

# Youth Suicide: Leader's Guide

## OBJECTIVES

The lesson *Youth Suicide: Awareness and Steps Toward Prevention*, MF-2523, (fourth in a series on youth violence) promotes awareness of a growing problem. Knowing the facts about youth suicide can promote community collaboration for prevention.

This lesson:

1. Looks at the facts of youth suicide in Kansas and the United States.
2. Explores why youth suicide happens.
3. Examines risk factors and myths associated with adolescent suicide.
4. Identifies ways communities can work together to prevent youth suicide.
5. Provides the community with a tool to assess local needs and resources, and to identify gaps in suicide prevention readiness.

## BEFORE YOU START

This lesson can be co-taught with adults or youth (e.g. local youth who are interested in suicide prevention, 4-H club leaders, local mental health center personnel, school faculty, parents, local recreation center staff). Teaching with others from youth-serving organizations and with youth themselves can tie the lesson back to the community for action.

Before teaching this lesson, examine your own experiences with or opinions about youth suicide. Make sure you are ready to handle the emotions and strong feelings that can go along with the topic, or ask someone else to lead the lesson.

Copy the *Community Suicide Prevention Checklist* inserted in this lesson. Make sure you have enough copies for everyone in the audience.

*By Jana Hackney, Office of Community Health and 4-H Youth Development*

Thank you for taking leadership in discussing this very important topic.

Before you lead this lesson:

- Adapt the materials to your presentation style, and include other resources you feel would be applicable.
- Try to involve community members, youth and adults in teaching the lesson. Get ideas and feedback.
- Be prepared for some in the group to discuss experiences with suicide. Prepare to refer them to support or resources, if the need arises.

## Youth Suicide: Leader's Guide

### Youth suicide in Kansas

*Leader notes: Take time to talk about the Kansas statistics below. Do people in the audience know about youth suicide rates? Do these numbers reflect their knowledge of the community?*

It is not easy to talk about suicide, but the rate among young people is increasing. In 1999, it was the ninth leading cause of death in Kansas, but ranked third among 5- to 14-year-olds.

Research shows a shift in suicide rates among age groups. The highest increase (31.6 percent) was seen in 15- to 24-year-olds. Between 1989 and 1998, Kansas had the eleventh highest death rate in the nation for ages 15 to 19, with 270 teens in that age range taking their own lives.

Citizens are not taking the problem lightly. A Kansas Suicide Prevention Steering Committee was formed in 1999 from public and private agencies and advocates. The committee is drafting a state plan and encouraging citizen involvement.

### A national problem

The National Youth Violence Prevention Resource Center has ranked suicide as a major public health problem. Although the overall suicide rate has declined (from 12.1 for every 100,000 in 1979 to 11.3 per 100,000 in 1998), the rate for teens 15 to 19 increased by 6 percent. For youth 10 to 14, the rate more than doubled.

Suicide attempts are difficult to count. Some may not be treated in a hospital or doctor's office, or they may not be recorded as self-inflicted injuries. Data from 1999 indicate that 19.3 percent of high school students seriously considered suicide, 14.5 percent had made plans to attempt suicide, and 8.13 percent had made a suicide attempt during the year before the survey.

In May 2001, David Satcher, U.S. Surgeon General released the *National Strategy for Suicide Prevention: Goals and Objectives for Action*. Those

goals include promoting awareness that suicide can be prevented, developing broad-based support for prevention efforts, and developing suicide prevention programs. The complete report is available: [www.mentalhealth.org/suicideprevention/strategy.htm](http://www.mentalhealth.org/suicideprevention/strategy.htm) or call 800-789-2647.

### Myths of suicide

*Leader notes: Talk about the importance of discouraging myths. Give the group an overview of the myths below and have them discuss whether the information changed any of their assumptions.* Myths about suicide can stop people from taking action (New York Hospital-Cornell Medical Center Department of Psychiatric Nursing).

#### **Myth: *Teens who talk about suicide are not at risk.***

**Fact:** Most teens who attempt or commit suicide give some clue of their intentions. Statements such as, "You'll be sorry when I'm dead," or "I can't see a way out," may indicate suicidal feelings, even if said casually or jokingly.

#### **Myth: *Talking about suicide may give someone the idea.***

**Fact:** Asking directly may relieve the anxiety level and act as a deterrent. Discussing the topic openly is one of the most helpful strategies.

