ONE IN THIRTEEN

The Silent Epidemic of Teen Suicide

Jessica Portner

Foreword by Dr. William S. Pollack

Donna Guerra says she feels physically sick when she thinks about Kerby scavenging for the key to her brother-in-law's gun cabinet.

"We did everything they told us," Ms. Guerra said. "We locked the medicine cabinet. We did just what the doctors said. We just didn't get that stupid gun out of the house."

PART III. UNPREPARED FOR THE WORST

ALL SCHOOLS CONDUCT fire drills, and many have detailed plans for coping with floods, hurricanes, or earthquakes. They employ nurses to vaccinate students against diseases. These days, some even practice for the one-in-a-million chance that an armed intruder will go on a shooting spree.

But most schools are unprepared to deal with a far more common threat to their students: Suicide is the third-leading killer of ten- to nineteen-year-olds in the United States, yet only one in ten schools has a plan to prevent it.

Most schools that teach suicide prevention generally opt for quick units in health class or school assemblies. Typically, they show videos of healthy-looking adolescents who have survived a suicide attempt. But psychologists warn that such an approach can do more harm than good.

Whether owing to a lack of financial resources or to ignorance or denial of the problem, few schools are tackling suicide prevention in a comprehensive way that research suggests can save lives.

And there are lives to be saved. Youth suicide rates have tripled in the past thirty years, reaching an all-time high in the 1990s. On average, one out of every three districts loses a student to suicide each year—sometimes on their own campuses.

In fact, a quarter of the deaths on school grounds are suicides. Students who kill themselves on school property tend to do so in highly public venues—such as their classrooms or the school parking lot. A fourteen-year-old girl hanged herself in the restroom of her New York City middle school in 1999. That same year, the seventeen-year-old captain of the football team in a small Connecticut town doused his body with gasoline and ignited himself on the practice field.

"It usually takes multiple deaths on school grounds to grab administrators' attention," said Scott Poland, the psychological services director for the Cypress Fairbanks, Texas, public schools, who has written a book on suicide prevention. Some districts are paying dearly in court, Mr. Poland added. "Educators need to take this seriously."

Although the damage awards against school districts in student suicide cases are up significantly, some district lawyers caution educators against undue alarm. "School districts shouldn't get the wrong impression that they should run around like chickens with their heads cut off and do suicide prevention when they have limited resources," said Leslie Land, who successfully defended the Springfield, Oregon, school district in a 1999 suicide case.

Many parental-rights advocates, meanwhile, argue that a child's emotional problems are a family matter and that schools are inappropriate venues to broach the issues of life and death.

"Who are these people that they should assert their views on other people's children?" asked Phyllis Schlafly, president of the Eagle Forum, a conservative family advocacy group based in Alton, Illinois. She calls class discussions of suicide "death education."

"School is for academic purposes, not psychological ones," she said.

Few would argue with the idea that an all-out suicide watch tests the principle of *in loco parentis*.

When the courts first held that public schools have special duties as stewards of the nation's young people for eight hours a day, they probably didn't envision principals patrolling their buildings to stop Jane from jumping off the roof.

But, then, there wasn't as much roof jumping back then.

The Latin term *in loco parentis*—literally, "in the place of parents"—was first used by the Romans to refer to the Greek slaves whom they employed to tutor their children. So that the Roman children would respect their low-ranked teachers, the Roman masters delegated their parental power temporarily so the Greeks could discipline the pupils in their care.

The U.S. courts, having inherited the doctrine from English law, also applied the concept to help teachers keep students in their seats. Over the years, various courts conferred broad supervisory power on schools to control unruly students, using the doctrine at times to sanction paddling and other corporal punishment.

Along with the power to discipline students came certain responsibilities to protect students from harm. In recent years, the courts have taken this guardianship status further

by holding schools liable for negligence if they fail to protect a child who is harassed or sexually abused by another student at school. In the past twenty years, several courts extended the surrogate parental obligation further still, finding that schools have a legal obligation to take "reasonable steps" to protect students from hurting themselves.

Whether a student commits suicide in the bedroom or in the school's locker room, the courts are sending a message to schools that they can no longer stand on the sidelines, said Mr. Lieberman, school psychologist with the Los Angeles public schools, who has testified on behalf of school districts.

The number of lawsuits filed against school districts claiming negligence in student suicides has increased tenfold in the past twenty years, Mr. Lieberman estimates. For every suicide case that goes to trial, at least twenty are settled out of court, he said. The national publicity over the flood of school shootings in the late 1990s has helped prompt a shower of legal claims against schools.

"Parents are now aware they can sue. Every one of the lawsuits from West Paducah, Kentucky, to Springfield, Oregon, has brought a national awareness that one can litigate against schools for their failure to provide a safe environment for children," Mr. Lieberman said.

Many school employees are now buying liability insurance in case district plans don't protect them. These plans are separate from the school district's plan, which often protects only the district. "It's sleep insurance," said Doug Kocher, a director of property and casualty at Forrest T. Jones Inc., a Kansas City, Missouri, insurance broker that covers more than 150,000 teachers. "They want to have something to fall back on."

Although federal law requires schools to report to authorities if they suspect that a student is being abused by his or her parents, no state requires schools to notify parents if a student expresses suicidal thoughts.

When schools are found to be liable in a child's suicide, legal experts say, it's generally for negligence: They could have "foreseen the suicidal risk" of the student, or they knew of the student's intent to harm himself or herself and failed to take "responsible" steps to prevent it. Some notable cases point out how schools have failed to step up to the plate:

• In a watershed case in 1995, a federal district court in Tampa, Florida, found the Polk County school board guilty of negligence in thirteen-year-old Shawn Wyke's death and awarded his mother $167,000. The day before Shawn's suicide in 1989, another student told the assistant principal that he had discovered Shawn trying to hang himself in the school restroom. But the administrator failed to notify the boy's mother about the incident. The next day, the fifth grader hanged himself from an oak tree in his backyard.

• In January 1997, a student at a Longview, Washington, high school told her mother that her ex-boyfriend was talking about killing himself and that he was standing in front of a mirror every night with a gun to his head. That day, the girlfriend's mother told the school counselor about Nick Shoff's comments. But instead of notifying the boy's parents himself, which was the school's policy, or summoning the fifteen-year-old out of class for a psychological evaluation, the counselor asked the girlfriend's mother to call the Shoffs. She didn't call in time. That night, Nick went home and fatally shot himself.

The school district settled out of court with his parents for $690,000.

• A 1991 case against the Montgomery County, Maryland, board of education stemmed from junior high school student telling a counselor that their friend was making suicidal statements. When a counselor questioned Nicole Eisel about those comments, the thirteen-year-old denied that she was going to hurt herself, and the counselor chose not to notify her parents. A week later, the girl was killed in a murder-suicide pact. A state appeals court found the counselors negligent in their duty to warn the parents, arguing that the counselors should have been able to "foresee" the suicide despite the girl's denials.

Whether such legal claims are well-founded or not, these lawsuits often are driven by parents' desire, or need, to assign blame, some experts say.

"Who else are you going to sue? You aren't going to sue yourself for not helping your child. You aren't going to sue your psychiatrist," said Julie Underwood, the general counsel for the National School Boards Association (NSBA). "Schools can't be protectors of all children."

"A lot of this is misdirected grief," psychologist Lieberman added. "Parents say Satan did it. Marilyn Manson did it. We simplify it and put it up on the shelf so we can understand it. People have to put that anger somewhere."

