

The NHSDA Report

April 25, 2003

Risk of Suicide among Hispanic Females Aged 12 to 17

In Brief

- In 2000, Hispanic females aged 12 to 17 were at higher risk for suicide than other youths
- Hispanic female youths born in the United States were at higher risk than Hispanic female youths born outside the United States
- Hispanic female youths in small metropolitan areas were more likely to be at risk than their counterparts in large metropolitan or non-metropolitan areas

Suicide among youths is an important public health problem that has received national attention.^{1,2} The 2000 National Household Survey on Drug Abuse (NHSDA) found that among youths aged 12 to 17, Hispanic females were at higher risk for suicide than other youths (Figure 1). Possible reasons identified by prior research include troubled relationships with parents strained by cultural differences between family members.³

The 2000 NHSDA asked youths aged 12 to 17 whether they had thought seriously about killing themselves or tried to kill themselves during the 12 months before the survey interview.⁴ For the purpose of this report, youths who thought about or tried to kill themselves during the past year were considered to be at risk for suicide. Youths also were asked whether they had received treatment or counseling services during the past year for emotional or behavioral problems that were not caused by alcohol or

Figure 1. Percentages of Youths Aged 12 to 17 at Risk for Suicide During the Past Year, by Gender and Race/Ethnicity: 2000

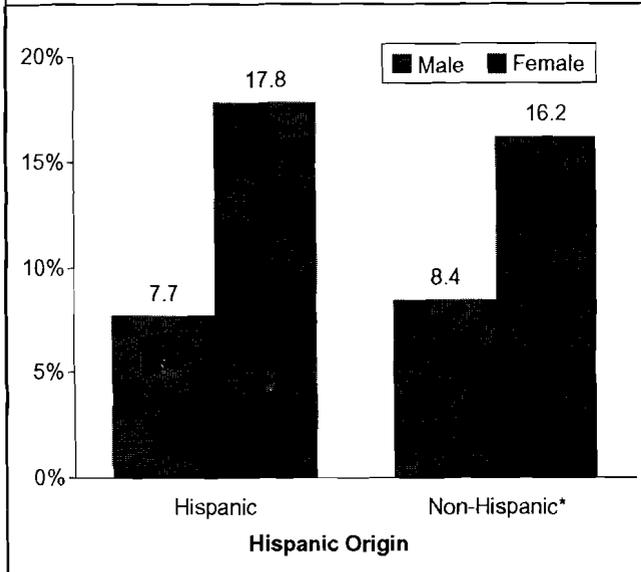
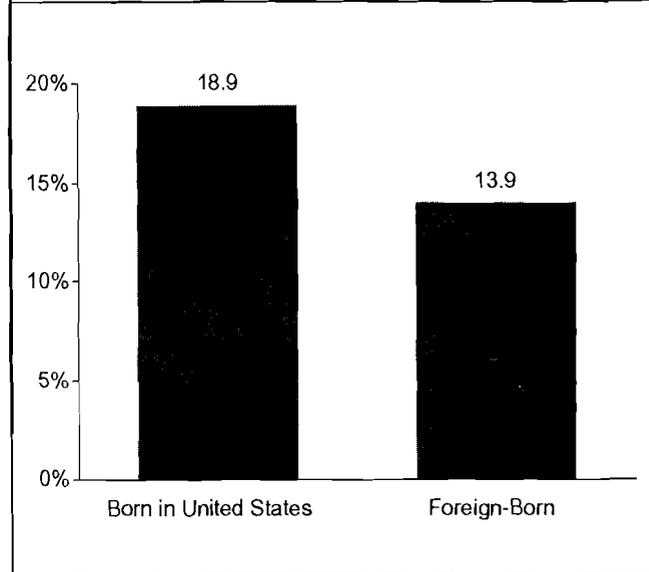


Figure 2. Percentages of Hispanic Females Aged 12 to 17 at Risk for Suicide During the Past Year, by Country of Birth: 2000



drugs.⁵ Respondents who received treatment or counseling were asked to identify reasons for the last time they received these services.⁶ Respondents were also asked to identify which country or U.S. territory they were born in.

