Teen suicide is a problem that sadly is not going away—but if we are more aware of risk factors that might contribute to a teen feeling desperate enough to want to end their life, then perhaps there are prevention strategies we can implement that will make a difference and save lives. This week we publish two studies that identify two adolescent situations that can contribute to an increased risk of teen suicide—family homelessness and deliberate non-fatal self-harm attempts.

First, Barnes et al. (10.1542/peds.2017-1767) decided to study the mental health status of more than 62,000 youth with a mean age of 14.9 years (from 8th to 12th grade) in terms of whether they had adult family member who were homeless. They used a national school survey to capture differences between homeless (in the past year) and nonhomeless youth in terms of emotional distress, self-injurious behavior, suicidal ideation and suicide attempts in the past year, adjusting for other potential confounders. While only 4% of the study sample reported being homeless, this population had increased significant risk of all the factors noted above compared to nonhomeless teens. While report of strengths and resiliencies diminished these risks, they did not do so in homeless youth as much as in those who were nonhomeless. If you had not considered what homelessness might do to the mental health and wellbeing of this adolescent population, this study will make you well aware of wanting to do even more to prevent the consequences of homelessness while strengthening programs you may have in place or want to implement perhaps with your local schools and community programs to build even more strengths and resiliencies in this vulnerable population.

While the Barnes et al. study noted self-injurious behaviors increased in homeless teens, Olfson et al. (10.1542/peds.2017-3517) specifically decided to look at these behaviors in terms of risk factors for repeated self-harm and possible suicidal death. The authors used a national cohort of more than 32,000 adolescent and young adult (ages 12 to 24) patients who were followed for a year after non-fatal self-harm of themselves. Sadly the suicide mortality rate ratio was highest for teens following an episode of non-fatal self-harm than even young adults in their early 20s who demonstrated this behavior. The authors drill down on their dataset to examine differences by gender and ethnicity as well as method of nonfatal self-harm along with other risk factors to find even more important findings that await your read of this important study. Both teens who are homeless and who attempt non-fatal self-harm to themselves are at increased risk for suicide. While these two articles may not provide a solution, they can certainly be the trigger for the development of better preventive strategies targeted at these at-risk populations of teens. Hopefully you will want to become even more a part of the solution rather than simply recognize the problem after reading these two studies being early released this week in our journal.
Developmental/Behavioral Issues, Firearms, Injury, Violence & Poison Prevention, Psychiatry/Psychology, Psychosocial Issues

- "Housing First" for Homeless Youth With Mental Illness
- Cognitive Deficit and Mental Health in Homeless Transition-Age Youth
- Reducing Youth Firearm Suicide Risk: Evidence for Opportunities
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