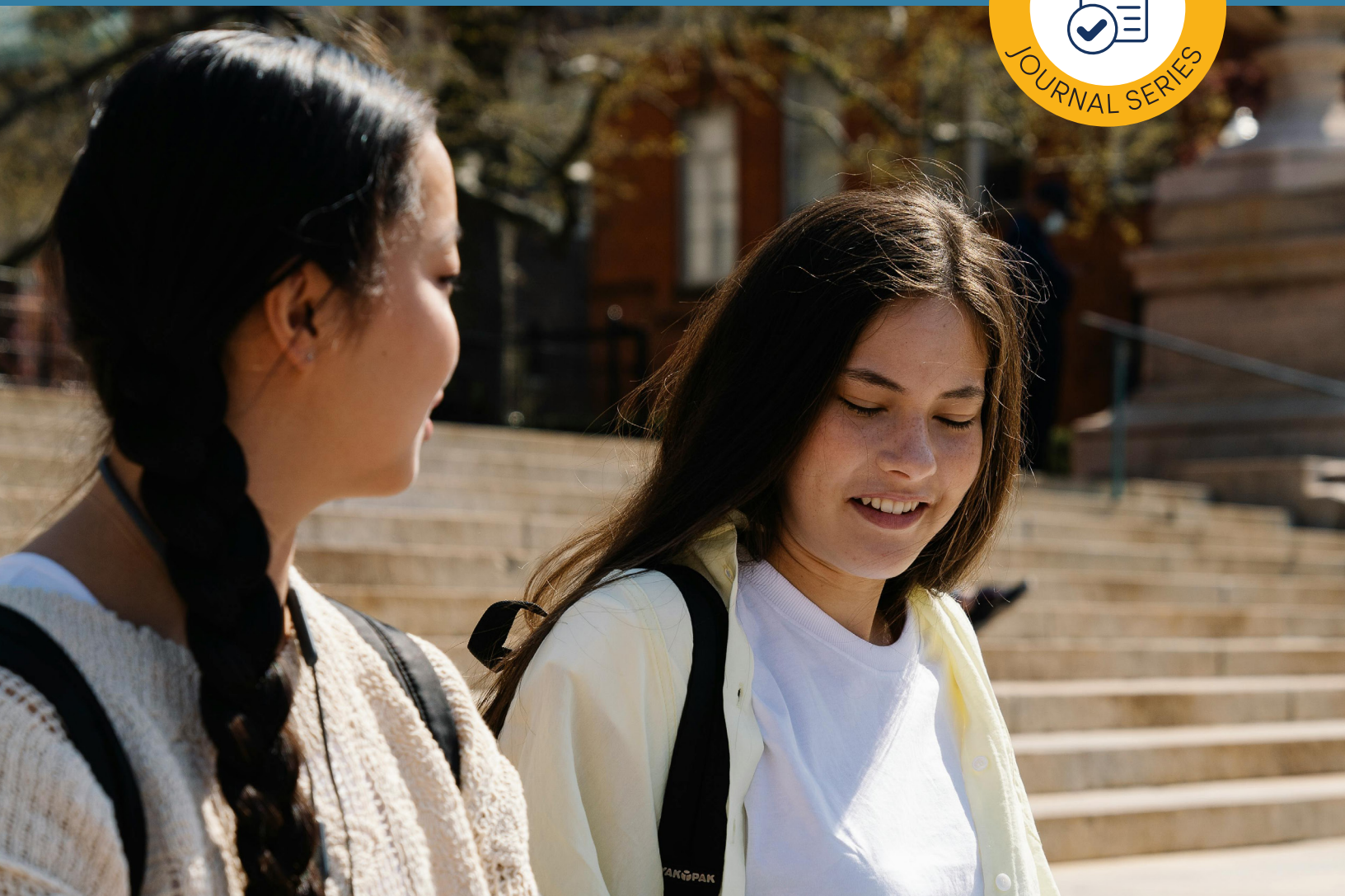




TAY-Hub

Transition-Age Youth
Research & Evaluation Hub

CHARACTERISTICS OF TRANSITION-AGE YOUTH ENGAGING IN SUICIDAL BEHAVIOR



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Significance

Youth with foster care experience attempt suicide at three times the rate of their peers in the general population. Research suggests that transition-age youth (TAY), youth ages 16 to 24 who are or were in foster care, may be especially at risk for suicidal behavior. Studies of adolescents in the general population show gender, sexual minority status, race and ethnicity, child maltreatment, and behavioral health disorders all play significant roles in affecting adolescent suicidal behaviors. TAY often experience various forms of risk, underscoring the need for additional research and resources that address suicidal behavior in this population.

