

Mental Health of New York City Youth

The mental health of adolescents is a concern. Among 13- to 20-year-olds in 2004, suicide was the third leading cause of death in New York City (NYC) and nationwide. In order to prevent suicides and suicide attempts, we need an improved understanding of the warning signs.

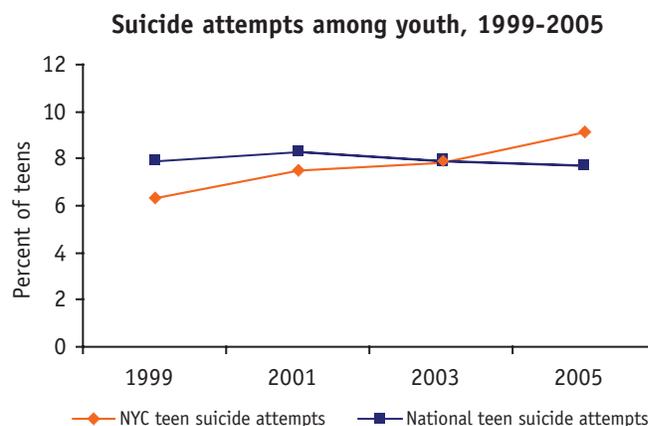
The consequences of suicide attempts range in severity from limited to fatal, and many attempts are not meant to end in death. Because suicide attempts are generally associated with depressed mood, any teen reporting suicidal thoughts, behaviors, or attempts (regardless of severity) should receive a professional mental health evaluation.

Youth anonymously report much higher rates of suicide attempts than are recorded in school or hospital data systems. Suicide attempts often occur in private and may have no observable consequences. Surveys can provide important data to understand youth mental health.

To assess the suicide risk of NYC teens, an anonymous, self-report survey asked questions about persistent sadness (feeling sad or hopeless for 2 or more weeks in a row – a symptom of depression), suicidal thoughts and behaviors, and other risky behaviors. This report summarizes the findings from these data.

Self-reported suicide attempts among teens are rising in NYC

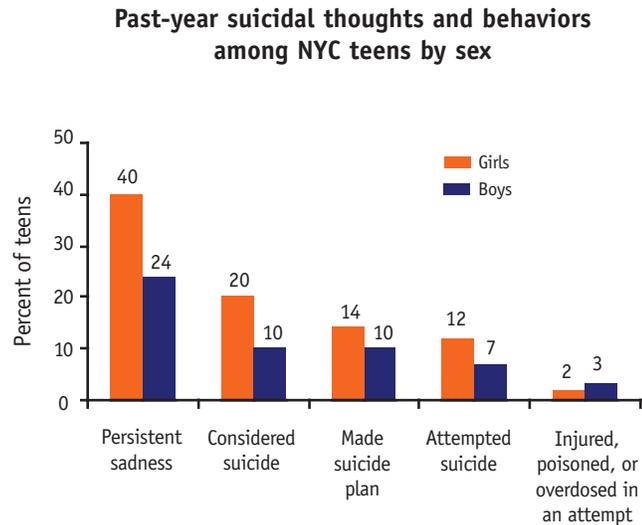
- Nationally, the prevalence of self-reported suicide attempts among teenagers has remained fairly stable, ranging between 8% and 9%, since 1999.
- In NYC, the percentage of adolescents reporting suicide attempts in the past year has increased from 7% in 1999 to 10% in 2005.
- Deaths due to suicide among young people (13 to 20 years old) have remained fairly consistent both citywide and nationally. In 2004, the suicide death rate per 100,000 young people was 7.3 nationally and 4.1 in NYC.



This report is based on data from the New York City Youth Risk Behavior Survey (YRBS), a self-administered, anonymous questionnaire adapted for New York City from protocols developed by the Centers for Disease Control and Prevention (CDC). Unless otherwise specified, data presented were collected in 2005. The survey has been conducted every other year since 1997 by the NYC Department of Education, and since 2001 in collaboration with the NYC Department of Health and Mental Hygiene (DOHMH). This sample, taken from New York City public high schools, provides prevalence data for the city as a whole, each borough, and the three NYC DOHMH District Public Health Office (DPHO) target areas in the South Bronx, North and Central Brooklyn, and East and Central Harlem. For full details, see "My Community's Health" at nyc.gov/health. NYC death rates are from the Bureau of Vital Statistics, NYC DOHMH. National death rates are from the National Bureau of Economic Research, 2004, National Center for Health Statistics, Multiple Causes of Death data file. National youth self-report data are from the CDC, Youth Risk Behavior Surveillance System (<http://www.cdc.gov/HealthyYouth/yrbs/>).

