

Self-Harm and Suicide in Young People

CHANGING THE NARRATIVE ON SUICIDE



Background

Adolescence is a period of significant and rapid emotional, social, and cognitive development, making young people particularly vulnerable to self-harm and suicidal thoughts. The pressures of forming their identity, navigating relationships, managing academic expectations, and building their independence can feel overwhelming. This is especially the case for those who lack strong support networks and social connections, or who have been exposed to trauma, abuse, or family instability. Strengthening protective factors like a sense of belonging and acceptance, hope, and connection to their peers, family, school, and communities are important targets for youth suicide prevention, where efforts have traditionally focused only on risk factors.

Young people are less likely than adults to seek help for suicidal distress. This is not simply a matter of not knowing where to turn. Barriers to help-seeking are deeply rooted in the way young people experience and understand their own distress. Many fear being judged, misunderstood, or not believed. Others worry about the consequences of disclosure, such as the reaction of parents or carers, or being hospitalised against their wishes. For some, cultural norms around stigma/shame and a need for self-reliance can make help-seeking deeply threatening. These challenges mean that a young person's suicidal distress is often quite severe by the time they reach out. Building the capacity of trusted, safe adults to reach out to young people is critical, shifting the burden from adolescents to tell someone they are in distress.

There must be global action to improve the types of help that are available to young people who may be at risk of suicide. Adolescents in suicidal distress have been historically underrepresented in interventional research, and this has left significant gaps in the development and integration of youth-specific, engaging, accessible, and coordinated suicide prevention models of care that meets them where they are at. In 2025, IASP launched the Youth Self-Harm and Suicide SIG to address these gaps, strengthening global capacity to support children and adolescents in all the settings where risk emerges and where they seek help.

Key Points

Suicide is a leading cause of death in adolescents and young adults worldwide



Self-harm and suicidal ideation rates are similar for boys and girls aged 12 or younger, but by early adolescence, girls represent the majority of young people who present to hospital for these behaviours.

>80%

of adolescents who experience self-harm or suicidal ideation report never seeking professional help, and up to 40% of those engaged in mental health treatment do not disclose suicidal thoughts. However, when they do seek help, they mostly share their distress to peers.

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How Can We Do More?

Progress has been made in youth suicide prevention, but many knowledge gaps remain that limit our ability to respond effectively to risk in young people. We need urgent, coordinated action across academics, communities, government, and professional organisations to develop the evidence-base needed to close these gaps and ensure that children and adolescents thrive and reach their potential.

If You Are a Researcher

- Advocate for greater investment in suicide prevention funding that reflects the developmental, social, and family contexts unique to childhood and adolescence. Much existing evidence that informs interventions and resources for young people is drawn from adult populations and extrapolated to young people.
- Partner with youth lived experience representative and networks to identify research gaps and co-produce culturally responsive, developmentally appropriate research. If you don't have access to lived expertise, advocate within your institution for the creation and resourcing of a youth lived-experience advisory network.
- Understand and follow your national best practice guidelines for consumer involvement in research.
- Ensure that youth who identify as Indigenous, LGBTQA+, from out-of-home care or justice systems, from low- and middle-income countries are included in your research. These groups, and many other young people, are underrepresented in data collection. Only with their voices can we better understand the scale and drivers of the problem and design interventions that effectively reflect diversity.

>80%

Up to 80% of suicide-related mental health presentations to hospital involve interpersonal stress as a precipitating factor.



Women are more likely than men to seek help and have higher rates of suicide attempts, whereas men have higher rates of deaths by suicide.

If you are young person with Lived Experience

- Find out whether local or national suicide prevention organisations or universities have youth advisory panels or lived-experience networks, and seek safe ways to contribute your perspective.

If you are a Parent, Educator, or Community Member

- Advocate to your school, workplace, or local government for better investment in youth mental health research and services.
- Support youth suicide prevention research by enabling your young person, or yourself, to participate in studies or nominate to become a member of consumer advisory groups.

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Resources

- Australia: [ReachOut resources](#)
- New Zealand: Te Ata Hāpara: [Resources](#)
- Uruguay: Línea Vida — 0800 0757 or *0767 from mobile phones. Free, 24/7 National Suicide Prevention Helpline.
- Slovakia: IPčko – 0800 500 333 or www.ipcko.sk – free, anonymous, 24/7 helpline available via telephone, chat or e-mail and crisis centres in 8 cities across Slovakia.
- Slovenia: zivziv.si/sos to find resources of help
- Chile: https://www.imhay.org/wp-content/uploads/2025/09/ESTAR_Gui%CC%81a-de-Postvencio%CC%81n-para-el-acompa%C3%B1amiento-de-personas-familias-y-comunidades-tras-una-muerte-por-suicidio.pdf
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