Across the globe rich or poor, educated or uneducated a parent’s worst fear is, the untimely death of their child.

Worst still is the possibility that they might take their own lives.

As parent/caretakers, it leaves us helpless, angry at ourselves and at everyone else who did not see it coming or did not intervene at the right time.
Suicide is the second leading cause of death after MVA.

Many people have the risk factors that predispose them to suicide but never make attempts.

While some attempts are impulsive all indicators of suicidal thoughts need to be taken seriously.
How Common Is Suicide

Statistics Canada 2007

- **10-14 years**: 2 /100,000
- **15-19 years**: 9/100,000

- Male : female.. 4 : 1
- Females make 4 times more attempts

There is a significant correlation between suicide and psychiatric disorders, socio-demographic disadvantage, sexual abuse and non-completion of school.
Facts and Fiction

Facts

➢ Not equal risk. Older teens & gay and lesbians most at risk

➢ Rate of suicide has declined since 1996

➢ Boys are more likely to suicide than girls

➢ Cutting is not a sign of imminent suicide

➢ We cannot prevent all suicides…but we sure can try
Facts and Fiction

Fiction

➢ Teenager suicide rates are on the rise
➢ Suicide is sudden and unpredictable
➢ Internet, violent video games lead to suicide
➢ Ideas and Threats = Suicide
➢ Talking about it may put ideas in their heads
Who Is At Risk for Suicide

- Males, age >14
- Caucasian. First nations
- Genetic loading, Family history of suicide
- Impulsive / Aggressive Traits
- Mood disorders, Substance use disorder
- Losses: actual or perceived

Means Availability
Completed Suicides

Males

• Higher rates of Conduct Disorder and Substance Abuse
• Males more likely to be intoxicated at the time
• Males more likely to use lethal means

Females

• Higher rates of mood disorder
• Higher rates of past attempts
• More likely to use overdose as means of self-harm
What Are Some Warning Signs

Suicidal feelings have some share symptoms with depression.

➢ Change in eating, sleeping, loss of interest in pleasurable activities, decline in the quality of schoolwork

➢ Withdrawal from friends, family, and regular activities

➢ Neglect of personal appearance, marked personality change,

➢ Frequent complaints of stomach aches, headaches, fatigue.

➢ Substance abuse
A Teenager who is thinking of suicide

➢ May complain of being a bad person or feeling rotten inside

➢ May make statements such as: I won't be a problem for you much longer, Nothing matters

➢ Give away possessions, throw away important belongings

➢ Become suddenly cheerful after a period of depression

➢ Have signs of psychosis (hallucinations or bizarre thoughts)
Self-Harm Behaviours

- Prevalence: 20% for general, 40% for residential teens
- Age of onset: 14 - peak between 16 to 25 years.
- Commoner in females than males
- Helps to calm down and control emotional dysregulation

Risk factors

- Sexual and physical abuse,
- Emotional neglect, deprivation, poor function
- Poor attachment and prolonged separation from caregivers
What Can You Do

We can't always provide what our children need, be it discipline, empathy, validation or guidance. We fail because our timing was off, or we misread a cue or we are tired or angry or just don’t know what to do. (Hollander)

➢ Provide opportunities for openly speaking about how they are feeling. Ask directly if you are worried. Avoid dramatic negative statements.

➢ Seek an assessment by a qualified professional. It is critical that those with suicidal thoughts and self harm behaviours have a thorough assessment.
What Do I Need To Do

Intent:
- **High Intent** - Accidental discovery, calculated risk, practiced plan
- **Low intent** - didn’t want to die, relieve tension

Lethality:
- **High Lethality** - Secretive Firearms, hanging, jumping
- **Low lethality** - informed people, small OD, cutting
What I Need to Know

Is there:

➢ H/O Mood disorders, Alcohol/Substance abuse

➢ Past H/O self destructive behaviors

➢ Family H/O suicide, depression, criminality.

➢ Problem solving style: impulsive, aggressive

➢ Future plans

➢ Available supports (personal, professional)
What Can be Done

➢ We can endeavour to provide a safe, secure place (such as hospital)

➢ Treat the underlying disorder medications work

➢ Teach coping strategies Cognitive behaviour therapy works

➢ Dialectic Behaviour therapy works for cutting behaviours
Useful Material

- [http://helpguide.org/mental/depression_teen.htm](http://helpguide.org/mental/depression_teen.htm)

