

Need to Know: A Fact Sheet Series on Juvenile Suicide

Juvenile Detention and Secure Care Staff

Prepared by the
Youth in Contact With the Juvenile Justice System Task Force
of the National Action Alliance for Suicide Prevention

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What You Need to Know about Juvenile Suicide

✿ Youth suicide is a significant, yet preventable, public health problem.

- Suicide is the second leading cause of death among youth ages 10–18.¹
- About one in thirteen high-school students attempted suicide in the past year.²
- Nearly 88,000 youth ages 10–18 were treated in emergency rooms for self-harm injuries in 2011.^{3,4}
- Males are more likely to die by suicide¹ and females are more likely to attempt suicide.⁴
- Certain populations (e.g., American Indian/Alaskan Native and sexual minority youth) have increased rates of suicide.^{5,6}

About this Fact Sheet

Need to Know: A Fact Sheet Series on Juvenile Suicide was developed by the Youth in Contact with the Juvenile Justice System Task Force of the National Action Alliance for Suicide Prevention. The task force's Public Awareness and Education Workgroup developed this series to raise awareness among individuals who work with youth involved with the juvenile justice system.

✿ Youth involved with the juvenile justice system have *increased* risk of suicide.

- Suicide is the leading cause of death for youth in confinement.⁷
- Youth in residential facilities have nearly three times the suicide rate of peers in the general population.⁸
- Risk factors for suicide are often more prevalent among youth in the juvenile justice system.⁹
- Studies report that over half of juveniles had current suicidal ideation¹⁰ and one-third had a history of suicidal behavior.¹¹

✿ Factors that may *increase* the risk of suicide among all youth include:^{11,12,13,14}

- Mental illness and/or substance use disorder
- History of suicide attempts, self-harm behavior, and/or death by suicide in the family
- Social isolation, relationship problems, or separation from family
- Impulsive, aggressive, or reckless behavior
- History of bullying or being bullied
- Access to lethal means
- History of trauma or child maltreatment

✿ Factors that may *increase* suicide risk among youth in the justice system include:^{15,16, 17,18}

- History of mental illness and/or substance use disorder
- Involvement in special education
- Legal/disciplinary problems
- Prior disciplinary action
- Prior offenses
- Referral to juvenile court
- Being placed on room confinement



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- ✿ Signs that *immediate* help for suicide risk is needed include:^{10,11,12,13}
 - Perceived crisis (e.g., transition within the juvenile justice system)
 - Unusual or sudden changes in personality, behavior, or mood
 - Talking about wanting to die or kill oneself
 - Withdrawal from friends, family, or usual activities
 - Expressions of hopelessness or feeling trapped
 - Actively securing access to lethal means
- ✿ Protective factors that may *decrease* suicide risk among youth in the justice system include:^{18,19,20}
 - Easy access to effective mental health and substance abuse treatment services
 - Problem-solving and conflict-resolution skills
 - Cultural or religious beliefs that discourage suicide
 - Connectedness and support from family and community
 - A positive school experience
 - Lack of access to lethal means
 - Suicide-resistant housing
 - Collaborative communication between juvenile justice and mental health systems

What You Can Do to Prevent Juvenile Suicide

- ✿ Demonstrate your belief that suicide *can be* prevented.¹⁵
- ✿ Learn the protective factors, risk factors, and warning signs related to suicide.¹⁵
- ✿ Implement and evaluate comprehensive suicide prevention policies, programs, and practices that address risk and protective factors on multiple levels.
- ✿ Take any written, spoken, or other communication of suicide seriously. If you think someone is at risk:
 - Do not be afraid to ask if someone is considering suicide. This *will not* cause suicide.
 - Be direct. Ask:
 - Are you thinking about killing yourself?
 - Are you considering taking your own life?
 - Do you ever feel like things would be better if you were dead?
 - Listen and do not judge anyone who you think might be thinking of suicide.
 - Avoid acting shocked if a youth says he or she is considering suicide.
 - Do not be sworn to secrecy or make promises that you won't tell anyone.
 - Communicate any suspicion that a youth is thinking about suicide to a mental health professional or supervisor *immediately*.
 - Stay with the youth. Do *not* leave a suicidal youth alone while you go get help.



