#GATEKEEPING LIVES

A HAPPYOUTH GUIDE TO HELP YOUTH IN CRISIS

Delane Lim

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Foreword

CRISES AND TRAUMA takes on many guises, but the results are eerily similar – the inability to cope, overwhelming stress, mental confusion, emotional disturbances, and the desire to end the pain at any cost.

While problems beset all of us, in the past decades, research in USA and statistics in Singapore reveal that young people today (especially those born after 1990s) appear to be particularly at risk to severe mental, emotional, and social problems. Cases have been posited – lack of affirmation, affiliation, affection, and even achievements; helicopter parents who refuse to let children suffer any discomfort; unrealistically high and stringent parental or personal expectations conditioned on perfection; addiction to the virtual world which appears to be more seductive than the real one; social isolations due to fragmented families; gadgets tailored to individual tastes and gated subdivisions; and relentless competitions starting from preschool etc.

In June 2015, we started Project **HappYouth** - a combination of **Happy** and **Youth**. The essence of this project is about bringing happiness to youths, by youths. In today's world where technology is rampant and the world is more connected than ever, many youths are struggling with signs of depression caused by various avenues such as pressure from peers, parents, studies, etc. They may face bullying in school, and even online where the netizens can be more merciless than the school bullies.

Therefore, this project aims to equip HappYouth ambassadors with skills and knowledge to reach out to the identified youths at risk of depression and pull them back before it is too late. At the same time, the ambassadors will be tasked to pass the happiness forward to others. The project also seeks to raise awareness about depression among youths, educators, and parents alike.

What would you say to a student or a friend who wants to jump off a building? Or to a teen who cuts herself when she is overwhelmed with feelings of hopelessness? Or to a boy who is planning to end his life because of his poor academic results? Many have confessed that they became fearful when faced with someone at risk of taking their life or in pain for they are worried that what they said or did will make matters worse.

#GatekeepingLives is a guidebook and we have highlighted sample scripts, framework, and case studies on how to deal with different possible scenarios for your reference. While each problem is significant, in this book, we have decided to focus on what we feel is the most urgent and the most universal problem of all: **How do we help young people who are at risk of self-harm or suicide?**

Bear in mind that ***#GatekeepingLives*** is **not** a therapy manual. It should not be used as a substitute for professional help. Think about the guidelines contained therein as psychological first aid that you can apply in urgent and immediate cases (for instance, a child bids farewell because he has decided to end it all), or to prevent a serious problem from escalating (for example, a student has failed a test and confides that she is feeling depressed).

For serious cases, first aid is not enough – vulnerable individuals *SHOULD BE REFERRED* to trained professionals, and this book also gives you the avenues to do so.

Lastly, all of us here at Project HappYouth would like to acknowledge our troubled students, children and adult clients, and their families and friends. Having had witnessed their pain and courage, it gave us the resolve to create this book. Today, the need is too great, and the availability of trained professionals and resources is not able to meet the demand. All of us on the frontline who deals with young people (fellow peers, schoolmates, teachers, parents, students, religious leaders, and social workers) needs to do our part.

It takes a community to help one another. Let us start today by being a gatekeeper of our own life, and also the lives of the people around us.

Delane Lim
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Executive Director, Character & Leadership Academy
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CHAPTER 1
WHAT'S MY ROLE?

You are a TEACHER. It is the middle of the academic term, and your student still has not passed any examinations. You ask him what's wrong and he freezes. You see the pain in his eyes before he tries to shut it out. Then he shrugs and says, *"You know… I don't see the point of getting up and trying to study anymore when everything is out of control. I just want to end it all."*

You are a PARENT. You love your children and you try your best to give them a comfortable life. You work hard, and you know you could have been more present in their lives while they were growing up, but your children seem to have turn out fine. They manage to enter their dream school, and you are extremely proud of their achievements. You know that the world is highly competitive, and you don't want your kids to fall behind. So you hire several tutors and pay for enrichment classes, and in return, you expect your children to be at least top 10% of their cohort. Your children seem to be THE model children. So imagine your shock when one day you opened your son's Facebook page and read his suicide note. You then received a frantic call from the school, *"Your son has jumped off from a building, but he is alive."*

You are a STUDENT. You heard your classmate throwing up in the school's washroom. She comes out, smelling of blood, vomit, and shame. She tells you to leave her alone and begs you to not tell anyone. You are torn between your "loyalty" to your peer and your sense that she needs help, badly.

You are not a psychologist, nor a counsellor, nor a therapist. But you are a teacher, a parent, or a friend. You don't know how to help. You don't know what to say. You don't know what to do. But in your heart, you know this person needs help. What can you do?

Safety is always your top priority. The person in pain needs help to be as physically healthy as possible (for example, make sure that the cuts are not infected) or failing that, at the very least, he or she needs to be alive. You prioritise his or her safety.

Then you listen. Actively. You empathise. When necessary, you try to put things in perspective. Then you ensure that the person at risk seeks professional help.

I have written this book in response to people who want to help but do not know what to say or what to do. Based on my experience working with youths for the last decade, we have identified **Suicide** & **Self-Harming** as the most serious common issues that young people engage in.

We have created sample scripts from our personal experiences as counsellors and social workers to guide you on how to approach someone who needs help and what to say to them. ***#GatekeepingLives*** is a primer for teachers, parents, and friends on what to say and do. Hence, we are not going to delve into psychological techniques (cognitive, psychodynamic, and etc.) here.

Problems have multiple causes, and usually cannot be addressed readily, unless (or even if) you are a trained professional. My goal here is to guide you on how to handle urgent crises faced by your student, child, or friend. You then refer the person at risk for professional help afterwards.

CHAPTER 2
COUNSELLING PEOPLE IN CRISIS

Active Listening

People at risk often feel that what they are experiencing is unique – that no one else in the world has the same problem as them. They are not equipped with sufficient problem solving skills, and emotional coping mechanism. Hence, instead of tackling the issue calmly and rationally, they turn emotional. They feel things are spiraling out of control, and some of them attempt to regain control through harmful ways like binging and purging, anorexia, bullying, aggression, and passive-aggressive behaviors.

Others feel hopelessness and a despair so great that they are tempted to escape through the following ways:

1. Addiction, such as alcohol, gambling, drugs, sex, and etc.
2. Self-harming, such as cutting themselves, pulling out their hair, banging their head on the wall, and etc.
3. Suicide, such as jumping off high places, hanging themselves, overdosing on sleeping pills, and etc.

Rationally, individuals at risk usually know what they are "supposed" to do, and what not to do. But when distressing emotions overwhelm them, they feel alone. They feel that no one truly understands them.

So, in this moment, you listen…. actively listening…

Active listening means you listen for overt and covert meanings. What is the person trying to say? You don't have to say much, but you have to be present and convey your sincere and genuine interest. That means no texting or "Face-booking" or playing with your phone whilst they are talking. As this stage you only speak to clarify that you and the individual understand and have heard each other correctly.

You ask an **open question** if you need the individual to elaborate or clarify his or her thoughts such as *"You have been missing class… why do you think this is happening?"*

You ask a **closed question** if you need to gather specific information fast such as *"You say you want to overdose on pills, are these pills in your house?"*

Watch your body language. Adapt an encouraging, or at least a neutral facial expression and lean in towards the individual. Crossed arms signal aloofness, so try to strike a relaxed pose even if you are tensed. Try your best to not show any signs of anxiety and panic.

Use your best judgment regarding proximity and body contact. Will the individual welcome a pat on the back or shoulder? Many students who trust their teachers may ask for a hug, but if you are not certain about this, do not initiate it. Parents who tend to berate or even beat their children would probably do well to not touch their children unless things have been resolved.

Monitor the tone of your voice. You can speak softly, but because of the gravity of the situation, ensure that you speak gently but firmly. Strive to keep a neutral tone; do not show judgment initially, even if you disagree with what is being said. If people feel misunderstood, blamed, or judged, they will stop opening up and may end up doing harm to themselves or others.

Empathy & Humility

Since you truly care for the individual, you do your best to put yourself in his or her shoes. You make it a point to understand his or her perspectives, and in this way, you show that you respect the person, that you accept him or her, and that he or she is important.

Many people at risk feel that they are only valued by their family or friends for their positive traits such as intelligence, perseverance, and even wit. Many "smart" students who are stressed out say that their parents use them as "bragging rights". Others feel that if they lose the

crucial game, their teammates will blame or ostracise them. Some girls feel that if they gain weight, their boyfriends will leave them.

It is important that these individuals feel accepted without any judgment or strings attached. In this way, they can feel comfortable disclosing and exploring their thoughts and feelings with you, be it positive or negative, without running the risk of being rejected.

If you are genuinely empathic, you will not convey an attitude of superiority, or the stance of "I know best". Keep your personal views on controversial issues to yourself for now.

Reflecting & Summarising

Throughout the conversation, ensure you understand what the individual is trying to say. Paraphrase or reflect what the individual has said by restating what the other person said, either word for word, or in other terms, without changing the meaning by adding anything or subtracting anything. When used well, paraphrasing can direct the individual's attention to a particular concern. For example, a student says: *"I hate mathematics!"* You can paraphrase to: *"Mathematics seems to be difficult for you."*

When several details have arisen during the conversation, you may need to summarise the important points. Summarising helps to highlight points, and keep track of what is being said.

Often, you may be too eager to help that you started giving advices. Unless directly ask for, resist immediately the urge to do so. Start by paraphrasing or reflecting what is being said as the aim is to provide a safe space for people to open up. When they are comfortable with you, you can then gently guide them to explore their problems and options. Once they feel that they are understood by you, you can them help them clarify their problems and think through.

At this point, if you have been effective, these individuals would usually signal their need for a more direct action from you. They may

ask you directly for the "fastest" solution, or they may ask for your thoughts about their plan.

When asked, you respond accordingly by evaluating, giving advice, and suggesting alternative modes of actions which are more effective than suicide or self-harm. All the while, of course, you continue to maintain a non-judgmental stance and respond with humility and empathy.

It Takes a Community

To help individuals in pain, you will most likely have to work with professional counsellors. No one can do it alone. Privacy and confidentiality are important, but as teachers, you continue to be available when students need to unburden themselves, while you share insights with guidance counsellors, if necessary. Even if your students say you are to be the only one they want to talk to, recognize your limitations, and refer them to the professionals, especially if they have already been harming, or about to harm themselves or others.

