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When a Young Life Hangs in the Balance

by Dorothy Dow Crane

We found her sitting on the bridge railing high above the Hudson River, one foot on the bottom rung (the railing was shorter and simpler then, there were no emergency call boxes), her other leg already slung across the top, dangling over the dark water. Her curly



brown hair and peach colored, sleeveless top fluttered in the wind. All she had to do was lean forward and let go. Shocked, we pulled over, got out of the car, and began to talk with her. Finally, the young woman agreed to come back to our home. For hours we sat around the table under the yellow circle of the hanging kitchen light, ate Fig Newtons, and because it was way too hot for tea, drank orange juice. She was a young community college student, depressed, feeling stuck at home with her parents. Her classes weren't going well. Recently her boyfriend had begun to flirt with her best friend. We made some phone calls and scheduled a counseling appointment for her for the next day. She kept the appointment.

The young woman we met that night on the bridge survived her crisis of intense despair. Others have not been so fortunate. Suicide ranks third as cause of death for those between the ages of 10 and 24. No longer children, but not yet adults (the brain, especially the part responsible for decision making, doesn't fully mature until age 25), young people are tossed into a maelstrom of fluctuating hormones, social pressures, and achievement expectations that seem to grow more complex with each decade. It's hardly surprising that brain chemistry sometimes goes awry under all this pressure. For some, desperation and despair gain the upper hand. Over two million teens attempt suicide every year. And every day at least 12 young people die from these attempts, some of them from the Kingston and Rip Van Winkle bridges. Each time a young person resorts to suicide, a future is unfulfilled. The pain of a death by suicide reverberates for generations; simply having a family member who died that way puts one at greater risk for

attempting it as well.

Yet, suicide seldom comes out of the blue, and many times it is preventable. The first step to suicide prevention is paying attention to those you are close to. "The primary cause of suicide," emphasizes Dr. Paul Bulman, psychologist and team leader for Astor Services for Children and Families, "is underlying treatable mental illness, usually depression." Given that young people may not have the words or the inclination to talk about how they're feeling—a certain amount of moodiness is normal during the teen years—Bulman urges that we be aware of changes in behavior that may signal something more serious: Have they become more irritable, more bored, or more isolated? Have there been changes in appetite or sleeping patterns? More complaints about aches and pains? Has school work suffered? Is there drug or alcohol abuse? Depression can also show up as delinquent, disruptive behavior, often combined with substance abuse. Depression is painful and debilitating, but beware when hopelessness enters the picture.

Parents, understandably, tend to minimize the degree of depression and suicidal thinking in their children, Bulman adds. The topic is scary, and many believe the myth that mentioning suicide can push someone who is troubled further in that direction. But mental health professionals stress that we should never be reluctant to ask about suicidal thinking. "If you wait for them to ask for help," says family practice physician and Columbia County coroner Dr. George Davis, "it might never happen."

Dr. Eileen Franko, public health specialist and suicide consultant for Columbia County, insists that everyone, not just professionals, should learn to talk about suicidal thinking. A "flippant remark of 'I might as well be dead' needs a prompt, caring response." Franko emphasizes that it's important not only to ask about what's wrong, but about explicit plans for suicide as well. The more detailed the plan ("I think about taking pills") and the readier the access to the means ("I'd use my mother's prescription medication"), the higher the risk. Do not leave someone alone who is thinking about suicide. "Never minimize and say 'you'll be fine,'" Franko continues. "Young people need to be taken seriously."

Getting help is only a phone call away. Both Columbia and Dutchess counties have 24-hour hot lines available for individuals in distress or for those asking help for someone else. These hot line responders are trained professionals who will stay on the line with the caller until a plan for help and safety has been worked out.

Young people themselves are often the first to know if their friends are in trouble. Parents and teachers need to emphasize suicide awareness as part of being a good friend. Gay, lesbian, or bisexual youth may be at a higher risk for suicide, as may be those victimized by their peers, either physically or online. And it's not just the victims who are

more vulnerable to suicide; their tormentors are as well. Reporting bullying, including cyber bullying, enables both the victim and the tormentor to get help. Youth who see signs of distress and despair (including on their friends' social networking pages) should let a parent or a trusted adult know.

Many young people may feel there's a stigma to seeking help, but those who have usually discover that afterwards they feel stronger and more independent. Comedian Jim Carrey, singer Sheryl Crow, and Pittsburgh Steeler Terry Bradshaw have all gone public about their treatment for mental illness.

The seemingly idyllic settings of northern Dutchess and southern Columbia counties pose some challenges for suicide prevention. Youth in rural communities tend to be more isolated; if you're not on a sports team, there may not be much to do after school. In many homes in our area, firearms and ammunition are close at hand. Finally, those bridges over the Hudson offer more than just a magnificent views of the Catskills for the suicide-minded.

Sadness and intense disappointment are a part of life, but building resiliency to despair is an important component to suicide prevention. Resiliency starts with building close families. "Parents need to know what's going on," urges Red Hook pediatrician Dr. Jane Ferguson. She discourages parents from installing TVs and computers in their children's bedrooms so that parents have a better sense of what's happening to their teenagers. Contrary to what most people think, Ferguson adds, it's the junior high and high school period when parents really need to be around. For families under severe stress, mental health organizations like Astor provide not only counseling and medication management, but mobile crisis teams and home-based crisis intervention as well.

I often wonder if the young woman I encountered on the bridge would have gotten that far if someone had simply taken the time to ask her what was wrong and then stayed with her to get help. Sometimes a life hangs in the balance. Just ask.


Resources for immediate help:

Columbia County Crisis Line: 518 828-9446

Dutchess County Hot Line: 845 475-9700 or, from anywhere in the US, 1-800-273-TALK

Columbia County Mental Health (325 Columbia St., Hudson) accepts walk-in appointments (Columbia County residents).

Astor Services for Children and Families (30 Benner Rd.,



Red Hook) accepts walk-in appointments for families with children under 18, Mon–Fri 9am–3pm. (Dutchess County residents). Eighteen or older, call 845 475-9700.

About suicide prevention:

helpguide.org/mental/suicide_prevention.htm

www.afsp.org