

After two-decade decline, teen suicide rate climbing

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Teen suicides have risen alarmingly. It doesn't have to be that way.

Yet the view persists that adolescents are somehow immune to the debilitating clinical depression that afflicts many adults. And such carefree-days-of-youth thinking on the part of some parents and caregivers can yield tragic results.

Teen suicides, which had been on a downward trajectory for the previous two decades, showed an 18 percent rise in 2004 over the previous year, according to a recent report by Journal of the American Medical Association. Although the rate dipped slightly in 2005, the most recent year charted, the number remains well above predicted levels.

As for depression, the World Health Organization reports that one in 33 children and, among them, one in eight teens, is clinically depressed. The organization predicts those numbers could double by 2020.

Those are sobering figures. But they are hardly surprising to child psychiatrists, loved ones of teen suicide victims and teens themselves. To wit:

● Dr. James Margolis, a pediatric psychiatrist and medical director of the Sutter Counseling Center in Sacramento: "Parents tend not to take kids' problems seriously. Breaking up with a girlfriend, doing poorly in school — these mean the world to teens. They are what I call developmentally nearsighted and have a myopic view of reality. Parents need to validate those feelings."

Warning signs of teen depression

- Feeling sad almost every day
- Losing interest in most activities
- Feeling anxious or irritable
- Having trouble concentrating or remembering
- Feeling tired
- Feeling guilty
- Sleeping too much or too little
- Eating too much or too little
- Medically unexplained aches and pains
- Talking negatively
- Acting unreasonably, without concern for others
- Abusing alcohol or drugs
- Withdrawing from family and friends
- Having trouble at work or school

Source: Families for Depression Awareness

Warning signs of teen suicide

- Talking about suicide
- Talking about hopelessness and worthlessness
- Being preoccupied with death
- Suddenly being happier and calmer
- Making unusual visits or calling loved ones unexpectedly
- Making arrangements or putting affairs in order
- Giving things away

Source: Families for Depression Awareness

● Chris Bunnell of Auburn, Calif., a suicide crisis hot line organizer whose son, Tracy, took his life in 1991: "Ever since I lost my son, I tell people that even if (a teen) mentions just once that 'I'm going to kill myself,' don't take it lightly. You need to listen to them and address it more openly."

Experts, for their part, continue to debate the reasons for the spike in suicides.

Some medical professionals, including the National Mental Health Association, blame the effect of the "black box" warning that the U.S. Food and Drug Administration put on antidepressants in 2004, the year before suicide rates rose precipitously. The warning stemmed from several reported cases in which antidepressants were said to have brought on teen suicides.

"It's tough to say that conclusively," says Dr. Robert Hendren, executive director of the UC Davis M.I.N.D. Institute and chief of child psychiatry for the UC Davis School of Medicine. "Sometimes (teen suicide) can fluctuate along with substance abuse. And that JAMA report shows there was an increase in substance abuse. But some might wonder if kids are using substances to self-medicate if they are depressed."

But Dr. Hendren and Dr. Margolis are unequivocal about the benefits of antidepressants.

"Since those warnings came out, we've seen almost a 50 percent decline in primary physicians (prescribing) the drugs," Dr. Margolis says. "We're trying to educate physicians that many studies show that antidepressants are overwhelmingly effective for teens."

"They work in seven in 10 cases. They might not work for bipolar patients and those with anger and personality disorders. And maybe, for one depressed (teen), it might not show positive results. But that leaves seven of 10 helped significantly by these drugs."

Dr. Hendren says it's not necessarily a bad thing that primary-care physicians think twice before prescribing Prozac and other antidepressants.

"No doubt, (drugs) make a big difference in adolescent depression and prevent suicides," he says. "But a patient needs to be adequately monitored. Perhaps the advantage of the black-box warning was it gave people pause to say, 'This isn't to say it's like telling someone to take two aspirin and call me in the morning.'"

Medication alone, however, is not sufficient in helping troubled teens.

Traditional talk therapy or even informal peer or parental communication helps, experts say. Parents and even therapists can often miss signs of oncoming depression, especially with adolescents who tend not to share their feelings.

"Sometimes people say (that) to be depressed, you have to look depressed and say you feel depressed," Dr. Hendren says. "Most children and adolescents don't say that. They're more likely to be irritable or withdrawn. Parents can begin to get concerned for those reasons."

Parental awareness is a first step. Gail and Steve Beeman said they felt guilty after their son Christopher — by all accounts a happy, successful freshman at Sierra College in Rocklin, Calif. — jumped off a bridge following a series of events that included losing his driver's license for an alcohol-related offense and breaking up with his girlfriend.

"I was an old-school, 'just walk it off, get over it' type of guy," Mr. Beeman says. "I realized I wasn't as sympathetic or knowledgeable to see some of these things. To parents, suicide is a bad thing. You don't want to talk about it, so we parents need education to talk about it with kids and talk to other parents about it."