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EVALUATION BRIEF

July 2009

Teens Thinking About Suicide When Entering the Albany County System of Care

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Background

Suicide is the third leading cause of death among adolescents in the United States.¹ Following a 15-year decline, adolescent suicide rates began to increase in 2004. The majority of this rise is due to an increase in suicides among girls between the ages of 10 and 19, with hanging/asphyxiation deaths among females became increasingly more common.² Although female suicide rates are on the rise, males are still significantly more likely to complete suicide. In 2005, the adolescent male suicide rate was roughly 4 times higher than the female rate. When broken out further by race, white males have the highest risk of suicide and black females have the lowest.³ Adolescent suicide rates vary dramatically by geography and the highest rates are typically found in rural areas.⁴

In terms of thinking about suicide, or “suicidal ideation”, a 2007 study of high school students revealed that 14.3% of youth had seriously considered suicide in the 12 months leading up to the survey and 6.9% had attempted suicide in the same period.⁵ This evaluation brief presents an overview of suicidal ideation among youth who presented for services through the Albany County System of Care (SOC) between 1/1/2006 and 12/31/2008.

Data Sources

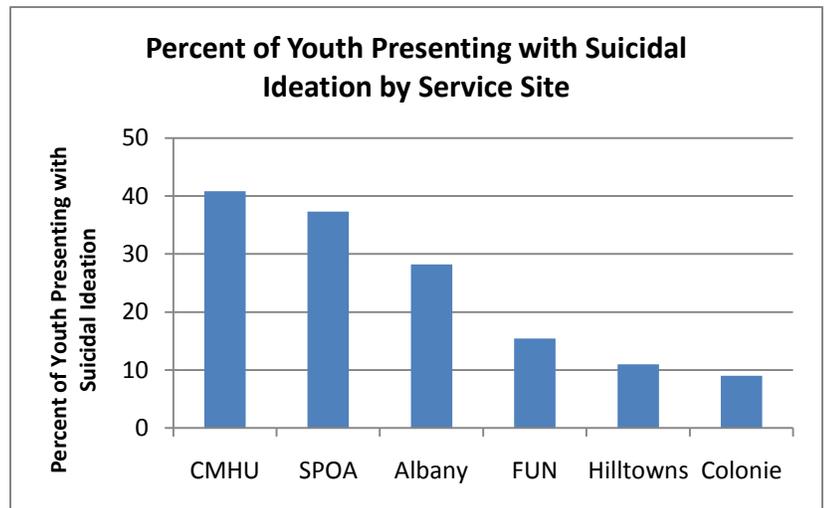
Data for this analysis are derived from intake forms and caregiver and youth interviews. Specifically, the data were collected on the following forms:

The Enrollment and Demographic Information Form (EDIF): completed on all youth during intake and provides demographic information as well as presenting problems and diagnoses.

The Caregiver Information Questionnaire (CIQ) : administered to a sample of adult caregivers during baseline and all follow-up interviews

The Youth Information Questionnaire (YIQ): administered to a sample of youth over the age of 11 during baseline and follow-up interviews.

Caregivers and youth both report on the child’s experience with suicide in the six months leading up to the interview. The data used in this analysis include information from 1402 EDIF forms collected between 1/1/06 and 12/31/2008 as well as 229 CIQs and 105 YIQs administered to youth and caregivers enrolled in the longitudinal outcome study six months after intake.



Findings

All Youth Entering the Albany System of Care

- 1 in 4 youth who come through one of the six portals of entry into the system of care have suicidal ideation as one of their presenting problems (N=374). Not surprisingly, the majority of these youth enter through the children’s

¹ Centers for Disease Control: http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf

² CDC, 2004 data: <http://www.webmd.com/mental-health/news/20070906/dramatic-increase-in-teen-suicide>.

³ National Center for Health Statistics: http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf.

