Teen suicide is becoming more common every year in South Africa. In fact only car accidents and homicide kill more youth between the ages of 15 and 24. In South Africa 9% of all teen deaths are caused by suicide. The fastest growing age is young people under 35, specifically female suicides which peak between 15 to 19 years!

Research indicates that although more females attempt suicide, more males succeed. This is due to the more violent nature males select. Girls are more likely to overdose on medication, or take chemicals, whereas boys often find access to firearms or hang themselves.

There is a major link between Depression and Suicide. Most of the time teen depression is a passing mood. Sadness, loneliness, grief and disappointments we all feel at times, and are normal reactions to life’s struggles. However undiagnosed depression can lead to tragedy. Up to one third of all suicide victims had attempted suicide previously.

The South African Depression and Anxiety Group answer the National Toll free suicide line which takes a huge number of calls from teens who are calling for themselves or on behalf of a friend, and recognises their friend is at risk. This line has already saved thousand of lives, and with funding from Foundations, the Department of Mental Health and World Bank, during 2004, over 110,000 children in the North Western Province and the Northern Cape were given workshops specifically addressing how to help a friend who was showing some of the signs of suicide. This program not only encourages teens to come forward but also tells them where to go for help in their own community and how to contact the Suicide Line.

Said Zane Wilson, Founder of SADAG “It is not hard to see why serious depression and suicide are connected. Depression involves a long lasting sad mood that doesn’t let up and a loss of pleasure in things you once enjoyed. It involves thoughts about death, negative thoughts about oneself, a sense of worthlessness, and to a teen girl of 15 who has been constantly abused by her stepfather, a boy who has lost his elder brother due to gang violence or a child of 12 whose mother has recently died of AIDS, sometimes they feel there is nothing to look forward to or that life would be less painful if they were to end it.” However, Depression is treatable! There is help and we show them all their options. With treatment over 70% can make a recovery.

Skilled counselors support the lines (0800 567 567) and encourage teens to get professional help, to talk to an adult they trust, to go to a doctor, or talk to a church leader. There is a range of brochures and pamphlets available for teens. For schools that are in crisis either due to the death of a learner, or maybe a teacher or parent, there is a program that is available called “When Death Impacts your School”. Teacher’s half day workshops are also given throughout South Africa. It is not unusual for more than one child to make a pact to die. In the Northern Cape, in one town, already three children have died from the same group.

It costs SADAG only R1.60 per child to conduct a school workshop.

Research done by SADAG indicates that teens had strong feelings about the talks,

- “I had problems and thought the solution was suicide the talk taught us about the crisis line”",
- “We learnt things we didn't know about being sad”",
- “It helped me a lot and I want to help others who suffer from depression”",
- “The talk was helpful because I sometimes become stressed and didn't know who to turn to”

The same research indicated that there was a slightly elevated suicide ideation in urban teens living in Gauteng. These feelings are consistent with the youth Suicide Risk Survey where results indicated higher levels of sadness and feeling of hopelessness experienced by adolescents in Gauteng.

Prof. Schlebusch, of the Nelson Mandela School of Medicine in Durban is one of the foremost world experts on suicide. Currently, he estimates there are at least 20 to 25 suicides per day. “Depression, especially major depression, is a very serious and life-threatening condition, which needs to be treated with great care and circumspection and a well-monitored regimen of medication and therapy” says Schlebusch. At this stage in South Africa people with HIV and AIDS are up to 36 times more likely to be suicidal.

Mounting poverty levels, the number of youth not finding meaningful work, escalation of drugs, the HIV/AIDS pandemic, recreational sex, and a host of other worries add to the problems of the current generation. It is against this backdrop that we bring to South Africa’s attention, this February, the 7,000+ lives that will be cut short in 2005.

The fact that huge numbers of young people still take their own lives spurs on our teachers, educators, police, clinics, churches, NGO’s, community based organisations, youth and support groups to even greater efforts to halt this increase. ”Mental Health Matters” - “it should matter to all of us” said Zane Wilson.

KEY SIGNS OF DEPRESSION
- Loss of interest in things you like to do
- Sadness that won’t go away
- Irritability or feeling angry alot

PHOTOCOPY FOR YOUR PATIENTS!!

Brought to you by The South African Depression and Anxiety Group

Tel: +27 11 783 1474  Fax: +27 11 884 7074  E-mail: anxiety@iafrica.com  website: www.anxiety.org.za

South African Psychiatry Review - February 2005

38
OTHER SIGNS INCLUDE

• Feeling guilty or hopeless
• Not enjoying things you once liked
• Feeling tense or worrying alot
• Crying alot
• Spending alot of time alone
• Eating too much or too little
• Sleeping too much or too little
• Having low energy or restless feelings
• Feeling tired alot
• Missing school alot
• Hard time making decisions
• Having trouble thinking or paying attention
• Thinking of dying or killing yourself

Take a look at the list above and check the things that describe your thoughts, feelings or actions today or in the last two weeks.

