

SUICIDE

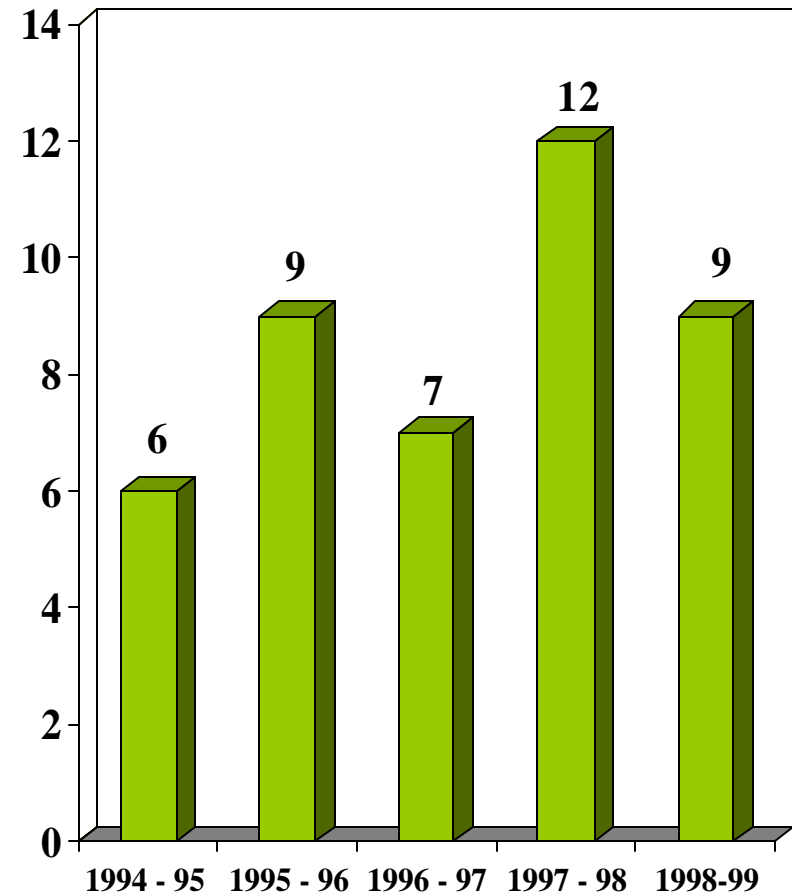


MEANING:

Stop the Pain

Statistics

- ❑ Suicide is the second leading cause of death among 15-to-25-year-olds.
- ❑ Each year in Canada, 700 young persons (aged 15 to 24) kill themselves.
- ❑ Suicide among young people has tripled over the last 20 years.
- ❑ According to SIEC (Suicide Information and Education Collection), 70% of young persons have considered suicide.
- ❑ More than 10% of high school students have tried to commit suicide at least once.
- ❑ 25% of students will formulate a suicide plan before they finish high school.
- ❑ Use of drugs or alcohol, or both, is a factor in 85% of suicides.
- ❑ 15% of persons who commit suicide leave no note.
- ❑ 8 of 10 persons who commit suicide give signs beforehand.
- ❑ 4 of every 5 persons who commit suicide try more than once before succeeding.



Some Numbers.....

- ❑ Suicide is the second leading cause of death for youth aged 15 to 19.
- ❑ As many as two-thirds of high school students will consider suicide.
- ❑ 25% of students will make a suicide plan before graduation.

HELP SEEKING BEHAVIOR IN YOUTH

HOW MANY YOUTH SEEK HELP FOR THEIR PROBLEMS?

A Survey of 800 Canadian Youth, aged
13 – 18 found:

- 58% believed they could handle their problems by themselves
- 40% were uncomfortable discussing problems with others
 - 10% believed they had no one to go to for help

SIGNS TO WATCH OUT FOR

- ❑ No interest in doing anything.
- ❑ Giving away possessions.
- ❑ Isolation (friends, family, school).
- ❑ Extreme changes in behavior.
- ❑ Impulsiveness.
- ❑ Destructive behavior.
- ❑ Drug and/or alcohol abuse.
- ❑ Self-injury.
- ❑ Sadness.
- ❑ Depression.
- ❑ Talking about death.
- ❑ Putting self down.
- ❑ Difficulty concentrating.



