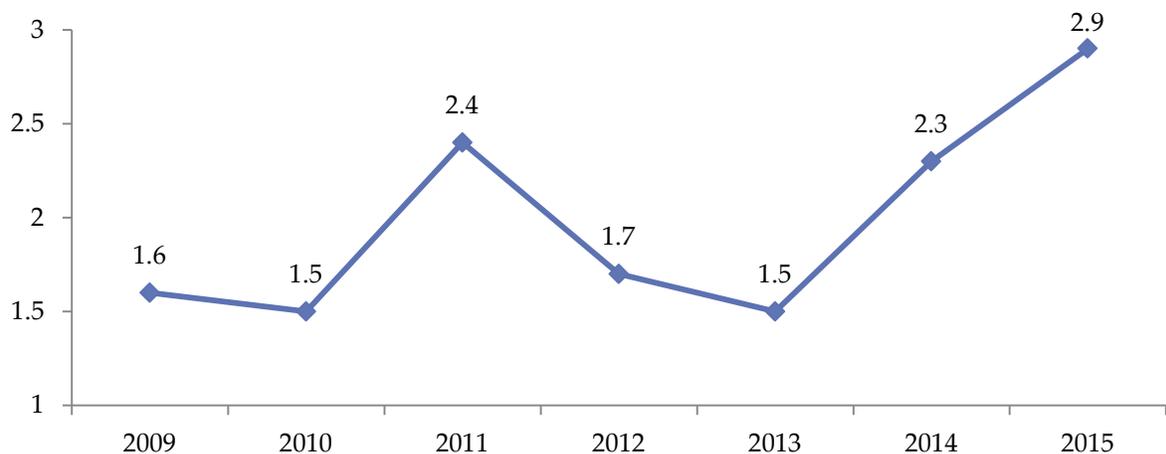


## Suicides

In 2015, there were 47 suicides among children in Arizona, accounting for six percent of all child deaths. This was a 26 percent increase from 2014 and an 81 percent increase since 2009. There are number of identifiable risk factors associated with suicide deaths.

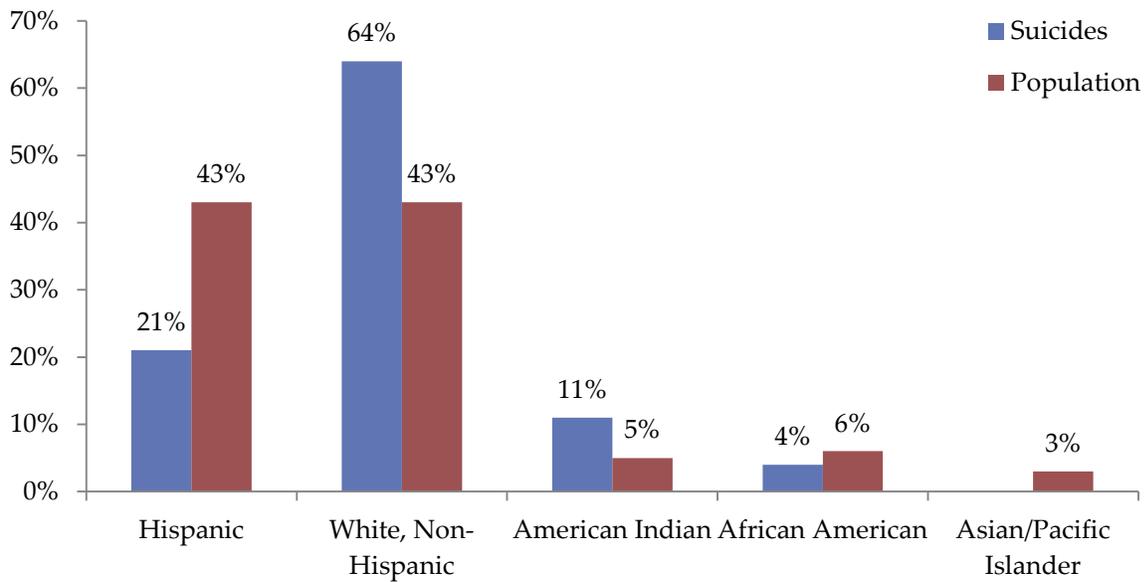
- Behavioral health issues and disorders, particularly mood disorders, depressant and anxiety disorders
- Substance use and abuse
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Family history of suicide and previous suicide attempts
- Easy access to lethal means
- Lack of social support and a sense of isolation
- Stigma associated with asking for help
- Lack of health care, especially mental health and substance abuse treatment

