

Keeping Kids Alive

Preventing Youth Suicides

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On the weekend of Martin Luther King's holiday, Trevor Simpson drove north to the Tulalip Indian Reservation from his home in Edmonds, Washington. He went alone; he went without others knowing where he was going or why. In the quiet of the night, Trevor hung himself with the battery cable of his car.

Trevor was a popular student at Edmonds-Woodway High School. He was intelligent, earning a 3.9 grade point average. He was an athlete, playing wide receiver for the school's football team and coaching his younger brother's basketball team. He was adored by his parents and extended family. Why he took his life is still a mystery.

Frequently, depressed teens exhibit clues about their thoughts of suicide. Trevor, for example, asked his friend, Monica, the day before he died, "If you were going to kill yourself, how would you do it?" In hindsight we can see that Trevor probably was trying to talk about suicide but, unfortunately, Monica did not know that talking about suicide was a warning sign. Trevor also gave his favorite baseball cap to his friend, Jason, indicating that he was going to get another one. Jason admired Trevor's hat and was pleased to accept it as a sign of friendship. Had Jason known that giving away prized possessions was another warning sign, he could have reacted differently.

Other clues to watch for include a preoccupation with death, a hopeless mood, increased drug and alcohol use, and a change in normal activities. Prior suicidal behavior is also an important factor, as past behavior influences present and future behavior.

Suicide among youth

In 2003, the Centers for Disease Control and Prevention (CDC) reported that 4,232 youth (10 to 24 years of age) completed suicides in the US. Many, many more young people made suicide attempts that resulted in emergency room visits and hospitalizations. Boys and young men are much more likely to end their lives by suicide; girls and young women make more attempts. Among ethnic groups Native American young people have the highest rates of suicide.

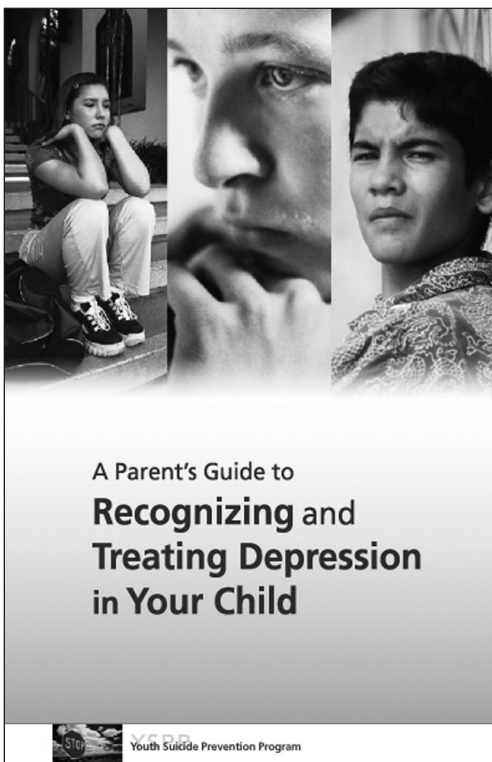
Depression is a significant component of most suicidal deaths. Depression is a chemical

imbalance—you can be born with it or you can develop it as a result of situational crises. Depression in children and adolescents looks different than it does on adults. Irritability, anxiety, hyper-sensitivity to criticism, and physical complaints are common symptoms of depression for young people. Unfortunately many depressed teens do not get diagnosed or do not receive adequate treatment.

Youth suicide prevention program

Following Trevor's suicide in 1992, his parents began advocating for resources that could help prevent other young people from dying. Their efforts resulted in funding from the Washington State legislature for a suicide prevention program. The University of Washington School of Nursing served as the sub-contractor, implementing prevention services for several years. In 2001 the program incorporated as a private, not-for-profit organization, Youth Suicide Prevention Program (YSPP), with continued support from the state, as well as funding from contributions, corporate gifts, fund-raising, and training fees. YSPP (www.yspp.org) supports school-based awareness programs, facilitates education and training for teachers, parents, social service providers, and health care practitioners, and provides technical assistance to communities interested in initiating local prevention efforts.

