

<u>Missouri Title V Facts:</u> Adolescent Suicide

Background

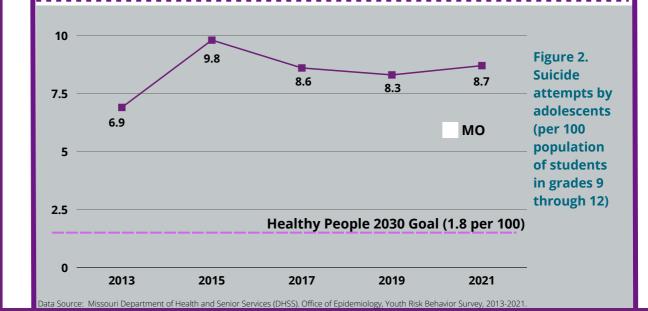
Suicides among adolescents continues to be a serious problem. In 2021, suicide among Missouri adolescents between the ages of 10-19 was the third leading cause of death for this age group (9.1 per 100,000).¹

According to Missouri's Youth Risk Behavior Surveillance System (YRBSS), the percentage of high school students who say they seriously considered attempting suicide has increased from 14.2% in 2013 to 20.4% in 2021. The percentage of high school students who say they have made a plan about how they will commit suicide has also increased from 12.1% in 2013 to 16.8% in 2021.2





Data Source: Missouri Department of Health and Senior Services (DHSS). Vital Statistics. Death File 2010-2021



Youth Suicide Demographics

Suicide is the third leading cause of death in young people ages 10 to 19.

- Boys are 3 times more likely to die from suicide than girls.
- Girls are more likely to attempt suicide than boys.¹

Between 2018 and 2021, there were 279 suicides that occurred among youth aged 10-19. There was no statistical difference among suicide rates between white youth (9.3 per 100,000) and Black youth (6.3 per 100,000). However, there still remains a large disparity in suicide rates among male (13.8 per 100,000) and female (3.9 per 100,000) victims. Suicide rates were also seen to be higher in older youth than their younger peers. The rate of suicide was 3.4 per 100,000 for victims aged 10-14; 12.8 per 100,000 for victims aged 15-17; and 17.1 per 100,000 for victims aged 18-19.1

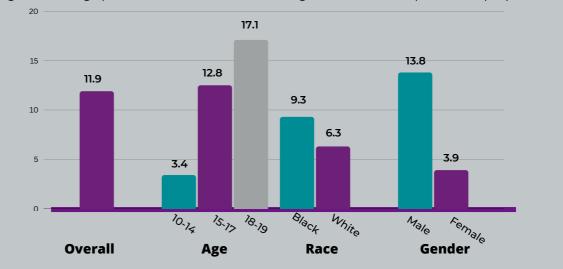


Figure 2. Demographics of Youth Suicide in Missouri Age 10-19, 2018-2021 per 100,000 people1

At Increased Risk: Females and Lesbian, Gay, or Bisexual (LGB) Youth²

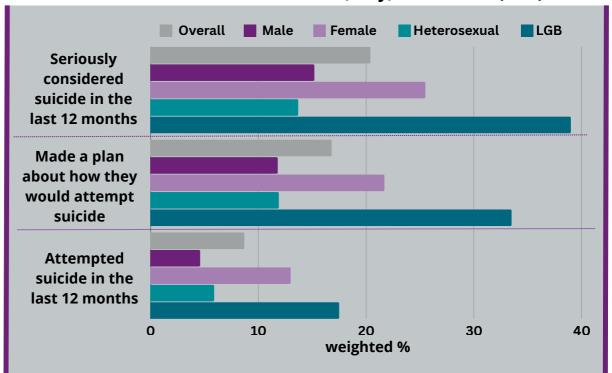


Figure 3. Results from 2021 Missouri Youth Risk Behavior Survey for Males, Females, Heterosexual, and Lesbian, Gay, or Bisexual adolescents (per 100 population of students in grades 9 through 12)

Both external factors (like relationship challenges, work stress, or trauma) and internal factors (like trouble regulating and processing emotions) can increase the risk of suicide.

Thoughts about suicide and suicide attempts are often associated with depression. In addition to depression, other risk factors include: 3



Risk Factors

A combination of situations could lead someone to consider suicide. Risk factors increase the possibility of suicide, but they might not be direct causes. Bullying among youth in Missouri continues to be an important issue and can occur both in person or online. Research shows that bullying and suicide-related behavior are closely related, with youth who experience bullying more likely to report higher levels of suicide-related behavior than those who do not.⁴ In Missouri, 15% of high school students say they have experienced being bullied on school property and 14% have experienced cyber bullying.² Children with special health care needs (CSHCN) are at an increased risk for bullying. Compared to 25.8% of children ages 12-17 without special health care needs, 48.7% of CSHCN experienced bullying in Missouri. ⁵

There are some individual characteristics and things we can do in communities that may help protect people from suicidal thoughts and behavior. Connections to friends and family, as well as community support can be important protective factors against youth suicide.³ In Missouri, 18.5% of children age 6-17 reported having difficulty making or keeping friends. In addition, 26.4% did not participate in any extracurricular activities.⁵



Adverse childhood experiences such as child abuse and neglect or family history of suicide are associated with increased risk of youth suicide. Of children 0-17 years old in Missouri, 39.5% have experience one or more adverse childhood experiences. Specifically, 9% lived with someone who was mentally ill, suicidal, or severely depressed, 10% had a parent or guardian who served time in jail, and 10% lived with someone who had a problem with drugs or alcohol. Interventions that target these risk and protective factors are essential in reducing youth suicide rates.⁵

Resources------



CRISIS TEXT LINE

Suicide & Crisis Lifeline

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. Dial **988**

Crisis Text Line Missouri

Crisis Text Line is free, 24/7 support for those in crisis to text with a trained Crisis Counselor. Crisis Text Line trains volunteers to support people in crisis. Text **MOSAFE** to **741741**

Navigating Your Child's Mental Health Crisis Toolkit

The DHSS Injury Prevention Program, in partnership with the Adolescent Health Program has started to pilot the Navigating Your Child's Mental Health Crisis Toolkit. The toolkit provides comprehensive guidance for families in the midst of a youth experiencing a mental health crisis. Missouri's toolkit is adapted from the Society for the Prevention of Teen Suicide's toolkit created for New Jersey. Missouri made the adaptions with a group of stakeholders to make it more appropriate for use in the school setting. DHSS partnered with stakeholders, such as LPHAs, the Missouri School Boards' Association (MSBA), and school nurses, working to address mental health to distribute the adapted toolkit to local school districts during the 2022-2023 school year. The school districts will pilot the adapted toolkit and provide feedback to DHSS. Once the pilot is completed and any necessary changes are made, DHSS will make the toolkit available to all schools in the state.

References------

1. Missouri Department of Health and Senior Services (DHSS). Vital Statistics. Death File: 2010-2021.

2. Missouri Department of Health and Senior Services (DHSS), Office of Epidemiology. Youth Risk Behavior Surveillance System, 2013-2021.

 Centers for Disease Control and Prevention. Risk and Protective Factors for Suicide. Retrieved from https://www.cdc.gov/suicide/factors/index.html. Accessed April 2, 2022.
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5. Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [02/29/22] from [www.childhealthdata.org].

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