#### **Myth: *Improvement following a suicidal crisis means the risk is over.***

**Fact:** The greatest danger exists during the first three months following an attempt or deep depression. A "miraculous recovery" may be a danger signal. When a suicidal person begins to feel better, he or she will still be confronted with problems and responsibilities. This can lead to a return of suicidal thoughts. It may take months to feel consistently better and in control.

#### **Myth: *There is no correlation between alcohol and suicide.***

**Fact:** A person who commits suicide is often under the influence of alcohol or other drugs. Even someone who does not normally drink may ingest alcohol shortly before suicide.

## Youth Suicide: Leader's Guide

### **Myth: *The suicidal person wants to die.***

**Fact:** Even the most severely depressed person may have mixed feelings, wavering until the last moment between wanting to live and wanting to die.

Why might youth consider suicide?

*Leader notes: Now that you have challenged assumptions, discuss the importance of knowing the facts. Youth suicide is caused by a combination of risk factors in the absence of protective factors. Challenge the group to think of ways to increase protective factors in their community.*

It is probable that youth who are thinking of taking their own lives are faced with many factors that put them at risk for suicide.

### **Factors that can put youth at risk include:**

- **Previous attempts.** Male teens with previous attempts are more than 30 times more likely to complete suicide; female teens with past attempts have about three times the risk.
- **Mental disorders or co-occurring mental and substance abuse disorders.** Research shows that 90 percent of young people who complete suicide had a diagnosable mental or substance abuse disorder or both, and the majority had a depressive illness.
- **Family history.** A higher possibility of suicide exists when a close family member has attempted or completed suicide.
- **Stressful life event or loss.** Stressful life events often precede a suicide attempt, (e.g. getting into trouble at school or with a law enforcement agency, fighting or breaking up with a boyfriend or girlfriend, and fighting with friends).
- **Easy access to lethal methods, especially guns.** Home is the most common location for youth firearm suicides. A correlation exists between the accessibility of firearms in the home and risk for youth suicide.

- **Exposure to others' suicidal behavior.** Vulnerable teens can be influenced by exposure to real or fictional accounts of suicide, including extensive media coverage of a celebrity's suicide or its representation in a movie or television show. In addition, there is evidence of suicide clusters: local epidemics of suicide that have a contagious influence. Suicide clusters nearly always involve previously disturbed young people who knew about the other deaths but rarely knew the other victims personally.
- **Incarceration.** Although data about youth suicide in custody are insufficient, information suggests a high incidence of suicidal behavior in juvenile correctional facilities.

**Other identified risk factors include:** family history of mental or substance abuse disorders, history of physical and/or sexual abuse, low levels of communication with parents, personal cultural and religious beliefs about suicide, and lack of access to mental health treatment, or an unwillingness to seek appropriate treatment.

*Leader notes: Community support and suicide prevention initiatives build protective factors.*

**Protective factors help young people cope with stressors and other risk factors.**

**They include:**

- skills in problem solving.
- impulse control.
- conflict resolution.
- nonviolent handling of disputes and conflict management.
- family and community support.
- access to effective mental health care.
- support for help-seeking.
- restricted access to highly lethal methods of suicide.
- beliefs that discourage suicide.
- long term, community-based prevention and youth development promotion programs.

## COMMUNITY SUICIDE PREVENTION CHECKLIST

The following questions identify local resources and assess gaps that need to be addressed by community mobilization efforts.

