

Youth Suicide in Indiana

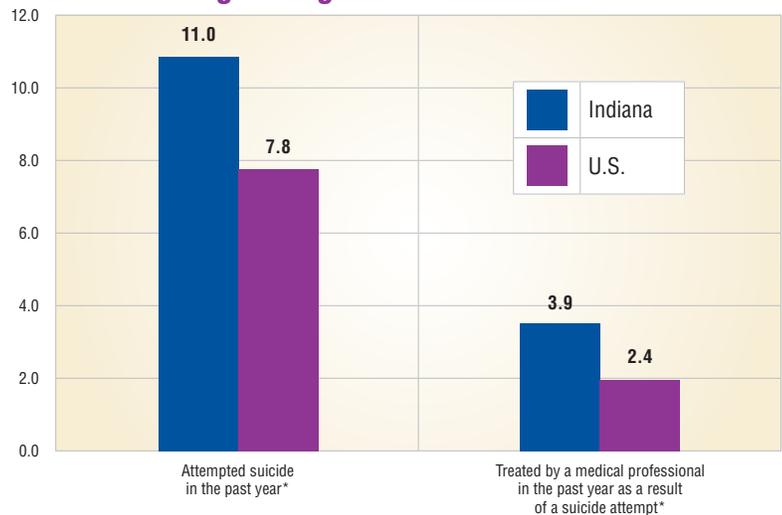
Suicide has been the second-leading cause of death for young Hoosiers between the ages of 15 and 24 since 2009.¹ In a national survey that included 43 states, Indiana had the nation's highest rate of students who have contemplated suicide (19 percent) and the country's second-highest rate of high school students who have attempted suicide (11 percent).²

Of Indiana youth and young adults who ended their lives in 2011, 61 were white males aged 15 or older. Males, adolescents and young adults most commonly use firearms to kill themselves, but females are most likely to use poisoning and younger children to use suffocation.²

Deaths from suicide are only part of the problem for Indiana youth; more young people survive suicide attempts than die, and many of these individuals seriously injure themselves in the attempt. Hoosier youth are more likely than their peers nationally to have been treated by a medical professional as a result of a suicide attempt in the past year.³ Between 2007 and 2011, 1,722 Hoosiers ages 10-19 were treated in an inpatient setting for attempted suicide or self-inflicted injury, and 5,761 were treated in emergency departments.⁴

While high school students were slightly more likely to feel sad or hopeless in 2011 as they were in 2003, they were significantly more likely to actually attempt suicide and to need to be treated by a doctor or nurse because of attempting suicide. This difference exists almost exclusively due to an increase in suicide attempts among males.³

Percentage of High School Students Who... 2011



* Significant difference between IN and US



Number of Indiana Suicides by:	Males (%)	Females (%)
Firearms	56	30
Suffocation	24	21
Poisoning	13	40

Risk Factors

Suicide affects youth in all demographic groups, but some groups are at higher risk than others.

For example, while girls are more likely to consider or attempt suicide, boys are more likely to die from suicide. Of the reported suicides in the 15-24 age group in Indiana, 82% of the deaths were males and 18% were females.⁵ Historically Hispanic youth are more likely to report attempting suicide than their peers, but in the most recent survey (2011) Black youth showed high rates of attempting suicide.³

Another group at risk of attempting suicide comprises those who identify as lesbian, gay, bisexual, or transgender. These youth are four times more likely to attempt suicide than their straight peers. Even those youth who are questioning their sexuality are three times more likely to attempt suicide⁶, especially if coming out is likely to cause family conflict.⁷

Youth also are at a greater risk for committing suicide if they have cultural or religious beliefs that suggest suicide as a solution⁸ or if they have easy access to lethal methods.⁵

Stressful life events such as the death of a loved one, a relationship breakup, financial insecurity, difficulty in school, or a chaotic or violent family environment also are risk factors for youth suicide.^{5,8} Other groups that have a higher risk of suicide include youth who have a personal or family history of:

- suicide⁵
- depression⁹
- mental illness⁵
- substance abuse⁵
- self-injury⁵
- major physical illness⁸
- being bullied⁴
- being abused or mistreated¹⁰

Warning Signs

Youth often mention their intent or show warning signs prior to attempting suicide. Youth who are considering suicide may talk about feeling isolated, trapped, hopeless or burdensome, being in unbearable pain, or seeing no reason for living.^{11,12} In Indiana 29 percent of high school students reported feeling sad or hopeless almost every day for two or more consecutive weeks in the past year.³

Percentage of High School Students Who...		2003	2011
Felt sad or hopeless for at least two weeks consecutively in the past year	female	30.3%	34.5%
	male	21.0%	23.7%
Attempted Suicide one or more times in the past year	female	8.1%	11.4%
	male*	5.1%	10.5%

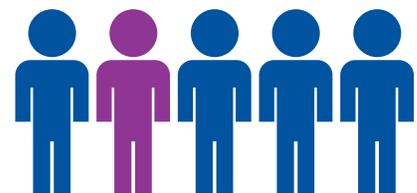
* Significant difference between IN and US

Depression

Depression is a major risk factor for suicidal behavior;¹⁶ people with a major depressive disorder are 20 times more likely to attempt suicide than the general population.¹⁷

Girls are more likely than boys to experience depression and the risk for depression increases as a child gets older. According to the World Health Organization, major depressive disorder is the leading cause of disability among Americans ages 15-44.¹⁹

While many people never seek treatment, most can get better with treatment.¹⁸ The Treatment of Adolescent Suicide attempters (TASA) study found that medication along with specialized psychotherapy focused on reducing suicidal thinking and behavior reduces suicide attempts in severely depressed teens.¹⁹



