

TEEN SUICIDE: BREAKING THE SILENCE

Introduction

Focus

Thanks to some recent high profile cases, teen suicide has become a topic for discussion in schools and homes across Canada. In this *News in Review* story we examine some of the ways in which this discussion is changing how we view teen suicide and attempt to prevent it.

Note to Teachers: Teen suicide is a very sensitive and emotional topic and it is important to create a safe place for students to consider the topic and its effect on friends and family members. Students should not be made to share out loud their answers to questions, as their answers may be too personal to reveal publicly. It is also a good idea to prep students the day before that suicide is going to be the topic for discussion and invite anyone who has serious concerns to speak to you ahead of time.

Suicide is very much one of those topics that most people would prefer not to think about, let alone discuss.

Nonetheless, lots of people do think about it. In an average year in Canada, over 3 500 people take their own lives. Many of them are teenagers. Many more attempt suicide.

Why do young people try to kill themselves? There is no simple answer—and there are a number of possible reasons— but it seems that the vast majority of these teens are suffering from some kind of debilitating mental illness. In the majority of cases that illness is never diagnosed. Even family members are unaware of the problem until a suicide attempt is made.

Recently, some families who have lost children to suicide have begun to speak out. They want to share their stories to help others recognize the signs that a teen may be contemplating a suicide— because those signs are not always easy to recognize. They are asking for programs to help both families and students recognize the danger signs.

These families know that mental illness can strike anyone and that there is no shame in talking about it. They realize that, had they had more information and known

what to look for, they might have been able to intervene before it was too late.

There is also increasing recognition that other factors play an important role in determining who is likely to make a suicide attempt. Lesbian, gay, bisexual, and transgender (LGBT) youth are four times as likely as straight youth to try to kill themselves. Bullying in general contributes to attempts by those being bullied; and over 90 per cent of LGBT youth report that they have been bullied.

Serious attempts are being made to solve the problem of teen suicide. Schools and youth organizations are refining their anti-bullying programs, tailoring them to their individual circumstances. Programs are being developed for schools to promote awareness of the extent and dangers of mental illness. Governments are providing increased funding for research into mental illness and its treatment to aid in the prevention of suicide.

Most importantly, however, people— teens, parents, teachers—are being encouraged to talk about suicide and the reasons it can happen. This *News in Review* story hopes to contribute to an ongoing dialogue on teen suicide and its prevention.

To Consider

1. If you wanted to discuss the topic of suicide, to whom would you go: your parents, a teacher, a friend?
2. What might be the advantages and disadvantages of talking to each of these groups?

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Video Review

Check It Out

CBC television host Rick Mercer made a passionate “rant” about bullying in schools and the need for all of us to step up and accept gay kids and others who are targeted by bullies. Check out his rant at www.youtube.com/watch?v=J1OvtBa2FK8.

Pre-viewing Questions

In your notebook, record your responses to the questions below. When you are finished, discuss your responses with a classmate.

1. Based on your current knowledge, what would you list as the reasons why some young people might try to take their own lives?

2. Why is this a topic that many people find very difficult to talk about?

3. Do you think it is a good idea for a friend to tell an adult if a teenager tells them that he or she is considering suicide? Why or why not?

4. What do you think should be done to reduce the amount of bullying that goes on during childhood and adolescence?

Viewing Questions

Record your responses to the questions in the spaces provided.

1. Where does suicide rank as a cause of death among teenagers?

2. How old was Mitchell Wilson when he killed himself?

3. What do experts believe is the key to reducing the number of lives lost to suicide?

4. From what mental illness does Hannah Brunson suffer?

Further Research

Go to the Daron Richardson website (www.doitfordaron.com) to learn more about the Richardson family's attempts to help promote suicide prevention by promoting teen mental health.

5. How old was Hannah Brunsdon when she first experienced the problem?

6. What percentage of young people in Canada are affected by mental illness?

7. How does Stephanie Richardson describe her daughter Daron's last day?

8. Briefly describe Hannah Brunsdon's current state of mind.

9. What are some of the signs of trouble that Ioanna Roumeliotis says parents should look out for?

Post-viewing Activity

1. Review your responses to the Pre-viewing Questions. Did the information in the video confirm your beliefs about the reasons behind teen suicide? Were there any new insights provided?