YSPP delivers educational presentations on identifying the warning signs and intervention strategies to parents, teachers, coaches, and mentors. In middle and high schools across the state, YSPP-trained student prevention teams facilitate peer training about depression and how to help a friend who may be at risk of suicide.



Youth Suicide Prevention Program brochure

YSPP also holds formal training on suicide assessment and intervention for professional caregivers and works with coalitions to plan and implement local suicide prevention efforts. Often these coalitions organize when a young person has already died, although sometimes it takes multiple suicides before communities take any action. When school or community groups do contact YSPP, they typically want training and help in raising awareness about the issue. Their goal is always to prevent other young people from dying.

Sometimes even ad hoc groups get organized and begin to mobilize further school or community efforts. In late 2002 and early 2003, for example two high school students from Poulsbo (in Kitsap County), Washington, died by suicide. In response community members gathered together and organized North Kitsap Life is Valuable (LIV). The group, comprising school staff, local health district staff, parents, and advocates, is building a safety net for the children and teens of their community. It has helped the school district develop a crisis response plan, secured funding for training, and hosted parent education nights on depression and suicide prevention.

Fear and stigma continue to permeate the topic of suicide. The media are hesitant to report suicides for fear of causing more deaths, so the public does not know the scope of the problem, the warning signs, or resources for help. Mental illness, depression, and suicide are not mandated topics in public education, so some students never learn how to help themselves or their friends. (*See box for tips on helping suicidal teens.*) Cultural and moral attitudes about suicide can also make educating about prevention more difficult. For instance, some believe that suicide is sinful, selfish, or just plain wrong. In spite of these obstacles, programs do get delivered, and students, parents, educators, and community members show up in large numbers at presentations on preventing youth suicides.

Challenge of sustaining efforts

As with many public health programs, sustaining prevention efforts is a significant challenge, especially if a school or community has not experienced further suicides. Given all the other demands on schools and the stigma and taboo around suicide, it is difficult for schools, communities, and ad hoc groups to maintain the focus on prevention education.

Ad hoc community groups and coalitions, in particular, may find it helpful to conduct a periodic review of the activities they've attempted and their success or failure. In reviewing their activities, groups need to reflect on the rewards and benefits that they have experienced in the

How to Help When a Teen Might Be Suicidal

When we hear or see tell-tale signs of suicide, it is important to intervene.

Show that you care. Don't be afraid to ask how they are doing. Listen to their feelings and avoid giving advice or demanding that they "get over it." It is important to try to understand their frustrations, their worries, their problems. Suicidal teens typically do not want to die; they want to find a solution to their problems.

Ask the question. If you suspect a young people may be at risk of suicide, it is important to ask directly and calmly, "Are you thinking about harming yourself, about dying?" This question will not plant the idea of suicide. It will actually give permission—if the thoughts are present—to talk about them. Giving permission to talk about suicide can relieve pressure; not talking about suicide can leave the adolescent feeling even more alone.

Get help. If the answer to the question about suicide is *yes*, or if you are concerned that it is, then it is time to get help. Help might mean calling a hotline or talking to a school counselor, coach, or favorite teacher. It is important not to leave the suicidal youth alone.

process of implementation, while also addressing identified challenges.

Long-term change related to suicide prevention is most likely going to require legislative mandates, policies, and professional standards. Such standards could require, for example, that mental health counselors, social workers, and psychologists obtain a specific number of hours of training in suicide assessment and intervention in order to renew their licenses. Education policies could require, for example, that mental illness, depression, and suicide prevention be taught to every ninth grader in the public education system.

Building on the success of school-based health clinics, perhaps we should advocate that funding also be appropriated for mental health therapists who work in the school building to assess and intervene with at-risk students. At the very least, every public school could be required to have a written crisis plan that includes responding to suicidal behaviors—not just students who died by suicide—and that faculty and staff members know the contents of the plan and their role in preventing suicide.

Sustainability is an important challenge for all public health prevention programs, not just for those focused on preventing suicide. But, for students like Trevor Simpson, finding ways to sustain suicide prevention programs is a matter of life and death. ■

Author

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Resources

Suicide Prevention Resource Center. www.sprc.org.

Suicide Prevention Action Network USA. www.spanusa.org.