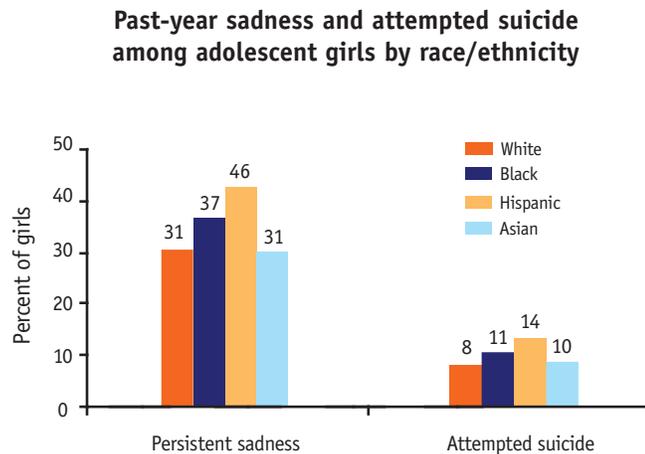
Adolescent girls are more likely than boys to report feeling sad or suicidal

- Overall, 40% of girls and 24% of boys reported feeling persistently sad for at least two weeks within the past year.
- Girls are twice as likely to have reported considering suicide as boys (20% vs. 10%). Girls are also more likely to attempt suicide than boys (12% vs. 7%).
- National and local data indicate that on average, teenage boys have a 3 times higher death rate from completed suicide than teenage girls.



Sadness and attempted suicide vary across racial and ethnic groups

- Persistent sadness is reported more often among Hispanic girls than girls of other racial/ethnic groups (46% vs. less than 40%).
- While not as striking as among girls, persistent sadness is also reported more often by Hispanic boys (27%) than by white (20%) or black (21%) boys.
- Hispanic girls report a higher prevalence of suicide attempts than white girls (14% vs. 8%).



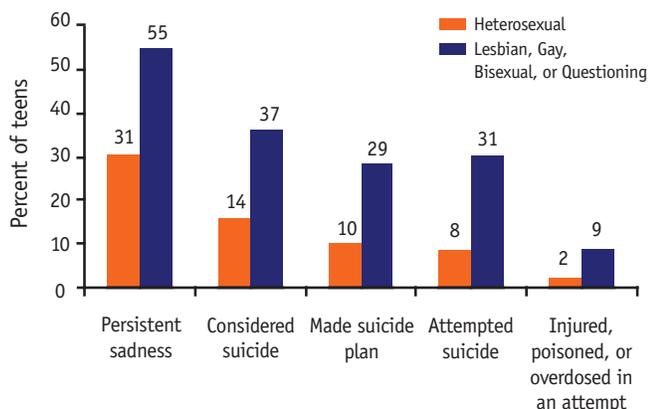
Teens may be depressed if they have shown signs in the past 2 weeks of:

- A persistently sad or irritable mood;
- Changes (increases or decreases) in appetite, weight, or sleeping habits;
- A lack of interest in or pleasure from activities that were once enjoyed;
- Less engagement in usual activities, or decreased energy; or
- Difficulty concentrating, intense feelings of guilt, or feelings of worthlessness or hopelessness.

Teens who identify as lesbian, gay, or bisexual, or who are questioning their sexual identity have much higher rates of suicidal thoughts and behaviors

- More than half of teens who identify as lesbian, gay, or bisexual, or who are questioning their sexual identity (55%) report feeling persistently sad for at least 2 weeks in the past year, compared to less than one third of their heterosexual peers (31%).
- Teens who identify as lesbian, gay, bisexual, or questioning are more than twice as likely as heterosexual teens to have seriously considered suicide within the past year (37% vs. 14%).
- Nearly 1 in 3 lesbian, gay, bisexual, or questioning teens (31%) has attempted suicide in the past year, compared to about 1 in 12 of their heterosexual peers (8%).

Past-year suicidal thoughts and behaviors among NYC teens by sexual identity*

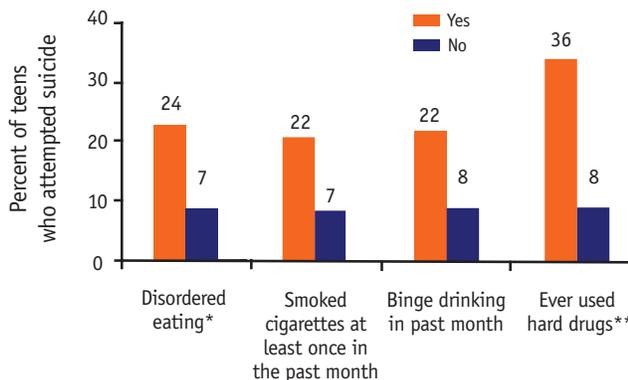


*Social factors, including alienation and discrimination, may explain the elevated rates of mental health problems among youth who report that they are lesbian, gay, or bisexual, or questioning their identity.