2. Prepare a fact sheet for younger students based on what you have learned about teen suicide. Outline how common teen suicide is, why it happens, and what they can do to help reduce the frequency. Be prepared to compare your fact sheet with those of other students in your class.

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What Do We Know?

Did you know . . .

In 2007, 218 Canadian young people (10-19) committed suicide.

Reading Prompt

As you read this section, try to identify the types of people who are most likely to be at risk of suicide and the warning signs that indicate they are at risk.

In recent years an extensive amount of research has been done to explore the causes and consequences of suicide. As a result, researchers are beginning to draw significant conclusions about those who are more likely to commit suicide.

A Statistical Breakdown

- An average of 48 Canadians per day are admitted to hospital for treatment of what the medical profession calls “self-injury.” This category includes both attempted suicide and self-mutilation. Note that the category includes only those treated in hospital.
- The most likely people to self-mutilate are young women, aged 15-19.
- In 2007 (the most recent year for which statistics are available), there were 3 578 suicides in Canada: 2 709 men and 869 women.
- The most common form of self-injury is poisoning at 85 per cent (this figure includes drug overdoses). Next is cutting or piercing (10 per cent), then strangulation (2 per cent).
- Suicide is the second leading cause of death among 15- to 24-year-olds, and among girls between 10 and 14.
- Girls attempt suicide more often than boys, but boys commit suicide more often. The suicide rate for boys is twice that for girls.
- In a major U.S. study, 20 per cent of gay, lesbian and bisexual teens admitted to having attempted suicide. In comparison, four per cent of straight teens surveyed said they had made an attempt.

- The picture is grim world-wide. According to the World Health Organization, suicide rates have increased 60 per cent in the last five decades. About one million people die each year by their own hand, and 20 times that number attempt to kill themselves. As it is in Canada, around the world suicide is the second leading cause of death for the 10-24 age group.
- Compared with those of other nations, Canada’s suicide rate falls in about the middle. But its youth suicide rate per capita is about three times that of the United States.

Those Most at Risk

Darcy Santor, a psychologist at the University of Ottawa, believes that at least 91 per cent of suicide victims have some form of mental illness at the time of their deaths. In many cases this illness will never have been diagnosed (*The Globe and Mail*, September 24, 2011). The more risk factors that are present—depression, anxiety, alcohol abuse, bullying, social isolation, learning disabilities and shame—the greater the danger that the person will attempt suicide. Young victims of sexual abuse are also at higher risk.

Studies consistently find that lesbian, gay, bisexual and transgender youth (LGBT youth) fall into the highest risk category for suicide. Adolescence is a stressful time for all teenagers, but the added stress that comes from dealing with sexual orientation issues results in high levels of anxiety and depression. In addition, LGBT youth are much more

Further Research

To download a valuable pamphlet—“After a Suicide: A Practical and Personal Guide for Survivors”—go to the Canadian Association for Suicide Prevention (CASP) website at www.suicideprevention.ca/survivor-support/.

likely to be the targets of bullies.

In Canada, suicide has been a particularly difficult problem in remote northern Native communities. In 2009, 13 teenagers living in communities along the James Bay and Hudson Bay coasts committed suicide, and another 80 attempted to do so. The suicide rate among First Nations youth is estimated at five to six times that of non-aboriginal youth.

Warning Signs

It is good to be aware of some of the warning signs of suicide, but it is important to remember that everyone feels one or more of these symptoms at one time or another—and this does not mean they are going to attempt suicide. The list below is provided by The Jack Project (www.thejackproject.org), a mental health project founded by Eric Windeler following the suicide of his son Jack. Some or all of them may be demonstrated by a subject at risk.

- Feelings of hopelessness or worthlessness, depressed mood, poor self-esteem, or guilt
- Withdrawal from friends, family, and activities that used to be fun
- Changes in eating or sleeping patterns . . . feeling tired or exhausted all of the time
- Trouble concentrating, struggling in school, rapid drop in grades
- Restless, irritated, agitated or anxious movements or behaviours
- Heightened emotions, or regular crying.
- Neglect of personal care
- Reckless or impulsive behaviours
- Persistent physical symptoms such as headaches or other chronic pain

Follow-up Activity

Go to the CASP website and locate the organizations for your province or territory that provide assistance to survivors of suicide. If the organization has a website visit it and list the services it provides that would be most useful to suicide survivors.

