

“DID YOU KNOW . . .”

That suicide is the third leading cause of death for people age 15 to 24 (behind accidents and homicide) and the fourth leading cause of death for children between the ages of 10 and 14 (Teensuicidestatistics.com, 2010)? Although these statistics are stunning to say the least, there are things that can be done to prevent suicide among teenagers.

Last month, we discussed the effects of bullying (see Jan. article) and in some cases, in-person or cyberbullying can lead to an increased risk of suicide in teenagers. Educating your teenagers about the impact of bullying other teens, either face-to-face or via text messages and email, can help to prevent the suicide of a teenager. The impact of suicide on all those left behind can be dramatic and devastating, to say the least, and no parent would want to see a child deal with the question of whether a personal action pushed someone closer to the decision of suicide.

Perhaps of greatest interest to parents is how to recognize the potential for suicide in your own child and how to prevent it. Of course, the best place to start is to know the warning signs of possible suicide. Many sources say that the most common overall sign is depression. The National Alliance on Mental Illness (NAMI) website (2010) cites the oft-quoted statistic that “90% of youth suicide victims have at least one major psychiatric disorder” (par. 3). This means that 90% of those teens who have committed suicide have had a diagnosed mental health issue. Therefore, if your child falls in this category, it is wise to have a conversation with your child’s mental health provider to determine if your child shows signs of being at risk for suicide. Please note that the NAMI site also states that very “few adolescents with psychiatric disorders will go on to complete suicide” (par. 3), which clearly demonstrates that there is no need for panic. All that parents need is to be aware and watchful for possible signs.

So, other than depression, what are some indicators that your child may be considering suicide? According to www.teensuicidestatistics.com (2010), these are some of the warning signs:

- Dramatic changes in personality
- Difficulty concentrating
- Signs of involvement with substance abuse
- Changes in eating habits
- Changes in sleeping habits
- Appearing listless
- Changes in appearance, generally for the worse
- Expresses the belief that no one cares
- Runs away from home a lot or talks about running away
- Talks about suicide
- Shows a fascination with death, including writing stories, poems, or drawing pictures about death.
- And the most important sign—a past suicide attempt.

Unfortunately, some of the warning signs can also be attributed to typical teenage behavior. Therefore, it falls to parents to be aware of what is usual for each child and note when a child starts acting in a manner that is unusual. The fact that a child has actually tried to commit suicide in the past is a good indicator that there is a potential for a successful attempt in the future. Also, if a child expresses a clear plan, such as the means of death, having access to the means, and a desire to die, that should result in an immediate response on the part of the parent. At that point, the child should be taken to a physician or mental health professional immediately

for assessment and any treatment that is necessary. In some cases, the treatment will be medication and therapy. In other cases, the recommendation will be that the child be placed in an in-patient program to ensure 24-hour supervision until such time as the child can safely return home. Whatever the recommendations, it is imperative that parents act with speed to ensure the safety of the child. Some parents do not like the idea of labeling a child or hospitalizing the child, but that is certainly better than the alternative, which may very well be a successful suicide attempt.

Many articles have been written on risk factors for suicide, such as divorce of the parents, family violence, etc. While these and many other risk factors may have an impact, there are clearly some indicators that have been shown through research to contribute to an increased risk of suicide for teens. The first is being born to a teenage mother. The second is being born to parents who have less education than most (Lewinsohn, Rohde and Seeley, 1994). While some studies state that teenage girls attempt suicide more than boys, but the boys are more likely to complete the act, others point out once again that when looking at teens with mental health issues, there is very little difference between successful suicides of boys or girls.

One very interesting study was written on the six myths of adolescent suicide in the U.S. (Moskos, Achilles and Gray, 2004). One of the myths is that current prevention programs work. At this point, most are school-based and have not been shown to effect suicide rates. What has been shown to have a positive impact on reducing suicides in teens has been restricting access to lethal items such as guns and drugs. Sadly, only 25% of the parents who were strongly advised by therapists to remove guns from the home actually complied with that recommendation—only 25 percent! Two other related myths are that suicide is caused by family and social stress and that the tendency toward suicide is not inherited. First, family and social stress can be a part of the reason for suicide, but the reality once again is that 90% of teens who commit suicide have a psychiatric diagnosis. This, compounded by the family or social stress, may cause a teen to choose suicide, but generally, family and social stress alone do not cause suicide. Think of all the teens who live through parental divorce, domestic violence, social rejection and other issues and do not choose suicide. A related factor is genetics. Those who have a family history of mental illness and/or suicide have a greater risk, although there is no specific diagnosis that indicates a likelihood of suicide. The specific suicide cocktail, if you will, includes just the right mix of biological, psychological and social factors to hit at the right time for a teenager to choose suicide.

Given all this encouraging information, then how do you as a parent prevent suicide in your teen, especially if your teen has some or all of the warning signs or risk factors? The Teen Suicide Prevention site (2010) states, "One of the most effective teen suicide prevention techniques falls to the parents, friends, and relatives of the teenager. If a teen feels loved and appreciated, he or she is much less likely to fall victim to teen suicide" (para. 10). Suggestions from the site include talking to your teenager, showing love to your teenager, listening to your teenager, and keeping lethal weapons out of the home. Another excellent piece of advice is to keep all medications in a secure place, particularly if you take narcotics or any substances that can cause dependence. Check with your child's school counselors to learn about the latest substance abuse issues, such as huffing (inhaling chemical vapors) and be watchful. In other words, stay involved in your teenager's life and continue to show love. Give your child your time and attention, which is worth far more than any monetary gift you can give. Doing so not only can save your child's life, but also models the way of our Lord and Savior. When he walked among the people of this earth, he did not give out lavish gifts. Instead, he gave of his time, attention and love. He used his powers to heal physical wounds and broken hearts; to restore faith and hope

for the future through forgiveness and unconditional love. As parents, we are called to be Jesus to our children. Is there any greater calling?

May God bless, inspire and lead you as you guide your children to becoming healthy, happy, faith-filled adults!

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References

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Lewinson, P.M., Rohde, P. & Seeley, J.R. (1994). Psychosocial risk factors for future adolescent suicide attempts. *Journal of Consulting and Clinical Psychology 62(2)*, 297-305.

Moskos, M.A., Achilles, J. & Gray, D. (2004). Adolescent Suicide Myths in the United States. *Crisis, 25(4)*, 176-182.

Links

www.nami.org

www.teensuicidestatistics.com

<http://www.justice.gov/ndic/pubs07/708/index.htm>