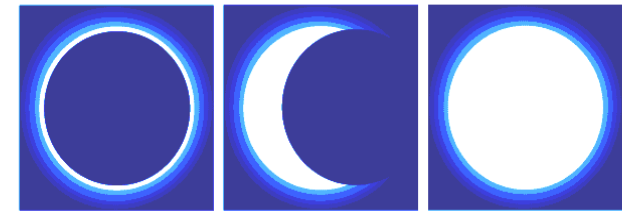


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Printed with funds from the Maternal Child Health Block Grant



Maine Youth Suicide Prevention

Education, Resources and Support—It's Up to All of Us.

Information Booklet

A program sponsored by:
The Maine Children's Cabinet

The eclipse symbolizes the frightening but temporary darkness experienced by a suicidal youth.

“I was so tired of the pain...the struggle. I just couldn't do it anymore. My friend really heard me and helped me get the support I needed.”

- *suicide attempter*



“Unless you have been through the suicide of a youth who was close to you, it's difficult to fully understand the devastation and suffering caused by this loss to family, friends, classmates, and community members.”

- *parent survivor*

“Young people who are suicidal are in pain and they need help. We invite you to work with us to address this serious problem in your community.”

- *Maine Youth Suicide Prevention Program*

National Suicide Prevention Resources:

American Association of Suicidology

AAS provides public awareness programs, education and training for professionals and volunteers and serves as a national clearinghouse for information on suicide.

202-237-2280

<http://www.suicidology.org>

American Foundation for Suicide Prevention

AFSP reaches out to survivors for help in accomplishing its mission of preventing suicide through research and education.

Toll free line for survivors 1-888-3330-AFSP (2377)

Others call 212-363-3500

<http://www.afsp.org>

Suicide Prevention Resource Center

The Suicide Prevention Resource Center provides prevention support, training, and informational materials to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention.

<http://www.sprc.org/>

Preventing Suicide-Safe USA

This site of the Centers for Disease Control provides information about suicide prevention and national resource agency information.

<http://www.cdc.gov/ncipc/>

Introduction

This booklet was designed to provide general information on youth suicide prevention. The material contained in this booklet is part of a public awareness strategy to reach every Maine citizen with basic information to help increase understanding about youth suicide prevention.

This booklet is not a comprehensive guide to youth suicide prevention. Training is available for gatekeepers, (individuals who are in frequent, direct contact with youth) to increase their ability to identify and assist a suicidal youth.

For additional copies of this or other informational materials on youth suicide prevention, contact the Department of Health and Human Services, Office of Substance Abuse Information and Resource Center, 1-800-499-0027,
TTY: 1-800-215-7604, M - F, 8 - 5
Email: osa.ircosa@maine.gov
Web Address: <http://www.maine.gov/suicide>

If you have questions about the use of this booklet, training, or how you can learn more about the Maine Youth Suicide Prevention Program, call the Maine Injury Prevention Program, Department of Health and Human Services at:
1-800-698-3624; TTY: 207-287-8015, M - F, 8—5
Web Address: <http://www.mainepublichealth.gov> Injury Prevention.

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Deb Merrill, Merrill Design

Maine Suicide Prevention Resources:

**Department of Health and Human Services
Maine Center for Disease Control and Prevention
Maine Youth Suicide Prevention Program**

Call for information about program activities or to learn more about training opportunities.

207-287-5356 or 1-800-698-3624 M - F 8 - 5
TTY 207-287-8015

<http://www.mainepublichealth.gov> Injury Prevention

**Department of Health and Human Services
Office of Substance Abuse Information Resource Center**

Call for additional copies of this booklet or other materials and resources on youth suicide prevention.

1-800-499-0027 M - F 8 - 5

TTY 1-800-215-7604

Email: osa.ircosa@maine.gov

<http://www.maine.gov/suicide>

National Alliance for the Mentally Ill (NAMI Maine):

NAMI has a statewide education program on issues relating to mental health. Call for information on their training programs, information network or local support groups for families and persons with mental illness

1-800-464-5767 M - F 8 - 5

<http://www.namimaine.org>



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Prevention Services:

Proactive, comprehensive and individualized services to assist children, teens, families and their supporters to develop a prevention plan and successfully work through difficult situations.