As parents, you continue to support your children unconditionally while simultaneously coordinating with psychiatrists or psychologists. If you are part of the problem, then you may need to take a backseat while professionals help your children heal. If you and your children have a strong bond, you can explore the issue with them together, especially if your children are still minors, with the permission of your children and the professional.

As friends, you continue to listen as your classmate pours out his or her grief to you. You can support each other, but do not spiral down into negativity. For example, if your friend says: *"Life Sucks!",* DO NOT say: *"Yes! I agree! My life sucks too because my parents keep fighting and it is so pointless!"* Instead, focus on their feelings and ask, *"How are you feeling? Do you want to talk about it?"*

However, most often than not, you will be negatively affected emotionally as well. In such cases, you need the guidance and support of trained adults. Even if a friend makes you promise to not

tell anyone, either avoid making the promise or break it if you have to. If you truly care for your friend, you will want him or her to get help. Keeping loaded secrets and/ or making suicide pacts is not considered friendship at all.

You are a teacher. You say you are not trained to handle students with mental health problems. But you are the only one they approach, so you need to encourage them to open up and speak to you about it. After clarifying their problems, you then refer them to a professional.

You are a parent. You say you don't know how to talk to your child. But your child is hurting. You have no choice but to try.

You are a student. You are uncomfortable with a classmate who is "crying all the time". Instead of avoiding her, you can ask if she wants to talk to anyone.

CHAPTER 3
MYTHS VS REALITY ABOUT PEOPLE AT RISK

The following table presents common myths about emotional problems, including suicide, self-harming, behavioral problems, and their corresponding realities about these issues: -

MYTH	REALITY
Discussing suicide, cutting, eating disorder, and depression etc. will put ideas into the heads of young people so it is better to keep quiet about controversial issues.	Individuals at risk often feel isolated, and think that no one understands them. Bottling things up causes extreme distress, which may also lead to harmful behaviors such as acting-out (attention seeking behaviours), self-harm, and even suicide.
Individuals at risk often come from disadvantage economic backgrounds.	While poverty is often a risk factor for mental and emotional problems, a recent research reveals that young people from the middle and upper classes are also often at risk. This is likely due to their inability to manage problems effectively.
Mental health problems are inherited, so it is hopeless to try to help people at risk.	While several traits (such as depression) may have a genetic component, individuals at risk can improve with counselling and therapy, and if needed appropriate medication.

Individuals who act out are just attention seekers. They are out to manipulate others and gain sympathy, so the best way to deal with them is to ignore them.	Many individuals at risk often lacks attention, but in reality, their aberrant behavior is a cry for help. They may want to gain sympathy and so behave in a manipulative manner. This is expected because they have a disorder. Their erratic and self-centered behaviors (for example, constant lying) are desperate albeit unhealthy attempts to communicate. Instead of ignoring them, we need to pay attention to them.
Suicide and self-harm seem to be a fad. After someone kills himself or herself, or a classmate starts cutting, there will be many imitators (or copycats). These are just "cry-wolf" threats and should be ignored.	After a friend's or a celebrity's suicide, it does seem as if others want to follow suit. However, these are usually from already vulnerable individuals, for which another person's suicide is not the cause, but rather the factor that pushes them over the edge. Resilient individuals will not follow this fad in the first place. All threats (suicide, self-harm, and behavior problems etc.) should be taken seriously. When individuals' lives and health are at stake, it is better to overreact than to underreact.
Emotional problems are the result of academic difficulties, for example, failing in mathematics	Most problems are multi-dimensional, and they rarely happen overnight. Academic problems may cause stress, but they rarely result in more serious problem unless individuals feel rejected by family, friends, and loved ones who may expect

	them to meet certain societal, peer or family expectations.
Emotional problems are due to bad parenting; such as absent parents.	Individuals at risk who have problems with parents sometimes comes from loving families. Parents who are emotionally or physically absent may contribute to their child's pain, but research shows that hovering parents (those who never let their children suffer any sort of discomfort) also contributed to their child's fragility and making them less resilient as a result.
People at risk just wants to end it all, so it is fruitless to talk them out of it.	While suicidal individuals want to end it all, their main objective is to end their pain. They are often ambivalent – they wish both to live and to die. They need to be guided to use alternative ways to mitigate their pain without ending their lives.
All depressed individuals need is a bit of cheering up. All that is needed is a pep talk or motivational conversations.	While a little bit of cheer may be harmless, minimizing their problems may make individuals feel worse, not better. Saying things like "I know you are strong, so you can do it!" may be well-meant, and may work on stable young people, but it can backfire with those who already have low self-esteem. After all, this is another expectation they cannot meet.

We need to act like a doctor. When people reveal what bothers them, we prescribe an immediate cure.	Serious problems cannot be dealt with overnight, with or without a prescription pad. Often, the present problem is not the real issue, so we need to keep listening. For an imminent suicide or suicide-in-progress, immediate action is warranted. But for true healing, without proper data, we may jump into the wrong conclusion and make things worse.
We are not trained psychologists or psychiatrists. We are only teachers. We may do more harm if we try to help.	Even if we feel inadequate, the fact is that when students come to us, it means that they are willing to trust us with important issues. Even if we are not trained, we can always listen. Teaching by nature is a caring profession. Teachers are responsible not just for their students' cognitive growth, but also their holistic development.
We are not doctors. We parents have so many things to do. It is up to the school to manage these problems. Anyway, our children are sensible, and these problems only happen to other families.	Helping vulnerable young people requires teamwork, in which parents play a, if not the most, significant role. While many individuals at risk have family problems, others may come from loving families.

Risk factors for mental, social, and emotional problems include:

- A history of previous problems such as bullying, aggression, depression, and etc.
- Exposure to serious aberrant behavior by family or friends such as constant family conflicts, abusive parent(s), suicide of siblings, and etc.
- Discrimination or victimization because of physical, sexual, socioeconomic, and/ or other differences.
- Alcohol or drug use, gaming, media addiction.
- Alienation from friends and family such as failed romantic relationships, ostracism by peers, and bullying by others.
- Grave losses such death in the family, school transfers, perceived betrayal by peers, failed results. The more losses, the higher the risk.

Warning signs for mental, emotional and social problems include:

- Academic difficulties such as frequent absences, sudden drop in grades, constantly failing marks, behavioral problems, and etc.
- Social difficulties such as isolating from friends, sitting alone in class, dropping out of usual activities, and etc.
- Eating disturbances such as significant weight loss/gain, spending excessive time in toilet, and etc.
- Sleep disturbances such as insomnia, frequent sleepiness in class, zoning out in class, and etc.
- Anxiety such as panic attacks, phobias, excessive startled response, fear of being mugged, and etc.
- Excessive self-criticism such as blaming themselves for their parents' break up, feeling useless when someone says so, and etc.
- Excessive pessimism such as refusing help, feeling hopeless, feeling beyond help, and etc.
- Mood swings such as mania and depression, hyperactivity and hypoactivity, and etc.

CHAPTER 4
GATEKEEPING YOURSELF, CARING FOR YOURSELF

Even for trained professionals, listening and responding to individuals at risk are stressful. What more for the teachers who have many other added responsibilities such as preparing for lessons, checking papers, and planning for CCAs; or the parents who strive to put food on the table; or the friends who also might be experiencing problems themselves?

Parents, family, students: if necessary, you may need to seek support from professionals.

Teachers can take a toll emotionally and physically while actively listening to the problems faced by many students – a student who wants to kill herself; or another who cuts his wrist, or another who is starving herself, or another who panics when speaking in class, or another who physically fights with his father, and so on. You need to acknowledge what they are feeling and then seek support from your school counsellors or school leaders.

Humility means that you realize you often cannot help students on your own, however much they want you to be their sole anchor. You need to inform your school leaders or other concerned personnel, and follow appropriate "Standard Operating Procedures" established by the government ministry, agency or your school.

No one, not even a teacher, or a parent, or a student, could have predicted that there would be so many vulnerable individuals today.

At the end of the day, if the individuals in pain still chose to hurt themselves or others despite our best efforts to organise programs on suicide prevention, creating Project HappYouth, or even publishing this book to equip others to be gatekeepers, **we should not blame ourselves**. They are the ones who ultimately decide whether to

succumb or thrive, whether to live or die. The best we can do is **to respond** when we are met with such desperate need.

CHAPTER 5
GATEKEEPING YOUTH AT RISK OF SUICIDE

When youths decide to end their life, this tragedy is not only felt by the family member but also by their friends, teachers, and other members of the community. We grieve for the loss of life. We have many unanswered questions.

Often, we are left wondering if we could have done something to prevent it. The goal of this chapter is to provide community members including parents, teachers, and friends of at-risk youths, with the practical knowledge that is needed to assess the risk and encourage at-risk young people to get the professional help they need.

Before carrying on this chapter, for those without proper training, bear in mind again that ***#GateKeepingLives*** should not be used as a manual to attempt psychological interventions for youths at risk of suicide. The best solution is to refer them to trained psychologists, counsellors, and psychiatrists.

Youth at Risk of Suicide

We start off by differentiating the 3 stages of suicide:

1. **Suicidal Ideation** is the intent to commit suicide, including planning how it will happen.
2. **Suicide Attempt** is the action taken that could result in death, but the person did not die.
3. A **Completed Suicide** indicates that the Suicide Attempt had resulted in death.

The common methods of suicides are:

1. Self-poisoning through overdose of drugs such as paracetamol or sleeping pills.
2. Ingestion of common household chemicals such as bleach, sodium, or shampoo.
3. Carbon monoxide poisoning through car exhausts.
4. Asphyxiation by hanging.
5. Jumping off buildings.
6. Self-inflicted knife wounds.

Suicidal ideation, suicide attempts, and completed suicide among the youth have become a growing concern in society. Research has shown that suicidal ideation and suicide attempts are more common during the growing-up years than any other time of life.

Globally, completed suicide is the third leading cause of death among children and youth aged between 10 to 24 years old. These rates are rising every year almost universally. Even in Singapore, youth suicide in 2015 was increased by one fold from 2014, and may be a worrying trend for 2016.

Some youths may become vulnerable to suicide because they are in a tumultuous developmental stage. They struggle with both personal and interpersonal issues such as their sense of identity and self-worth, and independence from their parents. In addition to these developmental issues, the World Health Organisation in 2000 has compiled a list of various socio-demographic variables, family environment, mental illness, personality factors, and stressful life events that can make youth today more prone to suicidal distress.

