

**HEALTH EDUCATION ON
SUICIDAL PREVENTION**

SUICIDAL PREVENTION

Introduction:

Suicide is the third leading cause of death among youth between 10 and 19 years of age. However, *suicide is preventable*. Youth who are contemplating suicide frequently give warning signs of their distress. Parents, teachers, and friends are in a key position to pick up on these signs and get help. Most important is to never take these warning signs lightly or promise to keep them secret. When all adults and students in the school community are committed to making suicide prevention a priority—and are empowered to take the correct actions—we can help youth before they engage in behavior with irreversible consequences.

Incidence:

Every year, almost one million people die from suicide; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide. Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020.

The highest suicide rate in the world has been reported among young women in South India by a new study. The research is of major importance, according to the World Health Organization, as it brings to light Asia's suicide problem.

The average suicide rate for young women aged between 15 to 19 living around Vellore in Tamil Nadu was 148 per 100,000. This compares to just 2.1 suicides per 100,000 in the same group in the UK.

The global suicide rate stands at 14.5 deaths per 100,000, with suicide the fourth leading cause of death in the 15 to 19 age group. However, in the Tamil Nadu study, suicide was the number one cause of death among these adolescents.

Notably, young women were much more likely to kill themselves than young men - the reverse of the rest of the world. In Western countries, men are three times more likely to commit suicide than women.

Facts about suicide :

1. Many who attempt suicide never seek professional care.
2. There are twice as many deaths due to suicide than HIV/AIDS.
3. Between 1952 and 1995, suicide in young adults nearly tripled.
4. Over half of all suicides occur in adult men, ages 25-65.
5. Over half of all suicides are completed with a firearm.
6. For young people 15-24 years old, suicide is the third leading cause of death.
7. Suicide rates among the elderly are highest for those who are divorced or widowed.
8. 15% of those who are clinically depressed die by suicide.
9. There are an estimated 8 to 25 attempted suicides to 1 completion.
10. 1 in 65,000 children ages 10 to 14 commit suicide each year.
11. Substance abuse is a risk factor for suicide.
12. The strongest risk factor for suicide is depression.
13. Suicide is the 3rd leading cause of death for 15- to 24-year-old.
14. An average of one person dies by suicide every 16.2 minutes.
15. There are four male suicides for every female suicide.
16. Research has shown medications and therapy to be effective suicide prevention.
17. Suicide can be prevented through education and public awareness.

Myths about suicide:

1. You have to be mentally ill to even think about suicide.
2. People who talk about suicide aren't serious and won't go through with it.
3. Once a person has made a serious suicide attempt, that person is unlikely to make another.
4. If a person is serious about killing themselves then there is nothing you can do.

5. Talking about suicide is a bad idea as it may give someone the idea to try it.
6. Most suicides happen in the winter months.
7. People who threaten suicide are just attention seeking and shouldn't be taken seriously.
8. People who are suicidal want to die.

Suicide Risk Factors

Certain characteristics are associated with increased suicide risk. These include:

- Mental illness including depression, conduct disorders, and substance abuse.
- Family stress/dysfunction.
- Environmental risks, including presence of a firearm in the home.
- Situational crises (i.e., traumatic death of a loved one, physical or sexual abuse, family violence, etc.).

Suicide Warning Signs

Many suicidal youth demonstrate observable behaviors that signal their suicidal thinking. These include:

- Suicidal threats in the form of direct and indirect statements.
- Suicide notes and plans.
- Prior suicidal behavior.
- Making final arrangements (e.g., making funeral arrangements, writing a will, giving away prized possessions).
- Preoccupation with death.
- Changes in behavior, appearance, thoughts and/or feelings.

And others like:

- A suddenly deteriorating academic performance. Teens who were typically conscientious about their school work and who are now neglecting assignments, cutting classes, or missing school altogether may be experiencing problems that can affect their academic success, behavior, and health and put them at risk of suicide.

- Self-mutilation. Some young people resort to cutting their arms or legs with razor blades and other sharp objects to cope with emotional pain. Self-mutilation of this type is an unmistakable sign that something is wrong.
- A fixation with death or violence. Teens may express this fixation through poetry, essays, doodling, or other artwork. They may be preoccupied with violent movies, video games, and music, or fascinated with weapons.
- Unhealthy peer relationships. Teens whose circle of friends dramatically changes for no apparent reason, who don't have friends, or who begin associating with other young people known for substance abuse or other risk behaviors may signal a change in their emotional lives. Their destructive behaviors may discourage more stable friends from associating with them, or they themselves may reject former friends who "don't understand [them] any more."
- Volatile mood swings or a sudden change in personality. Adolescents who become sullen, silent, and withdrawn, or angry and acting out, may have problems that can lead to suicide.
- Indications that the child is in an unhealthy, destructive, or abusive relationship. This can include abusive relationships with peers or family members. Signs of an abusive relationship include unexplained bruises, a swollen face, or other injuries, particularly if the student refuses to discuss them.
- Risk-taking behaviors. Risk-taking behaviors often co-occur and are symptomatic of underlying emotional or social problems. Such behaviors as unprotected or promiscuous sex, alcohol or other drug use, driving recklessly or without a license, petty theft, or vandalism, especially by young people who formerly did not engage in these activities, can be an indication that something is wrong.
- Signs of an eating disorder. An eating disorder is an unmistakable sign that a child needs help. A dramatic change in weight that is not associated with a medically supervised diet may also indicate that something is wrong.
- Difficulty in adjusting to gender identity. Gay, lesbian, bisexual, and transgendered teens have higher suicide attempt rates than their heterosexual peers. While coming to terms with gender identity can be challenging for many young people, gay and lesbian youth face social pressures that can make this adjustment especially difficult.
- Bullying. Children and adolescents who are bullied, as well as those who bully, are at increased risk of depression and suicidal ideation.