Walk-in and Triage Services:

Available 24 hours a day for face-to-face evaluation to assess the type and level of care needed. The evaluation reviews the individual’s functioning ability, health, and safety concerns. Services are usually provided at a community mental health center or the emergency room of the local hospital.

Mobile Outreach Services:

Provided wherever a crisis is occurring, in a school, private home, emergency room, work-site or anywhere in the community. Supportive counseling, on-site assessment, emergency consultation, crisis planning, and case management services can be provided by outreach workers. When possible, the individual is stabilized and returned to his or her residence.

Crisis Stabilization Services:

Provided in short term, highly supportive and supervised community homes, where the individual can become stabilized and readjust to community living. Staff are present 24 hours a day to provide a safe environment and to promote healthy coping skills. Staff also monitor medications, assist in daily living skills and behavior management, and provide counseling and case management services.

Psychiatric Consultation Services:

Available statewide through the local crisis system by phone around the clock.

The Problem of Youth Suicide

Youth suicide is a national problem. Each year in the U.S., there are about 5,000 suicides among youths under age 25. The Maine youth suicide rate is typically equal to or higher than the national average for youths under age 25. Suicide is the second leading cause of death for 15 - 24 year olds in our state.

For every young person who dies by suicide, there are an estimated 20 or more suicide attempts by other young people. While more young women attempt suicide, more young men actually die by suicide. This is, in part, due to the use of more lethal means by males. Five of ten youth suicides in Maine are committed with a firearm. Four of ten youth suicides in Maine are by hanging.

In the Maine Youth Risk Behavior Survey of high school students, one in four youths who responded indicated that they had seriously considered attempting suicide. One in five reported actually making a plan, and one in eleven reported making one or more attempts during the past year.

There is no *typical* suicide victim. Suicidal behavior comes from a complex and diverse set of factors in a particular individual. Preventing suicide requires a combination of approaches involving many individuals.

Preventing youth suicide is up to all of us!

Accessing Mental Health Resources:

Family or individual counseling resources:

For information about local mental health centers or private counselors in your community, consult the telephone book for listings.

National Alliance for the Mentally Ill (NAMI/Maine):

NAMI/Maine is part of the nation's foremost grassroots organization offering support, advocacy and information to consumers and families with members who have mental illness. They are Maine's only 'Outreach Partner' for the National Institutes of Mental Health, receiving up-to-date information on mental health research and treatments. M - F 8 - 5
1-800-464-5767
<http://www.namimaine.org>

Department of Health and Human Services:

Regional Children's Service staff can provide help and direction in locating appropriate resources, during regular working hours. Contact support staff at 207-287-4251 for the Regional Office Number. In an emergency, contact the statewide crisis number.

Statewide Crisis Prevention and Intervention Services System of the Department of Health and Human Services:

Provides help to children, adults, family members, and guardians during and after a crisis. Crisis services are described below:

Statewide Crisis Hotline 1-888-568-1112

Available 24 hours a day to provide immediate contact with the nearest local crisis service provider. If you or someone you know is in a crisis, call for supportive counseling, problem solving, and information and referral for persons in distress.

Suicide Prevention Resources

In the Community:

- ◆ Crisis Services, Hotlines
- ◆ Counseling professionals
- ◆ Mental health clinics or hospitals
- ◆ Primary care physicians, Psychiatrists
- ◆ Religious leaders
- ◆ Emergency medical service providers
- ◆ Support groups
- ◆ Police officers
- ◆ Any trusted adult

At School:

- ◆ Peer Helpers and their adult advisors
- ◆ School Administrators
- ◆ Teachers
- ◆ School Nurses
- ◆ Social Workers or Guidance Counselors
- ◆ School Psychologists
- ◆ Other trusted school personnel

Statewide Emergency Numbers:

- ◆ Statewide Crisis Hotline 1-888-568-1112 (Voice & TTY)
- ◆ Northern New England Poison Center 1-800-222-1222
TTY 871-3939 - Portland only)
- ◆ Maine State Police 1-800-452-4664 or 911 TTY compatible
- ◆ Child Abuse & Neglect 1-800-452-1999 TTY 1-800-963-9490
- ◆ Sexual Assault Crisis & Support 1-800-871-7741
- ◆ Domestic Violence Hotline 1-800-799-7233
TTY 1-800-787-3224

State of Maine Youth Suicide Prevention Program

The Maine Youth Suicide Prevention Program is a priority initiative of the Maine Children's Cabinet. A comprehensive youth suicide prevention program was developed to reduce the number of attempted and completed youth suicides. The program is supported by the Departments of Education, Health and Human Services, Public Safety and Corrections.