Despite the well-documented risk, we know little about specific characteristics that are associated with suicidal ideation and attempt in this unique

population. To address this gap, the current study uses longitudinal data from a cohort of young people transitioning out of foster care to examine the demographic, experiential, and behavioral health characteristics associated with suicidal behavior in early adulthood.

Specifically, Katz et al. (2024) answer the following questions:

- What is the prevalence of suicidal ideation and attempts among TAY between ages 17 and 23?
- What demographic, behavioral health, and maltreatment history characteristics are associated with suicidal ideation and attempts in early adulthood?

Study Methods

The current study uses a representative sample of TAY from the CalYOUTH Study, a longitudinal investigation of California's extended foster care program. CalYOUTH followed a cohort of 727 young people (ages 16.75–17.75 at Wave 1) over seven years as they exited foster care and entered early adulthood. Data for this study were collected over four interviews at ages 17, 19, 21, and 23 (Waves 1–4, respectively). At Wave 1 (age 17), lifetime suicidal ideation and attempts were measured using two items: "Have you ever felt so low that you thought about committing suicide?" and "Have you ever attempted suicide?" Follow-up interviews (ages 19, 21, and 23) asked about suicidal ideation and attempts since participants' last CalYOUTH interview.

Measured demographic characteristics included gender, race, ethnicity, and sexual minority status (100% heterosexual or not 100% heterosex-

ual). Maltreatment history consisted of self-reported measures of neglect, physical abuse, and sexual abuse that occurred before and during the young person's time in foster care. Behavioral health captured the presence of five disorders: depression, anxiety, post-traumatic stress disorder (PTSD), alcohol use disorder, and substance use disorder. In addition to individual disorders, authors created two composite measures: one that indicated the presence of any of the screened mental health disorders and another that captured the presence of any alcohol or substance use disorder. Co-occurring disorders were measured using a four-level categorical variable indicating if youth had (1) no mental health or alcohol/substance use disorder; (2) a mental health disorder only; (3) an alcohol/substance use disorder only; and (4) both mental health and alcohol/substance use disorders.

Findings

1 At age 17, just over 40% of youth had ever considered suicide, and nearly one in four had attempted suicide.

These rates far exceed those of the general youth population, with 11% and 1.9% of U.S. young adults between ages 18–25 reporting suicidal ideation and attempts, respectively.

2 Female participants and participants who identified as sexual minorities were significantly more likely to consider and attempt suicide compared to their male and straight peers.

Sexual minority youth were between 2 to 4 times more likely to consider and attempt suicide across all four waves.

3 All five behavioral health disorders were strongly associated with suicidal behavior across all four waves.

The risk of suicidal behavior increased as a function of co-occurring mental health and alcohol/substance use disorders. The risk of suicidal behavior was lowest for youth without any mental health or alcohol/substance use disorders and increased for youth with alcohol/substance use disorders. The risk increased again for youth with mental health disorders and was highest among youth with co-occurring mental health and alcohol/substance use disorders. At age 17, 76% and 61.5% of youth with co-occurring mental health and alcohol/substance use disorders had considered or attempted suicide, respectively.

4 Maltreatment was significantly associated with suicidal ideation and attempts (especially suicidal behavior at younger ages).

The experience of neglect while in care was an especially potent predictor of suicidal ideation. Young people who experienced neglect while in care were significantly more likely to report suicidal ideation at ages 19, 21, and 23.

Implications

The current study is among the first to explore TAY characteristics associated with suicidal behavior. The findings underscore the continued need for suicide prevention, assessment, and treatment for youth transitioning out of foster care. Future research is also needed to understand longitudinal predictors of suicidal behavior, as well as the services that prevent and address suicidal behaviors within this population.

- **Specific subgroups of youth—women, youth with maltreatment histories, youth with behavioral health disorders, and youth who identified as a sexual minority—had an especially high risk of suicidal behavior.** Targeted prevention, assessment, and treatment efforts that address the specific risks experienced by these sub-populations are critically needed. This may be especially true of sexual minority youth, given the current sociopolitical context and the potential relationship between anti-LGBTQ+ rhetoric and youth mental health.



- **Suicide prevention and treatment also hinge upon child welfare agencies' ability to develop tailored suicidal behavior response protocols and training for caseworkers, clinical staff, and foster caregivers.** Additionally, it may be helpful to support young people's development of strong social support networks and connect them to high-quality, accessible mental health services in their communities before they exit care.

READ THE FULL STUDY:

Katz, C. C., Okpych, N., Wall, E., Shelton, J., & Courtney, M. (2024). Characteristics of transition-age youth engaging in suicidal behavior. *Journal of Adolescent Health*. <https://doi.org/10.1016/j.jadohealth.2024.06.003>