

TEENAGE SUICIDES LEAVE ENDURING ANGUISH, QUESTIONS

Upcoming Bowling Green event to cast light on issue that has rocked community

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BOWLING GREEN - Suicide has a face for Jordan Laskey: his own.

Every time he looks in the mirror, there it is staring back at him with narrow blue eyes. It is the face of a 20-year-old filled with rage and sadness who once found himself on the verge of taking his own life. It is also the face of one who couldn't stop at the edge of that precipice: his twin brother, Jeffery.

It was Jeffery - the popular one, the clown everyone knew - who hanged himself in a high school bathroom more than two years ago. That's what made Jordan want to punch walls. It's what made him cut himself and get high on cocaine. And it's what brought him to his brother's grave on numerous occasions to debate whether he should join him before ultimately going to a local hospital for help.

"I was like, if I do this, my mom won't have any children," Jordan said.

As the Bowling Green resident knows, teenage suicide isn't just about the dead. It's about the living who cope with grief and anger, wrestle with unanswerable questions about a young life ended too early, and face a struggle to stop one tragedy from multiplying into many.

No local community has had to face this problem more in recent years than Bowling Green, where there will be an "Out of the Darkness" walk calling attention to the issue on Oct. 5. Four Bowling Green High School students committed suicide during a three-year span starting in 2004, according to the Wood County Coroner's Office. The rest of the county had three teen suicides during that time, and all of Lucas County - which includes more than a dozen high schools - had six.

VIDEO INTERVIEWS

[Derek Sidle's family](#)

[Jeffery Laskey's family](#)

This is not to say that teen suicide is just a Bowling Green problem. It can and does happen anywhere. But the experience of this city of 30,000 offers a chance to look closely at the unsettling phenomenon and a community's response to it.

'It was terrible'

The string of suicides began in April more than four years ago with Derek Sidle, a 16-year-old baseball and hockey player who hanged himself in his garage after being sent home from baseball practice for being caught with chewing tobacco in his mouth.

Three more hangings followed.

In September, 2005, another hockey player, Nicholas Rathburn, 17, committed suicide near the Portage River in



Jordan Laskey and his mother Jodi look at mementos of his twin, Jeffery Laskey, who hanged himself in 2006. (THE BLADE/JEREMY WADSWORTH)

Pemberville. Jeffery Laskey, 17, who played baseball with Derek and knew Nicholas from elementary school, died in February, 2006. Then on Sept. 17 of the same year - Jeffery's birthday and one day shy of a year after police discovered Nicholas' body - 17-year-old Christian Benner was found dead in his backyard.

Even scarier: There could have been more. Local law enforcement agencies documented three suicide attempts by teens within the next week. All of this cast a devastating pall over the school.

"You think: It happens once and it's over; it was terrible but hopefully it won't happen again. And then it just keeps happening," said Jonathan Moody, 20, one of Derek's friends.

There was no suicide pact, no obvious connection between the deaths other than the fact the teens lived in the same town and went to the same school.

"It was almost like a chain-reaction kind of deal," said Chaz Ludwig, 19, a friend of Jeffery Laskey. "You never knew who could be next."

Sobering statistics

The facts are overwhelming: Suicide ranks as the third-biggest killer of this nation's young people, accounting for more than 4,200 deaths every year.

Recent trends provide even more reason to be uneasy. When a decade of steady decline in teen suicides reversed with a sudden spike in 2004 - up 18 percent for people under age 20 - experts were worried. When it went down only 5.3 percent the next year, more alarms went off.

"What we see in that two-year period is over 600 more suicides than we would have expected based on the historical trend, and that is a cause for concern," said Jeffrey Bridge, a suicide researcher at Nationwide Children's Hospital in Columbus who worked on a report analyzing the statistics in this month's Journal of the American Medical Association.

The data from the Centers for Disease Control and Prevention are the most recent available and indicate that males account for more than three-quarters of this country's suicides.

