As per the insights gleaned from the work of David Brent MD and others, we are learning more about children and teens to gain a surer understanding of how to anticipate, mitigate and prevent many suicide attempts and tragic suicide completions.

We have a better idea of the risk factors behind youth suicide, among them, mood disorders, conduct disorders, and co-morbid substance abuse. A previous suicide attempt raises the risk for future attempts, particularly with co-existing depression and suicidality.

Suicide tendencies run in families. There is a genetic piece to suicidal behavior.

Suicidal behavior is associated with other high risk behaviors, such as unprotected sexual activity and early drug and alcohol use.

We do need to learn more about protective factors that will improve outcomes, and ensure that children and teens remain safe, and live healthy lives. In the future, more successful interventions may work by building patient and family resiliency, as well as treating the current disorder at hand. In the years ahead, we hope to determine how in the brain, these various risk factors and protective factors interact to produce the ideation and action of suicidal behaviors, and, how to prevent them.

The IOL community is of course invited to follow up on these notes and attend the IOL Grand Rounds on April 4, 2013, when Dr. Brent will be here on campus, and present on this topic. Don’t miss it.

Questions for Ongoing Discussion:

What factors might make kids and teens more of a suicide risk than adults? or less of a risk?

If a parent has a suicide history, does his/her child have the same risk of suicide? What if the parent has obtained beneficial counseling and medication; does the risk for suicide decrease in both parent and child?