Youth at Risk

INFORMATION FOR PROFESSIONALS

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Talking with a youth about suicide

If someone you know is thinking of suicide, talk to them about it. Refer to these guidelines for suggestions on what to say. Guidelines for talking with someone who is suicidal

Ask:

- Are you thinking of killing yourself?
- Do you have a plan?
- Do you have the means to do it?

You will not make a person suicidal by asking these questions. Most likely, they will feel relieved you asked. Suicidal people are in pain and they want their pain to end but do not necessarily want to die.

Listen to what the person tells you. Remain calm and do not judge. Do not tell the person they should not feel the way they say they feel. Reassure the person they can get help for their problems and they are not "bad" or "stupid" because they are thinking about suicide.

Emphasize there are other ways to solve problems. Show the person how to break down their problems into more manageable pieces so they can deal with one problem at a time.

If the person implies they are thinking of suicide because of something you have done, they may be hoping to change your behaviour. Do not promise to do anything you cannot do or don't want to do. You are not responsible for their actions. The person may be feeling desperate and, to them, this might be the only way they can express their unhappiness.

Do not agree to keep the person's suicidal thoughts a secret. Helping someone who is suicidal can be very stressful. Get help. Talk to family and friends and have them share the responsibility of care.

Suggest the person see a doctor to discuss how they are feeling. It may help them to write down the answers to the above questions to show their doctor (thinking about suicide, making a plan and having the means). A doctor can also help the person access further care, if required.

Suggest the person see a counsellor. If they will not go for professional counselling, suggest they talk to a clergy member, a school counsellor or a teacher. Be persistent, although there may be a point when you need to accept they are unwilling to get help. If they are going to succeed, they must be personally committed to making changes

A Suicide Helpcard is available for quick reference. Contact us if you wish to request resources on suicide prevention or suicide bereavement or browse our resources online.

Warning Signs and Risk Factors

Most suicidal youth give signs of their distress, although not all show warning signs. Some youth are at a higher risk of suicide because of certain factors in their lives.

Warning signs

Most suicidal youth show signs of their distress, although some do not. Youth who exhibit changes such as these may be at risk for harming themselves:

- Talking about suicide or a plan for suicide.
- Saying things like, "I'm going to kill myself," "I wish I were dead," "I shouldn't have been born," "I won't be a problem for you much longer," "Nothing matters," or "It's no use."
- Making statements about hopelessness, helplessness or worthlessness.
- Complaining of being a bad person or feeling "rotten inside," refusing help or feeling beyond help. Not tolerating praise or rewards.
- Giving away favourite possessions or making a will.
- Being preoccupied with death.
- Showing a loss of interest in pleasurable activities or things they once cared about. Always feeling bored.
- Showing marked personality changes and serious mood changes. Withdrawing from friends and family.
- Having trouble concentrating or difficulties with school work.
- Complaining frequently about physical symptoms often related to emotions, such as stomach aches, headaches or fatigue. Changes in eating and sleeping habits.
- Showing impulsive behaviours, such as violent actions, rebellious behaviour or running away.
- Becoming suddenly cheerful after a period of depression (may mean the youth has already made the decision to escape their problems through suicide).

All suicidal thoughts or threats must be taken seriously, as should any behaviour that is out of character for an adolescent. Trust your instincts. If you are concerned about someone, tell others about it. Get help from family, friends, clergy, teachers, counsellors, doctors, crisis lines, mental health services or hospital emergency departments.

Risk factors

Youth are more likely to consider suicide if they have some of these factors:

- Previous suicide attempt or gesture.
- Family History of suicidal behaviour.
- Feelings of hopelessness or isolation.
- Psychiatric disorders or mental illness.
- Substance use or abuse.
- Life stressors, such as interpersonal losses and legal or disciplinary problems.
- Physical abuse.
- Sexual abuse.
- Sexual orientation (gay, lesbian and trans-gendered).
- Juvenile delinquency.
- School or work problems.

- Contagion or imitation (the suicide of a friend or exposure to media reports of suicide).
- Chronic physical illness.
- Living in isolation.
- Access to more lethal means, such as firearms and medication.
- Impulsive behaviours.
- Homelessness.
- Some youth in minority or marginalized groups have an increased risk of suicide.

Protective Factors

Certain factors are thought to protect youth and reduce their risk of suicide.