- Depression. Although most people who are clinically depressed do not attempt suicide, depression significantly increases the risk of suicide or suicide attempts.
- Symptoms of depression include the following:
 - A sudden worsening in academic performance
 - Withdrawal from friends and extracurricular activities
 - Expressions of sadness and hopelessness, or anger and rage
 - A sudden decline in enthusiasm and energy
 - Overreaction to criticism
 - Lowered self-esteem, or feelings of guilt
 - Indecision, lack of concentration, and forgetfulness
 - Restlessness and agitation
 - Changes in eating or sleeping patterns
 - Unprovoked episodes of crying
 - Sudden neglect of appearance and hygiene
 - Fatigue
 - The abuse of alcohol or other drugs as young people try to "self-medicate" their emotional pain

What to Do

Youth who feel suicidal are not likely to seek help directly; however, parents, school personnel, and peers can recognize the warning signs and take immediate action to keep the youth safe. When a youth gives signs that they may be considering suicide, the following actions should be taken:

- Remain calm.
- Ask the youth directly if he or she is thinking about suicide.
- Focus on your concern for their wellbeing and avoid being accusatory.
- Listen.
- Reassure them that there is help and they will not feel like this forever.
- Do not judge.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm.
- **Get help:** Peers should not agree to keep the suicidal thoughts a secret and instead should tell an adult, such as a parent, teacher, or school psychologist. Parents should

seek help from school or community mental health resources as soon as possible. School staff should take the student to the designated school mental health professional or administrator.

The Role of the School in Suicide Prevention

Children and adolescents spend a substantial part of their day in school under the supervision of school personnel. Effective suicide and violence prevention is integrated with supportive mental health services, engages the entire school community, and is imbedded in a positive school climate through student behavioral expectations and a trustful student/adult relationship. Therefore, it is crucial for all school staff to be familiar with and watchful for risk factors and warning signs of suicidal behavior. The entire school staff should work to create an environment where students feel safe sharing such information. School psychologists and other crisis team personnel, including the school counselor and school administrator, are trained to intervene when a student is identified at risk for suicide. These individuals conduct suicide risk assessment, warn/inform parents, provide recommendations and referrals to community services, and often provide follow up counseling and support at school.

Parental Notification and Participation

Parent notification is a vital part of suicide prevention. Parents need to be informed and actively involved in decisions regarding their child's welfare. Even if a child is judged to be at low risk for suicidal behavior, schools will ask parents to sign a Notification of Emergency Conference form to indicate that relevant information has been provided. These notifications must be documented. Additionally, parents are crucial members of a suicide risk assessment as they often have information critical to making an appropriate assessment of risk, including mental health history, family dynamics, recent traumatic events, and previous suicidal behaviors.

After a school notifies a parent of their child's risk for suicide and provides referral information, the responsibility falls upon the parent to seek mental health assistance for their child. Parents must:

- Continue to take threats seriously: Follow through is important even after the child calms down or informs the parent “they didn’t mean it.” Avoid assuming behavior is attention seeking.
- Access school supports: If parents are uncomfortable with following through on referrals, they can give the school psychologist permission to contact the referral agency, provide referral information, and follow up on the visit. The school can also assist in providing transportation to get the parent and child to the referral agency.
- Maintain communication with the school. After such an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is the safest, most comfortable place for your child.

Resiliency Factors

The presence of resiliency factors can lessen the potential of risk factors to lead to suicidal ideation and behaviors. Once a child or adolescent is considered at risk, schools, families, and friends should work to build these factors in and around the youth. These include:

- Family support and cohesion, including good communication.
- Peer support and close social networks.
- School and community connectedness.
- Cultural or religious beliefs that discourage suicide and promote healthy living.
- Adaptive coping and problem-solving skills, including conflict-resolution.
- General life satisfaction, good self-esteem, sense of purpose.
- Easy access to effective medical and mental health resources.

