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Suicide is currently the third leading cause of death of adolescents; yet there is limited empirical information about this serious problem. This article presents data from the national evaluation of the Center for Mental Health Services' Comprehensive Community Mental Health Services for Children and Their Families program (CCMHSP) on suicide.

Study participants were youth between the approximate ages of 5-17.5 who were part of the national evaluation and who were served by a CMHS-funded system-of-care site in 1993-1994. Of the total of 4,677 young people, 21% had a history of at least one suicide attempt.

A review of presenting problems was used to categorize youth into one of four categories: 1) first-time attempters who presented as having recently attempted suicide, but reported no prior suicide attempts; 2) previous attempters, for whom suicide was not their presenting problem; 3) repeat attempters, for whom suicide was their presenting problem; and 4) no attempters, who presented for problems unrelated to suicidal ideation or attempts. The largest group was no attempters (79.1%), followed by previous attempters (11.2%), repeat attempters (6.0%), and recent attempters (3.7%).

Diagnoses were based upon DSM-IV criteria, and impairment was measured by the CAFAS. First-time and recent attempters were most likely to have a diagnosis of depression, whereas previous and no attempters were more likely to have been diagnosed with a conduct disorder. Although all groups were often referred to SOC sites from a mental health agency, some referral differences between groups were also found: previous attempters were likely to be referred by juvenile justice agencies and from child welfare; and recent attempters were often referred by their families.

An analysis of child and family risk factors indicated that repeat and previous attempters were more likely than the other two groups to have a history of family violence or substance abuse. Previous attempters were most likely to have a history of running away from home and to have been abused or to be abusers themselves; the second most likely group to have these risk factors consisted of repeat attempters. Repeat attempters were more likely than previous attempters to have a history of psychiatric hospitalization and family mental illness. According to the authors, "these findings suggest that previous attempters may be more likely to experience and perpetrate violence than first-time or repeat suicide attempters and agree with other findings that previous suicide attempters experience more trait anger than first-time or repeat suicide attempters" (p. 1203).

The findings also suggest that "among children and adolescents receiving mental health services, those who have attempted suicide are more distressed and impaired; this distress and impairment may manifest in different ways depending on the recency and frequency of suicide attempts. It appears that those who have made previous attempts are more likely to have experienced violence and be violent themselves, while those who have made first-time attempts are more likely to be depressed" (p. 1204). Clinicians should therefore be aware that the presence of depression or a recent suicide attempt may not be necessary for an adolescent to attempt suicide. Regardless of the presenting problem, adolescents with a history of conduct disorder and other violent behaviors may be in danger of suicide.