

Rates of suicide attempts and hospitalizations in children and adolescents

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Although children and adolescents in the child welfare system are at increased risk of attempted suicide compared with the general population, rates are highest before they enter care then begin to decline, states an article in *CMAJ (Canadian Medical Association Journal)*.

Approximately 76 000 children and adolescents are in the care of the child welfare system in Canada. However, little is known about the health outcomes of this vulnerable group.

To determine the relative rate of suicide, attempted suicide and health care visits by children in care, researchers from the University of Manitoba conducted a [population level](#) study of 8279 children and adolescents aged 5 to 17 years in care in Manitoba, Canada, between April 1, 1997 and March 31, 2006. They compared these with 353 050 children who were not in care.

The relative rate of death by suicide for children and adolescents in care was 3.54 compared with those not in care. The relative rate for attempted suicide for the same group was 2.11 compared to those not in care, and the hospitalization rate was 1.96. These higher rates were not significantly associated with parental mental illness, longer time in care or increased number of placements. Rates declined after entry into care.

"Although the rates of these outcomes were elevated above those of the general population, we also found that for the 'in care population,' [relative [rates](#)] for [suicide attempts](#), admissions to hospital and visits to

physician offices decreased after entry into care relative to the two-year period before entry into care," writes Dr. Laurence Katz, Department of Psychiatry, Faculty of Medicine, University of Manitoba, with coauthors.

Children and adolescents with a psychiatric disorder had the largest decrease in attempted suicides and hospitalizations. The authors suggest that "it is possible that children and adolescents with a psychiatric disorder are particularly vulnerable to the effects of an environment that results in out-of-home placement, or that the caregivers are particularly vulnerable to the stressful effects of caring for a psychiatrically ill child or adolescent, which results in out-of-home placement."

The findings of this paper are consistent with data from the only two other papers on this topic, which looked at similar age groups in Sweden.

The authors conclude that more research must be conducted regarding this vulnerable population, "the results of which have important policy implications for governments and agencies with the responsibility to optimize services for this vulnerable population of [children](#) and [adolescents](#)."

More information: www.cmaj.ca/lookup/doi/10.1503/cmaj.110749

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