



UNH Center on
Adolescence

Youth Suicide

Fast Facts

- More young people in the United States between the ages of 15-24 die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined.¹
- Adolescent and young adult males are more than four times more likely to die from suicide than are females.¹ However, adolescent and young (adult) females attempt suicide three times as often as adolescent males.^{2, 3}
- Nationally, suicide was the third leading cause of death among young people aged 15-24 in 2001. In NH suicide was the second only to motor vehicle accidents as a leading cause of death.²
- Nationally, 60% of teen suicides involve firearms.^{2, 3} In NH firearms have been the leading method of suicide for young people aged 15-24 for the past 10 years.²
- In 2003, 18% of NH high school students (13% males, 23% females) reported having serious thoughts about killing themselves in the preceding 12 months.⁴
- In 2003, 13% of NH high school students (10% males, 17% females) indicated that they had made a plan to commit suicide within the preceding 12 months.⁴
- In 2003, 8% of NH high school students (4% males, 11% females) reported actually having attempted suicide in the past 12 months.⁴
- Gay, lesbian, and bi-sexual teens are more likely to seriously consider or attempt suicide than heterosexual teens.
- Alcohol and drug abuse increases the risk of suicide for youth.^{2, 5}
- Both those that are bullied and those that initiate fights, threaten others, or use weapons are at higher risk for suicide.
- Suicide is more frequent in young people who experience physical or sexual abuse at home.^{1, 5}
- It is believed that as many as 90% of those who die by suicide had experienced diagnosable mental health problems, including alcoholism and substance abuse.

It is common for teenagers and young adults to experience feelings of stress, confusion, self-doubt, and uncertainty as they grow and develop. Some people believe that all teens are moody, as they often put themselves down, complain that everything is “boring”, and may have negative feelings about themselves. Because of these common experiences and beliefs, it can be often difficult to distinguish between normative, adolescent behaviors and serious problems associated with depression and suicide (For more information on depression, look for our Mental Health Fact Sheet, coming soon at www.adolescence.unh.edu)

Although suicide in young people may be difficult to predict, nearly every suicide is preceded by some warning. It is therefore necessary for parents, caregivers, teachers, community members, peers, and others to know the warning signs and symptoms of suicide. **ALWAYS** take a young person seriously if s/he talks about hurting himself or herself. **Take action!** Remove firearms and restrict access to other potentially lethal means! Get help from individuals or agencies specializing in crisis intervention and suicide prevention, and seek an evaluation from a mental health professional.



Be Aware of the Warning Signs , , 6

A suicidal person may:

- Talk about suicide, death, and/or having no reason to live.
- Be preoccupied with death and dying.
- Withdraw from friends, family, and/or social activities.
- Experience drastic changes in behavior, including deterioration in school performance, “acting out” in class or truancy from school, and changes in sleeping or eating patterns.
- Lose interest in hobbies, school, work, etc.
- Give away prized possessions.
- Take unnecessary risks; be reckless, and/or impulsive.
- Lose interest in his/her personal appearance.
- Increase use of alcohol or drugs.
- Express a sense of hopelessness.
- Use verbal cues such as “I won’t be a problem for you much longer,” or, “It’s no use - nothing matters.”
- Suicide gestures like overdosing or cutting.

What are Some of the Factors that Increase the Risk Suicide Among Young People? , ,

- Alcohol and drug abuse
- Homelessness, or social isolation
- Violent, abusive family experiences
- History of suicide in the family or knowing someone who has taken their own life
- Loss of parent, friendship, or dating partner
- Poor communication skills or difficulty expressing distress
- Low self-esteem
- Lack of positive strategies for coping with stress
- Rigid thinking patterns/perfectionism
- Unwillingness to ask for help or connect with potential helpers
- Confusion about sexual orientation
- Depression, feelings of helplessness and hopelessness
- Access to firearms
- Unrealistic parental expectations

It is also important to note that a **previous suicide attempt** increases the risk, and is the strongest **predictor** for subsequent suicide attempts, especially for males.



Suicide Websites:

American Association of Suicidology-

www.suicidology.org

American Academy of Child and Adolescent Psychiatry- www.aacap.org

American Foundation for Suicide Prevention- www.afsp.org

National Alliance for the Mentally Ill (NAMI)- www.nami.org

National Alliance for the Mentally Ill- NH (NAMI NH)- www.naminh.org

SA/VE (Suicide Awareness/Voices of Education)- www.save.org

SPAN (Suicide Prevention Advocacy Network)- www.spanusa.org

Yellow Ribbon Suicide Prevention Program- www.yellowribbon.org

What Can I Do To Help?