- Thoughts or talking about death or suicide.

Being aware of some of the warning signs is important, but often a person decides to kill themselves quite quickly, and it is not always possible to intervene. In one study in 2001, for example, researchers found that of the 153 young people who had attempted suicide in their study, 70 per cent of the teens who decided they wanted to die actually attempted suicide within an hour of their decision (*The Globe and Mail*, September 24, 2011).

Those Left Behind

For those friends and relatives who were close to a suicide victim, coping with the loss is an extremely intense process. It is a highly emotional time when people are dealing with grief at the loss of a loved one, anger at the victim, and guilt over not having somehow prevented the suicide. Families and friends of suicide victims need a great deal of support and time to heal.

Those who attempt suicide but survive need a lot of support as well. In the past, suicide survivors were seen as “crazy” and often felt isolated because suicide was such a taboo topic. In some cases, families and friends of survivors pretended it hadn’t happened and were afraid to talk about it. But times have changed, and the situation is improving. There are now many organizations that can help to assist someone who has attempted suicide or the family of someone who has committed suicide. A full list of Canadian organizations is available on the CASP website, at the address in the sidebar.

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What Can We Do?

Focus for Reading

Being aware of suicide risk is one thing, but knowing how to respond is another. In this section we examine some of the ways in which individuals, organizations, and governments are responding to the problem of teen suicide. As you read the section, make a list of the ways you can personally contribute to the campaign to prevent teen suicide.

Speaking Out

Perhaps the most important way we can help prevent teen suicide is by talking about it.

In the past, suicide was often a taboo topic. Families of teen suicide victims grieved in private, reluctant to draw attention to the act that had ended their child's life. Thankfully, this is no longer the case, although suicide still does carry a stigma. Families of suicide victims now grieve in public in hopes that others will recognize that suicide is something that can happen in any family.

A recent example of this change in behaviour took place in Ottawa in November 2010. Daron Richardson, the 14-year-old daughter of Ottawa Senators assistant coach Luke Richardson, took her own life. The family never saw it coming. Daron's family decided to share her story with the public, holding a memorial service at Scotiabank Place that was attended by thousands.

The Richardsons hoped that their action would raise awareness of the potential for mental illness among teens. They wanted to encourage parents to talk to their kids about suicide and to be aware of any potential signs that all was not right in their children's lives. "Talking about suicide does not make a person more likely to attempt it. It helps remove the stigma, making it easier to air feelings, and acts as a deterrent by bringing the 'secret' out into the open" (Erin Anderssen, *The Globe and Mail*, September 24, 2011).

Special Organizations

One of the outcomes of the Richardsons' efforts was a new organization, Do It for Daron (DIFD). DIFD was created by Daron's friends and family to raise awareness of youth mental health. In the fall of 2011 a project partly funded by DIFD is providing 600 grade 11 and 12 students in the Ottawa area with a course on the fundamentals of mental illness. It will teach them how to go about getting help either for themselves or for a friend.

DIFD, through its sponsors, has raised thousands of dollars for mental health organizations that assist children and teens. It holds an annual promotion every February to raise awareness of teen mental health issues in hundreds of schools across Canada. The DIFD website is www.doitfordaron.com.

Another Canadian organization created by the parents of a teen suicide is The Jack Project. Jack Windeler was a first-year student at Queen's University when he committed suicide. His family, friends, and university contacts all missed the signs that Jack was losing control of his life. In retrospect, it became clear that he was suffering from mental illness.

Jack's family created The Jack Project specifically to promote "young people's mental health by providing them with much-needed information and support as they move from late high school into college, university, or independent living. We also equip key adults—parents, family members, and educators—with

Quote

"It's a stigmatized problem, and it's a silent problem. This has to end. Suicide is not just a personal tragedy, it's a key issue of public policy, and facing up to it requires political will." — Bob Rae, leader of the federal Liberal Party (CBC News, October 4, 2011)

the knowledge they need to support the young people in their lives" (www.thejackproject.org/index.php).

The Jack Project is partnered with Kids Help Phone and is piloting a project with several organizations, including 22 high schools, providing both outreach programming and online resources promoting dialogue on mental health.

