

Kenya Child and Adolescent Mental Health Bulletin #2

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It's Time to Talk About it

**Helping young people who are feeling suicidal:
Information to professionals and educators**

When confronted with news about a suicide attempt by a young person and associated worries about youngsters in their environment both lay people and professionals ask themselves questions like:

- What is suicidality?
- Why do young people die by suicide?
- How often does suicidality occur among young people and who are most at risk?
- How could I recognise suicidality in youngsters and what can I do when confronted with an attempt?

This short primer tries to answer these questions. It aims at informing professionals and lay persons who are regularly dealing with young people, in schools, medical services, clubs and organisations and the like. As virtually all children and adolescents visit school, some information aims to serve especially the school environment. Other questions regard psychological or other help to be offered to the youngster and his/her family after an attempt. These latter questions are not addressed in this primer.

1. Suicidality among adolescents

Suicidality is an umbrella term for various actions. These include thoughts, wishes and fantasies about suicide, suicide attempts, and preparatory acts. Suicidality can lead to suicide attempt, or attempts, and suicide.

A suicide attempt is defined as a non-lethal act by which the person expects to cause damage to his own body or death, or to avoid the risk thereof. With this operation the person tries to make desired changes in his or her life. This operation is not a recurring habit.

Then, what is suicide?

Suicide is a deadly act initiated by the deceased him/herself. The person performs this act in expectation of a fatal or potentially fatal outcome and with the intention of making desired changes to an unbearable and in his/her eyes unsolvable situation.

Examples of suicide attempt or death by suicide:

A boy who is often bullied at school gets isolated. He feels he can turn to no one to ask for help and doesn't know how to end the situation. He tries to end his life by hanging himself. His intention is to make a change with this act, namely to end the bullying and harassment.

An adolescent girl who wants to develop herself isn't allowed by her family to go to school, is kept home, and forced to work continuously at the small family farm. A forced marriage is arranged. She sees that she has no say at all in determining her future and decides to drink agricultural poison to try and end her unbearable situation.

What is the difference here between a suicide attempt and suicide? With a suicide attempt there is no question of a fatal outcome, while with suicide there is a fatal outcome. In other words, suicide is a successful suicide attempt.

Why do young people die by suicide?

Young people have different motives for putting an end to their lives.

The most important motive is that they want to put an end to a situation that they experience as unbearable. Young people can experience a situation as unbearable when they are desperate about their current life, they are extremely negative about the future, see no other way out, or when they want to prevent further misery and deterioration. Such considerations may, therefore, lead young people wanting to end the existing situation and attempt suicide or die by suicide.

Suicide (attempt) was considered a crime in most countries in the last century, and still is in some (e.g. Kenya). However, as indicated above suicide (attempt) is actually not to be regarded a murder (attempt) but an act of hopelessness. The intention is not to harm, but to end a painful and hopeless condition.

How often does suicidality occur among young people?

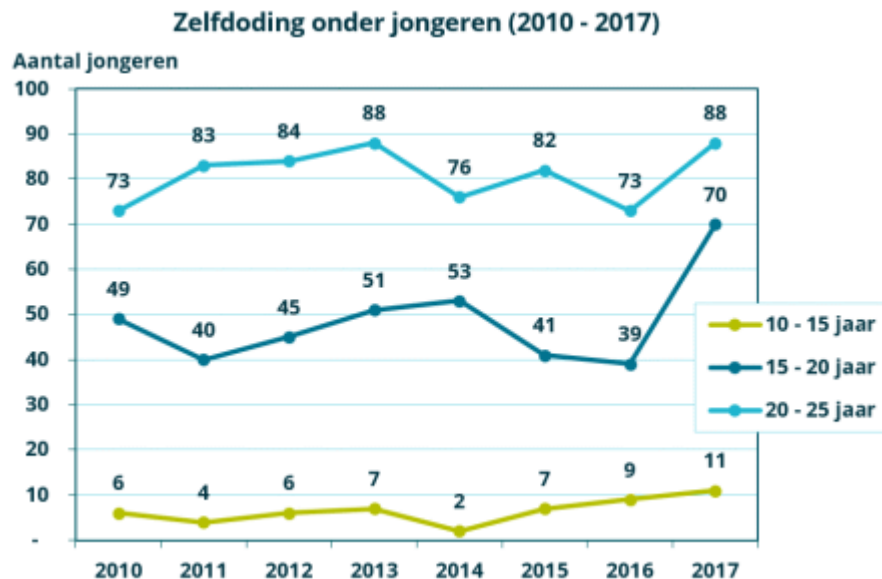
There is not a straightforward answer to this question as mapping suicide thoughts and suicide attempts is not easy. Suicide thoughts are difficult to map, because thoughts are simply not visible.

