

Inside This Special Issue:

Teenage Suicide: Prevention, Risk Factors and Warning Signs

Friends and colleagues:

Suicide is a leading, tragic, and preventable cause of death. More Americans died from suicide last year than from auto accidents and from murder.

In New York, although we have only begun to do what is necessary to save lives, we have begun to take strong action. Thousands of people have been trained in how to recognize and respond proactively to signs of suicide. The OMH SPEAK initiative (Suicide Prevention Education and Awareness Kits) informed people about the risks and about practical steps that can be taken for safety and wellness. The nation's suicide prevention hotline is operated by the Mental Health Association of New York City at 1-800-273-TALK and many of the nation's best researchers on suicide prevention are in New York, especially at the University of Rochester and Columbia University.

Much more must be done and we are working on it. However, in this special edition of OMH News, we share an outstanding article from the Middletown Times Herald-Record about suicide prevention activities in Orange County that illustrate the proactive steps being taken in that community. We hope the article informs and encourages you to take action. The Times Herald-Record has granted the Office of Mental Health permission to reprint Ms. Swanwick's article for use in our suicide prevention efforts. Please take a minute to read it, learn to recognize when someone needs help, and know what steps we all can take to prevent the human tragedy of suicide.

OMH Commissioner Mike Hogan

One teen death by suicide is too many

Parents: Watch for Symptoms of distress, get your kids treatment

By Kathy Swanwick

For the Times-Herald Record

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Bullying by another girl at school was the catalyst that led an Orange County high school sophomore to want to end her life, but the underlying causes were much more complicated.

The girl, whose name is not being revealed to protect her anonymity, has a psychiatric disorder. She is on medication, has an individualized education program (IEP) at school, a therapist and a case manager. Both of her parents are mental health professionals, so her condition is well monitored.

And yet, no one — including her mother and father — had any idea of the depth of the pain and distress caused by her illness until the escalation of the trouble at school.

Risk Factors

According to experts, teens are more likely to consider death by suicide if they have some of these factors:

- Previous suicide attempt or gesture
- Family history of suicidal behavior
- Feelings of hopelessness or isolation
- Psychiatric disorders or mental illness
- Substance use or abuse
- Life stressors such as interpersonal losses, and legal or disciplinary problems
- Physical abuse
- Sexual abuse
- Sexual orientation (gay, lesbian, bisexual, transgendered, questioning)
- Juvenile delinquency
- School or work problems
- Contagion or imitation (the suicide of a friend or exposure to media reports of suicide)
- Chronic physical illness
- Living in isolation
- Access to lethal means such as firearms or medication
- Impulsive behaviors
- Homelessness

Some youths in minority or marginalized groups have an increased risk of suicide.

Source: Centre for Suicide Prevention

Teen Suicide Warning Signs

Although some do not, most suicidal teens will show signs that they are in distress. Your child or friend may be at risk if they:

- **Talk about suicide or a plan for suicide**
- **Say things like, “I’m going to kill myself,” “I wish I were dead,” “I shouldn’t have been born,” “I won’t be a problem for you much longer,” “Nothing matters,” or “It’s no use.”**
- **Make statements about hopelessness, helplessness or worthlessness**
- **Complain of being a bad person or feeling “rotten inside,” refuse help or feel beyond help; do not tolerate praise or rewards**
- **Give away favorite possessions or make a will**
- **Are preoccupied with death**
- **Show a loss of interest in pleasurable activities or things they used to care about; always feel bored**
- **Show marked personality changes and serious mood changes, and withdraw from family and friends**
- **Have trouble concentrating or increased difficulties with schoolwork**

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On a particularly upsetting day, the girl told the school nurse that she was going home to take an overdose of her medication.

The school immediately called her family, who took her to a local emergency department. From there, she was evaluated and admitted to a mental health hospital that treats adolescents and teens. The girl stayed in the hospital for several weeks and was able to open up with staff about her despair.

