

Youth Suicide

The number of suicides by youth in Washington varies from year to year. In 2010, there were 26 suicides by youth. During the five years 2006-2010, the number of Washington youth committing suicide has ranged from a high of 20 in 2008 to a low of 14 in 2007. The average number of youth deaths due to suicide for the five-year period 2006-2010 is 19.6.

The number of males who commit suicide is generally higher than the number of females. In recent years, the ratio of males to females has been approximately 4 to 1; however in 2009 the ratio was much lower with 8 females and 11 males having committed suicide.

According to Washington's Department of Health, suicide is the second leading cause of death among our state's young people 15-19 years old. In the most recent survey of adolescent behaviors conducted by Washington's Department of Health, one-fifth of Washington's students in grades 9 through 12 reported that they had seriously considered suicide. Of these, 80 percent had made a suicide plan, 40 percent had made a suicide attempt, and 20 percent had made an attempt that required medical attention.

The National Center for the Prevention of Youth Suicide reports the following data and demographics for national suicides for 2009, age 10-24:

- **NUMBER OF SUICIDES:** 4,630 died by suicide
- **A LEADING CAUSE OF DEATH:** Suicide was the third leading cause of death for 10- to 24-year-olds.
- **SUICIDE RATES:** Rates of suicide are highest for older youth. For youth aged 20 to 24, 12.5 per 100,000 youth died by suicide. For youth aged 15 to 19, 7.8 per 100,000 died, while for youth aged 10 to 14, 1.3 per 100,000 died.
- **GENDER:** Male youth die by suicide over four times more frequently than female youth. **RACE:** Native American/Alaska Native youth have the highest rate with 17.4 suicides per 100,000. White youth are next highest with 7.5 deaths per 100,000.

- **METHODS:** The majority of youth who died by suicide used firearms (45 percent). Suffocation was the second most commonly used method (40 percent).

The National Center further reports that saving the lives of youth at risk involves a diverse range of interventions including effective assessment and treatment of those with mental disorders, promotion of mental health and help-seeking, early detection of and support for youth in crisis, training in life skills, and reduction of access to lethal means of harm.

In 1994, the Washington State Legislature directed the Department of Health to develop a youth suicide prevention plan. The Department has developed a three-tiered prevention approach: a public education program, "Gatekeeper" training (provides training to adult front-line caregivers to recognize risk factors, screen youth, communicate and make referrals) and crisis service enhancements. Washington's Suicide Prevention Plan is considered a national model of state sponsored suicide prevention programs.

Additionally, the state Office of Superintendent of Public Instruction currently has a contract with the Youth Suicide Prevention Program (YSPP) to provide trainings and curriculum for educators to prevent suicide attempts and deaths in schools statewide.

Attempted suicide is a risk factor for future completed suicide, and a potential indicator of other health problems. Many adolescents who have committed suicide or attempted suicide have been in contact with the juvenile justice system (or law enforcement). Incarcerated youth are at an extreme risk for suicide (OJJDP, "Conditions of Confinement" report).