Acknowledge changes in behavior: Drastic changes in behavior can be a sign that an adolescent is depressed or contemplating suicide. Therefore, it is important for parents and school professionals to recognize and acknowledge behavioral changes. Teachers should alert parents and school helping professionals at the first sign of academic deterioration or other behavioral changes. Parents can express concern over the behavioral change, offer support, and seek professional assistance.

Seek help for family problems: Family problems can be disruptive to the healthy development of young people. Family cohesion, parental support, and consistency can serve as factors to protect young people from suicide. Parents who seek help early for family problems signal to their young person that they recognize the problem and want to work to make it better. This also models that it is okay to ask for help.

Address Substance Abuse: Alcohol and drug abuse increase the risk of suicide among young people. Therefore, it is important that parents and professionals identify the symptoms of substance use, help young people address these issues, and work to ensure that counseling and support services are available to all youth.

Make appropriate referrals and seek mental health care early: Issues of depression and feelings of hopelessness and helplessness are warning signs of suicide. By recognizing the warning signs of suicide, parents and professionals can assist young people in accessing professional assistance before these mental health issues escalate. Research has demonstrated that young people who address mental health issues at the first sign of a problem reduce the risk of suicide. Suicidal ideation in young people is not something to keep to yourself. **If a young person expresses thoughts of suicide, you must act!** Teachers can consult with the school's social workers, guidance counselors, or psychologists. Parents should be informed. And the young person (and his/her family) should be referred for mental health care.

Build or increase connections to family, school, and community: Social isolation increases the risk of suicide. Helping young people connect with their community and develop relationships with caring adults reduces isolation.

Help young people develop communication skills. Youth who are unable to express distress are at an increased risk for suicide. Parents, teachers, and other caring adults can assist youth in developing communication skills so they can express their distress to others. Young people may need assistance developing skills in conflict resolution, problem solving, and nonviolent anger management. Youth may also need assistance in learning how to express feelings and emotions by developing language skills and vocabulary.

Normalize help-seeking behaviors and assist young people in identifying potential helpers. Youth who are unwilling or unable to ask for help or connect with potential helpers are at an increased risk for suicide. It is therefore important that young people are able to identify and access helping professionals. Parents, schools, and community organizations can play a significant role in normalizing help-seeking behaviors by working to remove some of the social stigma associated with seeking professional assistance, and by modeling help-seeking behaviors and techniques.

Help young people develop healthy coping mechanisms. Negative responses to stress increase the risk of suicide. Parents, schools, and helping professionals can assist young people in developing healthy responses to stress by educating youth about the effects of stress, helping them identify when they are experiencing stress, and teaching strategies to deal with stress. Young people may need assistance in learning how to minimize stressors, develop relaxation techniques, and understand the benefits of a balanced diet, regular exercise, and getting enough sleep.



NH Suicide Prevention Resources

TeenLine (confidential, for any problem) "Head Rest"	1-800-639-6095
National Suicide Prevention Hopeline	1-800-784-2433
NAMI- NH	1-800-242-6264
Samaritans	603-357-5006

Crisis Hot Lines

Girls and Boys Town National Hotline	1-800-448-3000
HELPLINE	1-800-852-3388
TeenLine (confidential, for any problem) "Head Rest"	1-800-639-6095
Youth Crisis Hotline	1-800-448-4663

Other Helpful NH Resources

Abuse

NH Division for Children, Youth and Families (DCYF)	1-800-894-5533
(To report child abuse or neglect)	
HELPLINE	1-800-852-3388

Alcohol and Drug Abuse

Alcoholics Anonymous (AA)	1-800-593-3330
NH Bureau of Prevention Services	1-800-804-0909

Counseling Services

HELPLINE	1-800-852-3388
Parent to Parent of NH Family Support Network	1-800-698-5465
NH Legal Assistance	1-800-334-3135
Parent Guidance Center	603-924-6306
ParentLine	1-800-640-6486

Community Mental Health Centers

Androscoggin Valley Mental Health Center- Berlin
Riverside Courtyards
3 Twelfth Street
Berlin, NH 03570
(603) 752-7404 (24 Hours)
www.nnhmhds.org

Ashuelot Valley Counseling Services- Winchester
20 Warwick Rd.
Winchester, NH
(603) 239-4376 or (603) 357-4400 (after hours)
www.mfs.org

Carroll County Mental Health- Conway
25 West Main Street
Conway, NH 03818
(603) 447-2111 or (603) 356-5461 (after hours)
www.nnhmhds.org

Carroll County Mental Health- Wolfeboro
70 Bay Street, Wolfeboro, NH 03894
(603)569-1884 or (603) 569-7500 (after hours)
www.nnhmhds.org

