A REPORTER AT LARGE

THE UNTHINKABLE

Child suicide is on the rise. Where are we going wrong?

BY ANDREW SOLOMON

My husband and I first met Trevor Matthews when he and our son, George, started kindergarten together at St. Bernard's, a private boys' school on the Upper East Side. Trevor was perhaps the brightest kid in the class. In first grade, he was already reading adult narrative nonfiction. He could be charming, generous, and humane. But he could also turn suddenly violent. At my son's seventh-birthday party, Trevor bit another boy on the ear so hard that the mark was still visible when that child next went to school. Trevor terrorized the smaller kids in the class, and, if they pushed back, he would try to get them in trouble. He was shrewd in his manipulations. In second grade, he tried extracting cash from other boys by threatening to spread embarrassing rumors. "Trevor was in trouble more than everyone combined," a classmate recalled. Parents complained, and Trevor was frequently disciplined. "By first grade, he was already awash in a sea of conflict," one parent said. "I remember seeing his mother's anguish and just wanting the path for her son to be a little less hard. But it was hard."

Trevor's mother, Angela Matthews, a driven intellectual-property lawyer in her early forties, studied ballet and still carries herself like a dancer. Her intelligence and the intensity of her character can make her intimidating, but she is also given to acts of tremendous kindness. Trevor's father, Billy Matthews, who works in finance, is affable and athletic. They have a daughter, Agnes, three and a half years younger than Trevor; Billy also has two sons, Trey and Tristen, from a previous marriage.

Angela grew up in New York in a Wasp family, and Trevor's attendance at St. Bernard's was shadowed by the memory of two uncles who had been pupils there and had both died young. In 1992, Angela's eight-year-old younger brother, Tristan Colt, fell to his death from the family's apartment building. Climbing through a window in the apartment, on the twelfth floor, he'd dropped carefully down to a terrace one floor below, from which it was possible to access a neighboring building, go down the stairs, and head out undetected. He was last seen sitting on the terrace ledge, before toppling over backward. He'd thrown a tantrum and been scolded, but the general conclusion was that his death was probably not a suicide. Eleven years later, Angela's half brother, Trevor Nelson—for whom she named her son—died at thirty-four, when a hospital treating him for viral meningitis inexplicably administered a fatal admixture of drugs. Eleven years older than Angela and a child of her mother's first marriage, he had been a charismatic presence at St. Bernard's, athletic and academically brilliant but also a bully. He would gather kids in recess for a game called Kill, where they would chant and then Trevor would announce the name of the person who was going to be attacked. Trevor Nelson went on to be kicked out of multiple prep schools. But eventually he mellowed. He attended U.C. Berkeley, became a top producer at "60 Minutes," and was a doting husband and father with a wide circle of loyal friends. Hundreds attended his funeral.

When it was Trevor Matthews's turn to attend St. Bernard's, he wore Tristan Colt's blazer, and longtimers at the school often drew comparisons between him and his other uncle, Trevor Nelson. If he acted badly, teachers would say, "Well, Trevor's like his namesake." Trevor's glittering intellect delighted many adults. He was precocious in other ways, too: he was interested in girls and, in fourth grade, brought a date to a school benefit. "It was totally a big deal that he brought her," Angela told me. "I said, 'If he wants to have a date, he can have a date.' They're not holding hands, it's

When Trevor Matthews took his own life, a

year ago, his parents were left trying to understand why there are so few therapeutic interventions for children with depression.

PHOTOGRAPH BY SARAH PALMER

O.K." Trevor was elected class representative that same year, promising to have the recess deck refurbished and to get the boys more involved in helping the neighborhood's homeless.

Yet his aggression intensified. He pushed one child down some stairs; the mother asked the school to insure physical distance between the boys in the stairwell. Playing paintball, Trevor sneaked up behind a boy and fired close-range into his helmet; the child developed blurry vision. Another boy came home from school with red marks on his neck; the school told his mother that Trevor had choked him. In 2019, toward the end of fourth grade, the school and Trevor's parents came to an agreement that he'd be better off elsewhere. Many of his classmates were relieved. One mother told me, "I could tell my son didn't really want Trevor to leave, because they do feel like family. But the tension is gone." Her son had said, "It was sad that Trevor left, but we can get a lot of work done now."