“I was told she had wanted to die for quite a while,” her mother said recently. “She would have gone through with her plans. I had no clue whatsoever that she was so sad and felt this way.”

Her daughter is now “better, but not 100 percent,” she said. “I have my moments when I wonder. It’s very scary to realize your child doesn’t want to be alive.”

The family shared their story in hope of reaching out to other adolescents and teens who might think that death by suicide is the only way out of whatever pain or troubles they may be experiencing.

She said she thinks her child may not have truly comprehended the finality of her plan.

“They’re so young,” she said. “I don’t think they understand that. I don’t think she really thought it through, that she’d be dead. Dead.”

It’s a timely message for our area. In Orange County alone this year, two Monroe-Woodbury high school students have died by suicide, within days of each other. Another student in that district attempted suicide around the same time.

Add to that the fact that death by suicide sometimes goes unreported as the official cause of death, said Maria Itoni, director of the Hudson Valley chapter of the American Foundation for Suicide Prevention (AFSP).

“It could be listed as a drug overdose, or a single-car accident,” she said, “but we don’t know if it was intentional.”

Teenagers facing challenges

Several mental health professionals recently weighed in to discuss this topic and the communitywide efforts under way to help prevent teen suicide.

Today’s youth face myriad challenges, acknowledged Chris Ashman, commissioner of the Orange County Department of Mental Health.

Many return to empty homes after school as most parents work, especially in these difficult economic times. There is relatively easy access to drugs and alcohol, increased bullying in schools and abuse in some homes and relationships. Add to that the isolation brought on by the overuse of so much social media.

Even so, Ashman was careful to point out that these stressors will not cause most kids to even consider death by suicide.

“The sky is not falling,” he said. “Most kids are fine.”

In fact, 90 percent of all people who die by suicide have a diagnosed psychiatric disorder at the time of their death, according to the AFSP.

Third leading cause of death

But for American youths age 15-24, according to the organization, death by suicide is the third leading cause of death.

“One teen death by suicide is too many,” said Carol Chichester, executive director of the Orange County Youth Bureau.

Nationally, 1 out of 14 high school students has had thoughts of suicide, said Angela Turk, director of Children Services at the Orange County Department of Mental Health.

“Every two hours and 15 minutes,” she said, “someone under the age of 25 dies of suicide.” Risk factors for death by suicide by youth, according to the AFSP, include suicidal thoughts, psychiatric disorders (depression, impulsive aggressive behavior, bipolar disorder and certain anxiety disorders), drugs and/or alcohol abuse, and previous suicide attempts.

The risk increases, according to the organization, with situational stress and access to firearms. Compounding the problem, said Darcie Miller, the Orange County Department of Mental Health’s deputy commissioner, is the fact that the underlying mental illness often responsible for these deaths is still somewhat shrouded in shame and embarrassment.

“Get kids treated for their symptoms,” she advised parents. “It’s OK to acknowledge that you need some extra help.”

Education on prevention is being spread, said Ashman, throughout local communities, in schools, places of worship, on sports fields and youth organizations — wherever kids “touch down.”

“Do we know who they are?” he asked. “What are we doing to help them?”

Resources are essential

It is crucial, the professionals said, that adolescents and teens know where to turn for help if they’re in crisis.

One useful resource, called Text 4 Teens — funded by the Orange County Youth Bureau and Orange County United Way — is run by the Mental Health Association in Orange County Inc., which also offers a 24-hour crisis hotline.

Two years ago, Anna Lemmerman, the association’s community relations manager, noticed that the hotline was not getting many calls from teens. Texting, she realized, was the way to enable kids to reach out for help.

“Their principal means of communicating is through cell phones and texting,” she said. “We have to speak their language. We’re equipped to help these kids. Text our line and we’ll point you in the right direction.”

The text line, which is manned by a local high school teacher, operates on weekend evenings and nights, when, as Lemmerman said, “a lot of things go down.”

