

Team finds relationship and behavioral differences between children and early adolescents who die by suicide

September 19 2016

According to the Centers for Disease Control and Prevention (CDC), suicide was the 10th leading cause of death for children ages 5 to 11 in 2014. This was the first time suicide had shown up in the CDC's top ten leading causes of death for children in this age group.

A recent study from Arielle Sheftall, PhD, a postdoctoral research fellow in the Center for Suicide Prevention and Research at Nationwide Children's Hospital demonstrates that some individual characteristics and precipitating circumstances may be more prominent in [children](#) who die by [suicide](#) compared with early adolescents who die by suicide. It is the first study to exclusively focus on precipitating circumstances of suicide in children and early adolescents, defined as ages 5 to 14.

"Children who died by suicide were more likely to have relationship problems with family members or friends whereas early adolescents were more likely to have boyfriend or girlfriend relationship problems," said Dr. Sheftall, first author of the study. "These differences tended to fall along developmental lines given elementary school-aged children are more likely to spend time with family and friends and less likely to engage in romantic relationships, which become more common during adolescence."

A current mental health problem was present in approximately 33 percent of decedents in the study sample. Among this group, a diagnosis

of ADD or ADHD was more common in children who died by suicide compared to early adolescent decedents, who were more likely to be affected by depression or dysthymia.

Dr. Sheftall and her colleagues used the National Violent Death Reporting System (NVDRS) and analyzed suicide deaths from 2003 to 2012 in 17 different states, segregating them by age group. The NVDRS database is unique in its inclusion of information from multiple sources including medical examiners and law enforcement reports. This allows more in-depth information to be gathered concerning personal, familial, and social factors surrounding a child's death.

"We also found that 29 percent of children and early adolescents disclosed their intention for suicide to someone prior to their death," says Dr. Sheftall. "Our study highlights the importance of educating pediatricians, primary health care providers, school personnel and families on how to recognize the warning signs of suicide and what steps to take when suicidal intent is disclosed. These warning signs include a child making suicidal statements, being unhappy for an extended period, withdrawing from friends or school activities or being increasingly aggressive or irritable."

Research indicates that the use of suicide risk screening tools by pediatricians increases the detection of suicide risk in youth 400 percent without overburdening clinical care. Not only do pediatricians potentially see at-risk children on a regular basis, early detection allows the healthcare providers an opportunity to alert parents of potential risks and increases the likelihood of a child receiving mental health services in a timely fashion.

"Although suicide is extremely rare in elementary school-aged children, parents should be aware that children can and sometimes do think about suicide," says Jeff Bridge, PhD, director of the Center for Suicide

Prevention and Research at Nationwide Children's Hospital and co-author of the study. "It is important to ask children directly about suicide if there is a safety concern. Research has refuted the notion that asking children directly about suicide will trigger suicidal thinking or behavior. It does not hurt to ask. In fact, asking about suicide leads to hope for at-risk youth."

The report also notes a recent increase in [suicide rates](#) among black children. Suicide by hanging, strangulation or suffocation was more common among black decedents in both [age groups](#). More research is needed to establish whether unique patterns of suicide risk exist, so that prevention efforts might incorporate diverse strategies according to the children's developmental level, race or ethnicity. The research team is currently investigating the best ways to screen young people for [suicide risk](#) in healthcare settings and make treatment recommendations to keep those youth identified as being at risk safe.

More information: Recommendations for reporting on suicide can be found at reportingonsuicide.org/

Provided by Nationwide Children's Hospital

Citation: Team finds relationship and behavioral differences between children and early adolescents who die by suicide (2016, September 19) retrieved 2 May 2024 from <https://medicalxpress.com/news/2016-09-team-relationship-behavioral-differences-children.html>

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