"The adult develops throughout his or her life some defense mechanism to confront and cope with a stressful environment," he said. "[Teens] are in a maturing and transformation process, so the ability to cope with these simultaneously stressful events, it's much less."

Naturally, there is the question of why. There always is the question of why, and to some survivors it is the only question.

Triggering events

Experts admit they don't know what's behind the recent surge in teen suicides nationally. Some suggest it could be reduced use of anti-depressants because of "black box" warnings indicating they increase the risk of suicidal thoughts among children and adolescents.

Researchers are more certain that for those youths who commit suicide, some form of mental health problem - typically depression - is at the root of things about 90 percent of the time.

"This is really a brain dysfunction," explained Ellen Anderson, who works for Person to Person Resources in Perrysburg and has a doctorate in counseling.

High levels of stress hormones can cause a physical change in the brain of a depressed person, which can lead to a "narrowing of thinking that the only possible solution is death, but what you're really trying is to end the serious emotional pain," she said.

Kids don't have a lot of life experience. When something bad happens, they don't realize that it will pass, and they tend to act more impulsively. It can be a deadly mix, especially when the triggering event is added to other serious underlying problems, according to Dr. Theodor Rais, director of the residency training program for child and adolescent

WARNING SIGNS

Depression is not merely sadness, says Bill Donnelly, clinical director of Children's Resource Center in Bowling Green. It is a depressed mood with a persistent cluster of physical symptoms that could include changes in eating and sleeping or a general loss of interest or pleasure that does not abate. Situational stress and access to firearms and/or medications increase the risk. Things to look for may include:

- Drastic changes in behavior.
- Loss of interest in hobbies, work, school.
- Withdrawal from friends and/or social activities.
- Increased use of alcohol and rugs.
- Preoccupation with death and dying.
- Talk of committing suicide or previous suicide attempts.
- Giving away prized possessions or making good-byes.

psychiatry at the University of Toledo Medical Center, formerly the Medical College of Ohio.

Deadly thoughts

Reminders of her son's fatal choice appear when Daun Sidle least expects it.

They come when she turns on the radio and hears a song Derek used to like and when she gets a piece of junk mail addressed to him. It happens when school starts again and any time she sets foot in the local ice arena, where she cheered for him so many times.

And every single day, it happens when she comes home to put her car - license plate: MS U DEKE - in the garage. That's where she found his body after the door wouldn't open that horrible day in 2004. "I hold my breath every day just in case it doesn't go up," she said.

One day it didn't - it turned out the spring was broken - and she nearly had to crawl, hyperventilating, to the side door, even though she knew the whereabouts of both her kids.

Mrs. Sidle will never really understand why Derek took his life. He was popular and seemed happy. While he could get angry, she never noticed any other signs of depression: changes in sleeping, eating, grades, or behavior. "I really don't believe he intentionally wanted to die. I really don't," she said. "He had such a good life, and he never said he wanted to die. He had made plans for the weekend. He had told people he would call them that night."

But she realizes that in that moment, her son must not have been thinking rationally.

"I think he was thinking: 'My hockey career's ruined.' Having tobacco, that's a majorly bad thing when you play sports," she said. "I think they don't realize that death is final."

None of the parents of the Bowling Green teenagers who killed themselves during that three-year span saw it coming, which is no surprise to Ms. Anderson, the clinical counselor. She said discussion of suicide is a fairly taboo topic and that makes it hard for people to recognize symptoms even when they see them.

"It's not that we don't want to notice them. When things are taboo, it's really hard for us to hear them or see them," she said. "Often people mistake depression symptoms in younger people for 'typical adolescent problems: Of course my kid is moody. All kids do that.'"

In most cases, she said, there will be signs. Police reports indicate that some of the Bowling Green teens were believed to have used drugs such as marijuana or amphetamines in the past and that at least two had shown signs of suicide or depression before.

