

Information Dissemination in Schools

The Facts about Adolescent Suicide

This document is a true and false test on adolescent suicide, which could be presented to staff as well as parents as a way of increasing their awareness and knowledge. By simply giving this true and false to staff and parents and allowing for some time to discuss questions and concerns, schools can effectively increase awareness about adolescent suicide and may help prevent an incident of suicide in their school.

True/False Test

True	False	
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Adolescent suicide is an increasing problem in the United States. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Most teenagers will reveal that they are suicidal or have emotional problems for which they would like emotional help. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Adolescents who talk about suicide do not attempt or commit suicide. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Educating teens about suicide leads to increased suicide attempts, since it provides them with ideas and methods about killing themselves. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Talking about suicide in the classroom will promote suicidal ideas and suicidal behavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Parents are often unaware of their child's suicidal behavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. The majority of adolescent suicides occur unexpectedly without warning signs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Most adolescents who attempt suicide fully intend to die. |

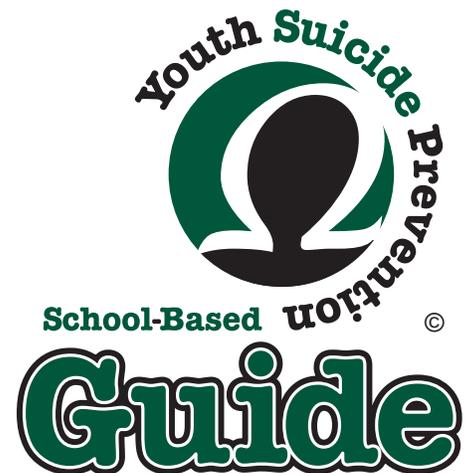
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It

True/False



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Developed by...

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The Facts about Adolescent Suicide

True/False Test continued

True **False**

- 9. There is a significant difference between male and female adolescents regarding suicidal behavior.
- 10. The most common method for adolescent suicide completion is drug overdose.
- 11. Because female adolescents complete suicide at a lower rate than male adolescents, their attempts should not be taken seriously.
- 12. Not all adolescents who engage in suicidal behavior are mentally ill.
- 13. Suicidal behavior is inherited.
- 14. Adolescent suicide occurs only among poor adolescents.
- 15. The only one who can help a suicidal adolescent is a counselor or a mental health professional.
- 16. Adolescents cannot relate to a person who has experienced suicidal thoughts.
- 17. If an adolescent wants to commit suicide, there is nothing anyone can do to prevent its occurrence.

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The Facts about Adolescent Suicide continued

Answers to True/False Test continued

1. Adolescent suicide is an increasing problem in the United States (**True**). While the suicide rate for the general population has remained relatively stable since the 1950s, the suicide rate for adolescents has more than tripled. Presently, the suicide rate for 15-24 year olds stands at 13.8 per 100,000. From 1980 to 1992, the suicide rate for 15-19 year olds and 10-14 year olds increased 28% and 120%, respectively.
2. Most teenagers will reveal that they are suicidal or have emotional problems for which they would like emotional help (**True**). Most teens will reveal that they are suicidal and although studies have shown that they are more willing to discuss suicidal thoughts with a peer than a school staff member, this disposition that most teens have towards expressing suicidal ideations could be used for screening adolescents through questionnaires and/or interviews.
3. Adolescents who talk about suicide do not attempt or commit suicide (**False**). One of the most ominous warning signs of adolescent suicide is talking repeatedly about one's own death. Adolescents who make threats of suicide should be taken seriously and provided the help that they need. In this manner, suicide attempts can be averted and lives can be saved.
4. Educating teens about suicide leads to increased suicide attempts, since it provides them with ideas and methods about killing themselves (**False**). When issues concerning suicide are taught in a sensitive, educational context they do not lead to, or cause, further suicidal behaviors. Since three-fourths (77%) of teenage students state that if they were contemplating suicide they would first turn to a friend for help, peer assistance programs have been implemented throughout the nation. These educational programs help students to identify peers at risk and help them receive the help they need. Such programs have been associated with increased student knowledge about suicide warning signs and how to contact a hotline or crisis center, as well as increased likelihood to refer other students at risk to school counselors and mental health professionals. Furthermore, directly asking an adolescent if he or she is thinking about suicide displays care and concern and may aid in clearly determining whether or not an adolescent is considering suicide. Research shows that when issues concerning suicide are taught in a sensitive and educational manner, students demonstrate significant gains in knowledge about the warning signs of suicide and develop more positive attitudes toward help-seeking behaviors with troubled teens.
5. Talking about suicide in the classroom will promote suicidal ideas and suicidal behavior (**False**). Talking about suicide in the classroom provides adolescents with an avenue to talk about their feelings, thereby enabling them to be more comfortable with expressing suicidal thoughts and increasing their chances of seeking help from a friend or school staff member.
6. Parents are often unaware of their child's suicidal behavior (**True**). Studies have shown that as much as 86% of parents were unaware of their child's suicidal behavior.
7. The majority of adolescent suicides occur unexpectedly without warning signs (**False**). Nine out of ten adolescents who commit suicide give clues to others before their suicide attempt. Warning signs for adolescent suicide include depressed mood, substance abuse, loss of interest in once pleasurable activities, decreased activity levels, decreased attention, distractability, isolation, withdrawing from others, sleep changes, appetite changes, morbid ideation, offering verbal cues (i.e., "I wish I were dead"), offering written cues (i.e., notes, poems), and giving possessions away. In addition, the following risk factors place an adolescent at increased risk for suicidal behavior: having a previous suicide attempt, having a recent relationship breakup, being impulsive, having low self-esteem, being homosexual, coming from an abusive home, having easy access to a firearm, having low

The Facts about Adolescent Suicide continued

Answers to True/False Test continued

grades, and being exposed to suicide or suicidal behavior by another person. Moreover, most suicidal adolescents attempt to communicate their suicidal thoughts to another in some manner. Not surprisingly, an effective way to prevent adolescent suicide is to learn to identify the warning signs that someone is at risk.

