

Multiple factors predict repeat suicide-related behavior in youth

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New research out of St. Michael's Hospital has found that multiple factors independently predict what makes youth more likely to make repeat suicide-related behaviour.

The study, led by Dr. Anne Rhodes, a research scientist at the hospital's Suicide Studies Research Unit, looked at whether factors such as permanent removal from the parental home by the courts due to maltreatment, [neighbourhood](#) size or income, gender, severity of first visit to an [emergency department](#), age or having a mental disorder made youth significantly more likely to repeat suicide-related behavior.

"We wanted to look at potential risk factors in order to better understand how to prevent the need for repeat visits for suicide-related [behaviours](#) in this young population," Dr. Rhodes said. "This knowledge can then be used to guide [preventive interventions](#)."

The study looked at data from 6,484 youth age 12-17 who were seen in an emergency department for suicide-related behavior in Ontario between 2004 and 2008. Dr. Rhodes and colleagues then looked to see who among these youth had repeat visits until the end of December 2010.

The paper appeared in the journal *Child Abuse & Neglect*.

They were specifically interested in the risk of repetitions among the 179 youth who had been removed from their parental home.

The results found that these youth were two times more likely to repeat than their peers. "This may mean that these youth benefited from the extra supports and services provided to them," Dr. Rhodes said.

Overall, youth at risk for repetitions had a high prevalence of mental disorder, which increased

their risk of repetition by about two-fold.

Girls and youth aged 12-13 were more likely to repeat than boys and those older than 13.

"These findings highlight the importance of assessing youth's family situation and whether they have a mental disorder to help prevent repetitions," Dr. Rhodes said. "As no one type of [mental disorder](#) stood out, assessments need to be comprehensive. Treatment teams also need to work closely with social workers and possibly child welfare agencies and those with expertise in child maltreatment."

Provided by St. Michael's Hospital

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