

# 7 Minute Briefing: Adolescent Suicides

Date: 22 February 2021

## 7. PREVENTION

1. Brief Interventions.
2. "My Safety" Plan.
3. School based awareness programmes.
4. Community-based approaches.
5. Implementing suicide safer places or environments.
6. Reducing access to the means of suicide.
7. Working with local media to prevent suicides.
8. Supporting those bereaved or affected by suicide.
9. Postvention.
10. Education of GPs in Primary Care.
11. Suicide is everybody's business

## 1. BACKGROUND

Between 1st April 2014 and 31st March 2020, 12 children and young people met the case definition for the thematic review of probable suicide. This represents a 100% increase since the previous 6-year reporting period (1st April 2009 - 31st March 2014). 9 of the children and young people were male (75%) and 3 females (25%). 5 (42%) were aged 10-14 years. The youngest was fourteen years old. This briefing presents the key findings.

## 2<sup>a</sup> ADVERSE CHILDHOOD EXPERIENCES (ACES)

83% of the children in the review had experienced 4 or more ACEs. Key findings showed that 60% of participants had experienced at least one ACE and 1 in 8 had experienced 4 or more ACEs. It is essential that practitioners and managers consider childhood adversity and ensure that support and resilience building is part of their work with children and families.

## 2<sup>b</sup> AUTISTIC SPECTRUM DISORDER

58% of the children in the review had a diagnosis of ASD/ ADD. These cases highlighted the importance of understanding the risk of self-harm and suicide in this group. Mental health risk assessments should include consideration of the increased vulnerability of this patient group. Raising awareness of ASD as a risk factor for suicide would assist assessments with the Single Point of Access (SPA)

## 6. SOCIAL MEDIA & INTERNET USE

In 50% of the young people there was a concerning level of social media use identified by parents, along with researching of methods of suicide and self-harm online. In the Manchester study, 26% (74) had used the internet in a way that was related to suicide. 13% (37) searched the internet for information on suicide method and 10 died by a method they were known to have searched on. 4% (11) visited websites that may have encouraged suicide. 10% (29) had communicated suicidal ideas or intent online and 7% (21) had been victims of online bullying—10 in the 3 months prior to death



## 3. MEDICATION

33% of the young people had their medication changed or increased in the four weeks prior to their death. All depression medications and specifically selective serotonin reuptake inhibitors (SSRIs) carry a risk of increased suicide in children and young people.

The risk is higher during the first month of starting antidepressants and particularly between 1-9 days (Jick et al., 2004). Research shows that antidepressants are negatively associated with suicide rates.

## 5. SELF-HARM, SCHOOLS & SOCIAL CARE

**SELF-HARM** 58% of the young people were self-harming.

**SCHOOLS AND FURTHER EDUCATION COLLEGES:** A number of the young people in the review were finding it hard to access school. Deaths in school pupils caused considerable distress to the school community and access to bereavement support was important.

**SOCIAL CARE** 50% of the young people were known to social care, this is in line with the findings of the Manchester Suicide study where 65% of the young people aged under 20 were known to social care.

## 4. GENDER & SUBSTANCE MISUSE

**GENDER:** 75% of the young people in the review were male. This is in line with the results of the Manchester Suicide in Children and Young People study where they found that the number of male suicides was higher than females, especially in the late teens and early 20s, with a male to female ratio of 2.6:1 in those aged 15-19, and 3.7:1 in those aged 20 and over.

**SUBSTANCE MISUSE & ALCOHOL:** 25% of the young people in the review had been using drugs or alcohol. According to research, there is a link between risk taking including drug and alcohol use and suicide. Young people using substances such as alcohol and/or drugs are more likely to complete suicide.