

# When the Young Take Their Lives

Suicide among college students is up. How do you spot a kid at risk—and what should you do? **By Sanjay Gupta, M.D.**

**A** FEW WEEKS AGO, WHILE on neurosurgery call, I received a particularly disturbing page. “A 22-year-old woman is in the emergency room with a gunshot wound to the head,” my chief resident told me. “Oh, and it looks self-inflicted,” he added. The woman, a recent college grad, was in a coma and starting to show signs of brain death. I knew that an immediate operation was her best chance for survival. Over the next several hours, we worked feverishly to preserve the life she had tried to throw away.

Her predicament made me wonder, once again, what drives people to suicide and why young people resort to such a desperate measure. In the 30 years from 1950 to 1980 (the latest period for which there is reliable information), the annual suicide rate among college-age women has almost doubled, from 3.9 deaths per 100,000 to 7.0 per 100,000, while the rate among college-age men has tripled, from 10 per 100,000 to 32 per 100,000 a year. This year’s toll for adults ages 19 to 24 is expected to reach 1,000 deaths.

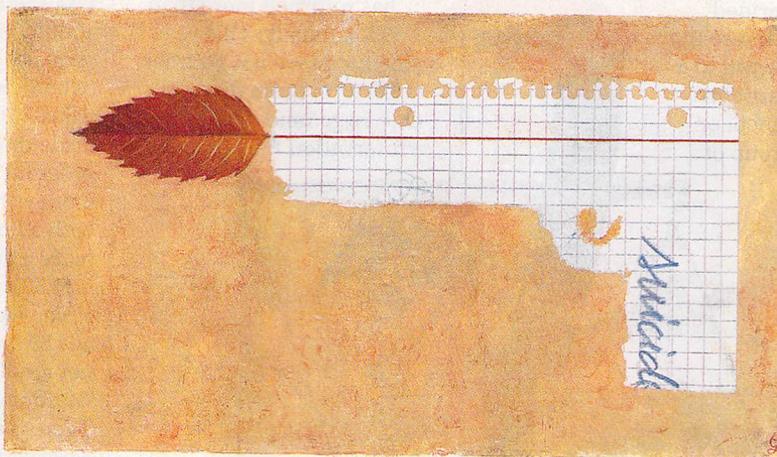
Students kill themselves at all times of year, but attempted suicides—which fail owing to luck, ambivalence or good medicine—begin to go up in the fall, according to the National Institute of Mental

Health. Often the immediate cause seems to be a recent rejection, disappointment or academic failure.

Trying to determine whether a young person is suicidal can be difficult. Even trained mental-health professionals have made mistakes. But there are warning signs you can watch for in friends and loved ones that may signal more than just

actual attempt. This sometimes impulsive nature of the act is often facilitated by drinking alcohol.

Finally, it is O.K. to come right out and ask friends or family members whether they are thinking of suicide. You won’t be giving them any ideas. Be sure to let them know that they are not alone and that help is available through school counselors and



a simple case of the blues, such as withdrawing from all social activities, dramatic changes in personality or demeanor—including suddenly becoming much happier or calmer—significant shifts in sleeping or eating habits and giving away cherished personal items.

Don’t get fooled into thinking that all people who commit suicide have carefully worked out a plan in advance. Studies of suicide survivors, says Thomas Simon, a behavioral scientist at the Centers for Disease Control, show that often just five minutes elapse from the time someone thinks about committing suicide until the

mental-health hot lines, in hospitals and now online.

Through the years, I have treated many patients who have attempted suicide. I do it with the sincere hope that they will get better. Our 22-year-old patient is awake now and even talking a bit. I’m optimistic about her physical recovery but disquieted about her chances overall. The experts will tell you that having tried to kill herself once, she is at greater risk of trying again. What no one knows is whether we will be able to pick up the pieces one more time. ■

*Neurosurgeon Gupta is a CNN medical correspondent*