A third organization—this one with a special focus—is The Trevor Project. It provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, and transgender (LGBT) youth (www.thetrevorproject.org). There is currently no Canadian equivalent, but the site does provide a great deal of information useful to Canadian teens.

PFLAG Canada (Parents, Friends and Families of Lesbians and Gays) has announced it is hoping to provide a 24-hour-a-day hotline for youth across Canada by the end of 2011. The PFLAG website is at www.pflagcanada.ca/en/index-e.asp. Ontario LGBT youth currently are served by the Lesbian Gay Bi Trans Youth Line. Its website is at www.youthline.ca.

Government Initiatives

In October 2011 the federal Liberals tabled a motion calling for a national strategy on suicide, with funding for programs to prevent suicide as well as assist survivors. (Megan Leslie, a New Democratic Party MP, introduced similar legislation in 2010). The Prime Minister responded that his government has taken steps to deal with the problem, but is willing to look at additional ideas. To date, however, the most significant measures are being taken at the provincial level.

No province has had a greater success in reducing youth suicide than Quebec. Over the last 10 years Quebec—which in the 1990s had Canada's highest youth

suicide rate—cut the number of youth suicides in half.

To do this, Quebec developed Canada's first suicide strategy, which it outlined in the 1998 document "Help for life" (available at <http://publications.msss.gouv.qc.ca/acrobat/f/documentation/1997/97-237-a.pdf>). The four main components of the strategy are:

1. Consolidate and bolster health services to ensure help can be provided quickly—with an emphasis on getting mental health services to high-risk groups like homeless youth.
2. Promote mental health and wellness in young people with changes in school curriculums and the funding of community groups.
3. Launch a broad anti-stigma campaign.
4. Make suicide more difficult by taking steps such as installing barriers on Montreal's Jacques Cartier bridge.

The Quebec initiative responds to the lessons that recent research is teaching us about how to prevent youth suicide. These include:

- promoting mental wellness in schools
- providing youth with the tools to cope with emotional stress
- ensuring that help—someone knowledgeable to talk to—is readily available
- creating a comfortable environment for those seeking help

The Copycat Effect: Real or Imagined?

Is suicide catching? Does talking about suicide promote suicide?

Some studies, including ones from the Canadian Psychiatric Association, suggest that media reporting of suicide can result in copycat suicide, especially among young people under the age of 24. The theory is that when vulnerable people learn about another person's

suicide they feel they have permission to do the same. The effect seems to be greatest after a celebrity suicide.

Some countries fully endorse the theory and have developed journalism codes that outline when and how suicides may be reported. Some suicides—such as those on the Toronto subway system—are never reported in the press.

Does the copycat effect mean suicide should remain a taboo topic? On the contrary, most authorities would argue that we need to talk about it openly with one another. What we need to avoid is “glamorizing” suicide. When the media show restraint in its coverage, the copycat effect is lessened.

Follow-up

1. Quebec is considering requiring any movie depicting a suicide to have a content advisory. Do you think this is a worthwhile idea? Why or why not?
2. Prepare a brief report (two-pages maximum) on how one of the three organizations discussed in this article (Do It for Daron, The Jack Project, The Trevor Project) was created and the issues in suicide prevention with which it is especially interested.

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Bullying

Did you know . . .
National Anti-Bullying
Day will be held on
December 16, 2011.

Focus for Reading

As you read the section, consider ways in which your school could do a better job dealing with bullying.

Bullying is a problem in many schools and has been linked to several recent teen suicides. In this section we look at a few of the more prominent recent cases, the teens most vulnerable to bullying, and some attempts to reduce its impact.

The Case of Jamey Rodemeyer

Jamey Rodemeyer was a 14-year-old grade nine student in Buffalo, New York, who also happened to be gay. He came out in Grade 8. Jamey had a circle of supportive friends, but he was also subject to regular taunts and slurs at school. Even when he was away from school he couldn't escape the hate comments. For over a year he was a victim of the worst kind of cyber bullying, and at one point was actually encouraged to kill himself.

In September 2011 Jamey did kill himself. Police began a criminal investigation, and charges of harassment, cyber harassment, and/or hate crimes are pending.

