Policy Brief - Youth Mental Health and Suicide Prevention

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Overview

Now is the time for increased attention and resources on youth mental health and suicide prevention, globally, and in countries. The human rights of younger people for health and mental health, safety and security, and suicide prevention, are being compromised by the challenges that they are facing, the poly-crisis of issues in the world around them, as well as the difficulties that they face in accessing care and services for their wellbeing. Tragically, their mental health is declining, and the suicide rates of their generation are increasing. There is an urgency for global action.

It needs to be recognised that often the challenges younger people face are associated with family and household issues and that the adult world will need to be better equipped and more aware of how these issues affect mental health and wellbeing.

Multiple strategies are warranted to address youth mental health and suicide prevention, many of which relate to existing global policy frameworks on sustainable development, universal health coverage, and primary health care reforms. The integration of youth-specific and youth-informed programs and priorities to these policy frameworks will enable actions to progress within the existing channels for decision making and resource allocations. Younger people must be regarded as high priority.

A key facet of reform is in the areas of psychosocial support for young people who may first identify a need for help through day-to-day struggles and emotional distress. The linkages between psychosocial needs, social determinants of mental health and require attention within the clinical and biological understandings of youth mental health and and age-specific, developmental and transitional factors. Younger people will benefit from being given encouragement and skills in coping with life's stressors.

The ways in which society communicates about mental health and suicide prevention can have a strong influence on younger people. In particular, the attitudes of the adult world in families, schools, community settings, influence how young people view their mental health and wellbeing. Open, empathetic and informed narratives are essential.

The place of digital technology in addressing younger people's mental health and wellbeing, and suicide prevention, must be recognised and utilised for effect. Multiple elements must be addressed, including the assurances of greater safety and security for younger people in the digital environment. Safe communication on mental health and suicide prevention in the online world is to be encouraged. Stigma reduction, which is a factor in encouraging help seeking and earlier identification of needs for younger people, can be addressed through outreach and in the digital environment.

Crisis helplines and online text and chat crisis support services have a key role to play. The promotion and delivery of impactful digital crisis support services, rests as a vital element in the improvements to youth mental health and suicide prevention.

Youth Suicide Prevention Must Become a Global Priority

Suicide was identified by the World Health Organization (WHO) as a global imperative in its first Report on Suicide in 2014. Over the past 20 years, suicide rates globally have declined with strategically focused action on means reduction and national strategies.

This general reduction in suicides is not, tragically, reflected in the suicide rates for youth and young adult which are increasing in most regions in the world and have been doing so for some time now.[1] There is a generational inequity in the rising youth suicide rates.

There is also another inequity: 73% of global suicides occur in low-and middle-income countries; the same countries that are home for 90% of the world's adolescents.[2] The African Region, which has the highest suicide rate in the world.[3] African males have the highest suicide rate of all males worldwide, at 18 per 100,000 and this is reflected in suicides of young males.[4] The impact of suicide in African countries is considerable, with 60% of the population of the African Region now under the age of 25 years. A similar impact occurs in India where suicide is the cause of death for almost three-quarters (71·2%) of women and over half (57·7%) of men aged between 15 and 39 years. Indian women account for 37% of all suicide related deaths worldwide, with most of these deaths being younger Indian women.[5]

In 2021 suicide rose to the third leading cause of death for the age group 15-29 years.[6] Suicide has remained amongst the top leading causes of death for younger people for the past 20 years. In some countries, such as Japan and Australia, suicide is the leading cause of death for people aged under 29 years.

Unless younger person's deaths by suicide are reduced, country and global aspirations for sustainable development will be compromised. This is recognised in the target for Sustainable Development Goal 3 (Ensure Healthy Lives and Promote Well-being for All) under indicator 3.4.2: a 30% reduction in the suicide mortality rate worldwide. Greater attention is required to the prevention of youth suicide as an application of the global and nation state's commitment to the sustainable development goals.

Suicide is preventable, but prioritization is required across policy, resource and investment and provision of care measures is required for a reduction in deaths.

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[1] Bertuccio, P., Amerio, A., Grande, E. et al. 2024. Global trends in youth suicide from 1990 to 2020. The Lancet. https://doi.org/10.1016/j.eclinm.2024. 102506

[2] Key facts on Suicide by World Health Organization 29 August 2024.

[3] United Nations Statistics 2022.