Suicide attempts are visible, but are not always noticed, because not all suicide attempts are reported. Suicide thoughts and attempts can, however, be examined based on questionnaires. This type of research is increasingly being conducted. In contrast to suicide thoughts and suicide attempts, suicides are generally visible. This is mainly because doctors are obliged to complete a cause of death form upon death. This allows suicide to be charted among young people. We know that suicide is a major cause of death among young people.

Suicide is a significant public health problem and one of the leading causes of death in young people. In 2010 and 2012, the suicide rate for people aged 15 to 24 years was 10.5 per 100,000 people in the United States and Australia, respectively. Suicidal ideation and suicide attempts are also a major concern.

In a systematic review of suicide phenomena in young people worldwide, the mean proportion of adolescents reporting a lifetime suicide attempt was 9.7 %, while 29.9 % reported suicidal thoughts. The societal and economical burden associated with suicidal behaviour (ideation, attempts and completion) is also high, and includes emotional and psychosocial morbidity, medical care, lost productivity and the secondary distress caused to family members and friends.

Suicide is rare worldwide under 10 years, although in the age category 10 to 15 years, suicide is slightly more common. The graph below shows suicide numbers from the Netherlands (2010-2017) according to age groups 10-15, 15-20 and 20-25 years, which amounts to about 8 per 100,000 in the older age group. The number of completed suicides among boys is considerably higher than the number of suicides among girls. It is also noticeable that the number of suicides is not constant over the years, but fluctuates slightly.



