

Answers to True/False Test

- 1. Adolescent suicide has been increasing dramatically in the United States. *False.*** While one suicide is one too many, the youth suicide rate declined during the 1990s and early into this century. The child and adolescent suicide rate consistently declined for 14 years, decreasing from 9.48/100,000 in 1990 to 6.78/100,000 in 2003. The youth suicide rate for 10-24 year olds rose 8% from 2003 to 2004, then showed a general decline through 2007 (6.3%). The rate has increased again from 2007 to 2009 by 7.2%, the most current year data is available as of this publication (2). The 2009 suicide rate for 15-19 year olds stands at 7.75 per 100,000 and the 2009 suicide rate for 10-14 year olds is 1.30 per 100,000 (2).
- 2. Most teenagers will reveal that they are suicidal or have emotional problems for which they would like emotional help. *True.*** Most teens will reveal that they are suicidal and although studies have shown that they are more willing to discuss suicidal thoughts with a peer than a school staff member, this disposition that most teens have towards expressing suicidal ideations could be used for screening adolescents through questionnaires and/or interviews (4).
- 3. Adolescents who talk about suicide do not attempt suicide or kill themselves. *False.*** One of the most ominous warning signs of adolescent suicide is talking repeatedly about one's own death. Adolescents who make threats of suicide should be taken seriously and provided the help that they need. In this manner, suicide attempts can be averted and lives can be saved (3, 6).
- 4. Educating teens about suicide leads to increased suicide attempts, since it provides them with ideas and methods about killing themselves. *False.*** When issues concerning suicide are taught in a sensitive, educational context they do not lead to, or cause, further suicidal behaviors. Since three-fourths (77%) of teenage students state that if they were contemplating suicide they would first turn to a friend for help, peer assistance programs have been implemented throughout the nation. These educational programs help students to identify peers at risk and help them receive the help they need. Such programs have been associated with increased student knowledge about suicide warning signs and how to contact a hotline or crisis center, as well as increased likelihood to refer other students at risk to school counselors and mental health professionals. Furthermore, directly asking an adolescent if he or she is thinking about suicide displays care and concern and may aid in clearly determining whether or not an adolescent is considering suicide. Research shows that when issues concerning suicide are taught in a sensitive and educational manner, students demonstrate significant gains in knowledge about the warning signs of suicide and develop more positive attitudes toward help-seeking behaviors with troubled teens (1, 7, 8, 11, 27).
- 5. Talking about suicide in the classroom will promote suicidal ideas and suicidal behavior. *False.*** Talking about suicide in the classroom provides adolescents with an avenue to talk about their feelings, thereby enabling them to be more comfortable with expressing suicidal thoughts and increasing their chances of seeking help from a friend or school staff member. Additionally, recent research indicated that asking about suicidal behavioral does not plant the idea of suicide. Researchers found that students who were asked about suicidal ideation or behavior in a screening survey were no more likely to report thinking about suicide than students not exposed to these questions. Also, the research results seem to indicate that asking about suicidal ideation or behavior may have been helpful for at-risk students (i.e., those with depression symptoms or previous suicide attempts) (3, 27, 28).
- 6. Parents are often unaware of their child's suicidal behavior. *True.*** One study has shown that as much as 86% of parents were unaware of their child's suicidal behavior. Another study found that parents were unaware of their children's depressive symptoms, as well as their alcohol use, both risk factors for youth suicidal behavior (1, 3, 30).

