

Youth and suicide

Young people face significant internal and external stressors, including social, physiological, and neurological change. Being an adolescent can involve many challenges. When facing them, some may feel trapped and need support to help them see hope for the future. Thoughts of suicide or suicide attempts are key warning signs. If young people show these signs, it is crucial to offer support and connect them to help as soon as possible (Bennett et al., 2015).

In 2019, among those in the 15–19 age group,

129 males
(11.9 per 100,000)

&

71 females
(6.9 per 100,000)

died by suicide.
(Statistics Canada, 2019)

Youth are admitted to hospital for suicide attempts more than any other age group (as many as one in four admissions) (Kutcher & Szumilas, 2008).

Suicide accounts for

25%

of all deaths among 15–24 year-olds (Statistics Canada, 2019)

Why are youth at risk?

Certain factors can place some people at a higher risk for suicide than others, and when multiple risk factors outweigh the factors that build resiliency, there is an increased likelihood that a person may think about suicide (Sharam et al., 2021).

A few factors put youth at risk of suicide:

- Internal stressors such as overwhelming emotional pain, feelings of hopelessness, mental illness, trauma, impulsivity, or struggles with gender identification or sexual orientation
- External stressors such as bullying, exposure to suicide, homelessness, or a recent stressful event (especially actual or perceived losses)
- A tendency for “tunnel vision” that prevents them from being able to see past the difficulties of today and into the future
- A vulnerability to “suicide contagion” (or imitation) that may put them at risk in reaction to the suicide of a loved one, celebrity, or a fictional character they strongly identify with (Zenere, 2009)

Warning signs

Any significant change in behaviour or mood is a warning sign that someone may be thinking about suicide. In the following examples among young people, some characteristic behaviours may be symptoms of an emerging mental health concern, including thoughts of suicide:

- **Significant mood changes:**
 - › being really sad when usually they're happy, or being really happy when they're usually down or melancholic
 - › getting angry, annoyed, or easily frustrated
- **Risk taking, spontaneous behaviour that is out of the ordinary:**
 - › drinking more alcohol or taking more drugs than usual
 - › wanting to run away from home
- **Conversation or statements that indicate hopelessness, psychological pain, feelings of worthlessness, or being a burden:**
 - › "What's the point of even trying?"
 - › "Nobody cares about me."
- **Talking about or making plans for suicide**
- **Marked changes in behaviour or worrisome behaviour:**
 - › withdrawal (from activities they normally enjoy, social media)
 - › changes in sleep patterns
 - › anger or hostility
 - › recent increases in agitation or irritability

(Suicide Awareness Voices of Education et al., 2015)
- **Reaching a point where self-harm (non-suicidal self-injury) is no longer an effective coping mechanism (Whitlock & Knox, 2007)**

Historically, adolescent females attempted suicide far more often than males. While males died more often, that gap is narrowing as females increasingly use more lethal means of suicide (Skinner & McFaull, 2012).

What can reduce risk?

Suicide risk in youth can be reduced in four basic ways: reducing psychological pain, increasing hope, enhancing connection, and reducing the capability for suicide (Klonksy, personal communication, 2020).

Other factors that may reduce risk:

- A strong family connection
- A positive school environment
- Strong, supportive relationships (with friends, trusted adults)
- Good self-esteem
- Hope for the future
- Recognition that emotions are not static, that one's emotional state constantly changes
- Involvement in positive activities outside regular school hours (e.g., volunteering, participating in cultural activities, sports) (Armstrong & Manion, 2015)

Suicide is the second leading cause of death among 15–19-year-olds, second only to all unintentional injuries (accidents) combined, including unintentional drug overdoses (Statistics Canada, 2019).

What can we all do to help reduce suicide among youth?

If a young person you know is exhibiting warning signs, talk with them.

You can start the conversation by mentioning your concerns and using direct and open-ended questions: “I noticed you’re getting more frustrated about your school work lately. How are you doing?” Take time to listen, and let them express themselves without lecturing them. Be patient if what they’re saying is not immediately apparent or reasonable to you. Remember their perspective and validate their feelings. Be aware that the young person may also express themselves using body language.

