SUICIDE PREVENTION FOR YOUNG PEOPLE

WHAT DO WE KNOW?

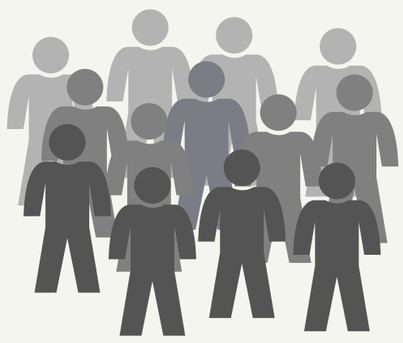
WHAT'S THE PROBLEM?

Suicide is the second-leading cause of death among young people and rates appear to be increasing. However, findings show that suicide-related thoughts and behaviours are more common than suicide. These are defined as suicide attempts or self-harm with clear or unclear suicide intent. It has been estimated that around one-third of young people with suicidal thoughts will develop a suicide plan. Approximately 60 percent of young people with a plan will attempt suicide.

WHAT INTERVENTIONS HAS RESEARCH FOCUSSED ON?

Research to date has tended to focus on three levels of intervention – 1) universal, 2) selective and 3) indicated.

UNIVERSAL



What are they?

- Target everyone in a defined population (e.g. school)
- Increase awareness about suicide
- Remove barriers to care
- Promote help-seeking
- Encourage protective factors

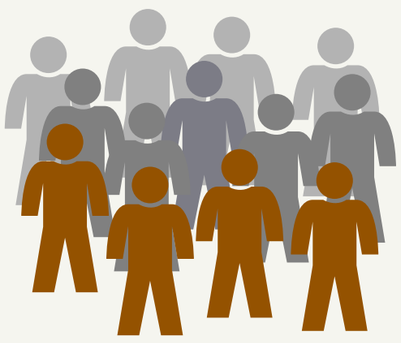
Examples

- School-based interventions (e.g. gatekeeper training)
- National initiatives (e.g. restricted access to lethal means)

How effective are they?

Evidence suggests that this level of intervention is effective at increasing awareness and helping skills. There is little evidence to suggest they're effective at reducing suicide-related thoughts or behaviours in young people.

SELECTIVE



What are they?

- Address specific groups at increased risk for suicidal behaviour

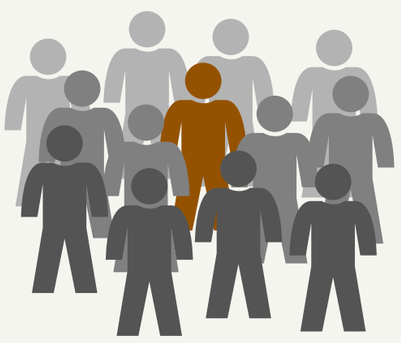
Examples

- Adolescents with mental health problems or harmful use of substances

How effective are they?

There have been few studies into selective interventions and results are mixed

INDICATED



What are they?

- Target high-risk individuals already displaying signs of suicidal behaviour

Examples

- Brief contact interventions (e.g. crisis cards)
- Talking therapies

How effective are they?

Evidence suggests brief contact interventions are effective in clinical settings. The most effective talking therapies for suicide and self-harm in young people are dialectical behavioural therapies and mentalisation-based therapies

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WHAT DO WE STILL NOT KNOW?

WHAT THERAPIES WORK FOR YOUNG PEOPLE?

Little evidence of adaptation to therapies for young people

Limited studies exploring the effectiveness of means restriction in young people

Limited studies of online interventions

We still don't know which part of interventions are most effective in reducing suicide risk in young people

There is limited policy guidance on how to care for and address suicide and self-harm in young people

WHAT ARE THE OUTCOMES?

Most of the research has focused on self-harm (often dichotomous) and suicide-related thoughts (dichotomous or continuous)

How should we conceptualise suicide and self-harm? Should we explore interventions that address them as separate things? Or should we view them on a continuum?

WHERE HAS RESEARCH BEEN FOCUSED?

Mainly focussed on Western countries with high-income economies

- We don't know much about youth suicide prevention in countries with low - and middle - income economies.

Mainly focussed on clinical settings

- Limited research in education/workplaces - particularly. universities
- Limited research in community settings
- Limited research in primary care

WHO HAS RESEARCH FOCUSED ON?

Mainly focussed on females aged 10-19yrs

- Limited research done on males
- Limited research done on indigenous communities and people of colour
- Limited research done on young people from the LGBTQIA+ communities

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