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How to Help a Teenager Who Says He/She Wants to Die©*

What an important topic! It is true that teenagers these days experience a lot of stress and emotional pain, and often feel overwhelmed. Often, a teenager who says they want to die are experiencing profoundly overwhelming emotions and confusion, and are letting you know that they are in extreme emotional pain and need help. Sometimes when a teen says he/she wants to die it may mean they are an immediate risk for suicide.

1. No matter which option, this statement needs to be taken seriously.

If a teenager says, “I want to die, I want to kill myself, or I’m going to commit suicide”, always take the statement seriously and immediately seek assistance from a qualified mental health professional. I know that you may feel uncomfortable talking to your teen about wanting to die, or even contemplating suicide. If they have brought it up to you (or even if they haven’t directly) they need to talk about it. Rather than putting thoughts in the teen’s head, asking about their feelings will provide assurance that you care and will give them the chance to talk about their problems.

Depression and suicidal feelings are treatable disorders. The child or adolescent needs to have his or her deep pain recognized and diagnosed, and appropriate treatment plan developed. When parents are in doubt whether their child has a serious problem, a psychiatric examination can be very helpful.

2. Here’s some information on teen suicide:

Suicides among young people continue to be a serious problem. Each year in the U.S., thousands of teenagers commit suicide. Suicide is the third leading cause of death for 15-to-24-year-olds, and the sixth leading cause of death for 5-to-14-year-olds.

Recently released statistics reveal that approximately three million youths, aged 12 to 17, either thought seriously about suicide or attempted suicide in 2000. More than one third, 37 percent, actually tried to kill themselves.

* This article is meant to provide information and guidance regarding this topic in general terms, and is no substitute for diagnosis and treatment by a qualified mental health professional. If you encounter a teen who expresses suicidal ideation or plans, please seek professional help immediately.

Most were suffering from undiagnosed or untreated clinical depression. An estimated 75 percent of all those who commit suicide give some warning of their lethal intentions by mentioning their feelings of despair to a friend or family member.

Many of the signs and symptoms of suicidal feelings are similar to those of depression. Parents should be aware of the following signs of adolescents who may try to kill themselves:

- change in eating and sleeping habits
- withdrawal from friends, family, and regular activities
- violent actions, rebellious behavior, or running away
- drug and alcohol use
- unusual neglect of personal appearance
- marked personality change
- persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- loss of interest in pleasurable activities
- not tolerating praise or rewards

A teenager who is planning to commit suicide may also:

- complain of being a bad person or feeling rotten inside
- give verbal hints with statements such as: I won't be a problem for you much longer, Nothing matters, It's no use, and I won't see you again
- put his or her affairs in order, for example, give away favorite possessions, clean his or her room, throw away important belongings, etc.
- become suddenly cheerful after a period of depression
- have signs of psychosis (hallucinations or bizarre thoughts)

If one or more of these signs occurs, parents need to talk to their child about their concerns and seek professional help from a physician or a qualified mental health professional.

3. Realize that being a teen can be really tough these days:

Adolescence is a stressful experience for all teens. It is a time of physical and social change with hormones producing rapid mood swings from sadness to elation. Lack of life experience may result in impulsive behavior or poor decisions. The teenager's brain is "under construction" and is not fully formed until age 25. This includes areas such as forethought, planning, and delayed gratification.

Even an emotionally healthy youngster may have constant fears of "not being good enough" to be asked out on a date, make the varsity team, or get good grades. Special situations such as parental divorce or the breakup of a dating relationship may trigger intense sadness and feelings of wanting to die.

For a teen suffering from severe or chronic depression, feelings of worthlessness and hopelessness magnify and dominate waking hours. The ratio of "sad" to "happy" moments becomes lopsided. Despair is ever-present and emotional pain feels like it will never end. Any situation of anger or disappointment may cause a fragile youngster to cross the line from wanting to die to actually attempting suicide.

Unfortunately, adolescents do not wear a sign saying whether they are temporarily sad or chronically depressed. External indicators such as clothing, music preferences, grades, or even attitude are not accurate indicators of propensity for suicide.

All statements regarding suicidal ideation and/or concrete plans need to be taken seriously by adults.

Chronic hopelessness, harsh self-criticism, and feeling unlovable and unwanted, create a pain that cannot be described. Some severely depressed teens try to rid themselves of this awful feeling by self-medicating with alcohol or other drugs. Others self-injure by cutting, burning, biting or even breaking their own bones in an effort to release the excruciating self-hatred.