Dangerous impulses

With all due respect to the experts, though, Derek's friend Mr. Moody stressed that "you have to go on a case-by-case basis."

"There are times [that] I'm upset, I don't feel like eating, or I'm really mad. It doesn't mean that I'm going to go out and do that. It just means I'm upset," he said.

Nicholas Rathburn's parents declined to comment for this story, but Christine Benner is adamant that her son, Christian, died of an accidental asphyxiation, not an intentional decision. Despite the coroner's ruling, she believes he was playing the so-called "choking game," where kids restrict blood flow to the head with a cord or other implement to achieve a high.

While not denying that he had been upset the previous day, she said, "In my heart, I don't care what he said or what kind of mood he was in ... He wouldn't go out of this world without a fight."

Christian - a Christmas baby who earned his name by being born on Dec. 25 - had transferred to Bowling Green as a sophomore and was fun, in love, and full of energy, if sometimes mischievous, she said. It was just a coincidence that his death fell on Jeffery Laskey's birthday, Ms. Benner said.

"He was more impulsive. I think it was something impulsive to

SEEKING ASSISTANCE

If you are concerned about depression, experts suggest you talk to someone, such as a parent, doctor, clergyman, or counselor. If you or someone you know is considering suicide, call these numbers for a counselor who can help determine the best course of action or call 911:

- Rescue Mental Health Services in Toledo: 419-255-9585
- The Link/Behavioral Connections of Wood County: 419-352-1545 or 800-472-9411
- Monroe County Community Mental Health Authority, 734-243-7340 or 800-886-7340
- National Suicide Prevention Lifeline: 800-273-TALK (8255) or myspace.com/suicidepreventionlifeline

Other resources:

- American Foundation for Suicide Prevention: afsp.org
- Suicide Prevention Action Network USA: spanusa.org

"He was more impulsive. I think it was something impulsive to get a rush," she said. "I think he thought with his strength and muscles he could control the high from the rope."

• Suicide Prevention Resource Center:
www.sprc.org

Jeffery Laskey's mom, Jodi, still has trouble reconciling what happened with her son.

Yes, he'd been reading a memoir by a suicide survivor in class called *The Burn Journals* and he killed himself just minutes after being given a detention, but it was for nothing major. Furthermore, he'd experienced the devastation caused by the deaths of his friends Derek Sidle and Nicholas Rathburn.

"He was pissed at Derek," Ms. Laskey said. "He was really mad."

And so, she said, "to this day, because I know that I'm in denial, I just think that this wasn't intentional."

Why would he have done it at school where chances were good he would be caught? Why in a high-traffic bathroom? Why?

Prevention programs

Bowling Green High School Principal Jeff Dever can't answer that and he won't try. An Army veteran, he's seen plenty of things he wished he hadn't, but nothing compared to what the school went through with its rash of suicides.

"It's one of the hardest things I've had to deal with in my life," he said. "I'm emotional about it."

He's the one who started performing CPR on Jeffery Laskey. He's the one who worries now every time a student ends up in his office.

When Derek Sidle died in 2004, the high school had a plan, but it hadn't been updated in some time. The school called in counselors from various local agencies for any students or teachers who wanted to talk.

After Jeffery Laskey died, every student received a 90-minute class on "gatekeeper training" to make them aware of the signs to look for in others and where to go for help. The practice has continued with every subsequent freshman class.

In 2007, the school started using Columbia University's Teen Screen program. The grant-funded computer test asks students questions concerning a broad range of mental health issues, including suicide and depression. Both a student and parent must consent for the test to be administered; last year, about 80 agreed. If a student is considered at risk, he or she meets with a counselor for an interview and possibly a referral for further professional evaluation.

"We have a problem here," and the district is facing it head on, Mr. Dever said. "It's terrible. I hope no other school goes through this."

Some of his decisions have been controversial. After a suicide, school officials would not let any student leave - even the closest friends of the deceased wanting desperately to get to the hospital - until a parent came to pick them up, fearing that a grieving student could be a danger to other drivers or themselves if left alone.

