
A SUICIDE PREVENTION
TOOLKIT

Youth suicide prevention



Canadian Mental
Health Association
Alberta
Mental health for all



centre for
suicide prevention



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This toolkit has also been reviewed
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**THIS TOOLKIT WAS UPDATED
MARCH 2023**

The teen years are full of social, physiological, and neurological change. Fielding a combination of internal and external stressors is common in adolescence. Add to the mix the pressure that social media and other forms of digital communication can add to the lives of young people - being an adolescent can be difficult. If a young person is also experiencing mental health challenges, it becomes clear why some feel trapped in their current situation and need support to see hope for the future.

Thoughts of suicide and suicide attempts are one of the main warning signs for future attempts, therefore, it is crucial that young people who are thinking about suicide are supported and connected to help as soon as possible (Bennett et al., 2015).

What to expect

This resource is a brief introduction into the topic of youth suicide.

We'll also outline statistics, warning signs for suicide, why younger people (ages 13-19) can be at risk for suicide and how these suicides can be prevented. You'll also learn how to have a conversation with someone you're worried about.

If you know someone who is actively thinking about suicide, or if you're thinking about suicide, call the crisis line. In Canada:

- **Talk Suicide:** call 1-833-456-4566 or text 45645 from 2 pm – 10 pm MT.
 - **Kids Help Phone:** call 1-800-668-6868, text CONNECT to 686868, or message them on Facebook at facebook.com/KidsHelpPhone.
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Statistics

Youth

ARE ADMITTED TO HOSPITAL FOR SUICIDE ATTEMPTS MORE THAN ANY OTHER AGE GROUP (AS MANY AS 1/4 OF ADMISSIONS) (KUTCHER & SZUMILAS, 2008).

FOR TEENS WITH SUICIDE IDEATION, SUICIDE DEATHS RISE SHARPLY, ESPECIALLY FOR MALES, WHEN THEY REACH THEIR 20S AND BEYOND (CASH & BRIDGE, 2009).

IN 2019 IN CANADA, THE SUICIDE RATE FOR ADOLESCENTS WAS:

11.9 for males & **6.9** for females
PER 100,000 (129 DEATHS) PER 100,000 (71 DEATHS)

(STATISTICS CANADA, 2020A).

IN CANADA, SUICIDE ACCOUNTS FOR

25%

OF ALL DEATHS AMONG 15-24-YEAR-OLDS
(STATISTICS CANADA, 2019).

SUICIDE IS THE

2nd

LEADING CAUSE OF DEATH AMONG 15-19-YEAR-OLDS, SECOND ONLY TO ALL UNINTENTIONAL INJURIES (ACCIDENTS) COMBINED, INCLUDING UNINTENTIONAL DRUG OVERDOSE (STATISTICS CANADA, 2020B).

HISTORICALLY, ADOLESCENT FEMALES ATTEMPTED SUICIDE FAR MORE THAN ADOLESCENT MALES, BUT MALES DIED MORE OFTEN. HOWEVER, THAT GAP IS NARROWING AS ADOLESCENT FEMALES ARE INCREASINGLY USING MORE LETHAL MEANS OF SUICIDE (SKINNER & MCFAULL, 2012).

Warning signs



People thinking about suicide typically exhibit warning signs - any significant change in behaviour may be a warning sign.

Here are some examples of what warning signs in young people can look like. Some of the attributes on this list are characteristic behaviours for youth, or they may be symptoms of an emerging mental health concern, including thoughts of suicide.

- Talking about or making plans for suicide
- Significant mood changes
 - Being really sad when usually they're happy, or being really happy when they're usually down or melancholic
 - Getting angry, annoyed, or frustrated easily
- Risk-taking, spontaneous behaviour that is out of the ordinary
 - Drinking more alcohol or taking more drugs than usual
 - Wanting to run away from home
- Conversation or statements that indicate hopelessness, psychological pain, feelings of worthlessness or being a burden
 - "What's the point of even trying?"
 - "Nobody cares about me."
- Marked change in behaviour or worrisome behaviour:
 - Withdrawal (from activities they normally enjoy, social media)
 - Changes in sleep
 - Anger or hostility
 - Recent increased agitation or irritability

(American Association of Suicidology, 2015)

How to talk to a youth about suicide

Communicating with a young person who may be thinking of suicide is difficult, but it could save their life. If you're worried about a young person, have a conversation with them. If you're worried they may be thinking about suicide, ask them directly, and connect them to help.

