



HOPE Newsletter - Issue 78

How To Handle a Teen's Dramatic or Manipulative Suicide Threat

By Gabe Howard

Teenagers have a tendency to be dramatic. Many of us don't like to admit it, but we were dramatic at that age, too, at least to some extent. Now that we're parents (or other relatives, mentors, caregivers, or friends) to a teenager, the universe is giving us a taste of it from the other side. Most teenage angst is typical. I remember the first time my mom insulted my favorite band. What she said was, "I don't like this band."

What I heard was, "You're stupid for listening to them and you have awful taste in music."

When teenagers get angry, watch out. We've all said things we regret when angry and the minds of teenagers aren't fully formed. Many life lessons that we adults take for granted have not yet been experienced by the average teen. When angry, they lash out and will say whatever it is they feel will hurt you.

Threatening to "commit suicide" is a fairly typical escalation point for an upset teenager looking to lash out.

Don't Ignore Any Suicide Threat, Even If You're "Sure" They're Lying

Our society is deficient in mental health education and [suicide prevention](#). The fact is that many adults don't know what to do when *anyone* threatens to commit suicide, let alone a kid. Our natural tendency is to ignore things that make us feel uncomfortable or that we don't understand. However, ignoring teenagers when they threaten suicide is a bad idea – even if you are sure they are just being dramatic. There are only two reasons for individuals to say they are contemplating suicide:

1. They are considering ending their life and in need of medical care.

2. They are trying to manipulate you and, in doing so, (unintentionally) making it harder for people who aren't lying to be taken seriously.

Either reason needs to be taken seriously. Addressing the first reason is obvious; addressing the second ensures that your teen doesn't minimize the experiences of people who truly need help. Crying wolf doesn't just hurt them; it causes a ripple effect that prevents people who need care from getting it.

That's not okay.

What Do You Do When Someone Says He or She Is Considering Suicide?

If someone says that he or she is considering suicide, you immediately get the person medical help. Call 9-1-1, take them to the emergency room, take them to the doctor's office or local health department. Do not ignore the comment and do not try to handle it on your own. Mental illness, mental health crises, and thoughts of suicide are medical issues that need medical intervention.

Even if you are sure the teen is "just being dramatic," seek medical help anyway. Suicidal threats are not something to take lightly. Many people don't want to "waste their time" or "waste a doctor's time" with something that they believe is just a adolescent being manipulative.

And they would be wrong to think that. [Suicide](#) is permanent. Would you want to take that risk if there is even a 1% chance that you're wrong? Also, a teen learning the lesson that threatening suicide isn't a weapon to be wielded in a disagreement or a tool for manipulation is a very valuable lesson.

So, your teen gets life-saving medical care or a life-changing experience that will make him or her a better person. There is no downside.

For all the manipulation, teenage angst, and dramatic rantings out there, I still take all threats seriously. I'm 99% positive my six-year-old nephew can't get, and doesn't have, a gun. But, if he walked up to me and said he had a loaded gun under his bed, I'd still go look.

Suicidal Behavior Ages 13-18

Suicide is never normal.

Suicide is never a rational way to solve a problem.

Suicide never involves only the victim.

Teen suicide is the third leading cause of death in adolescents. The incidence of suicide attempts reaches a peak during the mid-adolescent years, and mortality from

suicide, which increases steadily through the teens, is the third leading cause of death in adolescence.

Suicide is exceedingly rare before puberty, but becomes increasingly frequent through adolescence. The overwhelming proportion of adolescents who commit suicide (over 90 percent) suffered from a psychiatric disorder at the time of their death. Over half had suffered from a psychiatric disorder for at least two years.

Suicide happens when someone acts on thoughts about ending his or her life because he or she can no longer cope with very severe emotional pain, intensely hurtful feelings, or an extremely stressful personal situation.

Suicidality is linked to many illnesses including depression, bipolar disorder, personality disorder, schizophrenia, and substance abuse. However, it is not mental illness that causes someone to become suicidal. It is the combination of mental illness, severe stress, psychological pain, and other factors.

Those with serious mental illness are at much higher risk of suicide than those who do not have these conditions. Studies show that up to 90% of those who complete suicide may have had a diagnosable mental illness.

Having a mental illness does not automatically mean that a person will become suicidal. Very few people with mental illness complete suicide, and most never even make an attempt.

The following are warning signs of suicidality in teens.