What makes Youths more prone to suicide (WHO, 2000)

Socio-Demographic Variables	Family Environment	Mental Illness	Personality Factors	Life Stressors
Low socio-economic status	Parental psycho-pathology	Depression	Unstable moods	Family disturbances
Poor education	Alcohol abuse or antisocial behavior in the family	Anxiety disorders	Angry or aggressive behaviours	Separation from friends, romantic partners, classmates, etc.
Unemployment in the family	Family history of suicide and suicide attempts	Alcohol and drug abuse	Acting-out behaviours	Death of a loved one
	Violent and abusive family	Eating disorders	High-impulsivity	Termination of a romantic relationship
	Parental neglect of a child’s physical and emotional needs	Psychotic disorders	Rigid thinking and coping patterns	Interpersonal conflicts or losses
	Lack of communicat ion between parent and child	Previous suicide attempts	Poor problem-solving ability	Legal or disciplinary problems
	Frequent quarrels		Inability to grasp realities	Peer-group pressure
	Divorce, separation,		Tendency to live in an illusory world	Bullying and victimization

	or death of parent/s			
	Frequent moves to a different area		Fantasies of greatness alternating with feelings of worthless-ness	Disappoint-ments in school performance
	Very high or very low expectations from parents		Ready sense of disappoint-ment	High demands from school during exam periods
	Inadequate or excessive parental authority		Self-righteous-ness	Poor finances
	Lack of family time		Feelings of inferiority and uncertainty	Unwanted pregnancy; abortion
	Family rigidity		Uncertainty about gender identity or sexual orientation	Infection with HIV or other sexually transmitted diseases
			Ambivalent relationship with parents, other adults, or friends	Serious physical illness
				Natural disasters

Socio-demographic variables such as low socio-economic status, poor education, and unemployment in the family can become a risk factor to suicide when children are deprived of basic needs that will allow them to develop optimally. However, recent statistics of suicides in the world and in Singapore reveals that suicidal youths also often come from middle and upper class which have less than ideal environments.

Difficulties in the family, such as parental conflicts and neglect, can also result in the children living in troubled environment. Pre-existing mental illnesses such as depression, and substance abuse, have been found to be the leading risk factor for suicide. Certain personality factors, such as impulsivity, poor problem solving ability, and even lack of emotional coping skills, can also render children less than able to cope with their challenges in life. When children living under difficult circumstances encounter specific negative events such as academic failures or romantic disappointments, such events can push them towards suicide.

Not all youths experiencing stressful situations will go through the 3 stages of suicide. However, some youths may feel overwhelmed and are unable to cope with life stressors because of predisposing vulnerabilities such as mental disorder or limited social and financial resources. According to US researchers Tonya Shamoo and Philip Patros, some youths commit suicide because of the following reasons:

- To seek help
- To escape from an unbearable situation
- To try to influence some people
- To show how much they loved some people
- To make things easier for some people
- To make people feel sorry
- To frighten people or to get their own way
- To make people understand how desperate they are
- To test whether they are really loved

CHAPTER 6
MYTHS VS REALITY ABOUT SUICIDE

This chapter tables common myths and their corresponding realities about suicide, as described by Shamoo and Patros.

Myth	Reality
People who talk about suicide do not do it.	People who talk about suicide do kill themselves. Talks of suicide, of not wanting to go on anymore, of despair, and of hopelessness are cries for help. These are signals that need to be taken seriously.
Suicidal people are fully intent on dying.	Most people are ambivalent about dying. People want to end their pain, but there is always the wish that someone can remove the pain so that life can continue.
People only need to look on the bright side of life to feel better.	For those who are thinking of suicide, it is difficult, if not impossible, to see the bright side of life. To acknowledge that there is a bright side confirms and conveys the message that they have failed; otherwise their life, too, could have had a bright side.
People who make suicide attempts are only looking for attention.	It is true that such people are looking for some attention but they are also looking for a way to ease their pain, and for someone to hear their cries for help.

When the depressed person begins to show signs of improvement, the crisis is over.	When a person's mood or behaviour seems to improve, it may be because the indecision concerning suicide is over. A decision has been made and the anxiety has passed. However, that decision could be to die (suicide).
Talking about suicide puts the thought into people's heads.	If the clues are being broadcasted, talking about suicide will not put the thought there for it is already there. Talking about suicide removes people's fears that they are crazy and alone, and also takes away the guilt for thinking that way.
People who attempt suicide are mentally ill.	People who attempt suicide are stressed beyond their coping abilities. They are not necessarily mentally ill. Depressed, yes; stressed, yes; but rarely mentally ill.
Parents are responsible for their child's suicide attempt(s).	Parents do the best they can with the information and coping skills they have. But there is often denial and disbelief because the thought of suicide is frightening. Some parents may also be too fragile emotionally and psychologically to meet their children's needs.
Substance abuse and acting-out behaviours are outlets for anger and thus reduce the possibility of suicide.	These behaviors are poor adjustment and reflect the frustrations these people feel. When the drug/alcohol abuse and /or acting-out behaviors are unsuccessful to deal with disappointments, hurt and other

	problems, suicide becomes a greater possibility.
Once people contemplate or attempt suicide, they are considered suicidal for the rest of their lives.	When the crisis is over and the problems leading to suicidal thoughts are removed, suicidal ideation usually ceases. It is possible, however, that suicide will still be an alternative for an individual, but as long as coping skills are adequate, it will not lead to a suicide attempt. However, if the coping mechanisms fail, suicide may become a strong option again.

CHAPTER 7
IDENTIFYING YOUTH AT RISK & DETERMING THE RISK

An important task in preventing suicide is to identify teenagers who are most likely at risk. Our case studies list warning signs and specific behavioral indicators, including sample statements, that can help identify young people at risk.

Table below shows the warning Signs, Behavioral Indicators and Sample Statements of Youths at Risk

Warning Signs	Behavioral Indicators	Sample Statement to Look Out For
Previous suicide attempt	These attempts may range from more obvious acts (such as hanging, gunshot wounds, overdosing, asphyxiation, and knife wounds), to less obvious acts (such as anorexia, bulimia, body mutilation and substance abuse)	I just tried it once. I drank a bottle of cough medicine. But I chickened out and made myself throw it all up.
A threat of suicide	A clear indication of this is any statement of extreme frustration or loss of hope, with no other way out except for suicide. An indirect indication may be any mention of dying, disappearing, jumping, shooting	The pain is just too much! It never ends. I just want it all to end. Sometimes I think how easy it would be to just jump off a building Then this will all be over.

	oneself, or other types of self-harm.	
Preoccupation with death or dying	Any unusual preoccupation with death, such as researching different ways to commit suicide or talking about the consequences of committing suicide, should be considered a sign	Do you really believe that suicide is a sin? What if by dying, we do so many people a great favour because they don't have to take care for us anymore? Or if we were bad people? Aren't we doing society a big favour by not being alive?
Giving away valued possession or making final arrangements	Giving away valued possessions, writing a will, or saying goodbye with some finality as if they will be going away, are clear indications of a suicide risk.	I just called you to say that I really valued your friendship. I want to say thank you for everything nice you've ever done for me. Soon, you won't have to worry about me anymore. This is something really important to me. I want you to have this to remember me by because I know I'm going to a very special place.

Depression	Some common symptoms include lack of interest and change in appetite and /or sleep patterns, a general loss of energy, negative feelings, lack of self-worth, feelings of sadness, hopelessness, and worry, inability to concentrate and pay attention, morbid thoughts, and social withdrawal.	I just can't seem to stop crying. I know I'm sad. And the sadness is deep, so deep I don't feel it anymore. I'm just numb.
Feelings of hopelessness and helplessness	At-risk individuals may feel a sense of powerlessness that results in easily giving up or not even wanting to try any more possible solutions to the problem.	What's the point of trying? I'll just keep failing anyway. I give up. It doesn't matter what I do. Nothing makes a difference, so why bother?
Feelings of worthlessness	These include negative statements about the self, or constantly magnifying weaknesses and mistakes, and minimizing their strengths or successes.	I am a useless person. I'm such a loser. I'm a total failure. Everyone would be better off without me. I don't want to be a burden to anyone. It's better if I just disappear.
Withdrawal from family and friends	At risk individuals cut themselves off from everyone by insisting to be left alone and refusing the company of even their closest	Please just leave me alone. I don't want to pull people down with me.

	friends or family members.	
Inability to concentrate	Thoughts can be interrupted by negative ideas and recollections, thus making it difficult to focus and complete a task.	I just can't seem to focus on anything lately. Bad thoughts just kept popping into my head and no matter what I do, I can't shake them off.
Loss of interest	A great sense of apathy can manifest as a general lack of motivation or boredom.	I just don't care about anything anymore. I don't care if I fail in class. I don't care if I get kicked out of school. I don't care if I get into an accident when I'm too drunk. I'm just over this. Life is just so boring and gray. It's the same thing every single day
Changes in eating habits	A loss or gain in appetite and weight, or over- or under-eating, can be signs.	I just can't seem to stop eating. It's like there's a giant void in my life and I'm filling it up with food.
Changes in sleeping patterns	Insomnia, often with early waking, oversleeping, or having frequent nightmares, can be signs.	I find it hard to get out of bed every day. I don't even want to wake up.
Change in academic performance	Inability to concentrate, lack of interest, and disturbed sleeping patterns can	I'm just so tired. And so sad. I want to do well in school but I just can't keep up.

	result in a drop in the ability to function in school, including more absences, a drop in grades, less participation in class.	
Physical complaints	Individuals who are not able to communicate their emotions might express that something is wrong through complaints of vague physical symptoms that can't be diagnosed or verified.	I just feel bad. My chest just feels heavy, like I would suffocate. The headaches would just start. And I feel better staying in bed in the dark. My tummy aches all the time, like it's tied up in knots.
Anxiety and tension	Individuals may appear to be jittery and unable to relax, as if waiting for a catastrophe to happen. They can also be more prone to emotional outbursts of anger or frustration over minor mistakes of others or their own.	Sometimes, I just feel that something bad will happen. Like my parents will find out that I'm failing my classes and then all hell will break loose. I don't know. I just snapped. And I yelled at my sister and pushed her to the floor. She took my stuff again and didn't return it where she should. And this time I snapped.