It's no simple task to detect a child's suicidal intent. Metal detectors and surveillance cameras may nab gun-toting teenagers, but they don't pick up inner turmoil.

Most U.S. schools—58 percent—discuss suicide prevention in some academic course during the school year,

according to a 1995 survey of school health programs published in the *Journal of School Health*. Those units, which typically last three hours or less, usually include video docudramas of teenagers who survived a suicide attempt, use shocking statistics designed to get students' attention, and provide information on where teenagers should go for help.

Publications now on the market range from mail-order suicide prevention kits at $6.65 apiece, which are essentially lists of warning signs, to higher-priced textbooks used in health classes. Many schools hire lecturers to speak to large assemblies on the subject. Like the ubiquitous drug awareness programs, in which police officers try to "scare kids straight" with the gritty realities of addiction, many suicide prevention programs now employ medical experts to deliver a similar jolt of shock therapy.

In his presentations to high school students, Dr. Victor Victoroff, the chairman emeritus of psychiatry at Huron Road Medical Center in Cleveland, Ohio, shows slides of teenagers who attempt suicide and end up in emergency rooms: a girl who had her stomach pumped, a boy with his face blown off by a gunshot blast, a girl with her wrists carved up. "I'll use any means to cut through the romantic haze. I want them to know suicide is a painful experience," Dr. Victoroff said.

The general view among mental health professionals is that talking about suicide can help prevent teenagers from committing it. But there is no evidence that short lectures in classrooms or noisy, packed school assemblies, or even visits to the morgue, have any measurable effect on preventing teenagers from killing themselves. And some of the approaches may actually aggravate the situation for the most vulnerable students.

In one of the most rigorous evaluations of suicide prevention programs, Dr. David Shaffer, a professor of psychiatry at Columbia University, found that the most commonly used suicide awareness programs in schools often did more harm than good.

In his 1987 study, Dr. Shaffer evaluated several widely used programs with 1,000 students in six New Jersey high schools. While there was no evidence that the didactic classroom discussions caused emotional distress among students as a whole, neither did they alter the disturbing attitudes of those students who said that "in certain situations, suicide was a reasonable solution to one's problems."

Moreover, the study found, those students who were already contemplating suicide were more distressed after being exposed to the lessons. "Talking about it might stimulate what has been bottled up, and that's not necessarily a good thing," said Dr. Shaffer.

Such findings have emboldened critics who believe suicide prevention courses ought to be dropped. "These death and dying courses can have dangerous consequences," said Ms. Schlafly of the Eagle Forum. "Some children may be tripped over the edge."

But schools may be able to drive down the youth suicide rate if they employ very specific methods.

Preliminary findings from a study by University of Washington researchers suggest that students who practice solving difficult dilemmas in their lives though role-playing in group sessions with other students twice a week are less likely to be depressed or to exhibit suicidal behavior than those who do not take part in such programs.

The American Association of Suicidology, a nonprofit organization based in Washington, D.C., dedicated to

understanding and preventing suicide, suggests that one way to curb suicides is to train school personnel—from bus drivers to custodians to teachers—to recognize certain behavioral clues that a student is at risk: A sustained case of the blues, discarding valuable possessions, emotional volatility, and suicidal statements all hint at trouble.

Teachers might also read student essays for more than their literary value. A 1986 study of students' work in several schools found 500 poems that contained suicidal references but that were returned to students without comment or follow-up.

One of the students, an eleven-year-old boy, turned in an essay titled "Suicide Mistake" in which he outlined his own death in detail. That night, he killed himself just as he'd described.

Teachers are often reluctant to talk to their colleagues about students for fear that they will violate a student's privacy rights, said the NSBA's Ms. Underwood. "Students' privacy gets so drilled into their heads, and unfortunately they sometimes get snagged by it."

If teachers detect morbid preoccupations, however, they should be discreet about revealing them, Mr. Poland said. In his book, he cites the case of a Denver teacher who intercepted a note written by a seventh grader and read the personal details about his melancholy state to the class. The twelve-year-old boy committed suicide later that day.

Another way to put a dent in the youth suicide rate is to persuade teenagers to tell adults when they know other students have such intentions, even though it might be viewed as tattling.

The unwritten code of silence among students has to be broken, said Mr. Flatt, who, through the Nashville-based

Jason Foundation, named for his dead son, trains teenagers to take their friends' morbid musings seriously. "In 70 percent of all teen suicides, another teen knew about it and did nothing," he said.

Though no formal research has been done, Mr. Flatt is encouraged by the results so far: Since he launched the Teens Helping Teens program in 1997, he has received forty-two letters from young people who said their friends' "snitching" had saved their lives.

Many experts say the subject is particularly difficult to teach—even more sensitive than AIDS, sex, or drugs—because talking about suicide has long been considered taboo.

The ancient Greeks and Romans condemned suicide as an offense against the state because it deprived society of a productive member. Many religious denominations have held that suicide victims are condemned to hell and have barred their burial in sacred ground and shrouded their memory in shame.

A more compassionate view of suicide victims has emerged in recent years. For example, the Reverend Arnaldo Pangrazzi, a Roman Catholic priest in Italy, expressed the current official Catholic teaching in a 1984 newsletter article: "Churches should teach compassion toward those who take their own lives and judgment should be left to God." The idea is not to promote self-murder as an acceptable avenue to solve problems, but rather to avoid helping it along by making people suffer in silence.

Still, at a suicide prevention conference in Nashville in 1999, Surgeon General Satcher said despite the progress made in churches and religious institutions, the overarching taboo remains. In a year in which 30,000 Americans would

commit suicide, Dr. Satcher argued that the country must view suicide as a public-health epidemic. The country should rally its resources to fight this problem just as the Red Cross keeps blankets and food on hand to rescue people from famine, flood, or other natural disasters.

"It's time for us to move from shame and stigma to support," said Dr. Satcher. Because a majority of teenagers who kill themselves suffer some type of diagnosable mental health problem, the best way schools can ward off more suicides is to usher troubled children to the nearest mental health professional, Dr. Satcher said. The dip in the teenage suicide rate in the late 1990s is partly attributable to better screening of children for mental health problems, some experts say.

One of the most promising places in this country to thwart a suicide may be the school nurse's office.

In a ten-month University of Washington study of fourteen Seattle schools, students who were deemed at risk for dropping out were interviewed in two-hour sessions by a nurse or social worker, who asked them a series of questions about their mood and called their parents or a hospital if they expressed suicidal inclinations.

Those who participated in the psychological interview program were 54 percent less likely to have suicidal thoughts or act on them in the months following the session than those who did not participate, the study found.

The potential for preventing teenage suicide through screenings such as these is huge, simply because of the volume of visitors to a school nurse's office.

Of all the children in the United States who seek mental health services, half get them at school. But states spend less than 1 percent of their education budgets on mental

health services in schools. With limited funds to hire psychologists and social workers, most schools don't have staff members who are trained to diagnose mental health conditions.

"You have to know the difference between a joking teen and one who has a knife under their bed or has already counted out the pills," said Leslie Kraft, who runs Columbia University's well-regarded Teen Screen program, in which social workers and nurses are trained to identify teenagers in four New York City high schools who are at risk for suicide. About a quarter of the more than 800 students identified in 1999 as being at risk were referred for further evaluation. "We've kept a lot of these kids alive," Ms. Kraft said.

