

Focus on Youth

Nationwide, 6.3% of students attempted suicide one or more times in 2009.¹ Broken down, the statistics are even more sobering:

- Each year, there are approximately 10 youth suicides for every 100,000 youth.
- Each day, there are approximately 12 youth suicides.
- Every 2 hours and 11 minutes, a person under the age of 25 dies by suicide².

Suicide among youth is more severe within subpopulations. Boys are more likely than girls to die from suicide: of the reported suicides in the 10 to 24 age group, 83% of the deaths were males and 17% were females. Cultural variations in suicide rates also exist, with Native American/Alaskan Native and Hispanic youth exhibiting the highest rates of suicide-related fatalities.³

What does available San Diego data tell us about youth?

Approximately 15.3% of the population in San Diego County is aged 15 to 24 years old (7.1% of whom are 15 to 19 years old).⁴

Suicide is the third leading cause of non-natural death among youth ages 15 to 19, slightly behind motor vehicle crashes and homicide.⁵ This trend is slightly higher than national trends in which the suicide rate is the fourth leading cause of death (preceded by motor-vehicle crashes, other unintentional injuries, and homicide).⁶ While suicide rates in teens and young adults over the past two decades have declined, they remain at unfortunately high levels.⁷ From 1998 through 2007, a total of 355 suicides (a mean rate of 7.9 suicides per 100,000 people) were completed among youth 15 to 24 years old in San Diego County.⁸

The San Diego youth suicide rate is below the national average of 11.1 per 100,000 people. Suicide rates among youth ages 15-24 was highest in the East region (a rate of 9.7) and lowest rate in the South region (a rate of

Youth Quick Facts:

- Approximately 15.3% of the population identified as youth (15 to 24 years of age).
- Suicide rates for 15-24 year olds: 7.9 suicides per 100,000 people.
- Suicide rates in San Diego County are slightly lower than National rates.
- Suicide rates were highest in East region and lowest in South region.

¹ Department of Health and Human Services, Centers for Disease Control and Prevention. *Youth Risk Behavioral Surveillance – United States, 2009*. Morbidity and Mortality Weekly Report 59.SS-5 (2010). Web. 11 Dec. 2010. <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>.

² American Association of Suicidology. Youth Suicide Fact Sheet (2008). Web. 11 Dec. 2010. <http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-24.pdf>.

³ Centers for Disease Control and Prevention Injury Center. *Youth Suicide* (2008). Web. 11 Dec. 2010. <<http://www.cdc.gov/ncipc/dvp/suicide/youthsuicide.htm>>.

⁴ U.S. Census Bureau, Census 2010. Web 20 Dec. 2010. <<http://factfinder.census.gov/servlet/DatasetMainPageServlet>>.

⁵ Community Health Improvement Partners. "Suicide in San Diego County 1998-2007." Retrieved from: http://www.sdchip.org/media/53352/suicidedatareport_1998-2007.pdf

⁶ Youth Risk Behavior Survey Results (2009). San Diego High School Survey Summary. Accessed 6 December 2010 <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>.

⁷ Community Health Improvement Partners. *Suicide in San Diego County: 1998-2007*. Web. 1 Dec. 2010. <http://www.sdchip.org/media/53352/suicidedatareport_1998-2007.pdf>

⁸ Ibid.

4.7).⁹ The leading method of completed suicides among young males was firearms and for females, drugs/poisons.¹⁰

Equally concerning among youth is suicidal thoughts, intentionality, and self harm statistics. In 2009, 6.0% of surveyed San Diego City School students reported attempting suicide and 13.9% considered suicide at least once during the previous 12 months.¹¹ In 2008 alone, 312 youth ages 15 to 24 years (a rate of 64.2) were hospitalized with a self-inflicted injury.¹² In that same year, 908 youth ages 15 to 24 (a rate of 186.8) were discharged from the emergency department (ED) with a self-inflicted injury.¹³ The highest rate of ED discharges for males with a self-inflicted injury occurred among 15-19 year-olds (147 per 100,000).¹⁴ Positive toxicology results for alcohol and/or drugs were found in 53.7% of male and 57.1% of female suicide victims age 15 to 24, indicating that substance abuse is a risk factor for this age group.¹⁵

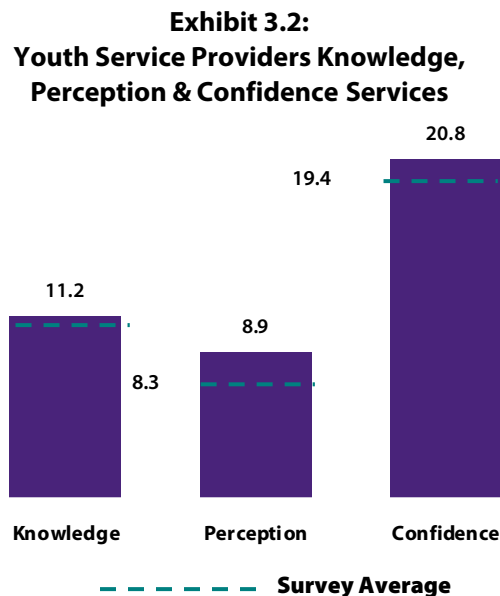
What do stakeholders know and say about youth?