Sudden unexplained high mood or euphoria	Feeling suddenly happy and at peace can be a sign that individuals have made a decision to end their life and are thus foreseeing relief in the future.	I don't have anything to worry about anymore. I'm just going to a better place.
Drug or alcohol abuse	Drugs and /or alcohol can be used to escape the negative circumstances. Red eyes, dilated pupils, runny nose, hoarse voice, erratic behaviour, stealing, and becoming overly secretive can be indicative of the use of addictive substances.	No I didn't steal from you. You must have just misplaced your money. Look I'm not addicted. I just wanted to try it. I did it once. That Ecstasy is not mine. I'm just keeping it for a friend.
Recent loss	A sudden parting with significant others, such as the loss of a parent through death, divorce or separation, or the ending of a romantic relationship, which has provided emotional validation in the past, can preempt a suicide.	I don't want to live without my girlfriend. My parents are separating. My mom wants to take me with her when she moves out but I want to stay here with my dad. My life is here. I don't have a life there.
Abrupt changes in behaviour	Sudden changes in personality and behaviour, like an outgoing child becoming withdrawn, should be investigated.	I don't know why but I just don't feel like myself anymore, I don't want to be me anymore. It's just too painful.

Determining the Risk

Once the signs are spotted and the teen at risk has been identified, the next step is to determine the likelihood of an attempt. According to Shamoo and Patros, you can ask the following questions:

- Does the individual have suicidal thoughts, feelings, or intentions?
- Is there a detailed plan?
- How readily available is the method?
- Is there a set time to commit suicide?
- How likely is it that someone else will interrupt the attempt?
- Is there a drug and /or alcohol involvement?
- Has there been a previous suicide attempt?
- How supportive (against suicide) is the individual's environment?
- How great is the individual's anxiety and frustration level?

If youths are thinking about suicide, whether passively (I wish I were dead) or actively (I want to end my life), there is a chance that they will commit suicide. The more frequently they think about it, the more likely the attempt will happen. If they have made a concrete plan, specified the time and the location, and obtained the means for carrying out the attempt (such as the bleach, a knife, or a combination of alcohol and sleeping pills), then these are clear signs that an attempt will be made. In general, the more detailed the plan, the more likely that it will be followed through and carried out. The availability of drugs and alcohol increased the chances of an attempt as these substances lower inhibitions and increase impulsivity.

Youths who have made an attempt in the past are also more likely to make another attempt. Those with low tolerance to anxiety or frustration are also more likely to carry out an attempt because all it takes is one stressful situation to trigger an attempt. On the other hand, the availability of concerned and supportive parents, family members, and peers can help monitor and prevent young people from making the attempt.

Once the risk has been assessed, it is imperative that the individual is referred to an expert for counselling and treatment as soon as possible.

However, you may already be faced with an individual who shows some risks of suicide. While waiting for an expert's help, you need to consider the following points:

- Take all threat seriously.
- Take note of signs of depression and withdrawal.
- Take note of a loss of a loved one, even a pet, or a loss of self-esteem.
- Express your concerns.
- Stay with the at-risk individual if there is a crisis.
- Remove all possible means of suicide, if safety permits.
- Seek professional help.

CHAPTER 8

WHAT NOT TO SAY TO YOUTH AT RISK

Below is a list of statements we should avoid when youths say they want to commit suicide:

<table>
<tr><th>Don’t say</th><th>Why</th></tr>
<tr><td>Oh come on! You’re just overreacting.</td><td>At- risk individuals might feel that they do need permission to express the hurt they are feeling. They may become more withdrawn and refuse to ask for help from anyone because they think that people may not understand their pain anyway.</td></tr>
<tr><td>You’re kidding, right?</td><td>This might be taken as a challenge and those at risk might try to prove their intent by making a real attempt on their life.</td></tr>
<tr><td>You are just feeling that way because you’re tired. Just get some rest this weekend and you’ll feel better.</td><td>Those who want to take their own life are likely overwhelmed with pain that will not just go away after a restful weekend.</td></tr>
<tr><td>It’s just a guy/girl. You’ll get over him/her soon enough.</td><td rowspan="2">They might feel that their pain is being disregarded and undervalued, and that no one understands them.</td></tr>
<tr><td>So you failed on subject. It’s not the end of the world</td></tr>
<tr><td>Don’t be selfish. Think about your mom. She’ll be devastated if you commit suicide.</td><td rowspan="3">People who want to end their life usually have very low feelings of worth and persistent feelings of shame. These statements might just convince them even more that they are bad people who do not deserve to live.</td></tr>
<tr><td>Suicide is a sin. You’ll go to hell if you do it.</td></tr>
<tr><td>You are so ungrateful. Other people struggle to live and they have nothing. You have so</td></tr>
</table>

much and you're throwing it all away.	
Just don't think about it and I'm sure you'll be fine.	The overwhelming pain is persistent and recurrent and will not likely go away just by ignoring it.
Don't let anyone else hear you say that or they'll lock you up in the hospital.	This could discourage at-risk individual from telling other people who can truly help them.
You are already talking to your therapist about all this messed-up stuff. Let's just talk about something else.	Even when at-risk people already have a therapist, they still need the support of family, relatives, friends and other community members.

CASE STUDY 1:
TEACHER & STUDENT

We now look at a script that integrates how to identify an at-risk teenager, how to determine the risk of suicide, and how to encourage him to seek counselling. In this conversation, Mrs. Tan, a teacher, asked to see her student, Bob, after observing some apparent changes in his behaviour.

The script provides tips on how to persuade students to share their suicide plan with their parents and how to encourage them to seek professional help. In this particular scenario, Bob initially showed hesitation but was generally compliant to the suggestions of seeing a counsellor. In some cases, youths may be less compliant; tips on handling non-compliant youths are addressed in another section.

Since youths spend a considerable time of their lives in the classrooms, teachers play an important role in detecting behaviors that may indicate a risk for suicide.

Some classroom behaviors to watch out for are:

1. Increased absenteeism.
2. Inability to focus.
3. Drastic drop in school performance.
4. Aggressive behaviour toward other students.
5. Social withdrawing from their usual group of friends.

When these behaviors are observed and at-risk students are identified, the next step is to talk to the student. Often, students who are overwhelmed by many problems will be the ones to actually seek out a trusted teacher for advice.

However, students who are severely depressed might be experiencing feelings of hopelessness and helplessness and will be unlikely to seek help from anyone. In these cases, it is important that teachers talk to these students to find out what is going on and to encourage them to seek professional help.

Some students may be reluctant to talk about their emotional difficulties. As such, the teacher can start the conversation by first pointing out their observations of the student's behaviour in class in relation to a decline in their performance. Students are more likely to talk about their difficulties if these are phrased as obstacles in their ability to do well in class.

When talking to the student, if it turns out that the student is under severe distress, it is important that the teacher start assessing if the student is at risk of suicide by asking questions about suicidal thoughts, detailed plans, and previous attempts. Do not be afraid to ask direct questions because you fear you are overreacting. It is better to overreact than fail to address the risk of suicide.

It is important to ask direct and detailed questions and to get direct and detailed answers. If individuals give vague or implied answers, it is best to ask them to clarify until they give direct answers. It is necessary that they acknowledge their plans for suicide, otherwise it will be difficult to ask them for more details about their plan. The following script indicates the important questions that need to be asked to assess if a student is at risk for suicide.

Once the risk for suicide has been established and a suicide has been acknowledged, it is important to collect information about the means for suicide and the planned location and time. Parents or guardians should be informed immediately, preferably with the student's consent. Even if the student does not agree, parents or guardians should still be informed. A referral for professional intervention should also be made because suicide ideation, even if an attempt has not yet been made, is an indication that individuals at risk are unable to cope with problems on their own.

CASE STUDY 1:
A Teacher Talks to a Student Who Is thinking of Suicide

	Sample conversation	Notes
Mrs. Tan:	**Hi, Bob. I wanted to talk to you today about your performance in class. You were doing great at the start of the semester, but lately, I've noticed that your grades have been dropping. You've also been absent more frequently and when you are in class, you seem to be distracted. Can you tell me what's going on?**	Mrs. Tan starts with behavioral observations that are difficult for Bob to deny.
Bob	**I'm sorry. I know I'm not doing as well as I can in class. It's just lately that I find it very difficult to concentrate. I just want to stay in bed and not do anything all day. I don't see the point of getting up and trying to study when all these are happening.**	Bob acknowledges that there is a problem and indicates common symptoms of depression.
Mrs. Tan:	**What are these things that are happening?**	Mrs. Tan inquires about the circumstances leading to Bob's difficulties.
Bob:	**Well, my parents are just arguing all the time. Then, there's this girl I like and I thought things were going great between us, but now, she's with this other guy. My friends seem to have abandoned me because I'm just too sad all the time. They say I'm a downer. And my grades are so bad I might just flunk out. You know, there are days when I just feel like I'm done with all of this. I'm just done.**	Bob identifies common stressors that precipitate depressive symptoms and suicide distress. The most important indicators of suicide distress are feelings of helplessness and hopelessness.
Mrs. Tan:	**What do you mean by "you're done"?**	Mrs. Tan focuses on Bob feelings of

		hopelessness and asks him to clarify.
Bob:	**I want it all to end.**	Bob vaguely indicates wanting life to end.
Mrs. Tan:	**Do you mean you want your life to end?**	Mrs. Tan directly asks Bob if he wants to die.
Bob:	**Yes.**	Bob confirms passive suicidal ideations.
Mrs. Tan:	**Have you been thinking about killing yourself?**	Mrs. Tan directly asks if Bob actively wants to commits suicide.
Bob:	**Well, yes. I mean who wouldn't? My life sucks. I suck!**	Bob confirms more active suicidal ideations.
Mrs. Tan:	**Have you thought about how you will do it?**	Mrs. Tan begins to assess risk by directly asking about concrete plans.
Bob:	**Well, sometimes, when I'm alone, I research about how to do it. Like what would be the quickest and most painless way.**	Bob admits to researching ways of committing suicide.
Mrs. Tan:	**And did you come up with a plan?**	Mrs. Tan asks for details of the plan.
Bob:	**Well, when things get so tough sometimes, I just fantasize about overdosing on my mom's sleeping pills. She just keeps them beside her bed so it won't be a problem getting hold of them. I've been sneaking a couple of them out of her room everyday so she won't notice. Then, when I have enough, I'll wait for her to go to sleep and then lock myself in the bathroom so no one will bother me while I wait for the pills to take effect.**	Bob provides details of the plan including time, place, and access to drugs.
Mrs. Tan:	**Have you ever tried it before?**	Mrs. Tan directly inquires about previous attempts.

