



A CUP OF HEALTH WITH CDC

Preventing Suicide in Young People

Suicide Trends Among Youths and Young Adults Aged 10–24 Years — United States, 1990–2004

Recorded: November 6, 2007; posted: November 15, 2007

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Matthew Reynolds] Welcome to *A Cup of Health with CDC*, a weekly broadcast of the MMWR, the Morbidity and Mortality Weekly Report. I'm your host, Matthew Reynolds. Suicide is a difficult topic to discuss, but it's a subject we *need* to discuss. Not only has a life been lost prematurely, but victims can leave survivors with endless questions and lasting pain. Suicide is the *third* leading cause of death among youth and young adults between the ages of 10 and 24. A recent CDC study looked at trends in suicide among young people. Dr. Keri Lubell, a researcher with CDC's Injury Center, is here to discuss the study's findings, as well as identify the warning signs of suicide. Welcome to the show, Dr. Lubell.

[Dr. Lubell] Thank you very much for having me.

[Matthew Reynolds] Dr. Lubell, how many youth and young adults are taking their own lives?

[Dr. Lubell] In 2004, there were almost 4,600 deaths among people age 10 to 24 in the U.S. and that includes both boy and girls. And that number was up sharply from what we saw in 2003.

[Matthew Reynolds] You just mentioned a sharp increase in the suicides. Have the rates in this age group gone up in recent years as well, boys and girls?

[Dr. Lubell] Actually, between 1990 and 2003, the rates for this age group had decreased about 28.5 percent. So we'd been seeing a fairly steady decline. But between 2003 and 2004, we saw an increase of 8 percent in this age group, and that is the sharpest rise that we'd seen in that 15 year period.

[Matthew Reynolds] Did you find differences in suicide rates within certain ages among those you studied?

[Dr. Lubell] Yes. We saw that the increase was most significant for 10 to 14 year old girls, 15 to 19 year old girls, and 15 to 19 year old boys. And in particular, the increase for 10 to 14 year old girls was about 75 percent between 2003 and 2004. And if we break that down and look at specific suicide methods, the increase is even more dramatic for suffocation and hanging suicides where the increase was 119 percent.

[Matthew Reynolds] That increase in suicide rates is sobering, to say the least. Why is this; why are we seeing this increase in suicides?

[Dr. Lubell] Well, the data in our study don't allow us to look at why the increase occurred. But what we do know is that suicide is a complex issue and it's multi-dimensional, multi-causal and there is never any one reason why a person might kill themselves.

[Matthew Reynolds] What are the signs of a possible suicide attempt?

[Dr. Lubell] Well, it's important for parents and teachers and friends to be able to recognize when someone is struggling. Things like hopelessness, particularly hopelessness about the future, giving away prized possessions. In particular, one of the things that people should be looking out for is someone talking about suicide, talking about killing themselves, talking about the fact that life would be better if they weren't here. It's very important to take that seriously when someone is talking about killing themselves. And, even if they're not necessarily at immediate risk for suicide, it signifies that somebody is struggling, it signifies that they're in trouble, and it is an indication that they need help.

[Matthew Reynolds] People may have friends that they suspect may be at risk of suicide based on the symptoms that you just mentioned and should take action. But we may also have friends or loved ones who may be just eccentric or exhibit typically different behavior. How do you know when it's appropriate to step in?

[Dr. Lubell] Any time that you think that someone is struggling with something, it's never a bad idea to give them some support, let them know that you recognize that they might be having a hard time. I think the difference is with suicide that – first of all you want to look for, you know, marked changes in behavior - sleeping, eating habits, things like that. But in addition, it's also really important that if you think someone might be thinking about suicide, if you think that or if you're worried that they might be thinking about suicide, one of the things that you can do is ask them directly. You can sit down, talk with them, let them know that you care, and then you can ask them directly, "Are you thinking about harming yourself." It's important to be able to do that; it helps bring suicide out of the darkness, out of the silence, and it makes it easier for people if it's something that we can talk about.

[Matthew Reynolds] You've mentioned steps that people should take if they suspect someone is at risk for suicide. What do you recommend for preventing suicide or for preventing a person from getting to that point where they're thinking about it in the first place?

[Dr. Lubell] Well there are two things, I think, to keep in mind. The first thing is that clearly, these changes in rates suggest to us that we really need to be thinking about prevention early. We need to be thinking about primary prevention and ways to stop people from becoming suicidal in the first place. And then the second piece is that we

need to be thinking about suicide prevention in broad terms because of its complex nature. We need to be looking at all of the factors that lead to suicide and to be able to address those issues before they become a suicidal crisis.

[Matthew Reynolds] If parents or teachers are concerned about someone committing suicide, where can they get more information or get help?

[Dr. Lubell] Two places they can go for more information. They can go to our website at www.cdc.gov/ncipc, that's the National Center for Injury Prevention and Control. Or, they can also call the talk line that's been established by the Substance Abuse and Mental Health Services Administration and that number is 1-800-273-TALK and that number can provide resources as well as links to local crisis services.

[Matthew Reynolds] Dr. Lubell, thank you for taking the time to talk to us today about this.

[Dr. Lubell] Thank you.

[Matthew Reynolds] That's it for this week's show. Don't forget to join us next week. Until then, be well. This is Matthew Reynolds for *A Cup of Health with CDC*.

To access the most accurate and relevant health information that affects you, your family and your community, please visit www.cdc.gov.