

When Life Hurts

Some teens are in so much emotional pain, they think life is unbearable. But there is help—and hope.

By **Julie Mehta**

Katie* was in eighth grade when she began pulling away from her friends and family. She didn't care about school anymore or about dancing, which she used to do up to four hours a day at a studio near her home in Maryland. "I was in a constant state of sadness. Even if something made me happy, the happiness would go away instantaneously," Katie told *Current Health*.

She confided only in her boyfriend during marathon phone conversations, desperately clinging to him as a reason to go on. One night after a bad argument with him, Katie went to her mother and asked for help. Katie learned that she was experiencing depression and that it was "a sickness—just like leukemia—and not my fault," she says.

Katie got help, but some teens don't; they may make a tragic choice. Among teens, untreated depression is the chief risk factor for suicide, which is the third-leading cause of death for 15- to 24-year-olds and the fourth for those 10 to 14, according to the National Association of School Psychologists. Only

accidents and homicides end more young lives. "Ninety percent of all suicides are related to mental illness or a substance abuse problem—things that can be treated," says Jerry Reed, executive director of the Suicide Prevention Action Network USA.

Those statistics mean that suicide is, in most cases, preventable. It is an impulsive act commonly described as a permanent solution to a temporary problem. However, the disorders that lead to suicidal thoughts can make seeking help difficult for teens. But experts say that before they kill themselves, eight of 10 suicide victims tell someone they're thinking about ending their life. "People considering suicide are often feeling very alone," says Reed. "If you ask questions and care about the person, you may be the very lifeline they need."

Behind the Pain

For someone with depression, the emotional pain can seem crippling. Much more than being bummed out about a bad grade or a fight with a parent, clinical depression is a persistent sadness that lasts more than two weeks and interferes with everyday life. It can

*Name has been changed.



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be triggered by an event or can come on without warning, as it did for Katie. The result of a chemical imbalance in the brain, depression is very treatable but often undiagnosed.

Whether or not they're clinically depressed, some teens seek escape in drugs or alcohol. "If someone has thoughts about suicide and uses drugs or alcohol, he or she may be more likely to act on those thoughts," says Richard McKeon, an expert on suicide prevention for the Substance Abuse and Mental Health Services Administration. An estimated 53 percent of teen suicide victims were substance abusers, according to the American Psychiatric Association.

No Single Reason

Of course, no statistic can really explain why a particular suicide occurs. "Someone doesn't commit suicide because one thing goes wrong ... like a failed class or a breakup with a girl- or boyfriend, but those events may be a catalyst," says McKeon. For Jenna S. of Minnesota, the stressful feelings began to build up during her sophomore year of high school. "Stuff was hard at home, and I just wanted to stop dealing with it," she says. She

found herself becoming terribly upset over little things, such as getting a B at school or hearing a negative comment by a classmate. Luckily, Jenna got help before it was too late. She started psychotherapy and antidepressants and joined a group at her high school to spread the word about depression.

But many teens suffer in silence. The suicide rate among teens in 2003 was about seven in 100,000. But roughly one in six teens reported *thinking* about suicide on the national 2005 Youth Risk Behavior Surveillance Survey.

"It's not uncommon for teens to have a moment when they think life sucks and they're better off dead—but it's very different to move that thought into action," says Lanny Berman, executive director of the American Association of Suicidology. "Most people feel bad at some point in their lives, but most of us don't act in a self-harming way." Someone who's in emotional pain or having suicidal thoughts needs to get checked out by a doctor just as if he or she were in physical pain.

What to Watch For

To spot suicide risk factors—in a friend or yourself—trust your instincts. "Always take it seriously if a friend says, 'I wish I was dead' or 'The world is better off without me,' and tell a trusted adult," says Reed. Even if your friend has sworn you to secrecy, he notes, "it's better to have a friend mad at you than not have your friend at all." Teens who've made a suicide attempt or who have a history of suicide or depression in their families are especially at risk.

Bryce M.'s father had suffered with depression, but Bryce, 17, knew little about the illness until he experienced it himself. At first, he felt extremely anxious when he was with his girlfriend. But slowly the bad feelings took over his life. "It was so hard to concentrate," says the Michigan teen. "I didn't even enjoy the fun things anymore. I just wanted to [lie] in bed all the time."

Bryce got counseling, a common treatment for depression. He also found relief through

Suicidal Tendencies: Spot the Signs

Tell a trusted adult immediately if you think someone you know may be at risk for suicide. Here are some clues.

The person

- ✓ becomes isolated from family or friends.
- ✓ loses interest in favorite activities.
- ✓ starts neglecting personal appearance.
- ✓ has changes in eating or sleeping habits.
- ✓ increases use of drugs or alcohol.
- ✓ gives away prized possessions.
- ✓ talks about feeling hopeless, worthless, or trapped.
- ✓ talks about suicide either directly or indirectly.
- ✓ suddenly seems very happy after a long period of sadness.

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an antidepressant medication. Many antidepressants now carry a warning stating that studies show they may increase suicidal thoughts and suicide attempts in children and teens. Experts say it's crucial that every young person taking an antidepressant be closely monitored by a mental health professional.

Jenna says she tried several medications before she found the right one for her. "Getting help is so worth it, you have to persevere through the first stages," she says. Now 21, she's been off medication for several years and is in college. Because not all suicides are linked to depression, treatment for suicidal thoughts may involve overcoming a substance abuse problem or receiving therapy for an anxiety or behavioral disorder.

Steps You Can Take

Before they can get help, suicidal teens must be identified. More school districts are starting suicide awareness campaigns and screening programs to help at-risk students. Isolation is a major risk factor, so it's crucial to talk—and listen—to a friend who may be thinking about ending his or her life. Research shows that most people who contemplate suicide don't actually want to die but don't see alternatives for ending their pain. Talking things out can show your friend there is hope. Also, tell a responsible adult, such as a school counselor.

Good friends and a supportive family helped Katie recover. "No matter how much sadness had taken over all my other emotions, I kept in mind my family was there and that taking my own life would hurt them," she says. Now 17, Katie is once again close to those she loves and has discontinued medication for her depression. "Before, I thought that things would never get better. Now I know that there are always people willing to help you. You don't have to go through it alone." **CH2**



GET HELP NOW

If you are having suicidal thoughts, call 1-800-273-TALK (8255) anytime, day or night, to speak to a trained counselor. You can also go to www.suicidepreventionlifeline.org.