Bob:	**Well, not the pills. But after I found out about the girl and her new guy, I bought one of those heavy-dose cough syrups that makes you sleepy. I drank one but I chickened out and made myself vomit it all out in the bathroom**	Bob admits to a previous unsuccessful attempt.
Mrs. Tan:	**You seem to be overwhelmed by all of these things that are happening in your life right now. Have you tried talking to anyone about it?**	Mrs. Tan empathizes with Bob, and then asks if he has sought help from anyone.
Bob:	**Well, sometimes, I joke to my friends about it.**	Bob admits to telling friends his suicidal thoughts.
Mrs. Tan:	**Is it helpful when you talk to your friends about it?**	Mrs. Tan inquires about how effective previous attempts at coping have been.
Bob:	**Not really, because they don't take me seriously.**	Bob reports that friends were unhelpful
Mrs. Tan:	**Would you like to talk to someone who can help you?**	Since friends were not helpful, Mrs. Tan opens the possibility of asking for experts to intervene.
Bob:	**Like who? A shrink?**	Bob shows hesitation.
Mrs. Tan:	**Well, we have school counsellors and psychologists who are trained to help students with problems like yours. Would you consider talking to then?**	Mrs. Tan offers resources readily available in school.
Bob:	**Aren't they just for crazy people? I'm not that bad yet.**	Bob denies the gravity of the threat.
Mrs. Tan:	**Counsellors and psychologists are not just for crazy people. They help anyone who may be overwhelmed by things. Why don't you see a counsellor as early as possible, so things don't get worse?**	Mrs. Tan clarifies Bob's misconceptions about counsellors and the students who talk to them. She highlights the importance of seeking help as early as possible.

Bob:	**I really don't know. I don't think my case is that bad yet.**	Bob shows resistance.
Mrs. Tan:	**Based on your stories, you seem to be going through a very tough time, and counselling can be really helpful for that. Counsellors can help you adjust to what you're going through so you don't end up feeling so bad that you'd want to hurt yourself. In fact, if they can help you manage what you're dealing with right now, then maybe you can even focus on your studies and improve your grades. Just give it a try, then let's see how you feel about it. What do you think?**	Mrs. Tan tries to convince Bob that the problem is worse than he thinks. She highlights the many advantages of seeking help including improvements in his grades (which is a primary concern for most students).
Bob:	**All right, I guess I can try,**	Bob agrees to the idea.
Mrs. Tan:	**Good! We'll contact the guidance office and set an appointment. Will you promise me that you will go?**	Mrs. Tan acts on the agreement and immediately translates it into action.
Bob:	**Yes, I will.**	Bob agrees to the plan of action.
Mrs. Tan:	**Great. Now there's another thing. I'm really concerned about these bouts that you have, when you end up doing things that can really hurt you and even kill you. Like that time you drank cough syrup. That could have been fatal.**	Mrs. Tan highlights how overwhelming the feelings of hopelessness can be and how they threaten the student's life.
Bob:	**Yeah, I know it was stupid.**	Bob acknowledges the threat.
Mrs. Tan:	**I do understand that when things get bad, the negative thoughts can be so overwhelming that they can sometimes push us to do things that we normally wouldn't. And I'm worried that the next time it happens, things might not end up so well for you. That you might actually die. I really don't**	Mrs. Tan connects the threat to the Bob's life with the need to have someone over him. She tells him Bob of the need to inform his parents for his own safety.

	want that to happen. So I want other people to make sure that you'll be safe when you're not in school. Is it okay if I call your parents and tell them about your difficulties?	
Bob:	**I don't know. They have so many problems already. I don't want to add to the list.**	Bob shows resistance.
Mrs. Tan.	**They are your parents. They care about you more than anything else. They need to keep you safe. They have to know about this.**	Mrs. Tan repeats that is for Bob's safety.
Bob:	**Is it really necessary?**	Bob still shows resistance.
Mrs. Tan:	**Yes.**	Mrs. Tan asserts the necessity of telling Bob's parents.
Bob:	**Can I be the one to tell them?**	Bob shows compliance and tries to negotiate the terms.
Mrs. Tan:	**Of course. When do you plan to tell them?**	Mrs. Tan agrees but makes sure that Bob will follow through by asking for concrete actions.
Bob:	**I don't know. Maybe on the weekend.**	Bob tries a delaying tactic.
Mrs. Tan:	**That seems too long. What about tonight when they get home?**	Mrs. Tan impresses on Bob the need for immediate action.
Bob:	**I guess it's okay.**	Bob reluctantly agrees.
Mrs. Tan:	**Okay that's good. Now can you give your home number and your parent's cell number so that I can talk to them after you talk to them?**	Mrs. Tan will follow up if Bob followed through. She also gets his parent's contact numbers in case there is a need to get in touch with them.
Bob:	**Okay.**	Bob agrees.

Mrs. Tan:	**All right then. We have our assignments. We'll make the appointment with the guidance right now and you'll tell your parents tonight.**	Mrs. Tan summarizes their plan of action.

CASE STUDY 2: TWO TEENAGERS (FRIENDS)

Case study 2 is a sample script between two teenagers, Jennifer and Alice, who are close friends. Jennifer is a teenager who is intending to commit suicide and she has gone to see Alice one last time to say goodbye. Alice recognizes that Jennifer is at an imminent risk of suicide and tries to convince a very resistant Jennifer to seek professional help.

The following script shows how to address an imminent suicide risk with a non-compliant youth. In this particular case, Jennifer adamantly refuses to seek counselling, and the script offers some ideas on how to deal with such reluctance.

This case also involves an imminent suicide wherein Jennifer has detailed plans with serious intentions of carrying it out. At this point, Jennifer may seem very happy and problem-free because she has the solution to her problem—suicide. She may start giving away possessions, spend more time with her friends and family, and even seek out significant people in her life to say goodbye to.

If there is a suspicion, however mild, that individuals are known to be experiencing great distress and saying goodbye, it is best to ask them directly if they have any intentions of committing suicide. Some youths will refuse to answer the question or try to avoid it by leaving. The script shows how important it is to never leave youths at-risk on their own, especially without the supervision of a responsible adult.

In the script, Alice is faced with the great challenge of convincing Jennifer to seek professional help. Such resistance is characteristic of youths who are experiencing extensive and persistent feelings of hopelessness and helplessness. They are likely to turn down any form of help or potential solution because they believe that nothing will work, that the pain will never end, and that the only way out is through suicide.

There are some ways that can help at-risk individuals get out of this negative frame of mind. One technique is to ask them to recall previous situations in which they were a source of courage and strength to another person. They are more likely to accept advice that came from the latter rather than from another person.

Another way to encourage these individuals to get past their feelings of hopelessness is to refer to future plans that they have been looking forward to. This will send the message that the present difficulty will pass and there is a happier future to look forward to.

These techniques may be easier when done by parents or friends who have a close relationship with the youth at-risk. Teachers or guidance counsellors may not have a lot of shared experiences or personal knowledge to go with. However, teachers can cite the strengths that their students exhibited in class, while counsellors can cite the potential for a brighter future.

Youths at risk may be quite resistant to seek professional help.

This resistance can come from their denial about the severity of their problem. Or it can be due to negative connotations about therapy and the type of people who seek treatment. It is important to clarify the negative beliefs of youths regarding counselling and therapy. Their anxieties about being misjudged should also be addressed. Youths need to realize that the pain they are feeling can be resolved without ending their lives.

Case Study 2

"Teenager Talks to A Friend Who Is About to Commit Suicide"

	Sample Conversation	Notes
Jennifer:	**Hey, Alice! Remember that bracelet I got for my last birthday? Here, I want you to have it. Just my way of saying thanks for always being a great friend and for always listening. I want you to have this bracelet as a reminder of our friendship.**	Giving away personal belongs is a red flag for suicide.
Alice:	**You sound like you're saying goodbye or something. Are you leaving?**	Alice mildly expresses her suspicion that something is up with Jennifer.
Jennifer:	**Kinda…**	Jennifer vaguely confirms the suspicion.
Alice:	**What do you mean, "kinda"? What are you planning to do?**	Alice asks for direct confirmation.
Jennifer:	**I'm so tired, Alice. You know how messed up my life is. I keep trying but nothing goes my way. So I'm done.**	Jennifer expresses her feelings of helplessness and hopelessness.
Alice:	**What do you mean you're done?**	Alice asks Jennifer to clarify her statement.
Jennifer:	**I'm done with life. I'm over this.**	Jennifer expresses her feelings of hopelessness.
Alice:	**Are you saying you're going to commit suicide?**	Alice directly asks Jennifer if she plans to commit suicide.
Jennifer:	**(Does not respond.)**	Jennifer tries to avoid the question with silence.
Alice:	**Jennifer, tell me, do you have plans to kill yourself?**	Alice continues to directly ask Jennifer about her plans.
Jennifer:	**Look, I didn't mean to scare you or worry you. I just want to say thank you and goodbye.**	Jennifer avoids confrontation by trying to end the conversation.

Alice:	**Jennifer, talk to me. I want to help you.**	Alice does not allow Jennifer to leave.
Jennifer:	**You've already done a lot for me. You must be so sick of me.**	Jennifer expresses her feelings of being a burden to others.
Alice:	**You're my friend. You mean a lot to me. And I will always be here to help you. So please talk to me. Are you planning to kill yourself?**	Alice tries to draw Jennifer into the conversation by expressing how important she is to her.
Jennifer:	**I just want it to end. I can't live with this pain anymore.**	Jennifer continues to express her overwhelming feelings of hopelessness.
Alice:	**So you are planning to kill yourself?**	Alice directly asks Jennifer if she has plans to commit suicide.
Jennifer:	**Yes.**	Jennifer gives a direct confirmation.
Alice:	**And you have a plan?**	Alice proceeds by asking for more details.
Jennifer:	**Yes.**	Jennifer's short answers show her hesitation to give details about her plans.
Alice:	**When?**	Alice tries to draw out details by asking detailed questions, one at a time.
Jennifer:	**This weekend.**	Jennifer continues to respond with brief answers.
Alice:	**How?**	Alice continues to ask detailed questions.
Jennifer:	**I bought a bottle of bleach. I looked it up in the internet. It's fatal. There's no coming back.**	Jennifer responds with more details and indicates her full intent for going through with the plan.

