

Teenagers who commit suicide usually believe that their present lives are hopelessly painful and filled with the darkest despair, and that their futures won't bring any relief, being equally dark. Death becomes the only means of escape. Suicide is among the leading causes of death among adolescents in the United States and worldwide.

Symptoms of depression. These are often the primary and most prevalent signs. About 90 percent of all teenage suicides are accompanied by depression or grow out of prolonged depression. Depressed teens need to be monitored closely. Sometimes when teens appear to come out of depression, it may be that they've resolved to attempt suicide—in other words, the opportunity to escape the pain of depression may be a relief to them and paradoxically elevate their moods. Such a decision can feel empowering and can give them more energy. So if depressed teens' moods begin elevating, they need to be monitored more closely.

Verbal Cues. Teens contemplating suicide may speak about or ask questions about death and funerals. They may ask questions such as, "Does the Bible talk about suicide?" or "Do people who commit suicide go to hell?" They may make comments about being better off dead, wishing they'd never been born, or speak in terms of not having a future ("I may not be here for that"), or exclude themselves from life milestones they'd typically want to experience with their peers ("My friends will graduate this year").

Verbal cues will also accompany and explain some behavioral cues. They may talk about not needing their things anymore or ask people to take care of their pets. Verbal cues can also include teens coming right out and talking about feelings and thoughts of suicide.

Behavioral Cues. Some of these cues have already been mentioned but are worth repeating. Teens who are suicidal may engage in:

- Risky behaviors, because they believe they have nothing to live for and therefore nothing to lose. These behaviors can also include acts of recklessness that could be interpreted on the surface as acts of heroism, such as standing up to gang members at school.
- Self-harm. This may be a slow attempt at desensitizing oneself to pain and purging oneself of the fear of taking one's own life.
- Morbid obsession with death, including writing about it and artistically centering on death and dying, visiting funeral homes and cemeteries, attending wakes and funerals of people they don't know (i.e., funeral crashing).
- Drug and alcohol use and abuse. Some depressed teens plunge right into dangerous substance abuse. The mindset behind this is similar to the mindset that governs their ventures into risky behaviors—they'll do anything to eliminate the pain of depression.
- Past suicide attempts or "practice runs." This behavior is evidenced in their conversations. They may tell their friends they took five aspirins the night before "just to see what would happen." These "trial runs" are considered suicide attempts and may leave the teen disabled or permanently damaged.

Getting their affairs in order. These are also behavioral and verbal cues but they center more in the realm of death and dying. Teens who've determined to attempt suicide instinctually begin to tie up loose ends in life. Often these things are done secretly or with a low profile, so parents and adults must keep vigilant watch. Some of these cues include:

- Finishing projects, schoolwork, or favors they were asked to complete. They don't want to leave with anyone thinking badly of them or disliking them.
- Giving away their possessions. Friends and younger family members become the recipients. Teens need to understand that receiving gifts that are meaningful possessions of depressed friends is cause to contact adults.
- Canceling appointments. This is often noticed when the teen fails to make any plans past a certain date. It can also be discovered if there's an obses-

sion with a particular date. Many times teens will pick anniversary days for their suicide days. These dates often correspond to some memorable date—e.g., the day school's out for the summer, or the day a certain hero or pop idol died. This is done out of self-protection (e.g., they may believe they'll get in trouble for not finishing school) or the desire to attach their suicide dates with already-memorable dates so their suicides themselves become unforgettable.

- Writing wills and planning funerals. Some teens will go to elaborate lengths to write their last wills and testaments or plan the things they want said and done at their funerals. This grows out of the fantasy of idealizing death. In the recesses of their minds they "can't wait to see all this happen," so they go to great lengths to plan their suicide aftermaths.
- Finalizing affairs often involves acts of vengeance. This may happen moments before the suicide. Girls tend to enact vengeance with hateful phone calls before they swallow a bottle of pills. Guys on the other hand are more violent, often resulting in murder-suicides. The warning signs are elaborate plans to carry out the vengeful acts (e.g., she may tell her friends when and how she plans to get revenge, or he may start to acquire weapons or materials to build a weapon).

Descriptive Cues. Informed, personal assessments that grow out of your relationship with suicidal teens. How well you know them will determine how accurately you can judge their cues. Descriptive cues include:

- Teens' lack of problem-solving and coping skills. If teens are deficient, then they may reach a last resort sooner than other teens.
- Impulsive behaviors. If teens have proven patterns of acting impulsively or are prone to lose control, then they may be at a higher risk of suicide.
- Attention seeking. All suicide talk should be taken seriously. Some teens are attention seekers by nature, and depression will accentuate their dramatic natures. (Keep in mind a related disorder, Munchausen syndrome, in which teens pretend to be sick or injured or intentionally harm themselves to get attention. More common in guys than in girls, this kind of harm can include breaking bones or ingesting poisons or chemicals, etc. Teens with Munchausen syndrome thrive on the sympathetic, nurturing, and compassionate attention they'll likely receive when ill or injured. Teens with this disorder sometimes accidentally commit suicide while doing self-harm.)
- Strong-willed and withdrawn behavior. While this normally may be an admirable quality, it can be deadly if teens are determined to die. Add to this a propensity to withdraw, not seeking the help and support of others, and the isolation brought on by depression, and the combination can be lethal.

Situational Cues. Youth workers and parents need to be aware of the life events that shape teenagers' outlooks. Life situations that leave teens feeling helpless, trapped, or hopeless strongly factor into teenage depression and suicide. Situational cues might include loss, divorce and family dysfunction, chronic diseases, trauma, unplanned pregnancy or abortion, criminal conviction and/or incarceration, homelessness, committing immoral acts they believe are irreconcilable, etc.

This is an excerpt from What Do I Do When Teenagers are Depressed & Contemplate Suicide, which is a part of the brand-new "What Do I Do..." series from Youth Specialties. To get the entire book or series, go to youthspecialties.com or wherever books are sold. All rights reserved. Used by permission.

>> See page 23 for resources and more information on helping teens who may be at risk in your ministry.