School psychologists like Mr. Lieberman say that one challenge in their job is to make sure students feel comfortable divulging their secrets. All sessions are kept private, as therapy won't be effective otherwise. But a counselor who suspects a child is suicidal has a legal obligation to report it. Typically, the counselor will talk with a student and ask permission to get help for the student. For example, if a boy attempts or confesses that he plans to hang himself from the jungle gym at recess, then the counselor will call the boy's parents and perhaps have him admitted to a psychiatric ward until he is out of danger.

Experts say that in the best of all possible worlds, children's emotional deficits would be catalogued in kindergarten. Spotlighting and giving early treatment to children with short attention spans, school phobias, or short fuses could greatly reduce problems in later grades, they say.

Minimizing exposure to media reports of the tragedy can also reduce the chances of "copycat" suicides, some experts believe. In the weeks after the highly publicized Columbine High School shootings in Colorado, suicide attempts peaked in several districts nationwide.

Schools can play a role in reducing youth suicide simply by making their schools as welcoming as possible. Most school employees may labor to provide happy environments for students, but some observers warn that many schools are places where bullying is rampant, cliques are ruthless, and teachers are too harried to care.

In a 1999 survey of 558 sixth, seventh, and eighth graders at a suburban Illinois middle school, researchers from the University of Illinois at Urbana-Champaign found that 80 percent of the students reported that they had bullied another classmate in the past thirty days. Most of the self-acknowledged bullies said they were also harassed themselves. Children who are repeatedly harassed are more likely to kill themselves, some separate studies have found.

The national push to raise academic standards and hold schools more accountable for their students' performance has also placed new pressures on children, some health educators say. Performing well on new, high-stakes tests can be just as stressful for some students as a verbal assault by the class bully.

"They don't give awards to the mediocre," said one school counselor.

Gifted students who are competing for slots at top colleges can just as easily be overwhelmed by pressures for them to succeed, said Mr. Lieberman, who points to a Los Angeles high school senior with a 4.0 grade point average who killed himself in 1999 after he was rejected by UCLA.

In a survey of teenagers on the reasons why they attempted suicide, school pressures ranked in the top three, along with a romantic split and family problems. "You can't separate out students' emotional report card from their academic report card," said Harvard's Dr. Pollack.

He and others suggest a fairly straightforward solution to improving students' mental health: expressing affection. Studies dating to the 1960s have shown that animals that are deprived of physical affection when they are young tend to exhibit more aggressive and violent behavior later in life.

Tiffany Field, a University of Miami researcher who runs the Touch Institute, applied that theory to the classroom in her study of interactions between teachers and students in France and the United States. Ms. Field found that the French students, whose teachers were more physical with them (whether to show discipline or affection), were better behaved and less aggressive than American students, who had less physical contact with their teachers.

Ms. Field laments reports that many U.S. teachers are reluctant to hug students for fear that their gestures will be misinterpreted as sexual. "We are less touchy-feely because there are more lawyers around," she said, "even though setting limits with affection is the best way to be a teacher or a parent."

Of course, suicide prevention experts acknowledge, many measures that might reduce the youth suicide rate are out of educators' hands.

Researchers often cite a British study to show that reducing access to deadly means can greatly drive down the suicide rate. In 1957, the carbon monoxide content of domestic cooking gas in Britain was 12 percent, and self-asphyxiation accounted for 40 percent of all suicides there.

By 1971, a year after the introduction of natural gas reduced the carbon monoxide levels to 2 percent, asphyxiation accounted for less than 10 percent of suicides, and the overall suicide rate in Britain plummeted by 26 percent.

In the United States, two-thirds of people under eighteen who commit suicide use a firearm. Dr. Shires, with the Suicide Prevention Research Center, advocates minimizing access to handguns. But he expresses doubt that such measures would make a serious dent in suicide rates. "If they don't do it with guns, they will do it with something else," he said.

What perturbs Dr. Shires most is what he sees as the medical profession's poor record at diagnosing and treating young patients' psychological pain.

Dr. Shires' research found that 70 percent of all people who attempt suicide have seen their family physician within thirty days before they make the attempt. But many medical doctors are not well versed in distinguishing between serious emotional distress and fleeting adolescent angst.

Dr. Shires prescribes a multipronged approach to fighting suicide: If physicians were better trained, more students had caring adults in their lives from infancy on, and schools were better prepared to identify troubled children and get them the help they needed quickly, the youth suicide rate would surely plummet, he says.

In light of the societal forces driving children to suicide, counselor Linda Taylor says, schools that take up the challenge have to be warned that they can't save every child.

Ms. Taylor, a counselor at the Los Angeles public schools' well-respected mental health clinic, tells the story of a rambunctious ten-year-old girl she was treating years

ago for attention deficit hyperactivity disorder. One evening, the child's mother told the fifth grader to clean up her room and not to come out until it was clean. The girl hanged herself from a belt in her bedroom closet.

"Everyone was devastated," said Ms. Taylor, who added that though the girl's father had recently died, the family was close, and there was no clear sign the child had serious emotional problems. "We felt, my God, what did we miss? How did we not see what was coming?"

Alone on the Range

An hour before pale yellow light begins to lap across the fields of winter wheat, Tim Harmon is already whizzing down the highway that cuts through the South Dakota hinterland to reach his first patient before the school bell rings. Like a one-man emotional emergency room, the tireless school psychologist bolts into a classroom and conducts a fifteen-minute one-on-one counseling session with a student who threatened to hang himself last year. Then, satisfied that the boy is stabilized, he speeds off to his next case, at a school more than 100 miles east.

Mr. Harmon treks 3,000 miles a month, spreading his time among five school systems flung across the vast Dakota plains, conducting IQ tests, unearthing tales of child abuse, and sometimes thwarting a suicide.

In 1999, he saved a sixteen-year-old girl poised to leap out of a school's third-floor restroom window. "I just happened to be there in time to grab her and pull her back in," he said.

Half the schoolchildren in the United States who seek mental health care get it at school. But districts, with rare

exceptions, give low priority to professional mental health services. As a result, school psychologists and social workers are spread thin. In the United States, the ratio of school psychologists to students is about 1 to 1,500.

With a bigger-than-average caseload—nearly 2,000 students—in one of the most sparsely populated regions of the country, Mr. Harmon is spread thinner than most.

He is quick to point out that South Dakota has more garden-variety psychoses per capita than most regions of the country. The state ranks third in the nation for teenage suicides, with a rate that is double the national average: Roughly eleven of every 100,000 ten- to nineteen-year-olds in the state take their own lives.

At the same time, the economically struggling state devotes little money to mental health care. Fiscally conservative lawmakers recently abandoned the state's requirement that every school district hire a guidance counselor—people mental health experts see as well-placed antennae to detect and transmit valuable information about students in trouble.

Under such circumstances, the eighty school psychologists in South Dakota—like their overworked colleagues in other states—are asked to do little more than conduct the mandatory diagnostic tests for special education and gifted classes. But thirty-three-year-old Mr. Harmon deplores desk duty. He sees his job as psychological triage: "You leave the little fires burning until you can put out the big ones."

Racing across the monotonously flat landscape—interrupted only by haystacks, grain elevators, and the occasional lonesome clump of trees—Mr. Harmon said one reason teenagers here tend to be more despondent than most is that they and their families see few opportunities on the horizon.

As he listens to President Clinton over the car radio issuing an upbeat assessment of the nation's robust economy at the start of the new millennium, Mr. Harmon shakes his head: "The economy isn't booming over here."

