



Bould, H., Mars, B., Moran, P., Biddle, L. A., & Gunnell, D. (2019). Rising suicide rates among adolescents in England and Wales. *Lancet*, 394(10193), 116-117. [https://doi.org/10.1016/S0140-6736\(19\)31102-X](https://doi.org/10.1016/S0140-6736(19)31102-X)

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Rising rates of suicide in adolescents

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There are concerns that rates of affective disorders¹ and self-harm² are rising amongst adolescents. Whether this reflects an increase in population prevalence is unclear. The apparent rise may indicate a greater willingness to discuss such issues, and a greater recognition of mental health difficulties by referring clinicians, rather than increases in morbidity.

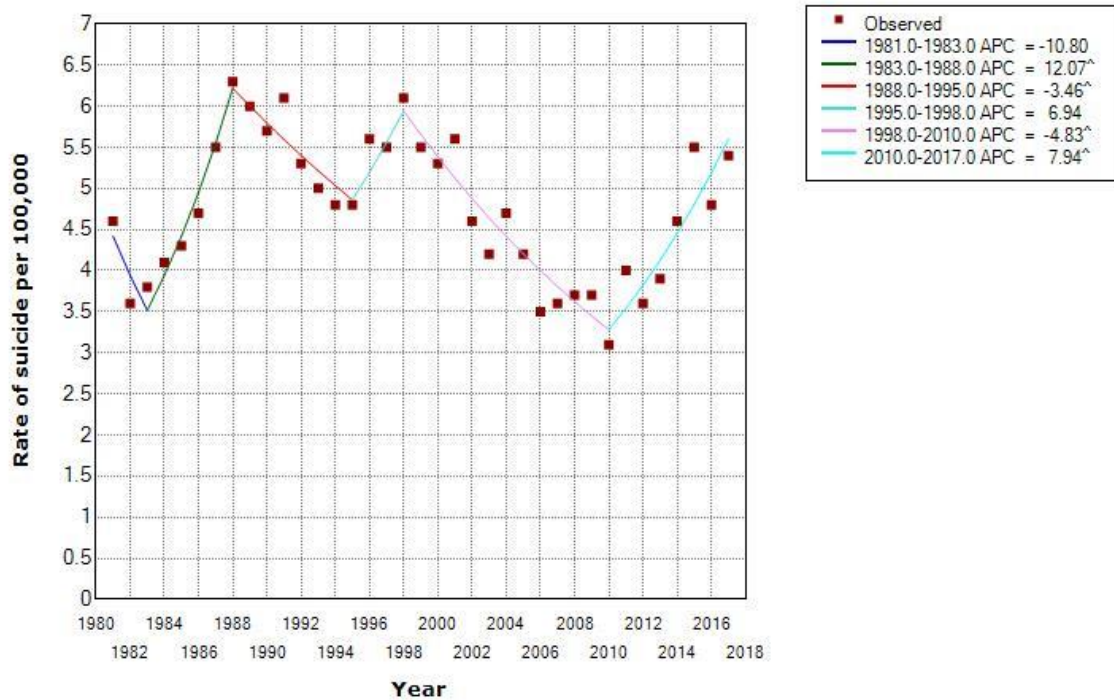
One way to assess this is by studying rates of death by suicide. If rising rates of emotional problems are artefactual, one would not expect concurrent changes in suicide rate. We conducted a joinpoint regression analysis³ of Office for National Statistics data to investigate whether rates of suicide in 15-19 year olds have changed between 1981 and 2017. The best-fitting model included five joinpoints (Figure 1), and suggests that suicide rates (per 100,000) have increased by 7.9% per year (95% CI 4.8, 11.2) since 2010 (95% CI 2006, 2015). Trends differed by sex, although there was evidence for a recent rise in suicide rates for both genders. In males (Figure 2a), rates have increased by 5.9% per year (95% CI 2.9, 9.0) since 2009 (95% CI 2004, 2015). In females (Figure 2b), the absolute number of deaths by suicide is lower than for males, but rates have increased by 13.2% per year (95% CI -4.0, 33.4) since 2013 (95% CI 2010, 2015).

These data suggest that the increasing number of adolescents presenting with self-harm and affective disorders is likely to be related to increased morbidity in the population. However, it is possible that an increase in suicide rate may reflect changes in coroner practice,⁴ or a move towards the use of more high-lethality methods of suicide.

Many factors have been implicated in the rise in distress in adolescents, including the Great Recession (2008), social media, cyberbullying, increasing academic pressures, and broader concerns about job prospects, financial security, and global politics.⁵ Research is urgently needed to clarify whether recent trends reflect a real deterioration in adolescent mental health and, if so, the key drivers of this change. Such research will facilitate the identification of novel targets for treatment and prevention. Furthermore, young people's mental health services need enhanced funding to adequately support the increasing numbers of young people seeking help.