A variety of strategies for the general public, individuals in direct contact with youth and young people at risk, are designed to:

- ◆ Increase awareness of how to prevent youth suicide
- ◆ Increase access to prevention and treatment services
- ◆ Educate adults and youths about suicide prevention and intervention
- ◆ Provide skill building and supportive services to youth at high risk
- ◆ Encourage efforts that promote youth development

Highlights of program activities:

- ◆ Statewide crisis hotline
- ◆ Statewide information and resource center
- ◆ Workshops/training seminars conferences
- ◆ Educational materials
- ◆ Guidelines and assistance for schools and communities
- ◆ Media guidelines for reporting on suicide
- ◆ Tracking of national, state, and local youth suicide trends

Suicide Myths

Myths about suicide may stand in the way of helping those in danger. By learning the facts, you will more easily recognize individuals at risk. Some of the most common myths are below.

Myth: People who talk about killing themselves rarely complete suicide.

Fact: Most people who die by suicide have talked about their intention.

Myth: Suicide happens without warning. People serious about suicide keep it to themselves.

Fact: There are almost always warning signs. Most people communicate their intent in the weeks preceding their attempt.

Myth: Once a person is intent on suicide, there is no stopping him or her.

Fact: Suicidal people are usually ambivalent about dying. Many will seek help immediately after attempting to harm themselves.

Myth: If you ask someone about their suicidal intentions, you will only encourage them to kill themselves.

Fact: The opposite is true. Asking directly about suicidal intentions often lowers the person's anxiety level. Encouraging someone to talk about pent up emotions through a frank discussion of their problems shows that you care and are willing to help. Talking about suicide can be an excellent prevention tool.

Myth: A suicidal youth will be angry when someone tries to intervene and will resent the attempt to help.

Fact: Most young people are relieved to have someone recognize their pain. Resistance may indicate lack of trust or a test to see how much you care!

Myth: All suicidal people are deeply depressed.

Fact: Although depression is often closely associated with suicidal feelings, not all people who kill themselves are depressed.

Supporting Parents of Suicidal Youth

Seeking help is crucial for the family of a suicidal youth. The family may be in a state of confusion or distress, without support and without information about where to turn for help. Parents should not be expected to face the struggle alone. By having the courage to seek appropriate help when it is needed, parents can be a valuable resource to their suicidal youth.

Parents may be:

- ◆ Feeling that their world has been turned upside down
- ◆ Paralyzed by fear, shame, anger, denial
- ◆ Wishing for life to get "back to normal"

Parents may need support to:

- ◆ Recognize the importance of getting professional help
- ◆ Identify personal coping mechanisms and support systems
- ◆ Understand the importance of removing lethal means, especially firearms, from the environment.
- ◆ Establish some hope for the future

Suicide Bereavement:

The suicide of a family member evokes a special form of grief including shock, denial, disbelief, guilt, and shame. It is important to acknowledge this loss with the bereaved family in some way. Listening, and other expressions of caring are very important.

Grief Support Resources:

To find a bereavement support group in your area, call your local/regional hospice.

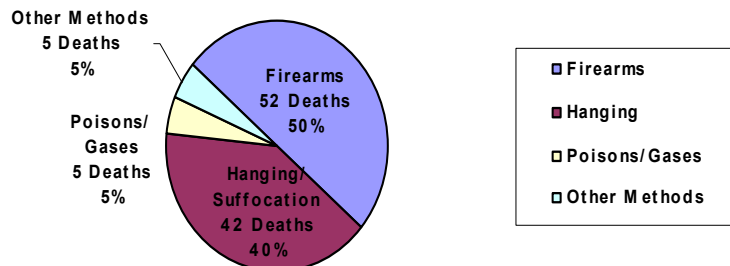
An Important Way to Save the Life of a Suicidal Adolescent

Lethal means available to a youth in despair can end a life in an instant! Evidence suggests that one of the most effective ways to prevent youth suicide is to keep lethal means away from a suicidal youth. Think of this in the same way as keeping the car keys away from someone who has been drinking!