Last year, over Presidents' Day weekend, my husband and I took George and one of his sixth-grade friends skiing upstate at Catamount, a popular destination for many families from the school. As we pulled up, we saw Trevor. George and his friend both groaned. We said they didn't have to ski with Trevor but should try to be polite. As it turned out, they did end up skiing with Trevor and a handful of other St. Bernard's boys. Trevor, a spectacular skier, skipped the hardest trails to stay with the others. When George and his friend piled into the car at the end of the day, George said, "Trevor has changed. He's way nicer. We could even be friends." We were happy to hear it. Perhaps, as others had supposed, Trevor Matthews was on the same redemptive path as Trevor Nelson.

Seven weeks later, on the afternoon of April 6th, Trevor jumped off the roof of his apartment building, on Eighty-sixth Street and Park Avenue, killing himself. He was a few months past his twelfth birthday.

I heard the news from another St. Bernard's parent while I was buying groceries and rushed home to tell my husband, wondering how we would break the news to our son. George cried on and off all evening. He kept saying, "But why would he do that?," and then he said, "I wasn't always that nice to Trevor. Maybe I made his life worse." I reassured him that nothing he did had caused the tragedy and nothing he could have done would have prevented it. The mother of one of George's classmates said, "Their childhood ended on Tuesday."

I asked Angela if we could come by for a condolence call. She said yes, if we were vaccinated. Because vaccines were not yet available to children, she added, "Don't bring George." She paused, then explained, "It's just—because of Agnes. She can't get vaccinated yet, either. And she's all I have left." In the following weeks, Angela told her story over and over to any friend who asked, as though she could contain it through repetition. For Billy, even conversational boilerplate was a struggle.

Angela and Billy had been trying to understand why there are so few therapeutic interventions for children with depression. Trevor, the child of well-off, educated parents, had far better mental-health support than most American children, but was not saved by it. Angela wanted to lobby for legislation to mandate services her son had needed; she considered setting up a center to undertake research and provide clinical treatment. Because I have written about depression, she and Billy encouraged me to address child suicide, and agreed to tell me their story. I talked to those who had known Trevor and began making contact with other bereaved families and with researchers and mental-health workers who are investigating this escalating phenomenon.

Every suicide creates a vacuum. Those left behind fill it with stories that aspire to rationalize their ultimately unfathomable plight. People may blame themselves or others, cling to small crumbs of comfort, or engage in pitiless self-laceration; many do all this and more. In a year of interviewing the people closest to Trevor, I saw all of these reactions and experienced some of them myself. I came to feel a love for Trevor, which I hadn't felt when he was alive. The more I understood the depths of his vulnerability, the more I wished that I had encouraged my son, whose relationship with Trevor was often antagonistic, to befriend him. As I interviewed Trevor's parents, my relationship with them changed. The need to write objectively without increasing their suffering made it more fraught—but it also became deeper and more loving. As the April 6th anniversary of Trevor's death approached, I started to share their hope that this article would be a kind of memorial to him.

Angela was right that a larger issue is at stake. The average age of suicides has been falling for a long time while the rate of youth suicide has been rising. Between 1950 and 1988, the proportion of adolescents aged between fifteen and nineteen who killed themselves quadrupled. Between 2007 and 2017, the number of children aged ten to fourteen who did so more than doubled. It is extremely difficult to generalize about youth suicide, because the available data are so much sparser and more fragmentary than for adult mental illness, let alone in the broader field of developmental psychology. What studies there are have such varied parameters—of age range, sample size, and a host of demographic factors—as to make collating the information all but impossible. The blizzard of conflicting statistics points to our collective ignorance about an area in which more and better studies are urgently needed. Still, in 2020, according to the Centers for Disease Control and Prevention, in the United States suicide claimed the lives of more than five hundred children between the ages of ten and fourteen, and of six thousand young adults between fifteen and twenty-four. In the former group, it was the second leading cause of death (behind unintentional injury). This makes it as common a cause of death as car crashes.

