

For 'Stealth' Suicide Candidates, Subtler Alarms

WILL, From F1

How do you explain the suicidal impulses of a child? We give our children life; we think we know everything about them. And why shouldn't we? We tell them what to think and do from the moment they are born. So it comes as a terrible shock to learn that your child is harboring such a deadly secret.

Suicide is not a rational act; it is, rather, the worst possible outcome of a treatable illness, depression. A child in the throes of depression is suffering mental anguish not unlike the bodily pain of a wrenching physical illness. And the process of healing is no different: The sooner you obtain relief, the better the prognosis.

In the immediate aftermath of Will's suicide attempt, our family and a set of clinicians came together to analyze what went wrong. We began an urgent and heart-rending process to determine the next course of action — a treatment plan for Will that at a minimum might safeguard against another suicide attempt and at best might conquer his depression.

As we grappled with the situation, we learned a lot about our son, and about the limited treatment options for teen depression.

We immersed ourselves in the controversy over the use of antidepressants to treat teenage patients and weighed the advantages and drawbacks of outpatient vs. residential treatment.

We were stymied by the staggering inadequacies of our managed-care system, and we discovered that our best hope for helping Will was to become at least as well informed as the therapists treating him. For any family in the thick of a crisis, it is a lot to handle.

Teen suicide is now a public health crisis. In the years since Will's suicide attempt, I have watched it rip through families and lamented the paucity of ready solutions. Roughly 2,000 American teens between the ages of 13 and 18 attempt suicide every day. That's a stunning statistic for a society that, on the surface, has so much to offer children.

In 1999 the U. S. Surgeon General issued a report stating that 3.5 million teenagers suffered from depression. Yet 80 to 90 per-

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cent of depressed adolescents go undiagnosed and untreated. And if left untreated, depression can lead to suicide.

Stealth Candidates

When depression strikes a teenager, it often shows up in a confusing set of symptoms that are difficult to distinguish from normal adolescent behavior — moodiness, irritability, irregular sleep patterns, drug or alcohol use, difficulties at school.

But there is another, less common but more troubling pattern of teen suicides, which occurs more often, but not exclusively, in adolescent boys. I call these the "stealth" candidates for suicide — the kids who appear to be doing just fine, even very well. It's the type of kid my son Will appeared to be.

How often have we seen media reports of the "star athlete" or "president of the student council" or the kid voted "most likely to succeed" — the teenager with everything going for him — who comes home on a Saturday night, loads a gun and shoots himself? If there is a suicide note, it is vague in the extreme: "Sorry for the inconvenience." Or "I just couldn't handle stuff anymore."

This type of kid typically closets emotions while aiming at goals and self-imposed standards that are impossibly high or prompted by perceived expectations of their parents. They are loath to disappoint family and friends.

In our pressure-cooker society, how do we convince our children that nothing is as important as their health and well-being?

The first stop on the road to diagnosis is often the family pediatrician or managed care gatekeeper. Few are expert in diagnosing and treating adolescent depression.

If you are lucky enough to locate a competent therapist or psychiatrist to treat a teen (no mean feat), you need to become educated about the therapeutic options for your child and weigh the risks vs. the benefits of antidepressant medication.

As I talk with friends and families of depressed teenagers, I have concluded that parents are ill-equipped to steer their children through the rugged terrain of mental illness. Worse, we have so little confidence in our judgment that our anxiety over doing the "right thing" often results in doing nothing at all.

Sometimes families of troubled teens refuse to accept the overwhelming evidence pointing to a teenager with depression when it is right in front of them. Abusing drugs and/or alcohol, risky sexual behavior, truancy, petty larceny, self-mutilation (including "cutting" and eating disorders) — each one of these behaviors is in its own way a cry for help. Two or more together should make alarm bells go off.

Parents confronted with the challenge of handling a troubled adolescent often see the problem as a reflection of our own parenting skills, or lack thereof. We worry that we will be judged harshly by the community if we own up to a "failing" kid. Some adults worry that a "mental illness" label will follow their children through school and prevent them from attaining their goals.