8. Most adolescents who attempt suicide fully intend to die (**False**). Most suicidal adolescents do not want suicide to happen. Rather, they are torn between wanting to end their psychological pain through death and wanting to continue living, though only in a more hopeful environment. Such ambivalence is communicated to others through verbal statements and behavior changes in 80% of suicidal youths.
9. There is a significant difference between male and female adolescents regarding suicidal behavior (**True**). Adolescent females are significantly more likely than adolescent males to have thought about suicide and to have attempted suicide. More specifically, adolescent females are 1.5 to 2 times more likely than adolescent males to report experiencing suicidal ideation and 3 to 4 times more likely to attempt suicide. Adolescent males are 4 to 5.5 times more likely than adolescent females to complete a suicide attempt. While adolescent females complete one out of 25 suicide attempts, adolescent males complete one out of every three attempts.
10. The most common method for adolescent suicide completion is drug overdose (**False**). Guns are the most frequently used method for completing suicides among adolescents. In 1994, guns accounted for 67% of all completed adolescent suicides while strangulation (via hanging), the second most frequently used method for adolescent suicide completions, accounted for 18% of all completed adolescent suicides. Having a gun in the house increases an adolescent's risk of suicide. Regardless of whether a gun is locked up or not, its presence in the home is associated with a higher risk for adolescent suicide. This is true even after controlling for most psychiatric variables. Homes with guns are 4.8 times more likely to experience a suicide of a resident than homes without guns. In lieu of these findings, it should not be surprising that restricting access to handguns has been found to significantly decrease suicide rates among 15-24 year olds.
11. Because female adolescents complete suicide at a lower rate than male adolescents, their attempts should not be taken seriously (**False**). One of the most powerful predictors of completed suicide is a prior suicide attempt. Adolescents who have attempted suicide are 8 times more likely than adolescents who have not attempted suicide to attempt suicide again. Between one-third to one-half of adolescents who kill themselves have a history of a previous suicide attempt. Therefore, all suicide attempts should be treated seriously, regardless of sex of the attempter.
12. Not all adolescents who engage in suicidal behavior are mentally ill (**True**). The majority of adolescents have entertained thoughts about suicide at least once in their lives. Although there are cases of some adolescents attempting and completing suicide as a result of a mental disorder, most are in fact not suffering from a mental disorder. Studies involving psychological autopsies of adolescents who completed suicide suggest that most adolescents are relatively rational and coherent at the time of their death. However, other research does suggest that identifying at-risk youth, by utilizing depression scales and psychopathology inventories, through screening and treating those individual who test positive for mental illness can benefit from counseling by a trained professional.
13. Suicidal behavior is inherited (**False**). There is no specific suicide gene that has ever been identified. Studies involving twins have found higher concordance rates for suicide in monozygotic twins than in dizygotic twins; meaning that an identical twin would be more likely than a fraternal twin to engage in suicidal behavior if his/her co-twin committed suicide. However, no study to date has examined the

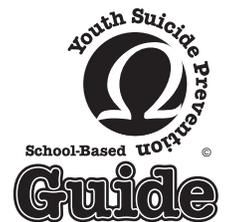
The Facts about Adolescent Suicide continued

Answers to True/False Test continued

concordance for suicide in monozygotic twins separated at birth and raised apart, a requirement necessary to be met as a means to indicate inheritance of psychiatric illness. Such a study could assess the effects that parental rearing style and familial environment have on suicidal behavior. Interestingly enough, when compared to control subjects, adolescent suicide victims have been found to have had significantly less frequent and less satisfying communication with their parents.

14. Adolescent suicide occurs only among poor adolescents (**False**). Adolescent suicide occurs in all socioeconomic groups. Socioeconomic variables have not been found to be reliable predictors of adolescent suicidal behavior. Instead of assessing adolescents' socioeconomic backgrounds, school professionals should assess their social and emotional characteristics (i.e., affect, mood, social involvement, etc.) to determine if they are at increased risk.
15. The only one who can help a suicidal adolescent is a counselor or a mental health professional (**False**). Most adolescents who are contemplating suicide are not presently seeing a mental health professional. Rather, most are likely to approach a family member, peer, or school professional for help. Displaying concern and care as well as ensuring that the adolescent is referred to a mental health professional are ways paraprofessionals can help.
16. Adolescents cannot relate to a person who has experienced suicidal thoughts (**False**). Data from the 1997 Youth Risk Behavior Surveillance Survey (YRBS), which surveyed 16,262 high school students, found that one in five students (24.1%) had seriously considered attempting suicide in the previous year. A population study of 5,000 teenagers from a rural community showed that 40% had entertained ideas of suicide at some point in their lives. Some researchers have estimated that it is more realistic that greater than half of all high school students have experienced thoughts of suicide. Furthermore, a mid-western survey of over 400 junior and senior high school students found that almost half of the students reported having a friend who had attempted suicide.
17. If an adolescent wants to commit suicide, there is nothing anyone can do to prevent its occurrence (**False**). One of the most important things an individual can do to prevent suicide is to identify the warning signs of suicide and recognize an adolescent at increased risk for suicide. School professionals should, therefore, be aware of these risk factors and know how to respond when a student threatens or attempts suicide. The existence of a school crisis intervention team may assist with this process.

Notes



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