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Depression & Suicide: Risk Factors, Warning Signs, and Prevention

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Abstract: **The research team intended to study about depression and suicide to help others or member of their family and community who have the same ordeal about this matter. This study seeks to identify the experiences of individuals who have committed attempted suicide, depression, its risk factors and warning signs. This study is a descriptive qualitative research that focuses on the experiences of the individuals who committed attempted suicide or the suicidal act that either failed or was incomplete through phenomenological approach and gathered data about depression and suicide warnings, risk factors to those successful suicide. This study will be conducted in Zamboanga City Medical Center Psychiatric Department (Ward 9) during Outpatient Consultation office hours. Located at the southernmost tip of the Zamboanga Peninsula at Dr. Evangelista Street, Sta. Catalina, Zamboanga City, Philippines. It is a 500-bed capacity tertiary hospital Level IV under the Department of Health. Some Methods used is also data mining of study in books, journals and web electronics files for further help of the study. Results and Findings about Depressions and Suicide were collated and Recommendations for possible interventions are also stated suggested in this study.**

Keywords: **Depression, Suicide, Risk Factors, Warning Signs and Preventions.**

1. INTRODUCTION

Rationale:
Research indicates that the onset of depression is occurring earlier in life today than in the past It often coexists with other mental health problems such as chronic anxiety and disruptive behavior disorders.

Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression can be long-lasting or recurrent, substantially impairing an individual's ability to function at work or school or cope with daily life. At its most severe, depression can lead to suicide. When mild, people can be treated without medicines but when depression is moderate or severe they may need medication and professional talking treatments. Depression is a disorder that can be reliably diagnosed and treated by non-specialists as part of primary health care. Specialist care is needed for a small proportion of individuals with complicated depression or those who do not respond to first-line treatments.

The research team intended to study about depression and suicide to help others or member of their family and community who have the same ordeal about this matter.

2. LITERATURE REVIEW

Suicide is a major contributor to premature mortality worldwide and is among the leading causes of death in the Western Pacific Region (De Leo,D et al, 2009); Approximately 32% of the world's suicides occur in the region, and its annual incidence of 19.3 per 100,000 is 30% higher than the global average (Hendinn P, 2008) . While acknowledged as an important and neglected health issue, it remains a low priority in most Western Pacific countries due to competing health problems, stigma and poor understanding of the condition (WHO, 2005).

The Philippines, with a population of approximately 90 million, is one of the most populous countries in the Western Pacific, yet very little is known about the epidemiology of suicide and suicidal behavior in the country (WHO, 2004). The only predominantly Catholic country in Asia, it is an archipelago of 7,106 islands, with 66% of the population living in urban areas (WHO, 2004). Around 33% of the population are impoverished, in spite of reported economic growth in recent years (WPP,2004).

Official suicide rates are lower in the Philippines than in many other countries in the Western Pacific region , although there is likely to be under-reporting because of its non-acceptance by the Catholic church and the associated disgrace and stigma to the family (PCP, 2003). As in other Catholic countries, a high proportion of suicide deaths are likely to be misclassified as injury of undetermined intent or accidents (Christi P, 2003)

A systematic analysis of the possible underreporting of suicides is important so its true incidence and trends can be estimated. To date, no studies of national trends in the incidence of suicide or the national epidemiology of suicidal behaviour have been undertaken using Philippine mortality data. Such an analysis is important both to provide a more complete picture of the size of the problem and to facilitate better informed decisions concerning priorities for prevention such as high risk age/sex groups and popular suicide methods that are potentially amenable to method-restriction policies.

The following data and newsclips were compiled about suicide in the Philippines:

On February 8, controversial former military chief and Energy Secretary Angelo T. Reyes was reported to have committed suicide while visiting his mother's grave at the Loyola Memorial Park in Marikina City where he shot himself in the chest using a Caliber .45 pistol which pierced through his heart. Before this incident, he has been in the hot seat due to allegations that he received P50 million in "send-off" money after he retired from the AFP as claimed by retired Lt. Col. George Rabusa.

