My son Craig died in his sleep next to his wife at age 47 years. I had to bury him, which was very painful—but at least he didn’t commit suicide. I say this because Craig was diagnosed as having bipolar disorder, and like many people with the disorder, he was noncompliant with his prescribed medications; therefore, he mood cycled, which led to suicidal depression. He was near death many times from several suicide attempts at different times during his life before dying of a cardiac arrhythmia—probably a result of him taking too many chances with his health.

This issue of *Psychiatric Annals*, guest edited by Dr. Jonathan B. Singer, a Licensed Clinical Social Worker and an Associate Professor of Social Work at Loyola University Chicago, focuses on youth suicide, the second leading cause of death in people age 15 to 25 years. The articles highlight topics such as suicide in K-12 and college-age students as well as topics on pre-suicidal states and how to properly interview a young person to determine if he or she is at an immediate risk of suicide.

This issue is useful for all mental health clinicians and professionals. Although suicide is not predictable, we as psychiatric health care providers should be knowledgeable about suicide in general and its relation to youth specifically to help in preventing this all too common and painful event.

*Youth Suicide: A Most Painful Event*

Jan Fawcett, MD

Jan Fawcett, MD, is a Professor, Department of Psychiatry, University of New Mexico School of Medicine. He was chairperson of the DSM-5 Mood Disorders Task Force.

Address correspondence to Jan Fawcett, MD, via email: psyann@Healio.com.

doi: 10.3928/00485713-20170705-01