



REFLECTIONS ON YOUTH SUICIDE

Adolescence is a time of dramatic change. The journey from child to adult can be complex and challenging. Young people often feel tremendous pressure to succeed at school, at home and in social groups. At the same time, they may lack the life experience that lets them know that difficult situations will not last forever. Mental health problems commonly associated with adults, such as depression, also affect young people. Any one of these factors, or a combination, may become such a source of pain that they seek relief in suicide. Suicide is the second leading cause of death among young people after motor vehicle accidents. Yet people are often reluctant to discuss it. This is partly due to the stigma, guilt or shame that surrounds suicide. People are often uncomfortable discussing it. Unfortunately, this tradition of silence perpetuates harmful myths and attitudes. It can also prevent people from talking openly about the pain they feel or the help they need.

Communication is the first essential step in assisting youths at risk of suicide. Learning the facts about suicide can help build a parent's confidence in discussing a difficult subject.

SOME MYTHS ABOUT SUICIDE

Myth: Young people rarely think about suicide.

Reality: Teens and suicide are more closely linked than adults might expect. In a survey of 15,000 grade 7 to 12 students in British Columbia, 34% knew of someone who had attempted or died by suicide; 16% had seriously considered suicide; 14% had made a suicide plan; 7% had made an attempt and 2% had required medical attention due to an attempt.

Myth: Talking about suicide will give a young person the idea, or permission, to consider suicide as a solution to their problems.

Reality: Talking calmly about suicide, without showing fear or making judgments, can bring relief to someone who is feeling terribly isolated. A willingness to listen shows sincere concern; encouraging someone to speak about their suicidal feelings can reduce the risk of an attempt.

Myth: Suicide is sudden and unpredictable.

Reality: Suicide is most often a process, not an event. Eight out of ten people who die by suicide gave some, or even many, indications of their intentions.

Myth: Suicidal youth are only seeking attention or trying to manipulate others.

Reality: Efforts to manipulate or grab attention are always a cause for concern. It is difficult to determine if a youth is at risk of suicide. All suicide threats must be taken seriously.

Myth: Suicidal people are determined to die.

Reality: Suicidal youth are in pain. They don't necessarily want to die; they want their pain to end. If their ability to cope is stretched to the limit, or if problems occur together with a mental illness, it can seem that death is the only way to make the pain stop.

Myth: A suicidal person will always be at risk.

Reality: Most people feel suicidal at some time in their lives. The overwhelming desire to escape

from pain can be relieved when the problem or pressure is relieved. Learning effective coping techniques to deal with stressful situations can help.

WHO IS AT RISK

In Canada, suicide is the second highest cause of death for youth aged 10-24. Each year, on average, 294 youths die from suicide. Many more attempt suicide. Aboriginal teens and gay and lesbian teens may be at particularly high risk, depending on the community they live in and their own self esteem.

Suicide is a complex process. The cause can seldom be attributed to one single factor, such as the death by suicide of a rock star or family break-up. It may be a routine event or an overwhelming one that overloads a vulnerable youth's coping mechanisms. As well, new research suggests that there may be a genetic link to suicide. A family history of suicidal behaviour should be taken into account, if for no other reason than the young person may have been affected by this behaviour in the past.

Suicidal youth rarely make a direct plea for help. But most will exhibit warning signs. Here are some of these signs:

- Sudden change in behaviour (positive or negative)
- Apathy, withdrawal, change in eating patterns
- Unusual preoccupation with death or dying
- Giving away valued personal possessions
- Signs of depression; moodiness, hopelessness
- One or more previous suicide attempts
- Recent attempt or death by suicide by a friend or a family member

TALKING ABOUT SUICIDE

Warning signs are an invitation to communicate. A direct, straightforward response is most effective. Ask your child if he or she is contemplating suicide; no matter what you hear, try not to be judgmental, shocked or angry. Do not communicate your personal attitudes about suicide; instead, offer support and reassurance that suicidal feelings do not last forever. Seek the assistance of a trained professional as soon as possible.

Your child's school may have protocols to follow in the case of a suicide attempt or death by suicide. It is important that the suicide is not romanticised or glamourised. Instead, teachers are encouraged to discuss with students the characteristics and events that can lead to suicide, and to explore with them all the other options that exist. But school should not be the only source of help. For parents, an attempted suicide or death by suicide in their child's circle of friends presents an opportunity to explore their child's stress levels and methods of coping. Dramatic statements emphasising the parent's horror and fear "of suicide are best avoided. It is more effective to express a willingness to talk and to be supportive, no matter what may be happening in the child's life.

WHERE TO GO FOR MORE INFORMATION

Check with your local library for books that can help you understand suicide. Helpful resources on the Internet include:

THE CANADIAN HEALTH NETWORK:

www.canadian-health-network.ca

The Canadian Mental Health Association:

www.cmha.ca

Suicide Information and Education Centre:

www.siec.ca/crisis.html

Your local branch of the **Canadian Mental Health Association** can provide you with information on emergency response, suicide prevention and other professional services in your community.

THE CANADIAN MENTAL HEALTH ASSOCIATION

is a national voluntary association that exists to promote the mental health of all people. **CMHA** believes that information about mental health issues and services should be available to everyone so that they can get help when they need it.

This pamphlet provides general information and is not intended as a substitute for professional advice.



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