

Health Class Quiz on Teen Suicide and Depression

NAME _____ Period _____ Date _____

1. Studies show that at least 90% of those who killed themselves were judged to be suffering from “Major Depression” or some other mental illness in the weeks prior to their death.
 - a. true
 - b. false
2. Most parents of a child who dies by suicide go into a prolonged state of “Major Depression” after their child’s death and some remain depressed for the rest of their life.
 - a. true
 - b. false
3. Feelings of loneliness are most common at age:
 - a. 12
 - b. 16
 - c. 21
 - d. 65
4. A person who seems to be talking of suicide to get attention or to see if people care needs professional attention.
 - a. true
 - b. false
5. If a friend reports thoughts of suicide it is usually best to keep it to yourself if they tell you to.
 - a. true
 - b. false
6. Choose the least common reason given to explain why a teen kept their dead friend’s suicide plans a secret;
 - a. They didn’t think the adults or a professional counselor could help their friend
 - b. They thought it wasn’t serious
 - c. They were afraid their friend would get mad at them
 - d. They didn’t care what their friend might do
7. Some teens who are seriously depressed outwardly show excessive anger instead of sadness.
 - a. true
 - b. false
8. Most people will try suicide if they are under extreme stress.
 - a. true
 - b. false
9. If I was personally involved in an extremely upsetting situation, and didn’t know where to turn to, I would
 - a. maybe attempt suicide
 - b. never attempt suicide
10. Choose the most accurate statement.
 - a. suicide is the result of family problems
 - b. suicide is the result of certain thinking errors
 - c. suicide is the result of extreme stress
 - d. suicide is the result of excessive drug usage
11. Choose the thought not usually related to suicide;
 - a. “I am the only one who has it this bad”
 - b. “I’ll never feel happy again”
 - c. “My family would be happier if I were dead and gone”
 - d. “I have some of the same problems as a lot of others my age”

12. Choose the feeling that is not usually associated with suicide;
- helplessness
 - chronic boredom
 - worthlessness
 - hopelessness
13. Choose the best response to a person who states: "I hate my life"
- tell another friend what you heard
 - ignore the comment and politely excuse yourself
 - listen to the person calmly
 - smile and then tell the person to try to forget their problems
14. Choose the behavior that usually makes a person feel that they were not listened to;
- being silent and attentive
 - making eye contact
 - changing the subject
 - summarizing what you heard the person say
15. Choose the best response you can take with a person who reports thoughts of suicide;
- offer to solve the problem they complain about
 - joke about it or pretend that you didn't hear anything about suicide
 - act angry or disappointed that they are talking about suicide
 - seek the advice of a trusted adult
16. Choose the symptom not associated with the mental illness called "Major Depression";
- feeling really unhappy or irritable most of the day, nearly every day
 - feeling helpless, hopeless and worthless
 - acting in an assertive manner
 - frequent thoughts of death or suicide
17. A majority of teens who experience "Major Depression" can be helped by a mental health professional.
- true
 - false
18. Choose the method that is not recommended to treat "Major Depression";
- individual counseling
 - temporary use of anti-depressant medication
 - social withdrawal until the person feels better
 - a and b
19. When a close friend has attempted suicide and returns to school it is best to;
- talk about your friend's problems with other classmates
 - avoid your friend for the first week to show your disapproval
 - tell your friend you think what he/she did was "dumb", "wrong", or "immature" whichever applies
 - be available, and show him/her you still care but help him/her understand that there are other ways to handle bad thoughts and feelings
20. Every student in this class is able to do something to reduce the chance that someone in this school will commit suicide.
- true
 - false

Answers to quiz:

1. A	5. B	9. B	13. C	17. A
2. A	6. D	10. B	14. C	18. C
3. B	7. A	11. D	15. D	19. D
4. A	8. B	12. B	16. C	20. A

The 20-question quiz is completed by the students at the end of the program. Teachers should allow about ten minutes for its completion. After all students have completed the quiz the teacher can highlight the correct answers. The students should be encouraged to correct their own quizzes using the honor system. Students should be told that they get equal credit for each correct answer, including the same credit value for however they answer question 9.

The quiz serves two important functions. First, it provides health teachers the opportunity to reinforce some key discussion points. Presenting students with correct answers or "facts" about suicide in the form of a quiz helps to heighten the salience of the information presented and establishes an educational, rather than a subjective and emotional tone, for the classes. This tone allows for the teacher to authoritatively address a student's views of suicide as being correct or incorrect.

Question 9 is phrased to obtain a student's opinion of what he or she might do under the circumstances described in the question. This poses a problem for some teachers wanting to give students points for correct answers who feel it is unfair to penalize students that missed the presentation the day before and/or simply gave an honest but undesired and "incorrect" answer. To address this some teachers will tell their students that they get credit just for taking the quiz. They can add that "by taking the quiz you can see for yourself how well you learned the concepts presented."

