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Evaluating Suicide Risk in Adolescents

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According to Canadian statistics, the incidence of suicide attempts among adolescents may be as high as 8% (Simeon, 1989).

Adolescent girls make more suicide attempts, but adolescent boys complete suicide four to five times as often as girls. Among those who attempt suicide and survive, one-third can be expected to make another attempt during their teens. Over the last thirty years, completed suicides have increased by 300%. Clearly, evaluation of suicide risk in adolescents is very important. Unfortunately, identifying markers for suicide risk can be difficult.

More than any other age group, there are a number of factors contributing to suicide in teens. One of them is a mood disorder such as major depression. However, a large percentage of adolescents who attempt suicide are not depressed. In addition to depression, those teens most at risk include:

- Those who have few coping skills and resources, and who become so overwhelmed with problems that they lose the ability to cope with everyday challenges.
- Those who are unable to communicate their needs in any other way may use a suicide attempt as a means of signaling their distress.

- Those who are socially isolated, harassed or physically bullied, and who have few supports and allies.
- Those who have an emerging awareness of homosexuality, especially when experienced with guilt and shame and/or a lack of family and peer support.
- Those who have a history of emotional, physical or sexual abuse. Suicide becomes a means to escape pain or the abuse itself.
- Those who have a desire to manipulate or punish others; a teen may use the threat of suicide or attempt to get his/her own way.
- Those who have a substance abuse problem. Many drugs and alcohol can contribute to feelings of depression and hopelessness, dull inhibition and impair judgement increasing the suicide risk.

Adolescents who fall into one or more of the above high-risk groups should always be evaluated for suicide risk. A suicide risk assessment involves evaluating the presence of the following signs or symptoms:

- suicidal thoughts, images or urges
- threats or other statements about wanting to die
- a plan and reasonable access to lethal means

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- impulsiveness
- history of previous suicide attempts
- indications of final arrangements and good-byes
- giving prized possessions away
- overwhelming emotional pain, guilt or self-hate
- hopelessness
- sudden withdrawal from others, or if depressed, a sudden improvement in mood
- a recent suicide attempt in a family member or friend (teens often sign “suicide pacts” with their friends)

When a teen with suicidal thoughts has a reasonable plan and access, made final preparations such as saying good-bye and experiences an overwhelming sense of guilt, self-hate or hopelessness, then the risk of suicide is high. Immediate hospitalization is warranted in this case.

Similarly, teens with a history of impulsively making suicide attempts in response to stressors, in combination with current family, academic or peer stress, indicates a high risk. If the teen is not currently suicidal, but you are concerned about suicide risk because of the level of stress in the teen’s life, then an urgent referral to a psychologist is warranted. Obviously, if the teen presents as an immediate suicide risk, then hospitalization is warranted.

Recommended Reading

Leenaars, A. A. & Wenckstern, S. (1991). Suicide in the school-age child and adolescent. In A.A. Leenaars (Ed.), Life Span Perspectives on Suicide (pp 95-107). New York: Plenum.

Simeon, J.G. (1989). Depressive disorders in children and adolescents. Psychiatric Journal of the University of Ottawa, 14, 356-361.