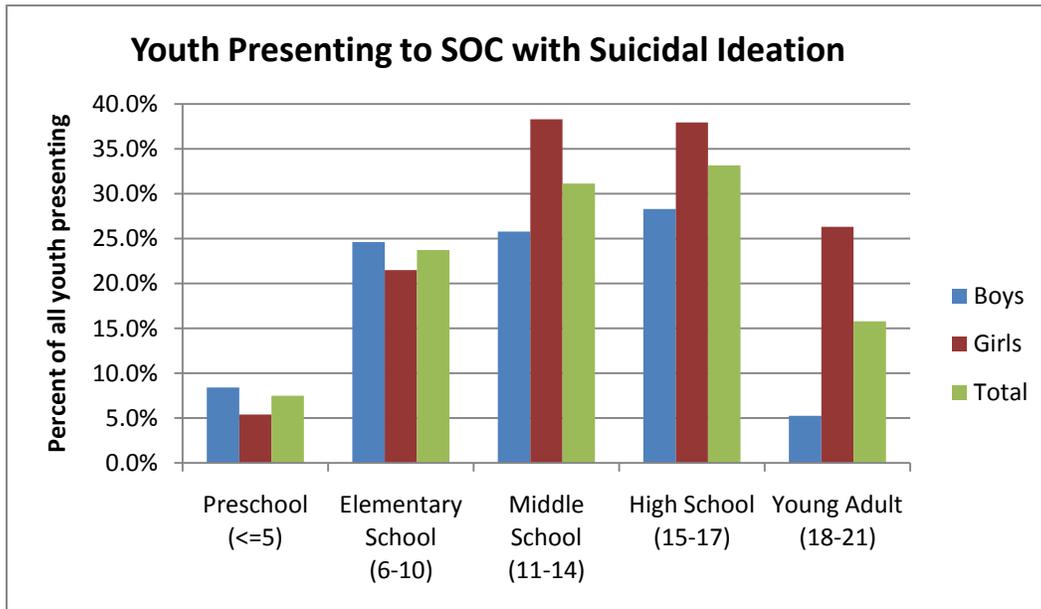
⁴ Rural Youth Suicide Prevention Group: <http://www.sprc.org/library/ruralyouth.pdf>.

⁵ Youth Risk Behavior Survey 2007: <http://apps.nccd.cdc.gov/yrbss/>

mental health unit which handles youth in crisis. Still, it is important to note that each of the family resource centers is presented with youth with suicide-related issues (Figure 1).

- Girls are more likely than boys to present with suicidal ideation: about one-third of girls and about one-quarter of boys have suicidal-related problems when they are referred to the SOC.
- The majority (64%) of these youth are middle and high school age. However nearly one-third (31%) of younger children present with suicide-related issues (Figure 2).

Figure 2



- Black female youth are the most likely to present with suicidal ideation.
- The majority of youth presenting with suicidal ideation also have depression or conduct/delinquency problems.
- School, mental health services and caregivers are the primary referral sources for youth presenting with suicidal ideation.
- Notably, about 15% of youth presenting with suicide-related problems to CMHU (n=28) are not eligible for continuing SOC services. This does not necessarily mean that these youth did not receive any services. The fact that these youth were deemed ineligible may have to do with the stringent eligibility criteria for SOC services, a very broad definition of “suicide-related problems” on the EDIF,⁶ or information received from referral sources. This requires further exploration.

Youth Enrolled in Longitudinal Outcome Study

- 25% of youth who presented with suicidal ideation attempted suicide within six months after intake.
- The highest incidence of suicidal ideation occurs among youth entering the SOC from Arbor Hill and the South End (please refer to the maps on the following pages).
- In terms of neighborhood and social context, youth who report witnessing crime are 5% more likely to enter with suicidal ideation than are youth who have not witnessed crime.
- Youth of caregivers with substance abuse problems are twice as likely to present with suicidal ideation.
- Youth who lived with depressed caregivers in the last 6 months leading to intake are 19% more likely to have attempted suicide than youth of non-depressed caregivers.

⁶ “Suicide-related problems” includes suicide ideation, suicide attempt, and self injury (Macro International, EDIF, rev. April 2007).

Suicide Risk Factors

Many risk factors are associated with an increased risk of youth suicide. Below are fifteen common risk factors associated with youth suicide.⁷

<p>Personal Characteristics</p> <ul style="list-style-type: none"> • Depressive Disorders and Substance Use • Prior History of Suicide Attempts • Hopelessness and Poor Interpersonal Skills 	<p>Family Characteristics</p> <ul style="list-style-type: none"> • Parental History of Suicidal Behavior • Parental Depression and Substance Use • Single Parent Families • Poor Parent-Child Relationship
<p>Adverse Circumstances</p> <ul style="list-style-type: none"> • Bullying • Loss of a Loved One • Legal/ Disciplinary Problems • Childhood Physical/Sexual Abuse 	<p>Social Environment</p> <ul style="list-style-type: none"> • Difficulty in School • Not in School • Unemployed • Media Supporting Suicide Contagion

Recommendations for the Albany County System of Care

- Suicidal ideation at intake is a significant predictor of suicide attempts six months later. It is important to recognize that suicide attempts are often preceded by warning signs and youth presenting with suicidal ideation need careful screening to determine precipitating suicidal ideation or attempts.
- Adoption of a universal suicide risk assessment tool by Albany County providers might improve the identification of youth with suicidal ideation to get them the support and treatment they need.
- While depression is a significant warning sign for suicide, conduct and delinquency problems are also important indicators.
- Schools in the high-risk areas of Albany County such as Arbor Hill and the South End (see maps on the next page) could be a critical avenue for outreach and education efforts to children and families.
- Local providers would probably benefit from training and additional information on evidence-based intervention strategies that have been successful in treating youth presenting with suicide ideation, depression, and other risk factors associated with youth suicide.

