UPDATED AND EXPANDED

TEEN SUICIDE

RESOURCE TOOLKIT

STATISTICS

In **2011**, in Canada, there were **140** male suicides (at a **12.5** per **100, 000** suicide rate) in the **15-19** age range. For females, there were a total of **58** deaths (with a corresponding suicide rate of **5.4** per **100, 000**). These numbers rise sharply (especially for males) when they reach their 20s and beyond.

Males reach a peak rate of **24.2** per **100, 000** in the **50-54** age range with a recorded number of **322** deaths in **2011**. (See Statistics Canada for recent figures http://goo.gl/k6tm50)

In Canada, suicide accounts for **24 percent** of all deaths among **15-24** year olds.

Boys die by suicide **2 to 3** times more often than girls.

Teens are admitted to hospital for suicide attempts more than any other age group; Some accounts suggest as many as **1/4** of all suicide attempt admissions are for teens (http://bit.ly/JnVjG3).

HISTORICAL

According to a longitudinal study published by the Canadian Medical Association Journal (CMAJ) (http://bit.ly/H4nQzW) which looks at suicides by boys and girls over a 30 year period (1980-2008), there has been a modest decline in suicide for boys aged 10-19 and a slight rise for girls in the same age range.

Girls have always attempted suicide more frequently than boys. But there is reason to believe that girls are increasingly using more lethal means, like hanging, when attempting suicide, which could account for the increase in suicidal deaths.

TRENDS

However, the number of suicides for both boys and girls in Canada has been relatively consistent in the last **10** years and suicide remains the **2nd leading cause of death** for young people in Canada.

RISK FACTORS

- **Mental illness**
- **Substance abuse**
- **Physical or sexual abuse**
- **Exposure to a friend or family member's suicidal behaviour**
- **Ambivalence of sexual orientation**
- **Feelings of hopelessness**
- **Access to lethal means of suicide**
- **Homelessness**
- **Non-lethal self-injury or previous suicide attempts**

PROTECTIVE FACTORS

Positive school environment

Family connectedness

Self-esteem

Peer support

(Centre for Suicide Prevention, http://bit.ly/YARParents)

SUICIDE IDEATION

An early warning sign

Suicidal ideation (thoughts of suicide) can occur in children **as early as age 8 or 9.**

It surfaces more often in the teenage years. Ideation is a principal warning sign for future suicidal behavior, especially suicide attempts. It is imperative that youth –at- risk get the attention and help they need as early as possible. Strategies proven effective in reducing suicide rates, such as early intervention for youth with mental health disorders, are often not available http://www.cmaj.ca/content/178/3/282.full

A priority at both the national and provincial levels should be to get vulnerable youth the medical and psychological attention they need.

THEORIES OF SUICIDE

Schneidman's Theory of Psychache

Edwin Schneidman (1918-2009), pioneering suicidologist, believed that the central factor in all suicides (including teen suicide) is the presence of "psychache".

Psychache is defined as is the "hurt, anguish, soreness, aching psychological pain in the mind" (Schneidman, 1993, p.51).

Psychache is essentially psychological. It is "the pain of shame or guilt, or humiliation, or loneliness, or fear, or angst, or dread of growing old" (Schneidman, 1993, p.51). It is the consequence of frustrated vital individual needs.

Each person has a different threshold for enduring psychache. When that threshold is reached, when the individual deems the psychache to be unbearable and overwhelming, the most drastic effort to reduce it—suicide—emerges.

Schneidman's theory stresses that suicide is not necessarily the wish to die but a need to end the psychological pain.

Suicide prevention, according to his theory, consists of "alleviating the frustrated needs that are causing the suicidality, to mollify the psychache" (Schneidman, 113, p.53).