Five of ten youth suicides in Maine are completed with a firearm, usually a rifle or a handgun. Because of the lethality of firearms, the risk of suicide doubles when a firearm is in the home of a suicidal youth. Parents and guardians can reduce the risk of suicide by removing firearms from their homes. Local police officers, sheriff's offices, or state police will assist in the temporary or permanent disposal of firearms. Call them for assistance. Never bring a gun to the police unless told to by the officer on duty.

While self-poisoning is not as lethal as a firearm, detailed "recipes" for suicide can be found on the Internet and in books. If a youth is suspected to be suicidal, locking up medications in the household is important. Parents/guardians can speak with prescribing physicians about their concern of suicidal behavior. It is possible to request the dispensing of non-lethal amounts of medications to reduce the risk. Limiting the amount of alcohol in the home accessible to a suicidal youth is also a significant self-harm prevention strategy.

1999 - 2003 Maine Suicide Deaths by Method Ages 10 to 24



Source: Office of Data, Research and Vital Research Developed by Maine Injury Prevention Staff, November 2005.

Myth: Marked and sudden improvement in the mood of someone who has been depressed is a signal that the crisis period is over.

Fact: Sudden improvement in mood may signify that a decision to commit suicide has been made to put an end to the pain. It is a critical time for direct intervention.

Myth: There is no link between alcohol use and suicide.

Fact: Alcohol and other drug use increase the risk of suicidal behavior. Even people who don't usually drink will often drink alcohol shortly before killing themselves to lower their inhibitions.

Myth: People who threaten suicide are merely seeking attention and/or trying to manipulate others.

Fact: All suicide threats must be taken seriously. This behavior may be a sign of depression and professional help is needed. While it may, in fact, be a manipulative act, it's one that can end in death. It is a cry for help.

Myth: Suicidal people are mentally ill.

Fact: Although many suicidal people are depressed and distraught, not all have a diagnosed mental illness.

Myth: Once someone attempts suicide, they will always be suicidal.

Fact: Four out of five persons who die by suicide have made at least one previous attempt. However, most suicidal crises last for only a very brief period. With support and assistance, there may never be another suicidal crisis.

Myth: Suicide is more common among lower socioeconomic groups.

Fact: Suicide crosses all socioeconomic boundaries. People of all ages, races, faiths, cultures and income levels die by suicide.

Myth: Suicidal youths cannot help themselves.

Fact: With appropriate support and treatment, most young people can gain the life skills, wisdom and maturity to manage their lives.

Myth: A promise to keep a note unopened and unread should always be kept.

Fact: Promises and confidences cannot be maintained when the potential for harm exists. A sealed note can be a serious warning sign of imminent suicidal behavior.

Myth: Only professional therapists can help suicidal people.

Fact: Psychotherapeutic interventions are very important, but many suicidal individuals never see a therapist. A basic suicide intervention can be done by anyone who knows what to do. It is up to all of us to learn about suicide.

Myth: Most suicidal youths never seek help with their problems.

Fact: Most do share their plans with their peers. Many see a school counselor or medical doctor during the three months before they kill themselves. Often, they have trouble expressing themselves directly and verbally. We all need to help, but its especially important for peers to understand the crucial role they can play in saving a life by refusing to keep this secret and helping their friend find an adult who will help.

Myth: Being gay or lesbian is not a risk factor for youth suicide.

Fact: Discrimination, victimization, isolation, and identity confusion may increase the risk for Gay Lesbian Bisexual Transgendered Questioning GLBTQ youths, just as they do for all youths.

What if Help is Refused?

When a youth is suspected to be suicidal, the first course of action for a professional service provider is to follow the protocol of the local institution, agency, or facility.

Parents/guardians should be involved as soon as possible.

They must be informed as to why the child is suspected to be suicidal. In the event that a mandated reporter determines that a youth under age 18 appears to be at risk of attempting suicide and the parent/guardian refuses to obtain services for him/her, a report should be made to Child Protective Services (CPS) at 1-800-452-1999 for neglect - failure to seek necessary mental health treatment which may place the child at risk of serious harm. CPS will conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still will not seek treatment and the CPS believes that this places the child at risk of serious harm or at immediate risk of serious harm, a Court Order will be sought ordering the required treatment services. If there appears to be a danger of abuse if the parents are involved, a report should be made to CPS and an assessment will be conducted as described above.