On August 2, Attorney Benjamin Pinpin, 32, assistant chief legal counsel of the Development Bank of the Philippines was reported to have strangled himself with a nylon cord in the bathroom of a hotel in Zapote Alabang Road. In a suicide letter, Pinpin revealed how upset he was about being investigated for a P510-million loan granted to a businessman during the past DBP administration. He said he did not want his family to be affected by the controversy.

On September 19, the news reported that a 13-year old alleged "gay" shot his 17-year old "boyfriend" twice in the head before turning his .22 calibre pistol on himself. This was said to happen inside SM San Fernando, Pampanga in what has been termed as a "crime of passion." Both teeners died a few days later.

And on October 27, Martin Guingona Lamb, 20, grandson of former Vice President Teofisto Guingona, made the news when he jumped off to his death from the 31st floor of a hotel in Muntinlupa City before dawn. Police said Lamb was having drinks with his friend at the hotel bar before the incident happened. His friend told the police that Lamb talked about his problems.

These are just some of the high profile reported cases of suicide that happened this year. There are more news of people committing suicide, and many more cases in the country went unreported, and statistics on suicide are also blurry.

A study entitled, "Suicide in the Philippines: Time Trend Analysis (1974-2005) and Literature Review" by Maria Theresa Redaniel, David Gunndell (of the University of Bristol in United Kingdom) and May Antonnette Lebanan-Dalida (of the University of the Philippines-Manila) posted in BMC Public Health website this year, said that more women than men attempt suicide in the Philippines, but as seen in most other countries, the case fatality is higher in males due to their preference for more violent/lethal methods of suicide. The maleto-female ratio for suicide (3.3:1) in the Philippines is higher than in China or India but comparable to that seen Thailand, Japan and New Zealand.

The study also said that suicide attempts and mortality were generally higher in adolescents and young adults than in the older age group. This contrasts with patterns seen in most countries where rates tend to increase with age. This could be due to increased vulnerability of young people to social stressors. Adolescence is a period of life changes and most teenagers struggle with issues such as independence and developing a sense of identity and a system of values and responsibilities. Meanwhile, a Department of Health survey in 2007 found that 15 out of 900 teenagers tried to commit suicide.

Dr. Dina Nadera, a psychiatrist and dean of the University of the Philippines Open University, said suicide is so sensitive an issue that, in fact, the 2004 Philippine Health Statistics euphemistically called it "intentional self-harm." Quite often, too, families would have the cause of death listed as something other than suicide, she added.

As Michael Tan, anthropologist wrote in his column "Pinoy Kasi" in the Philippine Daily Inquirer on September 8, "The suicide rate in the Philippines is relatively low compared to other countries'. This is explained by the fact that the country has a Catholic majority population. Although most major religions look negatively at suicide, the Catholic Church tends to be the most judgmental, with threats of eternal damnation and some Catholic priests refusing a church burial."

But as to cases of depression, the World Health Organization says otherwise. The Philippines has the highest incidence of depression in Southeast Asia. In 2004, there were over 4.5 million cases of depression reported in the country and 3 per cent of Filipinos were clinically diagnosed as depressed. However, of the 90 depressives, only 30 will seek help. The other 30 will suffer the symptoms but will be ashamed to seek help because of the stigma associated with the illness. These symptomatic would rather keep it to themselves and suffer in pain and in silence. The other 30 will suffer the symptoms not knowing what is wrong with them.

Knowing what depression is all about is already a big step in managing the illness. There is an urgent need to empower individuals suffering from the illness with resources, professional help and organizational linkages that can open new doors and bring light in their journey of suffering and pain to that of positive self discovery and well-being. The families and friends of people suffering from depression are equally important and they need to know and understand the illness to enable them to respond and provide constructive support to their loved ones during these difficult times.

