

# **SAMARITANS**

Registered Office: The Upper Mill Kingston Road Ewell Surrey KT17 2AF

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## ***Young People and Suicide***

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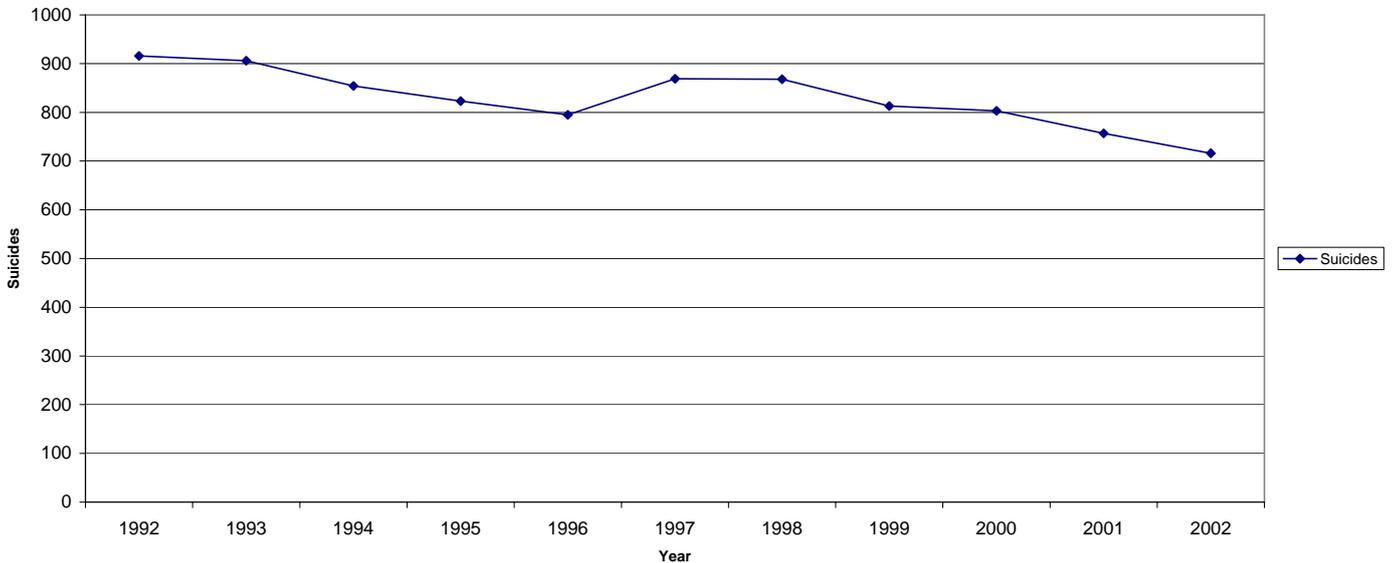
## 1. Overview

- Throughout the 1980s the suicide rate amongst young men in the UK and Republic of Ireland increased<sup>1</sup>. However, between 1992 and 2002 fell by 11%.
- In 2002, the rate per 100,000 for 25 – 34 year old men was 25 per 100,000 as opposed to a rate of 10 per 100,000 for all ages and all sexes.
- Between 2001 and 2002, the number of suicides amongst all 15 - 24 year-olds in the UK and Republic of Ireland dropped from 757 to 716<sup>1</sup>. This is a 5% fall. However, within the 25 – 34 age group it increased from 1351 to 1378<sup>1</sup>. This is a 2% increase.
- In the US, 71% of all deaths among 10 – 24 year olds result from: motor-vehicle accidents(32%), homicide(15%), other intentional injuries(12%) and suicide(12%) (Grunbaum et al, 2003).
- Only 1 in 5 16 – 24 year olds with suicidal thoughts would seek help from a GP. Young men are particularly unlikely to do so unless severely distressed and tend not to seek lay support (Biddle,L, 2004)
- Method of suicide is often determined by factors which include cultural and regional influences

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<sup>1</sup> Office for National Statistics (ONS), General Register Office for Scotland (GROS), General Register Office for Northern Ireland (GRONI), Central Statistics Office (CSO) – Republic of Ireland.

