

Students Who Contemplated Suicide, 2009–10

This factsheet summarizes the main differences between 9th- and 11th-grade students who reported on the 2009–10 California Healthy Kids Survey (CHKS) that they had “seriously consider[ed] attempting suicide” in the past 12 months, as compared to their peers who responded negatively to that question.¹ This is the first year that data on the scope and nature of this emerging problem among California adolescents is available.

Suicide is now the third leading cause of death among youth 15–24 years of age.² Research tells us that suicidal behavior exists along a continuum, and past history of suicide attempts is a critical risk factor for eventually committing suicide.³ This factsheet shows that youth who are seriously at the contemplation stage of suicide are already at elevated risk of a wide range of educational, health, social, and emotional problems. These problems include lower school attendance, performance, and connectedness, and greater likelihood of substance use, having been victimized at school, and experiencing chronic sadness or loneliness, an indicator of risk of depression. These youth also report lower levels of the developmental supports that have been shown to mitigate these problems in their schools and communities — a deficit that may contribute to their problems.

Scope of the Problem

Among 298,821 high school students, two-in-ten (18% or 52,568) indicated they had contemplated suicide in the past year (referred to as the contemplation group in the remainder of this document). Percentages were over 1.5 times higher among females than males (62% and 38%, respectively) and slightly higher among 14- or 15-year-olds (54%) than 16- or 17-year-olds (44%).

Chronic Sadness

As would be expected, students contemplating suicide were three times more likely to report that they felt “so sad or hopeless almost every day for two weeks or more that [they] stopped doing some usual activities” in the past 12 months (68% vs. 23%). This finding underscores the connection between risk of depression and risk of suicide, as discussed in Factsheet #11.

Academic Outcomes

Grades. High schools students who contemplated suicide were almost twice as likely as others to self-report grades of C’s and D’s and below (21% vs. 12%).

Truancy. Just over half had been truant one or more times in the past year, as compared to 38% of the non-contemplation group.

School Connectedness. Consistent with these findings, students who contemplated suicide were one-quarter less likely to have high levels of school connectedness (31% vs. 48%).

Victimization and Safety

Perceived School Safety. Twice as many students who contemplated suicide felt unsafe or very unsafe at school, as compared to their peers (15% vs. 6%), and they were one-third less likely to feel safe or very safe at school (46% vs. 64%).

Victimization at School. One reason for this lower perception of school safety may be their higher rates of victimization at school. Half of students who contemplated suicide had been harassed on school property in the past 12 months, twice the percentage of their non-contem-

plating classmates (51% vs. 26%). For 42% of them, this was for bias-related reasons (race/ethnicity, religion, gender, sexual orientation, or disability), compared to 20% of the non-contemplation group. They were 1.5 times more likely to have had rumors spread about them, had sexual comments or gestures made to them, or been made fun of because of the way they looked or spoke. They were about 2 times more likely to have been pushed, shoved, or hit (38% vs. 21%), to have feared being beaten (28% vs. 13%), and to have had their property damaged or stolen (36% vs. 21%).

Victimization Outside School. Their victimization was not limited to the school. Students who contemplated suicide were also twice as likely to have been victims of cyber bullying than students in the non-contemplation group (37% vs. 18%) and over three times more likely to have experienced relationship violence from a boyfriend or girlfriend (been hit, slapped, or physically hurt on purpose) (14% vs. 4%).

Substance Use

Substance use may both reflect and contribute to mental health issues. Some students may be self-medicating with drugs, and the dual problem of substance use and depression is a potent risk factor for suicide. Students who contemplated suicide were more likely than their non-contemplation peers to have used alcohol (65% vs. 48%) and marijuana (43% vs. 28%). This pattern continued to a lesser degree for current (past 30-days) use of alcohol (39% vs. 25%) and marijuana (25% vs. 15%). They were more likely to report ever being *very drunk or sick from drinking alcohol* (44% vs. 28%) and *being high from using drugs* (42% vs. 25%). Perhaps most striking, they were 2–3 times more likely to report experiencing each of 11 problems from AOD use — including *problems with emotions, nerves, or mental health* (19% vs. 6%) — and each of 10 dependency indicators.

School Developmental Supports

Students who contemplated suicide were much less likely than their peers to have experienced high levels of each of three developmental supports. Research has shown that these developmental supports contribute to positive

school, social, and health outcomes — caring relationships with an adult, high expectations from adults, and opportunities for meaningful participation. There were gaps between the suicide contemplation and non-contemplation groups of 8 percentage points for caring relationships and 11 percentage points for high expectations in their schools. In the community environment, there was a gap of 15 percentage points on the total score.