If you’re still worried about them, ask “Are you thinking about suicide?” If they say “yes,” don’t react with shock or anger or try to solve their problems. Ask if they have a plan for how they would die by suicide. If they say yes, ask if they are able to follow through with their plan. If they say “yes,” get help immediately and do not leave them alone. Take them to the emergency department or call a crisis line for advice. Otherwise, enlist the help of others, such as a family member, friend, or crisis centre. You can also help them create a safety plan (bit.ly/3qqfhoH).

At home and at school

Ways to help prevent suicide in a young person you know:

- Help them build connections with family, other adults and youth, and create a network of support
- Guide them in identifying their strengths
- Develop or strengthen your relationship with them
- Provide support, communicate positive expectations, and invite their participation
- Demonstrate attitudes and messages of optimism, strength, and overcoming difficulties
- Pinpoint and treat underlying disorders that may be contributing to their mental health challenges
- Identify and resolve ongoing or historical trauma

In a healthcare setting

Up to two-thirds of all youth who die by suicide never receive mental health services. Strategies that have proven to be effective for reducing suicide rates, such as early intervention with mental health disorders, are not often available (Kutcher & Szumilas, 2008). Since healthcare workers see young people most often, these settings need to have better and more accurate screening to identify youth who are thinking about suicide (Wagner, 2009). These workers should also be educated in suicide prevention. Our goal must be to get the youth most at risk the help they need.

What can youth do to stay mentally healthy?



Armstrong L. L., & Manion, I. G. (2015). Meaningful youth engagement as a protective factor for youth suicidal ideation. *Journal of Research on Adolescence*, 25(1), 20-27. bit.ly/3glU5J4

Bennett, K., Rhodes, A. E., Duda, S., Cheung, A. H., Manassis, K., Links, P., Mushquash, C., Braunberger, P., Newton, A. S., Kutcher, S., Bridge, J. A., Santos, R. G., Manion, I. G., McLennan, J. D., Bagnell, A., Lipman, E., Rice, M., & Szatmari. (2015). A youth suicide prevention plan for Canada: A systematic review of reviews. *Canadian Journal of Psychiatry*, 60(6), 245-257. bit.ly/3towgLL

Kutcher, S. P., & Szumilas, M. (2008). Youth suicide prevention. CMAJ, 178(3), 282-285. bit.ly/3Aa6frX

Sharam, S., Smith, M., Kemp, T., Shelly, B. & Feddersen, M. (2021). Promoting “Zest for Life”: A systematic literature review of resiliency factors to prevent youth suicide. *Journal of Research on Adolescence*, 31(1), 4-24.

Skinner, R., & McFaul, S. (2012). Suicide among children and adolescents in Canada: Trends and sex differences, 1980-2008. *CMAJ*, 184(9), 1029-1034. [bit.ly/3rimn6l](https://doi.org/10.1503/cmaj)

Statistics Canada. (2019). Deaths and age-specific mortality rates, by selected grouped causes (Table 13-10-0392-01 [formerly CANSIM 102-0551]). bit.ly/3K9rAGd

Suicide Awareness Voices of Education, American Association of Suicidology, Substance Abuse and Mental Health Services Administration, & National Center for the Prevention of Youth Suicide. (2015). Youth warning signs. bit.ly/33wDlpF

Wagner, B. M. (2009). Suicidal behavior in children and adolescents. Yale University Press. bit.ly/33zyu76

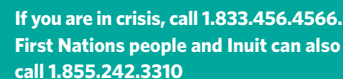
Whitlock, J., & Knox, K. L. (2007). The relationship between self-injurious behavior and suicide in a young adult population. *Archives of Pediatrics and Adolescent Medicine*, 161(7), 634-640.
bit.ly/33x1V9C

Zenere, F. J. (2009). Suicide clusters and contagion. *Principal Leadership*, 10(2), 12-16. bit.ly/33bRRTY

Anyone can learn to identify someone at risk of suicide and get them help.

We are the Centre for Suicide Prevention. For 40 years we've been equipping Canadians with knowledge and skills to respond to people considering suicide. We can equip you too. We educate for life.

The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.



hopeforwellness.ca
suicideprevention.ca/need-help

VISIT SUICIDEINFO.CA FOR MORE RESOURCES



centre for
suicide prevention



Financial contribution from

Health Canada / Santé Canada