

Frequently Asked Questions about Youth Suicide

Q: Will talking about suicide give people the idea to do it? Could we do more harm than good?

A: Talking about suicide does not cause suicide to occur. In fact, it can be an excellent prevention tool. People who are not suicidal reject the idea, while people who may be thinking about suicide usually welcome the chance to talk about it. Often they are relieved because they feel that someone else recognizes their pain. Talking breaks the secrecy that surrounds suicidal behavior, and lets people know that help is available. By not talking about suicide, we increase the isolation and despair of individuals thinking about it.

Q: What causes suicide?

A: Suicidal behavior is one of the most complicated of human behaviors. This question cannot be answered briefly. There is no research that shows that a particular set of risk factors can accurately predict the likelihood of imminent danger of suicide for a specific individual. It is fair to say that suicidal people are experiencing varying degrees of external stressors, internal conflict, and neurobiological dysfunction and that these factors contribute to their state of mind. Depression, anxiety, conduct disorders, and substance abuse all contribute to the possibility of suicide, but they do not cause suicide. A “final straw” for suicide is usually the last thing that a person who kills himself or herself is thinking about, and many left behind want to blame that person or event, but the final straw was NOT the cause of the suicide. Many people who kill themselves had no final straw that others could see. The reasons behind a suicide often remain a mystery.

Q: Doesn't suicide happen mostly in troubled individuals who come from difficult family situations?

A: NO. It is really important to understand that suicidal behavior occurs in all socioeconomic groups. People of all ages, races, faiths, and cultures die by suicide, as do individuals from all walks of life and all income levels. Popular, well-connected people who seem to have everything going for them and those who are less well off both die by suicide. Suicidal youth come from all kinds of families—rich and poor, happy and sad, two-parent and single-parent. To suggest that suicidal youth come only from “bad,” “sick,” or “neglectful” families is like saying that only these kids get cancer. Historically, our culture has blamed the families of people who die by suicide and this behavior must stop. Suicide can happen in any family. We all must work together to identify and prevent suicidal behavior.

Q: Don't most suicides happen without any warning signs?

A: There are almost always warning signs, but unless we know what they are, they can be very difficult to recognize. That is why suicide prevention education is so important. Research has demonstrated that in over 80 percent of deaths by suicide, a warning sign or signs were given.

Q: Are people who talk about or attempt suicide just trying to get attention?

A: People who talk about or attempt suicide need immediate attention. They are trying to call attention to their extreme emotional pain. Many believe that we should ignore these “cries for help” and “attention-seeking behaviors” because the attention will only encourage the behaviors. Suicidal individuals are trying to get attention the same way people shout if they are drowning or are injured.

Q: Is suicide preventable?

A: Yes, suicide may often be prevented. Many people believe that if someone is suicidal, there is nothing that anyone can do to stop them from killing themselves. Some also believe that those who don't kill themselves on the first attempt will keep trying until they die. The truth is that most young people face a suicidal crisis only once in a lifetime. A suicidal crisis is usually very brief, lasting from a few hours to a few days. With intervention and help, future attempts may be prevented. Experience and wisdom are gained in solving problems in other ways. While suicide is not always prevented, suicide prevention is ALWAYS worth trying.

Q: Why is there so much concern about youth suicide? It's a rare event, after all.

A: Suicide is a rare event. However, people of all ages kill themselves and we need to be concerned about all of them. There are traumatic effects for families, friends, and community members when any person dies by suicide. It is particularly tragic when a young person's life is cut short. There are many reasons to focus on preventing youth suicide. Suicide is the third-leading cause of death among youth between the ages of fifteen and twenty-four. The younger the age of the person who dies by suicide, the greater the number of years of potential life lost.

Suicidal behavior among young people is a much larger public health concern than what is represented in death statistics. Compared to suicidal behavior among older people, suicidal behavior among young people is more likely to result in an emergency department or hospital visit. Also, if we appropriately and adequately address children and youth at risk, suicide attempts and completions among adults may be decreased.

Q: What is meant by “suicide contagion” or “copycat suicide”?

A: These words describe a process by which exposure to suicide or suicidal behavior of one or more persons influences others who are already troubled and thinking about it to attempt

and/or die by suicide. Sensationalized and repetitive media coverage of suicide has been associated with a statistically significant excess of suicide, particularly among adolescents. Several well-publicized “suicide clusters” have occurred. While there is no precise definition of a “cluster,” it is fair to say that it needs to be considered when more suicides than would be statistically expected happen within a particular geographic area or within a given time frame. The individuals who die may or may not have known each other, but somehow they may identify with each other. Often there are similarities in the manner of death. While one person’s death is not the cause of another’s, there may be shared vulnerabilities.

Q: What is a suicide pact?

A: A suicide pact describes the suicides of two or more individuals (close friends, lovers, etc.) that are the result of an agreed-on plan to complete a self-destructive act. The plan may be to die together or separately, but closely timed. Suicide pacts are a very real part of suicidology, and historically have been presented in fiction as well as fact. After any suicide attempt or death, it is important to question whether anyone else knew about these plans to try to determine if there is any kind of a pact.

Q: Are gay and lesbian youth at high risk for suicide?

A: Research studies vary greatly in their estimates of gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth who die by suicide. Recent analyses of research indicate that even though adolescents who report same-sex romantic attractions or relationships are at two to three times the risk for suicide attempts, the overwhelming majority of these youth report no suicidality at all. The risk factors of discrimination, victimization, bullying, and so forth, whether gay or straight, no matter what race or ethnicity, are important to consider in suicide prevention. Further research needs to be done on the risk factors as well as the unique strengths that characterize the lives of sexual minority adolescents and young adults.

Q: Isn’t it up to mental health experts to figure out how to manage youth who want to kill themselves?

A: Mental health workers are a key resource in responding to suicidal youth. They are trained to provide therapy and/or manage crises. It is important, however, to realize that anyone can learn how to intervene in suicidal behavior in basic, life-saving ways. It is up to all of us to become educated about suicide, get involved in community prevention efforts, and learn how to access help for someone who is feeling suicidal.

Q: Are some car crashes really suicides?

A: It isn’t known how many, but it has been estimated that perhaps 30 percent of single-occupant fatal car crashes are suicides. These cases usually involve a car that hits a fixed object with no evidence of skidding, braking, or other evasive actions. Alcohol and drugs may

or may not be involved. Actual “autocides” are when the driver leaves a note indicating that he or she used a vehicle as a means to die. On rare occasions, more than one person may be in the vehicle.

Q: What is the connection between self-harm and suicide attempts?

A: Self-harm is defined as a deliberate and usually repetitive destruction or alteration of one’s own body tissue, without suicidal intent. Other terms used to describe this behavior include cutting, self-injury, self-mutilation, self-inflicted violence, and auto-aggression. It appears that self-harm and suicidal behavior both occur in all gender, racial, education, sexual preference, and socioeconomic groups. Another commonality is that self-harm and suicidal behaviors are being seen in younger and younger individuals.

While difficult to distinguish from a suicide attempt, it is important to understand that the person who engages in self-harming behavior does not intend to die as a result of his or her actions. The behavior is used to gain relief from intense emotions, to calm and soothe. It is possible for self-harm to result in accidental death and it is also possible for suicidal and self-harming behaviors to co-exist in one person.