



Parents Make A Difference!

Teens and Suicide

December 2008

The teenage years are turbulent. As adults, we sometimes forget how difficult it can be for teens to deal with the physical and mental changes, new relationships and the decisions about the future that are a part of the teen years.

The changes and challenges that are part of adolescence can lead to depression, self-medication through drugs and alcohol, expressions of rage and frustration through violent acts and too often option out through suicide.

Teens and Suicide

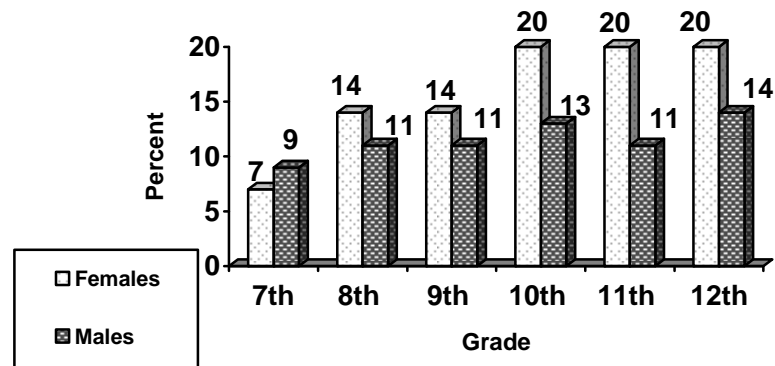
Suicide is the third most common cause of death for youth ages 15-24 and has become more common among youth ages 10-14 over the last two decades. Research from the recent Southwest Wisconsin Youth Survey (SWYS) of 3,747 7th through 12th graders shows that teens in southwest Wisconsin are thinking about, planning and attempting suicide at rates that cause concerns.

SWYS found that when teens were asked, "during the *past month*, have you *thought about killing yourself?*," nearly one in ten (10%) students said that they had thought about it at least once. Most of the students who thought about suicide did not talk with anyone about it and those that did talked with a friend.

Fourteen percent of teens that participated in SWYS said that they had made plans to kill themselves at some point in their lives. As the

graph below shows, girls are more likely to report making suicide plans (16.4% vs. 11.4%). Fewer boys report making a plan to kill themselves, but the likelihood of making a suicide plan increases in the high school years for males.

Teens who report, "making a plan" to kill themselves at some point:



Finally, SWYS found that more than one in ten (11%) high school teens reported that they had actually *tried* to kill themselves at some point in their lives. This number is especially troubling, but experts estimate that for every completed youth suicide, there are 50-200 attempts. As the graph below shows, the findings in SWYS regarding teen suicide attempts is consistent with state and national data.

Local, State and National Suicide Attempts by Teens

	Teens attempting suicide	Source of Data
National	6.9%	2007 YRBS
State	7.3%	2007 YRBS
Local	7.8%	2005 SWYS

**The YRBS (Youth Risk Behavior Survey) is conducted nationally and in Wisconsin. It is funded by the Centers for Disease Control and Prevention.

PARENTS MAKE A DIFFERENCE!

Mental health experts agree that suicide is preventable and that parents can make a difference if they learn the warning signs and take prompt action if they suspect their child may be thinking about suicide. Most suicidal individuals give definite warning signs. Knowing what they are and how to respond is critical to preventing suicide. Talking about suicide does not cause someone to be suicidal or put thoughts in their head. To the contrary, talking about suicide can convey that you are hearing your teen's concerns and understand the depth of their feelings and learn about those who are different.

For parents it is important to know the most teen suicides occur in the afternoon or early evening and in the teen's home. Research has shown that the access to and the availability of firearms is a significant factor in the increase of youth suicide. In fact, homes with a firearm are **five times** more likely to experience a suicide than homes without a firearm.

Teens who face problems that are out of their control, such as divorce, alcoholism in the family or exposure to domestic violence, are at increased risk for suicide. Teens who have poor relationships with their parents, who lack a support network and teens that are socially devalued by peers are at increased risk for suicide. A family history of suicide or depression increases a teen's risk for suicide, as does a history of physical, sexual or emotional abuse.

A strong support network can also help decrease the risk. All teens need someone they can talk to so they can share the possibilities, pressures, confusion, anxiety, and pitfalls that are a part of normal adolescence. If you are concerned that your teen is not talking to you, find someone else they can confide in.

RESOURCES FOR PARENTS

National Suicide Hotline
1-800-SUICIDE (784-2433)
or
1-800-273-TALK

www.suicide.org

Local Law Enforcement
School Counselor
Healthcare Provider

KNOW THE SUICIDE WARNING SIGNS

Your teen may be suicidal if they:

- Talk about suicide, death and/or indicate that there is no reason to live.
- Are preoccupied with death and dying.
- Have suffered a recent, severe loss (death of family/friends or romantic relationship troubles).
- Have changed their eating and sleeping habits.
- Are withdrawn from friends, family and regular activities.
- Give away prized possessions.
- Have had previous suicide attempts.
- Exhibit violent action, rebellious behavior, running away.
- Are using or abusing drugs and alcohol.
- Have difficulty dealing with their sexual identity.
- Unusually neglectful or personal appearance.
- Have a marked personality change.
- Express a sense of hopelessness.
- Frequently complain about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Do not tolerate praise or rewards.

Be suspicious if a teen that has been very depressed is suddenly extremely cheerful or hopeful. This intense swing of moods might indicate that the person believes that suicide is the solution to their problems and is planning their suicide.

HOW TO HELP A SUICIDAL PERSON WHO NEEDS HOSPITALIZATION

Always take suicidal comments very seriously. When a person says that he or she is thinking about suicide, you must always take the comments seriously. Assuming that the person is only seeking attention is a very serious, and potentially disastrous, error. Get help immediately.

Try not to act shocked. The person is already highly distressed, and if you are shocked by what is said, the person will become more distressed. Stay calm, and talk with him or her in a matter-of-fact manner, but get help immediately. If the person is at a high risk for suicide, call 911 immediately.

Get help immediately. Call 911, 1-800-SUICIDE, or 1-800-273-TALK. This point cannot be overemphasized; a person who is suicidal needs immediate professional help.

Do not handle the situation by yourself. A suicidal person needs immediate assistance from qualified mental health professionals. Again, call 911, 1-800-SUICIDE, or 1-800-273-TALK. And do not allow untrained individuals to act as the only counselors to the individual.

"Parents Make a Difference" is a product of the Southwest Wisconsin Youth Survey (SWYS), a program of the University of Wisconsin-Extension, local school districts and UW-Platteville. This series is adapted from the UW-Extension "Whose Kids?...Our Kids!" series. This issue was written by Jessie Potterton, UW-Extension Lafayette County (adapted from "Parents Make a Difference," written by Tom Schmitz and Deb Ivey) and edited by Amy Mitchell, UW-Extension Crawford County, Bev Doll, UW-Extension Grant County and Pamela Hobson, UW-Extension Richland County. Thanks are extended to the 3,747-7th to 12th graders from southwest Wisconsin who participated in the 2005 SWYS survey. Contact UW-Extension for further information, or by phone Grant County (608) 723-2125; Lafayette County (608) 776-4820; Richland County (608) 647-6148 and Crawford County (608) 326-0224 or on the web at <http://www.uwex.edu/ces/cty/grant/tap/SWYS2005.html> References for this edition of "Parents Make A Difference" include: The American Association of Suicidology, American Academy of Pediatrics, American Psychiatric Association, National Mental Health Association, American Academy of Child and Adolescent Psychiatry, and the Centers for Disease Control and Prevention.