



Suicide and mental health issues in books for Young Adults

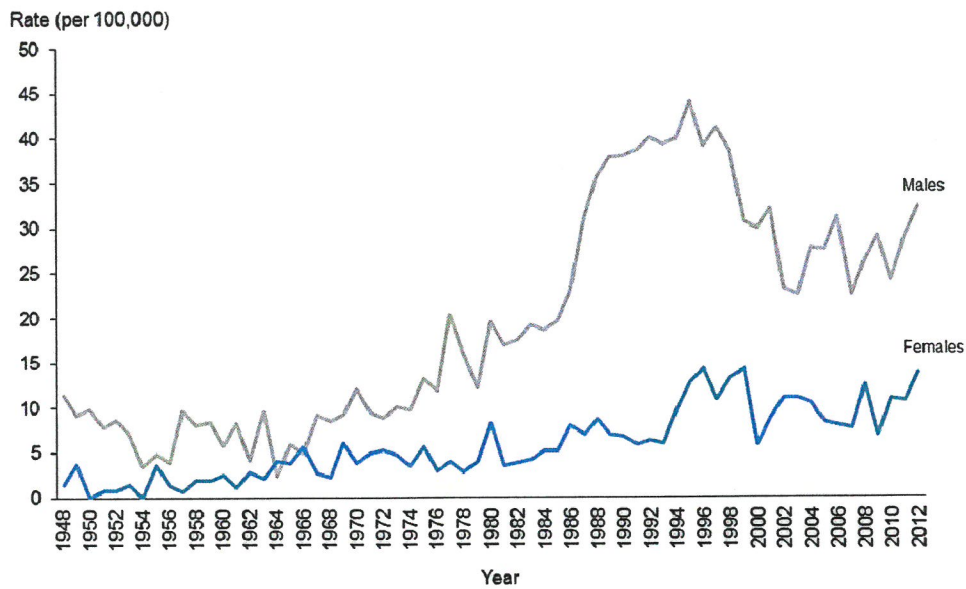
2015 SCHOOL LIBRIAN CONFERENCE

David Cairns

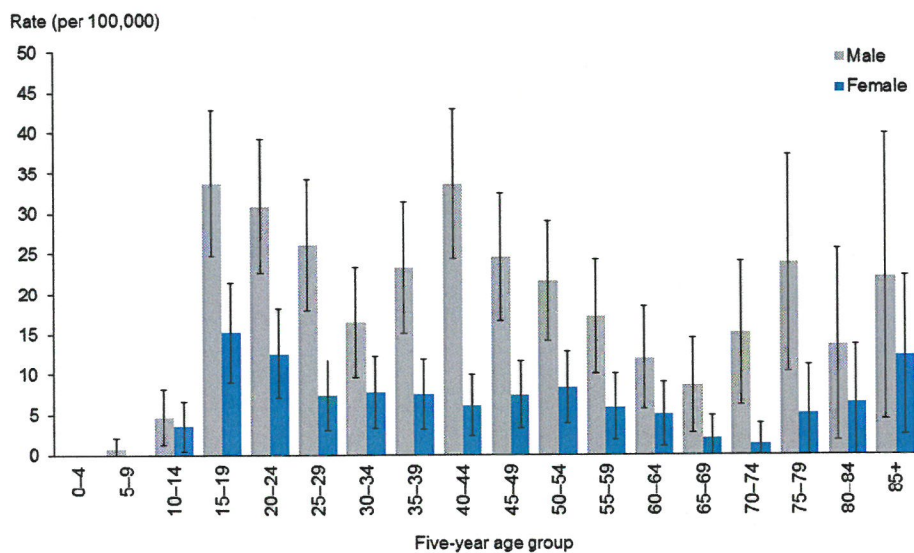
Canterbury Suicide Prevention Coordinator
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What is the extent of the problem?