Total Suicides in Young People in the UK and ROI (1992-2002)



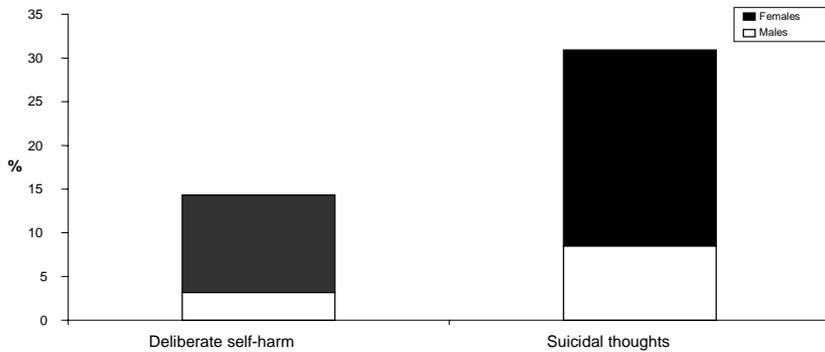
## 2. Deliberate self-harm and attempted suicide

- A conservative estimate is that there are 24,000 cases of attempted suicide by adolescents (of 10-19 years) each year in England and Wales, which is one attempt every 20 minutes (Hawton et al, 1999b).
- Young people with a past history of suicide attempts are at greater risk of engaging in further suicide attempts (Pfeffer et al, 1993, Lewinsohn et al, 1994).
- In the US, 17% of students had seriously considered attempting suicide during the 12 months preceding a survey by Grunbaum et al in 2004. Overall, the prevalence of having considered attempting suicide was higher among female (21%) than male (13%) students; higher among white female (21%), black female (15%), and Hispanic female (23%) than white male (12%), black male (10%), and Hispanic male (13%) students, respectively.
- A recent study found that four times more adolescent females self-harmed than adolescent males (Samaritans, 2003).

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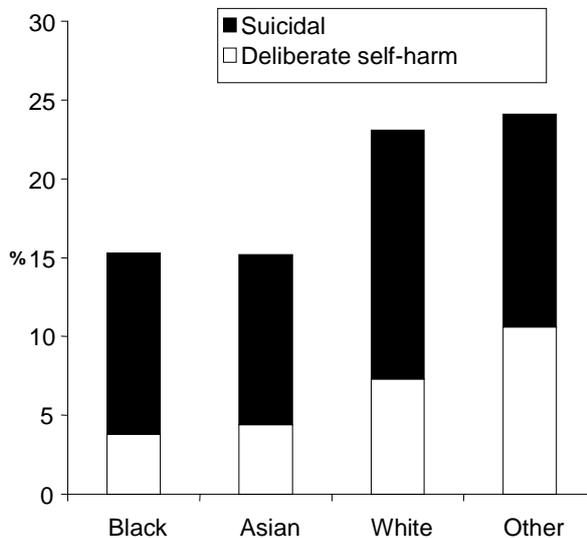
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*Prevalence of deliberate self-harm and suicidal thoughts by gender (previous year).*

- In the same study suicidal thoughts were most common amongst white adolescents. Deliberate self-harm was most common amongst the 'other' group which mainly consisted of adolescents that described themselves as 'mixed race' (Samaritans, 2003).



*Prevalence of deliberate self-harm and suicidal thoughts by ethnicity (previous year).*

- The two most common reasons given by adolescent males and females for engaging in deliberate self-harm was 'to get relief from a terrible state of mind' and 'wanting to die' (Samaritans, 2003).