In Indiana, nearly one in five high school students seriously considered attempting suicide in the last 12 months.³

Joking, hinting, talking or writing about suicide, or wanting to die should never be taken lightly.^{13,12} In Indiana, nearly one in five high school students seriously considered attempting suicide in the last 12 months.³ Other warning signs for youth suicide include:

- Making a plan to attempt suicide. In Indiana 14 percent of high school students had a plan for how they would attempt suicide³
- Having a history of previous suicide attempts.⁵ In Indiana more than one in ten high school students reported attempting suicide at least once in the past year³
- Looking for or acquiring the means to kill oneself, such as searching online or seeking access to firearms, pills or other means^{12,11,14}
- Acting recklessly or engaging in risky activities¹²
- Feeling rage or uncontrolled anger or seeking revenge^{12,11}
- Experiencing dramatic mood changes^{12,11}
- Withdrawing from friends and family or a loss of interest in work, school or other previously enjoyed activities^{12,14}
- Giving away cherished possessions or making a will¹⁴

How to Help

Recognizing the risk factors and warning signs of suicide can help save lives. If a person is showing any of the warning signs of suicide, don't leave them alone. Below are a few tips for speaking with someone who has suicidal thoughts:^{13,14}

- **Listen carefully.** Do not assume that a person considering suicide is looking for attention and do not downplay their pain. Be sure to notice if they make any direct or indirect threats of death.
- **Convey interest and concern.** Encourage them to express their feelings by asking questions that clarify problems and suggest solutions. Don't be afraid to ask if they are considering killing themselves or if they have thoughts about it.
- **Convey confidence that help can be found.** People considering suicide often believe they cannot be helped. If you can, assist them to identify a professional and schedule an appointment. If they will let you, go to the appointment with them.
- **Involve other people.** Encourage the person to tell other people how he or she is feeling. Let the person know you may have to tell someone else, too. Never agree to keep suicidal thinking a secret.
- **Restrict access to lethal methods.** Ensure that firearms, pills or other lethal methods are not easily accessible.

Call the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK) or a mental health professional.¹¹ If the person is in acute danger, call 911 or take them to the emergency room.¹⁵

Self-Injury

Self-injury (or self-harm) is the act of deliberately harming one's own body and is an unhealthy way to cope with emotional pain, intense anger and frustration.

While self-injury typically is not a suicide attempt, those who self-harm are more likely than their peers to report having suicidal thoughts or behaviors.²⁶ Additionally, self-injury sometimes causes more harm than intended, such as medical complications or even death.²⁴

Examples of types of self-injury include burning oneself, carving words or symbols on the skin, piercing skin with sharp objects, biting oneself, pulling out hair, or persistently picking at or interfering with wound healing.²⁴ Often individuals who self-harm target their arms, legs and front of the torso because they are easy to reach and conceal.²⁴

Individuals at higher risk for self-injury include females, young adults and teenagers, and those who have been sexually, physically or emotionally abused or neglected.²⁴ Regardless of whether they have suicidal thoughts or behaviors, people who are hurting themselves need help. Watch for the following warning signs of self-harm:^{29,24}

- Unexplained wounds or scars
- Fresh cuts, scratches or bruises
- Blood stains
- Broken bones
- Keeping sharp objects on hand
- Wearing long sleeves or long pants even in hot weather
- Claiming to have frequent accidents or mishaps
- Needing to be alone for long periods of time
- Statements of helplessness, hopelessness or worthlessness

Resources

The National Suicide Prevention Lifeline is a network of 24-hour crisis centers with a toll-free suicide prevention service available to anyone in suicidal crisis. Calls originating anywhere in the United States will be routed to the nearest available crisis center. This call-routing is based on crisis center call capacity and availability. With more than 120 crisis centers across the country, the National Suicide Prevention Lifeline's mission is to provide immediate assistance to anyone seeking mental health services.

<http://www.suicidepreventionlifeline.org/> (800) 273-TALK (8255)

The Suicide Prevention Resource Center provides technical assistance, training and information in order to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. The center provides suicide prevention technical assistance to national, state, and local organizations, disseminates suicide prevention related information, identifies best practices in suicide prevention, develops and delivers training on suicide prevention topics, and conducts policy activities. SPRC maintains an online library with extensive information and a registry of best practices which is a helpful resource.

<http://www.sprc.org>

Substance Abuse and Mental Health Services Administration (SAMHSA) provides suicide prevention resources for both the public and professionals. It also offers a free toolkit for high schools on preventing suicide and self-injury.

<http://store.samhsa.gov/product/SMA12-4669>

The Trevor Project provides crisis intervention and suicide prevention services specifically geared toward lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. It also provides a 24/7 suicide prevention hotline at

1-866-488-7386. <http://www.thetrevorproject.org>

American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. <https://www.afsp.org/local-chapters/find-your-local-chapter/afsp-indiana/about-our-chapter>

The Indiana State Department of Health - Division of Trauma and Injury Prevention disseminates descriptive statistical information to those entities throughout the state having an interest in suicide and preventive control strategies. The program's goal is to develop a functional surveillance system for all injuries and establish a core injury team for the state.

<http://www.in.gov/isdh/19537.htm>

Survivors of Suicide Support Groups provides access to support groups for survivors (friends and family left behind after a suicide) across Indiana. The support groups also advocate for education and prevention of suicide. Check website for nearest location. <http://www.suicideaftercare.org/indiana.html>

The Indiana Department of Education (IDOE) provides a free suicide prevention training for educators at the following website: <http://www.doe.in.gov/student-services/student-assistance/school-crisis-prevention>

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