

Adolescence can be a turbulent time. Teenagers deal with a vast array of new experiences during this transitional period, such as new relationships, decisions about the future, and physical changes that are taking place in their bodies.

A considerable number of teenagers are dealing with depression, an illness with significant long-term consequences, including an increased risk for suicide.

Other teenagers are simply overwhelmed by the uncertainties of adolescence and feel they have nowhere to turn. Their search for answers may lead them to begin "self-medicating" their pain by abusing drugs or alcohol. Or they might express their rage and frustration by engaging in acts of violence. They don't want to talk about their emotions or problems because they may think that will make them a burden, or that others will make fun of them. Too often, these troubled teens opt instead to take their own lives.

Suicide Signals

The strongest risk factors for attempted suicide in youth are depression, alcohol or drug abuse, aggressive or disruptive behaviors, and a previous suicide attempt. If several of the following symptoms, experiences, or behaviors are present, a mental health professional or another trusted adult, such as a parent or a school counselor, should be consulted:

- * **Depressed mood**
- * **Substance abuse**
- * **Frequent episodes of running away or being incarcerated**
- * **Family loss or instability; significant problems with parents**
- * **Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom**
- * **Withdrawal from friends and family**
- * **Difficulties in dealing with sexual orientation**
- * **No longer interested in or enjoying activities that once were pleasurable**
- * **Unplanned pregnancy**
- * **Impulsive, aggressive behavior or frequent expressions of rage**

Adolescents who consider suicide generally feel alone, hopeless and rejected. They are especially vulnerable to these feelings if they have experienced a loss, humiliation or trauma of some kind: poor performance on a test; breakup with a boyfriend or girlfriend; parents with alcohol or drug problems or who are abusive; or a family life affected by parental discord, separation or divorce. However, a teenager still may be depressed or suicidal even without any of these adverse conditions.

Teenagers who are planning to commit suicide may "clean house" by giving away favorite possessions, cleaning their rooms, or throwing things away. After a period of depression, they may also become suddenly cheerful because they think that by deciding to end their lives they have "found the solution."

Young people who have attempted suicide in the past or who talk about suicide are at greater risk for future attempts. Listen for hints like "I'd be better off dead" or "I won't be a problem for you much longer."

Some Suicide Statistics

While the teen suicide rate has declined by over 25 percent since the early 1990s, suicide is the third leading cause of death among young people ages 15 to 24.

- * **It is estimated that depression increases the risk of a first suicide attempt by at least 14-fold.**
- * **Over half of all kids who suffer from depression will eventually attempt suicide at least once, and more than seven percent will die as a result.**
- * **Four times as many men as women commit suicide, but young women attempt suicide three times more frequently than young men.**
- * **Firearms are used in a little more than half of all youth suicides.**

What Can Be Done?

Teens aren't helped by lectures or by hearing all the reasons they have to live. What they need is to be reassured that they have someone to whom they can turn—be it family, friends, school counselor, physician, or teacher—to discuss their feelings or problems. It must be a person who is willing to listen and who is able to reassure the individual that depression and suicidal tendencies are treatable.

Treatment is of utmost importance and may involve medications, talk therapy or a combination of the two. Help can be found in a variety of places: through local mental health associations, family physicians, a county medical society, a local hospital's department of psychiatry, a community mental health center, a mood disorders program affiliated with a university or medical school, or a family service/social agency.

In short, simply taking the time to talk to troubled teenagers about their emotions or problems can help prevent the senseless tragedy of teen suicide. Let them know help is available.

Resources

For more information, please contact:

National Suicide Prevention Lifeline

800-273-TALK (8255)
www.suicidepreventionlifeline.org

American Psychiatric Association (APA)

703-907-7300
www.healthyminds.org

American Academy of Child and Adolescent Psychiatry (AACAP)

202-966-7300
www.aacap.org

Mental Health America

800-969-NMHA (6642)
www.nmha.org

National Alliance on Mental Illness

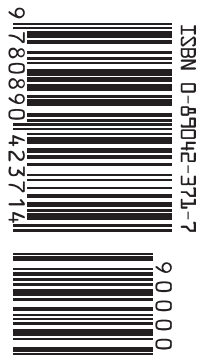
703-524-7600
Information Helpline:
1-800-950-NAMI (6264)
www.nami.org

American Association of Suicidology (AAS)

202-237-2280
www.suicidology.org

American Foundation for Suicide Prevention

888-333-AFSP (2377)
www.afsp.org



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Teen Suicide



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www.healthyminds.org

One in a series of brochures designed to reduce stigmas associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit www.healthyminds.org.

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