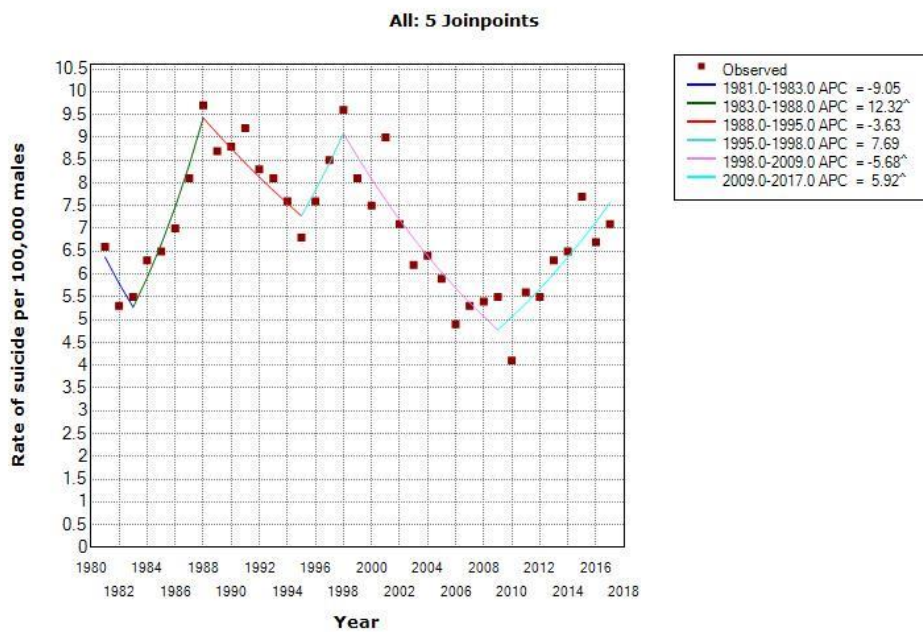
PM, BM and DG are supported by the NIHR Biomedical Research Centre at University Hospitals Bristol NHS Foundation Trust and the University of Bristol, England. The views expressed in this publication are those of the authors and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health and Social Care. The authors declare that they have no conflict of interest.

All: 5 Joinpoints

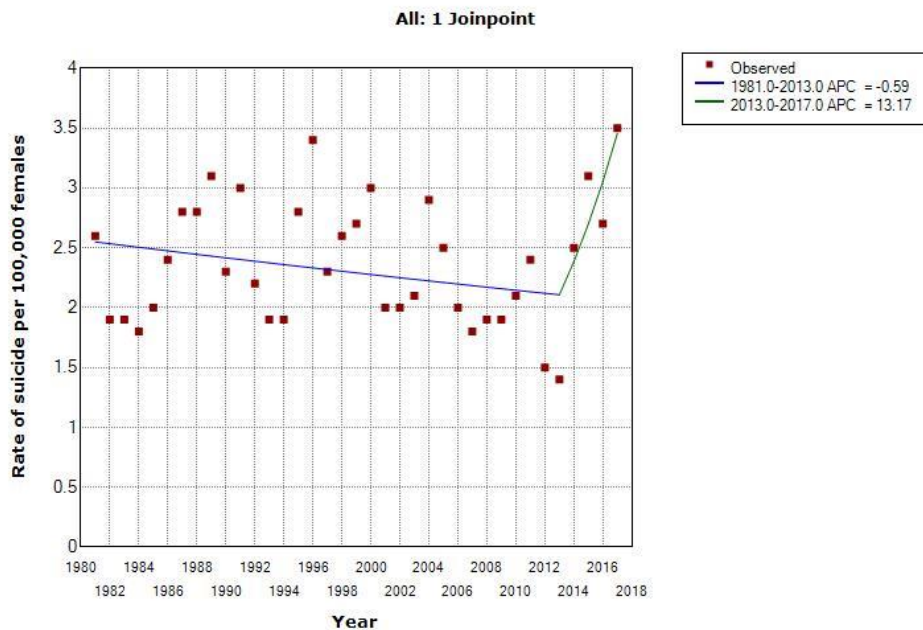


[^] Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 5 Joinpoints.

Figure 1: Rates of suicide per 100,000 in 15-19 year-olds between 1981 and 2017 (both genders)



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 5 Joinpoints.



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 1 Joinpoint.

Figure 2: Rates of suicide per 100,000 in 15-19 year old (a) males and (b) females between 1981 and 2017

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