

# Ending A Deadly Silence: The Realities of Adolescent Suicide

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## Objectives

- Understand the nature of youth suicide
- Increase knowledge of myths and facts
- Warning signs, risk and protective factors
- Increase ability and willingness to intervene
- Identify referral resources

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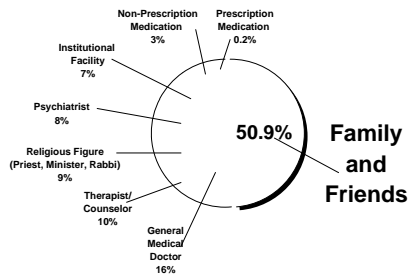
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## Where People First Seek Help



Source: MacArthur Mental Health Module, 1996

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"I thought about it and not just once. But I was lucky there was someone there who helped me see that it was not the best solution or the only solution."

*Chrissie age 16*  
Youth Suicide Prevention Study, USF

Prevention is often a matter of a caring person with the right knowledge being available in the right place at the right time.

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### Silent Epidemic

- Serious public health problem
- Preventable
- Neither random nor inevitable

Research shows that during our lifetime:

- 20% of us will have a suicide within our immediate family
- 60% of us will personally know someone who dies by suicide

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### Attitudes and Beliefs Taboo Nature of Suicide

Taboo subjects: suicide, rape, child abuse, mental illness, drug and alcohol abuse, incest, sexual variations

Myths of Taboo Subjects

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Truth or Myth  
What Do You Know  
About Suicide?

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Truth or Myth

A person who has lost a family member to suicide has a higher risk for suicide

People who talk about suicide don't complete suicide

Suicide happens without warning

Suicidal people are fully intent on dying

Males are more likely to be suicidal

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Truth or Myth

Individuals who wish to kill themselves are suicidal for a limited period of time

Asking a person at risk of suicide about suicide will push him/her to complete suicide

More Floridians die from suicide than homicide

Improvement following a suicide attempt or crisis means that the risk is over

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**Truth or Myth**

Once a person attempts suicide the pain and shame will keep him/her from trying again

Experts believe that there are as many as two youth attempts for every youth death by suicide

Suicide occurs more frequently during the Christmas holidays (Nov. and Dec.)

The elderly have the highest suicide rate

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Suicide is the 13<sup>th</sup> leading cause of death worldwide

11<sup>th</sup> in the United States

10<sup>th</sup> in Florida

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**Leading Causes of Death Among Young People**

- ① Accidents
- ② Homicide
- ③ Suicide

*Between the ages of 10 - 24, suicide is the third leading cause of death.*

Source: CDC

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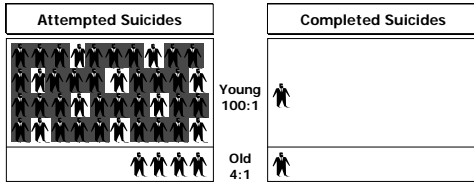
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## Attempted Suicides

Attempts are most common among the young. 3 female attempts for each male attempt




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## Male to Female Rates of Completed Suicide

	Male	Female
15 - 19 Years Old	3.8	1
20 - 24 Years Old	6.2	1
35 - 39 Years Old	3.4	1
65 - 69 Years Old	4.7	1
80 - 84 Years Old	6.8	1

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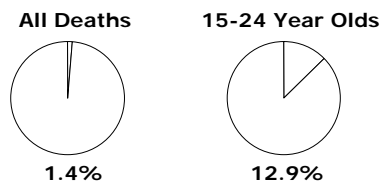
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## Deaths by Suicide in the U.S.

- 15 to 24 year olds:
  - 3rd leading cause of death
  - 14.2% of the population and 13.3% of the suicides

Source: AAS




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## 2005 Statistics

### Nationwide:

- 28.5% felt sad or hopeless
- 16.9% seriously considered suicide
- 13.0% of students made a suicide plan
- 8.4% attempted suicide

### Florida:

- 27.3% felt sad or hopeless
- 14.5% seriously considered suicide
- 11.5% of students made a suicide plan
- 8.5% attempted suicide

Source: 2005 CDC YRBS

Number of suicides increased from 58 in 2003 to 82 in 2005

Source: Florida Suicide Prevention Coalition

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## Suicide Among College Students

- 3rd leading cause of death
- 1,000 suicides on college campuses per year
- One in 12 students have made a suicide plan

Source: AAS

- 10.2% seriously considered suicide
- 1.5% attempted suicide

Source: ACHA-NCHA

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“It’s not the number of youth suicides, it’s that there are any at all.”