Age of change

The behaviour of children begins to change when they reach the pre-adolescent and adolescent stages. They may become more impulsive, or moody and even belligerent. This is a natural part of growing up. Developmentally, adolescents begin to pull away from parents in a search for their own identity and many struggle through a dependence-independence crisis. Physically, adolescents may grow 15 percent in both height and weight and appear to look more like adults than children. However, while their bodies are maturing, the same cannot be said of the adolescent brain. Research in neuroscience indicates that adolescence is a chaotic time for the brain. Different regions are developing on different time tables and a number of neurotransmitter levels are increasing and declining. Additionally, the release of sex hormones is changing the architecture of the brain. The teenage brain is less able to control emotions and its ability to make good judgments and control impulses is compromised. All these factors may put a youth at higher risk of suicide.

Protective factors

Fortunately, most teenagers emerge from this tumultuous time with few or no permanent scars or thoughts of suicide. Research has shown that certain factors help protect and strengthen youth during this developmental stage.

External factors

- Family cohesion, e.g., involvement through shared interests and emotional support.
- Good relationships with other youth and adults.
- Academic achievement.
- Stable environment.
- Social integration and opportunities to participate in activities.
- Responsibilities for other people or pets.
- Adequate care for substance use, physical and mental disorders.
- Lack of access to means for suicidal behaviour.
- Connection to a religious community.

Internal factors

- Sense of belonging.
- Sociability, i.e., ability to be a friend.
- Love of learning.

- Perceived connectedness to school.
- Sense of worth and self-confidence.
- Self motivation.
- Help seeking and advice seeking behaviour.
- Service, i.e., gives of self in service to others or a cause.
- Life skills, e.g., good decision making, assertiveness, impulse control, coping skills, flexibility and perseverance.
- Sense of humour.
- Creativity, e.g., expresses through artistic endeavours.
- Spirituality - faith in something greater.

Building and enhancing protective factors in youth

1. Help the youth build connections.

Research in the field of youth development and resiliency informs us that building connections with family, school, other adults and youth, and getting involved in community activities, are some of the most important ways to develop protective factors in a youth's life.

2. Help the youth identify their external and internal strengths by asking questions like these:

In previous difficult situations, how did you cope, what did you do? Who do you talk to when experiencing stress? How do they help? Can they help you now and in the future? Who else can help? Can you use what you have learned in other situations to help you now and in the future?

3. Help the youth create a network of support.

Develop a caring and empowering relationship with the youth. Provide support, communicate positive expectations and invite participation. Demonstrate attitudes and messages of optimism, strength and overcoming difficulties.

Myths and Facts

Separating fact from fiction may help you better understand a young person at risk of suicide.

Myth: Only "crazy" people think about suicide.
"This child doesn't seem to have a mental illness. I don't need to worry about suicide."

Fact: Suicidal thoughts and behaviours occur in people of all age groups and all walks of life. Many studies have shown that suicidal thoughts, feelings and behaviours are common among young people. A person might have suicidal thoughts when they are in a crisis and cannot see other alternatives. If you are worried about somebody, trust your instincts and do not dismiss suicide as a possibility.

Myth: Talking about suicide may give a child the idea.
"I'm concerned about this person but I don't want to talk about suicide. I'm scared if they haven't thought of it before, they will now."

Fact: Asking about suicide shows that you care. You will not make a person suicidal by talking about suicide. Most likely, they will feel relieved you asked. Suicidal people are in pain and they want their pain to end but do not necessarily want to die. Talking about suicide provides an accurate picture of how the person feels so they can get the help they need.

Myth: Most suicides occur with little or no warning.
"No one saw it coming. There was nothing anyone could do."

Fact: You can learn to see the warning signs. Youth who attempt suicide often have behaviours, personality characteristics or circumstances in their lives that are associated with suicide. The key is to notice these indicators and see them as a call for help.

Myth: Suicidal feelings are permanent.
"Once a person starts thinking about suicide, the thoughts never go away."

Fact: Thoughts and feelings of suicide are a temporary response to a situation that a person sees as unbearable. A metaphor for this feeling is the "bug in a cup." A young person, like the bug, may feel trapped and unable to escape from what seems an impossible situation. However, if the cup is turned over, the bug can escape. A counsellor or another person may be able to help a suicidal youth see their situation from other perspectives and teach them different ways of coping.

Myth: Suicidal youth only want attention.
"She doesn't mean it when she says she is thinking of suicide. She's only trying to get out of doing what she needs to do."

Fact: Threatening suicide is cause for concern, no matter what the motivation. Although some people are seeking attention or trying to manipulate by threatening suicide, all threats of suicide are cause for concern and require professional follow-up. At the very least, threatening suicide is a sign that more effective coping skills are needed.

Myth: Suicidal youth want to die.
"What can I do if he really wants to kill himself? There's no hope for him now.

