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Robert Legge
 Independent columnist and resident of Madison County
 Thursday, August 17, 2006

Suicide 'screening' group going about it the wrong way



Robert Legge

Normally we'd never have heard about it. But when a man's body was found on a Culpeper golf course, it became news that he had taken his own life.

Most suicides are rarely mentioned in local newspapers. Even obituaries hardly ever make such a reference. The stigma is too much. People can't even say the word when it really counts.

Too often, suicide is simply written off as the result of mental illness. But it is far more complex than that.

Some people voluntarily end their life for pretty rational reasons, such as painful, terminal illness. In fact, white men 85 and over have by far the highest rates of suicide. And while their suicide is traumatic for their friends and family, there is still little public concern for the high rate of this group.

There are approximately 30,000 reported suicides a year. Women attempt suicide more often than men, but men are far more successful in large part because they are more likely to use firearms.

Suicide rates vary widely throughout the world. The more wealthy nations tend to have the higher rates. Russia, where rampant alcoholism surely plays a part, has the highest rates of all. Suicide is almost unheard of in most poor Latin American countries.



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A popular myth is that suicides are most common during the holidays. Actually the rate is highest during the spring and lowest during the winter.

Lowering the rate of suicide is not easy. It is difficult to differentiate between people who have serious emotional problems but are able to cope and those who eventually take their life. The long list of risk factors could fit most of us, at one time or another. Some of the more serious are access to guns, history of alcohol abuse, physical illness, financial or legal crisis, divorce and depression.

Too often our only response if we suspect someone is contemplating suicide is to call the authorities and have the person committed to a mental hospital. This can be traumatic and violent and can result in the person fearing any official intervention. It should be considered a last resort.

Another popular myth is that there is an epidemic of children committing suicide. But even in America, with our relatively high suicide rate, teen suicide is rare. Of course that rarity is little consolation to a parent whose child takes his own life. And while teen suicide is far less common than for octogenarians, it still gets the bulk of the concern about suicide prevention.

One organization, Teen Screen, that wants to stem the teen suicide rate, advocates suicide "screening" for all students nationwide. They conduct what they call a "diagnostic psychiatric service" to children as young as 9. Kids are plied with offers of video store discounts to get parental approval to take the screening.

Based on their answers to such questions as "How often did your parents get annoyed or upset with you because of the way you were feeling or acting?" students may be encouraged to seek "treatment," which usually means drugs.

Unfortunately TeenScreen has no evidence that its screening reducing suicide rates. I can't help but be skeptical of the organization's motivation, as its founder and director have had longtime financial ties to the lucrative, psychiatric drug industry.

But if all this screening saves one life, isn't it worth it?

First off, a 2004 FDA study found that children on an antidepressant were at a greater than twofold increased risk of drug-induced suicidal behavior.

Then there are a host of other issues involved in children being labeled mentally ill.

None of this is to imply that children have never been helped by drugs or other therapy. But the risks appear to outweigh the benefits of this type of screening, conducted by people who have such close ties to the drug industry.

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