Although it is too early to quantify fully the long-term impact of the pandemic, it has exacerbated the burgeoning crisis. The C.D.C. found that in 2020 mental-health-related visits to hospital emergency departments by people between the ages of twelve and twenty-seven were a third higher than in 2019. The C.D.C. also reported that, during the first seven months of lockdown, U.S. hospitals experienced a twenty-four-per-cent increase in mental-health-related emergency visits for children aged five to eleven, and a thirty-one-per-cent increase for those aged twelve to seventeen. Among the general population, suicides declined, but this change masks

PREVIOUS SPREAD: SOURCE PHOTOGRAPHS COURTESY ANGELA MATTHEWS AND BILLY MATTHEWS

a slight increase among younger people and a spike among the country's Black, Latinx, and Native American populations. Last October, the American Academy of Pediatrics declared that the pandemic had accelerated the worrying trends in child and adolescent mental health, resulting in what it described as a "national emergency."

The sooner depressed or suicidal children receive treatment, the more likely they are to recover, but children remain radically undertreated. There are too few child psychologists and psychiatrists, and most pediatricians are insufficiently informed about depression. Research suggests that only one out of five American adolescents who end up in a hospital after attempting suicide is transferred to a mental-health facility, and access is predictably worse among the poor and in communities of color. According to the National Institute of Mental Health, of the three million American adolescents who experienced major depression in 2020, almost two-thirds received no treatment.

Scott Rauch, the president of McLean Hospital, near Boston, and a professor of psychiatry at Harvard Medical School, told me, "The convergence between stigma and long-standing traditions of not supporting this kind of care is the shame of our nation." The authors of a study on the absence of any evidence-based treatment for under-twelves with inclinations toward suicide—"suicidality," in the psychiatric parlance—wrote, "That so little about this topic exists in the professional literature is baffling. Does it perhaps reflect a collective level of denial that children are simply incapable of such thoughts?"

"Parents can't fathom and don't want to fathom their kids doing it, so they underinvest in making sure it doesn't happen," Brad Hunstable, who lost his twelve-year-old son to suicide in 2020, told me. "Most pediatricians know how to test for lead poisoning. They know how to tell you what percentile you are in height. They don't know how to screen for suicidal ideation."

Perhaps the most unsettling aspect of child suicide is its unpredictability. A recent study published in the *Journal of Affective Disorders* found that about a third of child suicides occur seemingly without warning and without any predictive signs, such as a mental-health diagnosis, though sometimes a retrospective analysis points to signs that were simply missed. Jimmy Potash, the chair of the psychiatry department at Johns Hopkins, told me that a boy who survived a suicide attempt described the suddenness of the impulse: seeing a knife in the kitchen, he thought, I could stab myself with that, and had done so before he had time to think about it. When I spoke to Christine Yu Moutier, who is the chief medical officer at the American Foundation for Suicide Prevention, she told me that, in children, "the moment of acute suicidal urge is very short-lived. It's almost like the brain can't keep up that rigid state of narrowed cognition for long." This may explain why access to means is so important; children living in homes with guns have suicide rates more than four times higher than those of other children.

Children contemplate suicide far more often than parents may realize. According to a 2020 study in *The Lancet*, among nine- to ten-year-olds, one in twelve reported having had suicidal thoughts, and another recent study found that nearly half of parents whose adolescent children had been contemplating suicide were unaware of this. As a result, parents may be left forever wondering what would have happened if they'd walked in ten minutes sooner or hadn't had that one argument. So many families told me that there had been no hint. Isaac Shelby, a sixteen-year-old from Albuquerque, was one of the most popular kids in his class—handsome, smart, a soccer star—and showed no signs of depression. One day last September, after a minor altercation with his parents about a vaping pen, he took the gun from his father's nightstand, went into the back yard, and killed himself. His parents told me that what they most wanted to know was why: even if it turned out that it was somehow their fault, it would be a relief to have some sort of answer.

Trevor's suicide became a reference point in the lives of everyone who knew him. Many had perceived him as someone who inflicted suffering on others, not seeing that he was suffering intensely himself. But people who respond to others aggressively and act impetuously are at acute risk of suicide, because they respond to themselves with impulsive belligerence, too. Bullying is strongly associated with suicide not only among its victims but also among its perpetrators. Experts speak of childhood depression as having internalizing symptoms (withdrawal, sadness) that are often ignored

"An algorithm matched us as soul mates, and yet it can't suggest a movie we both want to watch."

"I can't decide if I'm in the mood for Italian or hay."