Suicide attempts are more common among youth who report disordered eating or substance use

- Adolescents who report disordered eating are more than 3 times as likely to report attempting suicide as those who don't (24% vs. 7%).
- More than one fifth of adolescents who smoked cigarettes in the past month (22%) report attempting suicide in the past year compared to 7% of non-smokers.
- Suicide attempts are more likely among teens who binge drink (consuming 5 or more alcoholic drinks on one occasion in the past month) than among those who do not (22% vs. 8%).
- Teens who report ever using illegal drugs are more than 4 times as likely to have attempted suicide as teens who have not (36% vs. 8%).

NYC teen suicide attempts by risk behaviors



*Includes fasting, vomiting, taking laxatives, or diet pills, powders or liquids without a doctor's advice.

**Includes cocaine, ecstasy, heroin, and methamphetamines.

Recommendations

Schools can address depression in teens by creating a supportive environment.

- Train educators and other school staff to increase awareness of and be on the lookout for signs and symptoms of depression.
 - Educate teens about the connections between feeling emotionally and physically healthy, including getting regular exercise and having a healthy diet.
 - Recognize that students who identify as lesbian, gay, or bisexual, or who are questioning their sexual identity are at greater risk for depression and suicidal tendencies.
 - Refer students who are identified with high-risk behaviors (including disordered eating, smoking, or using alcohol or drugs) to guidance staff or health care professionals for a mental health assessment.

Health care providers who work with teens should conduct thorough mental health assessments with all patients and make appropriate referrals.

- Screen all youth for depression, disordered eating, and cigarette, drug, and alcohol use.
- Encourage abstention from alcohol and drugs and positive eating behaviors for teen patients.
- Take a sexual history, including open, non-judgmental questions about sexual identity.

Parents can help if they suspect a teen is depressed or thinking about suicide.

- Encourage your teen to talk about his or her feelings. Respond with support and let him or her know that you are there whenever needed.
- Share any concerns you have with the family's health care provider, as well as with staff at your child's school.
- Seek professional help immediately if your child expresses suicidal thoughts, or if your child's depressed or irritable mood persists.

For additional information on teen suicide, visit:

- American Psychiatric Association: www.healthyminds.org
- National Institute of Mental Health: www.nimh.nih.gov/publicat/depression.cfm
- New York State Office of Mental Health: www.omh.state.ny.us/omhweb/speak/speakteens.htm

Always call 911 in a medical emergency.

For information and help with mental health problems or suicidal thoughts, call **1-800-LifeNet (1-800-543-3638)** or **1-212-982-5284 (TTY)** for the hearing impaired, or call **311** and ask for LifeNet. For online help: www.800lifenet.com. Help is available 24 hours a day in multiple languages.



A report from the New York City Youth Risk Behavior Survey



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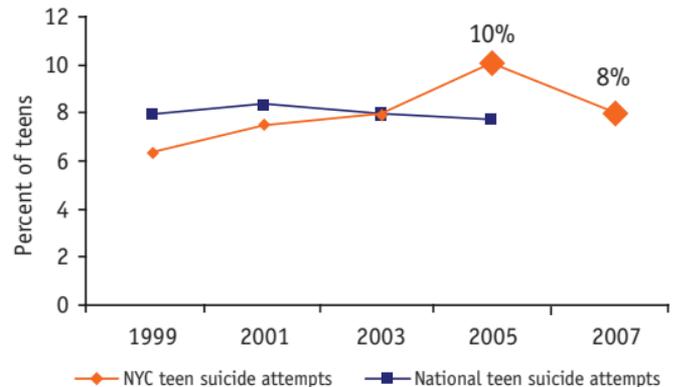
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Mental Health of New York City Youth: Additional Data

Self-reported suicide attempts among teens show a recent decline

- The March 2008 Vital Signs, *Mental Health of New York City Youth*, discussed the trends in self-reported suicide attempts in the past year among New York City teens.
- Since publication, new data from the 2007 NYC Youth Risk Behavior Survey have been analyzed and are presented here.
- After steadily increasing between 1999 and 2005, self-reported suicide attempts among NYC adolescents decreased from 10% in 2005 to 8% in 2007. National 2007 data are not yet available.

Suicide attempts among youth, 1999-2007



Data are from the New York City Youth Risk Behavior Survey, a self-administered, anonymous questionnaire conducted every other year since 1997 by the NYC Department of Education, and since 2001 in collaboration with the NYC Department of Health and Mental Hygiene. National data are from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System