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## Background:

Suicide is defined as a deliberate act that is intended to end one's life. Data on suicides from mortality statistics is affected by difficulties in recording a suicide where intent is unclear and in relation to children in particular, there may be difficulties in recording a death either as a suicide or as an accident.

Over half of young people who die by suicide have a history of self-harm. Self-harm has risen in the last 15 years—in 2014, one in five young women reported having ever self-harmed, twice the rate in young men and three times higher than reported 15 years ago.

In January 2017, the Prime Minister announced a number of pledges to help young people with mental health conditions. These included a revised national suicide prevention strategy. (Source: Suicide by Children & Young People July 2017)

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## What to do?

- Recognise that any child or young person who has self-harming behaviour is communicating their very real need for attention or help
- recognise the pattern of cumulative risk and "final straw" stresses that can lead to suicide

Further reading/links:

- [How safe are our children? 2017 Mental Health & Suicidal Thoughts Papyrus](#)
- [Child L 7 minute Briefing](#)
- [HYPe Service](#)

## Questions:

- Do I understand the risk factors?
- Am I clear about my role in suicide prevention?
- Do I know where to access specialist advice?

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## Why it matters:

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In the UK, suicide is a leading cause of death in young people, accounting for 14% of deaths in 10-19 year olds.

The UK has a relatively low rate of suicide by children and young people compared to other countries, but there has been a recent increase, reversing a decline over the previous 10 years.

Children and young people at risk of suicide may be in contact with a range of services including primary care, mental health, social care and the justice system. However, they may find it hard to access the services they need or fall between agencies. Children and young people who have been abused may not know who to turn to or find barriers to help-seeking.

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## Information:

- Suicide rates rise sharply in the late teens.
- Often people who take their lives will have given warning of their intentions in the weeks prior to their death.
- However, many young people who die by suicide have not expressed recent suicidal ideas. An absence of suicidal ideas can not be assumed to show lack of risk.
- In a [recent study](#), 13% of suicides by children and young people were preceded by the suicide of a family member or friend.
- In the same study, 36% of the children and young people who died had a physical health condition, usually long-term.
- Bullying was reported in 22% This was usually face-to-face bullying.
- Social isolation or withdrawal was an antecedent in 25%
- Suicide-related internet use was an antecedent in 23% of deaths. This could be searching for information about methods, posting suicidal ideas or hopelessness on social media, or online bullying.
- Academic pressures were a factor before suicide in a number of cases.

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# Suicide in children & young people

## Information:

Suicide in young people is rarely caused by one thing; it usually follows a combination of previous vulnerability and recent events. Important themes for suicide prevention are support for or management of family factors (e.g. mental illness, physical illness, or substance misuse), childhood abuse, bullying, physical health, social isolation, mental ill-health and alcohol or drug misuse. Groups that may be more vulnerable young people who are bereaved, especially by suicide, those who have self harmed and LGBT young people who may have fears over disclosure of their gender identity and may face bullying.

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