

When life becomes unbearable for teenagers

BY DANA PERRIGAN

THE moment Kevin Hines leapt off the Golden Gate Bridge he knew he had made a terrible mistake. Plummeting toward almost certain death, unable to breathe because of the speed of his descent, he suddenly realized that he didn't really want to die.

The previous evening, the San Francisco teen was awake all night. Convinced that he was worthless and a burden to his family, he decided to kill himself. He had been thinking about doing it for some time, but now he felt ready. He wrote several letters. He formed a plan.

The next morning, a cool, overcast late September day, his adopted father, Patrick Hines, dropped Kevin off at San Francisco City College. He went to one class, then hopped on a streetcar and made his way to the Golden Gate Bridge — launching pad for more than 1,000 suicides.

His final meal was some Starburst candy. Then he strolled north on the pedestrian walkway. He stopped. This was the place.

"I stood there for about 40 minutes," recalled Hines. "Part of me didn't want to do it. I said to myself, 'If someone comes up to me and asks me if they can help, I won't do it.'"

Instead, a tourist asked him to take a picture of her and her boyfriend. Hines took the camera, centered the couple in the viewfinder and snapped a photo. He returned the camera. Then he put his hands on the railing and catapulted over the side.

"When I hit free fall I thought, 'Holy crap, I'm a dead man,'" Hines said.

It didn't turn out that way. Summoned by bridge personnel, the Coast Guard picked up the still-conscious Hines floating in the water. He was taken to a hospital, where he spent several weeks recovering from two shattered vertebrae.

LIFE BRINGS CHANGES

Now, four years later, Hines, who is back at City College, suffers no ill effects from his plunge off the bridge. He can walk. He can run. But the attempt and his survival — which his father calls miraculous — did change a few important things.

"It changed my attitude toward suicide," said Hines. "It changed my attitude toward life in general. Life is too precious to kill yourself over things you can't control. Everybody has a cross to bear."

For some teenagers, according to mental health care workers, that cross can seem too hard to shoulder. They lack the experience of an adult, have little control over their lives and tend to dwell on catastrophic thoughts. They're impulsive, emotional and prone to blaming themselves for things that aren't their fault. They also live under incredible pressure to conform to their peers and to meet the expectations of their families.

The holidays, unfortunately, often create even more stress on families and troubled teens.

Every day in the United States, five teens commit suicide; 200 try and fail. In 2001, the Centers for Disease Control and Prevention tallied 1,817 teen suicides; 74,844 attempts were made. That same year in California, 174 teens succeeded at suicide and 3,795 failed.

On average, four teens a year kill themselves in San Francisco — a city that has, for mostly economic reasons, an abnormally low number (16%) of families with children under 17.

'GROUNDBREAKING INFORMATION'

In October, Research!America conducted a statewide survey for the Iris Alliance Fund, a San Francisco foundation dedicated to preventing suicide among youth and other at-risk populations. A current fund campaign to share personal stories rejects the premise that people need to "suffer in silence because of the stigma attached to depression and other mental illnesses."

The Research!America survey found that four in 10 people have known a teenager who either committed suicide or made an attempt.

"This is groundbreaking information," said the fund's founder, Mary Hayaski. "The fact that

42% of Americans have been touched by the tragedy of teen suicide makes it even more clear that suicide and depression are not matters that should be swept under the rug. They are public health issues that we have to address before more lives are lost."

The survey also revealed that the majority of respondents (57%) considered suicide, the third leading cause of death among teenagers, a major public problem. The stigma surrounding mental illness was listed as the biggest barrier preventing depressed teens from seeking help.

"We are culturally programmed not to hear the word," said Eve Meyer, executive director of San Francisco Suicide Prevention. "From the first to the 10th centuries they buried you at the crossroads with a stake through your heart if you killed yourself. Your family lost its possessions."

STIGMA OF MENTAL HEALTH

Despite mounting evidence that depression is often chemical in nature and, like heart disease, can be genetically inherited, the stigma that surrounds mental health problems remains formidable: A National Mental Health Association survey reveals that 71% of Americans believe mental health problems are caused by emotional weakness; 43% believe they are the fault of the person experiencing the problem.

Though Kevin Hines had been diagnosed as bipolar long before his suicide attempt, he still felt that he was somehow to blame for his condition.

"He was cycling downward and he was overcome by grief and by feelings that he was a worthless person and a burden," said Patrick Hines, a San Francisco banker. "He went to the Golden Gate Bridge and dove off with the presumption that his problems would be over."

Mental health workers say the prevailing attitude toward mental health problems partially explains why only 7% of health spending in the United States goes toward mental health services. It also explains, they say, why more than two-thirds of those with mental health problems go without treatment.