RISK FACTORS

- ❑ Sexual identity.
- ❑ Stress.
- ❑ Low self-esteem/self-confidence.
- ❑ Lack of support.
- ❑ Family problems.
- ❑ Pressure in general. (Peer pressure / not fitting in).
- ❑ Drug and/or alcohol abuse.
- ❑ Physical, sexual or emotional abuse.

Help is needed when:

1. The student has only been having suicidal flashes for a short time.
2. There are little or no signs of crisis.
3. He makes few or no threats to commit suicide.
4. He is relatively calm.
5. He seems to want to wait before going ahead with the attempt.
6. He seems to accept your health.
7. He seems able to maintain control of his emotions, even if he is disturbed emotionally.
8. He is not unusually euphoric (be careful of spontaneous remissions).
9. In general, he does not appear to be abnormally disturbed on an emotional level.
10. **He has not yet planned the when, the where, and the how.**

Please note : "He" refers to "He/She" in this document.

How to evaluate the risk of suicide



HELP

1. Explore the Problem with the Student

Identify the events which triggered thoughts of suicide (e.g. failures at school, rejection by peers, etc.) and any recent losses (e.g. breaking-up with a boyfriend/girlfriend, death of a parent, parents' divorce or separation, etc.). Be clear and specific. Concentrate on the problems the student is going through now rather than dwelling on the student's past.

WHAT TO DO



Help

2. Concentrate on One Aspect of the Problem

Explain to the student which problem you see as being the most urgent and the area you think both of you should concentrate on. This allows you to deal with problems one at a time, to structure the rest of the intervention, and to actively work toward resolving the painful situation. Then, ask the student how he sees the situation and which problem or difficulty he considers most urgent or would like to work on first. If the student is shaken up and does not feel up to making decisions, you will have to take the initiative. To the extent possible, deciding which problem or difficulty to put they emphasis on should be done collaboratively. Discussing things with the student gives him strength and hope.

WHAT TO DO



help

3. Identify the Alternatives

Given the impulsiveness of adolescents, they can often carry out a suicidal intent more abruptly than adults. It is, therefore, necessary to get the student to identify alternatives right away. Reach an agreement concerning actions related to specific goals to be attained and tasks to concentrate on. The objective of these tasks is to resolve the problem and to return the student to a normal functioning as quickly as possible. These efforts should at least put an end to the person's confusion and disorganization. Identify the student's own resources and the coping mechanism he has already used when faced with a problem. Focus on those strategies which yielded positive results. Make a list of all the possibilities, identifying those strategies which are the most acceptable to the student and most suited to the situation.

4. Reassess the Risk of Suicide at the End of the Meeting

Reassessing the risk of suicide at the end of the meeting will let you verify whether or not the student really sees and believes in the alternatives to suicide. Plan at least one other meeting with the student to reevaluate the situation.

Referral for help is needed when:

1. The student has been thinking of suicide for some time now.
2. Not all the elements of the suicide attempt are planned out.
3. He does not question his intervention of committing suicide.
4. His emotional and mental balance appear very fragile.
5. He can go from a calm state to one of crisis very quickly.
6. He seems to deny needing help.
7. He seems to lose control of his emotions at times.
8. You feel that he is calming down but that he could still go through with the attempt.
9. He can accept the idea of waiting, but on the condition that he is seen very quickly.
- 10. In general, the suicide attempt is simply postponed.**

What to do



help

1. Defuse the Crisis

A moderate risk of suicide means that the student is already in or entering a state of crisis. The main goal of your intervention is to defuse the crisis situation by allowing the student the opportunity to share his despair. Often, the student feels like he is drowning in a sea of problems. The important thing is to define, as clearly as possible, what is wrong at this point in time. Therefore, you should not attempt to redress in 15 minutes what seems to the student to be an unbearable life. Rather, your goal should be to establish some form of order in the suffering felt here and now, although this may mean dealing with other problems once the initial crisis is subdued. The easiest thing to do is to ask the student: *"What is causing you so much pain that you want to die?"*

2. Explore the Problem with the Student

Identify the events that triggered thoughts of suicide (failures at school, rejection by peers, etc.) and any recent losses (e.g. breaking-up with a boyfriend / girlfriend, death of a parent, parents' divorce or separation, etc.) Be clear and specific. Concentrate on the problems the student is going through now rather than dwelling on the student's past.

