

Youth Mental Health & Suicidal Ideation Data:

The Importance of the Youth Risk Behavior Survey

For any questions or to request a copy of the resource, “Youth Risk Behavior Survey (YRBS) 101: An Education and Awareness Resource for Local, State, and National Organizations,” email advocacy@afsp.org

Overview

The Centers for Disease Control and Prevention’s (CDC) **Youth Risk Behavior Surveillance System** (YRBSS) monitors priority health risks and experiences among high school students across the country through a system of surveys.¹ This includes the national Youth Risk Behavior Survey (YRBS), which is conducted by the CDC every two years to help understand risks contributing to the leading causes of death and disability among youth and young adults. Most recently, the YRBS was conducted nationally and in 44 states, 28 large urban school districts, three territories, and two tribal governments. The CDC reports on this data in various **reports, fact sheets, and publications**.

Districts, schools, and students are randomly selected, making each school’s participation critical to ensure results are representative of youth nationwide.² Recent legislation across states nationwide is proposing discontinuing participation, or that participation from youth be contingent upon parental consent. This stands to decrease the data and information collected that can lead to effective policies and actions to help students, their families, and the broader community.

The American Foundation for Suicide Prevention (AFSP) strongly recommends that all states empower schools to participate in the YRBS survey and that student participation be “opt out” instead of “opt in.” By requiring active consent, i.e., requiring parents to “opt in,” the amount of data will decrease and the risk for faulty data will increase, which will result in ineffective suicide prevention policies and strategies.

Why It’s Important

Youth suicide can be prevented through early detection of students who may be in crisis or struggling with their mental health, and by connecting them and their families to resources and treatment services. While the reasons behind thoughts of suicide are complex, help and services are available, and students should be able to access them easily. However, the stigma surrounding thoughts of suicide and mental health services can prevent youth from connecting with these vital resources. Transparency and openness about mental health and suicide can increase the likelihood of identifying those students by reducing the stigma surrounding mental health conditions and reinforcing the notion that it is a sign of strength to seek help.

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Furthermore, high school age adolescents represent a key population for addressing mental health. With 50% of all lifetime cases of mental health disorders starting by age 14, and 75% by age 24,³ the data gathered by this survey is critically important. In order to design effective suicide prevention strategies, we must ensure the availability of complete, accurate, and timely information about the prevalence of suicidal ideation and behaviors, in addition to data about deaths by suicide.⁴ Data collection is important for prevention efforts overall; we need to know who is at risk of dying by suicide and the circumstances surrounding that increased risk. This is even more vital when we look to increase the effectiveness of prevention efforts targeting populations at increased risk for suicidal behavior, including adolescents⁵ and LGBTQ youth.⁶

Asking students about their mental health and suicidal behaviors can help to create a school culture where mental health is seen as an important part of overall health, and empower students to prioritize mental wellness. Schools that do not discuss these issues, or discourage faculty from talking about them, decrease the likelihood that a student will tell a teacher or peer that they're struggling and/or ask for help.⁷ On the other hand, normalizing discussions about mental health and suicide can open conversations between students, parents and guardians, and administrators, as well as empower students to recognize when they need help. This also better equips the entire school community to identify students at risk for suicide.

In sum, collecting data about youth mental health and suicidal behaviors allows researchers and policymakers to identify trends and patterns affecting young people that might otherwise be overlooked. Conversely, a lack of this data prevents the creation and implementation of effective suicide prevention strategies. Restrictions around data collection ultimately result in the systemic exclusion of the most at-risk students and actively skewed data, thereby preventing state public health officials from better targeting and evaluating their suicide prevention activities.

Research consistently shows that asking about suicide does not increase risk.⁸ Instead, it increases transparency and creates an environment where students are more likely to ask for help and are able to envision a path toward mental well-being. The national YRBS has historically played a key role in revealing adverse mental health outcomes among youth nationwide. AFSP strongly recommends that all states participate in this survey and not create more barriers for student participation, especially given the worsening trends of youth mental health, suicide attempts⁹, and increasing suicide rates.¹⁰

¹ CDC. (n.d.). YRBSS overview. <https://www.cdc.gov/healthyouth/data/yrbs/overview.htm>

² CDC. (n.d.). Why YRBS? How the Youth Risk Behavior Survey protects youth. <https://www.cdc.gov/healthyouth/data/yrbs/why-yrbs.html>

³ Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(7), 593-602.

⁴ Suicide Prevention Resource Center. (2019). *Recommendations for state suicide prevention infrastructure*. Waltham, MA: Education Development Center, Inc.

⁵ Office of the Surgeon General. (2021). *Protecting youth mental health: The U.S. Surgeon General's advisory*. Washington, DC: Department of Health and Human Services. <https://pubmed.ncbi.nlm.nih.gov/34982518/>.

⁶ Haas, A.P., Eliason, M., Mays, V.M., et al. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58(1), 10-51.

⁷ Doan, N., Patte, K.A., Ferro, M.A., & Leatherdale, S.T. (2020). Reluctancy towards help-seeking for mental health concerns at secondary school among students in the COMPASS study. *International Journal of Environmental Research and Public Health*, 17(19), 7128.

⁸ DeCou, C. R., & Schumann, M. E. (2018). On the iatrogenic risk of assessing suicidality: A meta-analysis. *Suicide & Life-Threatening Behavior*, 48(5), 531-543.; Mathias, C. W., Michael Furr, R., Sheftall, A. H., Hill-Kapturczak, N., Crum, P., & Dougherty, D. M. (2012). What's the harm in asking about suicidal ideation?. *Suicide & Life-Threatening Behavior*, 42(3), 341-351.

⁹ CDC. (2023). *Youth risk behavior survey: Data summary & trends report 2011-2021*. https://www.cdc.gov/healthyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf.

¹⁰ Office of the Surgeon General. (2021). *Protecting youth mental health: The U.S. Surgeon General's advisory*. Washington, DC: Department of Health and Human Services. <https://pubmed.ncbi.nlm.nih.gov/34982518/>.