The teens may be at a party where there’s a lot of drinking or bullying. They may be home alone. Or they may have just broken up with a boyfriend or girlfriend or suffered a sexual assault. They may just have the anxiety that Sunday night brings for some kids, worried about returning to school the next day.

Teen Suicide Warning Signs

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- **Complain frequently about physical symptoms often related to emotions, such as stomachaches, headaches or fatigue**
- **Display a change in their eating and sleeping habits**
- **Show impulsive behaviors, such as violent actions, rebellious behavior or running away**
- **Become suddenly cheerful after a period of depression - which may mean the teen has already made the decision to escape their problems through suicide**

Experts advise that you trust your instincts about your child’s or friend’s behavior. Seek the advice and aid of family, friends, clergy, teachers, counselors, doctors, crisis lines, mental health services or hospital emergency departments.

Source: Centre for Suicide Prevention

Help Is Available

If you (or someone you know) are feeling depressed, hopeless, sad, lonely, or considering death by suicide, help is available:

- Call 911 if you are in imminent danger.
- National Suicide Prevention Lifeline: 800-273-TALK (bilingual)
- Helpline: 800-832-1200. A 24/7 hotline offered by the Mental Health Association in Orange County Inc. that offers crisis intervention, information, emotional support and referrals. Use 845-346-HELP if calling from outside Orange County.
- Adolescent Suicide/Crisis: 800-621-4000
- Text 4 Teens: 845-391-1000; available Fri., Sat., and Sun. from 5 p.m.-midnight
- 800-SUICIDE (784-2433)
- Dial 211: A free, confidential, multilingual, health and human services information and referral telephone service that covers seven local counties.

Access more information about preventing death from suicide at:

- American Foundation for Suicide Prevention: www.afsp.org. Contact the Hudson Valley chapter at 914-417-7993.
- Centers for Disease Control and Prevention: www.cdc.gov
- American Association of Suicidology: www.suicidology.org/web/guest/home
- National Institute of Mental Health: 301-443-4513; www.nimh.nih.gov
- Office of the Surgeon General, National Strategy for Suicide Prevention: www.mentalhealth.org/suicideprevention

"They want to understand that someone understands them," said Lemmerman. "And that they're not alone. We hear you. We are not here to judge. Just talk to us."

Peer-to-peer groups, Ashman noted, can also be effective.

Safe School Ambassadors, for example, is a nationwide program that teaches kids skills on how to de-escalate problems within school groups before they spiral out of control. It's in place in several local schools.

But anyone in contact with youth can help, Ashman stressed.

"They don't have to be an interventionist," he said. "It could be the ladies in the cafeteria, or the bus driver. That's the message we're trying to get across: Who can see the changes in children?"

"We have to not close our eyes when we see someone in distress," said Turk.

Don't romanticize deaths

The experts also said it is important not to romanticize these deaths. Even well-intentioned gestures, such as creating memorials to the deceased, are harmful, as a youth at risk of suicide might think he or she would like to be remembered this way. And a number of suicide prevention websites ask the media not to focus on the details of a particular death by suicide, or the family's angst, to discourage the possibility of "contagion" or copycat deaths by suicide.

Awareness even extends to having "relevant and real" information available when teens see a production of Shakespeare's "Romeo and Juliet," said Miller.

The professionals talked about the importance of building 40 "internal and external assets" to protect kids. Some of these include self-esteem, courtesy, community service, setting boundaries, constructive use of time and being a positive role model.

The experts also urged peers to tell a responsible adult if they feel their friend might be in danger of harming himself.

"We believe that suicide is preventable," said Ashman. "But you have to have an active plan."

Months after her crisis, the high school sophomore's mother tries not to hover, but certainly takes notice when the girl seems sadder or moodier. And she prays, a lot.

"I'm just so thankful she said something," she said.

"When people are reaching out, they want help," said Lemmerman. "There's always hope. You are not alone."

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