- Threatening to complete suicide or harm him/herself in some way
- Having a plan for completing suicide
- Acquiring the means to complete suicide (e.g., stockpiling pills, taking possession of a gun, etc.)
- Rehearsing the act of suicide
- Having feelings of hopelessness
- Talking about, writing about, or drawing about death
- Withdrawing from social activities, ties, or relationships
- Losing interest in normal pleasurable activities, and everyday activities
- Giving away important personal items
- Undergoing significant changes in personality and mood

A teen who is contemplating suicide may also:

- Complain of being “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” or “I won’t see you again”
- Put his or her affairs in order—for example, give away personal possessions, clean his or her room, throw away important belongings etc...

- Become suddenly cheerful after a period of depression

Risk Factors include:

- A previous suicide attempt (regardless of how serious)
- Experiencing a serious loss (e.g., a personal relationship, a job, the death of somebody very close, etc.)
- A family history of suicide
- A history of being abused, being abusive, or family violence
- A severe depressive episode
- Suffering from long-term depression or another serious mental illness
- Having a dual diagnosis (i.e., a mental disorder and substance abuse)
- Using/abusing alcohol or drugs
- A severe disabling and/or chronic illness and/or severe pain
- Being arrested or imprisoned

These risk factors can not predict the suicide of any specific individual. They help determine suicide risk. Screening for risk factors helps to determine if you are in a high-risk group.

Some Myths About Suicide

Misconception	Reality
<ul style="list-style-type: none"> • Those who talk about suicide are “all talk” and won’t complete suicide. 	<ul style="list-style-type: none"> • Talking about suicide is a warning sign and many who talk about it do complete suicide.
<ul style="list-style-type: none"> • Those who have attempted suicide really wanted to die. 	<ul style="list-style-type: none"> • Suicidal people only want to be pain-free and would go on if their pain could be ended.
<ul style="list-style-type: none"> • Asking someone if they are thinking about suicide will only give them “ideas.” 	<ul style="list-style-type: none"> • You can often only be sure by asking and this shows that you care.
<ul style="list-style-type: none"> • Those who have attempted suicide are at very low risk of actually completing suicide. 	<ul style="list-style-type: none"> • Previous attempts are a risk factor for actually completing suicide.
<ul style="list-style-type: none"> • If someone says that he or she is suicidal, telling him or her to “do it” will snap them out of it. 	<ul style="list-style-type: none"> • This may be the single worst thing that anyone can do. Never say “go ahead and do it.”

<ul style="list-style-type: none"> • Most suicides occur with little or no warning. 	<ul style="list-style-type: none"> • Most people mention what they are feeling and what's drawing them toward suicide.
<ul style="list-style-type: none"> • Improvement following a suicidal crisis means that the suicidal risk is over. 	<ul style="list-style-type: none"> • Many suicides occur following "improvement". Suicidal feelings can return.
<ul style="list-style-type: none"> • Non-fatal acts are only attention-getting behaviors or only attempts to be manipulative. 	<ul style="list-style-type: none"> • For some people, suicidal behaviors are serious cries for help from others.
<ul style="list-style-type: none"> • Once a person is suicidal, he or she will be suicidal forever 	<ul style="list-style-type: none"> • Most suicidal crises are limited in terms of time, and will pass if help is provided.

What are some do's and don't's about helping when someone is suicidal?

- Do take any suicide threat very seriously.
- Do say that you are there to help.
- Don't let the individual be alone or go off alone.
- Do remove potential means from the area.
- Don't be confrontational in speech or body language.
- Do move slowly and make normal eye contact.
- Do be caring and don't be judgmental.
- Don't minimize her/his reason for wanting to die.
- Do let her/him have some space.
- Do say that help is available.
- Don't forget to call 9-1-1.
- Don't believe "I'm okay now."

Certain events, or “triggers,” may bring about suicidal behavior. They are things that happen to a person either personally, socially, or at work. They may push someone who is already at risk due to a psychiatric condition, personal coping style, or accumulation of stressful events to attempt suicide. These include:

1. The break up of a close relationship, leaving old friends, or personal conflicts.
2. Drug or alcohol abuse.
3. Financial stressors.
4. Recent interpersonal losses, the suicide of a friend or family member. Loss of self-esteem/status, humiliation, rejection (e.g., not getting a job).
5. Physical illness, disability.
6. Facing arrest, trial, imprisonment or other legal difficulty.

Triggers can start a downward spiral of bad feelings that can get progressively worse. Triggers must be recognized and responded to in an appropriate and timely manner.

Especially for Parents

If a child or adolescent says, 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. People often feel uncomfortable talking about death. However, asking the child or adolescent whether he or she is depressed or thinking about suicide can be helpful. Rather than putting thoughts in the child’s head, such a question will provide assurance that somebody cares and will give the young person the chance to talk about problems.

If one or more of these signs occurs, parents need to talk to their child about their concerns and seek professional help when the concerns persist. With support from family and professional treatment, children and teenagers who are suicidal can heal and return to a more healthy path of development.

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