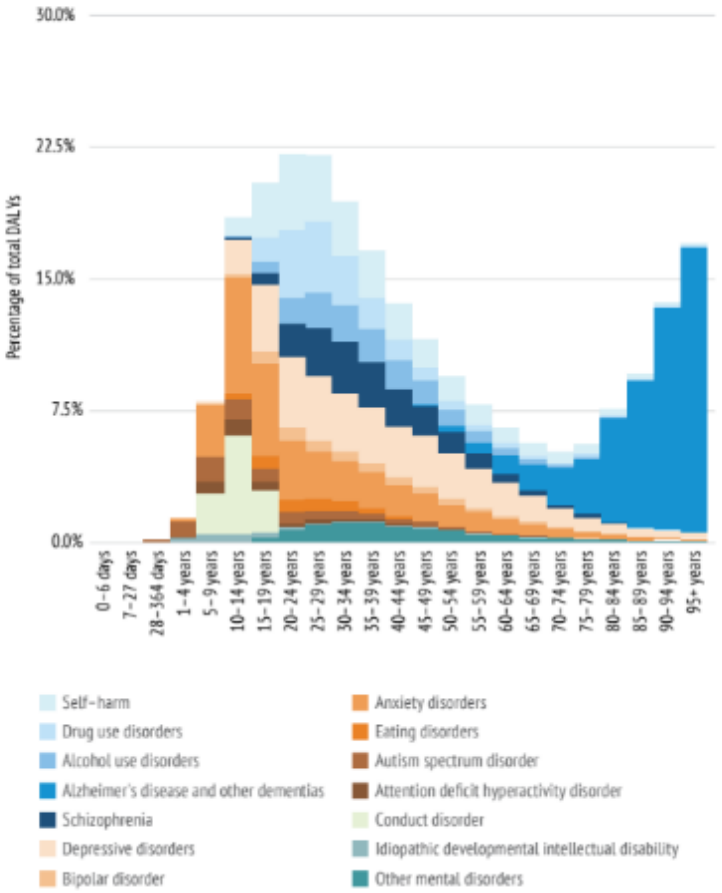
[4]https://files.aho.afro.who.int/afahobckpcontainer/production/files/iAHO_Suicide_Regional_Fact_sheet_August2022.pdf

[5] India State-Level Disease burden Initiative Suicide Collaborators. Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990-2016. Lancet Public Health 2018. 3:478-89.

[6] World Health Organization 2021. https://www.who.int/news-room/fact-sheets/detail/suicide

Deaths by suicide amongst young people are tragic, premature, ends to lives that otherwise would have continued to contribute to families, local communities, educational knowledge, culture and economic performance. Similarly, suicide attempts can result in many years of life lived with a disability and the associated reduction in functionality and quality of life. This is shown in the chart that follows using the DALY public health measure, the sum of the years of life lost to due to premature mortality (YLLs) and the years lived with a disability (YLDs).[7] The impact of a younger person's suicide, or self-harm behaviour, is magnified because of the lost potential of that life.

Fig. 1. Percentage of total DALYs for mental disorders and dementia by age group, 2019



The importance of addressing youth suicide prevention is in part a humanitarian issue, to alleviate the suffering of those who experience such deep despair and intense distress that they

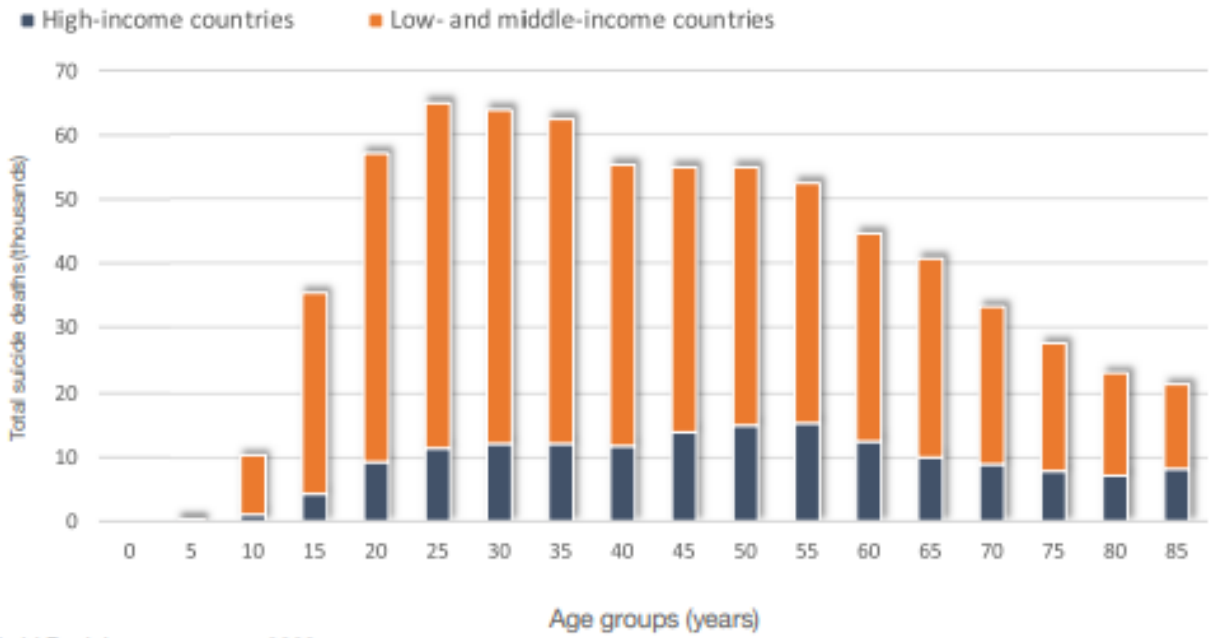
[7] Regional framework for the future of mental health in the Western Pacific 2023–2030. Manila: World Health Organization Regional Office for the Western Pacific. 2023.