On September 9, a day ahead of the World Suicide Prevention Day, the DOH joined the Natasha Goulbourn Foundation - a non-government organization that advocates for better understanding of depression, in several activities targeting the youth in leading schools and universities, particularly holding lectures and discussions on depression and suicide.

STATEMENT OF OBJECTIVES:

This study seeks to identify the experiences of individuals who have committed attempted suicide in the Philippines. Specifically, this study will answer the following questions:

- What are the perceptions, stories, and lived experiences of individuals who have committed suicide that either failed or was incomplete in Philippines?
- What are their common historical and family backgrounds?
- What are their emotional struggles before and after the act?
- Based on the results of this study, what care plan may be proposed?

3. METHODS AND MATERIALS

RESEARCH DESIGN:

This study is a descriptive qualitative research that focuses on the experiences of the individuals who committed attempted suicide or the suicidal act that either failed or was incomplete through phenomenological approach and gathered data about depression and suicide warnings, risk factors to those successful suicide.

RESEARCH ENVIRONMENT:

This study will be conducted in Zamboanga City Medical Center Psychiatric Department (Ward 9) during Outpatient Consultation office hours.

Located at the southernmost tip of the Zamboanga Peninsula at Dr. Evangelista Street, Sta. Catalina, Zamboanga City, Philippines. It is a 500-bed capacity tertiary hospital Level IV under the Department of Health.

Some Methods used is also data mining of study in books, journals and web electronics files for further help of the study.

RESEARCH INSTRUMENT:

Based on review of related literature, a self-made questionnaire is developed using the first language of the patient.

- Both inductive and deductive approaches are considered in formulating the questionnaire.
- The first part is focused on the respondents' demographic data.
- The second part is focused on the respondents' lived experiences utilizing an unstructured questionnaire with probing and open-ended questions.

DATA GATHERING:

- An approval from the Medical Centre Chief and the Chief Nurse of Zamboanga City Medical Center through a letter of permission to conduct an interview with the patients.
- Strict confidentiality of information gathered will be dealt with utmost precaution to safeguard the identity of the respondents.
- Tape recording and pictures will be properly screened and edited to prevent exposure of the respondents during the documentation and presentation.
- Prior to the interview, an informed consent will be signed or thumb marked by the respondents of the study.

QUESTIONNAIRE:

PART I: PROFILING

- Age & gender at birth
- Religion
- Ethnic group
- Birthplace
- Marital status
- Occupation
- Highest educational attainment
- Living alone or with parents or relatives
- Family or household size & structure
- Number of children
- Number of siblings
- Ordinal position among siblings
- Boyfriend or girlfriend

PART II: OPEN ENDED INTERVIEW

- Take me back when you were having thoughts about committing suicide.
  - What were your thoughts and feelings?
  - Were you having suicidal ideations? Explain further.
  - Did someone or something encourage you to commit the act?
  - Why did you commit suicide? Tell me more about it.
  - What method did you use to carry out the act? Why such a choice of method?
  - What would you do to counter any suicidal thoughts?
  - Do you possess any method of outlet of these thoughts? Could you tell me more?

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SAMPLE OF THE IN-DEPTH INTERVIEW:

Box 15-3

SUICIDAL IDEATION: CLIENT STATEMENTS AND NURSE RESPONSES

CLIENT STATEMENT	NURSE RESPONSES
"I just want to go to sleep and not think anymore."	"Specifically just how are you planning to sleep and not think anymore?" "By 'sleep,' do you mean 'die'?" "What is it you do not want to think of anymore?"
"I want it to be all over."	"I wonder if you are thinking of suicide." "What is it you specifically want to be over?"
"It will just be the end of the story."	"Are you planning to end your life?" "How do you plan to end your story?"
"You have been a good friend." "Remember me."	"You sound as if you are saying good-bye. Are you?" "Are you planning to commit suicide?" "What is it you really want me to remember about you?"
"Here is my chess set that you have always admired."	"What is going on that you are giving away things to remember you by?"
"If there is ever any need for anyone to know this, my will and insurance papers are in the top drawer of my dresser."	"I appreciate your trust. However, I think there is an important message you are giving me. Are you thinking of ending your life?"
"I can't stand the pain anymore."	"How do you plan to end the pain?" "Tell me about the pain." "Sounds like you are planning to harm yourself."
"Everyone will feel bad soon." "I just can't bear it anymore."	"Who is the person you want to feel bad by killing yourself?" "What is it you cannot bear?" "How do you see an end to this?"
"Everyone would be better off without me."	"Who is one person you believe would be better off without you?" "How do you plan to eliminate yourself, if you think everyone would be better off without you?" "What is one way you perceive others would be better off without you?"
Nonverbal change in behavior from agitated to calm, anxious to relaxed, depressed to smiling, hostile to benign, from being without direction to appearing to be goal-directed	"You seem different today. What is this about?" "I sense you have reached a decision. Share it with me."

In Local Language interview:

INTERVIEW 2

Date of Interview: October 31, 2014

Time of Interview: 9:36 A.M.

Location: Psychiatric Outpatient Department, Zamboanga City Medical Center

Transcriptionist: Juan Dela Cruz

Length of Recording: 56 minutes

Legend:

I = Interviewer

P = Participant

START OF DIGITAL RECORDING:

I: Bago tayo magsimula, nais kong ipaalala sa inyo kung nilagda niyo na ang kaalamang pahintulot na ito, na naintindihan ninyo na ang pagsali sa pananaliksik na ito ay tila kusang-loob lamang, na ang inyong pagkakakilanlan ay manatiling lihim sa sanlibutan?

P: Oo, nabasa at naintindihan ko ang kunsintimyento.

I: May mga tanong ba kayo bago tayo magsimula?

P: Wala.

I: May dalawang bahagi ang panayam na ito. Una, may mga tanong ako ukol sa inyong impormasyong demograpiko; ang pangalawa ay ukol naman sa mga panahong isinakatuparan ninyo ang inyong pagpapakamatay. Unang bahagi: ilang taon na po ba sila?

P: Dalawampu't pito.

I: Dalawampu't pitong taong gulang na dalaga?

P: Oo.

I: Relihiyon?

P: Kristiyano.

I: Pinakamataas na kakayahang pang-edukasyon?

P: Nakapagtapos ng kolehiyo.

I: May trabaho?

P: Sa kasalukuyan, nagtratrabaho ako sa kumpanya kung saan ako nagbebenta ng mga produktong pagpapaganda.

I: Mag-isa lang kayo sa bahay?

P: Nakatira pa ako sa aking ama. Patay na kasi ang aking ina. Nag-iisang anak lamang ako sa pamilya namin. Maliban sa tatay at nanay ko, kasabay na tumitira sa amin ang aking lola, ina ng aking ama.

I: May mga anak na po ba kayo?

P: (laughs) Wala. dalaga nga, eh.

I: May kasintahan?

P: Mayroon. Pero nasa Maynila, nag-aaral ng panggagamot.

I: Tumungo tayo sa pangalawang bahagi. Ating balikan ang mga araw bago kayo nagpakamatay. Anu-ano ba ang mga iniisip at nararamdaman ninyo noong mga panahong yaon?

P: Marami akong iniisip sa mga araw na yaon. Humigit kumulang, palagi lamang ako nasa kwarto, nakahandusay sa kama, ang aking mukha na nakabaon sa unan, at iniisip ang mga problema. (pauses)

I: Maaari niyo bang simulan kung saan nagbunga ang sinasabi ninyong problema?