Fact: Suicidal people are in pain and they want their pain to end but do not necessarily want to die. They may see suicide as a way to stop pain, not stop life. More often than not, death is not the goal of suicide. Often, they do not know how to make things better, or they do not have the energy to take the steps they need to get help.

Myth: A suicidal child will seek help.
"If she really is suicidal, she would tell her parents."

Fact: Young people are more likely to go to their peers for help, rather than their parents. The concern is that peers may not let an adult know a friend is suicidal. Adults should try to keep open the lines of communication, and encourage young people to go to others for outside help when needed.

People who work with youth in Canada are governed by provincial Child Welfare Acts in conjunction with codes of conduct for specific professions.

Trends in Youth Suicide

Confidentiality Issues

Guidelines for confidentiality

It may be ethically and legally necessary to breach confidentiality when there is:

- Serious risk of suicide or harm to others.

- Knowledge of a child who needs protection (e.g. due to abuse or neglect).
- Required disclosure of confidential information by law (e.g. subpoena of a file).

Determining standards of care and liability

Become informed about your legal and professional responsibility by knowing:
Provincial laws, e.g. provincial Child Welfare Act.

Employer guidelines or professional organization protocol - Suicide protocol might include specific details related to duty of care, including confidentiality, crisis procedures, reporting and documentation.

Research the situation before you plan your course of action. The legal and confidentiality issues should not impede your ability to act. A person's safety is the first concern and generally overrides all others. If uncertain, seek legal counsel.

Professional organizations and government ministries

- Alberta Government (alberta.ca)
- Alberta Association of Registered Nurses (nurses.ab.ca)
- Alberta Children's Services (child.alberta.ca)
- Alberta College of Social Workers (acsw.ab.ca)
- Alberta Education (education.alberta.ca)
- Alberta Medical Association (albertadoctors.org)
- Alberta Teachers Association (teachers.ab.ca)
- Psychologists´ Association of Alberta (psychologistsassociation.ab.ca)
- Canadian Psychological Association (cpa.ca)
- Canadian Counselling Association (ccpa-accp.ca)
- Canadian Psychiatric Association (cpa-acp.org)
- Government of Canada, Department of Justice (canada.justice.gc.ca)

After a Suicide Attempt

Youth who attempt suicide and do not receive appropriate care are at very high risk of further suicide attempts.

Crisis Intervention

Youth who attempt suicide and do not receive appropriate follow-up are at very high risk of further suicide attempts. The first step in responding to a suicide attempt is crisis intervention. However, once the crisis has passed, the risk of suicide is not over. After-crisis care must address the issues that led the person to consider suicide in the first place. Short-term goals must be set to provide some immediate relief and long-term strategies implemented to pave the way for lasting change. Special considerations should be taken in the school setting.

Making Changes

When someone thinks about or attempts suicide, they may have feelings of helplessness and hopelessness that come from thinking their situation will not improve and no one can do anything about it. For them to let go of suicide as a solution, they need to see concrete changes as soon as possible. When helping a youth who has attempted suicide, caregivers need to work with the family unit to ensure positive, realistic and meaningful changes will happen.

Everyone involved should be clear about their roles and the time needed to make significant changes. The youth who attempted suicide must be involved in this process at all times.

Ideas for change

While changes are important, it is crucial that suicide issues and emotional needs are not ignored. A suicidal youth needs to feel cared about, understood, supported, and loved. For ideas about making changes or involving family and friends, call 211 or visit 211alberta.ca for information on community services in Alberta.

Example 1: Basic needs not met

Is the youth living in a safe environment? Do they have food, shelter? Are they safe from sexual, physical or emotional abuse?

Possible solutions: Move to a safe place, get counselling, and provide clothing and food.

Example 2: Relationship issues

Are relationships in school, with family or with peers part of the stress and turmoil the youth feels?

Possible solutions: Ensure the youth has at least one supportive adult who understands and communicates with them on their level. Seek ways to improve communication, recruit a volunteer tutor and find alternative social and recreational opportunities.

Example 3: Isolation or disconnection

Is the youth feeling isolated and alienated from family, friends or the community due to issues associated with minority status, e.g. sexual orientation, Aboriginal.

Possible solutions: Improve communications, recruit a mentor as a positive role model (e.g. LGBT, Aboriginal), find meaningful opportunities for interaction with others.

Example 4: Health issues

Have mental illness and substance abuse been ruled out as contributing factors?

Possible solutions: See a physician for a thorough check-up. Provide referrals to appropriate health care professionals. Seek understanding and alternative coping strategies to deal with issues.

Bereavement Issues for the Professional Caregiver

The suicide of a youth may have considerable impact on the caregivers involved.