no longer wish to continue to live. Youth suicide prevention is also a public health issue, affecting the economic, social and cultural prospects of communities and countries.

Inequities in Youth Suicide Must Be Addressed

It is important to recognise that most adolescents who died by suicide (88%) were from low- and middle-income countries, the countries where nearly 90% of the world's adolescents live. The lesser resourced countries are bearing the burden of youth suicide disproportionally. This is shown in the diagrams below:[8]

Figure 5. Global suicides, by age and country income level* (thousands), 2019



* World Bank income groups, 2020
Source: WHO Global Health Estimates 2000-2019

The inequities surrounding youth suicides worldwide is further illustrated in the global 12-month pooled prevalence rate of suicidal ideation amongst younger people which is reported to be 14%.[9] When examining the prevalence of suicidal ideation for younger people in low to middle income countries, a magnification effect emerges: the highest prevalence of suicidal ideation was found in the African Region (21%) followed by the Eastern Mediterranean Region (16%) and the low resource countries in the Region of the Americas (16%). The existence of suicidal ideation has been regarded as a forward indicator of the suicide rate, and as a measure of the

[8] World Health Organization Report on Suicide Worldwide 2019.
[9] Biswas, T., Scott, J.G., Munir, K. et al. 2020. Global variation in the prevalence of suicidal ideation, anxiety and their correlates among adolescents: A population based study of 82 countries. EClinical Medicine. Vol 24. https://doi.org/10.1016/j.eclinm.2020.100395

extent to which suicide prevention strategies need to be addressing emerging levels of suicidal distress. It suggests the short term and long-term prospect on youth suicide rates in low- and middle-income countries requires urgent and focused preventative action.

Of particular concern is the African Region, which across all age categories now has the highest suicide rate in the world, at 11.2 per 100,000 in 2019.[10] Moreover, African males have the highest suicide rate of all males worldwide, at 18 per 100,000 and this is reflected in the data on suicides for young males.[11] Considering that 60% of the population of the African Region is under the age of 25 years, and that by 2030 42% of global youth will be young Africans, suicide prevention in the African Region must be youth suicide prevention if numbers are to decrease and cycles are to be broken.

The Southeast Asia region is described as a 'suicide dense region' because the 11 low- and middle-income countries in the region contribute 39% of all suicides worldwide.[12] It is worth noting, however, that this region is home to several countries that have made significant progress in suicide prevention such as Sri Lanka and India, and that almost half (five of the 11 countries) have a national suicide prevention strategy in place. However, there are continuing and underlying factors surrounding youth suicides in many of these countries. Unless youth suicide prevention is advanced in the Southeast Asia region, the gains overall on suicide prevention across all age groups will be lost as the current generation comes forward in the population profile.

For instance, concerns exists in India where the suicide rate for young Indian women is more than double that of young men and youth suicides account for 35%-40% of all suicides in India.[13] For young Indian women, suicide is the leading cause of death, often associated with gendered violence and marriage relationships.[14]A recent study has, for instance, noted that women in India account for 37% of all suicide deaths by women worldwide, that for young Indian women, suicide is the leading cause of death, and that suicide is often associated with gendered violence and marriage relationships.[15]

The example of India illustrates the critical need for youth suicide prevention to be addressed within all countries, informed by data and an understanding of the factors surrounding suicidal ideation and behaviours of younger people in those countries. There is a compelling case for youth suicide prevention to be elevated to a high priority globally and for countries to be

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[10] United Nations Statistics 2022.
[11]https://files.aho.afro.who.int/afahobckpcontainer/production/files/iAHO_Suicide_Regional_Fact_sheet_August2022.pdf
[12] Menon, V., Cherian, A.V., Ahmed, F., et al. 2024. Challenges and priorities for suicide prevention in Southeast Asia: Insights from the Partnerships for Life regional workshop on suicide prevention. Asian Journal of Psychiatry 98.
[13] Gupta, S. and Basera, D. 2021. Youth Suicide in India: A Critical Review and Implication for the National Suicide Prevention Policy. Omega. DOI 10.1177/00302228211045169
[14] Patel, A.R., Dixon, K.E., Nadkarni, A. 2024. Unpacking the 'black box' of suicide: A latent class analysis predicting profiles of suicidal ideation in a longitudinal cohort of adolescent girls from India. PLOS Global Public Health. Vol 4. Issue 5.
[15] Patel, A.R., Dixon, K.E., Nadkarni, A. 2024. Unpacking the 'black box' of suicide: A latent class analysis predicting profiles of suicidal ideation in a longitudinal cohort of adolescent girls from India. PLOS Global Public Health. Vol 4. Issue 5.

encouraged and equipped to address the prevention of suicide amongst their younger populations with urgency.