Steps:

1. Look for warning signs:

- Situational:
 - Recent loss of a loved one (death or divorce).
 - Survivor of a previous suicide attempt.
 - Loss of prestige (could be loss of job or business).
 - Serious illness (chronic pain or exhaustion with no end in sight).

- Exhaustion of resources - could be real or imaginary (money or credit lines).
- Family history of suicide.
- A close friend commits suicide.

- Behavioral:
 - Talking or writing about death/suicide.
 - Giving away personal possessions.
 - Change in behaviors/mood.
 - Falling grades.
 - Ending close relationships.
 - Crying a lot.
 - Not smiling as much.
 - Not showing expression when they normally would.
 - Expressing negative impressions when normally they wouldn't.
 - Talking about themselves negatively or harshly.
 - Not participating in regular activities.
 - Buying weapons, pills, etc.
 - Reading a lot about suicide.

- Emotional
 - Sense of personal failure.
 - Overwhelming sadness.
 - General lack of interest.
 - Feelings of hopelessness.
 - Guilt.
 - Withdrawal/isolation.
 - Feelings of being a burden to others.

- Verbal:
 - "It's too late now."
 - "I can't go on."

- "I have nothing to live for."
- "I'm just so tired of life."
- "No one cares about what happens to me."
- "There is nothing left to do."
- "What's the use."
- "They won't have to deal with me."
- "I'm at the end of my rope."
- "They're better off without me."
- "I just want the pain to stop."
- "Nobody gets me."
- "You just don't understand!"

2. If you see many warning signs in the person, you have to help them. It won't be easy, but remember *CLUES*:

- **Connect** - Make contact with the person. Actively show that you hear what is being said and understand that his or her pain is real.
- **Listen** - Listen very carefully. You don't have to have all the answers - just be there and let him or her know that you care.
- **Understand** - Don't tell him or her how *s/he should* feel or what *s/he should do*. Just express your desire to support and help understand what *s/he* is feeling. Reflect what is said back to the person. Ex: *S/he* says: "I've tried everything, spent every dollar I have, but just don't know what else to do." You reply, "It's frustrating when you feel you've tried so many things but there's still no relief, isn't it?" *S/he* may say, "And no one cares." You reply, "You feel so alone - you're not alone, though." Above all, do not be afraid to voice the nearly unspeakable: "I'm so worried about you. Are you thinking about killing yourself now?" See the steps below for more details.
- **Express concerns** - Let the person know that you are worried and want to help.



- Seek help - The person's safety is the number one priority, and you might not be able to handle it on your own. Talk with the person about seeking help, either through a doctor (preferred, if you discover they have a plan, the means and the intention of carrying it out) or clergy. Suicidal thoughts cannot be kept a secret.

3. Talk frankly.

One of the worst things for a person contemplating suicide is feeling that no one understands or cares about him or her. These people are often extremely frustrated over talking with friends and family only to find that they are placated with statements like, "Oh, you'll feel better soon - this too shall pass." Suicidal people feel like they've been trying to tell others how much pain they are in, but nobody hears them. The key to helping is to help this person stop feeling invisible. Though it seems counter-intuitive, saying, "Are you thinking of killing yourself now? Do you have a plan for doing it?" can bring tremendous relief to someone like this. They can feel that, at last, someone has heard them clearly. This is so hard to believe, but it is true.



4. Assess lethal intent.

If the person you are talking with confesses to contemplating suicide right at that moment, and also says s/he has a plan in mind for doing it, you need to figure out how serious s/he is and get all the information you can so whatever help you send is the best it can be:

Ask: Does s/he have a weapon? Is it with him or her?

If it's pills, what kind? Where are those pills right now?

Has s/he thought about this before this moment? Recurring ideas about doing away with oneself point to a very serious threat.



5. Ask the person to put the items s/he plans to use in another room while you're talking.

She/he may say, "Why? I can just go get them again." You say, "Right. So why not just put them away for the moment? You can go get that whenever you want. Right now, I need you to stay with me and focus on our conversation." This may sound harsh or blunt, but it is actually very effective. First, it focuses the person on someone other than him or herself. Second, it is almost a direct command. If this person is in the same room, or on the phone with you at this stage, s/he sees you as a minor authority figure. Use that authority to get the person to follow your instructions, even if it's only for a moment.



6. Get a friend to help you.

Having ideas (especially ones they have been entertaining awhile), a plan, and the means to commit suicide constitute a very serious, immediate danger, and you should contact police immediately. If you're on the phone, it's best not to let this person know that's what you're doing though. Ideally, you will have a friend on your end who can quietly go and make the calls to send help to the suicidal person while you stay on the line and try to console or otherwise at least delay the person until help arrives. If you are alone, try to use another phone, if possible, to text someone and get them to help. If you are physically with the suicidal person, it's a little easier, because suicides rarely happen with someone else present. Staying with the person until s/he sleeps or calms down some is recommended. never tell them how good their life is. because that will hurt them more. tell them that you are there for them so that way they will open up to you and tell you everything.