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and externalizing symptoms (aggression, disruptiveness) that are usually punished. Both can be manifestations of the same underlying illness. And Trevor, like many bullies, was also sometimes the victim of bullying. On one occasion, a group of boys held Trevor down and kicked him.

By the age of thirteen, more than a third of bullies have actively considered ending their lives, according to a study published in the *Journal of Adolescent Health*. Children who are both bullies and victims are particularly predisposed to suicide, with nearly half reporting a suicide attempt or self-harm. What's more, the omnipresence of social media has created new venues for bullying. Jean Twenge, a psychology professor at San Diego State University, found that teens who spend five or more hours a day online are nearly twice as likely to have suicidal tendencies as those who spend less than an hour. Parents of kids who have died by suicide have recently begun filing lawsuits against the social-media companies that perpetuate the algorithms that kept their children online; Matthew Bergman, a litigator in Seattle who works on such cases, compares the proof of harm to the campaigns against the tobacco and asbestos industries.

On Trevor's desk, after his death, Angela found a list marked "Goals as of right now":

> iPhone 12 mini
> (birthday so Nov. 29)
> Airpod pros
> (b-day)
> PC/Laptop
> (Christmas)
> Dyed hair, preferably blonde/green/*pink* i want piiink!! (hopefully by summer)
> Alta trip (Saturday)
> Getting music on Fitbit (end of april *fingers crossed)

The note was recent and betrayed no hint of darkness.

Trevor was given to nightmares. "He would be screaming in the middle of the night," Angela said. "Trevor wouldn't remember the nightmares in the morning, but Billy and I did." They first took Trevor to see a psychologist at the age of six or seven, when teachers at St. Bernard's suggested that he might suffer from impulsivity. The psychologist, whom he continued to see for years, focussed on getting Trevor to understand that his actions had consequences. Later, Trevor conferred with the school psychologist, to whom he said, "I can't really tell you everything about me. It would be too upsetting to you."

"If Trevor felt wronged, he came back hard," Billy said. "And he could feel wronged for very little reason." He saw his son as having a strained relationship to empathy when he was young, direct in expressing what he did or didn't like. "Trevor's frustration would dominate," he said. "He never saw anything from the other person's point of view."

In 2017, after second grade, Trevor attended Brant Lake Camp, in the Adirondacks. He was on the young side for sleepaway camp but adamant about wanting to go, and he returned the next two years. He adored the sports—he learned to water-ski and was proud to have his name painted on a wall of home-run hitters—but, in the photographs posted online by the camp, he sometimes looked moody.

At the beginning of the second summer that Trevor attended, another of the boys wrote to his parents. As it was later reported, the letter said, "I miss you guys so much. Dylan touched my penis. Evry thing is good except for that." Dylan Stolz had been a counsellor at the camp for thirty-three years, and there had been previous issues. Now other boys reported similar incidents, and Stolz was arrested. When he was released on bail, Trevor started weeping and Angela and Billy asked repeatedly if Stolz had done anything to him. Trevor said that he was just upset by what his friends had suffered. As the Warren County district attorney's office built its case against Stolz, several of the boys prepared to testify, but, in the end, he took a plea bargain and was sentenced to four and a half years in prison.

That autumn, Trevor's challenges to authority intensified. Often, he'd be caught reading a book of his own during class and would refuse to put it away. Once, he was so disruptive that a teacher called Angela, who left work to collect him. Trevor was eventually called before the school's Conduct Committee and reprimanded. In May, 2019, Angela had to tell Trevor that he would be leaving at the end of the school year. Trevor was distraught at being separated from his friends.

That summer, he went back to Brant Lake, but many of his friends had not returned, and he became disillusioned and frustrated. After just a few weeks, the camp told Angela and Billy that he was cruel to other children and asked them to take him home. Trevor was miserable at home. His psychologist suggested getting him screened for oppositional defiant disorder. The psychiatrist who screened him said that Trevor was amazingly bright, seemed emotionally unsettled, and did not have significant O.D.D. "No one used the terms 'depression' or 'anxiety,'" Angela said ruefully.

Angela and Billy decided to send Trevor to P.S. 6, on the Upper East Side, one of the best public elementary schools in the city. Billy recalls feeling it was the right place. Teachers would take the time to ask Trevor why he was frustrated or had said something aggressive—"those simple questions that he had never had the room to process."

