

Spring into action...your role in preventing adolescent suicide.

In this short and abbreviated treatment of adolescent suicide, we will address prevention, intervention, and postvention. Given the speed of communication via social media, the challenge of saving youth is austere but necessary. Nonetheless, we can and must tackle this issue, today.

This article is drawn from the extant (accessible) research on preventing suicide. That said, much of the data that informs our understanding is old (2014). The expectation is that after reading this article, you will know what to look for, how to respond, and feel compelled to intervene with the fragile yet valuable adolescents you interact with who may be contemplating a violent solution for often temporary burdens.

Why suicide? Within the eighty or so interventions I have been involved in, there appear to be some resounding themes among youth who ideate (think about committing suicide) or attempt: "I cannot take the pain (emotional or physical);" "I can't live without her/him (following a break-up);" "they won't stop picking on me (bullying and/or parental neglect-abuse);" and of immense concern "it's the in-thing to do." In reality, adolescents take the answers to 'why' and 'how come' with them to the grave. Even when notes or other artifacts are discovered, interpreting them requires caution.

The prevalence: based on 2014 data from the Center for Disease Control, suicide is the second leading cause of death for 5-24 year olds. The percentages work like this – 17% ideate or think about suicide; 13.6% plan their own demise; 8% attempt to end their lives, and 2.7% attempt suicide that results in required medical attention. For U. S. adolescents, the rate of suicide is 117 per day nationally (a completed suicide every one hour and forty-four minutes, with males completing suicide three times more often than females. For each adolescent suicide, there are an estimated 18 survivors. New York has a lower suicide rate (7.1% of adolescents 12-24 yrs. old) when compared to the nation (13.4%).

What to look and listen for (prevention): Spring marks the highest potential for completed suicides annually. Some suggest that adolescents may experience deep depression, hopelessness, 'haplessness,' helplessness, a loss of purposefulness, and overwhelming feelings of burdensomeness over the winter months but lack the energy to act on suicidal ideations. Some signs: social isolation; changes in mood, appetite, sleeping patterns; increased risk taking, substance abuse, promiscuity; talk and/or attempts of suicide; giving away prize possessions; family history of suicide; a recent trauma in family or among friends (could be perceived trauma); lack of safe and significant adults in whom to confide; a sudden lifting of mood ('everything is going to be fine'); and physical or psychological illness.

What to do (intervention): refer, refer, refer! If you suspect that an adolescent is at risk of self-harm, ask him or her directly: "Are you thinking about hurting yourself?" Talking about suicide does not promote it. In contrast, it can normalize feelings and allow the adolescent to express thoughts, plans, etc. Be non-judgmental – resisting the temptation to infuse religion ('pray it away'), shame ('you would hurt your family'), or magical solutions ('just sleep on it tonight, we will talk again in the morning'). STAY WITH HIM or HER until you take the adolescent to the Emergency Room or a certified therapist/psychologist/psychiatrist. Be ready for some hatred! He or she will probably resist, say offensive things to you, and then not talk to you for a while. Ironically, when and if the crisis passes, the same adolescent will likely thank you for 'being there' in his/her time of need.

Some resource numbers:

National Hotline: 1-800-273-8255

Local Crisis Contact: 518-689-4673

Rensselaer County Postvention Team: 518-271-3299

Empathy: again, based on what adolescents who attempted suicide have shared, their world is reduced to a tiny microcosm. Akin to looking through the opposite side of binoculars, life is reduced in meaning and value to a tiny, emotional (not logical or rational) moment that possesses the power over life and death. Of great concern is the association of substance abuse with suicide attempts that results in the lubricating of feelings and inhibitions. In these cases, adolescents may kill themselves by accident since they are physiologically unable to prevent accidents.

After a completed suicide (postvention): it is imperative that the community respond! Given the speed of social media contacts, there can be hundreds of crises co-occurring nationally within seconds of hitting the send button. If you are a school administrator, I will share the Postvention Checklist with you (e-mail me at pfallon@lasalleinstitute.org). Following a suicide, each of us become victims of the tragedy. For family members of the deceased, numbness can become omnipresent. Anger often ensues once the grieving begins (sometimes months after the suicide). In reality, a survivor must grieve the loss of a loved one or friend and the loss of self. You may never be the same person you once were. Over time, it is the reinventing of yourself that will bring hope. For adolescent peers or age-mates, the shocking tragedy of a friend's or enemy's (in the case of bullying) suicide must be confronted and addressed. Some of the rationale I have heard from adolescent peers: "if his life was so messed up that he died, mine is even worse...I should die too," or "I can't live without her/him, so I am going to join him" (as if there was a rally point somewhere to meet up). Without resiliency skills, many adolescents can stagnate in their own crisis.

Parents and educators must engage in conversations that allow some degree of assessment. During 'car conversations' to/from school or extracurriculars, a parent or guardian can probe to determine where an adolescent is in the grieving process. Listen for being "stuck" in the process. For example, if your son is unwilling let go of the anger associated with the suicide of a peer, it is time to seek professional assistance from a school counselor, social worker, or therapist. If your son or daughter has mentioned a particular teacher, coach, boss at work, or youth pastor s/he has higher regard for, it is the time to make the call – seeking their help.

To restate, thoughts of suicide (ideations) are part of the adolescent passage from child to adult. For reasons we can only speculate about, other adolescents advance their plans for self-harm, make attempts and in 85% of cases, actually tell someone about their desire to die. Instead of reacting with blame or ignoring the signs (especially social isolation), confront your adolescent respectfully and transparently...trust your gut, parents. Ask if s/he is considering self-harm. Know where to refer - ALWAYS REFER! Following a suicide attempt by your child, let her/him reconnect at her/his own pace to friends and family. Yet, remind yourself that a previous attempt raises the likelihood of a suicide completion – be vigilant. Sadly, if a family member or friend does commit suicide, know that there are no words to sooth the wretched pain associated with such a violent end to life. Just "be there" for the family. You might consider ordering the book *My Son, My Son* (ISBN 9780961632601) by Iris Bolton and,

when trying to help a child understand death, you might order *The Fall of Freddie the Leaf* by Leo Buscaglia (ISBN 9780943432892).

For school personnel, community organizations, higher education, the business community, media, and churches, it is time for us to focus our collective efforts on helping adolescents build capacities that scaffold resiliency. Our initial action research meeting can be held at La Salle Institute. Our valuable, significant, lovable and capable youth need our help, right now. Let's do this! Who is in?

The contributing author: Dr. Paul D. Fallon, Ph.D. is the current Principal and President of La Salle Institute in Troy, NY. His M.Ed. is in school counseling. Dr. Fallon has been involved in adolescent suicide prevention, intervention, and postvention planning for decades. His research analyzes the role of significant adults in the lives of adolescents – leading to reductions in both drop-out rates and suicidal ideations, while increasing teachable moments in the classroom.