Demographic Differences

About 283,000 Hispanic females aged 12 to 17 were at risk for suicide in 2000. Hispanic female youths born in the United States were more likely to be at risk for suicide than Hispanic female youths born outside the United States (Figure 2).⁷ Among Hispanic females, those aged 14 or 15 were more likely to be at risk for suicide than youths aged 12 or 13 and those aged 16 or 17 (Figure 3). Hispanic females aged 12 to 17 in small metropolitan areas were more likely to be at risk (22 percent) than those in large metropolitan or non-metropolitan areas (17 percent each).⁸ Rates of suicide risk were

similar among Hispanic females aged 12 to 17 across regions and ethnic subgroups (e.g. Mexican, Puerto Rican, Central or South American, and Cuban).

Mental Health Treatment Utilization

Only 32 percent of Hispanic females aged 12 to 17 at risk for suicide during the past year received mental health treatment during this same time period. Among youths at risk for suicide who received mental health treatment, Hispanic females were less likely than non-Hispanic females to report suicidal thoughts or attempts as the reason for the last time they received these services (Figure 4).⁹

End Notes

1. U.S. Department of Health and Human Services, Public Health Service. (2001). *National strategy for suicide prevention: Goals and objectives for action* (DHHS Publication No. SMA 01-3517). Rockville, MD: Author. [Also available as a PDF at <http://www.mentalhealth.org/publications/allpubs/SMA01-3517/SMA01-3517.pdf>]

2. Institute of Medicine (S.K. Goldsmith, T.C. Pellmar, A.M. Kleinman, & W.E. Bunney, Eds.). (2002). *Reducing suicide: A national imperative*. Washington, DC: National Academy Press. [Also available at <http://books.nap.edu/books/0309083214/html/index.html>]
3. Zimmerman, J.K., & Zayas, L.H. (1995). Suicidal adolescent Latinas: Culture, female development, and restoring the mother-daughter relationship. In S.S. Canetto & D. Lester (eds.), *Women and suicidal behavior: Focus on women* (pp. 120-132). New York: Springer Publishing Co.
4. Respondents were asked whether they tried to kill themselves during the past year if they answered affirmatively to at least one of the following questions: (a) "During the past 12 months, has there been a time when nothing was fun for you and you just weren't interested in anything?" (b) "During the past 12 months, has there been a time when you had less energy than you usually do?" (c) "During the past 12 months, has there been a time when you felt you couldn't do anything well or that you weren't as good-looking or as smart as other people?" or (d) "During the past 12 months, has there been a time when you thought seriously about killing yourself?"
5. Respondents were asked about treatment or counseling services provided by any of the following: (a) overnight or longer stay in any type of hospital; (b) overnight or longer stay in a residential treatment center; (c) overnight or longer stay in foster care or in a therapeutic foster care home; (d) treatment or counseling at a partial day hospital or day treatment

Figure 3. Percentages of Hispanic Females Aged 12 to 17 at Risk for Suicide During the Past Year, by Age: 2000