Losing a youth to suicide is a difficult and stressful event. The death can personally and professionally affect the caregiver who has been involved in the young person's life. Caregivers may re-examine the relationship, asking themselves what they missed and how they might have prevented the death. Other reactions may include: disbelief, shock, feelings of failure, loss of self esteem, a sense of inadequacy, fear of professional consequences, anger and guilt.

Suggestions for coping

- Seek and accept support from trusted colleagues, friends and family.

- Allow yourself time for reflection and healing. Remember that grieving takes time.
- Take advantage of any Employee Assistance Program available to you.
- Practice self-care: getting physical activity, enough sleep and proper nutrition will help you cope with the work of grief.
- Seek legal advice if necessary.

Youth reactions to suicide

Youth may experience a range of reactions to a death by suicide, including:

guilt	denial	acting out
anger	anxiety	withdrawal
relief	fear	helplessness
blame	confusion	shock

Helping youth bereaved by suicide

It is possible that caregivers will have contact with a young person who has been bereaved by suicide. Even youth not directly connected with the deceased may still be affected. It may be their first experience with death or major loss. They may have difficulty expressing their thoughts and feelings to adults, as adolescence is also the time when they are trying to become more independent.

Potential strategies to help a bereaved youth

- Remember that young people cannot control where, when or how they will be affected by their grief.
- Answer questions honestly, providing factual information about suicide.
- Understand and allow for the level of the adolescent's development and maturity.
- Remember that you cannot take away the loss, but you can assist young people as they explore and express their grief.
- Recognize that the adolescent's assumptions about control and safety may be challenged or lost.
- Know your own feelings about suicide. If you cannot help a bereaved adolescent without judging or blaming, be prepared to make referrals to other counsellors.
- Remember that adolescents may not be asking you to fix things for them. All they may want is someone to listen to them in an accepting and nonjudgmental way.

Considerations for School Settings

The risk of a repeated attempt or attempts by other students may increase without appropriate after-care procedures in a school setting.

After-care in school settings

It is important for schools to consider after-care procedures when there has been a suicide or a suicide attempt in order to reduce a repeated attempt or attempts by other students. The focus should be on the safety and well-being of the

attempter, the family and professionals associated with the attempter, the well-being of the other students and staff in the school, and the smooth re-entry of the student into the school.

After-care in school settings includes:

- Safety, confidentiality and communication
- Ensure physical health of attempter.
- Discuss and establish confidentiality protocol.
- Pre-arrange school liaisons to deal with parents, outside agencies and media.
- Inform school liaisons about the attempt and have them inform the parents of the attempter (if necessary).
- Recommend counselling for the attempter and family and provide them with a list of community resources.
- Maintain ongoing contact with counselling agency as to treatment progress and goals (This will require signed consent for release of information).
- Maintain contact with parents regarding school work.

Student and staff care

Respect student's privacy. Share information with staff only as necessary.
If suicidal behaviour has been a "high profile" event, debrief key students (relatives, close friends, others directly involved) to provide fact-only information, diffuse anxiety, and emphasize positive reactions to stress.
Understand that the student is at high risk of another attempt.

Goals for school personnel

Document all information pertaining to the student's attempt, the school's follow-up and the parent's response.
Make every effort to facilitate the suicidal student's return to school.
Be available, demonstrate concern, maintain realistic expectations, provide perspective, and remain sensitive in response to the attempter and other students.
Avoid denial, blaming, dramatizing and glorifying the attempt.

Adapted from: White, J. (1994). After the crisis: facilitating the suicidal student's return to school. Guidance Counselling, 10 (1), p. 10-13.

Best Practices in Youth Suicide Prevention: Resource List

Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies

White J, Jodoin N., 2003

This manual describes the problem of youth suicide among Canada's Aboriginal communities, providing a model for understanding Aboriginal youth suicide. A total of 17 prevention strategies are presented and examples of existing prevention initiatives are discussed. A number of culturally relevant resources are suggested for further assistance in efforts to implement prevention programs. As well, a step-by-step action plan to mobilize prevention groups and communities is described.

Source: Calgary, AB: Centre for Suicide Prevention

Available on loan through Centre for Suicide Prevention (Alberta residents only)

Acting on What we Know: Preventing Youth Suicide in First Nations

Advisory Group on Suicide Prevention, 2003

This book describes an evidence-based suicide prevention program for Canadian Aboriginal youths. The Advisory Group on Suicide Prevention presents information about suicide rates in aboriginal communities. Recommended guidelines for suicide prevention in these communities, suggestions for integrated health care at national and regional levels, and the importance of community-driven approaches to suicide prevention programs are included.

