Youth Suicide Frequently Asked Questions (FAQ) from the Youth Suicide Prevention Program (www.yspp.org)

1. Why do some teenagers commit suicide?
We don’t know for sure, because when youth die by suicide they take the answers with them. But teens who attempt suicide and survive tell us that they wanted to die to end the pain of living. They are often experiencing a number of stressors and feel that they do not have the strength or desire to continue living. We also believe that the majority of youth who die by suicide have a mental disorder, like depression, which is often undiagnosed, untreated or both.

2. What are the most common warning signs?
Some estimate as many as 80% of those thinking about suicide want others to be aware of their emotional pain and stop them from dying. A warning sign does not automatically mean a person is going to attempt suicide, but it should be taken seriously. The warning signs that we pay particular attention to are: a prior suicide attempt, talking about suicide and making a plan, giving away prized possessions, preoccupation with death, signs of depression, hopelessness and anxiety, increased drug and alcohol use.

3. How many people know about the warning signs and how to detect if a teen is going to commit suicide?
Not enough, but more are learning everyday. YSPP works to teach professionals, parents, educators, clergy and especially young people. We believe that middle & high school students and college students can and should learn the warning signs and intervention strategies to help their friends. We don’t expect them to conduct a professional assessment but we want them to befriend a person in despair and offer support and reassurance and referral to help.

4. Are there particular youth who are more at-risk of suicide?
Some reports suggest that gay and lesbian youth are two to three times more likely to complete suicide than other youth. Alcohol and substance abuse also place a youth at higher risk for suicide.

5. Is there an increased risk for suicide because of bullying behavior?
Yes; being a victim, perpetrator or even a witness to bullying has been associated with multiple behavioral, emotional, and social problems, including an increased risk for suicidal ideation.

6. Are the suicide rates different for males and females?
In Washington and across the country, males are much more likely to die by suicide, while girls are more likely to make suicide attempts that result in hospitalization. Hanging and use of a firearm are the most frequently used methods for youth suicide. Cutting and overdose are the most frequently used methods for suicide attempts that result in hospitalization.

7. If someone suspects that a friend or family member is considering suicide, what should they do?
There are three very important things to do if you notice the warning signs for suicide or the young person tells you directly that they are thinking about suicide. The first thing is to always show the person that you are concerned about them – listen without judgment, ask about their feelings and avoid trying to come up with a solution to their problem. Next ask directly about suicide – be direct without being confrontational; say “are you feeling so bad that you are thinking about suicide?” Finally, if the answer to your question is “yes” or you think it is yes, go get help – call a crisis line, visit the school counselor, tell a parent or refer the teen to someone with professional skills to provide help. Never keep talk of suicide a secret!

8. How many teenagers die by suicide in America each year? In Washington?
In 2001 in the US, 4,250 young people between the ages of 10 and 24 died by suicide. This is an average of one suicide roughly every two hours! The national rate of suicide (per 100,000) is 9.9. In Washington State during the same year there were 90 suicides, and a rate of 7.0. On a recent survey in Washington
middle and high schools, 1 out of 10 students indicated that they had made a suicide attempt in the past 12 months. 1 out of 5 indicated that they had seriously thought about it.

9. Why has the suicide rate been increasing in the past few decades?
Suicide rates in Washington and across the USA have actually gone down since 1990. When the Youth Suicide Prevention Program began in 1995 the number of suicides and the rate were both higher than they are now. There was a significant increase in the late 70’s and early 80’s but the trend lately has been downward. It may seem that there is an increase because you are reading and hearing more about suicide. Media reports hopefully are educating about the warning signs and the resources for help.

10. Why are some state’s teenage suicide rates much higher than others?
Youth suicide rates are highest in Alaska and the Rocky Mountain states. If you map the youth suicide rates by state, there is a striking difference between the eastern half of the USA and mountain regions in the west. We don’t know for sure why these rates are higher, but some theories include the largely rural territory, the vast land allocations to Native American reservations, poverty and a lack of easy access to resources.

11. What are common myths about teen suicide?
Some believe if you ask directly about suicide that you “plant” an idea in the brain of a teenager; this is just not true. Others think that teens who talk about suicide are not really serious about dying – they think they are just seeking attention.

12. How can schools and communities work together to prevent suicide?
The Centers for Disease Control recommends that local mental health agencies, crisis centers, clergy, health departments, medical organizations, injury prevention agencies, schools and other community members should work together to develop goals and strategies to prevent suicide.

13. What is a family’s reaction when a teen family member completes suicide?
Most feel a combination of emotions: anger, sadness, guilt, shame and fear. They wonder what they could have done and why they didn’t do more. Suicide is different from other kinds of sudden death because the reason for the death is difficult to understand. With a car accident there is an external explanation or cause – an icy road, loss of vehicle control, etc. With a homicide, the grief-stricken can point to a perpetrator. With suicide, we don’t have an external cause, and so we ask ourselves over and over: ‘why?’

14. Is it okay for a school to plant a tree or dedicate a bench in memory of a youth who has died by suicide?
These types of memorials can keep the death ‘alive’ and serve as a grim reminder of the loss. Because of the real concern about contagion there is a delicate balance between commemorating the life of the deceased and glamorizing a suicide.