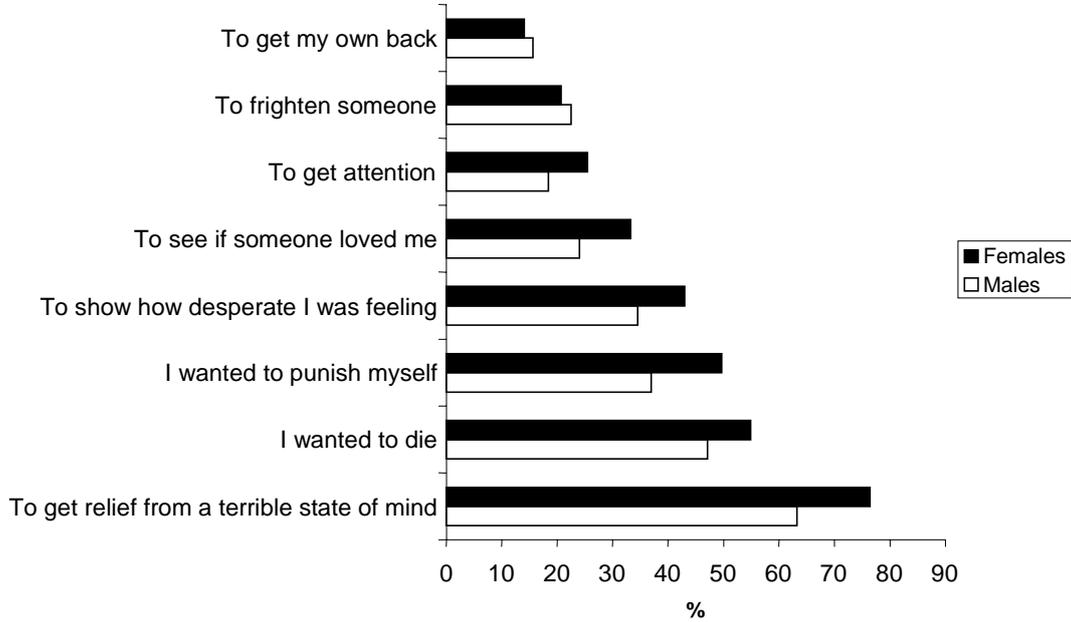
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*Reasons given for engaging in deliberate self-harm in the previous year, by gender.*

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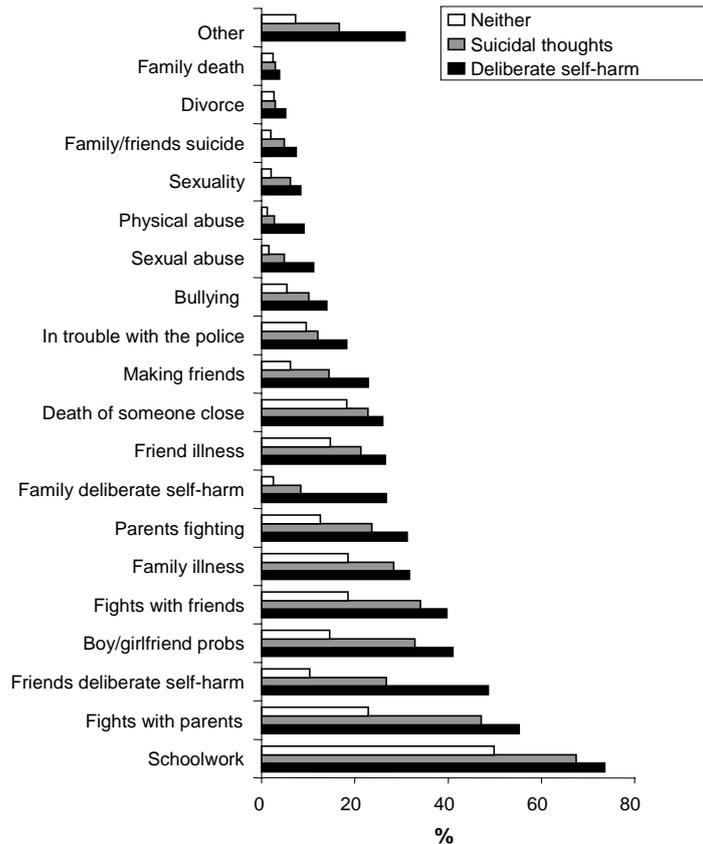
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- Adolescents engaging in self-harm had experienced more problems and life events in the year before the survey, than those who reported suicidal thoughts. Those with suicidal thoughts had experienced more problems and life events than adolescents with neither deliberate self-harm nor suicidal thoughts (Samaritans, 2003).