Age-specific suicide rates for youth, ages 15–24 years, by sex, 1948–2012



Age-specific suicide rates, by five-year age group and sex, 2012




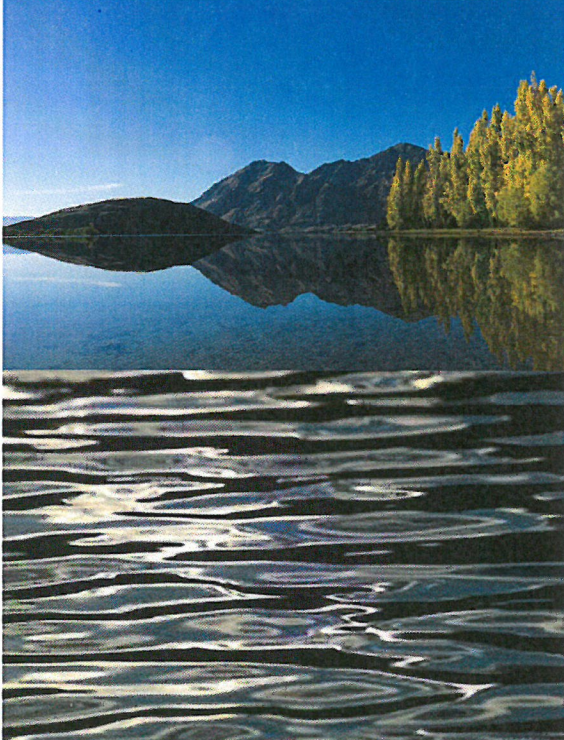

Youth (15–24 years)

- In 2012, there were 107 male and 43 female youth suicides (32.3 and 13.8 per 100,000 males and females respectively).
- The Māori youth suicide rate was 2.8 times the non-Māori youth rate (48.0 per 100,000 Māori youths compared with 17.3 per 100,000 non-Māori youths).
- Over the 10 years from 2003 to 2012, Māori youth suicide rates have been at least 1.7 times the non-Māori youth suicide rates.

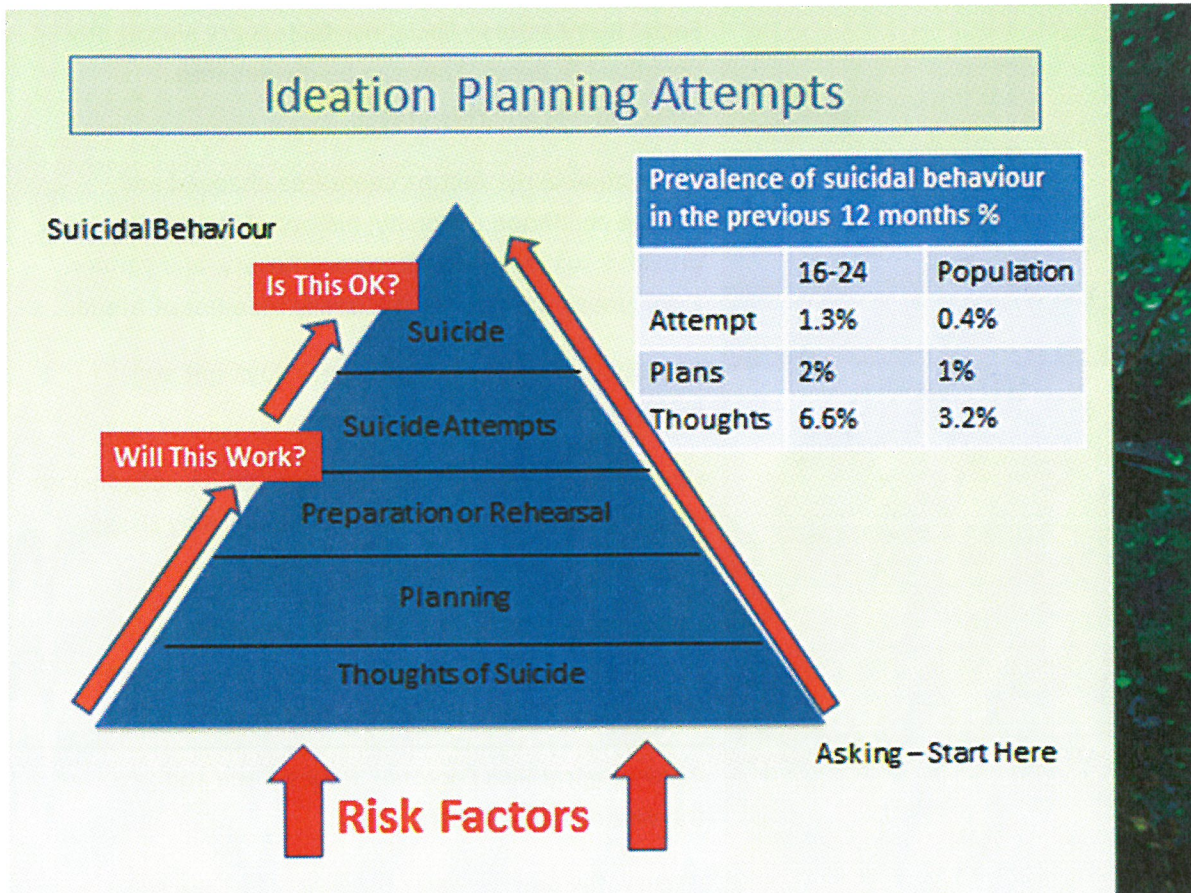
(Ministry of Health, 2014)

In 2012 there were 89 deaths of under 20's in New Zealand. In Canterbury there are about 12 deaths of under 20's per year four of these would be in school.