Alice:	**What led to this, Jennifer? Did something happen at home again?**	Alice asks for precipitating circumstances that have led to Jennifer's desire to end her life.
Jennifer:	**Well, remember yesterday, when we got our exams back? I flunked again. So I guess failing yet another class means I'll get kicked out of college.**	Jennifer starts with the most recent negative event in her life. While it seems like a trivial event, it is usually just the last straw of many negative life experiences that has thrown Jennifer into a crisis.
Alice:	**Have you told your parents?**	Alice asks if there are other people who are aware of the problem.
Jennifer:	**No. And I'm not going to wait for them to find out. I don't want to give them yet another disappointment.**	Jennifer's refusal indicates that her relationship with her parents is an additional stressor for her.
Alice:	**Why, how do you think they'll react?**	Alice probes into Jennifer's catastrophic expectations.
Jennifer:	**Well, usually another long line of sermons about how I'm underachieving and why can't I be like my perfect younger sister and stuff. I'm tired of hearing I'm not good enough. I know that, okay? I know I'm a good for nothing. I'm just a waste of everyone's time and energy. So let me just do everyone a favor by not existing anymore. (She breaks down and cries.)**	Jennifer expresses her deep feelings of worthlessness.

Alice:	**Jennifer, listen to me. You are not a waste of time or energy. You are not a good for nothing. I want you to live. Because I think you have many talents even if you don't see it. And you're a good friend to me. I don't want to lose my friend.**	Alice tries to affirm Jennifer's worth by focusing how much she values Jennifer as her friend.
Jennifer:	**I can't. I'm sorry. I just can't. Life is too much for me. Too much pain. I just want it to end! If you are my real friend, please just let me end it.**	Jennifer expresses feelings of hopelessness.
Alice:	**You know I can't let you do that. I am not giving up on you. The pain may be overwhelming right now, but I know it will also get better.**	Alice affirms Jennifer's worth by telling her that she is not alone and other people care for her.
Jennifer:	**How can you know that? You don't know. Your life is perfect.**	Jennifer expresses doubt and mistrust
Alice:	**Jennifer, you and I have been through so much already and we've always managed to find a way through things. Remember that time when my ex-boyfriend dumped me and I was so depressed that I didn't leave my room for a week. I felt so sad, so rejected, that I thought I'll never be happy again. But what did you tell me?**	Alice tries to draw Jennifer out from her present feelings of worthlessness and hopelessness by recalling past times in which Jennifer was a source of hope and strength for her.
Jennifer:	**I told you that you should just forget about that jerk because you deserve better.**	Jennifer responds positively.
Alice:	**Yeah, you didn't let me give up on myself. You said that I'll be better off and happier without him. And you were right. I couldn't believe it at that time, but now, I know you were right.**	Alice continues her tack of focusing on the more positive past.
Jennifer:	**This is different, Alice. It's not just some guy. My own parents do not love me.**	Jennifer goes back to her feelings of worthlessness.

Alice:	**I know that sucks. But you won't always have to live with them forever. You and I will graduate and then we'll have jobs and we'll get our own place. We'll travel together. Isn't that what you want?**	Alice tries to draw out Jennifer from her hopeless present by focusing on a more positive future
Jennifer:	**Yes, but I'm not sure I'm graduating now. I'll get kicked out.**	Jennifer expresses her negative expectations of the future.
Alice:	**Is that a sure thing? Will they really kick you out for failing one class?**	Alice questions Jennifer's negative assumptions about the future.
Jennifer:	**It's not just one class. I'm not doing well in my other classes either.**	Jennifer continues her catastrophic thinking.
Alice:	**Is there anything you can do to get your grades up so you don't fail?**	Alice tries to get Jennifer to focus on actions that can be taken to avoid the expected catastrophe.
Jennifer:	**I kept trying to study. I do. It's just not working. I can't focus. I just kept thinking about how stupid I am and this is all pointless because I'm going to fail anyway. And I can't even stay awake in class sometimes. I'm up all night, I don't know why; and then in the morning, I don't want to get up from bed. I don't want to do anything.**	Jennifer expresses symptoms of depression, including inability to focus, feelings of hopelessness and helplessness, and lack of motivation.
Alice:	**You've just enumerated the classic signs of depression.**	Alice brings up the possibility that Jennifer might be experiencing depression.
Jennifer:	**What are you saying? That I'm depressed?**	Jennifer expresses a reluctance to accept that she might be experiencing a psychological disorder.

Alice:	**Well, difficulty concentrating, changes in sleep patterns, and lack of motivation, those are signs of depression,**	Alice tries to be objective by enumerating the symptoms.
Jennifer:	**So what now? I'm crazy?**	Jennifer expresses a negative reaction to the possibility of having depression.
Alice:	**No, I'm just saying that maybe you need help for this. Maybe it's the depression that's making you feel that things are so hopeless. Maybe it's the depression that makes you want to commit suicide. I learned from psychology that depression is a leading cause of suicide.**	Alice clarifies that Jennifer is not being judged. She opens the possibility that the problem might be the disease, which is curable, instead of the overall status of Jennifer's life, which has been deemed hopeless.
Jennifer:	**You make it sound like depression has a mind of its own and it's taking over me. Like I'm not in control of my own decisions.**	Jennifer expressed disbelief.
Alice:	**Well I heard that when depression gets really bad, the negative feelings and thoughts can be so overwhelming that it can make people do that things that they normally wouldn't. But I also heard you can get help for it.**	Alice draws on objective information to make her case more credible and puts emphasis that depression is treatable.
Jennifer:	**Like therapy? Isn't that expensive?**	Jennifer reluctantly considers the possibility for treatment by pointing out obstacles.
Alice:	**Not if you go to the guidance office at the university. They have counsellors for students. Counselling is part of our tuition fee, so you don't need to pay extra.**	Alice addresses the obstacles by offering practical and available solutions.
Jennifer:	**I don't know. What if people find out? What if my parents find out?**	Jennifer expresses her fear of being judged.

Alice:	**What do you think they'll do?**	Alice explores Jennifer's fear.
Jennifer:	**They'll tell me I'm really a lost cause. They'll tell me I'm just doing it to get more attention. They'll tell me I'm just making them look bad.**	Jennifer expresses feelings of worthlessness and helplessness.
Alice:	**Is that true?**	Alice confronts this belief by asking Jennifer to affirm her own worth.
Jennifer:	**Of course not. But that's what they'll think of me.**	Jennifer affirms her own worth but at the same time expresses doubt.
Alice:	**But you and I both know that it's not true.**	Alice affirms Jennifer's worth.
Jennifer:	**I don't want to give my parents another reason to think I'm a disappointment.**	Jennifer continues to resist seeking treatment through feelings of fear.
Alice:	**Do you want to someday have your own life and live your dreams?**	Alice tries to help Jennifer overcome her fear by focusing on a more positive future.
Jennifer:	**Of course, I do.**	Jennifer wishes for a better future.
Alice:	**For that to happen, you need to get help. Otherwise, you'll keep getting depressed and you'll keep wanting to kill yourself and your dreams will never happen.**	Alice tries to help Jennifer realize that treatment is the key to a better future.
Jennifer:	**I don't know what to do.**	Jennifer continues to express her reluctance.
Alice:	**Yes, you do. You know what you need.**	Alice tries to empower Jennifer by emphasizing that the solution is attainable.
Jennifer:	**I know I need help, but I don't want my parents to think badly of me.**	Jennifer expresses anxiety.

Alice:	**What do you think will make your parents think better of you?**	Alice tries to identify what would alleviate Jennifer's anxiety.
Jennifer:	**If I do better in my class. If I stop failing.**	Jennifer provides an ideal event which Alice can use to motivate her to seek help.
Alice:	**Can you do better in classes if you have all these depressive thoughts distracting you?**	Alice emphasizes that without treatment, the ideal event cannot happen.
Jennifer:	**No.**	Jennifer acknowledges.
Alice:	**You have to start somewhere. You have to start making choices that will get you the help you need.**	Alice tries to empower Jennifer to take action.
Jennifer:	**Do you think therapy will really help?**	Jennifer seeks reassurance.
Alice:	**Yes.**	Alice encourages Jennifer to seek help.
Jennifer:	**Do you know whom to call?**	Jennifer is moved towards action.
Alice:	**We can look it up together and call them. But promise me you'll go. As my friend, promise me that you will get help.**	Alice offers her support to Jennifer but asks Jennifer to be committed to seeking help.
Jennifer:	**Okay, I promise.**	Jennifer makes a commitment.
Alice:	**Let's make the call now.**	Alice takes advantage of Jennifer's acceptance to seek treatment by jumping into immediate action.

CASE STUDY 3:
RELATIONSHIP BREAK UP

Case study 3 between two teenagers, John and Diana. The two were in a romantic relationship but Diana decided to end the relationship.

Disappointment in romantic relationships is one of the most common precipitants for youth suicide. In this particular case, John did not take the break up well and decided to commit suicide by overdosing on his mother's sleeping pills. The following script shows John calling Diana to say goodbye. The script includes important questions to ask and the necessary actions to take when responding to an individual who is in the act of committing suicide.

When individuals are already in the process of taking their lives, the most important thing to do is to keep them alive. To do this, you must keep calm and try to get as much information as you can on their location, their companions, and the method used for committing suicide. Once the location has been identified, it is important to get medical respondents to the location as soon as possible.

If this is not possible, it is important to contact a responsible adult nearest to the location to bring individuals to the nearest hospital. While waiting for them to arrive, try to keep them conscious by keeping them in a conversation. Do any means necessary to prevent them from taking further steps to complete the suicide. If necessary, promise them anything and everything, even if it means lying to them. While this may be an ethical or moral issue, the most important thing is to keep them alive.

In this scenario, Diana repeatedly gives in to John's demands of continuing their romantic relationship. Diana is unlikely to have any intention of continuing the relationship with John who is clearly in need of professional help before he can be in any healthy relationship with another person. However, in that moment, she has agreed to his demands in order to keep him alive. In the case of

suicide, it is important to give in to the at-risk individual's demands, no matter how unreasonable and unlikely they may be.

You need to convince these individuals that you are committed to fulfilling their demands, solely in order to keep them alive. This is important because those who attempt suicide are usually ambivalent about ending their life until the very end. Giving them something to hold on to or look forward to can make them hesitate and stop, which can make the difference between survival and death.