Fortunately, most teens will communicate this pain through conversations or writings. Our job as adults is to provide both an ear and a path to professional help when this information is shared.

Depression is a treatable disease and, with proper intervention, most suicidal teens can be helped to lead long and productive lives.

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4. What to do when a teen says he/she wants to die, or is suicidal:

A. Talk to them by letting them know:

- **I care about you. I do not want you to die.** I would miss you so much, you are so important to me...
- **Ask them “what is causing you so much pain?”** Listen, listen, listen...do not try to be logical or talk them out of their pain. At that moment the person can't think of the future, they can only think about now. They are preoccupied with a painful past and present. You are trying to accomplish two things...Give them someone to listen to them fully so they know they are loved and cared about, and to get valuable information about their frame of reference.
- **Ask them, if you could wave a magic wand and could change your life, what would you change?** This will give you important information about where they are experiencing pain, and what in their life feels like it won't change.
- **Tell them a part of them wants to live (even if it is tiny).** Tell them again you want to help them to live, and will get them help.
- **Let them know you are taking them seriously:** You might say, *“Look, you let me know you were feeling suicidal. If you didn't want help, you would never have said anything to me, so I'm not going to let it go. Come on. Both of us will go see someone.”*

This kind of response lets the person know how serious you are and how much you care. It brings them back in touch with that part that wants to live. In most cases they will agree to see someone after hearing this. If they still insist on not talking and take off, it is critical that someone who can get to that youngster be told immediately.

- **Tell them that even if they have no hope for them, you have hope, and they can borrow some of your hope for them.**

5. Realize that you are an important person to them, or they would not have told you anything at all. You are already a safe person that they trust and are hoping can help them. By acknowledging their feelings of devastation or depression you will continue to build a strong relationship with them. Your listening to them and trying to understand them will help

the teen feel like there is help available. You are really important to them, and you matter to them. Do not feel like you have to take the burden of what they've shared completely on yourself. There are medical and mental health professionals you can enlist who can help the teen who has confided in you.

6. Try to assess if the threat is immediate...ask...

"Have you thought about how you might do this?" If they say I have a gun, pills, etc in my car/in my room etc that shows they have a plan and are at high risk, you need to get help right away by calling 911, their parents, their primary care doctor, etc. Don't send them home by themselves, even if they insist they are fine or were just kidding. If they really want to end their life, they will be mad at you for taking action, but getting them immediate help is more important than their displeasure with you. Most likely, later they will understand. If you begin to doubt the wisdom of getting psychological help, ask yourself if you would hesitate taking your child to a Doctor if his leg was broken just because she "did not want to go."

Because of the thin line that exists between "having an idea" and "acting on that idea," it is critical that any suicide threat be taken seriously. If your child says he or she wants to die and/or shares a suicide plan there is no time to speculate whether the words are "real" or if the "mood will pass."

If the threat does not seem immediate, do not take a risk...let the teens parents know, make sure they get an appointment with their primary care doctor, go to ER, etc. While both "situationally unhappy" and "clinically depressed" teens may become suicidal, the second group is more likely to have a plan and materials necessary to carry out this project successfully.

If you are the parent, and it is daytime, call your primary physician for immediate help. If the doctor is not available, many communities have mental health hotlines offering guidance or a 24-hour center where psychiatric emergencies can be evaluated. If all else fails, calling 911 or your local police who will generate needed assistance.

If the threat is not immediate, it is still important to follow up with a psychological evaluation. Again, your primary physician should be able to provide you with an appropriate referral. If you don't know if the threat is immediate, err on the side of taking action sooner.

Realize that sometimes wanting to die is a sign of clinical depression, which means that chemical changes have taken place in the teens brain to

the point that medication is needed for a time to restore balance in the brain chemicals. An evaluation by a psychiatrist and/or primary care doctor is needed to determine the course of treatment. Multiple research has found that the best treatment for depression is a combination of medication and talk therapy.

I hope this has been helpful for you in helping the teens in your life. You are very important to them, and you and your relationship with them matters.

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Many Blessings,

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© Kim Fredrickson, M.S., Marriage and Family Therapist (CA MFC 22635) and Life, Parent, and Relationship Coach is the author of many popular CD's and articles that will help you build **Encouraging Relationships** in your life. To learn more about Kim and sign up for more FREE Relationships Tips like these, visit www.EncouragingRelationships.com as well as listen to a sample of her weekly Podcast, Encouragement for Your Soul at www.KimsPodcast.com

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