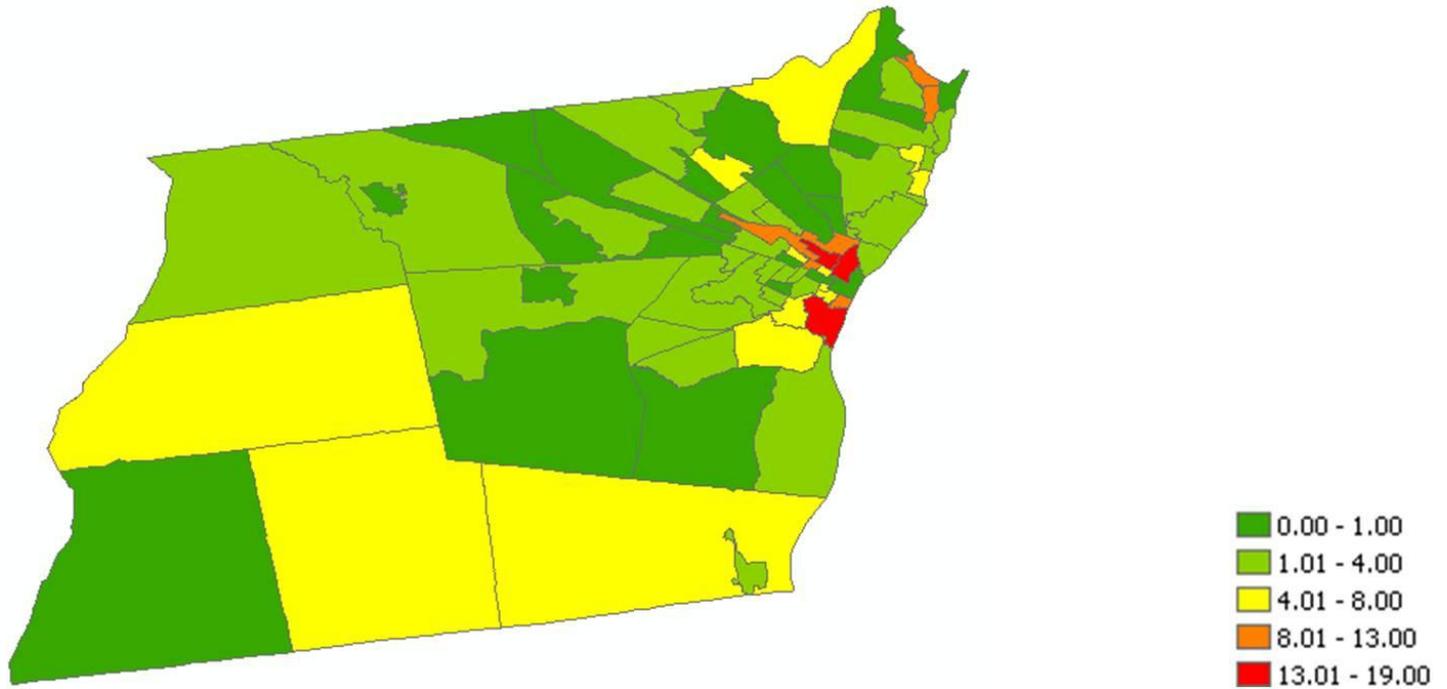


For more information on the Evaluation Program, please contact LuAnn McCormick, PhD, MSW, Evaluation Team Leader Families Together in Albany County (New York) / lmccormick@uamail.albany.edu / 518)442-5731.



⁷ Cecil G Sheps Center for Health Services Research: <http://www.shepscenter.unc.edu/publications/suicidepreventionFLA.pdf>.

Incidence of Suicidal Ideation Among Youth Presenting for SOC Services in Albany County by Census Tract (Number of Youth)



Albany Schools in High-Risk Areas

Red areas represent the highest incidence of suicidal ideation among youth entering the SOC.