*Prevalence of life events and problems.*

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## 3. Cultural Differences (also see Section 10 - Suicide and young women)

- The NHS National Service Framework for Mental Health identified that among women living in England, those born in India and East Africa have a 40% higher suicide rate than those born in England and Wales (NHS National Service Framework for Mental Health, 1999)
- In a survey of African Americans and 'Latino' young people 15% had seriously considered suicide in the previous year, 13% had made a suicide plan, 11% had attempted suicide and 4% reported multiple attempts (O'Donnell et al, 2004)
- In the same survey, risk factors for suicidal ideation include being female, having basic unmet needs, engaging in same gender sex, and depression. Resiliency factors include family closeness, and, marginally, religious beliefs. (O'Donnell et al, 2004)
- In the same survey, risk factors related to reports of suicide attempts are being female, Hispanic, and depression. Family closeness was identified as the strongest resiliency factor (O'Donnell et al, 2004)

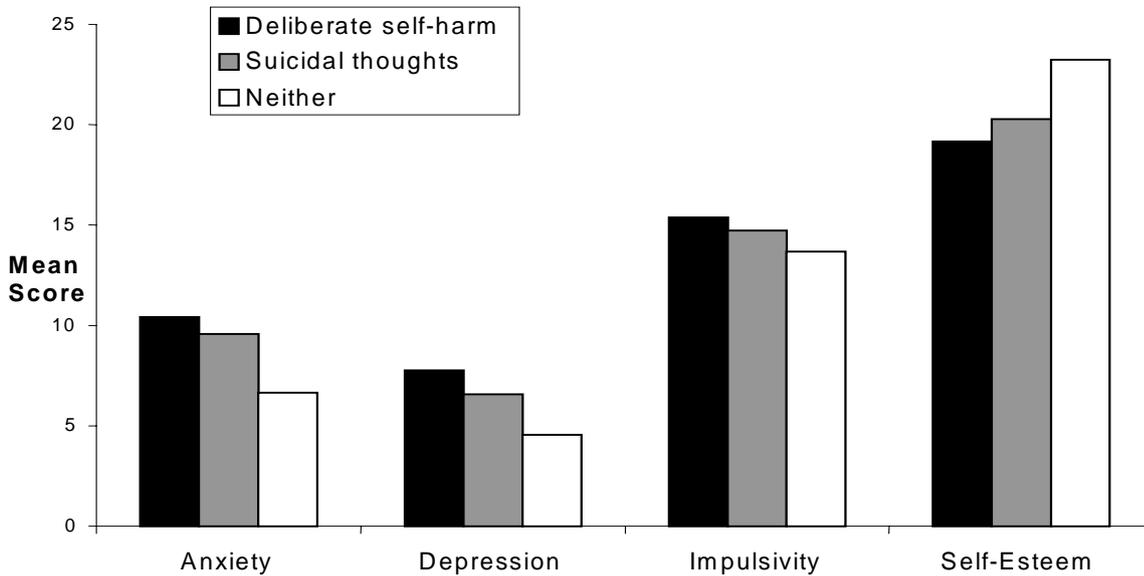
## 4. Suicidal ideation, hopelessness, impulsivity, self-esteem

- In a recent Samaritans study, adolescents who engaged in self-harm were more anxious and depressed and had lower self-esteem than those who did not (Samaritans, 2003).
- Adolescents with suicidal thoughts were more anxious, depressed and had lower self-esteem than those who did not report such ideas (Samaritans, 2003).
- Adolescents who reported self-harm and those who reported suicidal thoughts were more impulsive than those who did neither (Samaritans, 2003).

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*Anxiety<sup>1</sup> Depression<sup>1</sup> Impulsivity<sup>1</sup> and Self-Esteem<sup>2</sup> scores by self-harm group.*