In the late 1980s, 90 percent of the families in this southern swath of South Dakota farmed. A decade later, 60 percent did. Farm prices have sunk to historic lows; people are selling their equipment and taking jobs at truck stops or migrating to Sioux Falls or Rapid City.

As he pulls his weather-beaten Chevrolet Prizm into the Platte High School parking lot, Mr. Harmon points out that the frustrations of out-of-work farmers can translate into domestic violence.

On a school assignment to compile a wish list for 2000, one fourth grader Mr. Harmon counsels expressed a typical sentiment: "I wish crop prices would go up so Mom and Dad would stop fighting."

As he enters the teachers' lounge at Platte, Mr. Harmon finds out about three cases of child abuse, one divorce, and a parent's suicide attempt in less time than it takes teachers to finish their morning coffee and muffins.

Then comes the most bizarre tale of the morning: A junior told her teacher that her parents have been holding parties at their home where they offered up her and her two sisters as sex slaves to their drug-addicted guests. "The kids were offered as door prizes," Mr. Harmon said.

Before leaving the school, Mr. Harmon heads upstairs to visit one of his regular clients—Jeff Vanderheiden, a hulking, six-foot-three-inch junior who suffers from severe depression. The eighteen-year-old threatened to kill himself twice before anyone called Mr. Harmon for help last year. As soon as Mr. Harmon found out about Jeff's second suicide attempt, he drove the teenager to the nearest hospital himself—120 miles away. Jeff needs regular psychological counseling, but the nearest clinic is ninety miles from school. County mental health clinics already are bulging with adult patients, and they don't make house calls. If Mr. Harmon didn't drive more than two hours from his home to counsel the adolescent at school every other week, no one would.

And Jeff says he's grateful to have someone to talk to.

"This year, I literally wanted to end it all. I had a difficult time making friends," he said after a brief chat with Mr. Harmon. "Tim helps me. He's like concrete. My road was so bumpy until he filled it out with his advice."

One school on Mr. Harmon's regular rounds, Kimball High School, is so small that the principal also serves as a counselor—a role Mr. Harmon said is counterproductive. Students are reluctant to reach out to their chief disciplinarian if they have an emotional problem.

Since he can't provide one-on-one therapy sessions with every student in his 145-square-mile region, Mr. Harmon often uses the academic testing sessions he's required to conduct to determine whether a youngster is having emotional difficulties.

In a given month, he administers thirty tests; while he's diagnosing verbal acuity and reasoning skills, he's also on the lookout for signs of depression or sociopathic tendencies, any sign that the child is off-kilter.

One of his patients on one cold winter day in 1999 was a chatty six-year-old boy who sat in an overheated school room, zipping through a routine IQ test. As the boy flipped through dozens of cue cards of animal pictures and parallelograms designed to test memory, Mr. Harmon casually asked

the kindergartner about his family. His father, he said, had moved out of the house, and he hadn't seen him much since.

Mr. Harmon tracked down the boy's teacher after the test to tell her about the family situation. The teacher said the father's absence might explain why the youngster had been more withdrawn lately. It might also explain why the bright boy scored below average on the IQ test.

"He may be having emotional problems due to the family's instability," said Mr. Harmon, who said he would retest the boy at a later date.

After the session, Mr. Harmon drove the 100 miles back to his hometown school in Kimball for a session of play therapy with a volatile fifth grader.

In a cramped utility room stuffed with broomsticks and cleaning supplies—the only quiet spot available at Kimball Elementary School—Mr. Harmon asked the boy to set up the rules for a made-up game called Pinball 2000. Mr. Harmon said the ten-year-old has "anger control" issues—he once threw his three-year-old sister down a flight of stairs—and he needs to learn how to obey rules because his home environment is unstructured.

"Parents aren't raising kids with rules," Mr. Harmon said. "They should discipline them while they're young, and later give children freedom. But they do the opposite: give the young ones freedom and then micromanage the teens, which just makes kids aggressive."

Many of the parents here really don't want his help. In fact, the prevailing sentiment in the rural communities he serves is that the church, not psychologists, should tend to children's emotional needs. The idea is that psychology goes against the Bible's teachings because it preaches reliance on oneself instead of God.

"They think that psychologists are the spawn of Satan," said Mr. Harmon, who usually introduces himself to parents simply as a school employee to avoid any confrontations.

In addition, the pioneering spirit of self-reliance here has had the effect of muting calls for additional state aid for such services.

Bob Mercer, a spokesman for Governor William J. Janklow, said rural districts in Mr. Harmon's region that are losing population should cut other administrative jobs if they want to hire more counselors. "How do you deliver services in a state where population is declining? They must be more efficient," Mr. Mercer said.

One principal said that with what schools can afford to pay counselors—$27,000 a year—it's hard to find qualified applicants in any case.

Donna Knipers, a special education teacher at Platte High School who functions as a de facto counselor, said she is worried that more students like Jeff are roaming the halls with suicidal thoughts.

"I can trust my gut instincts, but we need someone here who can intervene when there's a crisis," Ms. Knipers said. "I don't feel comfortable handling matters that are literally life and death."

MONEY WOES

The high school needs a new roof. The teachers want a raise. Half the bus fleet needs a maintenance overhaul. Joey is depressed.

Which of these problems is a district most likely to tackle last? When most school boards debate their budget

priorities, identifying children with mental health problems doesn't generally rank high on the agenda. But the hidden costs of student woes hover like ghosts in the room.

Nearly 5 million students a year seek refuge from their emotional problems in the company of teachers, coaches, and school counselors. A Connecticut study conducted in the late 1990s found that the number one reason students visited the school health clinic was for mental health or substance abuse problems, not bloody noses or birth control. Most schools already are providing mental health services, experts say; they just aren't getting fully paid for it.

A combination of factors—state and federal funding hasn't kept pace with students' escalating emotional needs, districts fail to lobby for such support, and the public is suspicious of school psychological programs in general—has resulted in a scenario in which resources are stretched thin and students badly in need of help are often given cursory care.

Several studies have shown that screening teenagers for depression and other mental illnesses at school can help reduce the suicide rate. A majority of young people who commit suicide have histories of mental health disorders.

In addition, the National Institute of Mental Health estimates that 9 percent of the nation's students suffer from emotional or behavioral problems that pose a serious barrier to learning.

"This is a forest fire, and we are using buckets," said Mr. Dwyer of the NASP. Few districts calculate how much time their regular staff members devote to counseling students, making referrals, and processing related paperwork, and many don't keep track of exactly how much they spend on professionals to help students cope with extracurricular angst.

But Alan Odden, a professor of education at the University of Wisconsin-Madison, estimates that districts spend roughly 5 percent of their total budgets on "student support services," which include social workers and counselors as well as safety personnel.

Gordon Wrobel, the health care coordinator for the National Association of School Psychologists (NASP), estimates that districts' mental health costs balloon into the millions when one adds in the time that all staff members spend with troubled children on a daily basis. When schools have no personnel designated to provide mental health services, everyone—teachers, principals, and coaches—takes a swing at the problem, he said.

"Education's contribution to [addressing] the national epidemic [of teenage suicide] would stagger even the most liberal politicians," Mr. Wrobel said.

But because more school employees than private physicians or psychologists serve as de facto therapists to the nation's adolescents, their ranks are woefully inadequate to meet the demand, Mr. Wrobel said. A NASP survey found that the average school psychologist has a caseload of 1,500 students; NASP's recommended caseload is 1,000.