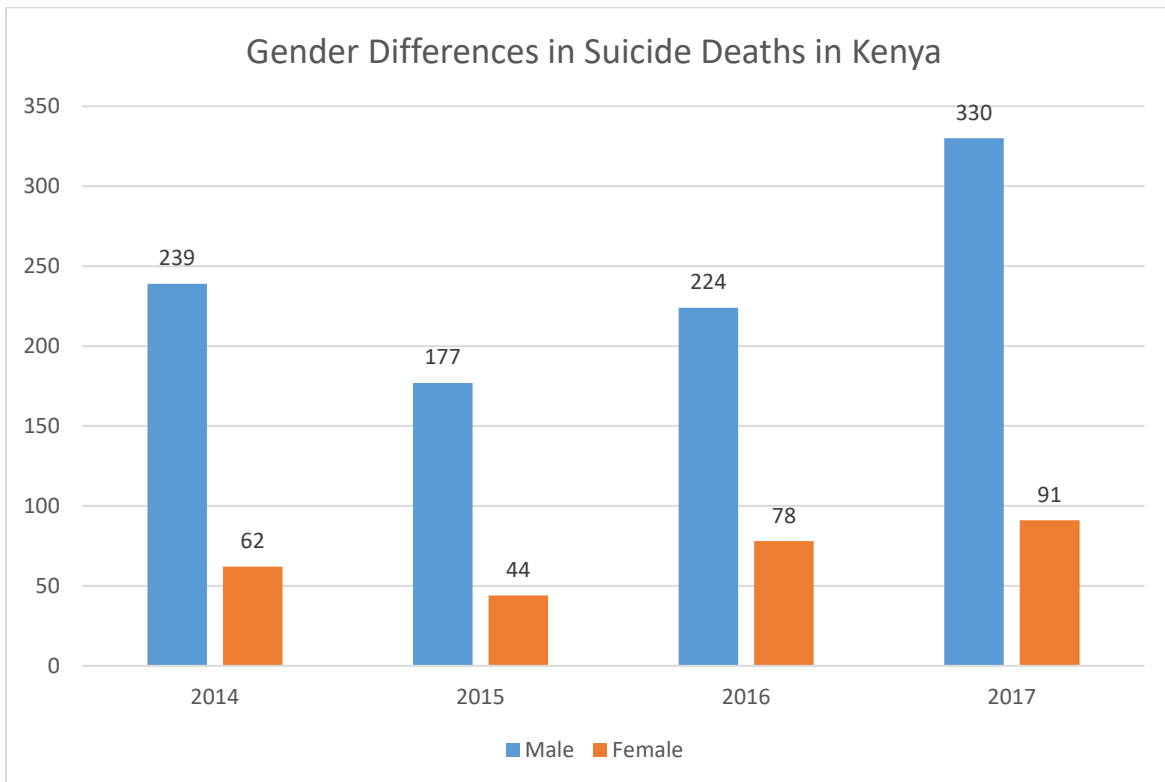
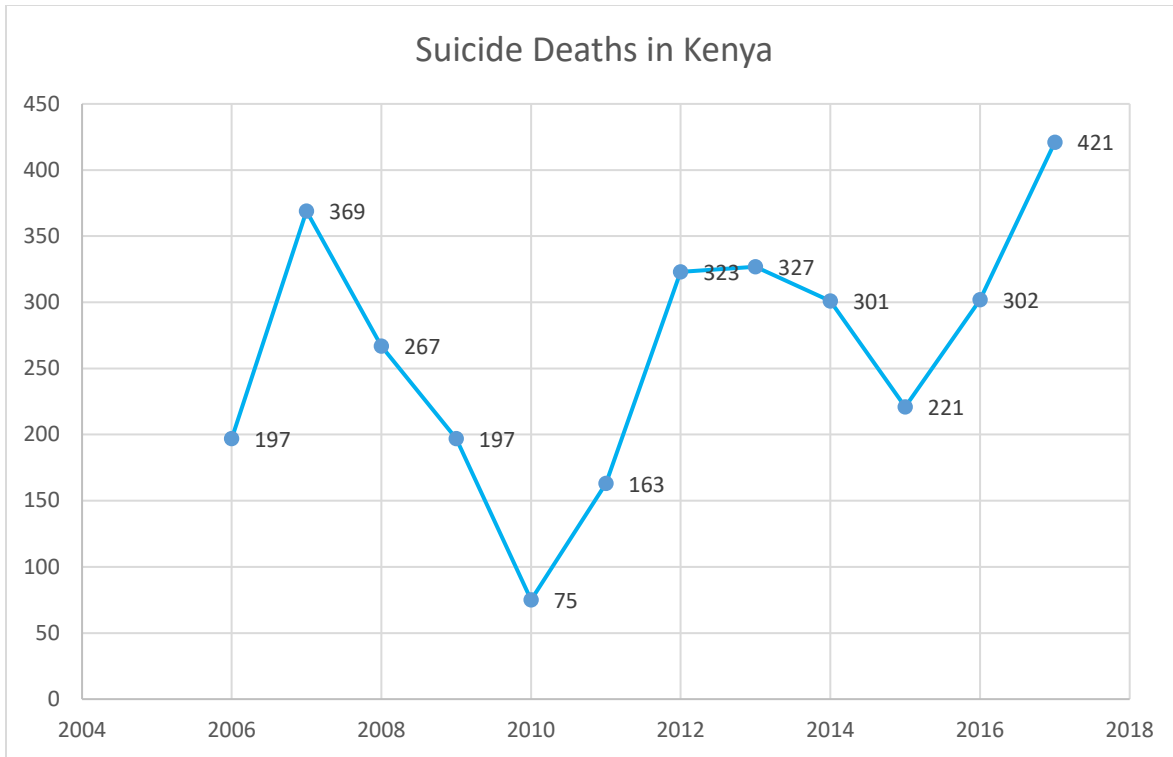
Which suicide methods are most used by youth?

In Kenya boys and girls who died by suicide made the most use of the following methods:

- Hanging themselves or strangling themselves,
- Jumping on moving vehicles on highways
- Drug overdose
- Jumping from height
- Using poison, e.g pesticides

The choice of method depends to a large extent on the availability of different methods. In addition, there is a difference between boys and girls in the choice of suicide methods. When dying by suicide, boys use aggressive methods more often than girls. As a result, the chance of a fatal outcome, that is, of suicide, is greater among boys than among girls. The fact that boys use aggressive suicide methods more often and that they die more often as a result of suicide does not mean that suicidality also occurs more often among boys than among girls. Because girls use aggressive methods to a lesser extent, we actually see higher percentages with regard to suicide attempts and self-damaging behavior in girls than in boys.