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What Detention and Secure Care Facilities Can Do to Prevent Juvenile Suicide

✿ **Develop, implement, and maintain a comprehensive written suicide prevention program that includes the following eight critical components:**¹³

- Routine suicide prevention training for all staff
- Standardized intake screening for suicide risk using a valid and reliable tool for all youth, with suicide risk assessment by a qualified mental health professional administered as necessary
- Protocols that provide shared information about suicide risk
 - Among the arresting/transporting officer, family members, and facility staff
 - Between facility staff members
 - Between facility staff and youth
- Varying levels of supervision²¹
 - Close observation for youth with suicidal ideation or behavior
 - Constant observation for youth who are talking about or displaying suicidal behavior

Closed-circuit television does **not substitute for observation.
- Safe physical environment
- Emergency response protocol in the case of suicides or suicide attempts
- Notification system for suicides or suicide attempts through the chain of command
- Critical incident stress debriefing protocol (for all staff and youth) and a death review

✿ **Access additional resources for more information.**

- Centers for Disease Control and Prevention
 - <http://www.cdc.gov/ViolencePrevention/suicide>
- National Center on Institutions and Alternatives, Inc.
 - <http://www.ncianet.org/services/suicide-prevention-in-custody>
- National Suicide Prevention Lifeline
 - <http://www.suicidepreventionlifeline.org>; (800) 273-TALK (8255)
- Office of Juvenile Justice and Delinquency Prevention
 - <http://www.ojjdp.gov>
- Substance Abuse and Mental Health Services Administration
 - <http://www.samhsa.gov/prevention/suicide.aspx>
- Suicide Prevention Resource Center
 - <http://www.sprc.org>



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About This Fact Sheet

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- **you need to know** about juvenile suicide
- **you can do** to prevent juvenile suicide
- **systems can do** to prevent juvenile suicide

This fact sheet is tailored to juvenile detention and secure care staff; companion pieces are tailored to juvenile probation staff and to juvenile court judges and staff.

The Public Awareness and Education Workgroup included the following members and staff:

- Deborah Stone, ScD, MSW, MPH (*workgroup lead*) – Behavioral Scientist, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- Christy Lentz, MSW – Senior Policy Associate, National Association of State Mental Health Program Directors
- Roy Praschil – Director of Operations, National Association of State Mental Health Program Directors
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- Kathleen Skowrya – Associate Director, National Center for Mental Health and Juvenile Justice, Policy Research Associates

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Action Alliance

Envisioning a nation free from the tragic experience of suicide, the Action Alliance was launched in 2010 by U.S. Department of Health and Human Services Secretary Kathleen Sebelius and former U.S. Department of Defense Secretary Robert Gates. This public-private partnership advances the *National Strategy for Suicide Prevention* (NSSP) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress.

The Action Alliance established the Youth in Contact with the Juvenile Justice System Task Force to focus attention on the needs of youth in the juvenile justice system. The task force was co-led by:

- Melodee Hanes, JD – Acting Administrator, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice
- Joseph J. Coccozza, PhD – Director, National Center for Mental Health and Juvenile Justice, Policy Research Associates

The task force comprised four workgroups: Public Awareness and Education; Suicide Research; Suicide Prevention Programming and Training; and Mental Health and Juvenile Justice Systems Collaboration.



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- ³ The term “self-harm” includes suicide attempts and non-suicidal self-injuries.
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The National Action Alliance for Suicide Prevention is the public-private partnership advancing the *National Strategy for Suicide Prevention* (NSSP) (<http://actionallianceforsuicideprevention.org/NSSP>) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. The Action Alliance envisions a nation free from the tragic experience of suicide. For electronic copies of this paper or for additional information about the Action Alliance and its task forces, please visit <http://www.actionallianceforsuicideprevention.org>.