What Makes Someone at Risk? – Usually a combination of Social, Psychological and Biological Risk Factors

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Social Risk Factors</p>		<p>Social Risk Factors - Social risk factors are almost any negative life event. They can be divided into unmodifiable and modifiable.</p> <p>Unmodifiable risk factors cannot be changed and include childhood adversity, history of family violence, previous suicide attempts, age, ethnicity, and gender. Exposure to the suicide of a family member or friend.</p> <p>Modifiable risk factors include employment and housing.</p> <p>Like wind some people experience a lifetime of constant pressure from risk factors and while this may shape their lives most do not attempt suicide.</p> <p>Others who seem to have a calm, good life are completely uprooted by what seems to be a single sudden gust and do try to end their lives.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Psychological Factors</p>		<p>Psychological Risk Factors - How we see and perceive the world and its events.</p> <p>Like a reflection on water the most of us can see a problem pretty much for what it is.</p> <p>Like waves on a pond the view of suicidal people may be distorted so their view of the magnitude of the problem is quite different to others.</p> <p>This is referred to as Cognitive Distortions</p> <p>Black and White thinking - Self-denergration - Catastrophisation: - Over Generalisation:</p> <p>Distorted thinking makes a small event feel like a catastrophe or the beginning of a never ending cycle of defeat. People feel they or their situation is hopeless and no help will ever be available.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Mental Illness</p>		<p>Mental Illness</p> <p>Mental Illness is the most potent risk factor as studies show that 90% of the people dying by suicide had a diagnosable mental illness at the time of death.</p> <p>These studies don't tell us where on the mild to moderate continuum these individuals lie.</p>

How do people get to the point of taking their own lives?



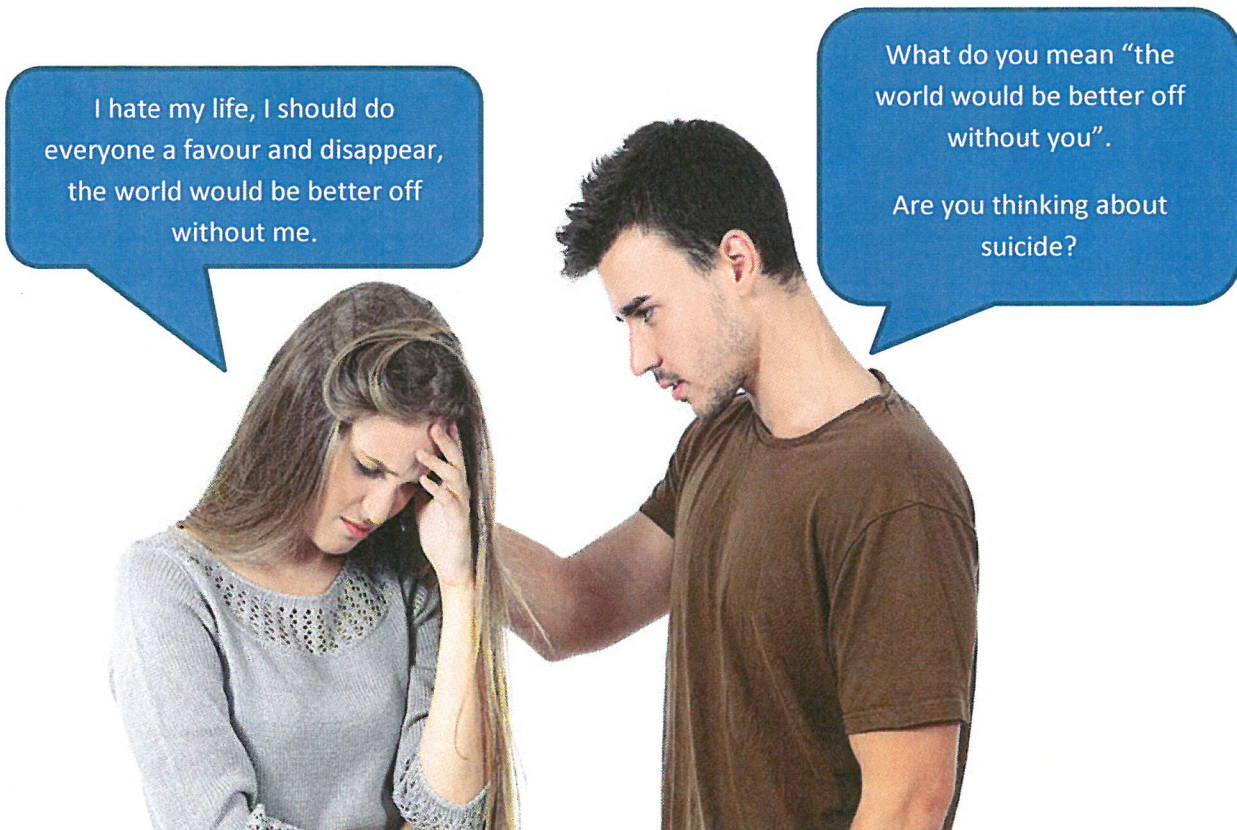
Almost 7% of our youth consider suicide in any given year, 2% make plans and 1.3% make an attempt. Christopher Shea is a clinical psychologist and respected internationally expert in the field of suicide risk assessment and management. He has worked extensively with people at risk and has recognised two questions he believes people must answer before they progress from thoughts and plans to actions.

