Understanding and Preventing Suicide in Young people

The rate of suicide for young people in Australia is high when compared with other western nations. In 1998 nearly 24% of suicide deaths were young people aged 20 to 29 years. In the same year over 5% of suicides in Australia were young people aged less than 20 years. Rates for males are consistently higher than those for females, with between four and six male suicides to every female suicide.

Between the early 1970s and 1997 the rates of suicide for young men, aged 15 to 24 years, more than tripled. Rates for young women fluctuated slightly. Recently rates have decreased, with those for 1999 being the lowest in 11 years.

Young Australians are significantly more likely than older age groups to be admitted to hospital after deliberately harming themselves. Hospital admission rates indicate that women are more likely to self-harm than men.

Why Suicides Happen?

Suicidal behaviour results from a complex range of personal, social and situational issues affecting an individual. Often it may appear that a particular incident has “caused” the suicide, but in fact it is usually due to a combination of issues or a pattern of earlier difficulties. Listed below are situations and events that typically have a negative impact.

Situations:

- A history of depression or other mental illness in an individual, or in their parents or carers
- Domestic violence or abuse - physical, emotional or sexual
- Conflict over sexual identity or other sexual issues
- Misuse of alcohol or other drugs
- Patterns of poor communication and isolation.

Events:

Events include any major anticipated or actual loss, disappointment or humiliation:

- Loss through death, divorce or moving
- Relationship break-up
- Perceived academic or work failure
• Unwanted unemployment
• Being in trouble with authorities
• Sudden disability or serious illness
• Feared pregnancy.

These sometimes-unavoidable situations may place a person at risk of suicide. The extent to which they do this depends in part on:

• The person’s ability and opportunity to cope
• How confident they are in their ability to resolve problems and bring about a change in their life
• Availability of good support from parents, friends, carers and professionals.

Recognising when young people may be at risk of suicide

Few young people are intent on death. Rather they want life, as it is, to stop. If we recognise their despair we have a chance to listen and support them in achieving a change. Listed below are behaviours that may suggest an intention to suicide.

Sudden changes in the young person’s usual pattern of relating:

• Withdrawing from family/friends, or not wanting to be left alone
• Not wanting to be touched
• Loss of interest in usual activities
• Developing violent, argumentative or disruptive behaviour
• Loss of humour, or unusual change to acting the ‘clown’.

Marked personal changes:

• Decline in school achievement or work, disinterest in the future
• Apathy about dress and appearance
• Changes suggesting depression or other mental health problem e.g. lack of concentration, changes in sleeping and eating patterns, delusions or hallucinations
• Sudden happiness or relief after a lengthy period of depression.

Impulsive and/or risk-taking behaviour:

• Running away from home, truanting
• Careless, accident-prone behaviours, e.g. not looking after oneself when sick, or playing ‘chicken’ on the road
• Heavy or increased use of alcohol or other drugs.

Making final arrangements:

• Making a will
• Giving away prized possessions
• Organising own funeral.

Self-harm and suicide attempts:

• Self-mutilation, e.g. cigarette burns, cutting
One of the most important and reliable indicators of risk is having made previous suicide attempt(s).

Verbal expressions - direct or indirect:

- ‘I wish I were dead’
- ‘You won’t have to bother with me any more’
- ‘I think dead people must be happier than when they were alive’
- ‘I’d like to go to sleep and never wake up’.

What can I do to help prevent suicide?

Often the young person is desperately trying to make sense of their situation, or to change it in some way. They often feel isolated and unheard. Showing your concern and giving time to listen to them is important in reducing their sense of aloneness and desperation. Supportive action is needed to ensure they are able to improve their situation and achieve their needs.

Guidelines for when a young person is in distress:

- Keep calm and be supportive
- Let them know it is okay to talk about painful issues
- Listen, rather than offer advice too soon
- Use statements that reflect on what they have said to clarify and check out your understanding of their situation
- Highlight their sound coping behaviour, such as sharing with you
- Normalise their experience and feelings as understandable
- Instill a sense of hope, trying not to mirror their sense of hopelessness
- Establish an expectation that they can be helped
- Acknowledge the problem but do not support suicide as a solution
- Seek professional help and offer to accompany them if needed
- Check with a professional about reducing access to things with which they may harm themselves and reducing the time they are left alone
- Support them in problem solving and in planning for supportive action at times of crisis
- Encourage involvement in social and recreational activities
- Access support for yourself to help you through this time.

Preventing suicide involves taking action long before the crisis point to promote strong and healthy individuals, families and communities. Risk factors can be offset by protective factors, things that help to keep a person alive.

For the individual these include:

- A sense of being valued, being seen as worthwhile
- Knowing people who want to hear and will listen
- A sense of belonging.

At the community level people are strengthened when:

- All community members are valued and respected
• Needs and ideas of all groups are sought and heard
• Support is available and accessed appropriately
• Activities that bring people together in a supportive way are promoted.