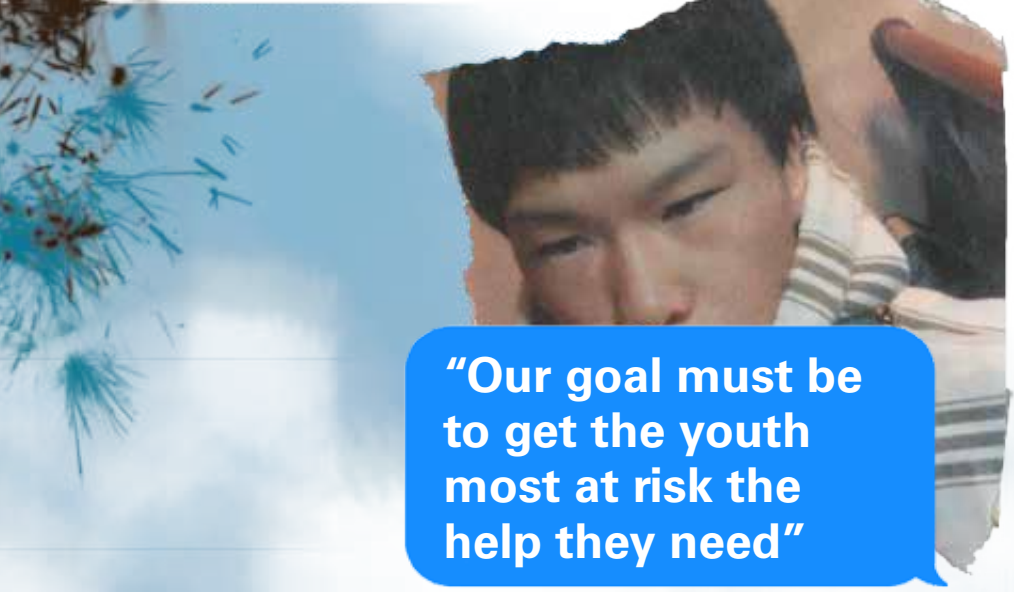
Psychache:
HURT
ANGUISH
SORENESS
ACHING
PSYCHOLOGICAL
PAIN
in the mind

TEEN SUICIDE: IS THERE AN EPIDEMIC?

Excerpt from iE6 by Robert Olson

Full article available here: http://bit.ly/137CpCS

The teen years can be the most tumultuous time of anyone's life as they are full of social and physiological change. No single root cause can trigger a youth to take his own life, and a combination of internal stressors (spiritual, physical, mental, emotional) and external (family, peers, school, community, society) abound at the onset of adolescence. Add to the mix the changes that occur in the teenage brain during adolescence, and it becomes plainly obvious that our teens are often very stressed out. Also, we cannot ignore the new pressures—both beneficial and detrimental— that technology (cell phones, the internet) present to their everyday lives. These pressures in combination have the potential to pave the way for a perfect storm of suicidal leanings—which are then increased exponentially if the youth already has an abundance of risk factors.



"Our goal must be to get the youth most at risk the help they need"

What is crucial—as previously mentioned—is that these warning signs and risk factors are recognized as early as possible. Better and more accurate screening in the health care field must be a priority. One study suggests that up to two thirds of all who die by suicide never receive any mental health services (Wagner, 219). As in so many areas of suicide prevention, this is where education and awareness of the realities of teen suicide must be disseminated. Our goal must be to get the youth most at risk the help they need.

"No single root cause can trigger a youth to take her own life"

CYBERBULLYING

A New Threat for Youth at Risk

Excerpt from Cyber bullying by Suzanne Mcleod
Full article available here: http://bit.ly/M3WIq5

Social media sites, such as Facebook,mySpace, Twitter, YouTube, Flickr,Tumblr, Messenger and cell phone texting, have become a large part of the way in which youth today communicate and socialize (Brown, Cassidy, Jackson, 2006).

From this, cyberbullying has become an increasing reality among adolescents. Research shows that youth who have been bullied are at a higher risk for suicide ideation and thoughts, attempts and completed suicides. Bullying contributes to depression, decreased self-worth, hopelessness and loneliness (Hinduja, Patchin, n.d.).