Case Study 3:
A Teenager Talks to a Former Boyfriend in the Midst of an Emergency Life Threatening Attempt.

	Sample Conversation	Notes
John:	**Diana, I just want you to know that this isn't your fault. I'm really sorry for disappointing you. I wish I could have been a better boyfriend. I love you, Diana.**	John is clearly saying goodbye to Diana.
Diana:	**John, what's going on? It's 3 in the morning, where are you? And why do you sound like you're saying goodbye?**	Diana is alarmed by the finality in John's tone. She confronts him with her suspicions.
John:	**It's okay, Diana. Everything's going to be all right now. You'll never have to worry about me again.**	John tries to reassure Diana.
Diana:	**John, are you committing suicide?**	Diana is not convinced by John's reassurance and directly asks him if he is doing anything to harm himself.
John:	**(John pauses.) I'm sorry. But it's the only way I can think of.**	John indirectly admits to the suicide.
Diana:	**John, you say you love me. If you love me, you will stop this. Please tell me where you are.**	Diana tries to convince John to stay alive by using his affection toward her. She also tries to find out John's location where she can send help.
John:	**No. Just let me go. I don't want to live if we can't be together. This is how much I love you.**	John refuses help.
Diana:	**Please, John. If you love me, tell me where you are.**	Diana uses John's affection for her to convince him to give her his location.

John:	**Why? Do you still care?**	John looks for hope that Diana still loves him.
Diana:	**Yes, John. I care. I love you. Please tell me where you are so we can talk about this.**	Diana gives John a reason to stop.
John:	**Will you come here and talk to me?**	John is looking for someone to care for him.
Diana:	**Yes. Tell me where you are.**	Diana agrees to John's request to convince him to reveal his location.
John:	**I'm at home. In my room.**	John gives his location.
Diana:	**Are your parents home?**	Diana asks if there are other people in the house who can stop John.
John:	**Yes. But they're asleep. (Diana, in the meantime is calling John's parents on another line.)**	John's parents are the nearest people to him who can help. (At this point, Diana keeps John on the phone while she tries to call his parents for help.)
Diana:	**John, are you still there? Please talk to me.**	Diana keeps John conscious by keeping him talking on the phone.
John:	**I feel so tired, Diana. I just want to go and end this.**	John expresses feelings of helplessness and hopelessness.
Diana:	**No, John. Please stay with me. You promised me you'll stay. You'll stay if you love me.**	Diana tries to give John a reason to hold on by recalling his commitment and affection for her.
John:	**I'll try.**	John reluctantly commits.

Diana:	**John, just keep talking to me, okay? Tell me, did you take something? What did you do?**	Diana keeps John on the phone and ask him about details about his method of suicide. (These details will be important for the medical team who will respond.)
John:	**I took some of my mom's sleeping pills. I want it to be easy. And it won't be messy for them to clean up.**	John provides the details.
Diana:	**How many did you take, John?**	Diana asks for more details.
John:	**I don't know. I drank half a bottle. But it's not working fast enough. Maybe I should drink more.**	John expresses his intent to complete the suicide.
Diana:	**No John. Please don't. Don't take more. Please, if you love me, stop doing this.**	Diana tries to convince him by using his affection for her.
John:	**If I stop, will you get back together with me?**	John tries to manipulate Diana into having a relationship with him.
Diana:	**Yes. Just don't hurt yourself anymore. I want you to live.**	Diana agrees with the condition that John stay alive.

At this point, Diana is able to contact John's parents, who rush into his room. They call the nearest hospital.

CASE STUDY 4:
PARENT & CHILD

Case study 4 shows a script between Jane, a teenager who attempted suicide, and her parents. Jane attempted suicide by taking an overdose of sleeping pills and then cutting her wrists. After two weeks in the psychiatric facility, she was sent home under the supervision of her parents.

While the ideal scenario is to get youths the help they need before they make an attempt to harm themselves, there are cases when attempts were already made. This dialogue between Jane and her parents highlights the important issues that need to be addressed after a teenager attempts a suicide.

Many issues need to be addressed after a suicide attempt has been made and the youth survived. The situation may be difficult for the youth who will likely experience strong feelings of guilt and shame for attempting suicide. Most youths who have attempted suicide feel guilty because they understand their actions caused the people around them to experience overwhelming fear and great pain. In addition, they are also likely to feel shame because they fear that others will judge them as weak or insane. It is possible that such feelings of guilt and shame will be expressed as anger. Youths may become hostile or aloof, refusing any invitations to communicate, especially from their parents.

However, an open communication between youths and parents is crucial in dealing with the aftermath of a suicide attempt. It is important for you to find out the reason behind the suicide attempt, the events that had led to it, and how you can prevent your children from making future attempts.

Encourage your children to talk in a place where they feel safe and comfortable, perhaps in their own room at home. When they talk about their feelings and problems, listen carefully not only to what they say but also to how they feel. Avoid asking "why" questions

because these may put them in a defensive mode where the feel that they need to justify their actions. Ask questions that focus more on concrete details such as questions about precipitating factors or events.

The goal is to understand what the youths are feeling and to find out what they need so that they do not make another attempt. It is crucial that youths know that they are still wanted and loved by their family. Family members should directly express their love and support.

This situation is also very difficult for parents of youths who have made an attempt. You are likely to be in denial and may rationalize the situation as an accident or as a desperate act to get attention. Denial and rationalization are not helpful, since it is necessary to acknowledge that your child is greatly troubled by something, so you can take the necessary actions to help. Some parents may also feel guilt, or shame, and you may also need to seek professional help first so that you can help your child overcome the situation.

But when you talk to your child, you must be calm, patient, and understanding.

Other members of the family and community may also be affected by youth suicides. The most affected will probably be the siblings, close friends, classmates and other peers who are in direct and constant contact with the youths. It is thus recommended that the situation is explained to them and that they are encouraged to talk openly about their concerns regarding the tragic incident. Those who seem deeply affected by the incident should be referred to professionals as well.

Case Study 4:
Parents Talk to a Child Who Attempted Suicide

	Sample conversation	Notes
Mom:	**Jane, is it okay if your dad and I talk to you?**	Mom shows consideration for Jane's need for privacy.
Jane:	**I'd rather not. I just want to be alone.**	Jane is unwilling to communicate.
Mom:	**We understand that you might want to be left alone right now. And we will give you the space and time you need. But now you've just gotten home, I think it's important for us to talk. Your dad and I want to understand what happened. And how we can help you. And Lino (younger brother) is very worried, too. We want to explain things to him but we can't because there's so much we don't understand too.**	Mom stays calm despite Jane's hostile rejection. She expresses her acknowledgement of Jane's need for privacy but emphasizes the need to talk. She mentions Jane's brother, whom Jane is close to, to appeal to Jane to talk.
Jane:	**Do we really have to?**	Jane is still hesitant to communicate.
Mom:	**Yes. We need to talk about this so we can all help you through this.**	Mom kindly but firmly insists.
Jane:	**Fine.**	Jane is hesitant but nonetheless complies.
Mom:	**(Mom and Dad sit beside Jane on her bed.) Thank you for talking to us. First of all, we want to tell you how much we love you. And nothing can ever change that. We were so scared when we saw you in the bathroom. And you weren't breathing. And there was so much blood. We thought we had lost you. And we can't imagine our life without you in it.**	Mom and Dad move closer to Jane as a non-verbal way of showing their acceptance and support. Hugging and holding hands will serve the same purpose. However, in some cases, the youth may reject these gestures for physical contact and

		the parents should not force it.
Jane:	**(Jane remains silent.)**	Jane is unwilling to communicate
Dad:	**I thought I had lost you. You're my only daughter. My first child. And I thought you were gone. (Dad breaks down)**	Dad expresses his fear of almost losing his daughter. Instead of being angry, he emphasizes how important she is to him.
Jane:	**(Jane remains silent and avoids her parents' attempts to hold her hand and hug her.)**	Jane continues to reject her parents' attempt at communicating.
Mom:	**We are so grateful that you're now back with us. In our home. This is how it should be. How our family should be. With you.**	Mom expresses her relief that Jane survived and tells Jane that she is critical part of their family.
Dad:	**But we need to understand what happened. We need to understand what went wrong. We need to know what we can do for you so it will never happen again. So we will never lose you.**	Dad is not finding fault with Jane, but instead is trying to help her.
Jane:	**(Jane remains silent)**	Jane still refuses to answer.
Mom:	**Please, we want to help you. Please let us. Tell us what led you to commit…to do that.**	Mom hesitates to use the term suicide because she herself is in denial that she has a daughter who attempted suicide.
Jane:	**Look, I was just in a bad place, okay? I know it was stupid. It won't happen again.**	Jane tries to avoid the discussion by promising not to do it again.
Dad:	**I don't think it was stupid. Because you're not like that. You're not stupid. You usually think things through before you do something. So there must have**	Dad expresses that the suicide was not an act of stupidity but was an

	been something really serious, something really bad that was going on to make you want to commit suicide.	act with legitimate reason.
Jane:	**Look, I just snapped, alright?! I can't always be your perfect little kid, okay? Sometimes, I just make mistakes. Sometimes, I make stupid mistakes. Sometimes, I'm just stupid. Can't you accept that.**	Jane is expressing her negative evaluations of herself.
Mom:	**Is that how you feel? That you always need to be perfect? That you can't make mistakes?**	Mom picks up on Jane's feelings of worthlessness and tries to clarify them with Jane.
Jane:	**Well, of course. You're always telling me that I need to set a good example to Lino. That I need to do well in school because that's the key to a great future. That it's not enough to have great skills but I also need to be a good person. Isn't that asking for perfection?**	Jane expresses the pressure she experiences from her parent's expectations.
Mom:	**I guess, when you put it that way, that is a lot to ask from you.**	Mom does not try to deny Jane's feelings. She accepts them.
Dad:	**You see, we ask for the best from you and Lino because we want you to have the best life possible. We never realized how much pressure that we placed on you as our eldest. I'm so sorry for that. That wasn't our intention.**	Dad gives perspective regarding their expectations, but at the same time apologizes for the pressure they put on Jane.
Mom:	**Yes, Jane. I'm so sorry. I never knew how you felt before.**	Mom acknowledges and apologizes for the way their expectations have made Jane feel.
Jane:	**(Jane begins to cry)**	Jane starts to express her emotions.
Dad:	**(Dad tries to hold Jane's hand.)**	Dad offers support.