If your child were battling cancer, you would not sit by and wait for the disease to run its course. And if your teen is depressed, he or she is up against a life-threatening illness and you need to seek help. Immediately.

My experience with Will leads me to this: If you suspect your teen is depressed, doing nothing is a luxury you cannot afford. No one on the planet knows your child better than you do. Trust in that knowledge, trust your instincts and then fight like hell to get help for your child.

If there is a hurt more wrench-

ing than watching your child suffer, I do not know it.

Ever After

The six weeks following Will's suicide attempt were fraught with frustration bordering on panic. We were aware that, statistically, an adolescent who has made a failed attempt is 10 times more likely to try again if the depression is not treated successfully.

I couldn't sleep through the night without getting up several times to make sure he was still breathing. We never let him out of our sight.

Eventually, with the help of an educational consultant, we found a therapeutic boarding school in Montana with a stellar reputation. Despite Will's reluctance, we enrolled him. There he was monitored 24/7 and received the therapeutic treatment he needed and

at the same time graduated from high school (with honors).

After returning home from Montana, he began to contemplate his future. On a job application for a volunteer government program, Will was asked to write about a challenge he had faced in his life and how he managed to overcome it. He wrote:

"A year and a half ago, I suffered from severe clinical depression. I tried several medications, spent time in a psychiatric hospital, but still continued to sink lower and lower. Finally, I came to a point where I was torn between my sense of obligation to my family and friends and my complete disinterest in continuing to live my life. My depression got the better of me and I tried to commit suicide in March of 2001.

"Since then, I have made an almost full recovery — I have found medications that work for me and

I am feeling positive about where my life is going. It is a drastic change from how I felt before and it has taught me that absolutely no problem or negative situation is without a solution."

We — and Will — were lucky. Our son survived a suicide attempt and a crippling bout of depression. And although the specter of Will's illness is never wholly erased, for now we are back on level ground.

Moreover, I learned that depression does not need to kill its young victims.

Families, communities and the medical establishment need to step up to the challenge and intervene swiftly to make available accurate diagnoses and effective treatment, so that our children, whose lives too often hang in the balance between risk and reason, are not left alone to choose death over life. ■

Resources: Teen Suicide and Depression

"Will's Choice," Gail Griffith's account of her son's suicide attempt, chronicles the lessons she learned from the experience. Among the many resources available on teen suicide prevention and the treatment of depression in teenagers:

■ **American Academy of Child and Adolescent Psychiatry** (www.aacap.org) Professional medical association publishes a "teen suicide information" fact sheet; included is a list of behaviors common among teens who attempt suicide. Click on "Facts for Families," then "teen suicide." 202-966-7300.

■ **American Academy of Pediatrics** (www.aap.org) Professional group offers tip sheet called "Some Things You Should Know About Preventing Teen Suicide." Search for "preventing teen suicide."

■ **American Psychiatric Association** Provides a checklist for teens (at www.psych.org/public_info/teenag-1.cfm) to help determine if they have signs of severe depression. Call 888-



35-PSYCH for psychiatrist referrals.

■ **American Psychological Association's Consumer Help Center** (www.apahelpcenter.org) Provides advice and information, as well as details about the links among depression, suicide and eating disorders. Search for "teen depression." Call 800-964-2000 for psychologist referrals.

■ **National Alliance for the Mentally Ill** (www.nami.org) This group provides brochures and fact sheets as well as reports on recent research and links to other mental health Web sites. Click on "Child/Teen" under red "Find Support" heading.

■ **National Institute of Mental Health** (www.nimh.nih.gov) Provides a range of information, including resources for learning about depression in children and adolescents, as well as a list of frequently asked questions about suicide. Under additional health information, click on "suicide prevention." Call 800-421-4211 to obtain depression publications.

■ **National Mental Health Information Center** The federal Center for Mental Health Services puts out a tip sheet, "Teen Mental Health Problems: What Are The Warning Signs?" (at www.mentalhealth.org/publications/allpubs/Ca-0023/default.asp) listing ways to detect mental health problems in teens.

— January W. Payne

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