TEEN SUICIDE
RESOURCE TOOLKIT
In 2009, in Canada, there were 145 male suicides (and a 12.6 per 100,000 suicide rate) in the 15-19 age range. For females, there were a total of 57 deaths (and a corresponding suicide rate of 5.2 per 100,000). These numbers rise sharply (especially for males) when they reach their twenties and beyond. Males reach a peak rate of 27 per 100,000 in the 40-44 age range with a recorded number of 337 deaths in 2009. See Statistics Canada for recent figures: http://bit.ly/LgmTuO.

In Canada, suicide accounts for 24 percent of all deaths among 15-24 year olds.

Boys die by suicide two to three times more often than girls.

Teens are admitted to hospital for suicide attempts more than any other age group; Some accounts suggest as many as one quarter of all admissions are for teens (http://bit.ly/JnVjG3).
According to a longitudinal study published by the Canadian Medical Association Journal (http://bit.ly/H4nQzW) which looks at suicides by boys and girls over a thirty year period (1980-2008), there has been a modest decline in suicide for boys aged 10-19 and a slight rise for girls in the same age range.

Girls have always attempted suicide more frequently than boys. But there is reason to believe that girls are increasingly using more lethal means, like hanging, when attempting suicide, which could account for the increase in suicidal deaths.

However, the number of suicides for both boys and girls in Canada has been relatively consistent in the last ten years and suicide remains the second leading cause of death for young people in Canada.
RISK FACTORS

- Mental illness
- Substance abuse
- Physical or sexual abuse
- Exposure to a friend or family member’s suicidal behaviour
- Ambivalence of sexual orientation
- Feelings of hopelessness
- Access to lethal means of suicide
- Homelessness
- Non-lethal self-injury or previous suicide attempts
PROTECTIVE FACTORS

Positive school environment

Family connectedness

Self-esteem

Peer support

Suicidal ideation (thoughts of suicide) can occur in children as early as age 8 or 9.

It surfaces more often in the teenage years. Ideation is a principal warning sign for future suicidal behaviour, especially suicide attempts. It is imperative that youth-at-risk get the attention and help they need as early as possible. Strategies proven effective in reducing suicide rates, such as early intervention for youth with mental health disorders, are often not available (http://bit.ly/JnVjG3).

A priority at both the national and provincial levels should be to get vulnerable youth the medical and psychological attention they need.
Social media sites, such as Facebook, mySpace, Twitter, YouTube, Flickr, Tumblr, Messenger and cell phone texting, have become a large part of the way in which youth today communicate and socialize (Brown, Cassidy, Jackson, 2006).

From this, cyber-bullying has become an increasing reality among adolescents. Research shows that youth who have been bullied are at a higher risk for suicide ideation and thoughts, attempts and completed suicides. Bullying contributes to depression, decreased self-worth, hopelessness and loneliness (Hinduja, Patchin, n.d.).

Those who become “cyber-bullies” feel that they are able to remain anonymous, giving them a sense of power and control that allows them to do and say things they would not normally say in the “real world.” In cyberspace, literally hundreds of perpetrators can get involved in the abuse (Hinduja, Patchin, n.d.). Youth who are the victims experience the same feelings of powerlessness and hopelessness as if they were being bullied face-to-face. Because of the pervasive nature of the internet and cell phones, it is harder than ever for victims to escape their tormentors. It can happen anywhere—at home, at school, at any time of the day or night (Brown, Cassidy, Jackson, 2006).

In extreme cases, victims have been known to become aggressive and fight back, or to become depressed and attempt suicide. Youth who have experienced cyber-bullying were almost twice as likely to attempt suicide compared to those who had not (Hinduja, Patchin, n.d.).

RECOMMENDED READING

Adolescent suicide: An integrated approach to the assessment of risk and protective factors

Suicide in children and adolescents

Suicidal behavior in adolescence: An international perspective

Suicidal behavior in children & adolescents
LINKS

Alberta Government
Suicide Fact Sheet
http://bit.ly/LzRXCc

American Association of Suicidology:
Youth Suicidal Behavior — Fact Sheet

American Association of Suicidology
Selecting a Suicide Prevention Curriculum for Youth

Canadian Red Cross
Youth suicide prevention website
http://bit.ly/KiHLeM

National Adolescent Health Information Center
Fact Sheet on Suicide: Adolescents & Young Adults
http://bit.ly/M1f5Kg
REFERENCES


You're precious to us
There is help
Your life is important