Jane:	**(Jane allows her dad to hold her hand.)**	Jane begins to accept support from her parents.
Dad:	**(Dad waits for Jane to stop sobbing and then continue the conversation.) Is that why you did it? You felt so pressured?**	Dad continues to try to understand the reason behind the suicide once Jane is calm enough.
Jane:	**Well, I felt that I am under so much pressure to be perfect, to not make any mistakes, for such a long time. I didn't want to disappoint you.**	Jane begins to communicate her fear of being a disappointment to her parents.
Mom:	**You can never disappoint us. We will still love you even if you don't get good grades or get those awards. Nothing makes us happier than seeing you healthy and happy.**	Mom reassures Jane of their unconditional love and acceptance.
Dad:	**Yes, Jane. We just want you to try your best and whatever that brings, we'll be happy just as long as you're happy, too.**	Dad expresses his love for Jane.
Jane:	**Really? Because I thought you wanted me to be a doctor and get into the best med school. But it's just so hard, Dad. I keep trying and trying but no matter what I do, I still don't do well enough. I don't think my grades are good enough. I just feel so stupid. And I can't bring myself to tell you that I might not be cut out for med school. I just don't want you and Mom to be disappointed with me. I'd rather die than see the disappointment in your faces.**	Jane reveals the true reason behind the suicide.
Mom:	**You can never, ever be a disappointment to us because you're our daughter and we love you no matter what. We will support you in whatever you want to do, and whatever you need.**	Mom tries to relieve Jane of her fear of disappointing her parents by emphasizing love for her.

Dad:	**Jane, we see you trying and we appreciate your hard work. You don't have to be a doctor. Especially if you're just doing it for us. We want you to pursue a career that will be meaningful to you, one that will make you happy. Whatever it is, we'll support you.**	Dad emphasizes that the most important thing is for Jane to be healthy and happy.
Jane:	**(Jane begins to cry again.) I'm so sorry for what I did. I was so stupid. I wasn't thinking. I've disgraced our family. What will people say now? The neighbours will talk. And my friends, they think I'm this crazy chick.**	Jane expresses her feelings of shame and guilt, and her fear of being judged by others.
Mom:	**People will say whatever they want. We don't really care. But you know, most of them, our relatives, our neighbours, and even your classmates, they just care about you. They were worried when they found out and they offered support. You should check your phone. It kept buzzing and buzzing with people calling and texting saying that they are praying for you. And some even offered blood or money in case you needed it. There are people who will talk. But there are more people who care about you and they want you back. They want to help.**	Mom tries to alleviate Jane's fear of being judged by enumerating the many people who have expressed their concern and support for Jane.
Jane:	**You think my friends will still want to hang out with me?**	Jane expresses her fear of being socially rejected.
Mom:	**(Mom and Dad hug Jane.)**	Nonverbal gestures can convey trust and love.
Jane:	**But what are we going to tell Lino? How is he going to understand all this? He's just five years old**	Jane shifts the focus to her younger brother.
Mom:	**Well, what do you want us to tell him?**	Mom shows respect for Jane by asking her to decide what to do.

Jane:	**That I got sick. That I'm getting better now.**	Jane responds positively, and give an appropriate explanation. She also acknowledges that she was sick but is getting better.
Dad:	**Well, I think it will do for now. Maybe when he gets older and if he asks questions, we can talk to him again and give him a more detailed explanation.**	Dad agrees that the explanation is appropriate for a young boy to understand.
Jane:	**Thank you, Mom! Thank you, Dad! Thank you for still loving me. (Jane hugs Mom and Dad.)**	Jane responds positively to her parents' affirmation

CHAPTER 9
SUICIDE PREVENTION IS THE GOAL

Prevention is the ultimate goal; hence we are ending this chapter with an invitation to all members of the community to become active advocates of preventing suicide. Whether you are a parent, teacher, counsellor, school administrator, or peer, we can all do our part.

In general, suicide risks can be minimized through various protective factors that are healthy family patterns, adaptive personality styles, and good social integration (WHO, 2000). Healthy family patterns include a supportive family system with good relationships among family members. Adaptive personality styles include good social skills, a healthy self-esteem, adaptive coping styles, and the ability to handle disappointments and failures.

Social integration is achieved when teenagers have good relationships with their schoolmates, peers, teachers, and other adults in their community.

Every member of the community plays a significant role in preventing suicide. For example, parents can establish a supportive family system for youths by encouraging teenagers to talk about their concerns while remaining open to their child's thoughts and feelings without judgment. They can also help their children develop a healthy personality style by helping them become confident with their talents and achievements. It is also important to teach them how to overcome disappointments by having realistic expectations and by avoiding being overly critical when they make mistakes.

Teachers are at the forefront of preventing youth suicides since youths spend a lot of time in school. Teachers need to be vigilant in identifying students at risk of suicide. Any sudden change in their student's performance, attendance, or classroom behaviour should be taken seriously, including an overall decline in their grades, repeated and unexplained absence, and repeated misconduct in

the classroom. Once these behaviors have been identified, the teacher should talk to the student, find out more information about the student's level of distress, assess their risk for suicide, inform the parents, and refer them to the school counsellor or other professionals.

School counsellors can help by conducting effective interventions for youths at risk for suicide. It is also important that they develop effective school programs that can regularly screen and identify students at risk. They can further help by developing enrichment programs that focus on educating youths how to recognize the signs of depression and suicide, how to have a well-balanced life, how to effectively cope with stress, and how to develop a healthy self-esteem.

Similarly, school administrators must establish an effective protocol for handling at-risk students wherein students, teachers, and other members of the school are informed of the steps that need to be taken and the people who need to be informed when at-risk students have been identified. They should make sure that necessary help, such as emergency physicians, school counsellors, is made available to all members in the community. They can also encourage social integration by supporting student involvement in group sports, school organizations, outreach programs, and church activities.

Youths play an important role in preventing suicide since they are usually the first to know when their friends are experiencing great distress. They must understand that agreeing to keep silent when friends have confided that have plans of hurting themselves is not helpful to anyone. The right thing to do is to consult responsible adults. Youths identified as at-risk for suicide should be immediately referred to professional help. These professional help includes:

- Samaritans of Singapore (SOS):
  1800- 221-4444 (24-hour)
- Singapore Association for Mental Health:
  1800-283-7019
- IMH Mobile Crisis Service: **6389-2222** (24-hour)
- Care Corner Counselling Centre (Mandarin):
  1800-353-5800
- Seniors Helpline: **1800-555-5555**
- Touchline (Touch Youth Service): **1800-377-2252**
- Tinkle Friend: Children can call **1800- 274-4788** on weekdays
- Aware: **1800-774-5935**
- Family Service Centre: **1800-838-0100**

Our Commitment as a Life Gatekeeper:

I pledge to be a gatekeeper of my life and the lives of my family members and friends by…

- Being aware of my emotions, actions and words that will affect my mind and physical being;

- Encouraging myself and others to stay calm when in distress;

- Talking to someone or be an active listener when tough times arises;

- Referring myself or others for professional help whenever necessary and

- Cherishing my life and helping others to do the same.

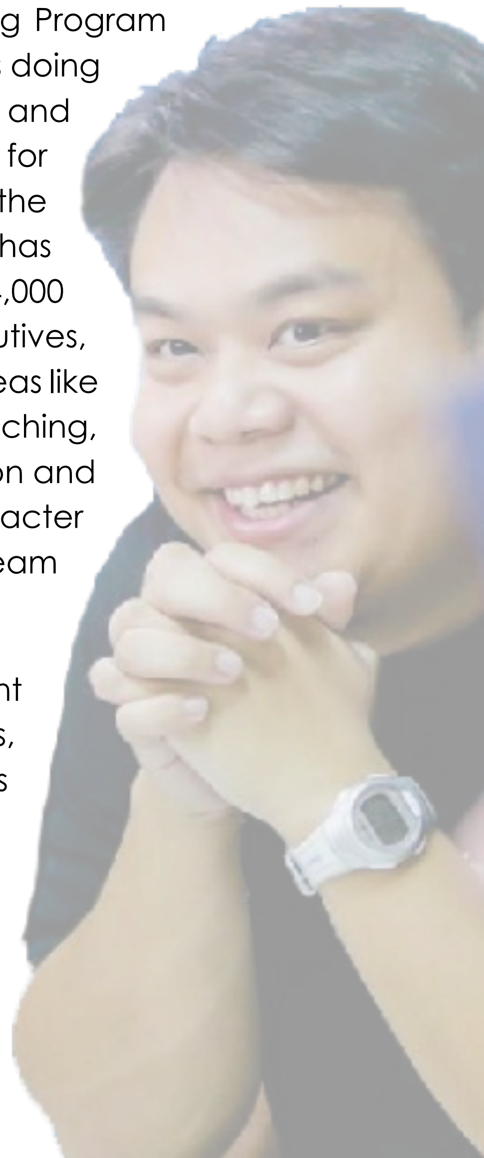
____

(YOUR NAME & DATE)

ABOUT THE AUTHOR

Delane Lim is a self-made entrepreneur with a social intent to reach out to youth for youth. He founded Agape Group Holdings in 2005 as business owner/CEO. In 2012, he co-founded Character & Leadership Academy Limited, a charity organisation and has been appointed as their Executive Director. During his work with the academy, he initiated Project #HappYouth – a youth program that equips young people to build mental resilience and personal happiness. Since 2009, he serves as the Regional Director with International Centre for Experiential Learning & Leadership - an organisation that promotes experiential Leadership & Leaning.

His forte is in Adventure & Sports Training Program design and development. Delane enjoys doing training programs such as leadership and character development programs for schools and youth organizations. Over the last 14 years in the training industry, he has motivated and trained over 354,000 professionals, managers, executives, salespeople, teachers and students in areas like Sports Mental Skills, Sports Coaching, Entrepreneurship, Motivation, Presentation and Communication Skills, Character Development, Team Effectiveness and Team Building & Leadership Techniques.



He is also an international frequent motivation speaker for schools, government, civic groups, and businesses with a recent certification in suicide prevention with QPR Institute and Mental Health First Aider. He is actively involved in crisis intervention among young survivors of natural disasters and an advocate in suicide prevention, early risk detection and mental wellness.

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