According to the survey done by the Kenya National Bureau of Statistics (KNBS), the suicide rates in Kenya are increasing since 2014 to 2017. The graph below shows the number of suicide cases which were recorded at the police stations as offences. The graph indicate that suicide rates are prevalent in male than female. However, these figures may not capture the number of suicide cases which were not reported in the police stations. Moreover, since suicide is an offence in Kenya, several suicide cases are likely to go unreported.



2. Risk factors for suicidality

What are the main risk factors for suicidality? Research has shown that the presence of various factors can increase the risk of suicidality among young people. The three most important risk factors for suicidality are previous suicidal behavior, mental disorders, and undesirable living conditions. Because these factors can occur under different circumstances and in different forms, it is important to note when these factors increase the risk of suicidality the most.

1. Previous suicidal behavior. If, therefore, there has been suicidality in the youngster in the past, the chance of future suicidal behavior is higher than in youngsters without a past of suicidality. Research has shown that 50% of people dying by suicide have previously performed one or more suicide attempts. Suicidality among family members is also a good predictor of suicidal behavior, that is, the chance of future suicidal behavior also increases in youngsters if one or more of their family members has performed a suicide attempt or has died by suicide. There is some evidence of genetic risk of suicidality.

2. The presence of one or more psychological problems. As with suicidal behavior, the likelihood of suicide attempts also increases when psychological problems occur in the young person's family. There are various psychological problems that are associated with suicidality. The most important of these is depression, especially when depression occurs in combination with hopelessness. Of all people who died by suicide, at least 75% had a depressive disorder. Depressed youngsters who are desperate about the future and who have a negative self-image run the highest risk of suicidality.

3. Other important psychological problems that are related to suicidality are addiction, schizophrenia or psychotic disorders, behavioral disorders, personality disorders, and self-damaging behavior. When these behaviors and disorders occur in combination with depression, the risk of suicidality among the young person is further increased.

4. Living conditions that increase the risk of suicidality in a young person. One very important life condition is a problematic life situation. Young people differ in which life situations are experienced as problematic. A problematic life situation can, therefore, take various forms. Examples: the young person is sexually or physically abused, the young person experiences problems at home (such as parental divorce), the young person is often or seriously bullied, or the young person has problems with a romantic relationship.

5. Specific conditions of life related to increased risk of suicidality is a feeling of powerlessness. For example, young people from families with a low socio-economic status may feel powerless because they are in living conditions that they cannot

change. The same applies to social isolation. This can happen when the young person experiences little support or feels lonely, especially in the context of bullying and school absenteeism. Finally, sexual orientation is a specific risk factor. Homosexual and bisexual young people are in some cases more at risk of suicidality than their heterosexual peers. For example, the young person may feel misunderstood or feel "different" from their peers and friends. It may also be that the sexual orientation of the young person is not accepted by friends or family, and may lead to rejection from the family or peer group.

The risk factors and risk conditions mentioned in this module are not in themselves decisive for suicidality, but only increase the chance of its occurrence. However, the suicide risk increases exponentially if several of the risk factors mentioned are present at the same time.

3. Recognising suicidality

One of the most difficult issues in suicidality is to recognize it in the individual at risk at early as possible. Some people think that suicide is an impulsive or sudden action. That indeed is sometimes the case, but more often it is the endpoint of a series of states that offer the possibility to recognise it in an early stage. Like other psychological problems, suicidality is often - but not always - accompanied by a number of warning signs. And it important to recognise these warning signs of suicidality. When these warning signs occur with a young person, and you are able to recognize them you can possibly do something to prevent suicidality in this young person. Furthermore, by getting good help started, attention can be paid to the possible cause and the underlying problems related to the suicidality.

General warning signs that may indicate suicidality relate to changes in the behaviour, the attitude, and the appearance of the young person.