By calling the statewide crisis hotline, **1-888-568-1112**, you will access the appropriate crisis intervention agency in your area. Crisis service agencies offer professionals who have the skills, authority, and responsibility to formally assess the risk factors and level of care necessary. Treatable mental or emotional illness often underlies suicidal behavior. Treatment can work even if it has to be forced. Sometimes involuntary treatment may be necessary. It is important that each suicidal person, at the very least, has the opportunity to get help.

Persuading Someone to Get Help:

Feelings of hopelessness and helplessness are common to suicidal people. Your support in building hope and finding help can make the difference between life and death.

Trust your instincts and take action when you think someone might be suicidal. Talk to him or her, making it clear that it is OK to talk about suicidal thoughts and feelings and that helping resources are available. Seek professional help as soon as possible.

Ask Directly:

- ◆ Will you let me help you get help?
- ◆ Whom would you like to contact for help?
- ◆ Will you go with me to get help?

How to Refer Someone for Help:

Efforts to persuade someone to live are usually met with relief, so do not hesitate to intervene.

The best way is to take the person directly to someone who will help.

If that is not possible, get the person to agree to get help, and assist with making arrangements for that help as soon as possible.

A third alternative is to get a promise from the suicidal person that they will not kill themselves and that they will seek help.

If you believe a person to be in danger of suicide, it is up to you to use your judgment to see that they get the help they need. Call for Emergency Assistance - the statewide crisis hotline, police, emergency services or other helping resources familiar to you.

Understanding Your Own Feelings About Suicide

The issue of suicide often produces strong emotions of fear, anger, and disbelief.

Hearing a person talk about suicide may cause you to overreact or not react at all. You may want to deny to yourself that suicide is a real possibility. You may also feel that the person is just talking about suicide to get your attention.

Responding in anger, instead of understanding, can make the situation even worse. Ignoring the threat of suicide does not make it go away.

It is important to be clear about your own feelings and limits before you try to help a suicidal person. You may not be the best person to help because of your personal relationship, your own experiences, or other reasons.

Recognizing and acknowledging your own feelings, reactions and capabilities is important before you attempt to intervene with a suicidal youth.

Risk Factors

Risk factors are stressful events, situations, and/or conditions that may increase the likelihood of suicide. Risk factors do not predict imminent danger of suicide. They do not cause suicide. Not all risk factors carry equal weight. Knowledge of risk factors, warning signs, and other kinds of clues helps us consider the risk of suicide.

Family Risk Factors:

- ◆ Family history of suicide (especially a parent)
- ◆ Loss through death or divorce
- ◆ Substance abuse, alcoholism in family
- ◆ Lack of strong attachment in the family
- ◆ Unrealistic parental expectations
- ◆ Violent, destructive parent-child interactions
- ◆ Inconsistent, unpredictable parental behavior
- ◆ Chronic mental illness in the family
- ◆ Physical, emotional, or sexual abuse

Behavioral Risk Factors:

- ◆ One or more prior suicide attempts
- ◆ Alcohol/drug use and abuse
- ◆ Aggression, rage
- ◆ Running away
- ◆ School failure, truancy
- ◆ Fascination with death, violence, Satanism
- ◆ A detailed plan for suicide - how, when, where

- ◆ Reassure, be positive.
- ◆ Identify individuals (s)he can trust for support and help.
- ◆ Formulate a plan for getting help, building hope.
- ◆ Remove lethal means and substances safely and immediately.
- ◆ Offer help/hope in any way you can. Know your own limits. Do not allow yourself to be the only person who can help.

Avoid:

- ◆ Acting shocked.
- ◆ Reacting with anger.
- ◆ Interrupting and offering advice.
- ◆ Minimizing or discounting the problem.
- ◆ Arguing about suicide being “right” or “wrong”.
- ◆ Judging, condemning.
- ◆ Causing guilty feelings.
- ◆ Getting over involved or owning the problem.
- ◆ Offering unrealistic solutions.

Never:

- ◆ Ignore the behavior.
- ◆ Promise total confidentiality or agree to keep a secret.
- ◆ Try to forcefully remove a weapon.
- ◆ Leave a youth alone if you think there is an imminent danger of suicide.

