

Adolescent Suicide

Suicide is the third leading cause of death for adolescents.

Out of every 100 attempts, one adolescent will succeed in committing suicide.

In surveys of high-school students, 8% to 10% report having made a suicide attempt.

Suicide attempts are much more frequent in girls compared to boys, by approximately a 4-to-1 margin.

The suicide rate for adolescents almost tripled between 1950 and 1980, with the rate in 1989 equaling the all-time high. In the 1990s, the rate of adolescent suicide dropped to levels of the late 1970s and early 1980s. It remains the third most frequent cause of death among adolescents. The most frequent method of completing suicide was by firearms.

The most frequent method of attempting suicide is by drug overdose. Although overdoses tend to be less deadly than other types of suicide attempts, both family and professionals should deal with an attempted overdose in a serious manner.

What Causes Teenagers to Attempt Suicide?

Despite the seriousness of a suicide attempt, the “last straw” events that lead teenagers to attempt suicide are very common. They include situations such as family conflict, a breakup with a boyfriend or girlfriend, legal problems, or school difficulties. The underlying motives for a suicide attempt are often similar to the motives of adults who attempt suicide, but motives vary from one teenager to another. Possible motives include wanting to die, expressing anger, getting relief from a terrible state of mind, escaping a difficult situation, or being disappointed by a trusted person.

Who Is at Risk for Completing Suicide?

There is no typical scenario for adolescent suicide. More girls attempt suicide, but more boys complete suicide.

There are other, individual characteristics, called risk factors, which are associated with an increased likelihood of suicide in adolescents and adults. For example, a previous suicide attempt increases an adolescent’s chances of eventually completing suicide. Other risk factors include a family history of suicide, problems with alcohol or other drug abuse, identifying as gay, lesbian, or bisexual, and access to firearms. Some adolescents may also have biochemical factors that put them at risk for suicide. These same factors also increase the risk for suicide in adults.

It is rare for an adolescent to complete suicide without having a psychological problem, although the problem is often unrecognized until after the suicide. Many adolescent suicide victims have problems with anger and a history of problem behaviors such as shoplifting, running away, fighting, and acting without thinking, often complicated by alcohol or other drug abuse. Some may have a history of physical or sexual abuse. Others may be depressed, for example, because they are “loners” who do not have friends, or because they feel as if they can never live up to the expectations of others, especially their parents.

What Factors Increase Risk?

Evidence supports the idea that suicides are sometimes imitated. In particular, exposure to the death of a peer by suicide or by another violent means may increase the likelihood of subsequent suicides among young people in a community. The availability of firearms coupled with an increased use of alcohol, especially among adolescents who do not think before they act, has been suggested as playing a role in the increased suicide rate.

Warning Signs

Adolescents who complete suicide often talk about it or give warning signals prior to the act. These signals may include:

Written or verbal statements about death or the desire to end one's life;
Giving away personal possessions;
Abrupt changes in mood or behavior, such as ending long-term friendships; and
Signs of depression such as changes in eating and sleeping, apathy, statements about feeling hopeless and looking very sad.

These signs do not always mean that a teenager is thinking of suicide, but they should alert others to talk with the teenager about what is on his or her mind.

If at all concerned, parents should not be afraid to ask a teenager if he or she is thinking about suicide, talking about suicide does not make teenagers do it! Showing concern and asking questions calmly is the first step when dealing with a suicidal adolescent. Asking teenagers how they feel and if they have thoughts of ending their life keeps open lines of communication and sets the stage for professional intervention. If the teen has a specific plan to act on a suicidal impulse, the risk is greater and there is a need for immediate intervention.

What Can Be Done to Prevent Suicidal Behavior?

School programs that educate adolescents about the problem of suicide and about what they can do if they or one of their friends has suicidal feelings may be helpful. Some of these programs help students improve their problem-solving skills so that they will be better able to handle stress that might lead to suicidal feelings.

Communities may also want to make sure that high-risk groups, such as adolescents seen at hospitals after a suicide attempt or adolescents with other high-risk behaviors such as conduct problems and alcohol abuse, receive high-quality help from professionals and don't "fall between the cracks" of the mental health system.

What Kind of Individual and Family Treatment Is Helpful?

Whenever an adolescent has suicidal thoughts or makes a suicide attempt, professional help should be sought immediately to protect the adolescent from self-harm. Once the initial suicidal crisis is over, treatment with a mental health professional should continue. It often takes a number of sessions to help adolescents figure out what is happening in their lives that has led to suicidal behavior and to help them learn ways to manage stressors.

Behavioral techniques such as problem solving may be particularly helpful for these adolescents. Family therapy is also indicated in most cases. Helping family members to communicate better and improve their ability to resolve conflict may be particularly useful. Medicines also may be helpful in certain cases, but some medications for depression have been suspected to increase the likelihood of a suicide attempt. The decision to use medication should be made through working closely with your family doctor or psychiatrist.

Treatment must also address the underlying problems that lead to suicidal feelings and behavior. These problems might include depression, aggressive behavior, alcohol and other drug abuse, or impulsive behavior. There are a number of cognitive behavioral treatments that hold promise in addressing these difficult problem behaviors. If these underlying problems are better controlled, there is a significant reduction in suicidal feelings and behavior.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;

- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior and cognitive behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

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