In the behaviour of the young person, you can observe the following warning signals:

- the young person always withdraws from the group or class;
- the young person becomes less social and prefers to isolate him/herself from others;
- the young person starts to perform less well at school. For example, the young person suddenly gets lower grades, or no longer completes homework, while he or she previously performed well;
- the young person starts skipping school, whereas previously that was not the custom.

Other warning signs may be noticeable changes in the attitude of the young person:

- the young person gets concentration problems, and is unable to concentrate well, for example at school;
- the young person becomes bored or loses interest in usual activities. For example, think of a young person who was always a football fan, but suddenly no longer interested in football;
- the young person suffers from mood swings. For example, one time the young person is in a good mood and cheerful, the other time the young person is down and introverted.

Warning signals, which relate to the appearance of the young person, will generally be clearly visible. This involves striking negative changes such as the following:

- the young person takes less care of him/herself
- the young person looks unkempt;
- the young person gains or loses much weight.

In addition to these general warning signals, there are also several other, more suicide specific warning signals, the most important of which are:

- The young person is often involved with death, or suicide. Think of a young person who talks or writes about death or wants to die. Or a young person who makes statements such as "I am a burden to others," "no one loves me," or "I don't like it anymore." With such statements, the young person indicates to be desperate about life and to have a negative image of the future.
- The young person gives away important possessions. This concerns assets that the young person experiences as important, such as mobile gadget, or possessions with an emotional value, such as a favorite piece of jewelry.
- The young person no longer values life. You can think of a young person who tends to take irresponsible risks. Risks that the young person is well aware of, that they can end fatally, such as very excessive drinking of alcohol or dangerous traffic behavior.

The aforementioned changes do not in themselves have to indicate a suicide risk. But when a number of these signals occur in combination with each other, you can assume that the young person has emotional problems and needs help. When the general signals coincide with signals specific to suicidality, there is likely to be an increased suicide risk.

4. Conversation with a (possibly) suicidal young person

One of most widespread misunderstandings about suicidality is that we should talk as little as possible about it, let alone with the suicidal person him/herself. However, it is very important to start a conversation with a possibly suicidal young person. Such conversation is needed to help you to estimate the true suicide risk.

Why is it important to have a conversation with a potentially suicidal young person?

- A main reason is that with such conversation you can check whether there is actually suicidality. In contrast to what is often thought, young people generally provide reliable information about their suicide thoughts and feelings.
- In addition, you can estimate during a conversation how high the suicide risk in the young person is. During the conversation you can recognize signals associated with suicidality among the young person.
- And of course the underlying problems of the possible suicidality can be made visible and become part of the conversation. A conversation with a possibly suicidal young person is also important, because talking may give the young person some relief. This is true if the young person is so desperate that he or she sees suicide as the only way out.

Many people (including professionals) are afraid that talking about suicidality can encourage young people to engage in suicidal behavior. You do not usually have to worry about this; several studies have shown that there are no negative consequences associated with talking with the possibly suicidal person about his/her thoughts or intention or with answering questions about suicidality.

The number of conversations needed to estimate suicide risk among a young person depends, among other things, on the relationship of trust that you have with the young person, but also the character of the young person. It helps when you have a good relationship with the young person, or are able to you make contact easily. Moreover, some young people may open themselves up more quickly in a conversation, and are more likely to talk about their feelings, thoughts and intentions than others. So sometimes it is possible to estimate how high the suicide risk is based on one conversation, but in other cases several conversations with the young person are needed to achieve this.

Which questions help you estimate suicide risk?

By getting answers to the following questions, you gain insight into the condition of the young person and you gain insight into the risk of suicide:

- What problem or condition is the young person dealing with?
- Is the young person desperate?. If so, what is the young person desperate about?
- And what does the future perspective of the young person look like? Is the young person positive or negative about his/her future? And when the young person sees the future gloomily, why is that so?

To answer these questions, you can address the following topics during the conversation:

- Problematic life situation - one can think of problems at home or at school. Maybe the youngster's parents are in a divorce, or the youngster get bullied at school and he/she feels afraid and isolated and sees no way out. Sometimes it concerns even more serious issues, such as sexual or physical abuse.
- Another topic is depression. Is the young person currently depressed? Or has the young person been previously depressed? As indicated above, depression, particularly when accompanied by hopelessness, can be an important risk factor for suicidality.
- You can also ask questions about the social life of the young person. Does the youngster have friends? Does the young person have sufficient support around them? Or is the young person in social isolation?
- Another subject regards substance use. Is the young person an excessive drinker? Is the young person experimenting with drugs? Or does the youngster have a history of substance abuse?