Source: Ottawa: Advisory Group on Suicide Prevention

Available on loan through Centre for Suicide Prevention (Alberta residents only)

Report of the workshop on best practices in suicide prevention and the evaluation of suicide prevention programs in the Arctic

Henderson, A., 2003

This workshop summary includes theoretical and practical aspects of suicide prevention in Nunavut as presented by frontline suicide prevention workers, health care professionals, and researchers. Climactic, social and cultural characteristics of the Arctic region are discussed.

Source: Iqaluit, Nunavut. Best Practices in Suicide Prevention and the Evaluation of Suicide Prevention Programs in the Circumpolar Arctic (workshop manuscript).

Available on loan through Centre for Suicide Prevention (Alberta residents only)

Lifelong Mental Health Management: a Developmental Guide to Best Practices in Mental Health Promotion & Illness Prevention. Adolescence (12-19 Years)

Ogden, N., Boyes, M., & Moledina, S., 2002

This manual describes a variety of issues that people face in adolescence, such as sexual orientation and identity development. The purpose of the book is to highlight developmental achievements and specific points of cognitive and psychosocial crisis during this period. Statistics, warning signs, and risk factors for suicide are presented. A comprehensive model for suicide risk assessment by mental health professionals is provided.

Source: Calgary, AB: Calgary Health Region.

Available on loan through Centre for Suicide Prevention (Alberta residents only)

Before-the-fact interventions: a manual of best practices in youth suicide prevention

White, J. & Jodoin, N., 1998

This comprehensive manual was written as a practical tool for those interested in youth suicide prevention. It includes summary pages, checklists, and resources. The manual reviews youth suicide in British Columbia, describes a model for thinking about and organizing suicide prevention programs and services, provides information about 15 youth suicide prevention “best practices” strategies and introduces guidelines for community efforts.

Source: Vancouver, BC: Suicide Prevention Information and Resource Centre of British Columbia.

Available on loan through Centre for Suicide Prevention (Alberta residents only)

Further Information for people working with youth

There are many information resources available for educators, counsellors, health professionals and researchers in the field of youth suicide.

Centre for Suicide Prevention

The Centre for Suicide Prevention, a library and resource centre in Calgary, Alberta, Canada, has a database catalogue (searchable database, by subscription only).

Note: These links refer to other web sites out of the control of the Centre for Suicide Prevention. The Centre for Suicide Prevention provides these links as courtesy to our visitors, however takes no responsibility for, and exercises no control over, the organizations, views, or accuracy of the information contained on these web sites.

Associations

American Association of Suicidology (AAS) (suicidology.org)
American Foundation for Suicide Prevention (AFSP) (afsp.org)
Canadian Association for Suicide Prevention (suicideprevention.ca)
International Association for Suicide Prevention (IASP) (iasp.info)
Ontario Association for Suicide Prevention (OASP) (ospn.ca)

Youth suicide prevention

Depression in Teenagers (depressioninteenagers.com)
Kids Help Phone (kidshelpphone.ca)
Youth Suicide Prevention (youthsuicide.ca)

Mental health and depression

Alberta Mental Health Board (albertahealthservices.ca)
Canadian Mental Health Association (CMHA) Alberta Division (cmha.ab.ca)
Canadian Mental Health Association (CMHA) National Division (cmha.ca)

Center for Mental Health Services' Knowledge Exchange Network (store.samhsa.gov)
National Alliance for the Mentally Ill (NAMI), USA (nami.org)
National Mental Health Association (NMHA), USA (mentalhealthamerica.net)

Research

Aeschi Working Group (www.aeschiconference.unibe.ch/)
Australian Institute of Suicide Research and Prevention (www.griffith.edu.au/health/australian-institute-suicide-research-prevention)
Centre for Suicide Research Oxford, UK (cebmh.warne.ox.ac.uk/csr/)

Survivors of suicide

American Foundation for Suicide Prevention (AFSP) (afsp.org)
Canadian Association for Suicide Prevention (suicideprevention.ca)

Light For Life Foundation of America (yellowribbon.org)
Suicide Awareness\Voices of Education (SA\VE) (save.org)
Suicide Prevention Advocacy Network (SPAN) (spanusa.org)

Violence and injury prevention

Alberta Centre for Injury Control and Research (acicr.ca)

Health promotion

Canadian Health Network (phac-aspc.gc.ca)

Aboriginal and Inuit suicide

Visions (nechi.com)
Za-geh-do-win Information Clearinghouse (za-geh-do-win.com)

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Every effort has been made to reference the sources used for this website. However, some omissions may have occurred. If you feel your materials have been used and are not included in our reference list, please contact us.