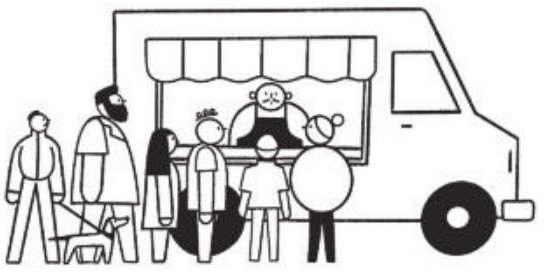
In January, 2020, after starting a new course of therapy, Trevor began telling Angela details about what Dylan Stolz had done to boys at camp. She asked him, "My darling, how do you know that?," and he said, "Because it happened to me." She hugged him and thanked him for telling her. When she asked why he had not told her sooner, he said, "I really wanted to put it out of my mind." He initially didn't want to talk to the police, because the abuse had happened as he was falling asleep, and he wasn't sure he could trust his memory of the details. (Stolz's lawyers could not be reached for comment.) But he worried that his not reporting it might have limited Stolz's prison term.

Gradually, though, he did start to tell friends and even submitted to a forensic interview with the department that had investigated the case. Angela took him out for sushi afterward. "That's as fun as you can make that kind of thing," she said wryly. He had a recurring nightmare in which Stolz was following him down Eighty-seventh Street. In another, he would have a feeling of foreboding, open a door, and confront Stolz's face. "He was literally haunted by this guy," Angela said.

As Trevor articulated this torment, Angela felt that he was finally learning to deal with his feelings. "And here he is, he's now opened himself up and he's being all vulnerable, and COVID—the world shuts down on him," she said. In the fall of 2020, he started at Wagner Middle School. He knew no one and couldn't even meet his teachers.

That semester, Trevor's difficult behavior escalated in puzzling ways. When the family travelled back and forth between the city and their country house, in Connecticut, he would refuse to get in the car, sometimes for a few hours. "Not because he didn't want to be in the country and not because he didn't want to deal with the drive," Angela said. "He couldn't really articulate why. He had these very, very intense feelings that were coming out in ways that didn't make a lot of sense." Angela and Billy tried to create opportunities for him to feel in control. "He felt trapped and needed space," Billy wrote me. "There was so much going on in his head and he wanted release, not further tightening." Without in-person school, Trevor acted out at home. He lashed out when his parents tried to limit his sessions playing Fortnite. Angela sensed despair in his constant generation of conflict—" 'Well, if I do this, will they love me?' "

In December, Angela was in Boston for three weeks for a trial. As the date of her return approached, Trevor grew anxious. In an argument that flared up when he had to miss some time on his Nintendo Switch, he picked up a knife in the kitchen and said, "What are you going to do?" Billy approached him



calmly, and took the knife away; it was not clear what Trevor was intending to do, and Billy saw the moment as essentially a provocation. When Angela returned, Trevor got into a fight with her and began smashing things. When she tried to stop him, he punched her.

Angela was terrified. "O.K., we're in a different universe," she recalled. "This is no longer 'I'm sad.' This is 'Holy shit, he's going to do something.' " Her father, a doctor, agreed. "You really need to go to the emergency room with Trevor, and you should do it now," he said. "You've crossed the Rubicon."

In the first half of the twentieth century, many psychologists assumed that depression in children was a necessary developmental phase, but in the forties René Spitz identified it among children in foundling hospitals, who failed to thrive after being separated from their mothers. Depression, he wrote, was "a specific disease in infants arising under specific environmental conditions." John Bowlby's work on attachment included records of very young children traumatized by separation from their parents. Crying and protesting at first, some children descended into lethargy and later became delinquent. In the seventies, Leon Cytryn and Donald McKnew proposed that childhood depression be accorded its own diagnostic category, and came up with an interview structure for arriving at a diagnosis.

Children are often secretive about suicidal impulses; parents are often in denial. Some years ago, the eleven-year-old son of a friend of mine required a psychiatric hospitalization because of uncontrollable outbursts of anger. I rode with my friend and his son in the ambulance from his house to the hospital. The boy at first could express only rage, then lapsed into despair at his lack of self-control. He said, "I think of suicide a lot. I was thinking about it earlier today, in fact. I don't plan to do it, probably." When we arrived at the hospital, the admitting physician asked my friend whether his son had ever been suicidal, and he said, "I don't think so." I pointed out that the boy had expressed strong suicidal ideation not twenty minutes earlier in the ambulance. Suicide is so unimaginable to parents in general that a child's mentioning it can wash over them.