If during the conversation, or as a result of the answers, you assess the young person's condition as serious, we recommend that you continue to ask questions about the following:

- Does the youngster have emotional or social problems that he/she feels unable to deal with?
- Has the youngster felt suicidal, has he/she considered or even attempted suicide? If so: which method did the young person use for this?
- Does/did suicidality occur in the young person's family?
- Has the young person made a suicide plan and maybe written a farewell letter? Not all young people who die by suicide make a suicide plan in advance or

write a farewell letter. When a young person has made a suicide plan or has written a farewell letter, you can assume that the suicide risk is high.

The subjects just mentioned are the most important risk factors for suicidality. Gather the information that you need, and pay close attention to the young person during the conversation. Do not act as a counselor or therapist during the conversation, unless you are a psychologist, psychiatrist or are otherwise qualified.

You might wonder what the correct conversation attitude would be in the case of suspected suicidality. You would best enter the conversation as you would do in other cases. In principle, a conversation with a possibly suicidal young person is no different than other conversations. Of course, entering into a conversation with a young person about suicidality is not easy in most cases. However, if you apply the following guidelines, the chances of a good conversation with the young person are high.

- Try to adopt an open attitude during the conversation and remain accessible to the young person.
- If the young person comes to a standstill, or finds it difficult to talk about anything, ask questions to encourage the young person to continue talking.
- Always take the young person's problems and feelings seriously, even though they sometimes sound ordinary or exaggerated.
- Use the same words as the young person during the conversation so that the young person feels understood.
- Non-verbal communication is also particularly important. So, pay attention to the attitude and emotions of the young person during the conversation.

Finally, a few tips for your preparation for the conversation to follow.

- Be comfortable with the subject of suicidality.
- When detecting suicide risk, it is important that you address the presence of suicide thoughts and intentions. Do not hesitate to ask directly about this.
- Avoid reacting anxiously or irritably.
- It is important that you keep negative emotions under control, so that during the conversation the young person gets the feeling that anything can be talked about.

Use the conversation to gain insight into the young person's condition. The conversation is not intended to provide help to the young person, and therefore do not sit in the chair of the psychologist or psychiatrist if you are not.

Finally, a tip to schools: first agree internally who will enter into the conversation with the student and remain the contact person. If possible, choose a colleague with whom the young person already has a good relationship.

What not to do when talking to someone with suicidal thoughts

If someone told you that they are planning to die by suicide, take them seriously. It is **NEVER** a joke. Although it is common in our society for people to respond by telling the person with suicidal ideation that they can go ahead and buy a rope or poison to fasten the process for them, it is not right to respond this way. Sometimes individuals with suicidal thoughts make these threats as a cry for help. Responding to them in a manner that encourages them to go ahead with the attempt only justifies their negative thoughts and feelings of hopelessness that indeed no one cares for them and dying by suicide is the only way out.

In some cases, if one threatens to die by suicide they are physically abused or beaten up to punish them for speaking out. This only exacerbates the issue and in most cases the person will die by suicide.

5. Conversation with the parents of a (possibly) suicidal young person

There are two major reasons to the parents of a youngster in which you suspect suicidality.

First, it may have emerged from your conversation with the young person that he/she is struggling with suicidality. The parents should be contacted immediately. It is important to discuss this action with the young person beforehand. This is not only neat, but otherwise you may damage the bond of trust with the young person. This can have serious negative consequences for the further process.

Second, during or after the conversation with the young person you may feel that the young person is a direct danger to himself or others. Again, the parents should be contacted immediately. In turn, the parents must immediately contact the doctor or a crisis team. If the parents not available, then contact the crisis team at the youth care agency or other appropriate facility yourself.

There are several reasons why it is important to involve the parents of a suicidal youth.