GIVE EMOTIONAL SUPPORT
A person who is suicidal needs to know you care. Listen to him or her. Ask questions. Help the person discuss his or her feelings.

• Learn all you can about Depression. You might be that person’s only source of information.
• Let them know you care. Remind them that they shouldn’t feel ashamed or guilty. Avoid telling them things like, “Snap out of it.” Let them know that their feelings are caused by an illness that can be treated.
• Invite them out. Realize they might not want to go at first. If they say no, ask them again later, or offer to stay in and spend time with them.
• If you are worried they might be suicidal, ask them, and help them get help. A straightforward, caring question about suicide will not cause someone to start having suicidal thoughts. If they are thinking of suicide, don’t promise secrecy. Tell someone you trust immediately.
• Talk to the person about attending a support group meeting if there is one. It can help them to learn that they are not alone.
• Make sure they do not have access to things that can cause injury, like knives, guns, alcohol or drugs.
• DO NOT take responsibility for making your friend or family member well. You are not a therapist.
• If a person is in immediate danger, take the person to a hospital, casualty, or to a clinic. Take any suggestion of suicide seriously.
• Keep the South African Depression and Anxiety Group number handy 0800 567 567

CREATE A PLAN FOR LIFE
Many depression-related suicides occur during the first three depressive episodes before a person learns that an episode of suicidal thinking is temporary. As teens learn from experience that any given episode will eventually pass, the likelihood that they will actually act on suicidal impulses drops sharply. It is important to have a course of action ready before thoughts of suicide occur. Some people find it helpful to develop a Plan for Life which lists warning signs you should watch for and actions to take if you feel that you are slipping into suicidal thoughts. Your Plan for Life may include:

• Contact information for your doctor, including back-up phone numbers (emergency services, or Cell Phone)
• Contact information for friends and family that you trust and would want to talk to.
• A description of any other medical problems you may have. Include information about any medications you are taking.
• Your Hospital or clinic ref. number or medical aid number.
• Contact information for the Toll free suicide hotline (0800 567 567)
• Contact information for your local Depression support group, Social Worker or Clergy who may be able to help you.
• Keep pictures of your favorite people with you to remind you they are there for you.

SAMPLE PLAN FOR LIFE
Tell those around you who you trust about your condition before it becomes a crisis so they can be prepared if they are called upon to help. Provide these support people with your Plan for Life so they can act quickly, if needed. Carry a copy of your Plan for Life with you at all times so you can refer to it or pass it along to someone else who might be helping you in a time of crisis. With all the phone numbers in one place, it will be easier for someone to help.

WHAT YOU CAN DO TO FIGHT SUICIDAL THOUGHTS

• Keep a journal to write down your thoughts. Each day, write about your hopes for the future and the people you value in your life. Read what you've written when you need to remind yourself why your own life is important.
• Go out with friends and family. When we are well, we enjoy spending time with friends and family. When we’re depressed, it becomes more difficult, but it is still important. Visiting family and friends who are caring and can understand may help you feel better
• Avoid drugs and alcohol. Most deaths by suicide result from sudden, uncontrolled impulses. Since drugs and alcohol contribute to such impulses, it is essential to avoid them. Drugs and alcohol also interfere with the effectiveness of medications that may have been prescribed for your depression.
• Learn to recognize the earliest warning signs of a suicidal episode. There are often subtle warning signs your body will give you when an episode is developing. As you learn to manage your illness, you will learn how to be aware of them. This is a signal to treat yourself with the utmost care, as opposed to becoming angry or disgusted with yourself.
• Talk about suicide. Talking about suicide does not plant the idea in someone’s head. Not everyone who thinks of suicide attempts it. For many, it's a passing thought that lessens over time. For a significant number of people, however, the hopelessness and exaggerated anxiety brought on by untreated or under-treated depression may create suicidal thoughts that they cannot easily manage on their own. For this reason, take any mention of suicide seriously.

If someone you know is very close to suicide, direct questions about how, when, and where he or she intends to commit suicide can provide valuable information that help prevent the attempt. Do not promise confidentiality in these circumstances. It is important for you to share this information with the person’s doctor or family or mental health caregiver. Do not leave them on their own. Go with them to an expert, or ensure a family member is with them.

For further information please contact

• Roshni Parbhoo, Outreach Co-ordinator, SA Depression and Anxiety Group - 083 357 9185 or 011 883 8502

South African Psychiatry Review - February 2005