reduce risk of suicide and self-directed violence.³

School based programmes against bullying, and school based programmes related to coping skills and problem solving, as well as the existence of in-school counseling services have all proven more effective than direct suicidal awareness programmes.^{3, 19}

Media guidelines which restrict sensationalistic reporting of youth suicides or celebrity suicides helps reduce the chance of ‘copycat’ or cluster suicides for youths.¹⁵ In an



Austrian study of subway suicides, after the implementation of media guidelines for suicide coverage, suicides, especially subway suicides (the focus of the guidelines) decreased dramatically.²⁰

Post care treatments in which the youth receives counseling and mental health care immediately after a suicide attempt, is shown to reduce the likelihood of another attempt. Even waiting a few days may close this window of opportunity as the victim or family may downplay the seriousness of the attempt.⁶

“Postvention” treatment includes appropriate interventions within the community for those left behind after a completed suicide. These interventions aim to reduce the chance that affected family and peers will fall prey to suicidal thoughts as well, and can include peer group counseling, guided online discussions, support groups, and other measures of support.^{5,17,21}

Caregivers: responding to warning signs and attempts

Most people who engage in a suicide attempt or self-directed violence want to live; but they are trapped in a cycle of pain and are unable to see other solutions to make the pain stop. Most also give warnings of their self-harm or suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them with the necessary support. Youths are more likely to confess these feelings to a peer rather than to an adult.²²

It is critical that after a suicide attempt, there is an immediate supportive response and that discussions are held with the child immediately to encourage the child to commit to counselling and further treatment. A delay in the start of treatment, even a few days, will greatly increase the likelihood that the child will want to play down the significance of the incident and will avoid getting help.⁶

Talking to children about suicide and self-harm

If you think your child or a child in your care may be considering suicide or self-harming, talk to him or her. Talking about feelings can make all the difference between choosing to live or die.

- Ask about suicidal thoughts in a direct way. Don't be afraid to say the word "suicide" and "self-harm". Getting the word out in the open may help your child feel understood and to admit to suicidal thoughts, which is likely to result in a feeling of relief.
- Parents should tell the child that they are loved. Remind him or her that no matter how awful problems seem, they can be worked out, and you are willing to help to solve any problems.
- Ask him or her to talk about his/her feelings. Listen carefully. Do not dismiss problems or get angry at him or her.
- Do not trivialise references to suicide or self-harm as attention seeking or “blackmail” against parents or authorities.

- Prevent access to potential lethal methods of suicide or self-harm, including firearms and dangerous medications.



- Seek professional help for the child, and further advice for playing a supportive role. Ask your child's doctor, educator, and school psychologist to guide you.

This fact sheet was created in 2012 and updated in 2014.

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