Youth Mental Health is Vital for Youth Suicide Prevention

Mental health is a key factor to address in suicide prevention. Mental health conditions elevate a person's vulnerability to suicide by a calculated 7.5 times. Specific conditions raise this risk more, such as psychotic illnesses (13.2 times), mood illnesses like depressions (12.3 times) and personality disorders (8.1 times).[16] The prevention of mental illness is a priority for suicide prevention across all age groups.

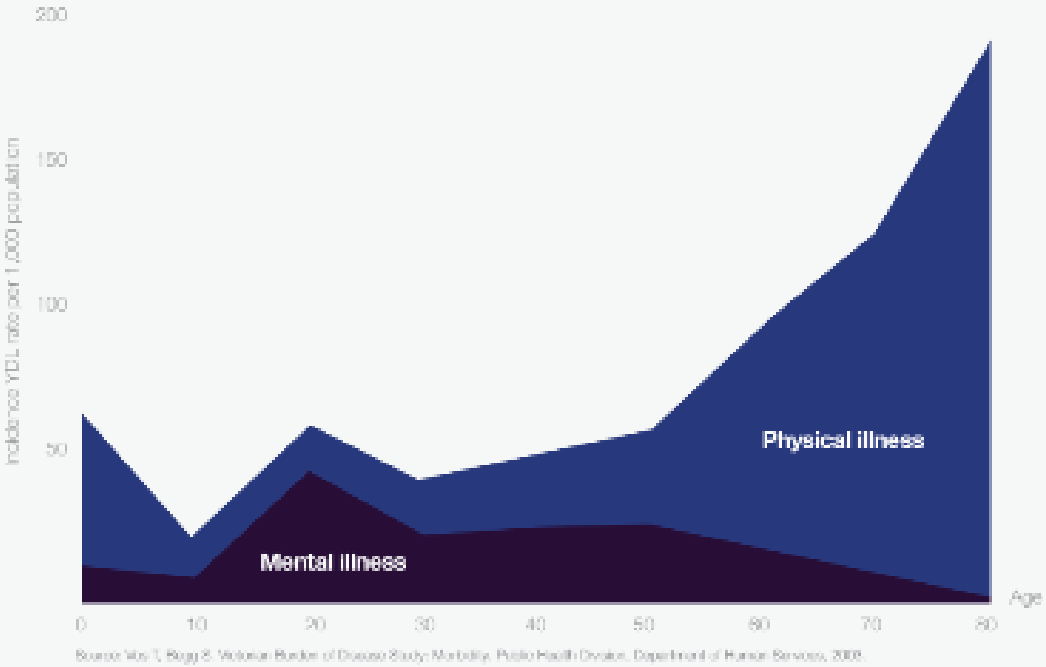
For younger people, mental health is especially important to address for suicide prevention because of the increased likelihood of the onset of mental illness before the age of 25. This creates an added vulnerability to suicide during the transition to adulthood. This is contrasted with physical illness, which is more manifest in later years in life, as shown.[17] Mental ill health accounts for around 45% of the burden of disease for those aged between 10 and 24 years.

[16] Too, L.S., Spittal, M.J., Bugeja, L., et al. 2019. The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies. Journal of Affective Disorders. Vol 259.

[17] A Global Framework for Youth Mental Health. Orygen and World Economic Forum. 2020.

FIGURE 1

Incidence of mental and physical illness across the lifespan



The mental health of people in the emerging adult age groups has been declining for the past two decades – well before the COVID-19 pandemic, across indicators for anxiety, depressions, psychological distress, self-harm and suicide. Mental illnesses are a major cause of premature death by physical illness, and by suicide. The Lancet Commission Report on Youth Mental Health urges nations to see the *"the opportunity to change the life course of young people by intervening as early in the onset of mental illness."*[18] The imperative to address youth mental health comes through the evidence of rising levels of psychological distress in younger age groups across the world. These levels indicate the onset of mental ill health in individuals, particularly anxiety and mood or depressive states, and they are associated with suicidal behaviour.[19]

Improvement in the mental health of younger populations is a priority for youth suicide prevention. Where mental health conditions have been improved in a population, suicide rates have decreased, as shown with the Nuremberg Alliance Against Depression program which involved building the capability of primary health care practitioners to recognise depressed patients, alongside whole community education and training for outreach and help seeking

[18] McGorry, P., Mei, C., Naeem, D. et al. 2024. The Lancet Psychiatry Commission on Youth Mental Health.
[19] Chamberlain, P., Goldney, R., Delfabbro, P. et al. 2009. Suicidal Ideation: The Clinical Utility of the K10. Crisis. Vol 30(1).

promotion. The implementation of this program saw a 24% reduction in suicides in the first year and a 32.4% reduction in the second year.[20] Investments in mental health prevent suicides.

