

# The NHSDA Report

July 12, 2002

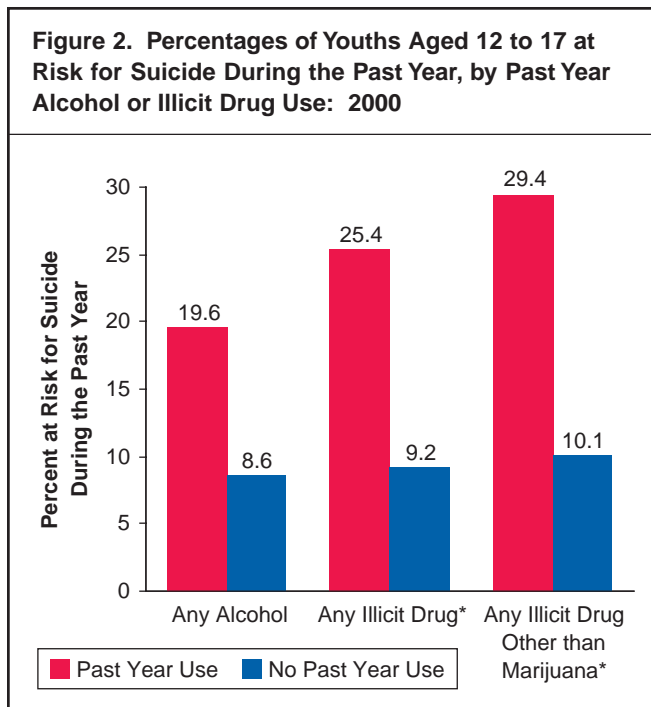
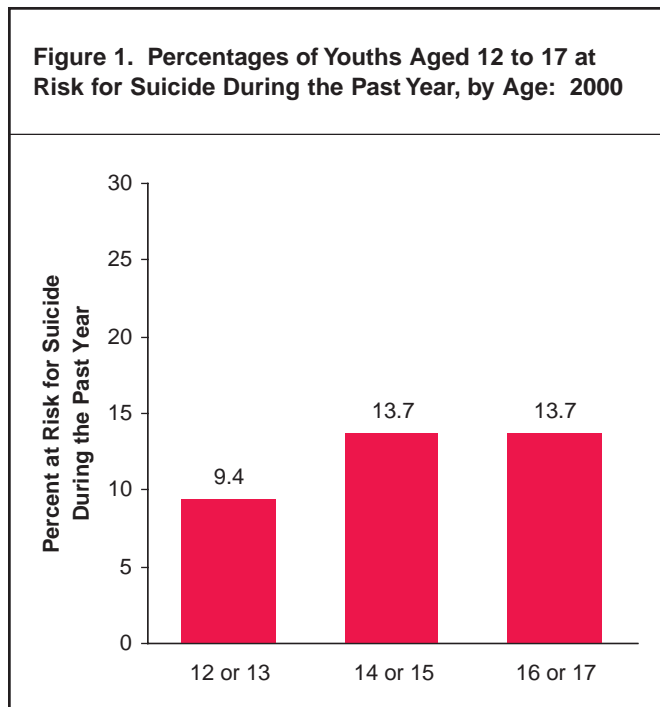
## Substance Use and the Risk of Suicide Among Youths

### In Brief

- In 2000, approximately 3 million youths were at risk for suicide during the past year
- Youths who reported past year alcohol or illicit drug use were more likely than youths who did not use these substances to be at risk for suicide
- Only 36 percent of youths at risk for suicide during the past year received mental health treatment or counseling

The National Household Survey on Drug Abuse (NHSDA) asks youths aged 12 to 17 whether they had thought seriously about killing themselves or tried to kill themselves during the 12 months before the survey interview.<sup>1</sup> For the purpose of this report, youths who thought about or tried to kill themselves during the past year were considered to be at risk for suicide. Responses were analyzed by geographic regions for comparative purposes.<sup>2</sup>

Respondents were also queried about their use of alcohol and illicit drugs during the 12 months before the survey interview. "Any illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Youths were also asked whether they had received treatment or counseling services during the past year for emotional or behavioral problems that were not caused by alcohol or drugs.<sup>3</sup> Respondents who received treatment or counseling were asked to identify reasons for the last time they received these services.<sup>4</sup>



## Suicide Risk Among Youths

Suicide is an important cause of mortality among youths in the United States.<sup>5</sup> The 2000 NHSDA estimated that almost 3 million youths were at risk for suicide during the past year. Of youths at risk for suicide, 37 percent actually tried to kill themselves during the past year.

