

HOT SHEET

Teen Suicides: Life, After Death

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IT WAS PLAYED OUT LIKE A SCENE from a modern-day Romeo and Juliet. Christian, 14, and Maryling, 13, were sweethearts who were forbidden to see each other. In early November 1995, they met one last time. They stood at the edge of a Florida canal, joined hands and jumped 15 feet into the cold, murky water to their deaths.

According to the Centers for Disease Control and Prevention in Atlanta, GA., suicide among adolescents and young adults has nearly tripled between 1950 and 1992. From 1980 to 1992, suicide among American teens 15 to 19 years old rose 28.3 percent, increasing from 1,797 to 1,847. During that same time period, the suicide rate for children 10 to 14 has grown 120 percent. Suicide is now the third leading cause of death nationwide for 15 to 24 year olds. That figure becomes the second leading cause of death when ages 11 to 19 are considered.

The key to dealing with a potential suicide, experts say, is open, ongoing communication. Teens and younger children contemplating suicide often mention or even discuss it with a friend. The chances of a teen or child carrying out those plans are good if nobody works to stop them. The most important response is to take a child or teen seriously if he or she says, "I want to kill myself," or

"I'm going to commit suicide." Asking a child or adolescent whether he or she is depressed or thinking about suicide can be helpful. Rather than "putting thoughts in the child's head," such a question can provide assurance that somebody cares and will give the young person the chance to talk about problems with an expert, such as a school psychologist.

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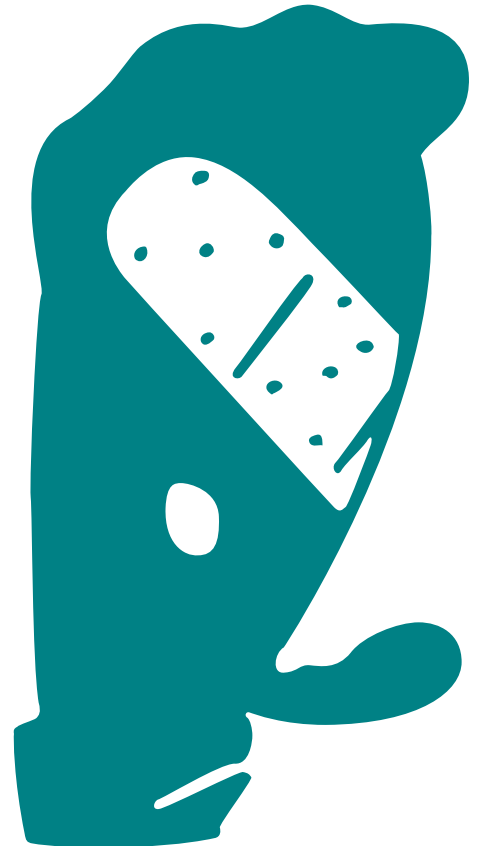
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According to the Academy of Child and Adolescent Psychiatry, parents, teachers, school administrators should be aware of the following signs in teens who may try to kill themselves.

- An indication that there have been previous attempts at suicide.
- Plans or attempts to secure a means for suicide.
- Thinking or talking about suicide.
- Scratching, cutting or marking the body.
- Risk-taking behavior, such as running into traffic, jumping from heights, running away or general and unusual rebelliousness.
- Withdrawal from friends, and family and regular activities.
- Drug and alcohol use.
- Unusual neglect of personal appearance.
- Marked personality change.
- Persistent boredom, difficulty concentrating, or a decline in the quality of school-work.
- Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Loss of interest in pleasurable activities.
- Not tolerating praise or rewards.

A teenager who is planning to commit suicide may also:

- Complain of being “rotten inside.”
- Give verbal hints with statements such as: “I won’t be a problem for you much longer,” “Nothing matters,” “It’s no use,” “I won’t see you again.”
- Put his or her affairs in order — for example, give away favorite possessions, clean his or her room, throw away important belongings, etc.
- Become suddenly cheerful after a period of depression.

There are many strategies that can be taken by school personnel in conjunction with school psychologists to implement a suicide prevention program. They include:

- Establish policies and procedures. Guidelines should specify the necessary steps to take when learning of potential danger.
- Provide training for all staff regarding suicide warning signs and school procedures. Include suicide statistics; the need for training; suicide myths; staff conduct; policy regarding suicidal behavior; and confidentiality.
- Designate the persons who act upon suicide referrals. Additional training will be necessary to deal with confidentiality, interviewing techniques for dealing with the at-risk student; dealing with the parents alone and the parents with the student; presenting professional assistance plans to parents and students; and offering school support to the whole family.
- Contact with mental health agencies. In crisis situations, a previously prepared list of resources is invaluable.
- Develop a support program for threats and attempts. Programs that ease the return to school and regularly monitor the student, without causing embarrassment, will enhance the student’s chances of receiving further help.
- Identify sources of student pain in the school environment. Honest evaluation of the school may reveal policies that cause stress to students.
- Open lines of communication and the implementation of the above strategies, should increase awareness among school administrators, teachers and parents regarding a troubled student, and decrease the potential of suicide completion.