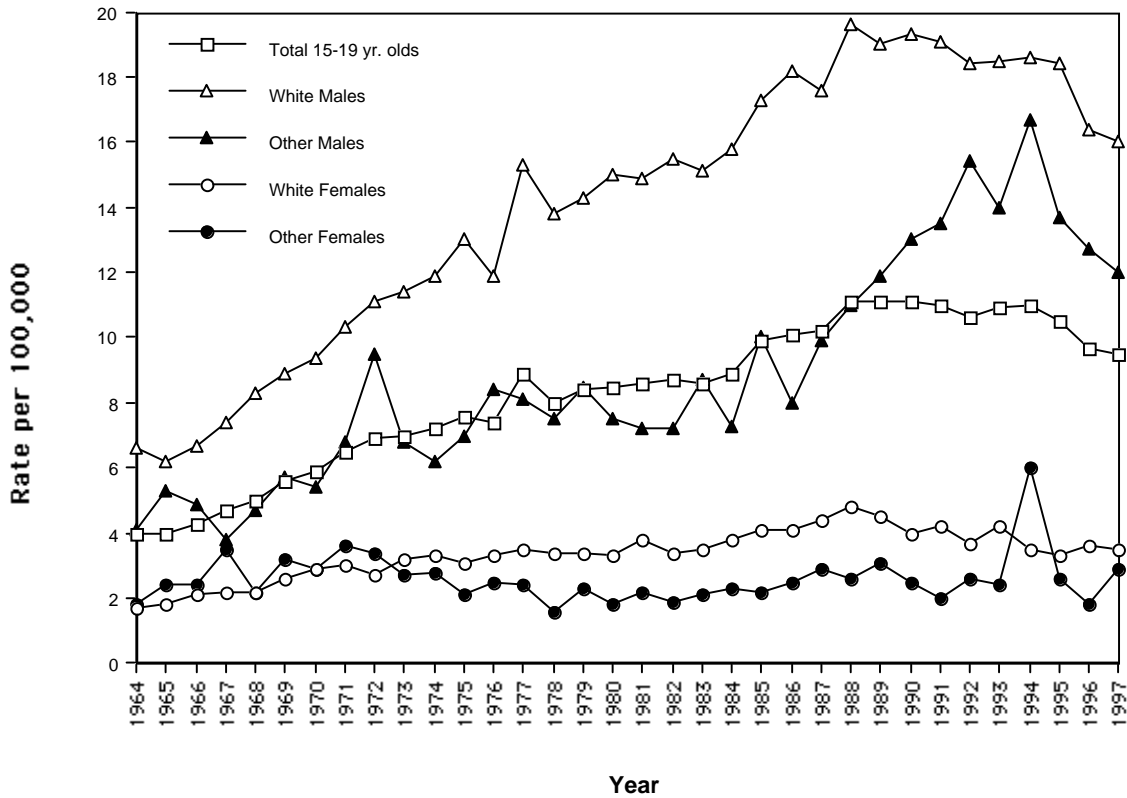


**Fig. 1** Suicide rates per 100,000 population (ages 10–24), 1997.

*Source:* National Center for Health Statistics (Centers for Disease Control and Prevention), Division of Vital Statistics, Mortality Statistics Branch (unpublished, 1999).



**Fig. 2** Adolescent Suicide Rates Per 100,000 Population (15- to 19-Year-Olds) 1964–1997.

The “Other” groups include all non-whites.

Sources: National Center for Health Statistics (Centers for Disease Control and Prevention), Division of Vital Statistics, Mortality Statistics Branch (unpublished, 1999); National Center for Health Statistics (Centers for Disease Control and Prevention), Division of Vital Statistics, *Death rates for 72 selected causes by 5-year age groups, race, and sex: United States, 1979–1997*. Worktable GMWK 291 Trend B, plate 1 of 2, pages 485–490 (unpublished, 2000). Web site: <http://www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm> (detailed statistical tables on mortality from NCHS’s data warehouse).

