

**Teens in crisis**

# Help for suicide-bound youths

**EDITOR'S NOTE:** This is the third article in a series on teens in crisis. In this final story reporter Maxine Share covers the places where help is available for teens contemplating—or attempting—suicide.

By MAXINE SHARE

All the danger signals are flashing red — you think your teenager may be considering suicide.

He's become quiet and withdrawn, and no longer spends time with his friends. Once an 'A' student, he's been failing his classes.

Your next move could save his life.

**MDHS Guidance Counsellor Carol Drake says parents must "put aside the notion that everything must be handled from inside the family. Which is easier?" she asks. "Telling someone about your problem or dealing with the death of your kid?"**

"Recognize you've got a problem on your hands then decide to do something about it," recommends Dr. Bob Simmons, coordinator of psychiatric emergency services at the Hospital for Sick Children in Toronto.

But what?

Professionals agree the most important step is getting professional help for the adolescent.

This is sometimes a difficult thing for parents to do, says Carol Drake, a guidance counsellor at Markham District High School. She says parents must "put aside the notion that everything must be handled from inside the family."

"Which is easier?" she asks.

"Telling someone about your problem or dealing with the death of your kid?"

**Power of love**

Other parents may feel they can handle the problem themselves with the power of love, she says. "If you really care about this kid, it's the best tool you've got... sometimes the only tool you've got."

But she cautions, "if you just love them and don't know what you're doing, you're going to mess them up, too."

To determine what type of help an adolescent requires, begin by assessing the risk of a suicide attempt.

If there is a plan and lethal means are available, it may be time to take your teenager to a

**Legal points**

By MAXINE SHARE

It may be easier to help a younger teen survive a suicidal crisis than older adolescents, says an expert on teenager suicide.

Dr. Bob Simmons, coordinator of psychiatric emergency service at Sick Children's Hospital in Toronto, says, "If the child's under 16, then the parents have the power to do something about it."

But if the teenager is over 16, parents cannot force their child to go to an emergency ward for help. "Unless you can get someone to certify them as self-destructive," your hands are tied, says Dr. Simmons.

"Parents call and say 'Can you do something (for my suicidal child) and we say 'No, we can't unless the young person is ready to cooperate.'"



The triangle, which was on its apex, returns to normal and the teen reaches out of her situation to accept help. — Janine Strom

local emergency ward, says one expert.

**Advanced crisis**

"If there is a gun in the house and his plan is to shoot himself, then the crisis situation is very advanced," says Brian Cunningham, a counsellor with the Markham-Stouffville Family Life Centre.

"And if a male is talking in these terms, the likelihood of it being lethal is very high." They

He says teenagers show their ambivalence "in terms of a crisis call, a note, or planning (the suicide) so there is a likelihood of a family member finding out."

"When they call to say goodbye, that is an expression of that ambivalence," he says.

Furthermore, all suicide has a communicative aspect, he says.

**Caring relationship**

"At one extreme, it's saying 'life is just not worth living the way it

then the possibilities for that family are great," he says.

"I'd find some other job if that weren't so," he said.

He said he believes there would be less suicide attempts if more people were aware of the intervention services available.

"The more that kids are aware of other supports, such as guidance counsellors, hotlines, and people in the community, the more they are able to help the

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tend to use more violent means such as jumping or hanging "as opposed to taking a handful of aspirins" as many teenage girls do, he says.

(While girls attempt suicide twice as often as boys, the males complete suicide twice as often as their female counterparts)

But even in an advanced crisis where the likelihood of an attempt is high, professional intervention can help, says Mr. Cunningham.

**Some ambivalence**

"Anyone who is working in the health care profession cannot see a decision as being 100 per cent," he says, because "even in a very advanced suicidal crisis, there is always some ambivalence, some indecision, some yes and no voices."

"It is the task of the professional to get in touch with the part inside that wants to hold on," he says.

is right now. If that's the case, then the therapist responds to that form of communication."

As a professional, Mr. Cunningham says he tries to establish a "caring relationship where there's listening, understanding, and valuing of that individual."

"I also try to expand their hope for the future," he says. "In an advanced crisis, they have very narrow tunnel vision. They think things are bad now and there will never be a change."

"But in fact, I show them they've exercised a choice by coming in for help. And we continue by asking, 'can we set an appointment for tomorrow?' Already, you are expanding their alternatives," he says.

**Healing process**

He says he tries to involve the family in the healing process.

"They may want to change but not know how to go about making that change. If that is the case,

We want to help them establish their will to live."

**Show alternatives**

"What you have to do is hang onto them by showing them some of the alternatives they have other than suicide," she says.

One aspect of therapy at the hospital involves "teaching kids problem solving skills. You help them through the problem of the moment, then you equip them with new skills," she says.

**Adults often tell adolescents, "I don't care what you do with your life as long as you're happy. These kids have to know that it's normal for them to feel unhappy at times," says Allison Licht, spokesman for the Crisis Unit at Toronto East General Hospital.**

After several months of therapy, she says her patients find it difficult "to believe they felt (suicidal) when they're able to look at things differently."

In addition to assisting teens in crisis, Ms Licht is also coordinator of the hospital's School Outreach Program. This unique program is designed to help schools cope when a suicide has occurred, and to assist teens who have a suicidal friend, says Ms Licht.

She says "there has been research to suggest 90 per cent of students, if they were feeling suicidal, would tell a friend."

"So if they are going to tell a friend," she says, "the friend needs help too."

**Get help**

She advises these teenagers to "be with (their suicidal friends), get them to some help, and say you'll stay with them."

This spring, she spoke to a class at Unionville High School.

In addition to talks aimed at preventing suicide, she also goes into the school once there's been a suicide. "We give information on how to convey it to the class, and also tell them how to identify other kids who are at risk," says Ms Licht.

She also advises staff "it's important for a teacher or parent to say they've noticed (when an adolescent appears depressed). Not in a punitive way, but in a caring, understanding way."

"It's important for them to know someone's noticed they aren't feeling good," she says.

**Sadness is normal**

And both parents and teacher should "teach... kids it's okay to feel sad and depressed at times. Don't teach that it's wrong or bad."

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"These kids have to know that it's normal for them to feel unhappy at times," she says.

She says she finds her work with the Outreach Program worthwhile. "If teachers, parents and adolescents become more aware of some of the signs of suicidal behaviour, they can be more helpful in responding."

"You can't prevent every suicide," she says, "but you do what you can."

**Who to call**

- Telecare hotline 731-1212
- Your family doctor
- Ministers or religious leaders in your community
- Family Life Centre 294-2371
- York Central Hospital emergency department 883-1212.