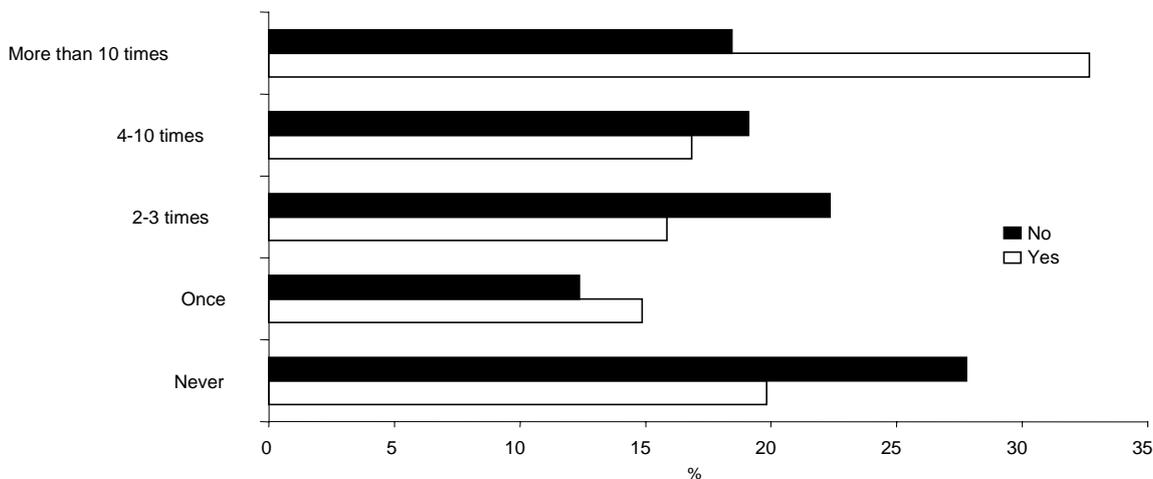
- Many studies of adolescent suicidal behaviour have noted impulsivity to be a common feature of attempts in this age group (Aggleton et al, 2000).
- Research in New Zealand found that the more suicidal young people feel, the less likely they are to seek professional help (Carlton & Deane, 2000).
- Young people attempting suicide who persistently express suicidal ideas, particularly where there is evidence of planning and strong intent to die, are at an increased risk of re-attempting suicide (Aggleton et al, 2000).
- Young people frequently express suicidal thoughts in the year before the suicide, to relatives, professionals, partners and friends (Hawton 1999b).
- Hopelessness is an important factor to assess with adolescent suicides because it has been associated with suicide attempts and also with completed suicide (Beck et al, Hawton et al 1982a, Hawton et al 1982b).

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## 5. Alcohol and other drugs

- Young adult deaths from accidents, suicides, homicides and open verdicts involving drugs, and poisonings due to drug abuse and drug dependence, accounted for 6% of all deaths during the early 1980s. By 2001, this proportion had increased to 13% for young adult men. For young adult women it rose slightly to 7% (Office for National Statistics, 2003).
- Approximately one in three adolescents who die by suicide is alcohol intoxicated at the time of death, and a further number are under the influence of drugs (Brent et al, 1986).
- In young adult women, suicide was the most common form of drug-related poisoning death – nearly two-thirds of these deaths over the period studied (Office for National Statistics, 2003).
- A Samaritans study in 2003 asked a number of adolescents that had contacted Samaritans how many times they had been drunk in the previous year. Interestingly, those who had contacted the Samaritans, compared with those that had not, had been drunk and reported being drunk more than 10 times (Samaritans, 2003).



*Number of times drunk in the past year.*

- Alcohol and/or substance misuse have been shown to be important predictors of eventual suicide amongst young people who attempt suicide (Hawton et al 1993); with young suicides having a high rate of alcohol and substance misuse and dependence (Appleby et al, 1999).
- The Department of Health states: "The implications for prevention and intervention are clear: **focusing on drug and alcohol abuse would have a greater impact on adolescent suicide rates than any other primary prevention programme**", (NHS Health Advisory Service, 1994) This approach was re-inforced by a study carried out by Appleby (Appleby et al, 1999)

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- It has been found amongst young people that the percentage change in alcohol consumption has the single highest correlation with changes in suicide rates (Diekstra, 1989).
- Alcohol and substance misuse are significant factors in youth suicide which affect thinking and reasoning ability, and may have a disinhibiting effect thus precipitating a suicidal act (Shaffer 1988).

## 6. Mental health

- 6 per cent of males and 16 per cent of females aged 16-19 are thought to have some form of mental health problem (Mental Health Foundation, 2003)
- Whereas women are likely to suffer from depression and anxiety, men are far more likely to suffer from substance misuse disorders and antisocial behaviours (Walters et al, 2003)
- Schizophrenia is equally distributed between the sexes but men have a worse prognosis, with the illness running a more severe course ((Walters et al, 2003)
- Research suggests that mental illness is the strongest risk factor for youth suicide. Also important is a family history of mental illness and/or suicide (Agerbo E et al, 2002)
- Other research also suggests that the strongest risk factors for youth suicide are mental disorders, in particular, affective disorders, substance use disorders, antisocial behaviours and a history of psychopathology (Beautrais, 2000).