What to do



help

3. Concentrate on One Aspect of the Problem

Explain to the student which problem you see as being most urgent and the area you think both of you should concentrate on. This allows you to deal with problems one at a time, to structure the rest of the intervention, and to actively work toward resolving the painful situation. We advise that you start with the least arduous task so as to convey hope and to diffuse the tension as quickly as possible. Then, ask the student how he sees the situation and which problem or difficulty he considers to be the most urgent or would like to work on first. If the student is shaken up, and does not feel up to making decisions, you will have to take the initiative. To the extent possible, deciding which problem or difficulty to put the emphasis on should be done collaboratively. Discussing things with the student gives him strength and hope.

What to do



help

4. Identify the Alternatives

Given the impulsiveness of adolescents, they can often carry out a suicidal intent more abruptly than adults. It is, therefore, necessary to get the student to identify alternatives right away. Reach an agreement concerning actions related to specific goals to be attained and tasks to concentrate on. The objective of these tasks is to resolve the problem and to return the student to a normal functioning as quickly as possible. These efforts should at least put an end to the person's confusion and disorganization. Identify the student's own resources and the coping mechanisms he has already used when faced with a problem. Focus on those strategies which yielded positive results. Make a list of all the possibilities, identifying those strategies which are most acceptable to the student and most suited to the situation

What to do



help

5. Reassess the Risk of Suicide at the End of the Meeting

Reassessing the risk of suicide at the end of the meeting will let you verify whether or not the student really sees and believes in the alternatives to suicide.

6. Plan to Meet with the Student Again Within the Next Five Days

Insist on seeing the student again within the next five days. At this stage, follow-up is required.

What to do



help

7. Explore the Relevance of Communicating with the Parents

A student at moderate risk of suicide is emotionally and mentally fragile. Thus, this state of affairs should be of primary concern to the student's parents. With the student, explore the possibility of communicating with his parents if the suicidal intent persists or remains a cause for worry. With the student's permission, you can let the parents know that their child seems preoccupied and that he likely needs special support. If the parents seem unwilling or unable to offer the necessary support to their child, and if these is no risk of the crisis compromising his safety during the next few days, at least be sure that the student is with reliable people as often as possible until your next meeting.

THE RISK concern increase when:

1. The student has decided to commit suicide. His suicide plans are clear, the method has been chosen, preparations have been made, and the means are available.
2. The crisis is very pronounced: there is either a flurry of emotions or a complete lack of emotion.
3. He explains his intention to commit suicide rationally.
4. He is making an attempt (e.g.: he has already taken medication).
5. He is either very agitated or he is completely immobilized by depression (difficulty talking).
6. He is afraid of carrying out his suicidal intent. He is afraid of what he might do.
7. He may not want help.
8. He says he can't stand it anymore, that he can't bear it any longer.
9. He seems completely overwhelmed by what is happening to him or, on the contrary, he explains his decision coolly.
10. **A suicide attempt is imminent (within the next 48 hours).**

What to do



help

1. Defuse the Crisis

Remember that when the level of risk for suicide is high, this means that the suicidal intent might be carried out within the next 48 hours. The main goal of your intervention is to defuse the crisis situation by allowing the student the opportunity to share his despair. Often, the student feels like he is drowning in a sea of problems. The important thing is to define, as clearly as possible, what is wrong at this point in time. Therefore, you should not attempt to redress in 15 minutes what seems to the student to be an unbearable life. Rather, your goal should be to establish some form of order in the suffering felt here and now, although this may mean dealing with other problems once the initial crisis is subdued. The easiest thing to do is to ask the student: "What is causing so much pain that you want to die?"

What to do



help

2. Explore the Problem with the Student

Identify the events that triggered thoughts of suicide (failures at school, rejection by peers, etc.) and any recent losses (e.g. breaking-up with a boyfriend/girlfriend, death of a parent, parents' divorce or separation, etc.). Be clear and specific. Concentrate on the problems the student is going through now rather than dwelling on the student's past.

3. Concentrate on One Aspect of the Problem

Explain to the student which problem you see as being most urgent and the area you think both of you should concentrate on. This allows you to deal with problems one at a time, to structure the rest of the intervention, and to actively work toward resolving the painful situation. We advise that you start with the least arduous task so as to convey hope and to diffuse the tension as quickly as possible. Then, ask the student how he sees the situation and which problem or difficulty he considers to be the most urgent or would like to work on first. If the student is shaken up, and does not feel up to making decisions, you will have to take the initiative. To the extent possible, deciding which problem or difficulty to put the emphasis on should be done collaboratively. Discussing things with the student gives him strength and hope.