The influence of mental ill health on younger persons is magnified in low- and middle-income countries, in which it estimated that over 80% of people experiencing mental health conditions live, and in which around 20% of the youth in those countries are affected by mental illness, such as depression, anxiety and Post Traumatic Stress Disorder (PTSD).[21] Yet, the access to mental health care in low- and middle-income countries is markedly less than that in the high resource countries.[22]

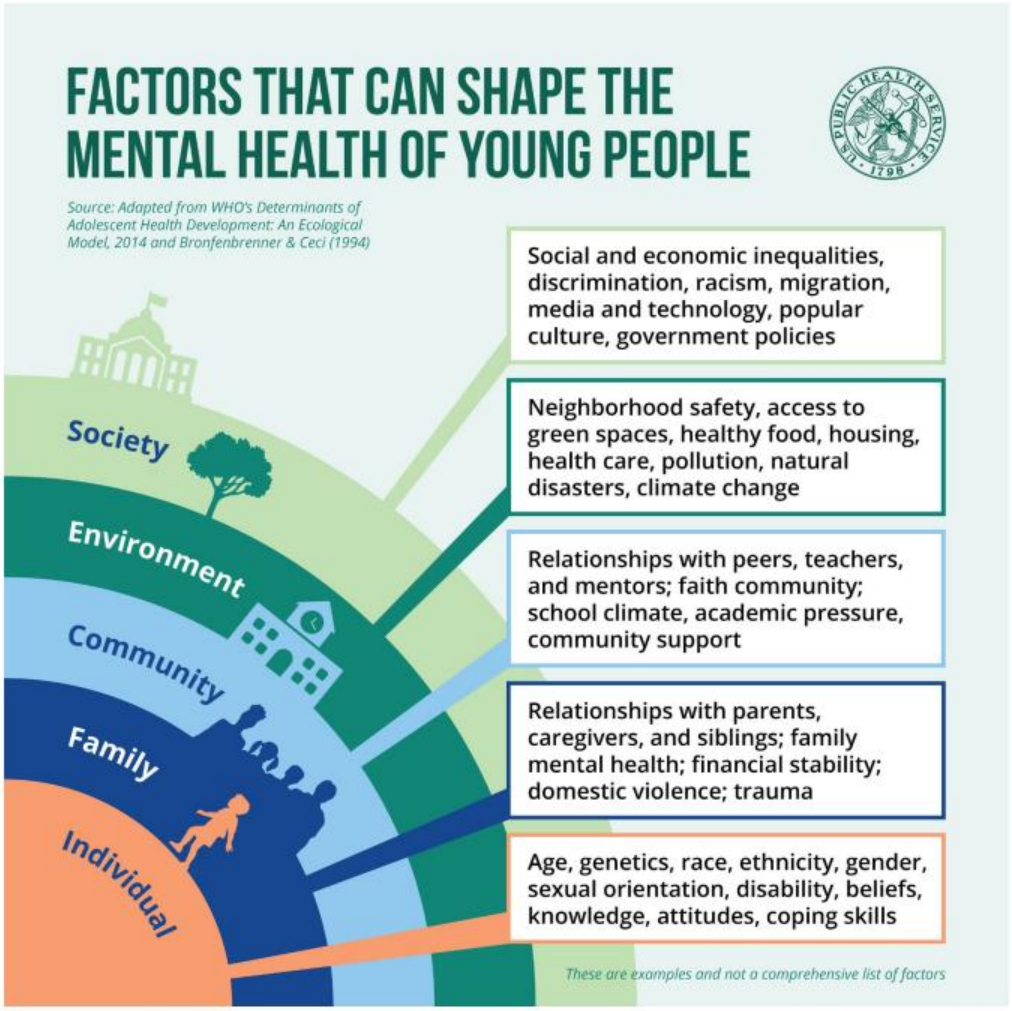
Reforms to service mix and systems are required so that more emphasis is placed on community based mental health and the building of universal coverage across regions in countries.[23] The Bridgetown Declaration by Health Ministers of Small Island Developing States calls for the full integration of services for non-communicable diseases and mental health services into primary health care and for investment in building the capacity of civil society organisations. Structural and design reforms in the provision of mental health are required to improve outcomes. These reforms need to be applied in ways that work in lower resource settings, not replicated from high resource models.[24]

Young People Need Support to Face Global Challenges

The transition between adolescent and young adulthood is a time of life transitions when people are especially vulnerable to suicide. Life experiences and circumstances surround a person's mental health and wellbeing. These are known as the social determinants of mental health.