Females (16 percent) were almost twice as likely as males (8 percent) to be at risk for suicide during the past year. The likelihood of suicide risk was also greater among youths aged 14 to 17 than it was among those aged 12 or 13 (Figure 1). The likelihood of suicide risk was similar among white, black, Hispanic, and Asian youths.

## Substance Use and Suicide Risk

Prior research has associated substance use with an increased risk of suicide among youths.<sup>6</sup> The 2000 NHSDA found that youths who reported alcohol or illicit drug use during the past year were more likely

than those who did not use these substances to be at risk for suicide during this same time period. For instance, youths who reported past year use of any illicit drug other than marijuana (29 percent) were almost three times more likely than youths who did not (10 percent) to be at risk for suicide during this time period (Figure 2).

## Regional Differences of Suicide Risk

Regionally, youths from the West (14 percent) were more likely to be at risk for suicide during the past year than those who lived in the Midwest (12 percent) or Northeast (11 percent) (Figure 3). The risk of suicide was similar among youths from large metropolitan, small metropolitan, and non-metropolitan counties.

## Mental Health Treatment Utilization Among Suicidal Youths

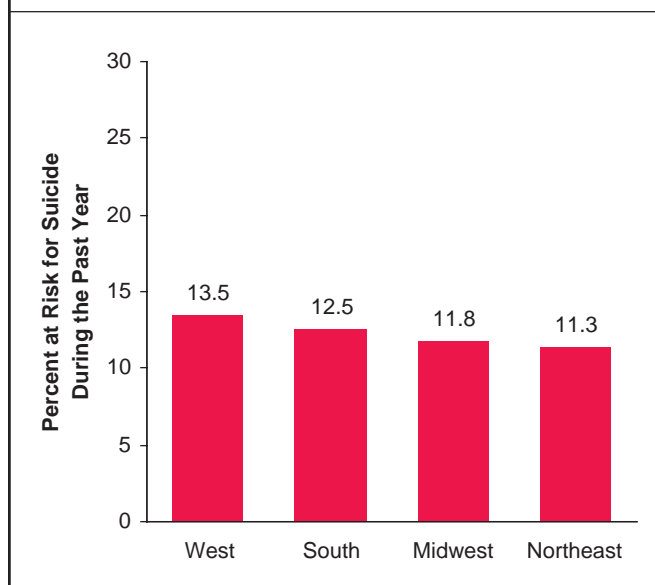
Research has demonstrated that the most effective way to prevent suicide is through the early identification and

treatment of those at risk.<sup>6</sup> Yet, according to the 2000 NHSDA, only 36 percent of youths at risk for suicide during the past year received mental health treatment during this same time period. Fewer than one-fifth of youths at risk for suicide received help from a private therapist, psychologist, psychiatrist, social worker, or counselor (Table 1). More than 15 percent received treatment from school counselors, school psychologists, or having regular meetings with teachers. Among youths at risk for suicide who received mental health treatment, 38 percent reported suicidal thoughts or attempts as the reason for the last time they received these services.<sup>7</sup>

## End Notes

1. Respondents were asked whether they tried to kill themselves during the past year if they reported thinking seriously about killing themselves during the same time period and/or they answered affirmatively to at least one of the following questions: (a) "During the past 12 months, has there been a time when nothing was fun for you and you just weren't interested in anything?" (b) "During the past 12 months, has there been a time when you had less energy than you usually do?" or (c) "During the past 12 months, has there been a time when

**Figure 3. Percentages of Youths Aged 12 to 17 at Risk for Suicide During the Past Year, by Geographic Region: 2000**



you felt you couldn't do anything well or that you weren't as good-looking or as smart as other people?"

