

# Adolescent Suicide Prevention Handbook

## A Guide for Parents

(note: statistics and resources are for families in Taiwan)

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## *To Parents:*

Suicide has become a serious problem for the Taiwanese teenagers and young adults during the past couple of years. More and more parents are concerned about their children's risk for suicide. However, when I looked into the major Taiwanese websites for suicide prevention, I was not able to find any materials written specifically for parents. This handbook explains the major topics of suicide in a manner that most parents can understand. All the professional terms in this handbook are **boldfaced**, and their explanations can be found in the key word section. If you are a parent worrying about your child, take a deep breath. Hopefully, this handbook will give you some guidance and support.

Remember:

*SUICIDE IS STRESSFUL FOR MOST FAMILIES.*

*SUICIDE IS NO ONE'S FAULT.*

*DON'T BLAME YOURSELF.*

*DON'T BLAME EACH OTHER.*

*DO WORK TOGETHER.*

*DO SUPPORT EACH OTHER.*

## Key Words:

**Anxiety:** very worried, really wanting to do certain things, cannot keep calm

**Cognitive:** how one's brain processes information in order to know, remember, and understand it

**Connectedness:** feeling a part of something or someone; having a good relationship

**Development:** growth

**History:** something that the child has done before

**Homosexuality:** a boy loves another boy or a girl loves another girl

**Hopelessness:** feeling there is no hope

**Impulsiveness:** acting without thinking

**Lethality:** likelihood of causing death

**Pessimism:** feeling that things will not go well or get better

**Protective factor:** things that decrease the chance of developing something bad

**Risk factor:** things that increase the chance of developing something bad

**Substance abuse:** use of alcohol or other drugs

**Suicide:** killing oneself

**Withdrawal:** getting away from other people and activities

## What is Suicide?

The meaning of suicide has two main parts. The first part includes the intentional acts to harm oneself, such as cutting, banging one's head against something hard, or driving without paying attention. However, the act of hurting oneself is not enough to make an act suicidal. In order to make a behavior suicidal, one also needs to have the intention to kill oneself.

## Why do parents need to learn about suicide?

Suicide has become a more and more serious problem in Taiwan. The latest national death statistical report was published in 2009 by the Taiwan Department of Health. It states that suicide is the second major cause of death for adolescents and young adults; approximately 13.9% of people from age 14 to 25 died from suicide. From the data during the past ten years, we can also see a significant increase in suicide of this age group from 2006 to 2008.

Many parents expect school teachers and counselors to let them know when their children have emotional concerns. They believe school professionals spend a lot of time with their kids and most of them have received some mental health trainings. However, a research study shows that the school professionals and the school-based screenings fail to identify 18% of the students with significant mental health problems. This finding tells us that parents cannot completely rely on either the school-based screenings or the school professionals to tell them that their children are suicidal. Parents, teachers, counselors, and others who interact with the child regularly should work together as a team. They should let each other know if they suspect or confirm that the child is at risk for suicide.

## Misconceptions/Myths

- **Myth:** Only professional mental health workers can help people who are suicidal.

**Reality:** You can help your child even without formal training.

- **Myth:** Children say they want to kill themselves in order to get the parents' attention.

**Reality:** Children express the desire to end life in order to ask for help.

- **Myth:** People who talk about suicide do not do it.

**Reality:** This is not true.

- **Myth:** It is normal for adolescents to be moody and have mood swings pretty often.

**Reality:** Not true. Most of the adolescents are not moody and do not have mood swings frequently. It is not normal if they do.

- **Myth:** More women than men commit suicide.

**Reality:** More men than women die from suicide.

- **Myth:** When one is not depressed, he no longer has the risk for suicide.

**Reality:** Depression and suicide are related but they do not always exist together. You should still monitor your child's suicide risk even if he no longer seems depressed.

- **Myth:** People usually do not show signs before killing themselves.

**Reality:** People usually show warning signs of suicide. In the next section, we will provide you with a list of the common signs.

## What Do Parents Need to Know about Suicide?

A very important thing to keep in mind is that your child might not see suicide the same way as you do. A well known developmental psychologist, Piaget, said that children do not understand suicide the same way as adults until they are 11 years old. In addition, not all the children reach this cognitive level at the same time. Another important thing to keep in mind is that, due to little experience and knowledge, children do not always know how likely a particular method will be to kill them. Therefore, when children pick a method that is unlikely to kill themselves, it does not necessarily mean that they have little desire to complete suicide.

