

Study: Suicide attempts, thoughts on the rise among children, teens

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Children's hospitals are seeing steady increases in suicide thoughts and attempts, according to a new study.

Researchers say the findings have important implications for hospitals and pediatricians who need to prepare to treat more children and adolescents for mental health issues.

“Recognition of this increasing burden on children's hospitals is paramount in helping to inform future strategies for suicide prevention and treatment and to ensure that interventions to reverse this concerning trend continue to reach the individuals at highest risk,” authors wrote in the study “Hospitalization for Suicide Ideation or Attempt: 2008-2015” (Plemmons G, et al. *Pediatrics*. May 16, 2018, <https://doi.org/10.1542/peds.2017-2426>).

Among adolescents, suicide is the third leading cause of death and has been rising. Researchers set out to look more closely at suicide attempts and ideation to help children's hospitals allocate resources accordingly.

They studied children ages 5-17 using 2008-'15 data from the Pediatric Health Information Database. During that time, there were 115,856 suicide ideation/attempt encounters at 31 hospitals.

Half of the hospital visits for suicide ideation/attempt were by adolescents ages 15-17, 37% were by teens ages 12-14 and 12.8% were by children ages 5-11. About 64.4% of the visits were by females, and about 58% of visits required inpatient hospitalization.

Annual totals rose 292% from 6,392 to 25,085 and increased as a percentage of total hospital visits from 0.66% to 1.82%, according to the study. Visits rose for each of the three age groups and for both females and males.

Lead author Gregory Plemmons, M.D., associate professor of pediatrics at Monroe Carell Jr. Children's Hospital at Vanderbilt, said there is no single, clear reason for the increases in suicide ideation and attempts, but possible factors include bullying (in person and on social media), decreasing age of puberty for females, social contagion, less resilience and less stigma leading to more reports of suicidal thoughts.

Suicide attempts were lowest in the summer and highest in the spring and fall. Researchers noted “youth may face increased stress and decreased mental health when school is in session.”

“I think that has important implications when we think about children's hospitals,” Dr. Plemmons said. “The fall and winter are also busiest times for infectious disease.”

A shortage of specialists means more pediatricians may find themselves on the front lines treating depression and anxiety.

“Training is going to have to be paramount for pediatricians because there’s not going to be a dramatic increase in the pipeline as far as child psychologists,” Dr. Plemmons said.

The Academy recently endorsed guidelines on identifying and managing depression in primary care (see resources).

The findings of increasing suicide attempts come as Netflix prepares to release a second season of “13 Reasons Why,” a show about a teen girl who commits suicide and leaves behind recordings explaining her decision.

Some experts have questioned whether the show will inspire copycats. Authors from the University of Minnesota have authored a new primer “13 Things Pediatricians Should Know (and Do) About *13 Reasons Why*” (Zarin-Pass M, et al. *Pediatrics*. May 15, 2018, <http://pediatrics.aappublications.org/content/early/2018/05/11/peds.2018-0575>).

Resources

- [AAP-endorsed "Guidelines for Adolescent Depression in Primary Care \(GLAD-PC\): Part I. Practice Preparation, Identification, Assessment and Initial Management"](#)
- [AAP-endorsed "Guidelines for Adolescent Depression in Primary Care \(GLAD-PC\): Part II. Treatment and Ongoing Management"](#)
- [Information for parents from HealthyChildren.org on preventing suicide](#)
- [Information for parents from HealthyChildren.org on the Netflix show “13 Reasons Why”](#)
- [Radio MD podcast on “13 Reasons Why”](#)

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