These are;

Will this work? Will this take away my pain, will it take away the pain I cause others, will this inflict pain on others.

Is this OK? Is it socially, religiously, or spiritually acceptable to do this. How will my friends and family react?

Should We Talk About Suicide, Yes - Bidirectional Communication is the Aim



YES

Do ask if someone if you are worried about them.

Say; I worried about you, are you thinking of suicide?

Ask if they have a plan and the means to accomplish this plan.

Ask if you can help disable this plan and keep them safe.

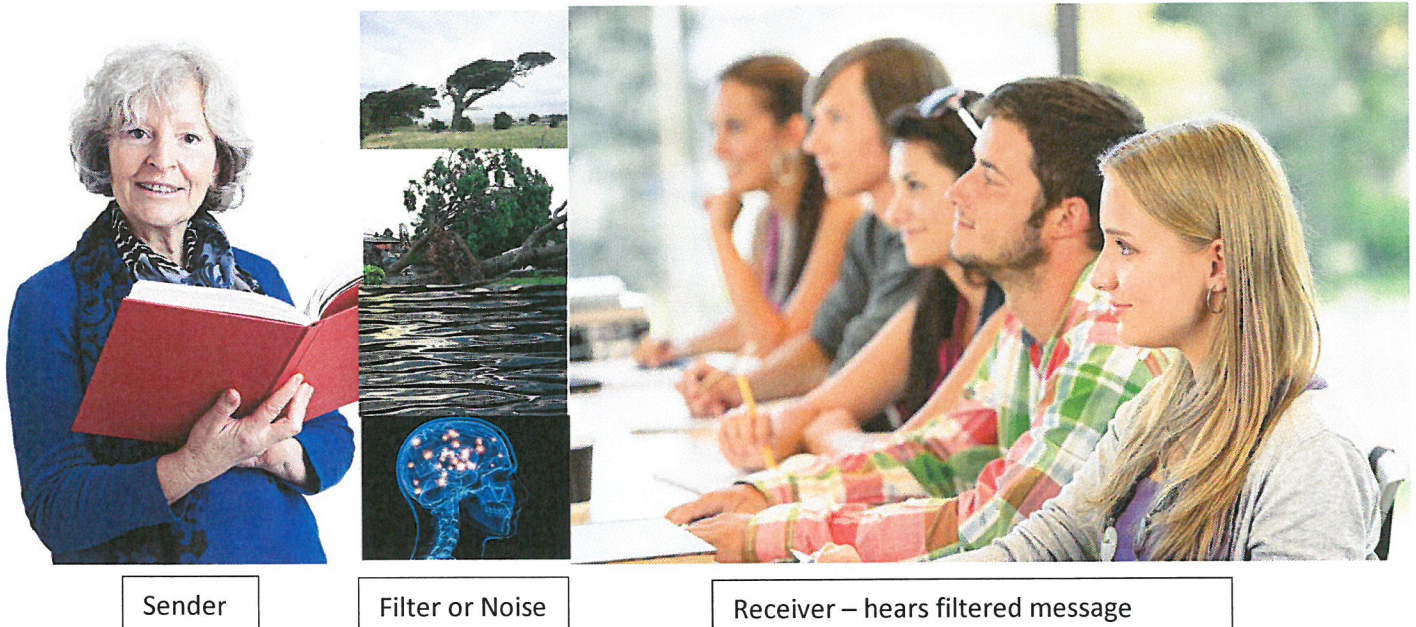
Discuss what is happening that makes them feel this way.