HOW TO HAVE A DIFFICULT CONVERSATION WITH A YOUNG PERSON:

- Stay calm, be compassionate and non-judgmental.
 - Take the time to listen and let them express themselves without lecturing.
 - Gently ask questions until you have a clear understanding of what they're feeling.
 - Be patient if things are not immediately apparent or reasonable to you.
 - Start the conversation with "I" statements: "I heard you say you don't want to be here or that everyone would be better off without you. I am really concerned and want to talk more about this with you."
 - Use open-ended and direct questions to get them talking. When necessary, encourage them to elaborate or clarify.
"Tell me more..."
"I am not sure what you mean..."
 - Remember their perspective and validate their feelings.
"It must've been hard for you when your friends didn't invite you to come out with them. It hurts to be left out."
 - Identify the positives and remind them that they have reasons to live.
"You've talked a lot about your friend, it sounds like they're really important to you and you have a good time together."
 - Pay attention to their body language; even if they say they are fine, they may show their true thoughts and feelings through their gestures and facial expressions.
 - Trust your instincts.
 - Avoid reacting with anger, shock or frustration at what you may hear, or jump in to try to fix their problems.
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How to ask a youth if they're thinking of suicide

- First, it's important to accept the possibility they may be at risk of suicide.
 - Then, create a climate of respect; it helps to let them know feelings of suicide are nothing to be ashamed of. "Sometimes when people are going through a really hard time they think about suicide."
 - In a straightforward manner, ask them if they're thinking of suicide: "Are you thinking about killing yourself?"
 - If they say yes, ask if they have a suicide plan: "Do you have a plan of how you would do it?"
 - If they say yes, ask them if they have the means to do it (access to the way they plan to kill themselves): "Do you have access to the pills you're thinking about using?"
 - If the young person answers yes to the last two questions:
 - Get them help immediately
 - Do not leave them alone
 - Take them to the emergency room or call a crisis line for advice (in Canada, 1-833-456-4566)
 - Assure them that help is available and that you're there for them.
 - Enlist others to help the young person. This could be a family member, friend or a crisis centre. You can:
 - Connect them to your local crisis centre and/or mental health resources
 - Offer to be their support person, and let them know that they can contact you when needed
 - Create a "safety plan" with them (Find out more in our safety planning toolkit: bit.ly/3vF96r6)
- If you're an educator, follow policies put in place by your school. If it becomes necessary to talk to a parent about a teen at risk for suicide, help can be found in our webinar: How to talk to parents about a child considering suicide: bit.ly/3i6WAOg.
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Risk Factors



Suicide is complex; there are multiple contributing factors.

Certain factors can place people at a higher risk for suicide than others, and it is the combination of several risk factors and especially multiple risk factors that outweigh protective factors that can put a person at risk of suicide (Bridge et al., 2006).

These are some risk factors that affect young people:

- Previous suicide attempts
- Feelings of hopelessness
- Overwhelming emotional pain
- Mental illness (depression, anxiety, etc.)
- Trauma, including physical, mental or sexual abuse
- Impulsivity
- Cyberbullying, bullying
- Exposure to a friend or family member's suicidal behaviour
- Recent stressful events (especially actual or perceived losses)
- Experiencing discrimination based on gender identification or sexual orientation
- Access to lethal means of suicide
- Houselessness
- Self-harm
- Having "tunnel vision," not being able to see past the difficulties of today and into the future

To learn more about how to help someone who is thinking about suicide, consider taking a workshop, such as the *safeTALK: suicide alertness for everyone half-day workshop*, or the two-day *ASIST: Applied Suicide Intervention Skills Training*. To learn more about youth suicide specifically, consider taking *Looking Forward: Preventing suicide in youth workshop*, which can be offered in-person or virtually. Find out more at bit.ly/3Ipfv1l.

CYBERBULLYING AND SUICIDE

12.6% of people experience cyberbullying and there is a correlation between cyberbullying and suicide, particularly for female adolescents. 13% of students who had been cyberbullied experienced suicide ideation and 3.5% attempted suicide (Glendenning et al., 2018; Soyeon et al., 2019).

CONTAGION AND IMITATIVE SUICIDE

While suicide contagion is quite rare, it does occur on occasion, and youth are the most vulnerable age group (Zenere, 2009). The Netflix series *13 Reasons Why*, which was released in 2017, did not follow suicide media guidelines and experts say it romanticised and glorified suicide and presented it as “the only option to cope with negative experiences” (Arendt et al., 2017). Following its release, there was a reported increase in both teen hospital admissions for suicide attempts and monthly suicide rates in the US for people ages 10 to 17 (Cooper et al., 2018; Bridge et al., 2006; Niederkrotenthaler et al., 2019).

SELF-HARM

The term “self-harm” refers to non-suicidal self-injury; when a person self-harms without the intention of dying by suicide.

Visits to hospital due to self-harm fell 32% from 2003 to 2009 but rose 135% from 2009 to 2017, with female adolescents self-harming most often (Gardner et al., 2019).