Answers to True/False Test continued

7. **The majority of adolescent suicides occur unexpectedly without warning signs. *False.*** Nine out of ten adolescents who die by suicide give clues to others before their suicide attempt. Warning signs for adolescent suicide include depressed mood, substance abuse, loss of interest in once pleasurable activities, decreased activity levels, decreased attention, distractibility, isolation, withdrawing from others, sleep changes, appetite changes, morbid ideation, offering verbal cues (i.e., "I wish I were dead"), offering written cues (i.e., notes, poems), and giving possessions away. In addition, the following risk factors place an adolescent at increased risk for suicidal behavior: having a previous suicide attempt, having a recent relationship breakup, being impulsive, having low self-esteem, being homosexual, coming from an abusive home, having easy access to a firearm, having low grades, and being exposed to suicide or suicidal behavior by another person. Moreover, most suicidal adolescents attempt to communicate their suicidal thoughts to another in some manner. Not surprisingly, an effective way to prevent adolescent suicide is to learn to identify the warning signs that someone is at risk (4, 5, 9, 11, 15-18, 29-34).
8. **Most adolescents who attempt suicide fully intend to die. *False.*** Most suicidal adolescents do not want suicide to happen. Rather, they are torn between wanting to end their psychological pain through death and wanting to continue living, though only in a more hopeful environment. Such ambivalence is communicated to others through verbal statements and behavior changes in 80% of suicidal youths. (1, 10).
9. **There is a significant difference between male and female adolescents regarding suicidal behavior. *True.*** Adolescent females are significantly more likely than adolescent males to have thought about suicide and to have attempted suicide. More specifically, adolescent females are 1.5 to 2 times more likely than adolescent males to report experiencing suicidal ideation and 3 to 4 times more likely to attempt suicide. Adolescent males are 4 to 5.5 times more likely than adolescent females to complete a suicide attempt. While adolescent females die in one out of 25 suicide attempts, adolescent males kill themselves in one out of every three attempts (1, 3, 4, 7, 12).
10. **The most common method for adolescent suicide death is drug overdose. *False.*** In 2007, young people were much more likely to use firearms, suffocation, and poisoning than other methods of suicide, overall. However, while adolescents (ages 15-19) were more likely to use firearms than suffocation, children (ages 10-14) were dramatically more likely to use suffocation. Having a gun in the house increases an adolescent's risk of suicide. Regardless of whether a gun is locked up or not, its presence in the home is associated with a higher risk for adolescent suicide. This is true even after controlling for most psychiatric variables. Homes with guns are 4.8 times more likely to experience a suicide of a resident than homes without guns. In lieu of these findings, it should not be surprising that restricting access to handguns has been found to significantly decrease suicide rates among 15-24 year olds (1, 3, 12, 13, 15, 23, 24, 25).
11. **Because female adolescents die by suicide at a lower rate than male adolescents, their attempts should not be taken seriously. *False.*** One of the most powerful predictors of death by suicide is a prior suicide attempt. Adolescents who have attempted suicide are 8 times more likely than adolescents who have not attempted suicide to attempt suicide again. Between one-third to one-half of adolescents who kill themselves have a history of a previous suicide attempt. Therefore, all suicide attempts should be treated seriously, regardless of sex of the attempter (1, 3, 4, 12, 15, 16-21).
12. **Not all adolescents who engage in suicidal behavior are mentally ill. *True.*** The majority of adolescents have entertained thoughts about suicide at least once in their lives. There are cases of some adolescents attempting and dying by suicide who do not appear to have a diagnosable mental disorder. However, research studies regarding adolescents who die by suicide suggest that most (evidence suggests over 90%) have a diagnosable, although not always diagnosed, mental health disorder at the time of their death. Additionally, research suggests that identifying at-risk youth, by utilizing depression scales and psychopathology inventories, through screening and treating those individuals who test positive for mental illness can benefit from counseling by a trained professional (11, 14).

Answers to True/False Test continued

13. Suicidal behavior is inherited. *False.* There is no specific suicide gene that has ever been identified. Studies involving twins have found higher concordance rates for suicide in monozygotic twins than in dizygotic twins; meaning that an identical twin would be more likely than a fraternal twin to engage in suicidal behavior if his/her co-twin died by suicide. However, no study to date has examined the concordance for suicide in monozygotic twins separated at birth and raised apart, a requirement necessary to be met as a means to indicate inheritance of psychiatric illness. Such a study could assess the effects that parental rearing style and familial environment have on suicidal behavior. Interestingly enough, when compared to control subjects, adolescent suicide victims have been found to have had significantly less frequent and less satisfying communication with their parents (1, 12, 20, 21).

14. Adolescent suicide occurs only among poor adolescents. *False.* Adolescent suicide occurs in all socioeconomic groups. Socioeconomic variables have not been found to be reliable predictors of adolescent suicidal behavior. Instead of assessing adolescents' socioeconomic backgrounds, school professionals should assess their social and emotional characteristics (i.e., affect, mood, social involvement, etc.) to determine if they are at increased risk (1, 3, 15, 16, 21).

15. The only one who can help a suicidal adolescent is a counselor or a mental health professional. *False.* Most adolescents who are contemplating suicide are not presently seeing a mental health professional. Rather, most are likely to approach a family member, peer, or school professional for help. Displaying concern and care as well as ensuring that the adolescent is referred to a mental health professional are ways paraprofessionals can help (7).

16. Adolescents cannot relate to a person who has experienced suicidal thoughts. *False.* Data from the 2009 Youth Risk Behavior Surveillance Survey (YRBSS), which surveyed 16,220 high school students, found that more than one in ten students (13.8%) had seriously considered attempting suicide in the previous year. A population study of 5,000 teenagers from a rural community showed that 40% had entertained ideas of suicide at some point in their lives. Some researchers have estimated that it is more realistic that greater than half of all high school students have experienced thoughts of suicide (1, 14, 22).

17. If an adolescent wants to kill him/herself, there is nothing anyone can do to prevent its occurrence. *False.* One of the most important things an individual can do to prevent suicide is to identify the warning signs of suicide and recognize an adolescent at increased risk for suicide. School professionals should, therefore, be aware of these risk factors and know how to respond when a student threatens or attempts suicide. The existence of a school crisis intervention team may assist with this process (3, 11, 14, 26).