P: (breathes deeply) Dalawampu't apat na taong gulang ako noong nakapagtapos ako ng narsing. Sa aking apat na taon sa kolehiyo, laging mataas ang aking grado. Sa katunayan, ako ang "summa cum laude" ng clase. Noong kinuha ko na ang "board exam", hindi ko lubos maisip kung bakit hindi ko mahanap ang pangalan ko sa listahan ng mga nakapasa. Hindi ko matanggap noon at pilit ko pa ring hinahanap ang aking pangalan sa listahan. Pagkalipas ng tatlo hanggang apat na araw sa paghahanap, unti-unti ko nang natanto na hindi nga talaga ako nakapasa. Nag-aral naman ako nang mabuti. Hindi naman ako nahirapan sa pagkuha ng pagsusulit. Isang tanong lamang ang pilit kong hinahanapan ng sagot sa mga horas na yaon: bakit? Umiyak ako nang pagkalakas-lakas. Nagwala ako nang pagkasobra-sobra. (pauses with misty eyes)

I: Bakit?

P: Dala ito isang pangakong aking ginawa bago ko pinasukan ang kurso, pangako na aking binitaw sa higaang pinaghingaluan ng aking ina. May kanser siya sa tiyan. Mga ilang araw lamang bago ko natamo ang aking diploma sa hayskul, malubha na ang kanyang karamdaman. Tinanggihan na niya ang anumang pamamaraang ng panggagamot. Sa ospital mismo siya nawalan ng hininga at namatay. Masakit talaga mawalan ng mahal sa buhay, lalung-lalo na ang mawalan ng isang ina na sobra kang inalagaan, inaruga mula pagkabata, at minahal. Huminto nga ako sa pag-aaral ng isang taon dahil sa nangyari. (pauses)

I: May koneksyon ba ang pagkamatay ng inyong ina sa mismo niyong pagpapakamatay?

P: Syempre naman! Isa nang sanhi ng aking pagpapakamatay ang pagkamatay ng aking ina. Mas lumala pa ito noong hindi ko naipasa ang "board exam".

I: Maaari niyo bang ipaliwanag?

P: Isang malaking kahihiyan ang aking naramdaman noong hindi ko naipasa ang pagsusulit, isang malaking kahihiyan sa aking sarili at sa aking pamilya. Halos naririnig kong mag-isa sa aking kwarto ang mga tawa at pagkantyaw ng aking mga kaklase sa akin. "Sayang naman. 'Cum laude' pa naman sana. Bakit hindi siya pumasa?," bigkas ng mga boses sa aking kapaligiran. Hanggang ipinasya ko na ang pagpapakamatay noong may bumulong sa aking tainga, "Nakakahiya ka! Hiwain mo na lang ang pulso mo. Sige na! Para matapos na ang problema mo." Ayon, hiniwa ko nga ang aking pulso gamit ang matulis na kutsilyo na kinuha ko mismo sa aming kusina.

I: Hindi ba, hiniwa niyo ang inyong pulso? Habang ito ay dumudugo, anu-ano ang inyong iniisip at nararamdaman?

P: Wala akong naramdamang sakit sa sugat sa aking nagdudugong pulso. Isang malaking karangalan noong aking itinupad ang pagpapakamatay. Sabi ko sa aking sarili, "Salamat! Matatapos na rin ang lahat. Wala nang magbibigay ng kahihiyan sa aming pamilya."

I: Hindi niyo ba naibahagi sa iba ang iyong nararamdamang bigat sa iyong dibdib?

P: Wala. Nais ko sanang makipag-usap sa aking ama, kaso lang, wala siya lagi sa bahay. Lagi siyang may nilalakad sa trabaho. Ang lola ko naman, laging nagma-madiyong sa kapitbahay. Mas madalas, ako lang lagi ang nasa bahay.

I: Tumungo naman tayo sa pangalawang bahagi ng panayam na ito. Hindi ba kayo ay pumasok sa ospital pagkatapos ng pangyayari?