Raising awareness

There were no memorial services, no plaques paying tribute to the students who died. Jordan Laskey wasn't even allowed to read a poem he wrote about his brother at graduation.

"I'm not going to idealize kids who commit suicide," Mr. Dever said.

Experts suggest not making a school a place of mourning. Still, Mr. Ludwig, Jeffery Laskey's friend, said it sometimes seemed like the school was trying to ignore the issue and that its actions did more to isolate grieving students than bring them together.

"I think the problem was the way the high school dealt with it. ... It's like they tried to brush it under the rug," he said. "This was a problem for four years. It was a problem. What other high school in this area had this problem? None."

He admitted that he doesn't have a perfect solution but said bringing in counselors will continue to be of limited value as long as there remains a stigma about seeking help.

"What kid is going to take it upon themselves to leave class to go see a counselor?" he said. "You don't want to

be the odd man out."

Maybe that's where some community-wide action can help. The Wood County Suicide Prevention Coalition, formed in early 2005 as part of a statewide movement, co-sponsors a number of initiatives, including an Out of the Darkness Walk. (A similar walk took place yesterday in Toledo.)

Bowling Green's is scheduled to begin at 1 p.m. Oct. 5 at City Park and calls attention to the issues of suicide and depression. It also raises money for local prevention efforts and the American Foundation for Suicide Prevention. Last year, the walk drew nearly 1,000 people.

After Jeffery Laskey's death, WBGU-TV aired a forum called Our Community Cares to get people talking about the topic. The Wood County Alcohol, Drug Addiction and Mental Health Services Board funds billboards, and the high school's drama teacher organized productions of *Eric and Elliot*, a play about suicide and depression.

Local prevention efforts have shifted to focus on educating students in small, intimate groups in which they can feel more comfortable discussing their feelings and asking questions instead of in large assemblies, said Tom Clemons, associate director of Wood County Alcohol, Drug Addiction and Mental Health Services Board.

The important thing, advocates say, is to treat suicide and depression the same way society has handled secondhand smoke or other public health issues - with awareness.

"They are brain disorders that, just like chest pain or bronchitis, need to be treated," said Dr. Paula Clayton, medical director of the American Foundation for Suicide Prevention.

The survivors

None of that will give Mrs. Sidle her son back. Instead, she and her family live with a grief that has taken physical form.

It is the cell phone that sits unused on her son's desk, next to some swimsuit models cut out of magazines. It is a family portrait on the wall with Derek in angel's wings. It is his bedroom, where his school clothes still hang in the closet.

Each member of the family handled his death differently. Derek's two younger siblings, Justin, 13, and Emily, 11, both of whom received counseling, clammed up. They don't like to talk about it and prefer not to get out of the car when visiting the cemetery with their parents.

Derek's father, Steve, received counseling with Mrs. Sidle but thought it did little good. A construction foreman, he found more relief when he threw himself into his work and could focus on something, anything else.

"That was my therapy," he said. "That helped a lot."

Mr. Sidle passes the cemetery on the way home almost every night. Sometimes he'll stop there twice a week, sometimes twice a month, but he's always in contact with his son thanks to a picture he keeps on the sun visor of his truck.

"I'd look at him and tell him how my day was, ask how he was doing," Mr. Sidle said. "I still have a hole in my heart and always will have a hole in my heart from losing him, but I know he's up there looking over me."

As for Mrs. Sidle, she was simply overwhelmed.

"I remember going to church and I didn't think I could live through this," she said. "I would say probably just within the past year I actually feel like I have my bearings back."

It helped to meet with others in support groups and she looked for guidance and comfort from books with titles like *The Purpose Driven Life* and *Andrew, You Died Too Soon*. They all had their limitations, though.

"You'll never get an answer you really want," Mrs. Sidle said. "You grieve for all the things he didn't get to do."