Suicidal behaviours arise from a complicated mix of mental health, psychological and social factors that impact on a person. For younger people, social determinants are influenced by the transitions in their life stage, such as seeking greater independence from family and becoming more exposed to the external world and its challenges. Effective suicide prevention will address the social determinants experienced by younger people. Evidence-informed knowledge of the social determinants affecting young people is essential for planning and development suicide prevention strategies. A guide to this is shown below:

[20] Hegerl, U., Rummel-Kluge, C., Varnik, A., et al. 2013. Alliances against depression – A community-based approach to target depression and to prevent suicidal behaviour. Neuroscience Biobehavioural Reviews. Vol 37. Issue 10.
[21] Yatham, S., Sivathasan, S., Yoon, R. et al. 2018. Depression, anxiety, and post-traumatic stress disorder among youth in low and middle income countries: A review of prevalence and treatment interventions. Asian Journal of Psychiatry. Vol 38.
[22] WHO Mental Health Atlas. 2020.
[23] The Lancet Commission on Global Mental Health and Sustainable Development. 2018.
[24] WHO Mental Health Report 2022. Transforming Mental Health For All.



US Surgeon General's Advisory: Protecting Youth Mental Health. 2021.

Social determinants of mental health for younger people will differ across countries and circumstances. This is illustrated in the recently published report by Being which documented the issues nominated by younger people in 12 countries. As shown in the diagram below, however, some issues were commonly experienced across countries such as family functioning and mental health literacy/stigma, but others were more discretely experienced in one or two countries only, such as poverty or substance use.[25]

[25] Mapping Youth Mental Landscapes: Local Insights From 13 Countries. 2024. Being.

Overlapping Drivers	Countries							
Family functioning	Colombia	Egypt	Ghana	India	Indonesia	Morocco	Pakistan	Vietnam
Mental health literacy and stigma	Ghana	India	Indonesia	Romania	Senegal	Tanzania		
Bullying	Egypt	Ghana	Romania	Indonesia	Vietnam			
Violence (security and abuse)	Colombia	Ecuador	Senegal	Indonesia				
Academic pressure	Egypt	India	Pakistan	Vietnam				
Self-esteem	Colombia	Ecuador	Morocco					
Social media	Morocco	Pakistan	Romania					
Poverty	Senegal	Sierra Leone	Tanzania					
Substance use	Sierra Leone	Tanzania						

An emerging factor impacting on younger people's lives is loneliness and social isolation. The spread of loneliness in adolescents and young people has been described as a global phenomenon which has seen little improvement over recent years. Loneliness is associated with a range of detrimental health outcomes, including suicide and self-harm, as well as substance and alcohol use and risky behaviours.[26]

Megatrends are now being acknowledged as correlated with the rising levels of psychological distress of younger people: intergenerational inequality, unregulated social media, wage theft, insecurity of employment, climate change, and other economic, social, cultural and political shifts of such magnitude as to drive unprecedented and extraordinary pressures and challenges on younger people.[27] Mental health strategies for younger people must extent to policy and programs that address the megatrends and engage them in finding solutions and ways forward.

Recommended Action

Recognise Young People's Right to Access Mental Health Care

Enjoyment of the highest attainable standard of physical and mental health, is a fundamental human right.[28] Young people are not achieving this at present. Global prioritisation of youth

[26] Smith, L., Lopez Sanchez, G., Pizzol, D. et al. 2024. Global time trends of perceived loneliness among adolescents from 28 countries in Africa, Asia and the Americans. Journal of Affective Disorders. Vol 346.
[27] McGorry, P., Mei, C., Naeem, D. et al. 2024. The Lancet Psychiatry Commission on Youth Mental Health.
[28] United Nations. 1996. Article 12 in the International Covenant on Economic Social and Cultural Rights.

mental health is required, in line with the commitment recorded in Action 34 from the UN Summit of the Future: *"Accelerate efforts to achieve universal health coverage to ensure that all young people enjoy the highest attainable standard of physical and mental health ..."*[29]

Younger people worldwide are facing mental health challenges, and they are raising the alarm for greater attention to their needs. Many of the decisions made and priorities set on mental health and suicide prevention have not been established with the direct input of younger people and accordingly there is not widespread appreciation of their perspectives and needs.

Suicide prevention is an extension of every person's right to health, including mental health, as articulated in the United Nations (UN) International Covenant on Economic, Social and Cultural Rights.[30] Suicide prevention is a responsibility of all nation states as mentioned in the UN Human Rights Committee General Comment No.36 (2019).

These rights need to be recognised and addressed for younger people. Younger people need services and supports for their mental health and for suicide prevention and these need to be suited to their preference for engagement and help seeking and attuned to the aspects of mental health that are age-specific.