School psychologists earn an average of about $49,000 a year, a low salary compared with what their private-sector counterparts can make. That makes it hard to attract and retain qualified professionals.

Yet a lack of trained personnel can, in itself, prove costly. Several districts in the 1980s and 1990s have been hit with negligence lawsuits for failing to refer students who had expressed suicidal intentions for professional help.

Though no one tracks exactly how much states and the federal government spend on school-based health care,

experts estimate that it's less than a fraction of 1 percent of their revenue. Spending varies widely from state to state; such expenditures are often governed by how wealthy a state is and how disposed its residents are to paying for such programs. As a result, some states opt to pay for psychiatrists to work in state-of-the-art mental health clinics in schools, while others balk at hiring guidance counselors.

While many factors can influence how many teenagers in a given state commit suicide, one long-term study found that public investments in social services can reduce the suicide toll in general.

A University of Minnesota study published in 1990 compared states' suicide rates with their spending on Medicaid and other public welfare programs over a thirty-year period, with factors such as divorce rates, population density, race, and gender all being equal. Shirley L. Simmerman, a professor of social science at the university and the lead author of the study, found that suicide rates were higher in states that spent less on public welfare programs compared with those that spent more "to meet the needs of people."

For instance, South Dakota, which in 1997 spent $54 per capita on mental health services overall—well below the national average—had the third-highest teenage suicide rate in the nation. By comparison, Connecticut, which spent $99 per capita that year on mental health services, ranked 46th in adolescent suicides. Some officials, meanwhile, argue that the federal government hasn't contributed its share to help schools reduce suicides.

From 1969 to 1994, federal spending on all mental health services rose just 5 percent after adjusting for inflation, according to a report by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

During the same period, the rates for depression and suicide among youths tripled.

"There's been money spent, but not a lot," said Michael J. English, the director of the division of SAMHSA that oversees youth programs. "No one would suggest we have been close to meeting the needs of children with mental health disorders."

Even when the federal government does promise money, it doesn't always come through, Mr. Wrobel said.

Though the federal government in 1975 required schools to conduct psychological evaluations of students who seek special education services, which includes children with mental illnesses, the government has paid only a portion of the tab. Congress intended the federal government to pick up as much as 40 percent of schools' costs, but the federal contribution has never exceeded 12 percent, Mr. Wrobel said.

One result of the financial strain on school budgets is complaints from parents about shoddy service. In a report titled "A School System in Denial," the National Alliance for the Mentally Ill contends that students with serious emotional problems aren't getting the help they are entitled to by federal law.

The advocacy group, based in Arlington, Virginia, surveyed parents of such students about their schools' services and found that 46 percent of them believed that their children's schools "resisted identifying children with mental illness." And 60 percent said that the schools' individualized educational plans—required for students with disabilities—failed to meet their children's psychological and medical needs. For these parents, it is like taking a feverish child to the doctor and going home with a pat on the back and a lol-

lipop, but no medicine. The schools don't treat them seriously, they say.

A complicated bureaucracy also frequently comes between schools and their money. Districts can apply for mental health care revenue for suicide prevention from a dizzying array of sources: the federal Medicaid program, the federal Maternal Child Health Block Grant, the state education department or health department, the state legislature, private foundations, and local governments.

Mr. Wrobel calls that the "bake sale" model for funding, in which schools get little bits of money here and there and attempt to put together a service. "The patchwork of funding sources has created a labyrinth that befuddles even the most sophisticated financial analysis," he said.

Another obstacle to financing school mental health services is that Medicaid reimbursements for school clinic care create snarls of paperwork. That means only the districts that can spare the personnel to do the administrative tasks can benefit from the program.

Julia Lear, who runs Making the Grade, a Washington, D.C.-based program that provides support to the country's more than 1,000 school-based health clinics, contended that the federal government has purposely made the system of reimbursement for health services so complicated to discourage billing that would drive up Medicaid costs. "They've made it hard for schools, and it wasn't an accident," she asserted.

For their part, federal experts say that schools have taken advantage of the Medicaid program and billed for services that weren't health related.

States such as Montana, which have tried managed care systems to help contain medical costs, also have made

providing mental health care for students harder, said Doug Cockran-Roberts, a psychologist at Corvallis Primary School in Corvallis, Montana. "The managed care company put a lid on money spent, and the quality suffered," he said.

But districts sometimes erect their own barriers to getting the financing they seek, said Kathy Christie, a policy analyst for the Education Commission of the States in Denver. With many items on their wish lists, education groups from the teachers' unions to the superintendents' associations seldom lobby for mental health care the way they do for building repairs, metal detectors, or higher teacher salaries, she said.

And because constituents in many states are dubious about using tax dollars to subsidize school mental health counselors, schools need to explain to legislators why they should care, Ms. Christie added.

SAMHSA's Mr. English advised that if educators want more money for such services, they need to tuck mental health care funds into their traditional package of requests when they lobby the federal government for assistance. "Kids are not going to stand up and say, 'I have a mental problem. Come help me,'" Mr. English said.

One effective lobbying tactic that has won revenue to combat smoking, teenage pregnancy, and AIDS is the argument that cash up front saves more money down the road. Mental health screenings, in particular, can be cost savers. Students whose depression is detected and who are then referred for treatment are 50 percent less likely to attempt suicide, a University of Washington study has found. Experts estimate the average cost of an emergency room visit for a suicide attempt to be about $33,000.

Alex Berman, the executive director of the American Association of Suicidology, estimates that each teenager who commits suicide costs society about $500,000 in terms of lost wages and productivity for an average life span.

Dr. Satcher has tried during his tenure as surgeon general to drill this calculus into congressional leaders. In late 1999, Dr. Satcher and Tipper Gore unveiled the nation's first comprehensive suicide prevention strategy. It calls on Congress to enact legislation that would put money into research on the most effective suicide prevention techniques, help reduce the stigma associated with suicide, and foster the availability of state-of-the-art mental health care.

"The federal government isn't spending enough to help kids," said Sen. Harry Reid (D-Nev.), who backed a Senate bill to boost suicide prevention programs. "We spend a lot of money advertising the dangers of AIDS and tobacco, but we need to educate young people on the dangers of suicide."

Mr. English predicted that such an initiative could encounter resistance on Capitol Hill. "But if we can bring people to the bottom line—how do we save our children—then people may start thinking about what this is really about," he said.

SUICIDE MAN

For a school employee, Richard Lieberman has an unusual job description: Keep children from killing themselves.

"They call me Suicide Man," said the upbeat director of the Suicide Prevention Unit for the Los Angeles Unified School District.

Nothing in his school psychology courses in college quite prepared Mr. Lieberman for the task of buoying the spirits of children in a district with a student population of 700,000, the size of a medium-sized metropolis. But, with the help of a district-run mental health clinic, a city teeming with psychological clinics, and a $14 million annual investment from the district's budget for mental health services, the number of student suicides in the district dropped from thirty-five in 1989 to nineteen in 1997.

California lawmakers who provided the seed money for the suicide prevention unit in 1987 credit the Los Angeles school system with helping the state's overall teenage suicide rate shrink while the national rate ballooned. Florida's Miami-Dade County system, with 350,000 students, is believed to be the only other district in the country that has someone on staff whose job specifically is to drive down the teen suicide rate. In explaining his district's success, Mr. Lieberman points to the requirement that every Los Angeles school have a counselor and a crisis team on campus. And those people are trained to handle emotional crises as nimbly as they would emergencies such as earthquakes and mudslides. All schools also have Mr. Lieberman's cell phone number and are told not to hesitate to call if they are in over their heads.

