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Are They Safe?

In the wake of recent teen suicides, South Jersey schools and psychologists work to save young people from the most elusive of enemies: themselves.

By Danielle Burrows

FOR SOME FAMILIES, it's the manifestation of a long-held fear: Michael Bosil, the 18-year-old son of singer Marie Osmond, had openly struggled with depression for years before jumping to his death from a Los Angeles building in March.

For others, hindsight is eerily devoid of foreshadowing: Also last month, 15-year-old Vanessa Dorwart had been discussing her upcoming birthday party with her father the night before she and a friend, bound by a suicide pact, fatally threw themselves in the path of an Amtrak train traveling 110 miles per hour through their suburban Philadelphia town.

This recent rash of headlines is a reminder that there's no blueprint for predicting suicide, which is the fourth leading cause of death for New Jersey adolescents between the ages of 11 and 18.

It's a sobering reality for parents already

navigating the tricky minefield of connecting with their growing children. Fearful of copycat cases or just uncomfortable bringing up such a morbid issue, many avoid discussing suicide with their kids, a decision mental health professionals wish they'd rethink.

"Parents don't need to worry that they're planting ideas in their children's heads by discussing suicide," says Dr. Rhona W. Brown of Child and Adolescent Psychological Services, a private practice based in Cherry Hill. "You're not glorifying or romanticizing the issue by finding out what your kids think about it. If anything, engaging in open dialogue with your teen is a step in the right direction."

While parents' roles in shaping a teen's emotional health cannot be overemphasized, neither can that of the school community to which he or she belongs. While an angst-ridden high schooler might lock herself in her

bedroom at night, by day she interacts regularly with peers and teachers who are often among the first to notice a change in behavior—or even, through bullying or stress-inducing assignments, to spark that change.

"It's not usually parents who start the process of seeking out help for teenagers," Brown says. "In most cases it's a peer, and then the school administration, that initiates treatment. It's rare that a parent comes to me and says, 'My child is depressed, and I'm afraid she might hurt herself.'"

"We want to talk to kids about [suicide], but we don't want to be alarmists or to stir up copycats," says Jamie Oliver, one of five student assistance counselors (SACs) at Washington Township High School. "It's a real sensitive subject with teens: You want to educate them about it, but you don't want the idea floating around. But we don't take anything

lightly; you can't these days.

"You always worry," he continues, "especially about the kid who doesn't talk to anybody, the one off by themselves who doesn't have that contact with the staff and teachers. It's all about keeping your eyes and ears open."

Keeping an eye out for suicidal teens was not high on Cherry Hill Public Schools' list of priorities a decade ago. Consistently ranked as one of the region's top districts, Cherry Hill's schools were known first and foremost as launch pads for academic, professional and personal success.

But by the time Jennifer DiStefano was hired as an SAC in the guidance department in 2001, three student suicides had shaken the school's reputation and priorities. "When the statistics came out for the state, Camden County had the highest rate of teen suicides, and Cherry Hill had the highest in Camden County," DiStefano says.

In response to the tragedies, a task force was formed to pinpoint areas in which the district could beef up preventative social-emotional health programs. At its urging, three additional SACs were



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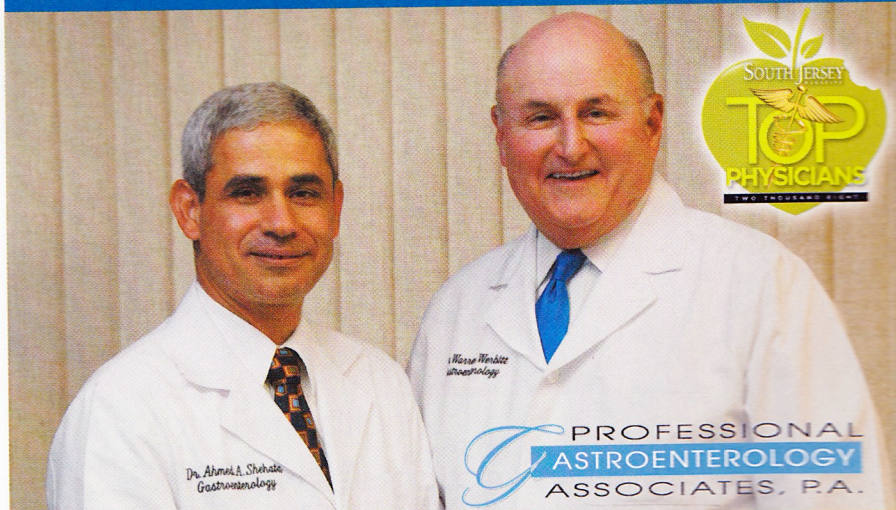
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hired and procedures were put into effect for handling students who draw, write or verbalize any indication of potentially hurting themselves or others.