- To begin with, parents have the right to know that their child is not doing well.
- In addition, parents have a duty to take care of their child. They cannot take this responsibility if they are not aware of the condition of their child.
- In many countries young people under the age of 16 cannot be referred without the consent of their parents. In that case it is up to the parents to contact the doctor for a referral to specialist care.
- The involvement of the parents is extremely important in the treatment of the young person.

Unfortunately, in some situations, parental involvement can have negative consequences for the young person. Consider, for example, situations in which the parents can be a possible source of abuse or honor killing. In such situations, it is best to first contact the Child Care and Protection Board or the youth care agency for advice and support. In all other cases you can inform the parents about the situation.

Other than with the young person, it is not immediately obvious how to start a conversation with the parents of a suicidal young person. Suicidality is a serious problem. For a direct conversation about this problem it is therefore best to go on a home visit with the parents. If that is not possible, you can invite the parents to school. The conversation with the parents must be well prepared and structured.

Start the conversation by telling parents what the reason was for you to start a conversation with their child. Then explain why you have come to the conclusion, based on that conversation, that their child may be suffering from suicidality. Then discuss why it is necessary to seek specialist assistance for their child. Finally,

together with the parents, go through the steps required for referral to specialist help.

In the Kenyan system, one can walk into any medical facility without any restrictions as long as they can afford (either using insurance or cash money). If the medical facility cannot handle the case then the doctor will refer the patient to a referral hospital or to specialized treatment. Basically, there are no rules in getting referral.

Sometimes parents may need support going through the referral process. Support the parents in this if possible.

It is of course very difficult for every parent to hear that their child is (possibly) suicidal. It is, therefore, very important that you give parents the opportunity to respond during the conversation. You do this by making their feelings discussable. Most parents will feel a need for more information about suicidality. Therefore, carefully address their questions during the conversation, if applicable refer the parents to informative websites about suicidality or provide them with brochures if available.

It is also good to keep in touch with the parents after the conversation with them. Not only do many parents like this because they will feel supported, contact with the parents can also be beneficial for the further procedure. For example, the parents can keep you informed of the progress of the assistance.

What can you do when parents are unable or unwilling to cooperate? It may happen that the parents are unable or unwilling to take action after the conversation with them. You can best discuss this in the healthcare team best available to you, like at the youth care agency.

6. First aid after a suicide attempt

Being confronted with a true suicide attempt is very uncommon. Therefore, it is essential to know how you can provide first aid to a young person who has attempted suicide.

How do you call in the emergency services, and what do you do with the young person in the meantime until the emergency services arrive?

- In the case of a suicide attempt, the most important concern is to prevent the young person from suffering injury or dying as a result of the attempt. You can do this by performing certain practical actions during first aid, which can be of vital importance.
- If you are dealing with a young person who has attempted a suicide attempt, you must first of all prevent the young person from continuing with the attempt. This reduces the chance that the young person will die as a result of the attempt.
- You must also prevent the younger person from sustaining the attempt. It is also important that first medical assistance is provided.

Exactly what actions are required for this step depends on which suicide method the young person has used.

- ✓ If the young person has attempted a suicide attempt by taking an unknown amount of medication, you must take the pills away from the youngster, and ensure that the medicine packaging ends up with medical assistance. In this way, you assure that the medical services know which medication the young person has taken.
- ✓ If the young person has attempted a suicide attempt based on acid or poison, do not induce vomiting. Otherwise, the young person can sustain permanent esophagus damage.
- ✓ Did the young person hang him/herself? Then immediately lift the young person up. Have someone else untie the rope and resuscitate the young person.
- ✓ If the young person has jumped in front of a vehicle the young person must be immediately taken off the road or track. Only do this if you are not at risk yourself.
The traffic may also have to be stopped. Let others do this, but, again, only

if nobody is in danger.

- Immediately after saving the youngster from further injury, the emergency number must be called to call in the emergency services. If you alone, be sure to go through the first step of preventing further injury before calling the emergency number. If you are with several people, perform the needed prevention actions yourself, while someone else calls the emergency number.

In the meantime, what do you do with the young person until the emergency services arrive?

