

Adolescent Suicide

According to the National Center for Health Statistics, more than 32,000 people in the United States die by suicide every year. That works out to almost 90 people every day, making it the 11th leading cause of death in the United States.

Suicide is often mistakenly believed to be a drastic reaction to a specific event, but the majority of suicides result from a complex series of issues and experiences, often involving some type of mental illness (usually depression). These issues affect people of all ages, but there are unique risk factors for teenagers. The developing adolescent brain can make it more difficult to conceptualize the future, resist impulses, postpone gratification, and regulate emotions. This, combined with a lack of experience in problem solving and decision-making skills, as well as the increased likelihood of substance abuse, create a heightened likelihood to seeing suicide as an option. If teenagers feel they are a burden to others, or feel trapped in a situation where they cannot see any solution, they pose a higher risk for suicide.

Suicidality can be categorized in three levels of severity: ideations, gestures, and attempts. Ideations are *thoughts* about suicide. It is not uncommon for people (particularly teenagers) to entertain thoughts about suicide. These thoughts often center around a general desire to not have to deal with particular feelings or situations but typically do not include specific plans for how a suicide attempt would be carried out. Fantasies about who would show up at the funeral (self-esteem), how people would respond (emotional manipulation), the wish to “live” problem free (inability to conceptualize the future or grasp the permanence of suicide), impulsivity, and inability to cope with intense feelings can all lead to suicidal thoughts.

Suicidal gestures are actions taken that are potentially life threatening, but not necessarily with the ultimate intention to die. Gestures can be attempts to achieve a secondary gain, such as a parental reaction or getting back a boyfriend or girlfriend after a break-up.

Suicide attempts are actions taken with a certain level of intention to die. The degree of suicidality is usually determined by the following characteristics, which can be organized into the acronym SLAP:

- (S)pecificity of plan—how specific are the details?
- (L)ethality—what is the likelihood that death will result?
- (A)vailability of method—are the means readily available?
- (P)roximity of resources—what is the “rescue potential” (likelihood of intervention)?

In other words, a person feeling suicidal but has no specific plan is a less likely threat than someone who has a clear plan. Furthermore, if the plan is unlikely or inaccessible—such as a plan to commit suicide by jumping off the Golden Gate Bridge but no means of getting to San Francisco—there is less of a threat than a person saying they will take the bottle of pills in the upstairs medicine cabinet at home. The person who tells all her friends of her intentions (time, place, method) rates lower on the proximity of resources criterion, as prevention, intervention, or post attempt rescue are possible (or even expected).

Unfortunately, the most serious suicidal intentions are (by nature) not discussed, as this would increase the possibility of intervention. Yet there are behavioral symptoms that all teachers, friends and parents should be aware of. Below is a list of some of the most common warning signs that people should be aware of. Please let me know if you have any questions or concerns.

Ms. Klamerus
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Suicide Warning Signs

Unusually depressed or despondent
Giving away personal possessions
Saying goodbye (spoken or written letters)
History of depression with a recent, sudden, uncharacteristic lifting of mood (appears as a tremendous relief as if all problems have miraculously lifted)
Expressions of gratitude for all you've done (not connected to anything recently done)
Talk of suicide (especially glamorizing suicide)
Talk of joining deceased in the afterlife
Implied threats such as "you'll be sorry" or vague statements such as "you'll understand soon"

Suicide Hotline

201-262-HELP (262-4357)

[Psychiatric Emergency Screening Program]

For answers to questions regarding suicide or other psychiatric emergency

24 hours a day / 7 days a week