What to do



Help

4. Identify the Alternatives

Given the impulsiveness of adolescents, they can often carry out a suicidal intent more abruptly than adults. It is, therefore, necessary to get the student to identify alternatives right away. Reach an agreement concerning actions related to specific goals to be attained and tasks to concentrate on. The objective of these tasks is to resolve the problem and to return the student to a normal functioning as quickly as possible. These efforts should at least put an end to the person's confusion and disorganization. Identify the student's own resources and the coping mechanisms he has already used when faced with a problem. Focus on those strategies which yielded positive results. Make a list of all the possibilities, identifying those strategies which are most acceptable to the student and most suited to the situation.

OTHER KEY FACTORS:

- ❑ **EASY ACCESS TO FIREARMS OR OTHER LETHAL MEANS**
- ❑ **IMPULSIVENESS AND TAKING UNNECESSARY RISKS**
- ❑ **LACK OF CONNECTION TO FAMILY AND FRIENDS**
- ❑ **ANY SUDDEN AND PERSISTENT CHANGE IN PERSONALITY AND BEHAVIOR**

HELPING YOUTH AT RISK

If you recognize these warning signs in a young person, it is important to find out if they are thinking about or planning a suicide. The only way to do this is ask. If you suspect a youth is at risk of suicide, you can assist their safety. Show them you care and get help.

SHOW YOU CARE

1. BE OBSERVANT

Know the warning signs. Pay attention to your suspicions. Trust your judgement.

2. REACH OUT TO THE PERSON

Tell him what you have noticed. Gain his trust.
Be persistent!!!

3. SHOW RESPECT

Listen. Be empathetic – not condemning. Be genuine.
Take him/her seriously.

SHOW YOU CARE (continued)

4. CHECK IT OUT

Ask others if they have noticed anything. Look for less noticeable signs.

5. ASK ABOUT SUICIDE DIRECTLY

**"Have you thought about suicide?" If the answer is,
"Yes".....**

WHAT TO DO

- ✓ **Don't panic.**
- ✓ **Don't ignore the person.**
- ✓ **Don't appear surprised or embarrassed.**
- ✓ **Don't discuss the morality of suicide.**
- ✓ **Don't tell the person to be grateful for what he has.**
- ✓ **Don't say that everything is going to be fine.**
- ✓ **Don't dare the person to go ahead and do it.**
- ✓ **Ask the person directly whether he is considering suicide.**
- ✓ **Go see other persons in case of doubt. Share with others.**
- ✓ **Offer support.**
- ✓ **Ask for help.**
- ✓ **Be honest and respectful.**
- ✓ **Don't take the whole responsibility on your shoulders.**
- ✓ **Talking about suicide will not encourage the person to commit suicide, but instead will give him a chance to open up and talk about it.**

WHERE TO GO FOR HELP

- ✓ **CHIMO 1-800-667-5005 OR 450-4957**
- ✓ **MENTAL HEALTH**
- ✓ **CANADIAN MENTAL HEALTH ASSOCIATION
455-5231**
- ✓ **HOSPITAL EMERGENCY DEPARTMENT**
- ✓ **911**
- ✓ **FAMILY PHYSICIAN**
- ✓ **CLERGY**
- ✓ **FAMILY, FRIENDS**
- ✓ **TEACHERS**
- ✓ **SOCIAL WORKER**
- ✓ **PSYCHOLOGIST**
- ✓ **NURSE**

WEB SITES

- ✓ <http://www.casp@suicideprevention.ca>
- ✓ <http://www.virtuelle.ca/robot>
(youth promotion)
- ✓ <http://www.youthnet.on.ca>
- ✓ <http://www.mheccu.ubc.ca>
(University of British Columbia)
- ✓ <http://www.siec.ca>
(Alberta research centre)
- ✓ <http://www.vcn.bc.ca/shra>
(Self-Help Resource Association)
- ✓ <http://www.suicideinformation.ca>

Best practices strategies for First Nations

- ❑ Cultural enhancement
- ❑ Traditional healing practices
- ❑ Interagency communication and coordination
- ❑ Youth leadership
- ❑ Community gatekeeper training on suicide intervention
- ❑ Self esteem building
- ❑ Life skills training
- ❑ Family support
- ❑ Means restriction
- ❑ Suicide awareness education
- ❑ Support group for youth
- ❑ School policy

Source: promising strategies-aboriginal youth

National aboriginal youth suicide prevention strategy