- The young person should not be left alone for a moment, otherwise the young person may continue with the attempt. It is, therefore, advisable to ask other people to help. Give them instructions about what to do. The next step is to shield off the space, if possible, so that the situation is not accessible or visible to others. After this you can do nothing more than wait until (medical) help has arrived.
- If the young person has died as a result of the attempt, then not only close the space in which it happened, but also cover the young person. Now you can only wait until help has arrived.
- When the emergency services have arrived, hand over the young person to the emergency services and, if present, the police. Inform them about the actions that have been taken in the meantime. The police and the emergency services will take over from you from that moment. If you know the young person, also provide the police with information about the young person and give the parents' or caregivers' telephone number so that they can contact the parents.
- If you are experiencing a suicide attempt up close or are offering a young person first aid after a suicide attempt, you may need care yourself afterwards. In that case, contact your doctor or colleagues in a team if available.

7. Care and aftercare after a suicide attempt or suicide by a young person

When a student has performed a suicide attempt at school - or elsewhere - it often leads to anxiety and unrest among parents, peers, and teachers. It is therefore good to make agreements among the school team about the relief and aftercare.

You make the agreements about care and aftercare together with the parents or a guardian of the student. The parents are your first point of contact because they are responsible for the student and keep in touch with the care provider(s).

The following is an overview of the steps that are important in the process of care and aftercare after a suicide attempt. This overview serves as an example for drawing up a protocol for your own school.

After first medical aid upon a suicide attempt

A first step is to enable a coordinator that is in the lead in case of emergencies like suicide. The coordinator is the first point of contact for internal and external individuals related to the child/adolescent (e.g. parents) and/or the suicide attempt (e.g. medical personnel). The coordinator ensures that the care and aftercare process run smoothly, and coordinates the steps in this process.

In the case of a suicide attempt by a student, it is beneficial to have someone appointed as coordinator at school. It is good to have someone with some personal or professional authority, for example the school director. Also appoint a second person as the deputy coordinator.

The first step after the attempt is to contact the parents. Immediately inform the parents and discuss what happened and how the youngster is doing at the moment and show that help is on the way. During the process, stay in touch with the parents, keep them informed, and provide a telephone number where they can reach you.

Ask the parents for permission to also inform the school team and fellow students. If the parents give permission to inform the school team and fellow students, then discuss with the coordinator who will inform the school team and peers. The school team might be best informed by the coordinator, while the fellow students might best be informed by the class teachers. Involve the parents in the content of this communication if possible.

If the suicide attempt has taken place at school, inform the school team / classmates as soon as possible. What is being told to these groups depends on the parents. They determine what will be told, if necessary and possible in consultation with the student who performed the attempt.

Consult with the parents if they are willing to keep the school informed of the student's treatment. If the parents are willing to do this make specific agreements on when and how this will happen.

The timing of the pupil's return to school is discussed with the student him/herself, the parents, and the helping professionals (doctor, psychologist, social worker).

Contact with the professionals is through the parents unless the parents give permission to the school to contact the practitioners.

After suicide

If a suicide attempt has an impact, that is certainly true of a successful attempt. But even then the school can make a contribution to the process of care and aftercare after a suicide. In general, the steps for suicide are the same as those for a suicide attempt.

There are however some notable differences compared to the case of suicide attempt.

The first regards the message of suicide and death. Ask how and by whom the message was received. Is the source of the message reliable? In case of any reasonable doubt the correctness of the message should be first checked.

In addition to agreements with parents about informing the school team and fellow students, also agreements with parents are needed about potential further involvement and support from the school. For example, do the parents appreciate it if someone from school visits home? Is attendance at the funeral appreciated?

Points of interest for the school are also aftercare for the school team and/or fellow students. Will they receive individual aftercare or in a group? And how are the parents of the peers informed?

Another concern is any members of the school team and/or fellow students who have witnessed the event. When can they go home? How are the parents of fellow pupils who are eyewitnesses informed? Is there a contact person for eyewitnesses?

And finally, how is further attention from the school for the event organized? Do the members of the school team / peers get the opportunity to respond to the event? Can long-term follow-up care be arranged, e.g. information for the school team, peers

and parents about suicidality and its consequences for the child/adolescent involved and his/her social environment.

Conclusion

Suicide among young adults is an increasing problem that affects different families in our society today. It is important for professionals and other people who work closely with young people to be aware of the suicide ideation signs and to be able to recognise them in the youth they work with in their daily context.