The Global Framework for Youth Mental Health report notes that the characteristics of youth mental health services may need to be different to those that work for older adults. integrated care, base in primary care, youth-centred philosophy, accessibility (no or low barriers to entry), youth friendly facilities and community embeddedness as necessary characteristics.[31] The Lancet Commission on Youth Mental Health describes the primary youth mental health care as featuring affordable, low-stigma, locally adapted, culturally suited healthcare. It views primary health care as including lay community resources such as paraprofessionals, as well as clinicians/professionals and digital services.[32] There is a place for non-clinical psychosocial support in models of care. This means the investments in youth mental health services will be oriented towards affordable, workable and appropriate service models that can be applied across the range of low, medium and high resource settings.

Reduce Barriers for Younger People Seeking Help

The Global Youth Mental Health Partnership Project reported in 2020 on young people's recommendations for better understanding of the community, social and cultural contexts in which their mental health challenges exist, and for education and stigma reduction on mental health to be more widely spread.[33] Recently, the Commonwealth Youth Forum called on

[29] Summit of the Future Outcome Documents: Pact for the Future, Global Digital Compact, and Declaration on Future Generations. September 2024. United Nations.
[30] United Nations, *International Covernant on Economic Social and Cultural Rights*. 1966.
[31] A Global Framework for Youth Mental Health: Investing in Future Mental Health Capital for Individuals, Communities and Economies. 2020. World Economic Forum and Orygen.
[32] McGorry, P., Mei, C., Naeem, D. et al. 2024. The Lancet Psychiatry Commission on Youth Mental Health.
[33] Orygen. Global Consultations with Young People. Summary Report. 2020.

governments to focus on youth in their public health policies and budgets, and to provide free, accessible and appropriate mental health services.[34]

Legal and policy barriers that impact on younger people seeking help must be addressed. In particular, the removal of laws that criminalize suicide and penalties to deter suicidal behaviour is necessary to create an environment that is conducive to people seeking help. Similarly, legal and policy mechanisms that prevent discrimination against those who experience mental health or suicide related issues in their lives should be established to create an environment that supports access to care.

The importance of services being safe and responsive to those who are neurodiverse, gender diverse and who have differing sexual orientations has been highlighted by advocates on human rights and anti-discrimination grounds. These are key factors to consider in youth mental health and suicide prevention, given the much higher suicide rates amongst younger people from differing backgrounds.

Stigma at a social and family or community level is also a powerful barrier to individuals disclosing their rising distress levels, emerging symptoms of mental ill health, or problematic use of substances and alcohol. The Lancet Commission on ending stigma and discrimination in mental health noted that many people report the stigma is worse than the mental health condition itself, such is the impact of marginalisation, social exclusion, and fear of discrimination.[35] Younger people are sensitive to these influences, and at times less well equipped psychologically, socially, economically and politically to identify their needs and seek help in times of crisis.[36]

Education and awareness raising about mental health and the factors surrounding suicidal thoughts and behaviours is an important strategy with younger people, especially considering the onset of mental health conditions often occurs during younger ages. This means education is necessary in schools, with parents and families, in cultural groups and amongst faith communities. Younger people will be enabled to address their mental health and wellbeing if they perceive that those around them will be open and encouraging towards them. This requires changes in outlooks and attitudes amongst family and community members who interact with young people. Education will be effective in fostering this change if it draws on people's lived experiences and confronts myths and misunderstandings about mental health.

Ensure Digital Safety – Digital Citizenship Rights

The internet, mobile digital technologies, social media, online environments, are all a feature of younger people's lives and will continue to be. The digital revolution has impacted on all

[34] Commonwealth Youth Forum: Declaration by Young People of the Commonwealth. 2024. Page 14.

[35] Thornicroft, G., Sunkel, C., Alikhon Aliev, A. et al. 2022. The Lancet Commission On Ending Stigma and Discrimination in Mental Health. DOI 10.1016/S0140-6736(22)01470-2

[36] McGorry, P., Mei, C., Naeem, D. et al. 2024. The Lancet Psychiatry Commission on Youth Mental Health.

generations, but especially those who have experienced the technologies since their earliest years, i.e. younger people. The challenge is how to equip people to manage and benefit, as well as avoid harm, from these technologies.

There is the potential for unsafe online interactions, stigma-laden and discriminatory communications, abuse and exploitation to occur in the digital environment, generating negative impacts on people's mental health and suicidal ideation. The greater attention being given to the importance of digital safety is timely and necessary, noting the recent UN Summit of the Future, recording action 31: *"Create a safe and secure online space for all users that ensures their mental health and well-being by defining and adopting common standards, guidelines and industry actions that are in compliance with international law, promote safe civic spaces and address content on digital platforms that causes harm to individuals..."*[37] Youth mental health and suicide prevention will be enhanced through measures that improve the safety and security of the digital world.

