Suicide Risks Among Children and Youth: Examining predictors of suicide ideation, the disparate suicide risks for certain ethnic groups, and how best to support families

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This special edition of JFS underscores research on suicide risks among children and youth in the United States. The rate of death by suicide has increased for youth aged 10-24 by 50% over the last decade (Curtain, 2020). Death by suicide is the second leading cause of death for youth aged 10-24 (American Academy of Child and Adolescent Psychiatry, 2018; Herons, 2019). Supporting evidence indicates that most children and youth who have attempted suicide have a major mental illness, such as depression. Risk factors associated with suicide may include, but are not limited to, impulsivity, feelings of helplessness, rejection, prior exposure to violence, and bullying. Suicide, which is intentional self-harm, may be more impulsive in younger children than older children or adolescents.

Increases in death by suicide have impacted youth in nearly all racial and ethnic groups (Curtin & Hedegaard, 2019). However, as with other issues of public health, all groups do not experience suicide proportionally. For example, the rise in death by suicide for Black youth has been called a crisis by the National Institute of Mental Health (Gordon, 2020) and garnered the attention of Congress (Watson Coleman, 2019). Given these variations, it is important that researchers, practitioners, and policymakers understand how life and culturally relevant experiences impact vulnerable youth and how responses should account for these experiences. This special edition includes articles that focus on racial and cultural group impacts to shed light on under-recognized issues.

Reed and Adams offer a systematic review for risk and protective factors for Black youth. Recognizing that Black youth have historically experienced relative low suicide rates given their elevated exposure to structural areas of risk, the authors delve into cultural characteristics that have both shielded Black youth from death by suicide and that can help explain the current rise. Through a social work lens, Reed and Adams use Critical Race Theory and Social Ecological Model to interpret needs and experiences of Black youth. In their review of 20 articles, the authors present nine factors that may mitigate risk of death by suicide for Black youth. It is proposed that policymakers and practitioners consider these findings and the use of culturally relevant theoretical frameworks to address the impacts of suicide for Black youth.

Given that risk factors associated with suicide can be treated if they are recognized in a timely manner, death by suicide can be prevented with effective strategies. The next two articles in this special issue include a focus on family involvement and support in addressing suicide ideation or a major mental health crisis in children and youth.

The article by Koshollek et al. highlights the need for research on suicide ideation in children under the ages of 12. Utilizing a sample from a rural intermediate elementary school in northern Wisconsin, the authors focus primarily on whether children under the ages of 12 can differentiate between suicidal thoughts and depression. The authors found that children under the ages of 12 possess suicidal thoughts that are distinct from depression. The findings further indicate that living with both parents (or a father) served as a protective factor against suicide for this age group. As indicated in this study, suicide is associated with paternal presence while depression is associated with maternal presence, which emphasizes the important role parents play in addressing suicide. Evidently, those working with children and families should focus on

incorporating family-based treatments to better address the needs of children and youth at risk for suicide.

The next article by Magers et al., using the Youth in Crisis and Transition Services (CATS) program, discusses the use of family peer support specialists (FSS) as an important element for families of children with mental health issues. In doing so, they examine factors that may influence families' decision to engage with FSS and the families' perception of FSS' usefulness. Although a significant portion of the sample did not understand the usefulness of FSS or its role, the authors found that parents generally had favorable experiences with FSS. The research further indicates that by providing a precise and concise description of the FSS role and its benefits, families may find engagement with FSS more meaningful. Further evaluation of CATS may assist advocates of child welfare and other organizations to increase the use of FSS for families of youth facing a mental health crisis.

As evidenced by this special issue, increases in suicide by death is a major public health crisis that requires the public's attention. Overall evidence indicates that the role of the family is critical in addressing suicide risks. Given the ongoing pandemic caused by COVID-19 and the related challenges, youth and families are spending more time at home. Therefore, this is an opportune time to review the underlying causes of suicide ideation, the disparate suicide risks for certain ethnic groups, and how families can be assisted in identifying and preventing suicide risks. Policymakers, researchers, practitioners, and other advocates of child welfare are key stakeholders in developing cost-effective programs and policies to address suicide risks. To that end, we believe this special issue is informative, and the articles in this issue will further contribute to the scholarly literature on suicidology and can serve as part of the discussion on public policy for families.

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