

## Suicidal tendencies in children and adolescents

During the examination of the child, dentists should be alert to signs and symptoms of suicidal tendencies. How prevalent is suicide in the young child and adolescent? According to Dr. Pamela Cantor, who spoke at the 39th annual session of the American Academy of Pediatric Dentistry, suicide is now an epidemic; the rate having increased 125% in a 30-year period from 1950. There is 1 adolescent suicide in the United States every 90 minutes and 1 attempted suicide every minute. The intuition to kill oneself may be entrenched in early childhood and influenced by the society in which we live. Suicide is now the third largest cause of death among 15- to 24-year-olds, ranked behind accident and homicide. In 1985, 6000 teenagers killed themselves and an estimated 400,000 tried suicide.

Dr. Perihan Rosenthal, head of child and adolescent psychiatry at Beth Israel Hospital in Newark, Ohio, first identified the phenomenon of child suicide in 1979. Since then she has seen 30 suicidal children younger than age 6. The youngest diagnosed was 2½ years of age. Children under age 13 really do not have a firm grasp of what death means. The young child still thinks that death can be partial or reversible. Young children will attempt suicide with any means available to them—jumping out of a window, running into traffic, or jumping in front of a car.

Suicidal tendencies follow a pattern and background that can be observed by the astute professional or parent. According to the American Academy of Child Psychiatry, an estimated 10% of children in the United States suffer depression before age 12. Depression in young people clearly has been linked to suicidal tendencies. It is important to note that the following characteristics are often related to suicidal tendencies in children and adolescents:

1. First-born females
2. Second-born children who are depressed

3. Children who are very dependent upon the mother, but who are likely to experience parental conflicts during adolescence
4. Children living in homes where there are struggles, conflicts, or divorce
5. A home in which the father is frequently away, but overly critical when he is home
6. A child who believes "The world would be better off without me"
7. A girl who spends all of her time with a boyfriend and who expects him to take the role of the absent father (if the boyfriend rejects her, suicide or attempted suicide is possible)
8. A child who does not seem able to derive any satisfaction from living
9. A child who is growing up too fast
10. A child who has low self-esteem and who is bored with life
11. A child who keeps things inside and who will not ask for help.

Some of the direct/indirect causes of suicide in children and adolescents according to Cantor are related to violence in the media, availability of guns, decreased employment opportunities for young people, alcohol and drug habits resulting in depression, and societal attitudes that children are an inconvenience.

A dentist should be alert to the factors described and also be a responsive listener. If a young child or a teenager says, "I think I'll kill myself," they may really mean it and this conversation should be reported to the parents.