Collaborate on how the precipitating issues can be resolved.

Offer to help.

Connect them to professional s

Should We Talk About Suicide, No – One Way Communication is a Threat



Basic Communication Theory says the sender (book or person) communicates their thoughts in words that have meaning to them and the receiver hears and makes sense of these words according to their own meanings based on their knowledge and experience. Reflection is needed to clarify. (Dwyer, 2006)

No

Don't send information in one direction

Don't publish or describe means of suicide

Don't sensationalise suicide

Don't make suicide OK, normal or acceptable.

Remember you are talking to people at risk who may have distorted thinking. What you say or what the book or story says may not be what they hear.

Example 1: X is angry with his/her parents and wants to hurt them. At a school assembly the school is told not to suicide as it will hurt your family. If you are feeling down see the counsellor.

X hears suicide will hurt you family.

Example 2: Y thinks I am useless, unlovable and I cause pain to all around me. They would be better off without me.

Y reads a book where the central character dies by suicide. Y likes the character and says if they can be brave I can be brave just like him/her.

Is there really a risk that media can increase rates? What it can do is create a cluster.

A cluster of suicides is an abnormal amount of suicides in a particular community. These have been seen to follow unsafe media reporting. Contagion is a series of suicide behaviours where there is a connection or common point between the deceased. This is why most countries and many suicide prevention organisations provide guidelines for media. The death of one pupil increases the risk to other students, we currently actively monitor suicidal behaviour in a school and community after a death.

There is empirical evidence that the way that suicide is reported in the media increases the risk of suicide. For a recent summation the link below takes you to a 2012 editorial in the New Zealand medical Journal.

http://www.researchgate.net/profile/Annette_Beutrais/publication/233768638_Media_reporting_of_suicide_in_New_Zealand_more_matter_with_less_art_%28Hamlet_Shakespeare%29/links/547bdd430cf2a961e489c6e1.pdf?origin=publication_detail

The key points are don't sensationalise or overstate the frequency of suicide, don't discuss method or location, don't romanticise or glamorise suicide. Suicide of celebrities creates increased risk.

What about books?

The Sorrows of Young Werther: What we are discussing here is known as the Werther Effect or Werther Fever. Werther was the main character in Johann Wolfgang von Goethe's loosely biographical novel, The Sorrows of Young Werther, written in 1774. The story has similarities with the recent youth books as it uses a diarised account leading up to his suicide. In the story Werther dies sitting at a desk dressed in his favourite cloths of custard yellow trousers and bright blue jacket. He used a pistol that he borrowed from a friend. The book set a fashion trend of but also a number of copycat suicides where the deceased had mimicked the final stages of Werther's life.

All the Bright Places Jennifer Niven

- Finch is a celebrity if people see him as the champion and he dies. This is heard in the words of a year 12 student who said " I couldn't stop crying when Finch was found dead, I felt so connected to him. It felt like someone I knew had died"
- Multiple methods including for and against are discussed. It even highlights the fact that it is difficult to use exhaust emissions on modern cars. A fact we want to keep away from suicidal people.
- It describes the location in detail
- Identifies a peaceful end
- Whole School Mourns
- His death is romanticised

The Pause John Larkin

- Describes method in graphic detail. However he is pleased not to have done this to his body and assumes the reader will agree. People driven by self-hate or hate toward others may see the destruction of their body as optimal.
- Describes a second chance but readers have to accept this as positive. This could be difficult when their cognitively distorted thinking sees their particular situation as hopeless and helpless.

My Heart and other Black Holes Jasmine Warga

- Places suicidal ideation down to one event for both central characters.

- Describes methods
- Romanticises suicide

Conclusion

A suicide in a school is a rare but devastating event. The majority of youth deaths (aged 0-24) occur in young people who have left school possibly due to the same factors that increase suicide risk. This would include but not be limited to mental illness, behavioural problems, difficulty at school, stressful life events outside of school, identity issues, social isolation and use of drugs and alcohol.

Suicide prevention in schools should aim to equip youth to identify mental illness in themselves and others and to reduce the stigmas that interfere with access to services. Teach self-worth and problem solving and when the opportunity sadly arises to show how to grieve. Direct education on suicide should be minimised this would include exposure to the topic through books. This is supported by a wealth of empirical information and the protection given to our young people should be no less conservative than we give the general population through media guidelines. In addition to the empirical evidence there is sadly anecdotal information about losses associated with youth education and youth mentors or youth suicide prevention champions.

Discussions on suicide should be in a personal conversation that allows for the identification of risk factors and opportunities to intervene.