P: Tama.

I: Habang kayo ay nasa ospital, anu-ano ang inyong naramdaman pagkatapos niyo maisakatuparan ang pagpapakamatay?

P: Mga ilang araw ako nanatili sa ospital. Sa mga unang araw ko doon, isa na namang kahihiyan ang aking naramdaman dahil hindi ako nagtagumpay sa aking pagpapakamatay. Nakakulong lang ako sa kwarto ng ospital kung saan inobserbahan nila ako at pinayuhan ukol sa aking mga emosyon. Unti-unti namang bumukas ang aking isip at natanto ko na hindi pala solusyon ang aking ginawa. Mga siyam na buwan akong naliwanagan hanggang lumabas na ako sa ospital. May mga gamot silang binigay at patuloy ko itong iniinom.

I: Anu-ano ang mga pagtatanto ang lumitaw sa inyo? Maaari niyo bang itala sa akin?

P: Na hindi solusyon ang pagpapakamatay sa anumang problema. Isa ay dahil isang kasalanan ito ayon sa banal na aklat. Pangalawa ay dahil maraming masasaktan, lalung-lalo na ang mga mahal natin sa buhay. Pangatlo ay dahil, hindi lang ang ibang tao ang masasaktan, kundi mismo ang sarili mo ay masasaktan din sa pisikal at emosyonal na pamamaraan.

I: Bakit niyo naman nasabi ang mga bagay na ito?

P: Nagsimulang namulat ang aking mga mata noong ako ay binisitahan ng aking mga kaibigan. Nakita ko sa mga mukha nila ang malasakit sa akin. Sinabi nila na labis silang nangulila sa aking pagkawala. Mas lalo raw sila naging malungkot at nagulat nang labis noong nalaman nila na ako ay nagpakamatay. Tumulo ang aking luha. Higit pa doon, lumapit sa akin ang tatay ko at niyakap nang mahigpit. Nagsisisi raw siya kung bakit wala siya sa mga araw ng kailangan ko siya, at bakit mas pinangungunahan pa niya ang trabaho kaysa sa kaniyang pamilya. Hindi na bale ang lola ko kasi naluluong na siya sa paglalaro ng 'majhong' at wala talaga siyang pakialam sa akin. Ang importante ay naramdaman ko talaga na marami ang nagmamahal sa akin. Labis na hinagpis din siguro ang mararanasan ko kung nagkabaliktad ang sitwasyon. Akala ko kasi noon, walang nagmamahal sa akin at pabigat lamang ako sa mundo. Ngunit ako ay nagkamali nang husto.

I: Kung bibigyan kayo ng pagkakataon, nais niyo pa rin bang gawin muli ang pagpapakamatay?

P: Hindi na. Base nga sa sinabi ko, marami ang masasaktan, hindi lamang ang mga taong nakapaligid at nagmamahal sa akin, pati na rin ang mismo kong sarili.

I: Anu-ano ang mga bagay-bagay na maaari mong payuhan ang mga taong nagkaroon din ng karanasan sa pagpapakamatay?

P: Hindi talaga dapat gawin o kahit sumagi man lamang sa isip ang ideyang pagpapakamatay upang gawing solusyon sa anumang suliranin na akala nating mabigat at di na makakayanang lutasin. Lahat naman ng problema ay may solusyon. Iyon nga lang, hindi sa pamamaraang pagpapakamatay ito ay malulutas, kundi sa pamamaraang nauukol sa katagang pagmamatwid. Hindi naman tayo bigyan ng pagsubok ng Panginoon na hindi natin kakayanin. Higit pa riyan, kung may mga bigat man tayong nararamdaman sa ating mga sarili, dapat natin itong ibahagi sa ating mga mahal sa buhay. Sabihin natin ang ating mga problema sa ating mga kaibigan, pamilya, o sinumang malapit sa ating kalooban. Sa gayon, mababawasan ang bigat na dinadala natin sa ating mga puso. Ngayon, ganoon na ang aking ginagawa at tunay na nakababawas ng bigat sa kalooban. Hindi naman natin kailangang pasaning ang krus na mag-isa.