Figure 26. Mortality Rates due to Suicide per 100,000 Children, Arizona, 2009-2015



The majority of suicide deaths historically occur in boys and the trend continued in 2015. Boys comprised 72 percent of the suicide deaths (n=34) compared to 28 percent (n=13) in girls. The distribution of suicide by race/ethnicity varies year by year. In 2015, White, non-Hispanic children made up 64 percent of the suicide deaths (n=30) and Hispanic children accounted for 21 percent (n=10) (Figure 29). White, non-Hispanic and American Indian children were overrepresented compared to their population and accounted for approximately 75 percent of the suicides.

**Figure 27. Percentage of Suicide Deaths by Race/Ethnicity, Compared to Populations, Arizona, 2015 (n=47)**



Youth ages 15 through 17 years remained at highest risk for suicide death accounting for 74 percent (n=35) of suicides followed by children 10 through 14 years of age (26 percent, n=12). This distribution of suicides by age group has remained consistent since 2009.

Causes of death from suicides included firearm injuries (36 percent) followed by hanging (34 percent). Objects used for hanging suicides included belts, rope, strings and electrical cords.

**Prevention**

As with other categories of death, understanding the circumstances, risk factors, and events leading up to the suicide aids in developing appropriate interventions for future prevention efforts. Several risk factors were identified by local CFR teams that may have contributed to the child’s despondency prior to the suicide. The most common factors noted were that children were known to have a history of drug/alcohol use (40 percent); a history of family discord (38 percent) and a history of parent divorce (23 percent) (Table 11).

<b>Table 11. Factors That May Have Contributed to the Child’s Despondency Prior to Suicide, Arizona, 2015</b>	
Factor*	Percent
History of drug/alcohol use	40
History of family discord	38
History of parent divorce	23
Argument with parent	15
History/recent break-up	11
Failure in school	11

Victim of bullying	9
History of problems with the law	9
Argument with boyfriend or girlfriend	4
History of physical abuse	4
History of issues related to sexual orientation	4
History of sexual abuse	2
*More than one factor may have been identified for each death	

For many of the child suicides, important information regarding risk factors was unknown or unavailable to review teams, even after law enforcement records were available.

Local review teams determined 46 child suicides were preventable (98 percent). Of the top preventable risk factors for child suicides, the use of drugs was the most commonly identified (40 percent, n=19) followed by alcohol use (17 percent, n=8) (Table 12).

Table 12. Preventable Factors for Child Suicides, Arizona, 2015		
Factor*	Number	Percent
Drug use	19	40
Alcohol use	8	17
*More than one factor may have been identified for each death.		

There are ways to help children, youth, and their families strengthen protective factors and prevent suicide. Some of these factors include seeking early treatment of effective clinical care for mental, physical and substance abuse issues; restricting access to lethal means of suicide; building strong family and support connections; gaining and retaining skills in problem solving, conflict resolution and stress management; having family, friends, and acquaintances taking any discussion of suicide seriously and seeking help.

## Recommendations

### *For the Arizona public*

- Arizona schools should collaborate with the Arizona Suicide Prevention Coalition to support and implement school and community prevention programs, such as Mental Health First Aid, that train teachers and students how to address suicide, bullying, and related behaviors.
- Increase awareness about suicide prevention and resources by connecting communities and families with these resources.

### *For parents and caregivers*

- Monitor children with known behavioral problems (substance abuse and delinquency) or possible mental disorders (depression or impulse control problems) for signs and symptoms of suicide and immediately seek treatment and care.

- Completely remove firearms from homes where children or adolescents are showing signs of mental health issues, substance abuse, or suicide.
- Monitor your child's social media for any talk about suicide and take immediate action.
- Teen Lifeline provides a Peer Counseling Hotline for teens in crisis: 602-248-8336 (TEEN) for Maricopa county or statewide 800-248-8336 (TEEN).

*For the elected officials and other public administrators*

- Schools should work closely with suicide prevention groups to expand and implement bullying awareness and prevention programs.
- Support funding for behavioral health and substance use assessment and treatment services for youth and their families.