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## Not Just Statistics

Statistics alone don't  
paint the whole picture

Suicide is devastating to  
family, friends, and  
communities

Opportunities to help

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## Points to Consider

- Why do adolescents kill themselves?
- What type of families do they come from?
- What type of thoughts/feelings are they having?
- How are they behaving?
- How are they communicating/expressing themselves?
- Who will know that they are suicidal?
- What changes in our culture or society have influenced youth suicide?
- What makes youth safe?

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"For every complex  
issue, there is a simple  
solution...and it is  
wrong."

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## Risk Factors Include

- Previous suicide attempt – family history of suicide
- Psychiatric disorders: depression; conduct, anxiety, impulse disorders
- Alcohol/substance abuse
- Exposure to and influence of others who died by suicide
- Stressful life event or loss

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- Physical, emotional, or sexual abuse
- Rejection, harassment by peers (bullying)
- Loss of an important relationship
- Sexual orientation
- Easy access to lethal means
- Change in family structure
- Diminished family cohesion; lack of parental support; parent-child conflict
- Problems at school
- Disciplinary action or incarceration

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Nationally,  
between 15 and 25  
children take their  
own life each year  
because they are  
being bullied –  
many more  
attempt suicide

Source: Sharp, 1984

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## Warning Signs and Clues What To Look For

The red flags that something is wrong

Changes in a person's behavior, feelings, and beliefs about oneself that are maladaptive or out-of-character

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I – Ideation  
S – Substance Abuse  
  
P – Purposelessness  
A – Anxiety  
T – Trapped  
H – Hopelessness

W – Withdrawal  
A – Anger  
R – Recklessness  
M – Mood Change

Source: AAS

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## Some Signs Demand Immediate Action

- Talking or writing about suicide or death
- Verbal clues – open talk about suicide
- Isolating from friends and family
- Putting affairs in order – giving away cherished possessions
- Exhibiting a sudden and unexplained improvement after being depressed

Source: The Suicide Prevention Resource Center

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## Protective Factors

Positive conditions and personal and social resources

Promote resiliency and reduce the potential for suicide

Ability to manage or cope with adversity or stress

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## Youth Protective Factors

- Positive connections to school
- Coping and problem-solving skills
- Academic achievement
- Family cohesion/stability
- Help-seeking behavior
- Good peer relationships
- Positive self worth – confidence

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## Youth Protective Factors

- Impulse control – conflict resolution abilities
- Social integration/opportunities to participate
- Access to care for mental/physical/substance disorders
- Lack of access to means of suicidal behavior

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Being engaged in family, school, and community is a key to preventing youth suicide

Young people need to feel comfortable, connected, respected, and supported by peers and adults

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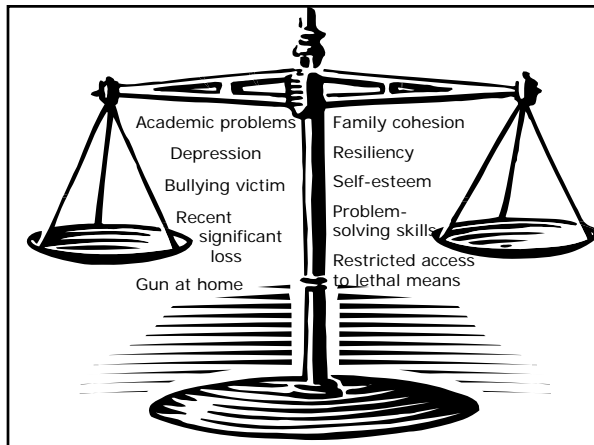
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### A Young Person May Feel He/She

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't sleep, eat, or work
- Can't make the sadness go away
- Can't see the future without pain
- Can't see themselves as worthwhile
- Can't get someone's attention

