

## Some Clarifying Thoughts on Youth Suicide Prevention

By Gordon R. Hodas, M.D.

Given information from the Centers for Disease Control that suicide remains a leading cause of death for young people age 15-24, there is justified public concern about youth suicide and its prevention. Pennsylvania has created a statewide [Youth Suicide Prevention Plan](#), based on the premise that youth suicide is a public health problem that is preventable. Among its many goals is the development within communities of broad-based support for the prevention of youth suicide, which involves increasing the understanding of parents and others working with youth, including teachers and community leaders. Adults need to be familiar with both normal child development and the potential warning signs of suicidality, and also need to know how to access professional help for distressed youth. The mental health and substance abuse service systems, in turn, need to become more flexible and integrated. Collectively, communities need to address youth suicide and its prevention, with discussions conducted in ways that inform without overwhelming.

As a child and adolescent psychiatrist, I have learned a great deal about youth suicide and its prevention from others and from my own clinical experience. Without any intention to cover the whole terrain here, I offer the following clarifying, and hopefully encouraging, thoughts:

- The vast majority of children and adolescents who become suicidal are ambivalent about self-harm, not resolute in their determination to kill themselves. This means that all of us can make a difference.
- The most damaging symptom of youth distress, and the most reliable predictor of suicidality, is hopelessness, not depression per se. Youth typically lack a sound longitudinal perspective to begin with. When this developmental limitation is compounded by severe hopelessness, self-destructive behavior may follow. Our job is to listen to the child or adolescent, not disqualify the concern or prematurely try to make it better, and then convey a simple message of hope, such as by saying, “Just don’t give up,” and “You matter.” Heartfelt statements, offered by persons who matter, are truly powerful.
- There is reason for additional concern when the youth is abusing substances or showing signs of psychosis. Substances disinhibit, impair judgment, and exacerbate impulsivity. Psychosis impairs one’s sense of reality and decision making, especially when compounded with substance abuse.
- For some youth, suicidal behavior represents a desperate effort at being taken seriously. All youth, and especially adolescents, need to feel respected, listened to, and validated.

When they experience adults dismissing or ridiculing them, this may inadvertently trigger a behavioral escalation sometimes leading to self-destructiveness. In a sense, then, every time we really listen to a youth and offer respect, we are practicing suicide prevention.

- I find it useful to regard suicidality and suicidal behavior by youth as a “code” that needs to be understood and broken. For some youth, talk of suicide or actual self-destructive behavior substitutes for identification of legitimate concerns that, once identified, could be addressed in some manner. A task in therapy, which can also be promoted by parents and others, involves helping the youth recognize that suicidality has become a default pathway – one that can be replaced, over time, through the development of more effective skills involving self-awareness, self-expression, and problem solving, and by seeking help and support from others, when needed.
- Finally, it is also useful to think of suicidal behavior as the ultimate manifestation of a feeling of profound isolation and aloneness. Despite individual differences, we are by nature social creatures. Some youth who experience extreme isolation become vulnerable to the unfortunate conclusion that their life does not really matter. However, when engaged in meaningful relationships and when cognizant of their personal strengths and worth to others, youth typically show amazing resilience.

Ultimately, we adults are most helpful to youth when we remain positive, modeling both respect and hopefulness, not allowing ourselves to get organized by pessimism. Martin Seligman, in *Authentic Happiness* (Free Press, 2002), justifiably declares that “there is not a shred of evidence that strength and virtue are derived from negative motivation.” Ross Greene, in addressing how parents can best support a difficult, explosive child (*The Explosive Child*, HarperCollins, 1998), encourages parents to “move away from an adversarial relationship” with their child, while still “maintain(ing) your role as an authority figure.” Despite an increasing developmental trajectory toward differentiation and separation, youth still greatly need important adults. We must therefore always remember our capacity to make a positive difference.

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