These students, once identified, undergo an evaluation by a licensed mental health professional outside of the district and cannot return to the classroom without a letter clearing them to do so. Additionally, LifeLines, a safe-harbor school-wide suicide-prevention curriculum, is taught to 8th graders and reinforced to high school sophomores, and a local Schools and Community Organized for Parent Education (SCOPE) was launched to keep parents aware of current adolescent issues within the district.

"We have a lot of students who show us red flags on their friends' Facebook pages or in e-mails," DiStefano says. "We always follow through and investigate. The students reporting know, through LifeLines, that their confidentiality is intact. I knock on wood every time I say it, but we've come so far as a district. We're teaching kids earlier; kids are reporting earlier and are doing very little false reporting. I've seen a shift."

Burlington Township High School, just a few miles north of Cherry Hill, hasn't had a student suicide in recent generations. And yet Dr. Rafe Vecere, the psychologist who serves as the district's SAC, is committed to averting self-destructive behavior before it's too late.

"The New Jersey Department of Education has a curriculum that every district must follow with regard to suicide prevention," Vecere explains, noting that Burlington Township generally incorporates this curriculum into health classes. (Washington Township's Oliver stresses that state mandate also requires all school staff to be trained on issues of depression and suicide every two years.) "But above and beyond meeting state standards and addressing the issue squarely," Vecere continues, "there are so many opportunities to proactively shape the young people in our district."

One of those opportunities comes in the form of the Burlington Township School District Young Men's Conference, at which eighth- through tenth-grade boys spend the school day off-site, choosing among 30 workshops on topics ranging from dating to decision-making to anti-violence alternatives. Former NFL pros Keith Elias and Joe Ehrmann served as this year's keynote speakers.

"Every day I see, and statistics affirm, that boys are beginning to fall through the cracks, academically and person-

ally," Vecere says. "Our conference empowers boys, exposing them to more male role models. Depression and suicide go hand in hand, and I'm committed to steering young people from depression by reminding them of the potential they hold."

Rhona Brown agrees that engagement, whether through conversation or activity, is key to achieving emotional health among teens. "Turn off the computer," she implores parents. "Actively listen to and observe your kids. And when your children are on the computer or sending texts, stay in the room with them. Step up your awareness of what's going on in their world."

Their world, increasingly, is cyberspace. "It's a double-edged sword," Oliver says of the time kids are now spending online. "There's a lot of Internet bullying, text bullying, different ways for a kid to hurt other kids. Years ago this happened face-to-face; now it's an insult that all can see. For kids, that can be really bothersome." But he echoes DiStefano's report that "a lot of times we'll hear from other kids on Facebook or MySpace who will identify to a counselor that another kid on there seems depressed."

Suicide prevention, Brown says, is "not necessarily about intervening. Teenagers are impulsive, and anything from a failed exam to an argument with a friend can prompt drastic behavior. But if they know there's someone to talk to in the moments after something dire has happened, their risk of acting impulsively is greatly reduced."

Brown also cautions parents with any family history of suicide to exercise added vigilance in checking in on teens' emotional well-being. "If someone in the family has attempted suicide, whether or not that attempt was successful, the taboo has been torn down," she says. "Suicide attempts within a family are key predictors of a proclivity toward self-induced trauma."

She also points out that only a small fraction of teens who attempt suicide actually want to die. Instead, the attempt is a call for help or attention, often from a young person who has shown reluctance to accept assistance from a parent.

"Nonetheless, you're the parent and have a responsibility to act in the best interest of your child, even if the child puts up a fight," says Brown. "Don't forget that fact. When people are mentally ill or distraught, they cannot think clearly, and we do not need their permission to act on behalf of their well-being." ■

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