As he inches through the Los Angeles traffic, Mr. Lieberman's beeper and wireless phone buzz and chime in unison. In any given month, Mr. Lieberman and a school counselor—the unit's two-person professional staff—field hundreds of calls from district crisis teams, made up of principals, teachers, and counselors at each of the system's 700 schools.

On a busy morning in the fall of 1999, the calls cover a smorgasbord of sorrows: A child shows a morbid drawing to a teacher, another student slashes her arms, while a third talks about hearing voices "that are making her do things."

When it comes to suicide prevention, Mr. Lieberman keeps several basic principles in mind:

• School staff members should reject the idea that talking about suicide with students will increase the likelihood that they will act on such impulses. Studies have shown that students are less likely to harm themselves if an adult dispels assumptions about a particular predicament the child believes to be dire and irreversible.

• Teachers should be alert to warning signs that a student might be depressed—sudden changes in attitude or sleeping habits, or drops in grades or attendance.

• Counselors who are trained to keep therapy sessions confidential need to remember the importance of reporting a student's suicidal intentions. And because students sometimes confess their suicidal feelings in class journals, teachers should take home emergency numbers in case they see a mention of suicidal intentions in homework.

Mr. Lieberman said he is fortunate to have county-sponsored backup agencies to aid him in his suicide prevention mission. The Los Angeles County crisis hot line is open to students twenty-four hours a day. In the cheery pink office on the city's fashionable west side, five volunteers speak with the callers in hushed voices.

The reasons for the upbeat decor are obvious. "We have a lot of hangings, overdoses, kids saying they are going to drive off cliffs," said Barbara Hornichter, the coordinator for the hot line, which gets more than 100 calls from suicidal young people each month.

Many teenagers who call say they are worried about a friend but are reluctant to get them help. "I say to them: 'You'd rather have an angry friend than a dead friend, right?' " Ms. Hornichter said.

Schools play a crucial part in reducing the risk of copycat suicides. Six students in Los Angeles schools killed themselves within six weeks of the shootings at Columbine High School in Colorado. The suicide prevention unit received ninety-six calls about suicidal teenagers from eighty schools in the two weeks after the April 20, 1999, incident.

After a suicide, especially a widely publicized one, school staff members should be especially attentive to students they suspect might be emboldened to follow suit, Mr. Lieberman said.

Gloria Grenados, a psychiatric social worker at one of the district's most crime-battered schools, is constantly on alert. "We get two suicide attempts a month. I've even had three in a day," said Ms. Grenados, who is a counselor, confessor, and surrogate mother to many of the 4,900 students at Bell High School.

The district strategically deploys professional social workers such as Ms. Grenados, in addition to the crisis teams, in 200 of the system's neediest schools. Bell High, which sits in a poor South Central Los Angeles neighborhood, used to be notorious for suicides, averaging two a year in the early 1990s. Since Ms. Grenados arrived in 1993, not one Bell student has committed suicide, despite a flood of threats.

One day in the fall of 1999, Ms. Grenados clicked on the laptop computer in her office to display her current caseload. With each fresh screen, a collection of student woes appeared: a fifteen-year-old boy on antipsychotic drugs who attempted suicide at school by tying a cord from his sweatpants around his neck; a fourteen-year-old girl who has a two-year-old child she detests and neglects; a teenage girl whose mother died of brain cancer, and who then contracted a sexually transmitted disease from her father, who had raped her. "This is heavy-duty stuff," Ms. Grenados said. "So many of these kids have lost parents to death, substance abuse. . . . They are so glad that someone is willing to listen to the pain they have harbored for so long."

Ms. Grenados requires that her "hard cases"—students who have expressed suicidal thoughts—check in to her office daily. If they cut class, or are even an hour late, she calls parents or the police. If parents fail to take a clearly suicidal teenager to get psychiatric care, the district often reports them to the county's department of children and family services.

"If a kid has a broken leg, and parents say he doesn't need treatment, that's neglect," said Marlene Wong, the district's director of mental health. "Mental illness is just as real as epilepsy or diabetes."

"Parents have abdicated responsibility," added Ms. Grenados. "The school has to pick up the ball."

Ms. Grenados said she's grateful that once she has identified suicidal or depressed students, she has several places to send them for ongoing help. In addition to referring them to a psychiatric ward, she can sign them up for psychological counseling at a public or private clinic.

But Ms. Grenados also has an option none of her counterparts in other school districts have: a professionally staffed mental health facility operated exclusively for district children.

The nation's only child psychiatric clinic run by a school system is housed in a bungalow classroom shaded by eucalyptus trees in Los Angeles' San Fernando Valley. In a warren of cozy rooms, eleven psychologists, psychiatrists, and social workers counsel district students five days a week.

Students pay nothing for the service, though the district collects reimbursements for students eligible for Medicaid.

With the added help of fifty interns—graduate students in psychology from UCLA and the University of Southern California—the clinic resembles a university health center. It serves seventy patients a day for problems ranging from post-traumatic stress disorder to anger management.

The clinic operates in large part because of a cost-sharing arrangement in which Los Angeles County agreed to provide half the clinic's $1.2 million annual budget. The remainder of the revenue to run the facility comes from reimbursements from Medicaid, for which half the clinic's patients are eligible.

But whether homeless or a millionaire's child, any student gets served, said Gil Palacio, one of the clinic's coordinators. "We take anyone regardless of money," he said.

Despite the district's financial investments, Ms. Wong, the mental health director, said even more must be done to help children in the earliest grades. The seeds of suicide germinate early; psychologists, she said, are able to detect

whether children are emotionally troubled as early as preschool.

"When it's a very bumpy road," she said, "we can bring children back to learning quicker if we start early."

A SAFE PLACE

At City as School in Manhattan* one afternoon in 1999, a crew of about twenty high school students squeezed into a circle of plastic chairs already too small for them. The high-speed chatter—about weekend plans and homework—nearly drowned out the urban din of car horns and pedestrian traffic outside. Half the students in this weekly gender-discussion class are heterosexual, a third are gay or lesbian, and the rest are still in search of a label.

For an hour and a half, these urban adolescents unabashedly delved into whatever topics popped into their heads: sexism, contraception, drug use, depression. Students have even recounted the disturbing details of their suicide attempts to the class. This day's topic was a perennial problem: homophobia.

Alex, an eighteen-year-old who wears a dog collar and lip ring, took the floor to recite a litany of abuse he has suffered. "People call me 'fag', 'queer', 'cocksucker,' " the tall, striking teen declared, as other students nodded knowingly.

Michael Perelman, a charismatic teacher at City as School who helped found this gender discussion group, says the class is one way to get students talking about their prejudices, their fears, and their dreams. Though this class was

* EDITOR'S NOTE: At their request, the names of the students at City as School have been changed. All other names are real.

never conceived as a suicide prevention course, it is one. Perelman has personally thwarted several students' suicide attempts over the years. "If they feel they are going to do themselves in, they come to me, and I march them to the counselor's office and we take them to the hospital. That's happened three or four times," said Mr. Perelman.

Gay teenagers are five times more likely to attempt suicide than their straight peers. Gay and lesbian teenagers "grow up feeling they have to hide from everybody. They are rejected and abused by family. They feel unloved," Mr. Perelman said. "This is a place where hope exists for their future."

