The background features a series of concentric circles that create a tunnel-like effect. The color gradient transitions from a light blue on the left to a light green on the right, passing through a pale teal in the center. The circles are semi-transparent, allowing the gradient to show through.

Youth Suicide Update (2025)

slides

www.dalewisely.com/files



Why This Update Matters

Youth suicide = 2nd leading
cause of death

Recent shifts in trends post-
pandemic

School counselors: frontline
role in prevention & response



Schools get blamed...

Almost an assumption:

He was bullied and the school didn't do anything about it.

Bullying & Suicide

- The relationship between bullying and suicide is complex.
- Suicide is not caused by any single factor.
- Students who already are at risk for suicide, such as those with depression or social alienation, are more likely to be bullied, and bullying can exacerbate their risk or act as a trigger.
- Bullying alone rarely leads to suicide in the absence of other vulnerabilities, though it can be a significant contributing factor.
- Importantly, students who engage in bullying are also at increased risk for suicidal thoughts and behaviors.

Youth Suicide by the Numbers

Suicide is #2 cause of death among adolescents/teenagers.
#11 in general population.

Age 10-14:	2.3
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Age 15-19:	9.8
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Age 20-24:	17.3
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Age 35-44:	19.2
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Firearms: 55% of suicides. And deaths due to firearms (suicide + homicide + firearm accidents) are #1 killer of youth.


Youth firearm suicides increased 14% since 2019

Changes in suicide rates in youth

- Slow, steady increases after WWII, until...
- A period of SHARP decline: 1995-2008
- Increased 2008 – Pandemic
- A peak in 2020, down a bit 2021-2023
- Overall, youth suicide trends follow adult suicide trends



Increase
2008-present

- 
- What happened in 2008?

Social Media & Youth Suicide

A contributor
but not the
whole story.

But we don't
know what the
whole story is.



A risk in OVER-emphasizing bullying, social media is neglecting the role of mental illness. Youth get clinically depressed.

Risk Factors in Youth

- Prior attempt; mood/anxiety disorders
- Substance use, trauma, accumulating Adverse Childhood Events (ACEs), bullying
- Sleep deprivation, access to lethal means
- Demographic patterns: AI/AN, LGBTQ+, females

Overall vs Youth Demographics

	Overall Population	Youth
Sex	Men >> Women	Boys > Girls (but a more narrow gap)
Age	Older >> Younger	Teens > Children
Race/Ethnicity	White > Black	AI/AN highest, Black youth rising

Protective Factors

Connection to caring adults

Safe firearm and medication storage, restricted access to firearms

Problem-solving and coping skills

Faith, community, cultural belonging



A SENSE OF *BELONGING*

Acute Warning Signs

Talking/writing about wanting to die

Seeking means (weapons, pills)

Escalating agitation, rage, intoxication

Sudden calm after severe distress

Screening & Documentation

Use

Use validated tools
(ASQ, C-SSRS)

Document

Document facts,
quotes, actions taken

Include

Always include
means safety in
notes

Share

Share info with 'need
to know' staff

Immediate Triage Steps

- Ask directly: 'Are you thinking about killing yourself?'
- Assess immediacy: plan, means, intent, past attempts.
- Screen with brief validated tool (ASQ, C-SSRS).
- Evaluate impairment: sleep, substance use, agitation, hopelessness.
- If imminent risk: constant supervision, remove means, call 911

TWO WELL-ESTABLISHED SUICIDE ASSESSMENT INSTRUMENTS

- ASQ-ASK SUICIDE QUESTIONS
- QUICK SCREENING
- C-SSRS: THE COLUMBIA PROTOCOLS
- STRUCTURED ASSESSMENT WITH RISK SEVERITY