2. Regions include the following groups of States:

**Northeast Region:** Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania.

**Midwest Region:** Wisconsin, Illinois, Michigan, Indiana, Ohio, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri.

**South Region:** Alabama, Kentucky, Mississippi, Tennessee, West Virginia, Virginia, Maryland, Delaware, District of Columbia, North Carolina, South Carolina, Georgia, Florida, Texas, Oklahoma, Arkansas, Louisiana.

**West Region:** Idaho, Nevada, Arizona, New Mexico, Utah, Colorado, Wyoming, Montana, California, Oregon, Washington, Hawaii, Alaska.

3. Respondents were asked about treatment or counseling services provided by any of the following: Overnight or longer stay in any type of hospital; overnight or longer stay in a residential treatment center; overnight or longer stay in foster care or in a therapeutic foster care home; treatment or counseling at a partial day hospital or day treatment program; visiting a mental health clinic or center; visiting a private therapist, psychologist, psychiatrist, social worker, or counselor; treatment or counseling from an in-home therapist, counselor, or family preservation worker; visiting a pediatrician or other family doctor; receiving special education services while in a regular classroom or in a special classroom, a special program, or in a special school; or talking to school counselors, school psychologists, or having regular meetings with teachers.

4. Respondents were asked to select reasons from a list of options, which included: 1) Thought about killing self or tried to kill self, 2) felt depressed, 3) felt very afraid or anxious, 4) were breaking rules or "acting out," 5) had eating problems, and 6) some other reason.

5. Catalozzi, M., Pletcher, J.R., & Schwarz, D.F. (2001). Prevention of suicide in adolescents. *Current Opinions in Pediatrics*, 13, 417-422.

6. National Institute of Mental Health. (1999, November 26). "Suicide Facts." Retrieved April 2, 2002 from <http://www.nimh.nih.gov/publicat/suicidefacts.cfm>

7. Youths who reported they received mental health services through special education services while in a regular classroom or in a special classroom, a special program, or in a special school were not asked the reason for the last time they received these services and were totally excluded from this analysis.

**Table 1. Percentages of Youths Aged 12 to 17 at Risk for Suicide During the Past Year Reporting that They Received Mental Health Services During this Same Time Period, by Location of Treatment: 2000**

Location of Treatment	Percent Reporting That They Received Mental Health Services During the Past Year
Any treatment	35.5
Private therapist, psychologist, psychiatrist, social worker, or counselor	19.4
School counselors, school psychologists, or having regular meetings with teachers	15.1
Mental health clinic or center	6.5
In-home therapist, counselor, or family preservation worker	6.3
Pediatrician or other family doctor	5.3
Overnight or longer stay in any type of hospital	5.2
Special education classes while in a regular classroom or in a special classroom, a special program, or in a special school	4.6
Partial day hospital or day treatment program	3.8
Overnight or longer stay in a residential treatment center	3.5
Overnight or longer stay in foster care or in a therapeutic foster care home	2.0

**Figure and Table Notes**

\*Any illicit drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type drugs used nonmedically. Any illicit drug other than marijuana refers to any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other drugs listed are included.

Source (table and all figures): SAMHSA 2000 NHSDA.

The National Household Survey on Drug Abuse (NHSDA) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2000 data are based on information obtained from nearly 72,000 persons aged 12 or older, including more than 25,000 youths aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

*The NHSDA Report* is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI in Research Triangle Park, North Carolina. Information and data for this issue are based on the following publication and statistics:

Substance Abuse and Mental Health Services Administration. (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (NHSDA Series: H-13, DHHS Publication No. SMA 01-3549). Rockville, MD: Author.

Also available on-line: [www.DrugAbuseStatistics.samhsa.gov](http://www.DrugAbuseStatistics.samhsa.gov).

Additional tables available upon request.



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