As early as 1996, a review of research indicated that major depressive disorder appeared to be "occurring at an earlier age in successive cohorts." Two studies on preschoolers suggest that around one per cent of them suffer from depression. Early-onset depression often persists. A study of depressed adults found that those whose condition had first appeared in childhood tended to have the most frequent and severe episodes of suicidality and were likelier

to act on the impulse. Indeed, a third of people with childhood depression go on to make at least one suicide attempt.

Youth suicides occur more often during the school year, when social and academic stresses are highest. A recent meta-analysis of studies on youth suicide found that a history of abuse and neglect was significantly associated with a higher rate of suicide attempts. Rates of suicide are also particularly high for children in care—three times higher than for children who live with their own families without legal supervision.

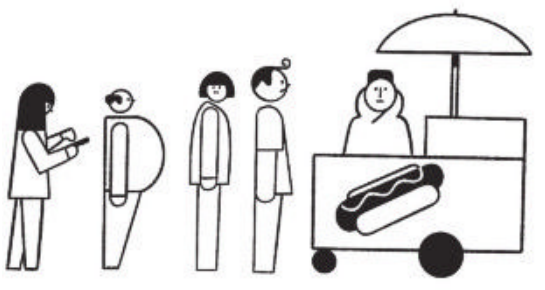
Another group with alarmingly high rates of suicide and suicide attempts is the L.G.B.T.Q. population, reflecting an unaccepting society—and, frequently, an unaccepting family. According to a 2021 survey conducted by the Trevor Project, an organization that has worked for more than two decades on suicide prevention among L.G.B.T.Q. youth, some forty-two per cent of this population seriously considered suicide and more than half of trans and nonbinary young people did.

Environmental factors almost certainly interact with genetic predispositions that are not yet well understood. J. John Mann, a professor of translational neuroscience at Columbia, believes that genetics and epigenetics account for a substantial proportion of suicides. "We're not sure what genes they are yet, but we know that there are genes there," he said. "Suicide is not ex nihilo."

It is evident that many children who suffer from depression do not become suicidal. What is sometimes harder to understand is that many children who do not show signs of depression nonetheless attempt suicide. This speaks not only to the impulsivity of younger minds but also to the lack of the perspective that age eventually brings. There is almost no adult who has not endured a sleepless night obsessing over something that has gone wrong and globalizing it into the panicked sense that nothing will ever work out again. Children have those moments, too, and middle-school drama doesn't seem silly or insignificant to the children caught up in it. Children's worlds may be smaller than adults', but their emotional horizons are just as wide. Because we find our own pain absurd once it relents, most of us don't tell people when we've had a night of clawing at our inner selves. But some people don't make it until morning; tangled in their woes, they tie a noose, fire a gun, or leap from a great height. Some of the people who do that are children.

Billy and Angela took Trevor to a hospital near their Connecticut house. A triage nurse asked Trevor if he was thinking of suicide and he said, "Yeah, definitely." He was held in the E.R. for two days, before being transferred to St. Vincent's, in Westport. His parents were beginning to realize the inadequacy of psychiatric services for acute mental illness in children. "There's nothing," Billy said. "We felt like we were blind, feeling around. And this is our son's life."

Because of COVID, the family was not allowed to visit, a situation that Angela believes exacerbated Trevor's sense of rejection. One of the other kids in the hospital punched him, unprovoked. "I wasn't there, I couldn't protect him," she said. She brought items he had requested—a ChapStick, a T-shirt. She was told that ChapSticks weren't allowed, although she'd checked in advance that they weren't considered dangerous, and a guard even tried to disallow the T-shirt, saying that it was too small for Trevor. One day, a nurse called to complain about Trevor's behavior. "I'm sorry—he's in a crisis right now," Angela recalled saying. "That's why he's in your institution." She was outraged



when the nurse said that Trevor should be sedated with an intramuscular injection.