The SEHS Suicide Prevention Program encourages a student who thinks he/she, or their friend, is suffering from major depression to identify themselves, or their friend, to a school counselor, school nurse, school social worker, teacher or some other trusted adult in or outside school. In addition to this strategy, the quiz itself provides a second important function – to help staff to identify students who maintain an undesirable attitude about suicide despite exposure to the presentation and may be at-risk for suicide. The program does not utilize a screen/instrument for depression per se. Students who give a Maybe response to question 9 in the follow-up quiz are asked to elaborate on this response through a private conversation with their guidance counselor or school social worker. Some students may, during this discussion, reveal past or current thoughts about suicide. It is at this point that an assessment instrument for depression and/or suicide may be used.

False negatives (students who are at risk for suicide but gave a Never response to question 9) may occur because of three possible conditions. First, it may result from students not wanting to be honest. This is one of the limitations of an attitudinal survey or screen. Second, the same can be said for those who are at risk, answered Maybe, but misrepresent themselves during an interview by stating that they didn't mean to answer Maybe (category 1 below). However, if this particular student's affect is not congruent with their statement additional questioning may produce a more honest response. Third, a false negative may occur because the student wanted to answer Maybe but answered Never instead simply because that is what they believe is the correct answer. It's possible that such students will develop cognitive dissonance about an attitude they have come to realize is unhealthy (a desired effect of the teacher's review of the correct answers to the quiz with the class along with a potential follow-up interview) and then either return to the interviewer or come forward to someone else about this unhealthy attitude. In any event a contact was made between this particular student and a school-based mental health professional whom the student can easily access at a later time. Furthermore, this first contact could potentially be the start of a therapeutic relationship which in and of itself can serve as a protective factor.

False positives may occur because the student misunderstood the question or was careless in their answer (category 1 below) or because they continue to believe that stress is the primary precipitant to a suicide attempt and that the correct response is Maybe for all individuals (category 2 below). A study was conducted at South Elgin High School during the 2009-2010 school year to assess the sensitivity level of question 9 (the extent to which students who are at-risk for suicide will be identified by their answer to that question). Of those who understood and answered question 9 correctly (n= 24), 19 or 79% acknowledged suicidal thoughts in the past or present. A follow-up study during the 2010-2011 school year yielded the same exact result: of the 19 interviewed, 15 or 79% acknowledged suicidal thoughts in the past or present.

Finally, there may be at-risk students who, because of the presentation, are no longer at-risk. These are students who, prior to the presentation, had considered suicide as a viable option but no longer will consider it as an option for themselves. This of course is one of the primary goals of the Health class presentations.

When interviewing students who gave a Maybe response to question 9 most will fall into one of these five categories:

1. No, I didn't mean to circle Maybe (I misread the question)
2. Yes, I marked maybe but I would not try suicide (I thought that was what a person would say according to the question, but that's not what I would do)
3. Yes, I might consider it under certain circumstances (If my parents died; if I had a terminal illness)
4. Yes, and I had thoughts/attempt(s) in past (I was very lonely; I hated my life; I hated myself)
5. Yes, and I have been thinking about suicide recently

As the student is handed a copy of their quiz and is directed to look at their response to question 9 they may explicitly acknowledge their positive or at-risk status. Conversely, some students who want to conceal their history of suicidal thoughts or behavior may be unable to sustain their composure when they are asked to address their response in the presence of a mental health professional. The interview activity – in and of itself – may trigger a flood of negative memories that were heretofore suppressed. A student's positive or at-risk status may be implicitly conveyed by way of their affect. The student may realize that their affect betrays their history. In these instances, it is important to quickly and compassionately acknowledge their affect by stating: "Reading this question seems to be a reminder of a bad time in your life." After an acknowledgement it may be appropriate to ask: "Was this a time in your life when you had thoughts of wanting to kill yourself?" Another way to ask this would be to ask: "Was this a time in your life that you wondered what it would be like if you were dead?" Other questions to consider asking are: "Did you think about how you would die?" "What did you do when you had those thoughts?" "How long has it been since you last had those thoughts?" "Does anyone know that you had those thoughts?" "Sometimes when really bad things happen some people would rather not go on living...can you give me some examples of bad things that could happen in your life that would make you think about suicide again?"

If there is a concern about the student's current status it may be appropriate to say: "I'd like to find out how much pain you're in at this time." A depression inventory normed for adolescents and a hopelessness scale may help the evaluator to determine the level of risk-for-suicide. There are other risk-for-suicide assessments that could be used and the evaluator may want to obtain a second opinion about the level of risk. Parents of all students who seem to be at-risk should be notified and encouraged to make immediate arrangements for their child to have contact with a mental health professional in the community.