SPECTRUM

CHIMO

A look at suicide amoung Canadian youth

CAUSES/ *Carolyn Rogers discusses the factors involved in suicidal behaviour and where to get help.*

Overview

Surprisingly enough, Canada, at 14 suicide deaths per 100,000 has a higher suicide rate than that of the U.S. with 12 suicides per 100,000. Recent data indicates that countries with a greater population of children have a higher homicide rate (the U.S.) while countries with a more elderly population have a higher suicide rate (more next week on suicide and the elderly).

To get a clearer picture of the severity of this social problem, we should consider the number of deaths one to suicide as well as the number of people engaging in non-fatal suicidal behavior (threats and ideation).

While 3700 deaths per year are recognized as suicides, it is widely accepted that the actual number of suicides per year is vastly underestimated - by as much as 10-50%!

Youth between 15-24 accounted for 700 of these deaths. In fact, suicide is the second leading cause of death for youth between the ages of 20 and 24 (after accidents) and the third leading cause of death for adolescents between 15-19 years of age (after accidents and childhood disease).

Now let's consider the number of people engaging in non-fatal suicidal behavior. It is estimated that for every completed suicide there are 100 attempts! Two surveys conducted in 1988 in six large North American cities revealed that 4-5% of the population had, in their lifetime, attempted suicide; 10-15% of the population have experienced suicidal ideation (verbal threats, expression or thoughts of suicide).

Clearly then, suicide is a social issue of great magnitude.

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Last week, I wrote about suicide in general, and focused on warning signs exhibited by adults. This week, an article regarding suicide and youth (15-14 years of age).

Since 1965, youth suicide in Canada increased by 300%!! Not surprising then that youth suicide has received alot of media attention in recent years...

What causes suicide amongst youth?

As I stated last week, suicide is as unique as the individuals engaging in suicidal behavior. What may be a factor for one person, may not be of consequence to another.

Like adults, there are some commonalties: feelings of low self-esteem; ambivalence about living; a sense of hopelessness and helplessness (to change the situation); poor problem-solving abilities and coping skills (sometimes because the youth is overwhelmed).

The stressors most commonly cited revolve around family, personal and school.

Family Factors

1. Divorce or separation. Oftentimes youth, especially younger adolescents blame themselves for the divorce or separation of their parents. Feelings of guilt can result.

2. Parental role failure. Parents may be absent from the home frequently and therefore unable to fulfill their parental obligations to the extent they would prefer. Some parents may be neglectful or abdicate their responsibilities altogether - not providing emotional support, or setting down rules for behavior. Despite what adolescents may say, they need parameters and boundaries: parental rules (within reason) are regarded as signs of parental caring (many adolescents have told me as much).

3. Family history of drug/alcohol abuse. Much of the way children and adolescents learn to cope is learned from their parents. If drug or alcohol abuse is used as a coping mechanism by one's parents, there is a greater chance that children and adolescents will also turn to these substances. It is widely held that fully 58-65% of all suicides are committed under the influence of drugs or alcohol. Many people who engage in suicidal behavior are depressed. Alcohol and some drugs are depressants. These chemicals serve only to make one feel worse.

4. Family history of suicidal ideation. As I wrote last week, once the stigma is removed from suicide (one to the death of a family member by suicide), it may become more tolerated or accepted. Furthermore, some families may use suicide like others use alcohol - as a coping mechanism. Suicidal behavior may be a coping mechanism learned by an adolescent.

5. Depression. Children and adolescents can also be clinically depressed.

6. Excessive mobility. We all need to belong - to a family, group (of friends) and community. Youth especially value belonging to a group of friends. If a family is always on the move it becomes difficult for a youth to fit in, belong. A sense of isolation can result.

7. Economic insecurity. It goes without saying, poverty is stressful.

8. Father's absence. Perhaps because poverty is often the economic result.

9. Family dysfunction. If a child or adolescent is busy just trying to survive day-to-day in a dysfunctional family, it is extremely difficult to realize one's potential, develop healthy coping skills and good problem-solving abilities.

