

# THE SILENT EPIDEMIC

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at the University of Victoria

VOL 15 NO 4 APRIL 2015

## EDGEWISE

In Canada, suicide is the second highest cause of death for youths aged 10–24. Each year, on average, 294 youths die from suicide. Many more attempt it.

Suicidal thoughts among youths are relatively common. In a survey of 15,000 Grade 7 to 12 students in BC, 34 per cent knew of someone who had attempted or died by suicide, 16 per cent had seriously considered it, 14 per cent had made a suicide plan, seven per cent had made an attempt and two per cent had required medical attention due to an attempt.

Suicidal youths don't necessarily want to die; they are overwhelmed by a problem or or social pressure and want their pain to end. Eight out of 10 people who die by suicide give some, or even many, indications of their intentions. For more information visit <http://bit.ly/youth-suicide>

People are often reluctant to discuss suicide. This is partly due to the stigma, guilt or shame that surrounds it. Unfortunately, this tradition of silence perpetuates harmful myths and attitudes. It can also prevent people from talking openly about the pain they feel or the help they need.

Much of the teaching about suicide prevention was developed prior to the advent of social media and doesn't account for the significant role it plays in young people's lives. Young people have expressed a clear preference for help from informal networks and friends when upset or suicidal.

Meet Jennifer White  
at <http://bit.ly/uvic-white>

## Research suggests different approaches are needed for suicide prevention in the schools

By Kim Westad

Youth suicide is an ongoing social problem and a leading cause of death among teenagers in Canada, second only to car crashes. Yet how it's thought about and taught in schools hasn't changed for decades.

That's starting to change, in part due to the high-profile suicides of several Canadian teens. And in part due to the work of researchers like the University of Victoria's Jennifer White.

Suicide prevention has been taught in many school curriculums since the 1980s, when a tripling of the teen suicide rate brought the issue to the forefront and prompted widespread concern.

Most of that teaching has focused on suicide being related to mental illness or depression. Students are counselled to get help from an adult—be it a parent, a teacher, a professional or a “cool aunt”—as soon as possible. They're taught ways to cope with stress, and to recognize indicators of depression.

That standardized teaching may be just what some suicidal teens need, says White, a researcher in UVic's School of Child and Youth Care who studies how suicide prevention is

taught. But she sees value in expanding the factors that are taken into account with teen suicide, as well as rethinking the way it's taught.

“I'm not saying stop the teaching we now have, but we need to realize it may not be what everybody needs.”

Generally, teaching about suicide has been through “transmit” mode, says White. The educator gives information to students, who are later tested on their knowledge of what they've been told. In this model, students are passive receivers of information.

White and her graduate students studied a new suicide prevention program taught in a Lower Mainland school that, at six hours, was longer than most and brought in representatives from community agencies to talk to students.

Their research looked at how suicide prevention was taught and how students learned, observing the classes and interviewing the educators and students afterwards. That hadn't been done before.

White found that educators sometimes reported feeling boxed in by being positioned in a “know it all” role. And both educators and students felt a valuable voice was missing—that of students.

“There was no recognition that students bring a richness of experience, insight and questions about the topic, from their own lives, from engagement with social media and all the other ways they learn about suicide in our complex modern culture.”

And focusing largely on mental illness and stress misses out on swaths of issues that play a role in students' lives, she adds. Racism, socio-economic and political factors create risks for some teens, yet are not mentioned in the current teaching.

“The current way of teaching is quite neat and tidy. But people experience distress for all kinds of reasons beyond having a mental illness,” she says. “We're pushing against a one-size-fits-all strategy and trying to expand existing approaches.”

And that includes hearing from the very people currently being talked at—the students. The teaching could be more like a seminar, says White, where students are able to make sense of things on their own terms and discuss what is relevant to them.

“These youths are in many ways our experts. Let's ask them to bring their insight and wisdom to the table, and let's listen to them.”

White. UVIC PHOTO SERVICES