Self-harm may be associated with increased risk of suicide. Young people usually self harm as a coping mechanism for their feelings. Regardless of whether they are thinking of suicide, we as adults need to have a conversation with a youth who is self-harming and ensure they are connected to mental health supports. For more information see our self-harm toolkit: bit.ly/3ImOhIE

Protective Factors

Certain factors or circumstances can guard a person against thinking about suicide by increasing their resiliency and promoting hope, belonging, meaning and purpose in their lives.



Here are some protective factors that promote life in young people:

- Open, non-judgmental communication with caregivers
- Accepting, supportive relationships with caregivers, family, and friends
- Positive school experiences
- A positive relationship with a trusted adult who is not a family member (e.g., a teacher)
- Good self-esteem
- Hope in the future
- Recognition that emotions are not static; one's emotional state changes constantly
- Involvement in positive activities outside of regular school hours (e.g., volunteering, participating in cultural activities, sports)

(Armstrong & Manion, 2015)

How can suicide in youth be prevented?

Suicide in youth can be reduced in four ways: by reducing psychological pain, increasing hope, enhancing connection, and reducing capability for suicide.

(Klonsky, personal communication, 2020; Klonsky & May, 2015)

You can help prevent suicide in a young person you know by:

- Having frequent conversations and interactions with them
 - Creating a safe space for them to open up
 - Listening to a young person and not jumping to conclusion or immediately trying to solve their problems
 - Educating yourself about mental health generally, so you can easily have conversations about it and come from a place of understanding and openness
 - Helping them build connections with family, other adults and youth
 - Helping them identify their strengths by asking questions like:
 - “In previous difficult situations, how did you cope? What did you do?”
 - “Who do you talk to when experiencing stress? How do they help? Can they help you now and in the future? Who else can help?”
 - “Can you use what you have learned in other situations to help you now and in the future?”
 - Helping them create a network of support
 - Demonstrating attitudes and messages of optimism, strength and overcoming difficulties while accepting and validating experiences and emotions
 - Identifying and treating underlying disorders that may be contributing youth’s mental health challenges
 - Identifying and resolving ongoing or historic trauma
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AT SCHOOL

The World Health Organization recommends implementing socio-emotional life skills training in schools, including mental health awareness training and skills training such as problem-solving and coping with stress. Instead of focusing specifically on suicide, it is recommended that a positive mental health approach is taken. To strengthen these programs, schools can also:

- Provide gatekeeper training (such as ASIST) to staff
- Facilitate a safe school environment (e.g. anti-bullying programs, increasing social connection)
- Educate students on healthy use of the internet and social media
- Develop initiatives to address risk factors for young people (e.g. substance use, trauma, domestic violence)
- Establish supports for students who have previously attempted suicide, have lost someone to suicide, or who are from priority populations (such as gender or sexual minorities)

- Adopt clear suicide prevention, intervention, and postvention policies and procedures for staff
- Promote staff mental health; provide training to staff to support their own mental health
- Involve parents/caregivers in mental health and suicide prevention awareness communications

(World Health Organization, 2021)

IN A HEALTHCARE SETTING

Up to two thirds of youth who die by suicide never receive any mental health services (Wagner, 2009; Tang et al., 2022). Primary care workers who do see youth in a healthcare setting, such as family physicians or nurses, need to be educated in suicide prevention.

Seeing one's ethnicity, race, gender, and sexual orientation represented in those who work in healthcare, as well as being heard and valued by healthcare workers, is especially important for youth who belong to a minority group (Snow et al., 2018). Youth need to feel validated and may respond more favourably to those who they can identify with.

Resources

KIDS HELP PHONE - RESOURCES AROUND ME

Kids Help Phone is a resource for young people. This site provides a listing of youth programs, including counselling and mental health support programs.

*[kidshelpphone.ca/
resources-around-me](http://kidshelpphone.ca/resources-around-me)*

JACK.ORG

Jack.org is Canada's only charity training and empowering young leaders to revolutionize mental health in every province and territory.

jack.org

211.CA

211 is Canada's primary source of information for government and community-based, non-clinical health and social services.

211.ca

SUICIDE CRISIS HELPLINE

Canada's national suicide crisis helpline, call or text **9-8-8**.