10. History of school failure. May result in feelings of inadequacy and low self-esteem. Failing to live up to one's own expectations or that of people significant in their lives - parents - can be very difficult.

11. Identity vacuum. During adolescence youth begin the developmental task of separating from their parents and developing their own identity. Some youth may find this task difficult (perhaps because of parental) pressure not to pull away) and be unable to forge a separate identity. Not having a sense of self leaves one vulnerable (and easy to influence) not to mention without a strong positive self-image.

12. Excessive standards. Expectation on the part of one's parents or ONESELF which are unrealistic sets one up for failure and the attendant feelings of inadequacy, shame, low self-worth, etc.

Individual Factors

1. Physical handicaps. May hamper the ability to belong to a group and brings up issues re: mobility, etc.

2. Chronic illness. Can be frustrating, draining and leave one with a sense of hopelessness. Also, may affect one's ability to fully participate in life's activities .

3. Emotional illness: Self-destructive behavior. A youth engaging in self-destructive behavior, is, in my view, crying for help. This behavior indicates serious problems with which the youth is coping and which may be overwhelming.

4. Immaturity.

5. Poor coping mechanisms. Study after study reveals inadequate coping skills to be a common denominator in suicides (from all age groups).

Precipitating Factors

A youth already trying to cope with any of the situations described above may become totally overwhelmed by other stressors such as outlined below.

1. Conflict with parents, school officials.

2. Failed grade/poor academic performance. Interestingly enough, high achievers are particularly at risk perhaps because their identities may be closely aligned with doing well in school. A "B" on an assignment to an "A" student can be as devastating to this youth as an "F" to a "D" student.

3. Boy/girlfriend breakup or quarrel. It's been CHIMO's experience that many more adolescent males call ideating suicide after a relationship ends than adolescent females - perhaps because society permits females to emote more than males.

4. Recent loss of love object - significant someone or something.

5. Loss of status - among peers.

6. Poor job performance.

7. Pregnancy.

8. Divorce of a parent.

9. Stress from parents.

Remember, we are all individuals who perceive things uniquely from our own perspective and who react differently. No two people think, act or feel the same. What may be a crisis for one person may not be for another. A youth experiencing the above problems may not be suicidal. A youth may be dealing with a combination of hazardous events which may precipitate a suicidal crisis.

Warning Signs

Cognitive:
1. Loss of judgment
2. Slowness of thought
3. Dichotomous thinking
4. Existential crisis-loss of meaning

Affective:
1. Depression
2. Anxiety
3. Anger
4. Guilt
5. Shame
6. Apathy (exaggerated/extended)
7. Psyche pain
8. Inadequacy
9. Ambivalence

Behavioral:

- abrupt changes in personality
- giving away prized possessions
- increased use of drugs/alcohol
- withdrawal and rebelliousness
- sexual promiscuity
- neglect of personal appearance
- depression
- agitation
- irritability
- isolation/detachment
- impulsiveness
- weeping
- immobilization
- excessive fatigue
- inactivity and boredom
- unusually long grief reaction
- neglect of academics
- abrupt end of romance
- running away from home

Suicide is the second leading cause of death for youth between the ages of 20 and 24.

This series on suicide and prevention has been prepared and written by Carolyn Rogers.

Where to go for help

1. CHIMO 450-HELP (4357)
2. MHC 453-2132
3. FE 458-8211
4. Seek support from guidance counselors, clergy, teachers.

What to do:

1. Listen. Ask about their perception of what's happening.
2. If you believe s/he is suicidal, ASK DIRECTLY.
3. Contract with the youth not to harm him/herself.
4. Call for professional help.
5. Establish a support network of friends and/or family to be with him/her until professional help is received.
6. Ensure professional help is received.