CULTURE OF SILENCE

Dealing with mental health issues that may lead to suicide is often complicated by cultural diversity. Hayaski, whose family emigrated from Korea to Southern California in 1980, refers to a "culture of silence" among Asian Americans concerning mental health issues. When her elder sister, Bo Yoon, killed herself at the age of 17, the family never talked about it. They destroyed her clothes, as well as all photographs of her.

"In my culture we don't really talk about those things," said Hayaski. "We weren't allowed to talk about it or keep any of her possessions. Later, I realized that we needed to erase that stigma."

Hayaski, who founded the Iris Alliance Fund in memory of her sister, says that task is especially difficult in a culture that "considers silence a strength." Asian American families often place great expectations on their children to succeed. When that pressure becomes difficult to bear, seeking professional help is generally not considered an option.

African American teens, according to a nationwide study, have the highest rate of suicide, and adult black males have the lowest suicide rate among all racial groups.

A disproportionate number of Latino teens — almost always male — commit suicide each year. According to 2002 figures from the state Department of Health Services, 172 youths, age 13 through 20, killed themselves in California: 55 were Latino and 20 were Asian American. Of the 3,744 recorded attempts, which indicate that the teen was hospitalized because of injuries, 1,090 were made by Latinos; 255 by Asian Americans and 244 by African Americans.

That same year, two teens committed suicide in San Francisco: one was Latino, the other Asian American. There were 52 recorded attempts.

"When you look at the numbers (for San Francisco) they seem rather low," said Meyer, "but the real carnage is in the attempts. The ratio of attempts to death is 200-to-one.

"Suicide, in general," says Meyer, "is an attempt by people to rid themselves of intolerable pain. The pain can be physical or emotional and that pain is often exacerbated by feelings of being helpless, hopeless and being isolated.

"Emotional pain is not something you can wish away," Meyer said. "Nobody says, 'Take that stupid cast off your leg and let's go dancing.' But that's what people say about emotional pain."

Dr. Silvina Irwin, a psychologist with the Department of Psychiatry at San Francisco General, works with teens emotionally scarred by abuse and other trauma. She notes several risk factors that may predispose a teen to suicide, including a family history of depression or suicide, substance abuse, difficulty making friends, social isolation and exposure to trauma.

"Research has shown that successful suicides are preceded by a number of unsuccessful attempts," said Irwin. "Boys are generally more successful and the methods they choose more violent."

As coordinator of Suicide Prevention's Youth Risk Reduction Program, Kristina Orlova regularly makes presentations at schools. She teaches the students to be alert for signs in their peers of depression or suicidal thinking and how to help.

"When teens have problems," said Orlova, "they generally go to their peers before going to adults."

One of the first things Orlova tells students who think someone they know may be in trouble is to not be afraid to talk to them. Asking them directly if they are thinking about depression and suicide, she says, indicates that it is okay to talk about it.

"It's a gift," said Meyer, "if someone isn't afraid to ask: Are you OK? Are you in a lot of pain?"

"I say, 'Are you going to help out? Are you going to step in or are you going to do nothing about it?'" Orlova said.

Kevin Hines, who now speaks to teens and adults about his experience, hopes he can motivate them to seek help when they need it.

"Anyone can be depressed. You're not alone. Don't try and fight it yourself. It's not the end of the world." ■

Dana Perrigan is a freelance writer who composed this story for the San Francisco Neighborhood Newspaper Association.

Community resources

San Francisco has many resources, public and private, to help troubled teens. Teens who feel overwhelmed or who are trying to help a friend can call Suicide Prevention's 24-hour crisis line at 781-0500 for advice and assistance.

The school district has 90 counselors in its middle schools and high schools. In addition to the city's Child and Adolescent Services at San Francisco General Hospital, there are clinics and teen centers in many neighborhoods.

The only program here in the Tenderloin that offers suicide prevention services to teens is Larkin Street Youth Services.

Larkin Street was founded in 1984 as a haven to divert runaways and homeless youth from prostitution, drug dealing and theft in the Tenderloin and Polk Gulch. It served 70 kids that first year.

Today, through 17 programs in eight neighborhoods, Larkin Street helps more than 3,000 12- to 23-year-olds.

Eliza Gibson, manager of Larkin Street's mental health and substance abuse services, says help is available 24/7 for any young person in crisis.

"The most helpful resource in the Tenderloin is the drop-in center at 1142 Sutter," Gibson said. "It's open 8 a.m. to 8 p.m. every day. There are counselors there, and young people can also get a meal, other basic services and emergency care. We'll call in outside resources if it looks like we need a psych evaluation, for example." For drop-in information, call 1-800-669-6196.

After 8 p.m., youth can go to Larkin Street's 40-bed emergency shelter, the Lark-Inn at 869 Ellis, where there also are counselors on staff: 1-800-447-8223.

Adults interested in volunteering at any of the city's public or private nonprofit programs to help at-risk teens can call Mental Health Access at 255-3737. ■

— BY DANA PERRIGAN AND MARJORIE BEGGS