

INTRODUCTION

The Centers for Disease Control and Prevention (2011) has identified suicide as the third leading cause of death among children and young adults between the ages of 10 to 24 years old. The rates of suicide, defined as the "behavior committed to end's one's own life",¹ have been steadily increasing among youths in the U.S.

The rates of attempted and completed suicide differ by age, gender, ethnicity, family or social environment. Females are more likely to report suicide attempts and ideation than males. Native Americans/Alaskan Natives and Hispanics have higher rates of suicide completion compared to Non-Hispanic Whites and African Americans.²

A few studies have begun to investigate the role of psychosocial factors on increasing risk of suicide. A psychological autopsy of suicide victims under the age of 20 years revealed that 61% met the criteria for a mood disorder, 52% met criteria for major depressive disorder (MDD), 22% for dysthymia.³ In addition, 95% of teenager who complete suicide have less frequent and satisfying communication with their parents and their peers.⁴ Although these few studies are helpful, more information is needed about the social context in which youth suicides occur.

Using coroner's investigation reports of completed suicides of youth less than 18 years of age, the aims of this study are: 1) determine the precipitating events (e.g., arguments with parents or romantic partners) that lead to the suicide, 2) identify assorted comorbid mental health conditions (e.g. depression), and 3) assess the demographics characteristics of suicides that occurred.

METHOD

Data Source

This is a case series of (N=81) suicide cases, captured by the County of Los Angeles Coroner's Office between 2005-2010. The study population consists of youths under the age of 18 years who were residing in the county of Los Angeles at the time of death. The reports are a combination of quantitative variables on demographic characteristics and qualitative open-ended narratives describing the scene of the suicide, including testimonies of witness/es.

Study Variables

One variable of interest is the precipitating event which refers to any activity that occurred within 24 hours of the suicide death. To capture this variable, the question "Was there a specific event that preceded the suicide?" was asked. If the event met the description, yes was chosen and a detailed explanation of the event was then documented in the space provided. The events were coded accordingly; 1) argument with family member, 2) argument with friend, 3) argument with boy/girlfriend, 4) worried about consequences (5) disappointments in academic career, and 6) Russian roulette (consisting of spinning the cylinder of a revolver loaded with one cartridge, pointing the muzzle at one's own head, and pulling the trigger).⁵

Psychiatric symptoms preceding the suicide death were another variable of interest. This refers to any symptoms related to psychiatric disorders reported by witness/es that were displayed by the victim before their death. Psychiatric symptoms were categorized as mood disorders, anxiety/distress, substance abuse, other, none, and not addressed.

Characteristics providing a description of the youths and suicide incident such as year, age gender, race/ethnicity, previous suicide attempts, and mechanism were included in the analysis. Unless it was explicitly stated that there were no preceding events that occurred, no signs of psychopathology, and no previous suicide attempts, those cases were marked as not addressed. Those with missing data were not included in each sub-analysis.

Analysis

A univariate analysis was conducted to determine the frequency of occurrence of specific precipitating events, psychiatric symptoms, and demographic characteristics within the study population. A Qualtrics database was used for data entry, and all analyses were done using SPSS, version 19, software for Windows.

RESULTS

Table 1: Characteristics of the study population and suicide method.

Characteristics	Total N(%)
Youth	
Year	
2005	14 (17.3)
2006	13 (16.0)
2007	10 (12.3)
2008	16 (19.8)
2009	14 (17.3)
2010	14 (17.3)
Age	
Years (mean ± SD)	15.4 ±1.6
Range	11-17
Gender	
Male	55 (67.9)
Female	26 (32.1)
Race/ Ethnicity	
White	22 (27.2)
African American	11 (13.6)
Hispanic	40 (49.4)
Asian/Pacific Islander	4 (4.9)
Other	4 (4.9)
Previous Attempts	
Yes	18 (22.2)
No	43 (53.1)
Suicide	
Mechanisms	
Firearms	15 (18.5)
Bridge/Fall	3 (3.7)
Hanging/suffocation	48 (59.3)
Self-Poisoning	7 (8.6)
Other	7 (8.6)

As shown in Table 1, approximately 67.9% of the victims are males with a mean age of 15.44 (SD 1.612; range 11-17 years). Fifty percent of the study sample was Hispanic and 22% previously attempted suicide. The most common method of suicide was hanging/suffocation (59.3%) followed by the use of firearms (18%).

It was reported that 54 (66.7%) of the victims displayed symptoms related to psychiatric disorders in the past. Forty-four percentage had symptoms related to mood disorders and 21% displayed symptoms associated with more than one psychiatric disorder before the suicide (Figure 1). Other symptoms identified during the review of the cases were related to attention deficit disorders (9%) and aggressiveness (4%).

There were 42 (52%) cases that were reported as having a preceding event (Figure 2). The most common event that occurred were arguments with a family member (49%) followed by arguments with a romantic partner (29%). The other events consisted of arguments with a friend (6%), worries about the consequence of a specific action (6%), disappointment related to their academic career (6%), and participating in the game Russian roulette (6%).

Figure 1: The percentage of suicide victims that were reported to have displayed psychopathology symptoms (N=81).

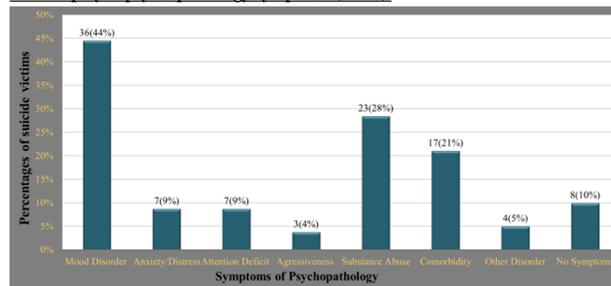
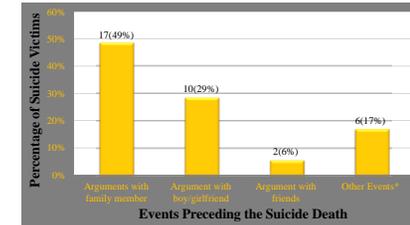


Figure 2: The type of events that preceded the suicide death (N=42).



*Other events are worries about consequences of a specific action, disappointment related to their academic career or school, and playing the game Russian roulette.

CONCLUSIONS

In conclusion, a significant proportion of cases had histories of psychosocial disorders. More than half of youth who completed suicide had mood disorders. Furthermore, a vast majority (84%) had strained relationships with significant others.

Our findings suggest that prevention of suicide should involve programs that enhance or improve interpersonal relationships and equip youth with skills in dealing with interpersonal conflicts. In addition, caretakers of children with diagnosed mental disorders should be trained in suicide prevention techniques.

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