

YOUTH SUICIDE IN OKLAHOMA

- In Oklahoma, suicide is the third leading cause of death for young people 15-24 years old
- In 2000, 29 Oklahoma children under age 20 committed suicide – six were under age 15
- Suicide rates are slightly higher in rural counties
- One out of three suicides among youth 14 years or older involves alcohol
- Caucasians have the highest rate of suicide among children over age 15; for children younger than age 15, Native Americans have the highest suicide rate
- Between 1976-2000, suicides outnumbered homicides 72 percent of the time for Oklahoma youth ages 15-19

YOUTH SUICIDE: NATIONAL STATISTICS

- In the U.S., roughly one young person age 24 or younger dies of suicide every two hours
- Although suicide among young children is rare, the dramatic increase in the rate among 10- to 14-year-olds underscores the urgent need for intensifying efforts to prevent suicide among this age group
- More than half of all young people who commit suicide abuse substances
- Males under age 25 are much more likely to commit suicide than their female counterparts, although females attempt suicide more often than males. In 1996, among youth ages 15-19, five males committed suicide for every female committing suicide. For young people ages 20-24, the rate was seven males to every one female.
- It is estimated that as many as 25 suicide attempts are made for every suicide completion
- Among those ages 15 to 19, firearm-related suicides accounted for 63 percent of the increase in the overall rate of suicide from 1980-1996

RISK FACTORS

■ **Biological factors** – mental health disorders, particularly mood disorders such as depression, schizophrenia, anxiety disorders and certain personality disorders

■ **Substance abuse**

■ **Psychosocial factors** – poor interpersonal problem-solving ability, poor coping skills, impulsive and/or aggressive tendencies, legal/disciplinary problems, history of trauma or abuse, previous suicide attempt, and family history of suicide

■ **Environmental factors** – difficulty in school, neither working nor going to school (drifting), relational or social loss, easy access to lethal means and local clusters of suicide that have a contagious influence

■ **Social factors** – lack of social support and sense of isolation, stigma associated with help-seeking behavior, barriers to accessing health care, certain cultural and religious beliefs (such as a belief that suicide is a noble resolution of a personal dilemma), and exposure to (including the media) and influence of others who have died by suicide

WARNING SIGNS

■ Change in eating and sleeping habits

■ Withdrawal from friends, family and regular activities

■ Violent actions, rebellious behavior or running away

■ Drug and alcohol use

■ Unusual neglect or personal appearance

■ Marked personality change

■ Persistent boredom, difficulty concentrating or a decline in the quality of schoolwork

■ Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.

■ Loss of interest in pleasurable activities

- Not tolerating praise or awards
- Complaints of being a bad person or feeling “rotten inside”
- Giving verbal hints with statements such as, “I won’t be a problem for you much longer,” “Nothing matters,” “It’s no use” or “I won’t see you again.”
- Putting affairs in order, such as giving away favorite possessions, cleaning his or her room, throwing away important belongings, etc.
- Becoming suddenly cheerful after a period of depression
- Having signs of psychosis (hallucinations or bizarre thoughts)

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