# HOW DO SUICIDES OCCUR AND HOW CAN THEY BE PREVENTED?

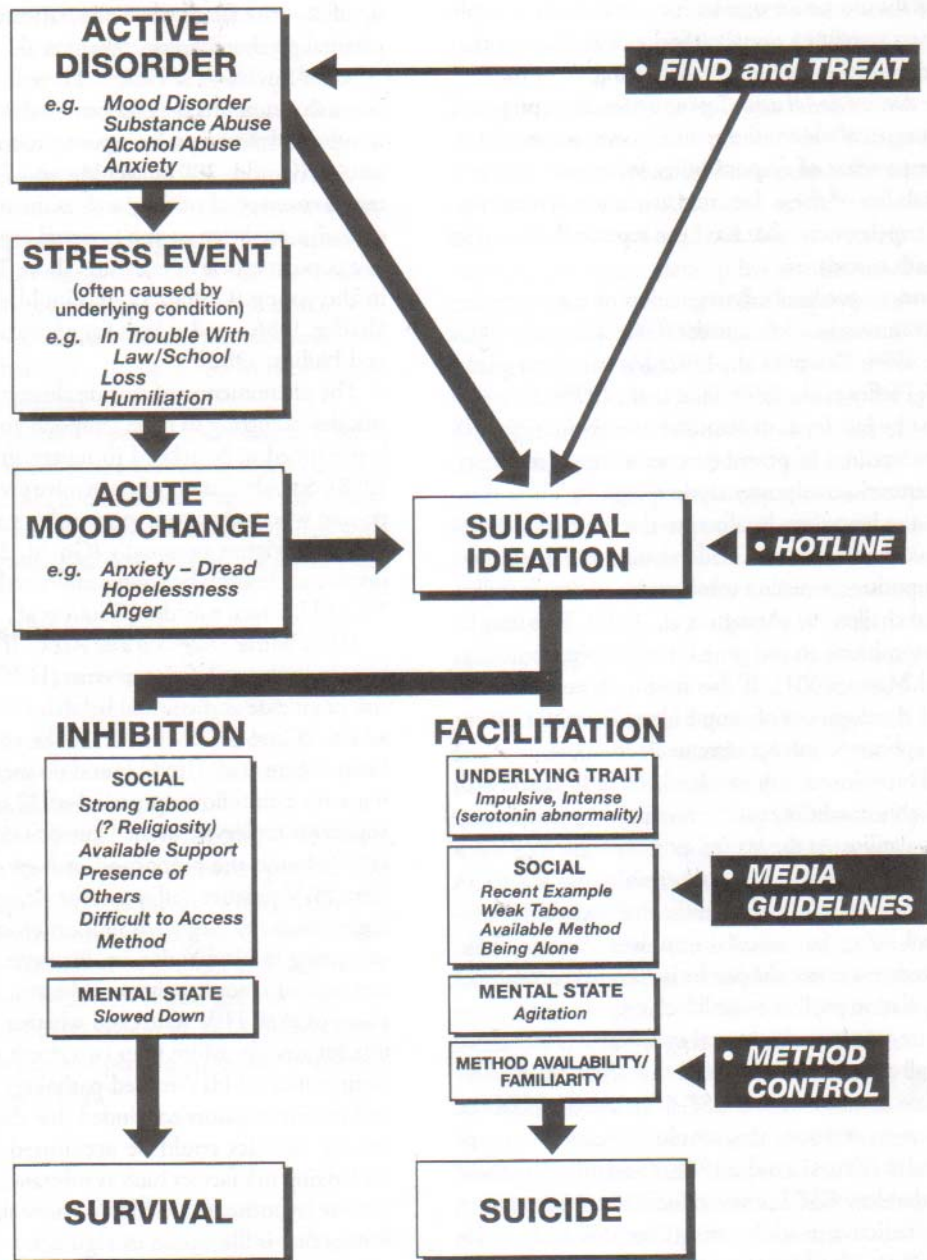


Fig. 3 This model suggests how suicide occurs and highlights types of targeted preventive interventions.

**TABLE 1**

High-risk factors for suicide in adolescents.

- **MALES at Much Higher Risk than Females**
- **AMONG MALES:**
  - **Previous Suicide Attempts**
  - **Age 16 or Over**
  - **Associated Mood Disorder**
  - **Associated Substance Abuse**
- **AMONG FEMALES:**
  - **Mood Disorders**
  - **Previous Suicide Attempts**
- **IMMEDIATE RISK Predicted by Agitation and MDD**

**TABLE 2**

Checklist for assessing child or adolescent suicide attempters in an emergency room or crisis center.