### *Story Time:*

Before we go through the common signs of suicide, it is important to keep in mind that everyone is different. Due to different personalities, different circumstances, and different combinations of signs, suicide looks very different from one person to another. The stories of Amy and Paul demonstrate the possible differences that can exist among teenagers at risk for suicide.

### *Amy's Story:*

Amy recently transferred to the best private high school in the area with a full scholarship. She has always been a straight A student since elementary school. Her teachers and parents described her as an overachiever and a perfectionist. Both of Amy's parents worked in factories, and they said they relied heavily on the hope that Amy would have a better life.

Amy has not yet made many friends at her new school, so she focuses all her attention on her school work. On her midterm exams, she got C's on math and science. She was extremely

shocked and sad. She felt ashamed and did not feel like she could share her sense of failure with anyone. Her teachers tried talking with her to see if she needed some help, but she told them that she just did not study hard enough. She started avoiding her parents and other students, so no one would have chance to ask her about her grades. Several times, she thought about jumping off the building and killing herself, so her parents would not feel ashamed and she would no longer have to worry about keeping a secret.

*Paul's Story:*

Paul is a sixteen-year-old high school student. He has always been described as a sensitive and insecure kid since he was in elementary school. His parents divorced and both remarried when he was five years old. He had a hard time adjusting to the change.

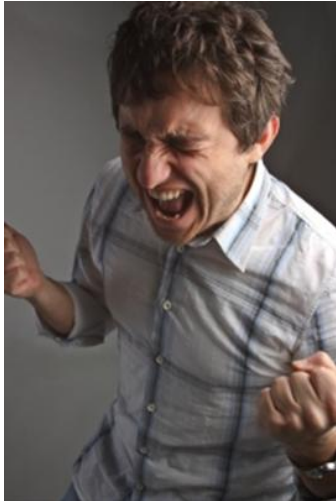
About eighteen months ago, he started dating his classmate, Sarah. He knew Sarah loved him, but he always worried that she would eventually leave him. He called her at least ten times a day, and he kept asking her whether she still loved him. Whenever they fought, Paul would become depressed and threaten to kill himself. He told Sarah that he could not live without her.

Sarah recently fell in love with Paul's best friend, Tom. Although she worried about Paul's reaction, she decided to break up with Paul a week ago when they got into an argument. Paul felt hurt and betrayed about Sarah and Tom's relationship. He felt that he could not trust anyone anymore. He locked himself in his room after the relationship ended. He became extremely angry and refused to talk to anyone. He wrote in his blog stories about killing himself. He felt that he could never be happy again, and no one would care if he no longer existed.



## *Warning Signs:*

FACT: **F**eeling, **A**ction, **C**hange, **T**hreats



### Feeling

- **Hopelessness**
- Trapped
- Low mood
- Guilt & Shame
- **Pessimism**
- **Anxiety**
- Anger

### Action

- **Substance abuse**
- Talking, writing, or drawing about topics related to death
- **Impulsiveness**

- Taking unnecessary risks

### Change

- **Withdrawal**
- Hard time concentrating
- Sleep problem
- Change in weight
- Change in eating pattern
- Loss of interest

### Threats

- Threatening to kill oneself
- Asking questions and gathering information related to suicide methods
- Plan for suicide

### *Risk Factors:*

**Risk factors** of suicide: things that increase the chance of suicide

- The child is experiencing the first few episodes of depression.
- Serious mental health conditions: depression, bipolar disorder, substance abuse, conduct disorder, or oppositional defiant disorder (about 90% of the adolescent suicide completers had mental health problems).
- History of suicide behavior
- Easy access to highly lethal methods (i.e. guns, drugs)
- Learning about suicide done by others

- Stressful life events
- Family history of psychiatric disorder
- Bullying
- Homosexuality

*Protective Factors:*

**Protective factors** of suicide: things that lower the chance of suicide

- Emotionally supportive family
- A feeling of **connectedness** to school
- Good problem-solving skills

## What to Do if Your Child is Suicidal?

1. **Don't** be afraid to talk about suicide. **Don't** be afraid to ask your child if he is considering suicide. People **don't** start thinking about killing themselves just because you ask them about it.

