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Needs and strengths associated with suicide ideation in youth

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Introduction

The primary research question concerns the needs and strengths that are associated with the presence of active suicidal ideation and behaviour among youth.

This project finds its roots in the Child and Adolescent Needs & Strengths (CANS), developed by Dr. John Lyons. The CANS is a multi-purpose information integration tool that serves to communicate the needs and strengths of the children in question, so as to implement an appropriate intervention strategy. Based on CANS scores, past and present suicidal thoughts and behaviours, and a myriad of other clinical indicators in a rich database containing information of over 15,000 children, we can begin to determine if meaningful sub-groups exist among youth who display evidence of suicidality. If such sub-groups can be established, high-risk youth can be identified and appropriate intervention measures can be taken.

Methodology

Because this project is still in its preliminary stages, the most important method used was the scientific literature review. This involved exhaustive electronic research, and use of the Morisset Library. In addition, prominent Canadian researchers in the field were contacted with requests for any of their recent, relevant publications.

The purpose of this literature review was to establish a foundation of the current knowledge of suicide in youth. This includes the prevalence of both suicide and suicidal behaviours; risk factors for suicide; existing theoretical models; and heterogeneity/typical profiles of suicidal children.

Results

It was found that across cultures, occasional suicide ideation of a fairly high intensity is surprisingly common among youth and adolescents, with some studies of high school populations identifying a prevalence of up to 60%¹. Another finding that holds true across cultures and age groups is that in general, females have a higher suicide attempt rate than males; males however have a higher rate of completed suicide².

It is now generally accepted that both biological/genetic and psychosocial factors play a role in suicidal behaviour. Not surprisingly, adolescents who attempt suicide are consistently found to have higher rates of depression and other affective disorders³. Impulsivity, and ego defensive functions like projection were also found to be risk factors for suicide among youth⁴.

The family environment also has very much to do with adolescent suicidal behaviour, with high family discord, disturbed mother-child relationships, and a lack of familial warmth all associated with suicidal behaviour⁵.

Conclusion

Now that a substantial foundation has been laid, the next step in this project is to clean and analyze the retrospective data set. As mentioned in the Introduction, the database contains observations from over 15,000 children and youth. This involves isolating CANS scores as well as other important factors, including assessment of current and past suicidal thoughts, and a large number of other clinical indicators. A two stage analysis of this data set will be carried out, first distinguishing the suicidal youth from the non-suicidal youth, and then completing a cluster analysis of the suicidal youth to see whether reliable and replicable sub-groups exist. If such sub-groups exist, this may allow practitioners to implement an appropriate intervention strategy with the input of the child and their family.

References

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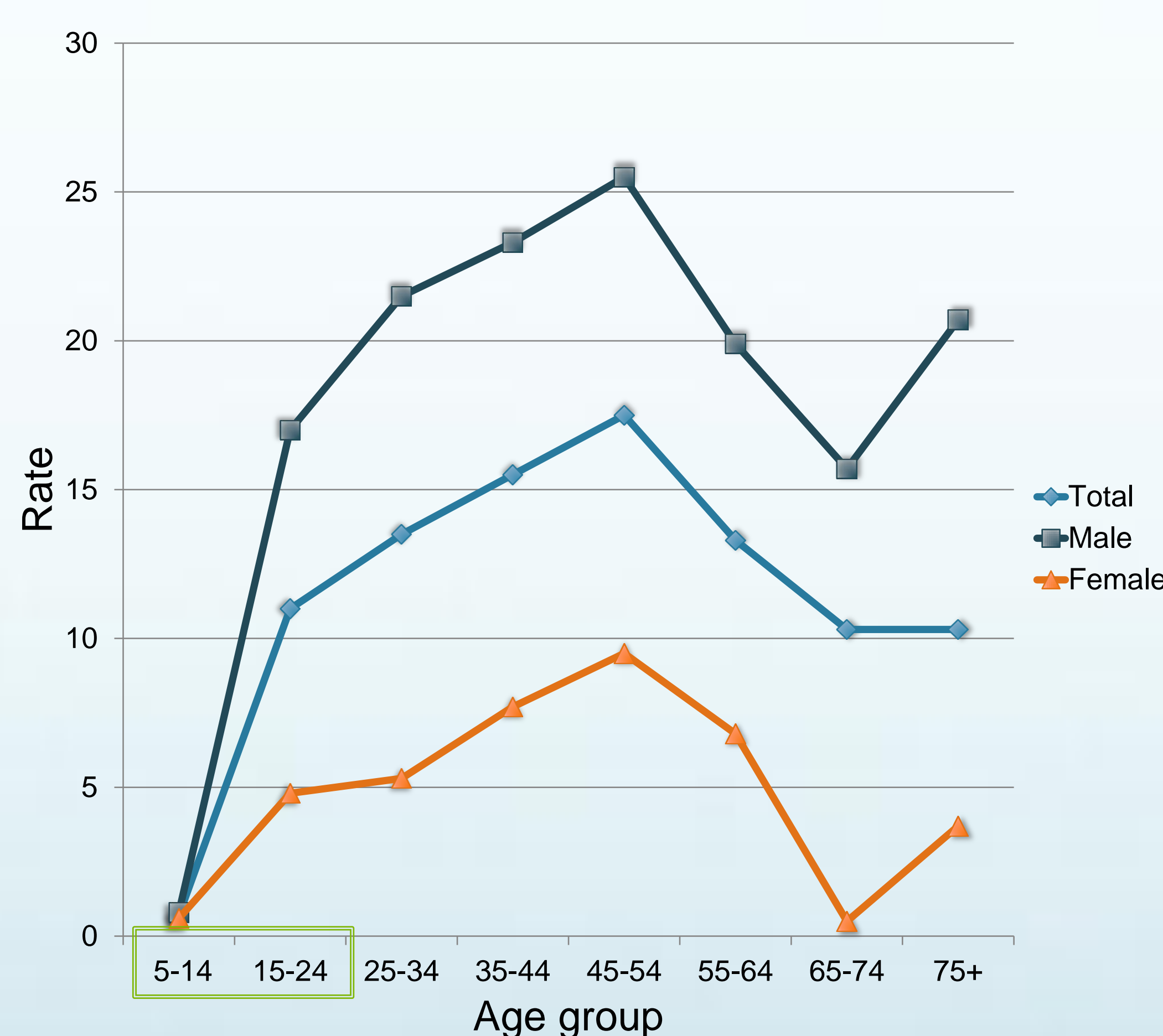


Figure 1: Suicide rates per 100,000, by gender and age in Canada, according to the World Health Organization (2004)⁶. Childhood and youth rates have been highlighted above.