REFERENCES

- American Association of Suicidology. (2015). Youth warning signs. [bit.ly/3vzrRfP](https://doi.org/10.1016/j.jad.2015.05.010)
- Arendt, F. et al. (2017). Suicide on TV: Minimising the risk to vulnerable viewers. *BMJ*. [bit.ly/3ifTAiu](https://doi.org/10.1136/bmj.m0001)
- Armstrong L.L., & Manion, I.G. (2015). Meaningful Youth Engagement as a Protective Factor for Youth Suicidal Ideation. *Journal of Research on Adolescence*, 25, 20-27. [bit.ly/3GfUJK](https://doi.org/10.1111/jor.12100)
- Bennett, K. et al. (2015). A youth suicide prevention plan for Canada: A systematic review of reviews. *Canadian Journal of Psychiatry*, 60(6), 245-257. [bit.ly/3JjimC](https://doi.org/10.1177/0898010115580000)
- Bridge, J. A. et al. (2006). Adolescent suicide and suicidal behaviour. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 47(3/4), 372-394. [bit.ly/3ZoaeNN](https://doi.org/10.1111/j.1469-7610.2006.01500.x)
- Cash, S. & Bridge, J. (2009). Epidemiology of youth suicide and suicidal behavior. *Current Opinion in Pediatrics*, 21(5), 613-619. [bit.ly/3GGFro2](https://doi.org/10.1097/MOP.0b013e3181900000)
- Cooper, M. et al. (2018). Suicide attempt admissions from a single children's hospital before and after the introduction of Netflix series 13 Reasons Why. *Journal of Adolescent Health*, 63(6), 688-693. [bit.ly/3lor3ln](https://doi.org/10.1016/j.jadhealth.2018.05.001)
- Gardner, W. et al. (2019). Changing Rates of Self-Harm and Mental Disorders by Sex in Youths Presenting to Ontario Emergency Departments: Repeated Cross-Sectional Study. *Canadian journal of psychiatry*, 64(11), 789-797. [bit.ly/3GgrSKy](https://doi.org/10.1177/0898010119850000)
- Glendenning, J. et al. (2018). Self-harm, suicidal behaviours, and cyberbullying in children and young people: Systematic review. *Journal of Medical Internet Research*, 20(4), 1-15. [bit.ly/3vA4dQi](https://doi.org/10.2196/14404)
- Klonsky, D., & May, A. (2015). The three-step theory (3ST). A new theory of suicide rooted in the "ideation to action" framework. *International Journal of Cognitive Therapy*, 8(2), 114-129. [bit.ly/3Z8Cpjx](https://doi.org/10.1002/ijct.10000)
- Kutcher, S., and Szumilas, M. (2008). Youth suicide prevention. *Canadian Medical Association Journal*, 178(3), 2. [bit.ly/3ih5dpp](https://doi.org/10.1503/cmaj)
- Niederkrotenthaler, T., Stack, S. Till, B. et al. (2019). Association of increased youth suicide in the United States with the release of 13 reasons why. *JAMA Psychiatry*, 76(9), 933-940. [bit.ly/3IkDogZ](https://doi.org/10.1001/jama.2019.0000)
- Skinner, R., & McFaul, S. (2012). Suicide among children and adolescents in Canada: Trends and sex differences, 1980-2008. *Canadian Medical Association Journal*. [bit.ly/3ZcIN7V](https://doi.org/10.1503/cmaj)
- Snow, M., Tweedie, K., & Pederson, A. (2018). Heard and valued: The development of a model to meaningfully engage marginalized populations in health services planning. *BMC Health Services Research*. [bit.ly/2rb989e](https://doi.org/10.1186/s12913-018-3000-0)
- Soyeon, K. et al. (2019). Sex differences in the association between cyberbullying victimization and mental health, substance use, and suicidal ideation in adolescents. *The Canadian Journal of Psychiatry*, 64(2), 126-135. [bit.ly/3VQvUyJ](https://doi.org/10.1177/0898010119850000)
- Statistics Canada. (2019). Table 13-10-0392-01 Deaths and age-specific mortality rates, by selected grouped causes [CANSIM Database]. [bit.ly/3i7FBvf](https://doi.org/10.25318/1310039201)
- Statistics Canada. (2020a). Table 13-10-0392-01 Deaths and age-specific mortality rates, by selected grouped causes. [bit.ly/3Ze8DKj](https://doi.org/10.25318/1310039201)
- Statistics Canada. (2020b). Table 13-10-0394-01 Leading causes of death, total population, by age group [Data set]. [bit.ly/2HSwXOa](https://doi.org/10.25318/1310039401)
- Tang, S. et al. (2022). People who die by suicide without receiving mental health services: A systematic review. *Frontiers in Public Health*. [bit.ly/3Iske0E](https://doi.org/10.3389/fpubh.2022.850000)
- Wagner, B. (2009). *Suicidal behavior in children & adolescents*. New Haven, CT: Yale University Press.
- World Health Organization. (2021). *LIVE LIFE: An implementation guide for suicide prevention in countries*. [bit.ly/3YOURIV](https://doi.org/10.1039/c9sm00000a)
- Zenere, F. (2009). Suicide clusters and contagion. *Principal Leadership*, 10(2), 12-16.

We are CMHA Alberta and Centre for
Suicide Prevention. For 40+ years
we've been equipping people with
knowledge and skills to respond to
individuals considering suicide.
We can equip you too.

We educate for life.



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