<b>Attempters at Greatest Risk for Suicide</b>	
<b><i>Suicidal History</i></b> <ul style="list-style-type: none"><li>• Still thinking of suicide</li><li>• Have made a prior suicide attempt</li></ul>	<b><i>Demographics</i></b> <ul style="list-style-type: none"><li>• Male</li><li>• Live alone</li></ul>
<b><i>Mental State</i></b> <ul style="list-style-type: none"><li>• Depressed, manic, hypomanic, severely anxious, or have a mixture of these states</li><li>• Substance abuse alone or in association with a mood disorder</li><li>• Irritable, agitated, threatening violence to others, delusional, or hallucinating</li></ul>	
<b>Do not discharge such a patient without a psychiatric evaluation.</b>	

<b>Look for Signs of Clinical Depression</b> Depressed mood most of the time Loss of interest or pleasure in usual activities Weight loss or gain Can't sleep or sleeps too much Restless or slowed-down Fatigue, loss of energy Feels worthless or guilty Low self-esteem, disappointed with self Feels hopeless about future Can't concentrate, indecisive Recurring thoughts of death Irritable, upset by little things
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<b>Look for Signs of Mania or Hypomania</b> Depressed mood most of the time Elated, expansive or irritable mood Inflated self esteem, grandiosity Decreased need for sleep More talkative than usual, pressured speech Racing thoughts Abrupt topic changes when talking Distractible Excessive participation in multiple activities Agitated or restless Hypersexual, spends foolishly, uninhibited remarks
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Source: American Foundation for Suicide Prevention, 1999.

**TABLE 3**

<i>Self-Completion by Child or Adolescent:</i>						
<u>Scale</u>	<u>Author</u>	<u>Ages</u>	<u>Purpose</u>	<u>Length</u>	<u>Domains</u>	<u>Notes</u>
Hopelessness Scale for Children (HSC)	Kazdin et al., 1986	for children and adolescents	assesses hopelessness	17 true/false items	clinical, research, screening	cut-off points and validity being tested(see Spirito et al., 1988)
Columbia Teen Screen (CTS)	Shaffer et al., 1996	for adolescents	screens 11- to 18-year-old students for suicidal behavior, ideation, and risk factors	26 items	clinical, screening, research	high sensitivity and specificity
Suicidal Ideation Questionnaire (SIQ)	Reynold, 1987	for adolescents	measures frequency and severity suicidal ideation in 11- to 18-year-old students	30-item (high school) or 15-item (junior high)	research, screening	
Suicide Probability Scale (SPS)	Cull and Gill, 1993	for ages 14 and over	clinical index of suicide risk	1 page	clinical	Validity in adolescents not shown
Reasons for Living Inventory for Adolescents (RFL-A)	Osman et al., 1998	for adolescents (adaptation of Linehan's 1985 Reasons for Living Inventory (RFL))	measures life-affirming, adaptive beliefs, which may distinguish suicidal from nonsuicidal	14 items	clinical, research, screening	gives clinician a blueprint for beginning treatment

<i>Clinician-Administered Instruments:</i>						
<u>Scale</u>	<u>Author</u>	<u>Ages</u>	<u>Purpose</u>	<u>Length</u>	<u>Domains</u>	<u>Notes</u>
Child Suicide Potential Scale (CSPS)	Pfeffer, 1979	for 6- to 12-year-olds	assesses suicidal behaviors and risk factors	17 pages (battery of 8 scales)	clinical, research	given to child and parent
Suicide Potential Interview (SPI)	Reynold, 1991	for 11- to 18-year-olds	evaluates suicide risk	4 pages, 22 items	diagnostic, research, screening	
Scale for Suicide Ideation (SSI)	Beck et al., 1979	limited research on adolescents	measures frequency, intensity, and duration of suicidal ideation	4 pages, 19 items	clinical, diagnostic, research, screening	
Suicidal Intent Scale (SIS)	Beck et al., 1974	not yet studied in adolescents or children	measures intent to die in suicide attempters	15 items	clinical, research	

**TABLE 4**

Checklist before discharging an adolescent who has attempted suicide.

**Before Discharging a Patient from the ER or Crisis Center, Always:**

- Caution patient and family about disinhibiting effects of drugs or alcohol
- Check that *firearms* and lethal *medications* can be effectively secured or removed
- Check that there is a *supportive person* at home
- Check that a *follow-up appointment* has been scheduled