School-Based Prevention



Legal & Ethical Essentials

Duty to protect > confidentiality
if imminent risk

FERPA: share only what is
needed to protect

Parent/guardian notification is
the norm

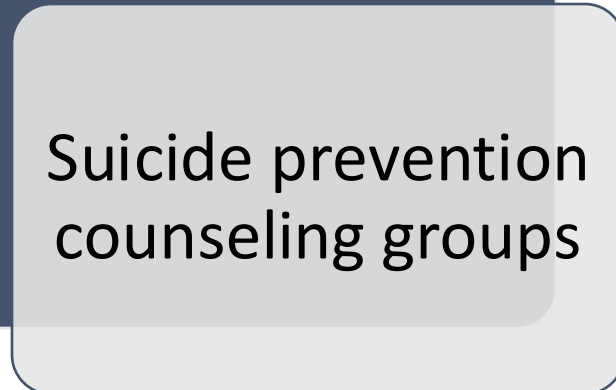
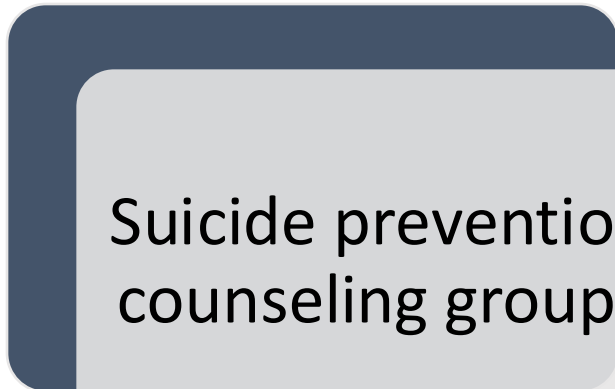
Document rationale for actions



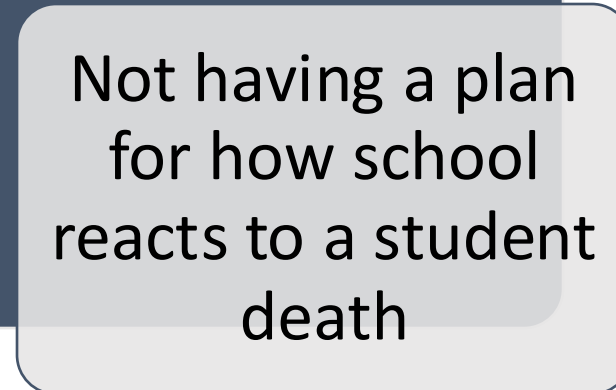
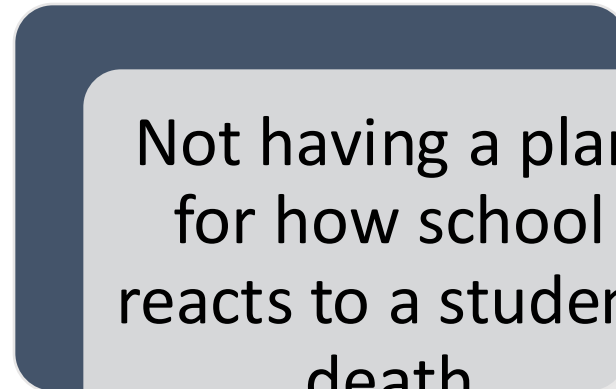
Avoid



Assemblies



Suicide prevention
counseling groups



Not having a plan
for how school
reacts to a student
death

TEEN SUICIDE RISK

A Practitioner Guide
to Screening, Assessment,
and Management

CHERYL A. KING
CYNTHIA EWELL FOSTER
KELLY M. ROGALSKI

Terri A. Erbacher, Jonathan B. Singer,
and Scott Poland



SUICIDE IN SCHOOLS

A Practitioner's Guide to Multi-level Prevention,
Assessment, Intervention, and Postvention

SCHOOL-BASED PRACTICE IN ACTION SERIES

A CULTURE *of* CARING

A Suicide Prevention Guide for Schools (K-12)



THEODORA SCHIRO

We should always have in place...

Risk triage protocols (questions, impairment, means)


Safety plan template with crisis contacts

Re-entry plan with academic supports

Resource card: 988, local crisis, community partners



Suggestion



Training staff (and
students?) on the
power of the caring
encounter

10 insights from research

1. Suicide is **related to brain functions that affect decision-making** and behavioral control, making it difficult for people to find positive solutions

2. **Limiting a person's access to methods** of killing themselves dramatically decreases suicide rates in communities

3. Ninety percent of people who die by suicide have an underlying — and **potentially treatable — mental health condition**

4. Depression, bipolar disorder, and substance use are strongly linked to suicidal thinking and behavior
5. Specific treatments used by mental health professionals — such as Cognitive Behavior Therapy-SP and Dialectical Behavior Therapy — have been proven to help people manage their suicidal ideation and behavior

6. No one takes their life for a single reason. Life stresses combined with known risk factors, such as childhood trauma, substance use — or even chronic physical pain — can contribute to someone taking their life
7. Asking someone directly if they're thinking about suicide won't "put the idea in their head" — most will be relieved someone starts a conversation

8. Certain medications used to treat depression or stabilize mood have been proven to help people reduce suicidal thoughts and behavior
9. If someone can get through the intense, and short, moment of active suicidal crisis, chances are they will not die by suicide

10. Most people who survive a suicide attempt (85 to 95%) go on to engage in life

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