In the year before Jamey's death, several other teen suicides had made the headlines. Among them:

- Tyler Clementi, a freshman student at Rutgers University. He jumped from a bridge in New York after his roommate secretly made a video of him being intimate with another male and posted it on the Web.
- Asher Brown, 13, a Houston grade eight student who was regularly picked on by his peers because of his small size, the way he dressed, and because they believed he was gay. The day after being physically bullied at school,

Asher shot himself with his stepfather's gun.

- Billy Lucas, a 15-year-old Indiana high school student, bullied over a year and a half for being "different." Other students called him a "fag" and told him he was "a piece of crap." One day Billy went home and hanged himself in the barn.

The examples are not limited to the United States. Shaquille Wisdom, a 13-year-old grade nine student in Ajax, Ontario, killed himself after over a year of abuse. He had been outed as gay by a friend. He was both cyber bullied and physically attacked. The day before he hanged himself he was stuffed into a school garbage can by classmates.

Nor are the examples limited to gay students. As we saw in the video, Mitchell Wilson was bullied because of his disability. Jesse Logan, an 18-year-old Ohio high school student, and Hope Witsell, a Florida 13-year-old, both committed suicide after nude pictures they had sent to boys they liked were sent around their schools. Both left notes saying they felt hopeless because of the name-calling and abuse that resulted from that action.

Some Facts about Bullying

BullyingCanada.ca identifies on their website four major kinds of bullying. It is not unusual for several of these types of bullying to take place at one time.

1. Verbal bullying: This includes name-calling, sarcasm, teasing, spreading rumours, threatening, making negative references to one's culture, ethnicity,

Further Research

Visit the BullyingCanada.ca website to learn more about the causes and effects of bullying and how to prevent it.

race, religion, gender, or sexual orientation, and unwanted sexual comments.

2. Social bullying: This category includes activities such as mobbing, scapegoating, excluding others from a group, humiliating others with public gestures, or creating graffiti that puts others down.
3. Physical bullying: Activities such as hitting, poking, pinching, chasing, shoving, coercing, destroying or stealing belongings, or unwanted sexual touching.
4. Cyber bullying: Using the Internet or text messaging to intimidate, put down, spread rumours or make fun of someone.

In Canada, studies have shown that about 15 per cent of youth between the ages of 11 and 16 are bullied. The percentage for LGBT (Lesbian Gay Bisexual Transgender) youth is much higher—about four times that of straight youth. As many as one in 10 young persons has bullied another student. Most bullies outgrow the practice in their mid-teens.

Bullying can have a whole range of physical and psychological consequences, ranging from withdrawal from favourite activities to headaches and panic attacks.

Stopping Bullying

Many Canadian schools have initiated programs to prevent bullying, with mixed success. According to an international survey by the World Health Organization, Canada has many more reports of bullying than both the United

States and England. Another study in 2008 found that about one-third of students believed anti-bullying programs had improved their school environment. Individual victims and bullies, however, reported very little change (*The Globe and Mail*, October 30, 2010).

One of the anti-bullying projects with the highest profile is Jeremiah Project 51 (www.jeremiah51.com). It was founded in memory of Jeremiah Lasater, a 14-year-old special education student who killed himself after being bullied at a California high school. The project acts on behalf of bullied students or their parents to ensure that schools deal with complaints of bullying that are brought to their attention. The project is currently devoting many of its resources to dealing with cyber bullying.

The It Gets Better Project (www.itgetsbetter.org) was created by Dan Savage, the writer of “Savage Love,” a syndicated relationship and sex advice column. The project is aimed specifically at LGBT youth and promotes the idea that even though high school is a difficult time for LGBT youth and other kids labelled as ‘different,’ life after high school does get much better. The website has videos from thousands of individuals testifying that things will improve and life is worth living.

A few months before he took his own life, Jamey Rodemeyer had uploaded his own testimonial to the It Gets Better Project. Sadly, Jamey never lived to discover the truth of that statement. You can watch Jamey’s video on YouTube at www.youtube.com/watch?v=Pb1CaGMdWk.

For Discussion

1. Does your school have an anti-bullying policy? Is it effective?
2. Would you feel comfortable intervening if you saw someone being bullied? Why or why not?
3. There can’t be a kid or teenager alive who doesn’t know how awful it is to be bullied. So why do you think it continues to happen?

