

# Teen Suicide is Preventable

By Jutta Morris

Teen suicide is the third leading cause of death for young people ages 15 to 24, surpassed only by homicide and accidents, according to the US Center for Disease Control and Prevention. Experts Michelle Moskos, Jennifer Achilles, and Doug Gray, causes of suicidal distress and annihilating anxiety are driven by psychological, environmental and social factors.

Mental illness is the leading risk factor for suicide. Suicide risk factors vary with age, gender, ethnicity, family system and stressful life events. According to the National Institute of Mental Health, research shows that mood disorders and substance abuse disorders, often concurring, are leading risk factors. Research revealed that this is the case for 90% of people who die by suicide. The risk for suicide exists and is amplified by external circumstances that appear to overwhelm and distress at-risk teens who do not have adequate coping mechanisms and are particularly vulnerable in light of predisposing vulnerabilities such as mood disorders, substance use, dysfunctional family system and relationship breakdown. Other stressors that exacerbate suicidal ideation are disciplinary problems, interpersonal losses, family violence, sexual orientation confusion, body dysmorphia, physical and sexual abuse, cyber and in the system bullying.

National suicide prevention efforts focus on crisis center hotlines, school education programs and screening programs to identify at-risk adolescents and efforts to limit and control firearm access. Screening programs are based on research indicating that suicidal teens show signs of depression and emotional distress. If signs are identified in time, effective treatment can be sought within mental health services. However, it remains a difficult challenge to accurately predict exactly which at risk persons will ultimately act on suicide. **Some signs we should all be on the lookout for:**

- **Excessive verbalization about Dying**
- **Recent Loss through death, divorce, relationship trauma, low self-worth, loss of motivation, isolation and uncontrolled substance use**
- **Change in Personality as in sad, withdrawn, anxious, apathetic and prone to panic attacks**
- **Changes in behavior and sleep patterns**
- **Lack of impulse control driven by irrational thinking and distorted cognition**
- **No hope for the future**

## Current programs in our community:

**The Teen Screen** is a mental health program that identifies at risk youth and refers for in depth evaluation

**Stop a Suicide Today!** Is a school based suicide prevention program also aimed at identifying youth at risk of depression and referrals for evaluation and treatment.



# A Clinician's Perspective

Psychotherapists are encountering climbing levels of performance, anticipatory and social anxiety among adolescent clients with a significant increase of adolescents referred for psychiatric evaluations and psychotropic medication. Panic attacks are becoming commonplace in the classroom with accommodations for relaxation and meditation breaks. One asks why the constant climbing of anxiety among the teen population. On exploring the triggers for panic attacks with teen clients, we are met with both self imposed pressure emanating from an increasingly competitive schooling environment and pressure from family systems with subtle and not so subtle insinuation that successful test scores are imperative for economic survival. Many teens cope by relying on family and friends, others resort to less adaptive coping mechanisms restricting or bingeing on food, consuming drugs or alcohol. For some the fear of failure becomes the overarching motivation. Depending on individual temperament the teen strives for excellence or collapses into despair and hopelessness. Many settle somewhere along the continuum. What is the solution? Should we not encourage our youth to excel? It is essential to differentiate the teen's attempt to develop a healthy identity and sense of self from the roles they fulfill in the world. Failure or challenges in the role are an opportunity to develop a realistic sense of self that transcends immediate struggles. 'Who I am is bigger than what I do'. Core values such as integrity, perseverance, accountability and generosity will sustain the teen when faced with a lower test score, a relationship betrayal or conflict with parents. Shaming the teen is likely to result in a conflicted sense of self, whilst working a process of accountability and behavior modification promotes adaptive emotional self regulation. When presented with emotional challenges family systems may reach out to licensed therapists to establish and promote healthier communication. I have seen incredible transformations in the families I have been privileged to consult with.



In the words of Friedrich Nietzsche,  
'the problem with us all is that we were children once.'

## **National Suicide Prevention Lifeline 1-800-273-TALK or visit their Website.**

The National Suicide Prevention Lifeline's mission is to provide immediate assistance to individuals in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider through a toll-free telephone number: 1-800-273-TALK (8255). It is the only national suicide prevention and intervention telephone resource funded by the Federal Government.

### Resources

Berman, A., Jobes, D., & Silverman, M., (2006) *Adolescent Suicide: Assessment and Intervention* (2nd ed.)  
Washington, DC: American Psychological Association, 456 pp.