Source: AAS

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## Intervention Steps and Goals

Get through the crisis  
without harm

- Listen – establish rapport
- Identify and clarify problem
- Pinpoint feelings – evaluate hopelessness
- Talk about suicide
- Evaluate lethality
- Identify and utilize resources

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## What To Do Intervention - 3 Basic Steps

**SHOW YOU CARE**

**ASK THE QUESTION**

**GET HELP**

Adapted with permission from the Washington Youth Suicide Prevention Program  
<http://www.yspp.org>

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## SHOW YOU CARE

- Be Genuine
- Take all talk of suicide seriously
- If you are concerned that someone may take his/her life, trust your judgment
- Share observations and concerns
- Listen carefully
- Reflect what you hear

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### Ask The Question

- Talking eases stress and tension and often allows the crisis to slow down
- Don't hesitate to raise the subject - If you are even remotely wondering if you should ask about suicide, ASK
- Stay calm, caring, and non-judgmental
- Ask as directly and clearly as possible

Don't have to solve all of the person's problems, but you must be prepared to act – to get help

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**“Listening is the greatest gift one human can give to another. Advice tends to be easy, quick, cheap, and wrong. Listening takes time, patience, courage, but is always right.”**

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To become a better listener, consider that **listening means:**

- Giving your full attention
- Not interrupting and only speaking when the other person has finished
- Not rushing to judgment or condemnation
- Taming your own fear so that you can focus on the other person

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## Well Theory

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Bad News: No script for these situations

Good News: "They may forget what you said, but they will never forget how you made them feel."

Don't worry about doing or saying the right thing. Your genuine interest and concern are most important.

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## Get Help

Supportive friends  
Family members  
Clergy/youth minister  
Mental Health Agency  
Counselor or therapist  
Family physician  
Local hospital emergency room

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## Additional Resources

Alachua County Crisis Center: 264-6789

National Suicide Hotlines:

1-800-SUICIDE or 1-800-273-TALK

UF Student Mental Health Services:  
392-1171

UF Counseling Center: 392-1575

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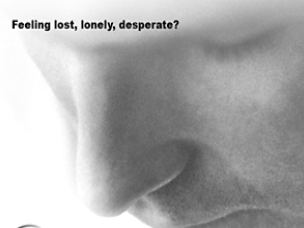
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Feeling lost, lonely, desperate?

When it seems like there's **no hope**, there is **help**.

If you feel trapped... if you feel you have no one to turn to... if you've been feeling down for a while and you're not exactly sure why... It's important to talk to someone. You can talk to someone right now by calling the Lifeline. Help is available at any time of the day or night—and it's completely free and confidential. We're here to listen and to help you find your way back to a happier, healthier life.

If you or someone you know is thinking about suicide, call the National Suicide Prevention Lifeline: **1-800-273-TALK (8255)**. With help comes hope.

**SUICIDE PREVENTION**  
800-273-TALK

Source: National Institute of Mental Health – What Do These Students Have In Common?

When I began considering suicide, I knew that I needed serious help.

My resident advisor helped me call a local hotline where I got some good referrals. It was just a phone call, but it was the starting point that got me to the professional help I needed.

Leah

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**DO YOU WANT TO MAKE A DIFFERENCE?**

**Become a Crisis Line Counselor for The Alachua County Crisis Center**

Sixty hours of in-depth training are provided in active listening, crisis intervention, and suicide prevention. This is an opportunity to impact the lives of fellow community members and gain life-enhancing communication skills.

*For more information, please contact:*  
Ali Martinez  
264-6782  
[amartinez@alachuacounty.us](mailto:amartinez@alachuacounty.us) or check out  
<http://crisiscenter.alachua.fl.us>

Crisis Center training is a six-week training program (run three times a year) consisting of one full Saturday followed by six weeks of Tuesday and Thursday nights from 6:30-9:30p.m. - AND two four-hour sessions which can be flexibly scheduled to accommodate your schedule. The training requires a strong commitment – both of time and energy.

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## Thoughts or Questions

"The life I touch for good or ill will touch another life, and that in turn will touch another, until who knows where the trembling stops or in what far place my touch will be felt."

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