Trevor's psychiatrist at St. Vincent's didn't want to discharge Trevor until she was confident that he would not hurt himself; he stayed nine days. He'd hoped desperately to be home for Christmas. "When that didn't happen, he sank so low," Angela said. She and Billy called every day, and Trevor would scream at them, "You abandoned me." They kept saying that they had put him there because they loved him and that this was the best way to help him. His despair would express itself as nearly incoherent rage, and he would make terrible accusations and threats. He told Angela that she was to blame for her brother Tristan's death, though she had been thirteen and on her way home from school when it happened, and implied that he, too, might kill himself as revenge on his parents for hospitalizing him.

Angela was bewildered: "He didn't even sound like a boy that I knew. I felt like I was talking to somebody else. The despair he had was almost nonsensical. It was incredibly, deeply painful, in my chest and in my gut. But it was also 'Is this happening?' His trauma was all about being betrayed by someone you trust, someone who is supposed to take care of you." Her fear is that she recapitulated the very experience he had had with Stolz and was trying to escape.

The psychiatrist at St. Vincent's prescribed the antipsychotic Abilify for Trevor, which helped enough that he was able to go home. The family celebrated Christmas a week late. Billy and Angela put sharp knives and belts in locked boxes, as the hospital had directed. They didn't need to do anything to the windows: Tristan's death still loomed so large for Angela that she insisted on having window guards, even one blocking access to the fire escape.

Although there was no more violence, Angela saw little improvement. "The process of being hospitalized as a child for suicidal behavior is itself traumatic," she said. "It was terrifying for Trevor in the moment. It was terrifying for him afterwards." He spent a month in what is known as a Partial Hospitalization Program, involving all-day treatment, which was followed by six weeks in an intermediate program. Both were operated by High Focus Centers, a chain of commercial rehab facilities, and consisted primarily of group therapy.

Because of the pandemic, these treatments happened online, and there didn't seem to be much contact between the High Focus therapists and the psychiatrists who were prescribing Trevor's medication. He began taking Geodon, another antipsychotic, which didn't do much, and was also started on Prozac. In mid-February, after an episode of tachycardia that led to an E.R. visit, he was taken off both medications. A new

POCKET GARDEN IN THE CITY

You would miss it if you were hurrying.
If you were harried or the day was drab.

It's tucked between two old brownstones, now
a defunct pet store, a pop-up for sneakers.

Take the stone path back. It's so narrow—
the leaning greenery like sticky sleeves,

sunflower above, like a lighthouse, the ocean
aroma of yellow hibiscus. But what are they doing.

Two cops, in the back corner, under a lime tree.
Hooded figure between them—what's your name.

You stand there and they stand there.
Snapdragon. Hollyhock. Daylilies ablaze.

—David Baker

psychiatrist ventured that he might be suffering from insomnia and that this could be the root of his other symptoms. He prescribed clonidine, which can be used as a mild sedative and to treat anxiety, then reintroduced the Prozac.

For the first three months of 2021, Trevor seemed to improve steadily. He'd earlier agreed to say when suicidal feelings overcame him. One day, skiing at Catamount, he stopped Angela in the lift line and said, "The last time I was on this chairlift, I wanted to jump off it." He often said that he couldn't get Dylan Stolz out of his head and wondered if he'd ever be able to escape such thoughts. She'd tell him that, because he'd acknowledged and confronted the abuse as a child, he would triumph over his tormentor. Angela was encouraged when Trevor volunteered as a gatekeeper for ski races and wanted to race himself. "By March, he was desperate to go to all the races," she said. "I definitely felt like we had passed the most dangerous part."

According to a study published in *JAMA Pediatrics* in 2018, the suicide rate among Black children between the ages of five and twelve is double that of white children. Suicide-prevention strategies such as increased access to school advisers and counsellors have tended to be implemented in largely white school districts. As Michael Lindsey, the executive director of N.Y.U.'s McSilver Institute for Poverty Policy and Research, told me, "Whether those interventions can be helpful to minoritized youth is still a question." Depressed children of all races manifest both internalizing and externalizing symptoms, but Black children who are sad and withdrawn are often ignored, while those who are more aggressive are misdiagnosed as having conduct disorders and receive discipline instead of treatment. "Zero-tolerance discipline policies in schools have had a disproportionate impact on Black and brown kids, who often get seen as the troublemaker," Lindsey said. "In lieu of receiving behavioral-health supports, they will be suspended or expelled." Most child psychiatrists are white, and they often show a negative implicit racial bias in their treatment of Black children. Effective forms of therapy can be fantastically expensive, and Black children are often just put on medication.