- √ What **community-wide education** has occurred to increase awareness of youth suicide and point out warning signs, intervention approaches, and local resources for help?
- √ Do youth and young adults in and out of school receive **suicide prevention education** in school or community settings? If so, when? Where? What?
- √ What percentage of community members understand the **role of firearms** in youth suicide? What percentage of community members own firearms? What percentage of those who own them store them safely?
- √ A "**safe schools/bully-free**" plan establishes and enforces mutual respect and responsibility. Have all schools established such a plan to protect students from and take action against harassment and violence?
- √ Have local media been educated about the **appropriate reporting** of suicide? If so, what education was provided? Who provided the information? When? Which media members participated?
- √ Is **training** on suicide awareness, prevention, and intervention provided to professionals who work with youth and families? If so, what education was provided? Who provided information? When?
- √ How many community members are trained in youth **suicide intervention skills** and are prepared to intervene?
- √ Do community health resources (e.g. hospitals, schools, mental health centers, mental health practitioners, physicians) provide **identification, screening, and referral** of youth at risk of suicide? Where is it done? Who does the screening? What screening tools are used? Where are the youth referred? What is the community's capacity for serving referred youth?
- √ If a **crisis line** exists locally, how do youth, young adults and parents get information about it? How is the crisis line assessed? What is the response time? What are the hours of operation? Do gaps in service exist?
- √ Are crisis service providers in the community trained in **suicide prevention**? Are they part of community-wide suicide prevention efforts? Do crisis services meet American Association of Suicidology certification?
- √ Does your community have a **crisis response team** including school and community professionals to coordinate use of local resources in response to youth suicide? If so, what is the membership of the team?
- √ Are individuals or groups working to increase **access to affordable mental health services** in the community? If so, who are they? If not, who may be interested? Are schools and providers linked?
- √ Are skill-building **support groups** available to youth in school and/or community settings? If so, who supports the groups? Where and when do they meet?
- √ Is there an organized **network of suicide survivors** to support those who lose a loved one or friend? Who are the network representatives, and how are they contacted?
- √ Is your community aware of **sources for data** on youth risk behaviors, suicide attempts, and completions? Are these data used to understand and plan ways to reduce risk behaviors and increase protective factors?
- √ How do local **emergency rooms** respond to youth suicide attempts? Are attempts reported? Are referrals made? What kind of follow-up is provided?

## A community-wide prevention approach

*Leader notes: Lead the group in thinking of ways they can address the problem as a community. They may be wondering, What can I do? I know the facts but have no idea where to go ...*

*In this section you will help the group think about preventing youth suicide by using a community-wide approach.*

What can be done in your community to prevent youth suicide? What steps do you need to take, and where do you start?

You can begin by talking to groups of which you are a member, letting them know the facts and your concern. Once you have started to talk about the issue, you can see if any youth and/or adults are interested in forming a group to look at the problem.

Because every community is unique, prevention strategies are best determined by those who know local needs and resources. Each community should:

- Identify an existing group or form a team.
- Evaluate community needs, resources, service gaps, and preparedness to address youth suicide.
- Determine strategies and develop a plan.
- Coordinate your plan with local, state, and national partners and resources.
- Start the plan and monitor progress.
- Evaluate the plan's effectiveness. How can it be improved?

(Oregon Plan for Youth Suicide Prevention)

Because youths have a unique perspective and role to play in prevention, communities must involve them. Groups should also recruit members of minority populations to ensure that activities are culturally appropriate.

## COMMUNITY ASSESSMENT AND DISCUSSION

*Leader notes: A community assessment can help evaluate needs and resources. Pass out the handout **Community Suicide Prevention Checklist** and divide the room into small groups of four to five people. Have each group take 10 minutes to discuss the issue of youth suicide. Have them go through the checklist together and think about the community.*

- *What first steps could they take?*
- *With whom could they talk?*
- *What other information do they need?*

*Have them write their ideas and thoughts on paper. If time allows, have each group report back to the larger group.*

- *What are some of the common themes between the ideas?*
- *Does the group feel ready and empowered to move forward?*

*Finish the discussion by encouraging the group to take action and develop a plan to prevent youth suicide in their community.*

### References

Center for Health and Environmental Statistics, Kansas Department of Health and Environment. [Suicides, Kansas, 1989-1998](http://www.kdhe.state.ks.us/ches/Suicides8998.pdf) [online]. Available: [www.kdhe.state.ks.us/ches/Suicides8998.pdf](http://www.kdhe.state.ks.us/ches/Suicides8998.pdf) (5-5-01)

National Youth Violence Prevention Resource Center. [Youth Suicide](http://www.safeyouth.org/topics/suicide.htm) [online]. Available: [www.safeyouth.org/topics/suicide.htm](http://www.safeyouth.org/topics/suicide.htm) (5-5-01).

Oregon Health Division. [The Oregon Plan for Youth Suicide Prevention](http://www.ohd.hr.state.or.us/ipe/2000plan/welcome.htm) [online]. Available: [www.ohd.hr.state.or.us/ipe/2000plan/welcome.htm](http://www.ohd.hr.state.or.us/ipe/2000plan/welcome.htm) (5-5-01)

The New York Hospital-Cornell Medical Center, Department of Psychiatric Nursing. [Myths About Suicide](http://www.mixednuts.net/suicide-myths.html) [online]. Available: [www.mixednuts.net/suicide-myths.html](http://www.mixednuts.net/suicide-myths.html)

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