I: Maraming salamat sa inyong oras sa araw na ito. Nakatulong nang marami ang panayam nating ito.

P: Walang anuman. Sana makatulong ako, hindi lamang sa pananaliksik mo, kundi sa mga taong gaya ko.

I: Maraming salamat muli! Paalam.

END OF DIGITAL RECORDING:

4. RESULTS AND DISCUSSIONS

Based on the readings and in-depth interview before puberty, boys and girls are equally likely to develop depressive disorders. By age 15, girls are twice as likely as boys to have experienced a major depressive episode.

Depression in adolescence frequently co-occurs w/ other disorders such as anxiety, disruptive behavior, eating disorders or substance abuse.

Risk Factors for Depression and Suicide may include the following: Stress, Having experienced significant loss

Having attention, learning, and/or conduct issues, Experiencing trauma, abuse, or a long-term illness or disability, Family history of depression and Other untreated psychological disorders

Other Depression factors may include: Poor academic functioning, Poor physical health, poor coping and/or social skills, Low self-esteem , Behavior Problems, Poor School and Family Connectedness and Substance Abuse.

Warning Signs: Suicide notes. These are a very real sign of danger and should be taken seriously. Threats. Threats may be direct statements (“I want to die.” “I am going to kill myself.”) Or, unfortunately, indirect comments such as: (“The world would be better without me” “Nobody will miss me anyway”).

Threats continued: Indirect clues by teenagers may be offered through joking or comments in school assignments—particularly creative writing or artwork.

Previous Attempts: Be very observant of students who have tried suicide before as they are likely to do it again.

Final Arrangements: This takes on many forms such as students giving away prized possessions.

Efforts to hurt one: Self-Injury behaviors are warning signs in both children and teenagers. Common behaviors include running into traffic, jumping from heights, and scratching/cutting/marking the body.

Inability to concentrate or think clearly: these problems may be reflected in classroom behavior, homework habits, academic performance, household chores, even conversation.

Changes in physical habits and appearance: Include inability to sleep or sleeping all of the time, sudden weight gain or loss, and/or disinterest in appearance or hygiene.

Sudden changes in personality, friends, and/or behaviors: Parents, teachers, and friends are often the best observers of sudden changes in behavior—including withdrawing, skipping school, loss in involvement in activities, and avoiding friends.

Fascination w/ death and suicidal themes: These might appear in classroom drawings, work samples, journals, or homework.

5. RECOMMENDATIONS

The authors would like to emphasize the following Preventions and Interventions for the suicide to be prevented for example: Assess Risk: (i.e., asking "Have you ever thought about suicide?"; "Have you ever attempted suicide?"; "Do you have a plan to harm yourself now?"

Warn Parents: parents must be notified—with the exception of when it appears the student might be a victim of parental abuse. Encourage their participation in prevention efforts. Offer to follow through on referral efforts if they are not comfortable doing so.

Provide Referrals: consider cultural, developmental, and sexuality issues when making referrals—to help the student identify caring adults at home and at school; appropriate coping strategies; and community resources.

Document and Follow-up: Principal needs to be in close contact with counseling personnel—especially when concerns regarding an 'anniversary date' associated with youth suicide. Contact the victim's family to offer support and determine their preferences for student outreach, expressions of grief, and funeral arrangements/attendance

- Focus on survivor coping and efforts to prevent further suicides. This is a time for key prevention information. Emphasize that no one thing or person is to blame and that help is available.
- Advocate for appropriate expressions of memorialization. Do not dedicate a memorial (e.g., tree plaque, or yearbook). Do contribute to a suicide prevention effort in the community or establish a living memorial such as a scholarship or student assistance program.

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