

## YOUTH SUICIDE

Suicide rates among young people (ages 12-24) have tripled over the past 30 years. Suicide is the third leading cause of adolescent death. Bisexual and homosexual youth have three times the rate of suicide attempts. Males are at higher risk for successfully completing suicide, while females make more suicide attempts. This is largely due to males using more lethal means. Access to guns dramatically increases the risk of suicide for both sexes. Guns are used in 65% of male teen suicides and 47% of female teen suicides.

### Risk Factors

- Depression
- Recent suicide attempts/completions by friends or peers
- Previous suicide attempt
- Family history of depression and suicidal behavior
- Drug or alcohol use
- Preoccupation with death or giving away prized possessions
- Patient has a suicide plan
- Chronic or debilitating physical disorder or psychiatric illness
- Psychosocial stresses (i.e. family disruptions, abuse, relationship or school problems)

### Symptoms of Depression

- Psychosomatic symptoms or behavioral problems
- Sleep disorders (i.e. insomnia or hypersomnia)
- Significant changes in appetite
- Social withdrawal and isolation
- Chronic complaints of fatigue or poor concentration
- Frequent outbursts of anger, irritability, or impulsiveness
- Expressions of sadness and/or crying
- Suicidal ideation, threats or attempts



Violence Prevention Coalition of Orange County  
&  
American Academy of Pediatrics

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### Intervention Strategies

- Ask – (You will not plant idea by asking)
  - *Are you thinking about suicide?*
  - *How would you do it?*
  - *Where are you going to do it?*
  - *Do you have the means to do it?*
- Listen – Encourage patient to express concerns and feelings. Show you really hear him without judging or trying to “fix” the situation.
- Show You Care – Tell patient you want to help.
- Limit Risk – Arrange for someone to stay with patient until further help is available. Remove access to medications, sharp objects, and especially guns.
- Refer – Refer to psychiatrist, psychologist, or licensed counselor for treatment as soon as possible. Both individual and family therapy are vital and more effective than medication alone.

### Emergency Services

- If patient is actively suicidal, emergency measures must be taken. In most cases this requires hospitalization in a psychiatric facility.
- If patient and family are cooperative, this can be done on a voluntary basis.
- If not, an **involuntary 72 hour hold** under Welfare and Institutions Code 5585.5 must be made. You can receive assistance by calling a police officer.

### Resources

- The County of Orange provides behavioral health intervention and referral services through Evaluation & Treatment Services (ETS) 24 hours, 7 days/week at **(714) 834-6900**. ETS may refer a caller to a Psychiatric Assessment and Triage (PAT) Team that will assess patients and place them on hold as appropriate. County regulations only allow these teams to respond to (1) hospitals, (2) psychiatric facilities, or (3) police departments.
- New Hope Counseling Hotline: (714) 639-4673
- Yellow Ribbon Suicide Prevention Program 24-hour national Hotline: 1-800-999-9999 (1-800-SUICIDE)

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