

suicide and when.

Health professionals must be alert to the signs of depression, and anyone who exhibits such behavior should be referred for thorough psychological assessment. Depression is manifested differently in children and adolescents than in adults. In teens, it may be masked by impulsive aggressive behaviors. Defiance, disobedience, behavior problems, and psychosomatic disturbances can indicate underlying depression, suicidal ideation, and impending suicide attempts.

Nursing Alert

No threat of suicide should be ignored or challenged. Threats are a symptom that must be taken seriously. Too often, suicidal threats or minor attempts are confused with bids for attention. It is also a mistake to be lulled into a false sense of security when an adolescent's depression is apparently relieved. The improvement in attitude may mean that the adolescent has made the decision and found the means to carry out the threat.

Peers and other confidants are valuable observers and excellent sources of information about potential suicide attempts. They may not be able to diagnose depression, but they are able to sense when a friend has undergone a marked personality change. It is important to emphasize that the peer who detects any changes in a friend is a potential rescuer and should not remain silent about the observations. Friendship does not imply collusion. A peer who believes that a friend may be suicidal should alert someone who can help (e.g., a parent, teacher, guidance counselor, school nurse).

Routine health assessments of adolescents should include questions that assess the presence of suicidal ideation or intent. The following questions can be asked ([Greydanus and Pratt, 1995](#)):

1. Do you consider yourself more a happy person, an unhappy person, or somewhere in the middle?
2. Have you ever been so unhappy or upset that you felt like being dead?
3. Have you ever thought about hurting yourself?