Winning school approval to earn credit for such a group was far from simple. New York State school officials scrutinize every course that's offered in every school. Mr. Perelman said they purposely called it a "gender discussion" group because some administrators, though supportive of efforts to help gay students, were afraid that district leaders would perceive the session as promoting homosexuality. "We are not telling kids what they are in here," Mr. Perelman said. "We are letting kids tell us what they are."

Kevin Jennings, the director of New York City-based GLSEN, devoted to eradicating antihomosexual attitudes and harassment in schools, said that such discussion groups and more formal gay-straight alliances are critical to making schools a more welcoming place for all students.

Gay-straight alliances are cropping up not just in big cities but also in suburbs and rural areas from Maine to Washington State. Through its network of 15,000 members in eighty-five communities, GLSEN helped increase the number of such clubs from half a dozen in 1990 to more than 600 a decade later.

Mr. Jennings also urges teachers to confront prejudice against gay and lesbian students by integrating positive images of homosexuals into their lesson plans. A former history teacher, Mr. Jennings argues that students ought to be taught about the murder of Matthew Shepard—the gay University of Wyoming student who was battered, tied to a fence, and left to die in 1998—alongside units on the lynchings of black men.

Teaching tolerance ultimately helps protect all students, regardless of their sexual orientation, he added. In a majority of school shootings in 1997 and 1998, antigay harassment was a factor, even when the target of ridicule was heterosexual, several news reports showed. Michael Carneal, age fourteen, went on his school shooting spree in December 1997 in West Paducah, Kentucky, a few weeks after a student newspaper article labeled him gay. Though clearly upset, the boy—who was straight—told his mother he didn't want to make a fuss. The next week, three girls, including the girl who wrote the article, were dead.

Many critics argue strongly, however, that America's classrooms are inappropriate venues to discuss gender, sexuality, or homosexual issues.

"What they call teaching tolerance, we call advocating homosexuality, and we believe homosexuality is morally wrong," said Peter LaBarbera, a senior policy analyst at the Family Research Council, a Washington, D.C.-based research and advocacy group.

Mr. LaBarbera also said he objects to a group's being singled out for special attention in schools. "We think it's terribly wrong when any child is hurt or abused, but there are a lot of groups that get picked on, like skinny boys and

fat girls, and we don't have specific policies for them," he said.

Some state leaders agree. In 1996, the Utah legislature took the unprecedented step of barring all extracurricular clubs at schools rather than allowing alliances of gay and straight students to form and meet. Then, in 1999, Oregon groups circulated petitions to put an initiative on the ballot that would prohibit discussion of lesbian and gay issues in schools.

Despite such opposition, gay and lesbian advocacy groups point to several legislative victories. Since GLSEN was founded in 1994, Massachusetts, Wisconsin, Connecticut, and California have enacted laws that prohibit discrimination or harassment against students based on their sexual orientation. Several court decisions also have made it more costly for public schools to ignore antigay harassment.

In 1996, a federal district court ruled that the 2,400-student Ashland, Wisconsin, school district's failure to discipline a student who repeatedly beat a gay student had violated the equal protection clause of the U.S. Constitution. The district was ordered to pay the student, Jamie S. Nabozny, $900,000.

Some gay-rights advocates contend that until antidiscrimination laws apply to gay students in every school, separate institutions ought to be available for homosexual teenagers. In the same spirit in which historically black colleges were founded to serve African-American students, a New York City educator and psychologist established the Harvey Milk School—named after the slain San Francisco city supervisor and gay-rights activist—fifteen years ago to serve the educational needs of gay youths.

Christian Luckie was sixteen when he transferred to the school in 1997, after a campaign of antigay harassment by other students compelled his parents to find a different learning environment for him.

"It was hard to think, 'Am I going to get cut or burned today?' and then try to concentrate on my grades at the same time," the teenager said matter-of-factly. "Before I came here, I was going to drop out. This school was like winning the lottery."

But people who work with gay youths say that even if those students attend the most welcoming school, gay teenagers also need a safe place to be after school, particularly if they feel ostracized at home.

The Gay and Lesbian Community Center, a six-story converted warehouse, is a gathering spot for more than 300 gay and lesbian teenagers in New York City. On one fall afternoon in 1999, a small contingent of teenagers was busy composing first-person articles for the center's snappy newsmagazine, *Out Youth*. Another group was squeezed into the small computer lab, working on homework.

Bridget Hughes, who runs the center's youth programs, said newcomers to the center are often wary of adults. Many are runaways or homeless, and some have harrowing stories of prostitution or taking refuge with adults who have then exploited them for sex.

Ms. Hughes said she keeps a list of referral agencies handy to consult when a suicidal youth needs professional psychological help, medical attention, or just a safe place to bunk for the night.

"Sometimes, the kids circle the building five times to decide if they want to come in. But then they calm down

when they see I don't have horns and this isn't a dungeon," said Ms. Hughes, who takes pride in the transforming effect the center seems to have on gay teenagers. "It only takes a few months from a kid thinking their life is over to being somebody who is reaching out to take care of somebody else."

EMPATHY 101

Squinting into the lunch-hour sunshine, Jackie Garcia scans the vast, blacktop playground for signs of altercations. Spotting a scuffle between a pair of second graders playing kickball, Jackie, age eleven, bounds toward them, her bright-orange slicker, emblazoned with the title "Conflict Manager," flapping as she runs.

"Okay, what happened?" she quizzes the seven-year-olds, who in turn begin mumbling exaggerated tales of wrongs. After eliciting promises that the children will cease their pushing and name-calling, the fifth grader marks their names on her clipboard. The young combatants shake hands and resume their game as Jackie dashes to the water fountain to mediate another schoolyard melee.

Beginning in kindergarten, students at Elizabeth Learning Center in Los Angeles, California, learn how to play nice.

Ever since a series of multiple-victim shootings erupted at schools across the country in the 1990s, the American public has worried that schools are hazardous places where peer rivalries fester and plots to wreak violence play out under administrators' noses. But Elizabeth Learning Center might as well post a sign out front saying, "Columbine couldn't happen here."

Besides the conflict-resolution patrols, the tidy public school in Cudahy, deep in the Los Angeles barrio, is a virtual shopping mall of wellness programs, packed with social services a student in trouble might need: a full-time school psychologist, a team of five counselors, a physician-staffed medical clinic, speech therapists, individual tutoring, and adult education classes for neighborhood residents.

"There's a family feeling here," Emilio Vasquez, the perpetually smiling principal, said of the 3,000-student K-12 school he calls his "big red schoolhouse."

This experiment in changing a school's climate started five years ago in the offices of Howard Adelman, the UCLA psychologist who operates a laboratory of sorts for nurturing schools. Through a three-year, multimillion-dollar grant, the school was reorganized to address the emotional needs of children and their families.

The aim was to use Elizabeth Learning Center to test Mr. Adelman's experimental ideas. If the children thrived academically and emotionally when exposed to an array of services, then more schools like it could be coaxed to grow.

"This isn't some mindless self-esteem stuff," Mr. Adelman said. "It's about programmatic restructuring of schools to remove barriers to learning."

Mr. Adelman chose the school because the students here face every barrier in the book—malnutrition, asthma, learning disabilities, chaotic home lives.

Students' parents, mostly immigrant families from Mexico, Puerto Rico, and El Salvador, are so poor that a single apartment often houses three families. The average per capita income is $9,000 a year—one of the lowest in the nation—making every student eligible for the federal free and reduced-price meals program.