Community service providers who serve Transition Age Youth (TAY) were asked key questions regarding their knowledge of risk factors, perceptions of suicide, and confidence in their ability to address suicide. On average, these providers exhibited scored higher than the general service provider population for knowledge of risk factors, perception of suicide, and confidence in their ability to address suicide for their target population scores (see Exhibit 3.2).

Youth population service providers noted differences based on sexual identity and ethnic affiliation. For example:

- One stakeholder reported that Native American youth are 70% more likely to have suicide risk than other youth.
- Another cited a mid-1990 Center for Disease Control survey that noted that 49% of San Diego’s Filipino American youth exhibited a high level of suicidal ideation.
- Stakeholders felt that local Latino/a teen suicide rates have increased as a result of rising mental health problems.
- The suicide rate among LGBTQI youth is perceived to be high but stakeholders feel it is not increasing.

The school system and environment was another major area of concern and opportunity for stakeholders. Students spend approximately one-third of their waking hours in school. Stakeholders noted that the school



⁹ Ibid.

¹⁰ Ibid.

¹¹ Youth Risk Behavior Survey Results (2009). San Diego High School Survey Summary. Accessed 6 December 2010 <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>

¹² County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit. *San Diego County Profile by Region*. Web. 29 Nov. 2010. <http://www.sdcountry.ca.gov/hhsa/programs/phs/documents/CHS-CommunityProfile_County_2010.pdf>.

¹³ Community Health Improvement Partners, County of San Diego, Emergency Medical Services, and Hospital Association of San Diego and Imperial Counties. *Emergency Department Discharge Patient Summary: Aggregate Report*. August 2009. Web. 7 Dec. 2010.

<<http://www.sdcountry.ca.gov/hhsa/programs/phs/documents/EMS-EDAggregateReport2008.pdf>>.

¹⁴ Ibid.

¹⁵ Ibid. Note: “Drugs of Abuse” includes methamphetamine, opiates, cocaine, cannabinoids, and benzodiazepines.

environment can engender both risk and protective factors for youth. Bullying in schools is a major risk factor that was mentioned by a number of providers, school based and otherwise. Stakeholders noted that bullying across all schools is starting at a very young age, however, schools are also addressing these issues head on, through programs like Suicide Prevention Education and Awareness Program (SPEAK). SPEAK is a school-based intervention that provides training and education for faculty, staff and parents, as well as conducting student assemblies throughout the San Diego Unified School District. Stakeholders stressed the importance of education for everyone – staff, faculty, families and students.

Drug use is another key risk factor for this population and that is on the rise.¹⁶ This drug use may set a dangerous course for youth. In fact, a stakeholder at County Alcohol and Drug Services sees increasing numbers of young adults who as youth became addicted to oxycontin and methamphetamine, both of which are powerful mind altering substances that can increase suicidal tendencies.

A school based psychologist noted that youth suicide rates can be turned around. One stakeholder shared that 95% of students who get “real help and ongoing care, improve and can return to a high quality of life.” However, they also noted that there are few available services that specialize in youth mental health, especially if the youth requires financial assistance to pay for the service. “There aren’t many [youth mental health service providers] ...not just in San Diego [but in other places]. People don’t know where they can go.” This lack of service is compounded by the need for culturally appropriate services. Consequently, providers noted the difficulty in obtaining needed services: “How can anyone who is culturally, language and resource isolated be expected to navigate this system.”

What does the target population say about themselves?

Awaiting responses from the target community- information will be shared at the forum

What barriers were identified by stakeholders and focus group participants?

The major barriers reported include:

- The lack of funding for overarching, repeated observation at schools.
- Inconsistent and fragmented approaches, particularly in the schools. “[There are] so many options and programs that it’s hard to select a prevention program to implement. For example, in the schools, there are different curricula and programs in each school district.”

What opportunities for improvement were identified by stakeholders and focus group participants?

Opportunities for successfully engaging youth in suicide prevention included:

- Start young with education and de-stigmatization programs.
- Facilitate the implementation of new regulations that will allow teens to access mental health screening and initial care without parental consent (effective in January 2011).
- Share information about at-risk youth across sectors. For example, the GOALS Program (Global Oversight Assessment Linking System) allows sharing of student information among mental health providers, non profit organizations, schools and law enforcement.
- Increase forums and curricula, such as the Signs of Suicide curriculum, at schools.¹⁷

¹⁶ According to the California Health Interview Survey, drug use is not on the rise but in fact might be decreasing. This observed trend in San Diego among providers may need to be further explored.

¹⁷ SOS Signs of Suicide® Prevention program is an award-winning, nationally recognized program designed to teach middle and high school-age students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking. More information can be found at: <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>