'Always in my heart'

For Jordan Laskey, his brother's suicide sent him into a near-fatal depression. He underwent counseling for a year and remains on daily medication.

In his case, Jeffery's death was more than the loss of a brother; it was the destruction of a protector who looked out for him when he had a kidney transplant and a hip replacement.

Over the years, Jordan found numerous ways of honoring his twin. He occasionally wore Jeffery's baseball jersey after his death and eventually moved into his room. "When I was in there, I felt with him," he said.

The family has moved since then and Jeffery's things stay in his new room now, neatly hanging from a clothes rack while the rest of his cherished items sit on shelves or are tacked to the walls.

Now Jordan has a tattoo on his right arm of a cross, his brother's initials, and the number 34, Jeffery's baseball number. It adds a literal truth to the lines of the graduation poem Jordan wrote for his brother, one of about 100 he's composed related to Jeffery:

*We did it bro, even though you're not here,
You'll always be in my heart, and we will never be apart.*

A 'serious problem'

What happened in Bowling Green could happen anywhere.

Consider that 5 percent of Wood County tweens and teenagers surveyed earlier this year - that's 330 kids - said they've tried to kill themselves in the previous year. Almost 17 percent, more than 1,000 youths, said they've thought about it, according to the county's 2008 youth survey, funded by the Wood County Alcohol, Drug Addiction, and Mental Health Services Board. Those numbers are similar to national figures.

"That really motivates you to recognize this is a really serious problem," said Bill Donnelly, a psychologist and clinical director of Children's Resource Center in Bowling Green. "In 2007 ... there were no student suicides, but we have 300 students who said, 'I tried.' ... So could you, with the lethality dice rolling a little differently, could you have had five deaths at any one school?"

What's even more frightening is that when one suicide happens, it can feed into others, said Madelyn Gould, a professor in child psychiatry and public health at Columbia University.

She's studied clusters in 53 communities over a 10-year-period and found no common ground when it comes to the location, no "suicide town" profile. Over the years she has learned more about how the act influences other young people in the community who already may be depressed.

"They can start considering suicide as more of an option than they had before, as a way to get out of pain, as a way to get out of their problems," she said. They may start identifying with the victim and decide the problems that they have certainly aren't any less than the problems the victim seemed to have."

Doug Merrill, head baseball coach at Bowling Green High School, understands the deadly reality of that threat. he's known seven teens who killed themselves, including a friend and ex-girlfriend when he was growing up and kids he's coached over the years such as Derek Sidle and Jeffery Laskey.

At one point when he was a teenager, all the death that surrounded him gave rise to his own suicidal thoughts, questions like: Why am I here and they're not?

"And then every little setback becomes a mountain that you just don't feel like you can climb over," he said. "So you start thinking to yourself: These guys don't have to deal with it anymore."

Counseling helped him and he's self-published a book that he hopes will help others learn from his experience, *Fighting the Demons of Suicide*.

'Something positive'

Ms. Laskey still smiles when she thinks of Jeffery's goofy grin, school spirit, and their frequent games of catch together. The single mom still holds tight to the memory of giving him one final kiss good night the last time she saw him alive.

Then comes a torrent of pain: The memory of a phone call from school as she got ready for work the next morning, a breathless trip to the hospital, and a few final words alone with his lifeless body: "Wake up! Get up! Come on now!"

When she joins with the hundreds of people expected at next weekend's walk, both sets of memories no doubt will come rushing back. Except there will be a difference: She might help save someone else's son.

"I can look for something positive out of a negative," she said.

Next to Ms. Laskey all the way will be Jordan. still a perfect replica of his departed brother.

next to her. Every, all the way, will be certainly, still a perfect replica of the departed brother.

“Watching his expressions and seeing how much they look alike, just those little things [trigger memories,” she said, then paused to look at her living son. “And it’s not a bad thing. That’s a real good thing.”

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