Ask a Question About Suicide

Asking a question about suicide does not increase the risk of suicide. It is very important to use words that are comfortable for you. A young person may resist your questions, but usually (s)he will feel relief that someone has finally recognized his or her pain. It is very important to keep the conversation going in a calm and reassuring manner.

It is important to talk to a suicidal person alone and in private to allow him or her to talk freely and be able to express emotions. Your role and relationship to the suicidal person determines how you set the stage for asking a suicide related question. The fact that you ASK the question is much more important than how you ask.

Examples of suicide related questions:

- ◆ Are you planning your suicide?
- ◆ Are you thinking about killing yourself?
- ◆ When people are in as much pain as you seem to be, they sometimes want to end their life. Are you feeling that way?
- ◆ You seem very unhappy, are you thinking about ending your life?

Responding to the answer:

When someone responds that they are thinking about suicide, it must be taken seriously.

Helpful basic guidelines:

- ◆ Listen with your full attention. Take your time, be patient.
- ◆ Speak slowly, softly, calmly.
- ◆ Acknowledge the pain.

Personal Risk Factors:

- ◆ Mental illness, psychiatric condition
- ◆ Depression, anxiety, bi-polar, psychosis
- ◆ Poor impulse control
- ◆ Compulsive, extreme perfectionism, unrealistic expectations of self
- ◆ Confusion, conflict and sexual identity issues
- ◆ Inability to share suicidal feelings
- ◆ Loss of significant relationships
- ◆ Lack of skills-decision making, anger management, etc.
- ◆ Loss (or perceived loss) of identity or status
- ◆ Feelings of powerlessness, hopelessness
- ◆ Fear of humiliation, extreme shame
- ◆ Pregnancy, fear of pregnancy
- ◆ Inability to accept personal failure

Environmental Risk Factors:

- ◆ Access to lethal means, especially a gun
- ◆ Moving often
- ◆ Religious conflicts
- ◆ Social isolation, alienation, victimization
- ◆ Exposure to the suicide of a peer
- ◆ Anniversary of someone else's suicide
- ◆ Incarceration or loss of freedom
- ◆ High levels of stress, turmoil
- ◆ Too much pressure to succeed
- ◆ Violence in mass media
- ◆ Threat of AIDS

A Special Note About Depression

An important risk factor is depression. Most suicidal people, no matter what their age, suffer some degree of depression. In young people, depression often goes undiagnosed until a crisis occurs. Depression is a treatable condition.

Depression may leave a person feeling drained, “too tired” to carry out a suicide plan. When depression begins to lift and there is a sudden improvement, be aware that this could be a very dangerous time. The three months following a period of depression is thought to be a critical time of suicide risk. The person has the energy to act, and may even appear cheerful and at peace with the world.

Adolescent depression may also include aggressive or “masked” behaviors such as:

- ◆ Hostility, reluctance to communicate, rebelliousness
- ◆ Running away from home
- ◆ Sexual promiscuity
- ◆ Truancy, delinquency, or antisocial behaviors
- ◆ Recklessness or being accident prone
- ◆ Compulsiveness and obsessive behaviors
- ◆ Temper tantrums
- ◆ Boredom, restlessness
- ◆ Complaints of physical illness

Risk Factors most strongly associated with youth suicidal behavior are:

- ◆ One or more prior suicide attempts (the strongest predictor of suicide)
- ◆ Suicidal ideation and threats of suicide; homicidal ideation
- ◆ Exposure to suicide or suicide of a family member or friend
- ◆ Detailed plan for suicide attempt (e.g., how, when, where)
- ◆ Access to lethal means

Responding to Suicidal Behavior

Suicide can be an impulsive act, but it does not usually occur spontaneously. People do not just decide, all of a sudden, to end their lives. They first find themselves in increasingly difficult circumstances. Their coping skills are inadequate to deal with their problems. If someone does not intervene, eventually they are unable to cope and they see suicide as the only solution to solving their problems.

Once the idea has been considered, time is needed to plan where, when and how to complete the act. The process might take only a few hours, but typically it takes days, weeks, or months. While some young people behave very impulsively and move quickly towards suicide, the average crisis period lasts about two weeks. There is usually time to intervene. The earlier the intervention the better.