## 7. Social fragmentation

- Suicide by young people has been associated with a number of social and interpersonal factors such as being unemployed, socially isolated, unmarried, and recent interpersonal life events or difficulties with parents, peers or partners (Appleby et al, 1999)
- Significant associations between unemployment and suicide in both males and females, aged 15-44, have been found with the strongest associations among younger men and women (Gunnell et al, 1999).
- In general, adolescent suicide attempters appear to grow up in families with more turmoil than other groups of adolescents, coming more often from broken homes (due to death or divorce), homes where there is parental unemployment, mental illness, or addiction (Kienhorst et al, 1995).

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## 8. Other risk factors

- Extreme and traumatic events such as physical and sexual abuse have been shown to distinguish suicidal adolescents from those who are depressed but experience no self-destructive thoughts or behaviours (Kienhorst et al, 1995).
- Young suicide attempters report more "significant others" i.e. people who have been important in their lives, who have attempted or died by suicide than other groups (Kienhorst et al, 1995).
- Adolescent attempters report less perceived support and understanding from their parents (specifically) than do depressed adolescents (Kienhorst et al, 1995). This does not appear to be the case for others in their social network such as friends, other family members and peers.
- Research in New Zealand found that suicidal behaviour can depend on cumulative exposure to social, family, personality and mental health factors (Fergusson et al, 2000).
- Violence plays an extensive role in the lives of those young people that are suicidal when compared with the non-suicidal. This could be through bullying or violence from an adult. It might also involve their own violent attitude to others (Katz et al, 1999).
- Adolescents who are bullied, as well as those who are the bullies, are at an increased risk of depression and suicidal ideation (Kaltiala-Heino et al, 1999). Among girls, severe suicidal ideation was associated with being frequently bullied or being a bully, and for boys it was associated with being a bully.
- A study of 11-16 year olds who had self-poisoned found that poor family relationships, poverty and poor peer relationships were strongly associated with self-poisoning (Kerfoot et al, 1996).
- An American study has shown a slightly but not significantly higher rate of homosexual experience amongst teenage suicides compared to teenage controls and also found that the risk factors for suicide amongst gays were no different to those for straight teenagers, i.e. alcohol and substance abuse, and psychiatric illness (Shaffer et al, 1995).
- However, a study in the UK showed a higher rate of suicidal ideation and behaviour amongst homo- and bisexual young individuals than among heterosexual youngsters. A common occurrence of suicidal ideation as well as attempted suicide was especially true amongst young lesbian and/or bisexual girls (Vincke & van Heeringen, 1998).

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## 9. Suicide and young men

- Suicide is the most common cause of death in men aged under 35 (Men's Health Forum, 2002)
- In 2001, drug abuse/dependence accounted for over 40% of all drug-related poisoning deaths in young adult men compared to 13% in 1979 (Office for National Statistics, 2003)
- In the UK and Republic of Ireland, the rate per 100,000 in 2002 for 15 – 24 year old men, continued on its five-year downward trend (from a five-year high of 18 per 100,000 in 1997) to 14 per 100,000, a level not seen since the late 1980's. This compares with an overall suicide rate in the general population of 12 per 100,000 (ONS, GROS, GRONI).
- In the Republic of Ireland, suicide amongst 15 – 24 year old men rose in the 1990s, reaching a peak of 36 per 100,000 in 1998. However in 2002 this rate showed a substantial fall to a rate of 24 per 100,000 (CSO).
- The rate amongst 15 – 24 year old men in Scotland, which stood at 36 per 100,000 in 2000, has shown a fall to stand at 30 per 100,000 in 2002 (GROS)
- Within Scotland the suicide rate for the 25 – 34 year old men increased from 40 per 100,000 to 54 per 100,000 between 2001 and 2002 (GROS)
- Within this same age group in the Republic of Ireland the rate fell slightly between 2001 and 2002. However, over the last 10 years the number per 100,000 has increased by 30% (CSO).
- In Northern Ireland the number per 100,000 for 25 – 34 year olds has increased by 104%. It is worth pointing out however, that percentages can sometimes be exaggerated when dealing with small figures (GRONI).
- Suicidal young men are 10 times more likely to use a drug to relieve stress. Suicidal young men were also more likely to feel that they had been pressurised into taking drugs. This group also spent far more on drugs than the non-suicidal: 29% of the suicidal compared with 4% of the non-suicidal (Katz et al, 1999).
- Suicidal young men are 8 times more likely than non-suicidal counterparts to be living alone, in care or hostels or without a family structure (Katz et al, 1999).
- Suicidal young men are significantly more likely to have a father who is absent (Katz et al, 1999).