Some tips for you when talking to your child about suicide:

- be specific about your concern
  - listen to your child
  - be patient
  - name some actions you can take with your child
  - follow up on your promise
  - consider alternative ways to communicate with your child
  - end the conversation with something positive
  - Do Not: criticize, be judgmental, or hurry to explain problems or offer advice
2. Take any signs of suicide seriously.
  3. Call 119 or bring your child to an emergency room if there is an immediate crisis.
  4. Don't leave your child alone in crisis.
  5. Remove any objects that could be used for suicide.
  6. Be willing to listen to your child and be supportive.
  7. Seek professional help.

## Resources

**緊急狀況:** 119

**好站連結:**

- 台灣自殺防治協會自殺防治中心 [www.tspc.doh.gov.tw](http://www.tspc.doh.gov.tw) (02) 2381-7995
- 財團法人董氏基金會自殺防治網 [www.jtf.org.tw](http://www.jtf.org.tw)

**電話諮詢:**

- 生命線 1995
- 張老師熱線 1980
- 馬偕協談中心平安線 (02) 2531-0505 (02) 2531-8595 (02) 2571-8427

## Annotated Bibliography & Bibliography

American Foundation for Suicide Prevention (2011). *Risk factors for suicide*. Retrieved February 27, 2011, from [http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page\\_id=05147440-E24E-E376-BDF4BF8BA6444E76](http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=05147440-E24E-E376-BDF4BF8BA6444E76)

Leading experts on suicide, business and community leaders, and survivors of suicide created the American Foundation for Suicide Prevention (AFSP) in 1987. AFSP aims to understand and prevent suicide through research, education, and advocacy. It also provides help to people at risk for suicide or those impacted by it. Its website provides an extensive amount of information on suicide. The article lists a total of nine risk factors for suicide. They include 1) psychiatric disorders, 2) past history of attempted suicide, 3) genetic predisposition, 4) neurotransmitters, 5) impulsivity, 6) demographics, 7) precipitating event, 8) intense affective state in addition to depression, and 9) change in behavior. Under each factor, the website includes a detailed explanation and some data to support it. The language used in this article may be too advanced for some parents. Nevertheless, it is important for parents to learn about those factors in order to better monitor their adolescents and thus prevent suicide.

American Foundation for Suicide Prevention (2011). *Warning signs of suicide*. Retrieved February 27, 2011, from [http://www.afsp.org/index.cfm?page\\_id=0519EC1A-D73A-8D90-7D2E9E2456182D66](http://www.afsp.org/index.cfm?page_id=0519EC1A-D73A-8D90-7D2E9E2456182D66)

Leading experts on suicide, business and community leaders, and survivors of suicide created the American Foundation for Suicide Prevention (AFSP) in 1987. AFSP aims to understand and prevent suicide through research, education, and advocacy. It also provides help to people at risk for suicide or those impacted by it. Its website provides an extensive amount of information on suicide. The article states that most (but not all) people who are suicidal give warnings. The warning signs include 1) observable signs of serious depression, 2) increased alcohol and/or other drug use, 3) recent impulsiveness and taking unnecessary risks, 4) threatening suicide or expressing a strong wish to die, 5) making a plan, and 6) unexpected rage or anger. It is essential for parents to learn about these warning signs in order to better provide appropriate support and protect their adolescents from committing suicide. However, some parents may need assistance to fully understand some of the words used in this article, such as “relenting,” “impulsiveness,” and “psychic.”

American Foundation for Suicide Prevention (2011). *When you fear someone may take their lives*. Retrieved February 27, 2011, from [http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page\\_id=F2F25092-7E90-9BD4-C4658F1D2B5D19A0](http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=F2F25092-7E90-9BD4-C4658F1D2B5D19A0)

Leading experts on suicide, business and community leaders, and survivors of suicide created the American Foundation for Suicide Prevention (AFSP) in 1987. AFSP aims to understand and prevent suicide through research, education, and advocacy. It also provides help to people at risk for suicide or those impacted by it. Its website provides an extensive amount of information on suicide. This article lists the two main risk factors of suicide. It also teaches the readers how to assess the immediate dangers and respond to someone who is suicidal. Parents in Taiwan may not have access to some of the professional help listed in this article. However, it is still a helpful guide and support for them when their adolescents are suicidal.

