

Surviving: Coping With Adolescent Depression and Suicide

Guidelines for Parents



A 19-year-old college sophomore finished his term paper, asked his roommate to hand it in, and then drove himself to a park and rigged his car's exhaust pipe with a hose to the inside of his car. He died of carbon monoxide poisoning, leaving a note that asked his family for forgiveness because he "could not go on."

Like many other teens he seemed happy, well-adjusted, and high achieving. But inside him was an unhappiness and depression so great that the only solution he could see was suicide.

This is not an isolated incident. Children, teenagers, and young adults are killing themselves at rising rates. Suicide is the third leading cause of death among young people 15 to 24 years old, and it appears to be on the rise. According to a 1991 Centers for Disease Control and Prevention study, 27% of high school students thought about suicide, 16% had a plan, and 8% made an attempt. The Alcohol, Drug Abuse and Mental Health Administration has declared adolescent suicide as a national mental health problem.

Why do teens kill themselves? Experts cite divorce, family violence, the breakdown of the family unit, stress to perform and achieve, and even the threat of AIDS as factors that contribute to the higher suicide rate. More than 50% of teens who commit suicide also have a history of alcohol and drug use. Stressful life events, such as the loss of a significant person or school failure, often trigger suicides among teens.

Depression plays a role

To better understand the cause of adolescent suicide, one must look past the surface to figure out what is going on inside the suicidal teen's head. Many teens who are considering suicide suffer from depression. People who work with depressed teens see a common theme of unhappiness, as well as feelings of inner turmoil, chaos, and low self-worth. Also hopelessness and anger often contribute to adolescent suicide.

One study found that 90% of suicidal adolescents believed that their families did not understand them. These teens felt alone and anonymous. They also believed that their parents either denied or ignored their attempts to communicate feelings of unhappiness, frustration, or failure. Some parents view depression and complaining as weaknesses, so they encourage their children to be strong and not to show their emotions. Suicidal teens often feel that their emotions are played down, not taken seriously, or met with hostility by the people around them.

One pediatrician who counsels suicidal adolescents said they often talk about how hopeless everything seems. They often feel that they are not in control, as an example, not in control over the direction of their lives.

Depressed teens may be drawn to others who feel as they do forming a bond of hopelessness and despair. Some popular music reflects these feelings of alienation, self-destructive rage, and thoughts about suicide.

Adolescents need to learn that with treatment, depression ends. However, a teen who is experiencing deep depression for the first time may not be able to focus on that. Something that may seem trivial to a parent or teacher may crush an adolescent who is already in a fragile emotional state—so much so that he or she is unable to think clearly and see a way out of the problem. The teen may then see suicide as the only choice.

Adolescent suicide is treatable and preventable

People who are depressed and thinking about suicide often show changes in their behavior. These changes in behavior are usually an outgrowth of depression and are warning signs. If your teen shows these warning signs, please talk to her about her concerns and have her get help if the warning signs continue.

- Noticeable changes in eating or sleeping habits
- Unexplained, or unusually severe, violent or rebellious behavior
- Withdrawal from family or friends
- Running away
- Persistent boredom and/or difficulty concentrating
- Drug and/or alcohol abuse
- Unexplained drop in the quality of schoolwork
- Unusual neglect of appearance
- Drastic personality change
- Complaints of physical problems that are not real
- A focus on themes of death
- Giving away prized possessions
- Talking about suicide or making plans, even jokingly
- Threatening or attempting to kill oneself

Before committing suicide, people often threaten to kill themselves. These threats should always be taken seriously, as should previous suicide attempts. Most people who commit suicide have made at least one previous attempt.

Asking your teen whether he is depressed or is thinking about suicide lets him know that someone cares. You're not putting thoughts of suicide into his head. Instead you're giving your teen the chance to talk about his problems.

Remember that depression and suicidal feelings are treatable mental disorders. The first step is to listen to your adolescent. A professional must then diagnose your teen's illness and determine a proper treatment plan. Your teen needs to share her feelings, and many suicidal teens are pleading for help in their own way. Your teen needs to feel that there is hope—that people will listen, that things will get better, and that she can overcome her problems.

Parents and friends can help a depressed teen through the following strategies:

1. Talk, ask questions, and be willing to really listen. Don't dismiss your teen's problems as unimportant. Parents and other influential adults should never make fun of or ignore an adolescent's concerns, especially if they matter a great deal to her and are making her unhappy.
2. Be honest. If you're worried about your teen, say so. You will not spark thoughts of suicide just by asking about it.

3. Share your feelings. Let your teen know he's not alone. Everyone feels sad or depressed at times.
4. Get help for your teen and yourself. Talk to your pediatrician, teacher, counselor, clergy, or other trained professional. Don't wait for the problem to "go away." Although feelings of sadness and depression can disappear as quickly as they came, they can also build to the point that an adolescent thinks of suicide as the only way out. Be careful not to assume that your teen's problems have been so easily solved.

A teen attempting suicide should immediately be taken to a hospital emergency room for a psychiatric evaluation. If a depressed adolescent is assessed to be safe to go home, it's a good idea to remove from your home any lethal, accessible means to commit suicide, such as medications, firearms, razors, knives, etc.

Sources of help

There are many sources of information to help troubled teens and their families. Often a pediatrician, who has charted the adolescent's physical and emotional progress since infancy, is in the best position to detect and help treat adolescent depression. Your teen may, however, need additional counseling.

Check the *Yellow Pages* in your city for the phone numbers of local suicide hot lines, crisis centers, and mental health centers.

The following organizations can also supply information on suicide prevention:

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Ave, NW,
Washington, DC 20016
202/966-7300

American Association of Suicidology
4201 Connecticut Ave, NW, Suite 310,
Washington, DC 20008
202/237-2280

American Psychiatric Association
1400 K St, NW, Suite 501,
Washington, DC 20005
202/682-6000

American Psychological Association
750 1st St, NE,
Washington, DC 20002
202/336-5700

National Mental Health Association
1021 Prince St,
Alexandria, VA 22314-2971
800/969-6642

With professional treatment and support from family and friends, teens who are suicidal can become healthy again.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

