

Sharing Data to Prevent Youth Suicide | 2015–2018

Youth Suicide

The Washington state suicide rate among youth (10–17 years old) has been rising (from 3.5 per 100,000 in 2010 to 6.9 per 100,000 in 2018), and has remained higher than the national rate in the same time frame. Since 2017, suicide has surpassed accidental deaths, making it the **leading cause of death** among youth. Nearly **70%** of youth who died by suicide were males and **65%** were Non-Hispanic whites.

Results from Washington State's 2018 Healthy Youth Survey (HYS) show that, in the past year, **10%** of 10th graders reported attempting suicide, with a significantly higher percentage of gay, lesbian, and bisexual students (**22%**) reporting attempting suicide than straight students (**7.4%**).

What Happened and Why

The Washington Violent Death Reporting System (WA-VDRS) is part of the National Violent Death Reporting System (NVDRS) that collects more than 600 unique data elements from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports on **who, when, where, and how** of suicides to help us better understand **why** they occurred.

Between 2015 and 2018, 4,090 suicides were reported into WA-VDRS. Of those, **4%** were youth **under 18 years old**. Approximately **75%** of youth suicides occurred at home; **42%** had mental health problems with **76%** diagnosed as depression; and, more than **25%** disclosed their suicide thoughts or plans to another person. If a firearm was used, nearly **50%** were owned by a family member or friend.

#BeThe1To

The National Action Alliance for Suicide Prevention and the National Suicide Prevention Lifeline promote #BeThe1To's five action steps for communicating with and supporting someone who may be suicidal. **Visit [#BeThe1To](#) for information about how and why to take action.**

WA-VDRS Youth Suicides

MALES

44%
died by firearm

26%
had treatment for mental health/
substance abuse problems

36%
had history of suicide thoughts
and/or plans

16%
had history of suicide attempt

47%
had problems with a family member

26%
had problems at or related to school

FEMALES

69%
died by suffocation/
hanging/
strangulation

54%
had treatment for mental health/
substance abuse problems

52%
had history of suicide thoughts
and/or plans

41%
had history of suicide attempt

33%
had problems with a family member

30%
had problems at or related to school

Examples of family or school problems: arguments with family members; discipline from parents; fighting or being bullied at school; failing grades or failure to meet graduation requirements.

ASK



- Ask the tough questions directly, "Are you thinking about killing yourself?"

BE THERE



- Listen to their reasons for feeling hopeless and in pain.
- Listen with compassion and empathy—no dismissing or judgment.

KEEP THEM SAFE



- Ask if they've thought about how they would do it.
- Separate them from anything they could use to hurt themselves.

HELP THEM CONNECT



- Connect them with a support system such as their family, friends, clergy, coaches, co-workers, or therapists.
- Encourage them to call 800-273-TALK (8255).

FOLLOW UP



- Check in on a regular basis.
- Making contact in the days after a crisis can make the difference in keeping them alive.

Suicide Is Preventable — Everyone Can Play a Role

Suicide prevention requires a comprehensive approach that occurs at all levels of society. The Centers for Disease Control and Prevention (CDC) has developed a set of strategies to help states, communities, and individuals reduce risk and increase resilience:

- **Create** protective environments
- **Promote** connectedness
- **Teach** coping and problem-solving skills
- **Identify** and **support** people at risk
- **Lessen** harms and **prevent** future risk
- **Strengthen** economic supports
- **Strengthen** access and delivery of suicide care

For planning and prevention resources visit [CDC's Suicide Prevention](#) website.

More Resources

Upstream Support: [Sources of Strength](#) is an evidence-based suicide prevention program designed to build socioecological protective influences around youth and to reduce the likelihood that vulnerable youth/young adults will become suicidal.

Prevention: Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) provides suicide prevention information and other helpful resources to behavioral health professionals, the general public, and people at risk.

Washington Listens: A free, anonymous service for anyone in the state. [WA Listens](#) provides support to people who feel sad, anxious, or stressed due to the events of 2020.

Means: Reducing a suicidal person's access to highly lethal means is an important part of suicide prevention. Learn more about means reduction at [Harvard's Means Matters](#).

Location: The majority of Washington suicides occur in the home. Learn how to reduce access to lethal means before and during a crisis at [Washington's Safer Homes](#).

Circumstances: Suicide is complex and many factors contribute to thoughts of suicide. Learn more from [CDC's Vital Signs](#).

Lived Experience: If you are thinking of suicide or made a suicide attempt, know that help is available. Along with supportive family and friends, people who have experienced thoughts of suicide and suicide attempt survivors have created strong peer communities. Learn more at [Now Matters Now](#).

Postvention: It's important to support the individuals, families, and communities affected by suicide loss, to reduce the cycle of trauma and suicide risk. Learn more at the [American Foundation for Suicide Prevention](#).

Be Part of the Solution

Preventing suicide involves families, communities, partnerships, peers, and working across sectors.



Crisis Help



Chat: [SuicidePreventionLifeline.org](#)
Talk: 1-800-273-TALK (8255)



In Crisis?
Text HEAL to 741741

CRISIS TEXT LINE | Free, 24/7, Confidential

Text: HEAL to 741741 if you or someone you know is in crisis.