At the same time, the promotion of support services and communication of accurate information on mental health and suicide prevention in the digital and online environment has the potential to reach and support many people, especially younger people: *"Approaches to improving help-seeking by young people should consider the role of the internet and online resources as an adjunct to offline help-seeking."*[38]

This has been reinforced recently through the Lancet Commission on Youth Mental Health. Digital services are seen as crucial in the redesign of healthcare systems for younger people's mental health, recognising the opportunities that technology enabled services bring to overcome access, affordability, personalisation and consistency in service provision: "The role of digital and mobile technology and smartphones is therefore crucial in the redesign of mental health services."[39] Technology such as the mobile telephone, text and online chat, offers immediate, private and convenient platforms for contact and communication: service attributes that ideally suit the needs of younger people.

For suicide prevention, the potential of technology enabled outreach and interventions has been recognised for some time, with a comprehensive systematic review and meta-analysis of youth suicide prevention measures identifying the use technology enabled interactions with young people as a key strategy.[40]

[37] Summit of the Future Outcome Documents: Pact for the Future, Global Digital Compact and Declaration on Future Generations. September 2024. United Nations.
[38] Pretorius, C., Chambers, D., Coyle, D. 2019. Young People's Online Help Seeking and Mental Health Difficulties: Systematic Narrative Review. Journal of Medical Internet Research. Vol 21. Issue 11.
[39] McGorry, P., Mei, C., Naeem, D. et al. 2024. The Lancet Psychiatry Commission on Youth Mental Health.
[40] Robinson, J., Bailey, E., Witt, E., et al. 2018. What Works in Youth Suicide Prevention? A Systematic Review and Meta Analysis. EClinical Medicine. 4-5.

Promote and Provide Digital Crisis Support Services

Digital crisis support services have a specific and impactful role to play. They can prevent youth suicide and they can build young people's capabilities to cope with stressful times in their lives. Many studies have found phone and text-based crisis lines are effective in reaching highly distressed young people and in reducing their suicidality.[41][42] Some have found these services are used by individuals from culturally diverse and minority populations who are not seeking help from elsewhere.[43]

These services can prevent youth suicide. An early Australian study of a national youth hotline revealed decreased suicidal ideation and urgency at the end of calls.[44] More recently, text based crisis services were found to be effective in reaching highly distressed young people, particularly females, including individuals from culturally diverse and minority populations who do not necessarily seek help elsewhere.[45] One study of a crisis text service found 90% of contacts reported the conversation as helpful and almost half stated that they were less suicidal at the end of the text interaction.[46]

These services should be regarded as essential components of youth mental health and suicide prevention. The challenge is to find ways to promote the use of digital crisis support services in every country so that young people see these services are relevant, safe and helpful. Efforts to reduce the stigma surrounding disclosures of despair or difficulties coping with life must accompany the promotion of the services.

Refinements and improvements to the existing digital crisis support services can be made, with the guidance and involvement of young people. Most of the services are western country in origin and may not suit the preferences of young people in low- and middle-income countries. The cultural and social settings in each country and community will need to be addressed.

Younger people must be involved in finding the messages and the means through which to encourage their peers to reach out for help and to use the digital crisis support services. The civil society organisations that operate these services are well placed to encourage younger people's participation in their promotion and development, and to engage with younger people in shared goals on mental health and suicide prevention.

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[41] King, R., Nurcombe, B., Bickman, L. et al. 2003. Telephone Counselling for Adolescent Suicide Prevention: Changes in Suicidality and Mental State from Beginning to End of a Counselling Session. Suicide and Life-Threatening Behavior. Vol 33. Issue 4.
[42] Williams, K., Fildes, D., Kobel, C. et al. 2018. Evaluation of outcomes for help seekers accessing a pilot SMS-based crisis intervention service in Australia. Crisis. Vol 42. Issue 1.
[43] Gould, M.S., Pisani, A., Gallo, C. et al. 2022. Crisis text-line interventions: evaluation of texter's perceptions of effectiveness. Suicide and Life Threatening Behaviour. Vol 52. Issue 3.
[44] King, R., Nurcombe, B., Bickman, L. et al. 2003. Telephone Counselling for Adolescent Suicide Prevention. Suicide and Life Threatening Behavior. Vol 33. Issue 4.
[45] Pisani, A.R., Gould, M.S., Gallo, C. et al. 2022. Individuals who text crisis text line: key characteristics and opportunities for suicide preventin. Suicide and Life Threatening Behavior. Vol. 52. Issue 3.
[46] Gould, M.S., Pisani, A., Gallo, C. et al. 2022. Crisis text line interventions: evaluation of texter's perceptions of effectiveness. Suicide and Life Threatening Behavior. Vol 52. Issue. 3.