Evans, D. L., & Andrews, L. W. (2005). *If your adolescent has depression or bipolar disorder: an essential source for parents*. Retrieved from [http://www.copecaredeal.org/Files/Parents/Bipolar\\_EN.pdf](http://www.copecaredeal.org/Files/Parents/Bipolar_EN.pdf)

Dr. Dwight Evans is the chairman of the Department of Psychiatry at the University of Pennsylvania. Ms. Linda Andrews is a writer who specialized in health, medicine, mental health, and psychology. The authors write this book specifically for parents with adolescents who have depression and bipolar disorder. The book has six chapters, which include information on 1) what depression and bipolar disorder are, 2) what parents of adolescents with those two disorders may expect, 3) what are the available treatment options, 4) how to help their children in daily life, and 5) how to reduce risks related to the disorders. In Chapter Five, there is a section on preventing suicide. It states that many depression-related suicides occur before adolescents learn that their hopeless feelings and suicidal thoughts will eventually pass. Among all the protective factors, the authors highlight that having an emotionally supportive and involved family is one of the strongest ones. Other protective factors include a feeling of connectedness to school and good problem solving skills. The risk factors listed in the chapter are 1) serious mental health issues, 2) past history of suicidal behaviors, 3) easy access to lethal methods, 4) suicide committed by other people, 5) fictional portrayal of suicide, 6) stressful life events, and 7) homosexuality. This section includes an instruction on how to teach adolescents to become effective problem solvers. It also reminds parents about the importance of seeking professional treatments. At the end of the book, the author provides a glossary that defines for parents some of the professional terms they used in the book. This book is a useful resource for parents; the information is clear and the language level is easy enough for most of the parents to understand without any background in psychology. Although the section on suicide is only a few pages long,



it provides some essential information and recommendations for parents. Moreover, there is a high correlation between mood disorders and suicide. Therefore, many parents of adolescents at-risk for suicide may benefit from learning about depression and bipolar disorder.

Kerr, M. M., & Nelson, C. M. (2010). *Strategies for addressing behavior problems in the classroom (6<sup>th</sup> Edition)*. Columbus, OH: Merrill Publishing Company.

Lin, C. R. (2011). *Walk out from the myths of suicide and suicide prevention*. Retrieved from [www.mmh.org.tw/taitam.sudc/article\\_4.htm](http://www.mmh.org.tw/taitam.sudc/article_4.htm)

National Suicide Prevention Lifeline (2011). *Suicide warning signs*. Retrieved April 11, 2011, from [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

Office of National Statistics, Taiwan Department of Health (2011). *Deaths statistical data for 2006*. Retrieved March 20, 2011, from [www.doh.gov.tw/CHT2006.DM2\\_p01.aspx?class\\_no=4146&level\\_no=1&doc\\_no=38031](http://www.doh.gov.tw/CHT2006.DM2_p01.aspx?class_no=4146&level_no=1&doc_no=38031)

Office of National Statistics, Taiwan Department of Health (2011). *Deaths statistical data for 2008*. Retrieved March 20, 2011, from [www.doh.gov.tw/CHT2006.DM2\\_p01.aspx?class\\_no=4146&level\\_no=1&doc\\_no=38031](http://www.doh.gov.tw/CHT2006.DM2_p01.aspx?class_no=4146&level_no=1&doc_no=38031)

Office of National Statistics, Taiwan Department of Health (2011). *Deaths statistical data for 2009*. Retrieved February 14, 2011, from [www.doh.gov.tw/CHT2006/DM/DM2\\_2\\_p02.aspx?now\\_fod\\_list\\_no=11176&class\\_no=440&level\\_no=5](http://www.doh.gov.tw/CHT2006/DM/DM2_2_p02.aspx?now_fod_list_no=11176&class_no=440&level_no=5)

Office of National Statistics collects and publishes national statistical data in Taiwan, such as birth rate, death rate, and annual income. Their most recent data on death rates and causes was published in 2009. The report shows that, among people of age 15 to 24, suicide was

the second major cause of death. It is important for parents to be aware that suicide has become a more serious issue among adolescents. Therefore, increasing awareness and understanding will help parents.