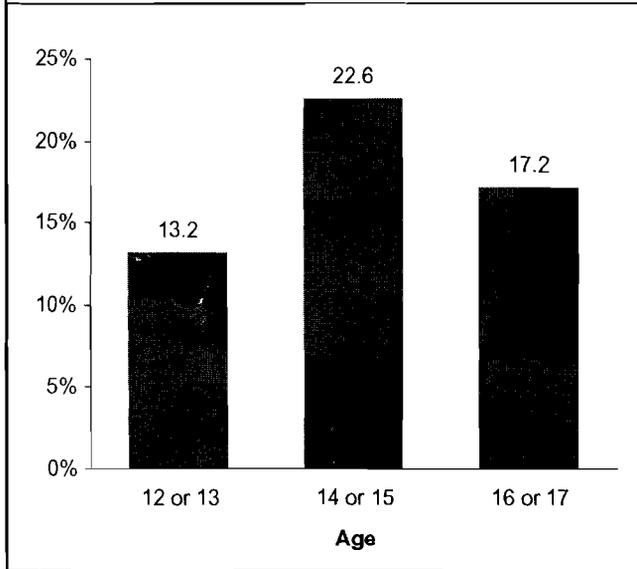
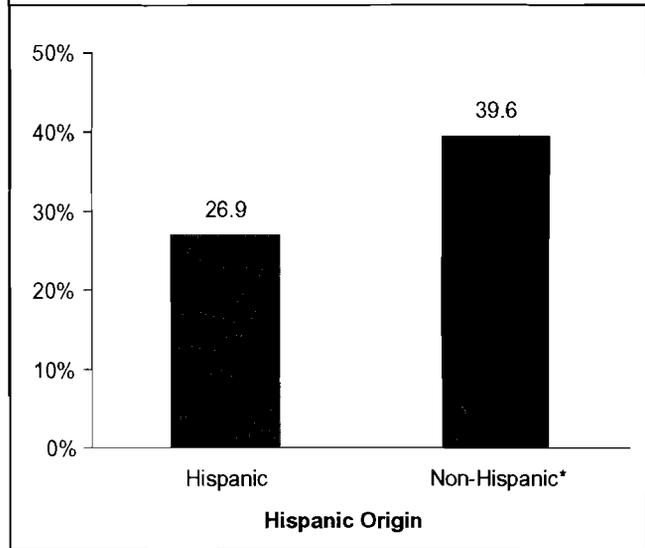


Figure 4. Percentages of Hispanics and Non-Hispanics Reporting That the Reason for Their Last Treatment Visit Was Suicidal Thoughts among Females Aged 12 to 17 Who Received Mental Health Treatment During the Past Year: 2000



program; (e) visiting a mental health clinic or center; (f) visiting a private therapist, psychologist, psychiatrist, social worker, or counselor; (g) treatment or counseling from an in-home therapist, counselor, or family preservation worker; (h) visiting a pediatrician or other family doctor; (i) receiving special education services while in a regular classroom or in a special classroom, a special program, or in a special school; or (j) talking to school counselors, school psychologists, or having regular meetings with teachers.

6. Respondents were asked to select reasons from a list of options: (a) thought about killing self or tried to kill self; (b) felt depressed; (c) felt very afraid or anxious; (d) was breaking rules or "acting out;" (e) had eating problems; or (f) some other reason.
7. These estimates include Hispanic females aged 12 to 17 living in U.S. households, not persons living in other countries.
8. Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of less than 1 million. Non-metropolitan areas are outside of Metropolitan Statistical Areas (MSAs), as defined by the Office of Management and Budget. Completely rural counties have fewer than 2,500 population in urbanized areas.
9. Youths who reported they received mental health services through special education services while in a regular classroom or in a special classroom, a special program, or in a special school were not asked the reason for the last time they received these services and were excluded from this analysis.

The National Household Survey on Drug Abuse (NHSDA) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2000 data are based on information obtained from nearly 72,000 persons aged 12 or older, including 1,593 Hispanic females aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NHSDA Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI in Research Triangle Park, North Carolina. Information and data for this issue are based on the following publication and statistics:

Substance Abuse and Mental Health Services Administration. (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (DHHS Publication No. SMA 01-3549, NHSDA Series: H-13). Rockville, MD: Author.

Also available on-line: www.DrugAbuseStatistics.samhsa.gov.

Additional tables available upon request.



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
 Substance Abuse & Mental Health Services Administration
 Office of Applied Studies
www.samhsa.gov

Figure Notes

* Treatment or counseling for emotional or behavioral problems that were not caused by alcohol or drugs.

Note (figure 2): These estimates include Hispanic females aged 12 to 17 living in U.S. households, not persons living in other countries.

Source (all figures): SAMHSA, 2000 NHSDA.