Drive-by shootings are a common menace in Cudahy, a city the Los Angeles Police Department says has one of the highest murder rates in Los Angeles County. More than fifteen Latino gangs patrol the filthy, narrow streets at night, forcing most residents to remain in their homes after sunset to avoid gunfire. So routine is the violence here that students don't seem to flinch if they hear the crackle of flying bullets on their way home from school. To many residents, Elizabeth Learning Center's fenced-in campus is a refuge in a war zone.

The place looks like other schools, with its uniformed children playing and laughing in the California sun at recess. But a closer look reveals research-tested education reform experiments running in virtually every corner.

In 1995, what was then a middle school became the K–12 Elizabeth Learning Center, containing three schools that work as cohesive units. The transition grades between elementary, middle, and high school are often the periods when many students become discipline problems and their grades tend to decline. Having three schools in one eliminates the need to adjust to a new environment, Mr. Vasquez, the principal, said.

"The kids aren't changing anything. It's the same campus, same teachers, same lunch tables," he said. "There are no new territories to establish, nothing to prove, and they don't have all this new bravado."

Just in case, the school trains older "peer leaders" to give the fifth and eighth grade students any transition assistance—new pencils, notebooks, a companion at lunchtime—they may require.

Another hallmark of the New American Schools reform model being replicated at Elizabeth Learning Center

is small class sizes. Most teachers have between fifteen and twenty students. Aside from the education benefits of more personalized instruction, "It's easier to let your feelings out in small settings," said Richard Rusiecki, one of the school's three psychologists.

A critical part of creating a kinder, gentler school is picking the right people.

"You can't get somebody who doesn't work well with other people, or you're dead," Mr. Vasquez said. This is a place where everyone from the groundskeeper to the principal is enlisted as an emotional custodian.

On one Monday morning in the fall of 1999, the "learning supports" committee gathered around a conference table for its weekly meeting to share information about students' problems and to organize a timely, coordinated response. Made up of school personnel from different departments, the team governs all school business from curriculum selection and facilities maintenance to budget and parental involvement.

At another fall 1999 meeting, two special education teachers, a school psychologist, two counselors, a nurse, and a speech therapist charged with safeguarding the mental health of students slowly plowed through the week's case files.

First was Julio, a first grader with a serious speech impediment and apparent hearing loss. He needs to return to kindergarten and go to language training, the committee members all agreed. The nurse said she would get him to a doctor to rule out an ear infection.

Next on the list was Erica, a belligerent kindergartner who would strike her teacher and wouldn't sit still in class. The teacher and counselor speculated on a diagnosis. Attention deficit hyperactivity disorder? Emotional trauma? One of them wrote a note: "Call the mother. Psychiatric exam needed."

A governing principle at Elizabeth Learning Center is regular, scheduled communication involving all the staff members who touch the life of each child in the school. Mental health experts say that many schools miss warning signs of impending criminal or self-destructive behavior because staff don't share information with the teacher in the next classroom, let alone the school nurse.

While hardly foolproof, coordinating data among multiple points of contact makes it harder for students' problems to fall through the cracks at Elizabeth, Mr. Rusiecki, the school psychologist, said.

Mr. Rusiecki recalls one eighteen-year-old senior who wrote a note in class saying, "I don't want to live because I'm a disappointment to my father." As soon as the boy's teacher retrieved the note, the teacher met with Mr. Rusiecki, who referred the senior that day to a mental health clinic two miles from the school. The boy and his father went to counseling.

With the idea that serving the community's need for improved education and psychological services ultimately will benefit students, the school sacrificed three bungalow classrooms to operate a family center.

The more than sixty parent volunteers, mostly women, who staff the center perform a myriad of tasks, such as arranging counseling appointments for students, aiding teachers, and helping patrol the schoolyard. But the parents are also eligible for services for themselves.

In one of the classrooms, more than 700 parents stream in from 9 A.M. to 8:30 P.M. Monday through Thurs-

day for classes in areas such as computer use, aerobics, knitting, citizenship, and those needed to earn a high school equivalency diploma, or GED.

Most of the parents don't have a diploma, and research has shown that improving a parent's English skills can help improve children's academic achievement. To encourage attendance, the center offers a day-care center next door that is also staffed by parent volunteers.

The school also offers individual psychological counseling for parents who themselves are in crisis.

Maria Elena Gonzalez remembers when she came into the Family Center a few years ago, utterly distraught about her daughter, Susan, then in high school. The fifteen-year-old had nearly died from an overdose of Tylenol and alcohol after her boyfriend was shot during a gang battle in the neighborhood. The girl was hospitalized and released but had become a heavy user of cocaine, marijuana, and LSD. Ms. Gonzalez, who couldn't afford a private-practice psychologist, went to the school's professional staff for advice.

"The counselor helped me figure out how to talk to my daughter, and now she's doing okay," Ms. Gonzalez said.

Emi Elizondo, the director of the Family Center, said the full-service school concept often means reaching into areas that usually are reserved for other public institutions.

Like many school improvement efforts, the Elizabeth Learning Center experiment isn't cheap. The school costs $8 million a year to run, from teachers' salaries to clinic supplies to custodial mops. Besides money from the school district and the start-up grant, the school has received funding from several foundations.

School leaders have found creative ways to cut expenses. For one thing, the parent volunteers who together

log more than 1,000 hours a month save the school nearly $10,000 a month.

No sure statistical barometers measure how the school climate has changed since the new organization was first adopted, but the results are encouraging.

Student suspensions—an average of five a week—are down from dozens a day and are now mostly for fighting or dress-code infractions rather than weapons possession or assault. Besides feeling safer, students here are less apt to be self-destructive than their counterparts at other schools.

Neighboring Bell High School averaged two suicide attempts per week in the 1990s. Since Elizabeth Learning Center opened, not a single student has taken his or her life and there have been no known attempts. At the same time, the school's test scores have inched up: In 1996, Elizabeth students scored in the sixteenth percentile on state tests; in 1999, they rose to the twentieth.

Kids stay in school: The dropout rate hovers near 2 percent, and the graduation rate—at 95 percent in 2000—is double that of the neighboring schools.

Mr. Vasquez says that the larger life lessons taught at his school are as valuable a part of the curriculum as calculus and biology.

Around 7:30 A.M. on a chilly fall day in 1999, a crew of fifty fourth and fifth graders plunked down on long plastic tables for their weekly conflict-resolution class before heading to homeroom.

Jackie Garcia, donning her orange vest at a head table with a half-dozen other "conflict managers," listened attentively as school counselor Gary Burbank went over the basic points of mediating a playground scuffle: Don't take sides or interrupt, listen actively, and make eye contact.

"The byword here is empathy," Mr. Burbank told the children. "Does anyone remember that word? We try to understand how they feel and to understand why they are so unhappy."

CONCLUSION

The day before I set out to write this conclusion, a 12-year-old boy in a suburb of Washington, D.C., hung himself in the basement of his home. A colleague of mine who is a neighbor of the family told me the news as we were fetching our morning coffee in the newsroom kitchen.

What struck me about the horrific event was its proximity. I have a dear friend whose husband committed suicide in his twenties. But I've never known, before I began the research for this book, a teenager who'd taken his or her own life.

While suicide among the young is still relatively rare, it is also true that few people don't know someone who knows some child who has done it—or at least made an attempt. Perhaps it was a classmate of their son or daughter, a distant cousin, or a friend's child. Three degrees of separation. Maybe four or five.

Few communities are spared the jolt of a teenager's death because not in recent memory have the young chosen to die at such alarming rates. Youth suicide has tripled since