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## 10. Suicide and young women

- Between 1979 and 2001, suicide was the most common form of drug-related poisoning death, accounting for nearly two-thirds of these deaths over the period studied (Office for National Statistics, 2003)
- The number and rate of suicides amongst 15 – 34 year old women has remained relatively static over the last 10 years, in general varying from 4 to 6 per 100,000 (ONS, GROS, GRONI).
- In Scotland, the number of females suicides within the 25 – 34 year old age group over the last 10 years have decreased by 32% (GROS).
- In the Republic of Ireland the number has increased by 100% - from 7 to 14. It is important to note that we are dealing with very small numbers (CSO).
- Young women aged 15-24 who are of South Asian origin (i.e. Indian, Pakistani or Bangladeshi) show a very high risk of dying by suicide in comparison with the average risk for women living in England and Wales (Karmi et al, Soni Raleigh & Balarajan, 1992).
- Young women born in the Indian sub-continent also show higher rates of attempted suicide (Merrill & Owens) where culture conflict, family and marital problems are commonly cited problems (Soni Raleigh & Balarajan, 1992).

### *Methods*

- In the UK, the most common method is to take an overdose of drugs. Other methods include: hanging; gassing; cutting; drowning; throwing ones-self from a building or in front a moving object; or shooting (in the USA, this is the most common method for both men and women).
- Method of suicide is often determined by factors which include cultural and regional influences. Preferences change over time due sometimes to new circumstances or fashion and sometimes to closure of a favoured route (as in the replacement of town gas by natural gas).
- Imitation: a temporary trend may be set in motion if someone famous attracts publicity by using a particular method.

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## 12. Media influence

- There is conflicting evidence on the effect of the media's treatment of (fictional and non-fictional) suicide or suicide rates in the overall population, however experts do feel that a media effect exists, particularly in individual cases, and that the young are especially susceptible (Hawton 1995). A recent study showed that young people get their information on suicide from the media (Beautrais et al, 2004)
- Guidelines have been published in the US by the American Foundation for Suicide Prevention which recommended that:
  - Certain ways of describing suicide in the news contribute to 'copycat' suicide
  - Research suggests that inadvertently romanticizing suicide or idealising those who take their own lives by portraying suicide as a romantic or heroic act may encourage others to identify with the victim
  - Exposure to suicide methods through media reports can encourage vulnerable individuals to imitate it
  - Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.
- Samaritans has also published some media guidelines: "Media guidelines - Portrayals of Suicide" available at [www.samaritans.org](http://www.samaritans.org)

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## 13. Samaritans and young people

- ***Text messaging***

In August 2002, Samaritans completed a report of young people's use of text messaging as a means of communication and interaction with others. This report was created as a response to Samaritans growing awareness of young people's emotional needs. It appears that text messaging is the preferred option of contact for young people, over and above using the phone. Young people seem to experience text messaging as a wholly anonymous service that also overcomes the embarrassment or shyness barriers of talking about problems.

The long-term goal of the project is to create an additional 'gateway' through which young people can contact Samaritans. It aims to be completed by April 2006.

- ***Youth & Self-Harm Perspectives – A Report***

With the financial support of Community Fund in 2003, Samaritans in association with the Centre for Suicide Research at Oxford University, conducted research which informs our thinking about how to best support young people at risk of self-harm. 41 schools participated in this study with 6020 pupils completing a questionnaire on lifestyle and coping skills and attending focus groups. Copies of this report are available from Samaritans General Office.

- ***E mail Service***

Since it was introduced in 1995, Samaritans email service has been used by many young people as their preferred way of discussing difficult feelings. Usage of this service has increased by almost 80% over the last three years. [jo@samaritans.org](mailto:jo@samaritans.org)

**Vanessa Eden-Evans**

*September 2004*

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Registered Office: The Upper Mill Kingston Road Ewell Surrey KT17 2AF

Tel: 020 8394 8300 Fax: 020 8394 8301 [www.samaritans.org](http://www.samaritans.org)

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