Center for Life Management- Derry
43 Birch Street
Derry, NH 03038
(603)434-1577 or (603)432-2253 (after hours)
www.centerforlifemanagement.org

Center for Life Management- Salem
Salem Professional Park
44 Stiles Rd.
Salem, NH 03079
(603) 893-3548 or (603)432-2253 (after hours)
www.centerforlifemanagement.org

Center for Life Management- Windham
183 Rockingham Rd.
Windham, NH 03038
(603) 434-9937 or (603)432-2253 (after hours)
www.centerforlifemanagement.org

Community Council of Nashua- Nashua

7 Prospect Street
Nashua, NH 03060
(603) 889-6147 or 1-800-762-8191 (after hours)
www.ccofnashua.org

Community Partners- Dover

1 Washington Center
Dover, NH 03820
(603) 749-3244 (24 Hours)

Community Partners- Rochester

25 Old Dover Rd.
Rochester, NH 03867
(603) 742-0630 (24 Hours)

Contoocook Valley Counseling Center- Henniker

7 Liberty Hill Road
Henniker, NH 03242
(603) 428-3336 or 1-800-852-3323 (24 Hours)
www.riverbendcmhc.org

Fall Mountain Counseling Center- Walpole

Main Street
Walpole, NH 03608
(603) 756-4735 or (603) 357-4400 (after hours)
www.mfs.org

GENESIS Behavioral Health- Laconia

111 Church Street
Laconia, NH 03246
(603) 524-1100 (24 hours)

GENESIS Behavioral Health-Plymouth

607 Kenney Mountain Highway
Suite 144
Plymouth, NH
(603) 524-1100 (24 hours)

Mental Health Center of Greater Manchester- Manchester

401 Cypress Street
Manchester, NH 03103-3628
(603) 668-4111 (24 hours)
www.mhcgm.org

Monadnock Family Services, Inc.- Jaffrey

15 North Street
Jaffrey, NH 03452
(603) 532-4291 or (603) 357-4400 (after hours)

Monadnock Family Services, Inc.- Keene

64 Main Street, Suite 301
Keene, NH 03431
(603) 357-4400 (24 hours)

Riverbend Community Mental Health- Concord

278 Pleasant Street
Concord, NH 03301
(603) 228-1600 (admissions) or 1-800-852-3323 (24 hours emergency)
www.riverbendcmhc.org

Seacoast Mental Health Center- Exeter

30 Prospect Street
Exeter, NH 03833
(603) 772-2710 (24 hours)
www.smhc-nh.org

Seacoast Mental Health Center- Portsmouth

1145 Sagamore Ave.
Portsmouth, NH 03801
(603) 431-6703 (24 hours)
www.smhc-nh.org

Twin Rivers Counseling Center- Franklin

53 Kendall Street
Franklin, NH 03235
(603)934-3400 or 1-800-852-3323 (24 Hours)
www.riverbendcmhc.org

Upper Connecticut Valley Mental Health and Developmental Services- Colebrook

34 Colby Street, Colebrook, NH 03576
(603) 237-4955 (24 hours)
www.nnhmhds.org

Upper Connecticut Valley Mental Health Developmental Services- Groveton

31 Brooklyn Street, Groveton, NH 03582
(603) 636-2555 (24 hours)
www.nnhmhds.org

West Central Behavioral Health- Lebanon

20 West Park Street
Suite 416
Lebanon, NH 03766
(603) 448-1101 or 1-800-556-6249 (24 hours)

White Mountain Mental Health- Littleton

29 Maple Street
Littleton, NH 03561
(603) 444-5358 (24 hours)
www.nnhmhds.org

¹ The National Youth Violence Prevention Resource Center at <http://www.safeyouth.org/scripts/facts/suicide.asp> Accessed 8/16/04

² Center for Disease Control, National Center for Injury Prevention and Control at <http://www.cdc.gov/ncipc/factsheets/suifacts.htm> Accessed 8/16/04

³ McWhirter, J. McWirter, B., McWhirter, E., & McWhirter, R. (2004). *At risk youth: A comprehensive response*. Belmont, CA. Brooks/Cole.

⁴ 2003 NH Youth Risk Behavior Survey at <http://www.ed.state.nh.us/HealthHIVAIDS/2003YRBSResults.htm>

⁵ Gould, M., Greenberg, T., Velting, D., & Schaffer, D. (2003) Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*. 42. Pgs. 386-403

⁶ American Association of Suicidology at www.suidology.org Accessed 8/16/04

**This fact sheet was reviewed by Ken Norton,
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