Orygen

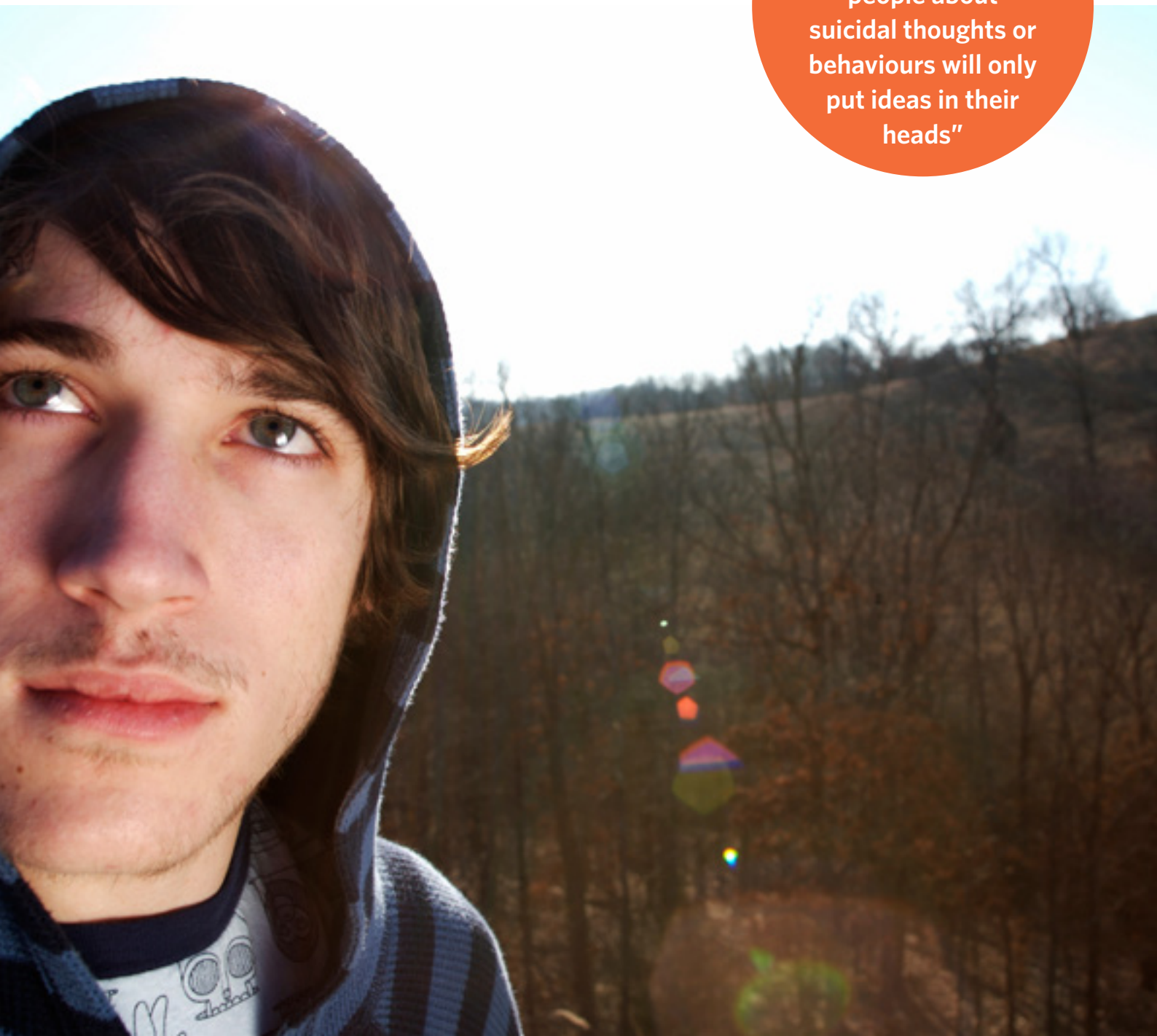
The National Centre of Excellence in Youth Mental Health

MythBuster

Suicidal Ideation

MYTH

"Asking young people about suicidal thoughts or behaviours will only put ideas in their heads"



What is suicidal ideation and how common is it among young people?

The term 'suicidal ideation' refers to thoughts that life isn't worth living, ranging in intensity from fleeting thoughts through to concrete, well thought-out plans for killing oneself, or a complete preoccupation with self-destruction (1). These thoughts are not uncommon among young people. It is estimated that approximately 30% of adolescents aged 12-20 have thought about suicide at some point in their lives, with around 20% reporting having had such thoughts in the previous year (2).

Why is it important to assess suicidal ideation in young people?

The majority of young people who experience suicidal ideation will not go on to take their lives, however any report of suicidal ideation should be taken seriously. Even when it is mild, and is only reported on one occasion, suicidal ideation has been found to be associated with clinically significant symptoms of depression (2). Furthermore, young people experiencing persistent, severe suicidal ideation are at increased risk of attempting suicide (3). Evidence suggests that the relationship between suicidal ideation and suicide attempts is mediated by the burden of psychosocial risk factors (see box) that a young person is exposed to (4). Young people experiencing suicidal ideation in the absence of other risk factors are at a relatively low-risk, whereas those experiencing suicidal ideation in addition to exposure to multiple risk factors are at high-risk. A previous suicide attempt is one of the most salient risk factors for a young person later dying by suicide (5).