The goals of suicide intervention are to help the person:

- ◆ Get through the crisis without harm
- ◆ Know that hope exists
- ◆ See alternatives to suicide
- ◆ Identify and access available helping resources

Three Steps to Helping a Suicidal Person:

- ◆ Show you care, listen.
- ◆ Ask about suicidal intent.
- ◆ Persuade the suicidal individual to get help and help them get help.

Motives for Suicide

A suicidal person may feel so hopeless and helpless that suicide is seen as the only solution to stop the pain.

Some common motives for youth suicide include:

- ◆ A cry for help
- ◆ To escape from an impossible situation
- ◆ To get relief from a terrible state of mind
- ◆ To try to influence a particular person
- ◆ To show how much they loved someone
- ◆ To make things easier for others
- ◆ To make people sorry, to get revenge
- ◆ To frighten someone or to get their own way
- ◆ To make people understand how desperate they feel
- ◆ To find out whether they are really loved
- ◆ To do something in an unbearable situation
- ◆ To control an out-of-control situation
- ◆ Desire to die
- ◆ To stop psychological pain

Protective Factors

Protective factors allow a person to bounce back after difficult experiences. These factors can help keep a young person from taking his or her life in stressful times.

Personal Protective Factors:

- ◆ Strong bonds with family members and other caring adults
- ◆ A reasonably safe and stable environment
- ◆ Restricted access to lethal means, especially a gun
- ◆ Good health and easy access to health care
- ◆ Close friends, caring relationships with significant others
- ◆ Responsibilities, including pets to care for
- ◆ Religious/spiritual beliefs in the meaning and value of life
- ◆ A healthy fear of risky behavior and pain
- ◆ Hope for the future
- ◆ Sobriety
- ◆ Good self-care, following medical advice, taking prescribed medications
- ◆ Sense of self-worth and high self-esteem
- ◆ Good decision making, anger management, conflict management, problem solving, and other social and emotional skills
- ◆ A sense of personal control

Warning Signs and Clues

Suicidal behavior is both complex and frightening. Young people in crisis may not self-refer to a mental health professional or even pick up a telephone to call a hotline. Unless someone recognizes the signs, responds appropriately, persuades the individual to get help, and helps with the referral process, a young person may not get the help (s)he needs.

It is easy to miss the warning signs, deny them, or decide that “things couldn’t possibly be that bad”. Warning signs are changes in a person’s behaviors, feelings, and beliefs that are considered to be out of character. Research shows that almost all individuals who attempt suicide gave clues that they intended to kill themselves.

It is the combination of risk factors, warning signs, and other clues that can be deadly. Learning to recognize the warning signs and clues may help avoid a tragedy. These signs usually last for two weeks or longer.

Early Warning Signs of Suicide:

- ◆ Eating and sleeping disturbances
- ◆ Being overly pessimistic
- ◆ “Roller coaster” moodiness - more often and for longer periods than usual
- ◆ Excessive self-criticism, feeling like a failure
- ◆ Persistent physical complaints
- ◆ Difficulty concentrating, difficulty in school
- ◆ Preoccupation with death (often through music, poetry, drawings)

Late Warning Signs:

- ◆ Talks of suicide, death
- ◆ Neglects appearance
- ◆ Drops out of activities
- ◆ Isolates self from friends, family
- ◆ Feels life is meaningless
- ◆ Increased hopeless, helpless feelings
- ◆ Refusing help, feeling “beyond help”
- ◆ Puts life in order - makes a will
- ◆ Gives away favorite possessions
- ◆ Displays sudden improvement after a period of sadness and withdrawal

Sometimes, a Suicidal Person Gives Verbal Clues

Examples of Direct Verbal Clues:

- ◆ I wish I were dead.
- ◆ I’m going to end it all. I’ve decided to kill myself.
- ◆ I believe in suicide.
- ◆ If such and such doesn’t happen, I’ll kill myself.

Examples of Less Direct Verbal Clues:

- ◆ You will be better off without me.
- ◆ I’m so tired of it all.
- ◆ What’s the point of living?
- ◆ I won’t need this anymore.
- ◆ We all have to say good-bye.
- ◆ How do you become an organ donor?
- ◆ Who cares if I’m dead, anyway?