Those who become "cyberbullies" feel that they are able to remain anonymous, giving them a sense of power and control that allows them to do and say things they would not normally say in the "real world." In cyberspace, literally hundreds of perpetrators can get involved in the abuse (Hinduja, Patchin, n.d.). Youth who are the victims experience the same feelings of powerlessness and hopelessness as if they were being bullied face-to-face.

Because of the pervasive nature of the internet and cell phones, it is harder than ever for victims to escape their tormentors. It can happen anywhere—at home, at school, at any time of the day or night (Brown, Cassidy, Jackson, 2006). In extreme cases, victims have been known to become aggressive and fight back, or to become depressed and attempt suicide. Youth who have experienced cyber-bullying were almost twice as likely to attempt suicide compared to those who had not (Hinduja, Patchin, n.d.).

Bullying contributes to depression, decreased self-worth, hopelessness and loneliness

Standing Senate Committee on Human Rights addresses cyberbullying

On November 30, 2011, the Standing Senate Committee on Human Rights was given the mandate to examine the issue of cyberbullying in Canada. In December 2012, they published their findings in a document entitled: **Cyberbullying Hurts: Respect for Rights in the Digital Age.** Full document available here: http://bit.ly/1A4TFpg

The Committee made these *Recommendations:*

1. A co-ordinated strategy

An effective national response to cyberbullying requires a "whole community approach" involving children, parents, schools, all levels of government and others, to ensure that cyberbullying is addressed consistently across the nation.

2. A National Children's Commissioner

Create an independent Children's Commissioner at the federal level with the mandate of advancing children's rights.

3. Teaching human rights and digital citizenship

Schools, school boards and education ministries make digital citizenship and human rights an official part of school curricula and an essential component of a child's ongoing education.

4. Responding to incidents of cyberbullying

In most cases of cyberbullying, restorative justice is the preferred avenue. Criminal law enforcement is recommended only in the most extreme cases. Practices rooted in restorative justice are" more likely to be successful not only in dealing with individual bullying cases, but also in helping to transform school and community cultures that support bullying behaviours" (Senate Committee, 2012, p.91).

5. Finding better ways to handle offensive material on the Internet

Reportage of inappropriate or offensive material on the internet and its removal be made easier and more expedient. Social media host sites be more accountable for their content.

6. Filling in the gaps in research

Gaps in cyberbullying research should be bridged and research information, once conducted, should be more widely disseminated.

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RELATED LINKS

Alberta Government: suicide fact sheet - http://www.edmontonanda-reacfsa.gov.ab.ca/publish/551.cfm

American Association of Suicidology: "Youth Suicidal Behavior — Fact Sheet"- http://www.sprc.org/library_resources/items/youth-suicidal-behavior-fact-sheet

American Association of Suicidology: "Selecting a Suicide Prevention Curriculum for Youth"- http://www.suicidology.org/c/document_library/get_file?folderId=236&name=DLFE-139.pdf

Canadian Red Cross: Youth suicide prevention website - http://www.youthsuicide.ca/youth/youth.htm

National Adolescent Health Information Center:" Fact Sheet on Suicide: Adolescents & Young Adults"- http://nahic.ucsf.edu/downloads/Suicide.pdf

Recommended Books

Guitierrez, P. and Osman, A. (2008). ***Adolescent suicide: An integrated approach to the assessment of risk and protective factors.*** Dekalb, IL.: Northern Illinois University Press.

King, R. and Apter, A. (Eds.). (2003). ***Suicide in children and adolescents***. Cambridge, UK: Cambridge University Press.

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WWW.SUICIDEINFO.CA

Canadian Mental Health Association
Mental health for all

CENTRE FOR SUICIDE PREVENTION

Resource toolkit produced by the Centre for Suicide Prevention

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