The Need for Action

In 2005, the California Department of Education produced *Youth Suicide Prevention Guidelines for California Schools*; and in 2008, the *California Strategic Plan on Suicide Prevention*.⁴ These documents stress the importance of fostering protective factors and the core building blocks of human development: resiliency, youth development, and developmental assets. They also outline key elements of a comprehensive approach to suicide prevention that involves prevention, intervention, and aftermath supports. As part of prevention efforts, schools need to address overall school climate improvement and provide student supports that meet the multiple needs of youth that are at risk for suicide, as identified by these CHKS results.

These programs should address risk factors such as bullying, intervene to reduce substance use, and provide supports for positive development and well-being (including more caring adult relationships, positive school climates, and other protective factors). Research also indicates that these kinds of programs can help improve school connectedness, which is itself associated with better mental and physical health. As indicated by the high prevalence of suicide contemplation among 14–15 years old females, these efforts need to begin early in order to break the long-term, self-reinforcing, adverse affects of the early onset of mental health issues, especially those affecting females. Among younger students, the percentage reporting chronic sadness/hopelessness provides an indicator of the scope and nature of that risk. Schools with high rates of chronic sadness and suicide contemplation should also administer the supplementary CHKS Module on AOD Use and Violence, which includes additional questions assessing suicide attempts and injuries. For further guidance, see the new Cal-SCHLS publica-

tion, *Making Data–Driven Decisions in Student Support and School Mental Health Programs: A Guidebook for Practice*.

Table 1. Summary of Key Characteristics of Secondary Students Who Seriously Considered Attempting Suicide in the Past 12 Months Compared to Students Who Did Not

Key Characteristics	9 th /11 th Graders	
	Contemplated Suicide (%)	Others (%)
Grades mostly B's and C's or below ^a	49	39
Truant one or more times ^a	52	38
School connectedness	31 [^]	48 [^]
Chronic sadness/hopelessness ^a	68	23
Harassed ^a	51	26
• Harassed — bias–related ^{a, b}	42	20
Feared being beaten at school ^a	38	21
Feel safe/very safe at school ^a	44	64
Alcohol use, past 30 days	39	25
Marijuana use, past 30 days	25	15
Total developmental supports in school	24 [^]	34 [^]
• Caring adult relationships in school	28 [^]	36 [^]
• High expectations in school	39 [^]	50 [^]
• Meaningful participation in school	12 [^]	15 [^]

^a In the 12 months before the survey.

^b Because of their race/ethnicity, religion, gender, sexual orientation, disability.

[^] Percent of students scoring at the high end of these resilience indicators.

About the Data: The CHKS data used in this analysis were provided by 298,821 students in 9th and 11th grades in 250 districts and 619 high schools. Data were weighted to be representative of all students in each grade, statewide. Full statewide CHKS results on all questions and this factsheet can be downloaded from the survey website: <http://chks.wested.org>.

Endnotes

1 Only CHKS indicators for which there is a difference between the contemplation and non–contemplation groups of 10% or higher are reported in this document — with the exception of resilience indicators and school connectedness data. Complete results for all questions on the CHKS can be found in the special report: *Student mental health: Characteristics of high school students reporting contemplating suicide. Statewide results of the California Healthy Kids Survey, 2009–10, grades 9/11*. It may be downloaded from www.chks.wested.org.

2 Centers for Disease Control and Prevention. (2010). Web–based Injury Statistics Query and Reporting System (WISQARS) [Online]. National Center for Injury Prevention and Control, CDC (producer). Available from URL: www.cdc.gov/injury/wisqars/index.html.25

3 Goldsmith, S.K., Pellmar, T.C., Kleinman, A.M., & Bunney, W.Ee, eds. (2007). *Reducing suicide: A national imperative*. Washington DC: National Academy Press. Available at www.nap.edu/books/030983214/html.

Nordstroem, P., Asberg, M., Asberg–Wistedt, A., & Nordin, C. (1995). Attempted suicide predicts suicide risk in mood disorders. *Acta Psychiatrica Scandinavica*, 92, 345–350.

4 California Department of Education, Learning Supports Division. (2005). *Youth Suicide Prevention Guidelines for California Schools*. Available from URL: www.cde.ca.gov/ls/cg/mh/documents/suicideprev.doc