

Teenage Suicide

Most teens at some time in their lives will experience periods of despair, anxiety, and sadness. These are normal reactions to the pain of loss, rejection, or disappointment. Those with serious mental illnesses, however, often experience much more extreme reactions, reactions that can leave them mired in hopelessness. And when all hope is lost, some feel that suicide is the only solution. **It isn't.**

Scientific evidence has shown that almost all teens who take their own lives have a diagnosable mental or substance abuse disorder, and the majority have more than one disorder. The feelings that often lead to suicide are **highly** treatable. That's why it is imperative that we better understand the symptoms of the disorders and the behaviors that often accompany thoughts of suicide.

Now the third-leading cause of death for young people between the ages of 15 and 24 years, suicide has become the subject of much recent focus. Maybe this is because teenage suicide seems the most tragic—lives lost before they've even started. Yet, while all of this recent focus is good, it's only the beginning. We cannot continue to lose so many lives unnecessarily.

Some Basic Facts

- More teenagers and young adults die of suicide than from AIDS, cancer, heart disease, birth defects, stroke, pneumonia and influenza, and chronic lung disease **combined**.
- Suicide is the third-leading cause of death among those aged 15 to 24 years, and the fourth-leading cause of death among those aged 10 to 14 years.
- About 80% of teens who kill themselves have given out definite signals or talked about it to someone.
- The suicide rate is substantially higher among First Nations teens, particularly young males. The ratio of young men to young women committing suicide is 4 to 1. Young Aboriginal women however "attempt" suicide four times more often than young men.
- It is a hopeful sign that while the incidence of suicide among adolescents and young adults nearly tripled from 1965 to 1987, teen suicide rates in the past fifteen years have actually been declining, possibly due to increased recognition and treatment.

Suicide "Signs"

There are many behavioral indicators that can help foster parents recognize the threat of suicide in a teen.

- Drug or alcohol use or abuse increases
- Risky behaviour
- Talking or joking about suicide
- Aggressive, destructive, or defiant behavior
- Poor school performance
- Making preparations for death such as giving away favorite possessions
- Withdrawal from friends, family and regular activities
- Change in eating or sleeping habits
- Complain of being a bad person or feeling rotten inside
- Verbal hints such as "I won't be a problem for you much longer", "Nothing matters", "it's no use"
- Tragically, many of these signs go unrecognized. And while suffering from one of these symptoms certainly does not necessarily mean that one is suicidal, it's always best to communicate openly with a teen who has one or more of these behaviors, especially if they are unusual for that person.

It can't be stressed more strongly that any talk of death or suicide should be taken seriously and paid close attention to. It is a sad fact that while many of those who commit suicide talked about it beforehand, only 15 percent of suicide victims were in treatment at the time of their death. Any history of previous suicide attempts is also reason for concern and watchfulness. Approximately one-third of teens who die by suicide have made a previous suicide attempt. It should be noted as well that while more females attempt suicide, more males are successful in completing suicide.

Causes

While the reasons that teens commit suicide vary widely, there are some common situations and circumstances that seem to lead to such extreme measures. These include major disappointment, rejection, failure, or loss such as breaking up with a girlfriend or boyfriend, failing a big exam, or experiencing family dysfunction. Since the majority of those who commit suicide have a mental or substance-related disorder, they often have difficulty coping with such crippling stressors. Usually, the common reasons for suicide listed above are actually not the "causes" of the suicide, but are triggers for suicide in a person suffering from a mental illness or substance-related disorder.

How to Help

Teens are less likely to commit suicide if they live in a family where they feel accepted and loved unconditionally, and they believe that their parents like them and are glad they are part of the family. They are less likely to commit suicide if they believe they are listened to and heard, and if they feel capable of dealing with their own problems. The most important thing to do if you think a teen is suicidal is to make it clear that you care; stress your willingness to listen. Be sure to take all talk of suicide seriously. Don't assume that people who talk about killing themselves won't really do it. One of the most common misconceptions about talking with someone who might be contemplating suicide is that bringing up the subject may make things worse. This is **not** true. There is no danger of "giving someone the idea." Rather, the opposite is correct. Bringing up the question of suicide and discussing it without showing shock or disapproval is one of the most helpful things you can do. This openness shows that you are taking the individual seriously and responding to the severity of his or her distress.

Studies of suicide victims show that more than half had sought medical help within six months before their deaths. Don't leave the suicidal person to find help alone—they usually aren't capable. Also, **never** assume that someone who is determined to end his or her life can't be stopped. Most suicidal people do not want death; they want the pain to stop.

If the threat is immediate, if your foster child tells you he or she **is** going to commit suicide, you must act immediately. Don't leave the person alone, and don't try to argue. Instead, ask questions like, "Have you thought about how you'd do it?" "Do you have the means?" and "Have you decided when you'll do it?" If the person has a defined plan, the means are easily available, the method is a lethal one, and the time is set, the risk of suicide is obviously severe. In such an instance, you **must** take the individual to the nearest psychiatric facility or hospital emergency room. If you are together on the phone, you may even need to call 911 or the police. Remember, under such circumstances no actions on your part should be considered too extreme—you are trying to save a life. **Take all threats seriously—you are not betraying someone's trust by trying to keep them alive.**