



Pathology Biology Section – 2006

G70 Adolescent Suicide Trends in the Third Largest County in the United States

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After attending this presentation, attendees will gain knowledge and awareness of the epidemiology of suicide and suicidal trends in Harris County, Texas, the third largest county in the United States.

This presentation will impact the forensic community and/or humanity by providing the audience with an understanding of the scope of the adolescent suicide problem and relevant risk characteristics of adolescents in a large urban setting.

Introduction: Harris County accounts for 17% of the adolescent population in Texas and has a growing adolescent suicide rate, ranking first in the number of youth suicides reported to the Texas Department of State Health Services. Harris County, the home of the fourth largest city in the nation (Houston), is also the third largest county with 3.6 million residents and an area of 1,778 square miles. The Houston/Harris County Child Fatality Review Team (HHCCFRT) recorded a rise in the suicide rate for children aged 10-17 from 2.1 per 100, 000-population size in 1999 to 3.3 in 2003. The Harris County Medical Examiners Office (HCMEO) has identified adolescent suicide as a public health problem, and has conducted a collaborative retrospective study to identify those most at risk for suicidal injury. The results of this study can be used to drive prevention and intervention programs in Harris County.

Purpose: This collaborative study between the HCMEO, Harris County Public Health and Environmental Services, the Houston-area Suicide Prevention Coalition, and the HHCCFRT was implemented to identify and describe the number and relevant characteristics of adolescents who died by suicide from 2000 through 2005.

Results: The Harris County Medical Examiners Office classified the manner of death as suicide for 154 adolescents aged 10-19 years who were autopsied in the HCMEO from January 2000-July 2005. The majority of these adolescents (79%) were male. White teens comprised the majority of these cases at 52% but a notable 34% were of Hispanic ethnicity, followed by 13% Black and only 1% Asian teens. Gunshot wounds were the cause of death in 55% of the cases. Hanging (34%) was the second leading cause of death. The remaining 10% of the cases were comprised of overdose deaths, blunt force injuries, and carbon monoxide poisonings. The most recent HHCCFRT data from 2002-2003 (N=34) cases demonstrates that older teens (15-17 years) most often used a gun as the mechanism of injury but the majority of younger (10-14 years) adolescents used hanging as a mechanism. A suicide note was recovered in only 21% of the reviewed cases. The most common precipitating factors to the injury were prior attempts/suicidal ideation (37%), argument with a parent or girlfriend/boyfriend (19%), documented depression or mental illness (17%), substance abuse (10%).

Implications: The results of this study are an important foundation for establishing prevention and intervention efforts in Houston and Harris County. The rising suicide rate among adolescents makes it imperative that the HCMEO and HCPHES mobilize to reduce risk in the adolescent population. The scope of the adolescent suicide problem and the characteristics of at risk adolescents will be disseminated to area agencies and community organizations for use in obtaining funding for effective, best practice suicide programming.

Adolescent Suicide, Epidemiology, Trends