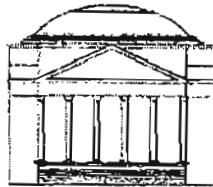


Juvenile Justice Fact Sheet

DEPRESSION AND SUICIDE IN JUVENILE OFFENDERS

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The incidence of depression and suicide in the adolescent population in the United States is among the highest in the world. Various estimates place the incidence of depression between 11% and 22% among all American teenagers. Completed suicides and suicides attempts (often called parasuicides) are associated with a number of psychiatric disorders including Major Depressive Disorder, Dysthymia, Conduct Disorder, and Oppositional Defiant Disorder. There is evidence of an association of suicidal behavior with Bipolar Disorder and Borderline Personality Disorder as well.

Depressive and Conduct Disorders are two of the most common diagnostic formulations used to describe juvenile offenders. Each is associated with high levels of suicidality. Confusion over the criteria for diagnosing depressive syndromes (presence or report of depressed mood, versus empirically derived syndromes, versus categorical criteria such as the DSM IV), has made specific reporting of associations between depression and suicide more difficult.

In working with juvenile offenders, especially incarcerated offenders, it may also be true that reports of suicide attempts or significant depression may be exaggerated as a calculated manipulation by the juvenile to alter their treatment in the institution. The desire to avoid being fooled by such reports, if inaccurate, however, needs to be balanced by the potential liability issues in not responding to such gestures, and risking either death or injury to incarcerated juveniles.

Depression

Although the incidence of depression among adult offenders has been studied for some time, the examination of the relationship between affective disorders and juvenile offenders has only recently begun to receive much attention. Despite problems with defining depression (mentioned above), generally speaking it appears that the occurrence of depression among juvenile offenders is significantly higher than among non-offenders. The rates of depression for male offenders has been shown to be between 30% and 37% across a number of studies. The rates for violent, versus non-violent offenders, do not appear significantly different, but minor offenders appear to have lower rates than more serious offenders. The rates of depression for females in current studies appear to be similar to those of males. It is interesting to note, however, that the female offender rate of depression has increased over the past two decades.

Screening measures for juvenile offenders are now being used more frequently to make decisions about placement treatment and potential lethality risk. Some of these instruments are easy to administer and interpret, and constitute important information that should be obtained from every juvenile client.

General Considerations Regarding Suicide

Estimates of the suicide rates among high school aged adolescents range from 2.8% to 11%. For each accomplished suicide it has been estimated by a number of studies that 150 to 300 attempts are made. Many suicide attempts go unreported by the juveniles for many reasons, including: embarrassment, failure, fear of adult reprisals, and reporting in confidence only to friends without adult knowledge.

Suicidal thoughts and attempts are not a disease but rather a symptom. Although forms of dysthymia and depression account for the majority of suicides and parasuicides, other factors include:

- Stress
- Anxiety
- Loss/Grief Reactions
- Conflict
- Substance Abuse
- Anger/Rage
- Generational Displacement
- Social Pressure
- Friendship
- Escape from Bullying or Humiliation
- Hopelessness and Frustration
- Psychosis

Most cases ending in attempted or accomplished suicide are not merely impulsive acts, but result from a progression through a number of distinct stages: These

stages include a **history of problems**, either exposure to suicide in friends or family members as a way of solving problems, an **escalation of the problems** to intolerable levels, **failures of previously successful coping strategies**, experience of loss of control or **helplessness**, and finally a **justification**, an event or circumstance that is the “last straw” and makes a suicidal action internally logical. The last three stages are often experienced by juveniles as part of their processing through the legal system.

Delinquent Populations

Suicide rates among delinquent youth appear higher than among non-delinquents. The suicide attempt rate for non-delinquents in one study was 6%, as compared to 19.4% for delinquents. The death rate from suicide may be as much as 4.6 times higher in juvenile detention centers than in the general population.

The most common predictors of suicidality in delinquent juveniles appear to be:

- Depression
- Hopelessness
- Conduct Problems
- Substance Abuse

Generally speaking, increased suicide and suicide attempts in delinquent juvenile populations may be associated with:

- Pre-sentencing Status (50% of suicides)
- Housing Status (Higher Rate When Housed with Adults)
- Increase in Level of Fear and/or Loss
- Fear of Other Inmates
- Fear of Loss of Freedom and Imprisonment
- Fear of Rape or Assault
- Loss of Significant Relationships (Parents or Friends)
- High Rates of Pre-existing Depression (High Levels of Risk Taking May Lead to Delinquent Acts or Increased Substance Abuse)
- High Levels of Stress

Suicide Prevention Efforts

A number of programs have been designed to address concerns related to depression and suicide in juvenile populations. Programs vary dramatically depending upon their locations in institutional settings, outpatient clinics, court service units, schools, or community based settings. Most include consideration of the following components:

- A Written Suicide Prevention Plan

- Uniform Screening Procedures or Instruments for Depression
- Uniform Screening for Suicidality
- Staff Training at All Levels in Assessment of Depression and Suicidality
- Ongoing Data Collection and Analysis

CONCLUSION

The problems of depression and suicide in delinquent juveniles are significant. A clear picture of what is exactly happening in many cases is clouded by confusion about the criteria for judging depression and the difficulty of obtaining accurate statistics regarding suicide attempts. The latter are often self-report items and, therefore, open to question.

An additional factor to be considered is that in many cases, it may be characteristic of juveniles with oppositional defiant or conduct disorders, or those with anti-social personalities, to report their behavior inaccurately to gain advantage or special treatment. Although more strict behavioral criteria may fit for some symptoms of depression and some suicide attempts, it is characteristic of both feelings of depression as well as suicidal ideation and intent, that subjective reports play a large role in understanding and responding appropriately to the particular problem of a juvenile.

It is suggested that screening measures for depression and suicidal ideation and intent be included as part of the evaluation procedures for juvenile offenders. Such evaluations need to be conducted as soon as possible and at the time of transition from one treatment or holding setting to another.

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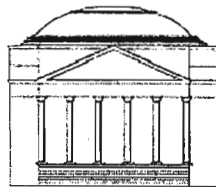
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