Pfeffer, C. R. (2003). Assessing suicidal behavior in children and adolescents. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 211-226). Cambridge, United Kingdom: Cambridge University Press.

Dr. Cynthia Pfeffer is a professor of Psychiatry and the director of the Childhood Bereavement Program at Weill Medical College of Cornell University. She is also a psychiatrist at the New York Presbyterian Hospital. One of the chapter's main objectives is to discuss a systematic approach to evaluate suicidal behavior of children and adolescents based on the current understanding of their developmental issues. The author begins the chapter with the definition and the concept of suicidal behaviors. She highlights the importance of paying attention to the child's cognitive development when assessing their suicidal behavior—based on Piaget's cognitive model, they do not perceive suicide the same way as adults until age eleven. The author also provides a number of different methods to assess suicidality, such as interviews, playing, and drawing. Another objective of this chapter is to discuss some major issues that are associated with suicidal behaviors. The list includes 1) past history of suicidal ideation and act, 2) child's emotional state and psychological disorders, 3) interpersonal relationships, 4) ego function, and 5) developmental events. This chapter can educate parents about the basic knowledge of child and adolescent suicide. It also provides useful information and a guideline for parents when they suspect or confirm that their children have suicidal ideation or behavior.

Scott, M. A., Wilcox, H. C., Schonfeld, I. S., Davies, M., Hicks, R. C., Turner, J. B., & Shaffer, D. (2009). School-based screening to identify at-risk students not already known to school professionals: The Columbia suicide screen. *American Journal of Public Health, 99*(2), 334-339.

Dr. Michelle Scott is a research faculty member of the Department of Child Psychiatry at the University of Columbia and New York State Psychiatric Institute. Her co-authors also hold established positions in the field of psychiatry or psychology. Their study is part of a psychometric evaluation of Columbia Suicide Screen (CSS) and the school-based screening for suicide risk. The study's main objective was to examine the degree of overlap between students who were identified as at risk for suicide through the school-based suicide screening and those who were identified by school professionals. The researchers found that the school professionals identified forty-one percent of the students who screened positive for suicide risk, and the screening identifies sixty-nine percent of the students with significant mental health problems. They also found both the screening and school professionals failed to identify approximately eighteen percent of the students with significant mental health problems. The study concluded that the school-based screening can better identify students who are suicidal and emotionally troubled. Although the school-based screening is not directly related to the parental education of adolescents who are at-risk for suicide, parents need to know that it is unrealistic for them to rely completely on either the school professionals or the school-based screening to notice and identify their children's suicidal risks.

Taipei City Government Suicide Prevention Center. Statistical analysis. Retrieved on April 12, 2011, from <http://www.tspc.health.gov.tw>

Taiwan Suicide Prevention Center. (2011). *Warning signs of suicide*. Retrieved February 1, 2011, from <http://www.tspc.doh.gov.tw/tspc/portal/howdo/index.jsp?sno=96>

Due to the increased suicide rate in Taiwan, the Taiwan Department of Health assigned the Taiwanese Society of Suicidology the task to create the Taiwan Suicide Prevention Center. The Center's objectives include promoting suicide prevention in the community, improving the quality of mental health services, and supporting suicide-related research. The Center also provides educational training on suicide prevention and depression. Its website provides a range of information on suicide, ways to self-detect suicide, and a list of local resources in each area. It divides the warning signs of suicide into four main categories: feeling, action, change, and treats. It also provides additional guidelines on how to react when one feels suicidal or someone you know feels or appears to be suicidal. Although the information on this website is for population of all age ranges, some of the materials can be helpful guidelines for parents with children at-risk for suicide. Moreover, the website is in Mandarin and the level of the language is relatively easy. As such, most of the parents in Taiwan can comprehend and acquire the material easily.

The Child Welfare League Foundation (2011). *2011 Taiwanese school bullying report*. Retrieved on April 11, 2011, from <http://www.children.org.tw>

U.S. Surgeon General (2001). *U.S. Public Health Service report to the Surgeon General's conference on children's mental health: A national action agenda*. Retrieved from <http://www.surgeongeneral.gov>