30% of adolescents aged 12–20 have thought about suicide at some point in their lives

Risk Factors Associated with Suicidal Behaviour in Young People (6)

- A previous suicide attempt
- Mental health and substance use disorders
- Physical illness: terminal, painful or debilitating illness
- Family history of suicide, alcoholism and/or other psychiatric disorders
- A history of abuse: sexual, physical or emotional
- Social isolation and/or living alone
- Bereavement in childhood
- Family disturbances
- Unemployment, change in occupational or financial status
- Rejection by a significant person e.g. relationship breakup
- Recent discharge from psychiatric hospital

Are there opportunities to intervene when a young person is experiencing suicidal ideation?

Young people are typically reluctant to seek professional help for mental health problems (7) and as suicidal ideation increases, their intention to seek help decreases further (8-9). However many young people do seek general medical care in the month preceding suicidal behaviour (3, 10). Health and other professionals who have ongoing contact with young people (e.g. GPs, teachers, school counsellors, sports coaches, youth workers) are well-placed to detect risk. While young people are unlikely to disclose suicidal thoughts unprompted (10), they may do so if asked specifically about it (11). Therefore professionals must be alert to possible warning signs (see below) and should ask about suicidal ideation and behaviour rather than relying on the young person to spontaneously report it. If the subject is approached sensitively, only a minority of people will deny suicidal intent when they are in fact planning suicide (12).

Although in the majority of cases a suicide attempt will be preceded by one or more warning signs this is not always the case. Not every suicide is preventable.

Signs a young person may be suicidal (see 13)

- Threatening to hurt him/herself or suicide
- Looking for ways to suicide e.g. seeking access to pills, weapons, or other means
- Deliberately hurting him/herself i.e. by scratching, cutting, or burning
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, changes in sleep or appetite
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Won't asking a young person about suicidal ideation put 'ideas in their head?'

The only way to assess suicide risk is to ask a young person directly whether they are experiencing suicidal thoughts or engaging in suicidal behaviours (12). However, professionals working with young people in a variety of settings (e.g. schools, youth or health centres) are often reluctant to do so. The fear for many is that they will 'put ideas in their head', making a subsequent suicide attempt more likely (14).

Despite the fact that this belief is a myth (15), unfortunately it is still quite common (e.g. 16). Discomfort on the part of practitioners in addressing suicidal ideation with young people is likely to contribute to low detection rates of suicidal young people in a variety of settings.

Schools are often hesitant to implement suicide prevention programs due to discomfort about raising the issue of suicidal ideation with students (17). Similarly, GPs are often reluctant to ask about suicide for fear of triggering suicidal behavior (18). Mental health professionals (19) and university counsellors (20) also do not routinely ask about suicidal risk factors or behaviour among high-risk clients.

Is there evidence that talking about suicidal behaviour is harmful?

There is no evidence that talking to a young person about suicidal thoughts or behaviour is harmful (21-22). Over 30 years of crisis hotline experience and 20 years of school-based prevention programs have failed to document any cases of stimulating suicidal behaviour through the discussion of the topic (21).

Evidence of a 'suicide contagion' effect relating to inappropriate media coverage of suicide (23) may have contributed to a fear of talking about suicidal ideation with young people. However, it is exposure to certain styles of media reporting (e.g. sensationalist, glamourising stories) that is associated with an increased risk of suicidal behaviour, rather than exposure to discussion of suicide more generally. Through media coverage and the high prevalence of suicidal behaviour in their age-group, young people will already be familiar with the topic of suicide. Talking about it will not "plant the idea in their head" (21).

What does all this mean for those working with young people?

Professionals working with young people can be assured that they should not avoid talking to young people at-risk of developing, or currently experiencing a mental health disorder, or engaging in self-harm about suicidal thoughts or behaviours (24-25). The best way to assess for suicidal ideation is by directly asking the young person (25). Adolescents are often relieved and grateful for the opportunity to discuss their plans openly (3).

There is no evidence that talking to a young person about suicidal thoughts or behaviour is harmful

It is particularly important to assess for the presence of suicidal ideation if a young person is self-harming as the combination of self-harm and intention to die is the single greatest risk factor for completed youth suicide (17). There is considerable evidence to suggest that deliberate, non-suicidal self-injury can be distinguished from self-harm that is intended to result in death (26). While it is important to distinguish between these two behaviours in clinical practice, it is not always easy to do so. The best approach is to ask the young person directly if they are suicidal. The presence of other risk factors should also be assessed.

For practical tips, including what kind of questions to ask a young person you are working with about suicidal thoughts and behaviours, log on to the World Health Organisation's Suicide Prevention: A Resource for Primary Health Care Workers www.who.int/mental_health/resources/preventingsuicide/en/

Any reports of suicidal ideation need to be thoroughly investigated using direct questioning to determine the extent of the thoughts, the presence or absence of suicidal behaviour, the presence or absence of a suicide plan, and to evaluate other psychosocial risk factors.

Other Resources

Mental Health First Aid Guidelines for Suicidal Thoughts and Behaviours: practical advice for non-professionals on what kind of questions to ask, how to keep someone safe and how to link them in with professional help. www.mhfa.com.au/resources/mental-health-first-aid-guidelines

Training on suicide intervention is available across Australia through the ASIST program. www.lifeline.org.au/learn_more/livingworks

Acknowledgements

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Clinical Consultants

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Orygen, The National Centre of Excellence in Youth Mental Health

This Mythbuster was produced by the Centre of Excellence program provided by Orygen, The National Centre of Excellence in Youth Mental Health to headspace National Youth Mental Health Foundation and funded by the Australian Government Department of Health and Ageing under the Youth Mental Health Initiative Program. The series aims to highlight for service providers the research evidence and best practice for the care of young people with mental health and substance use problems.

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