Lindsey added that Black communities have historically resisted acknowledging depression as an illness. Black children, who are more likely to be exposed to violence, are less likely to receive mental-health services. "There's this ethic of 'Life is going to be tough, but bear it, deal with it, lift yourself up, overcome it,'" he said.

Tennisha N. Riley, a developmental psychologist at Indiana University, cites a finding that the average Black adolescent experiences five instances of racial discrimination a day, just when he or she is becoming increasingly aware of racial identity. Discrimination aggravates mental-health vulnerabilities among youth already at risk, which, Riley says, can "exacerbate their inability to regulate emotions." Riley further observes that, in American culture, parents often don't allow adolescents to express emotions that can sound disrespectful. Black children repeatedly see scenes of violence between law enforcement and people who look like them. They experience school as the locus of a metal detector and a body search by a police officer. At younger and younger ages, they begin to question whether life is worth living.

Last fall, I travelled to Louisville to visit Tami Charles, who lost her ten-year-old son, Seven Bridges, to suicide in 2019. We had agreed to meet at her house at 11 A.M., but overnight she sent a text saying that anxiety had been keeping her up and asking to delay to half past twelve. Texting back, I said not to worry and that I'd be as nice and gentle as I could. When I walked in the door, the first thing Tami said was "If you're really going to write this article, you cannot be nice. This is not a nice subject. That's like picking up a turd from the clean end." Tami is a giant personality and an exuberant talker, and she has become a prominent voice on the problem of suicide among young Black people. Despite her anguish, she maintained a patter of humor as we talked. "I ultimately forbid people to feel sorry for me," she said. "They even criticized me—'You're not crying enough on TV.' Let me get this straight. We get twenty-four hours, you see me on TV for twenty minutes, so them other twenty-three hours and forty minutes, what the hell do you really think I'm doing?"

Tami grew up in Chicago and settled in Louisville after a career in the Navy, serving as a physician assistant. As she approached thirty-five, she prepared to get a hysterectomy: at eighteen, she'd been told that she couldn't conceive because of polycystic ovary syndrome. She also had endometriosis, ovarian cysts, and fibroids, which made her menstrual cycles agonizing. She had recently encountered

a musician named Donnie Bridges, eighteen years her senior. She fell for him the minute they met, and to their great surprise Tami conceived just before her surgery was scheduled.

In 2008, Tami and Donnie had a son, Seven, who was born with a tethered spinal cord, which can cause urinary incontinence, and an imperforate anus, a condition in which the opening to the anus is blocked or missing. He had to wear a colostomy bag from birth. Seven played as hard as any other child and was particularly fond of karate. Still, during his short life, he had twenty-six surgeries. Eventually, the colostomy bag was removed, but he continued to have leakage and was teased for the way he smelled.

In August, 2018, Seven was called the N-word on the school bus, and a boy choked him so badly that Tami took him to the emergency room, where he had a CT scan. "Mommy, I don't understand," Seven said. "I thought he was my friend." The episode was caught on a security video, a still from which shows another student with his arm around Seven's neck; the school district later referred to the incident as "horseplay."

Donnie and Tami complained to the school, Kerrick Elementary. Donnie spoke with the assistant principal, who is white, but nothing happened. So Tami met with the principal, who is Black. When Tami asked her for a report on the incident, it emerged that the assistant principal hadn't even mentioned it. Tami went out to the school's parking lot and recorded a video on Facebook about what had happened. The video attracted thousands of views, and people began posting outraged comments. It soon reached the local news. Tami went to the Louisville Urban League, to the 100 Black Men, to her church. She went to the school district's diversity department, complained to the school board, and approached the police.

Her protests had an unintended consequence, she said. Now Seven was bullied not only by other children but also by teachers who resented Tami's campaign. One Monday in January, 2019, Seven came home and Tami knew something was wrong. A girl who had been cruel to him for years had been saying mean things about how he smelled. Tami called the principal, who remonstrated with the girl's mother. Seven didn't want to go back to school. Tami kept him home on Tuesday and Wednesday. On Thursday, the girl kept tormenting Seven, Tami said, and, on Friday, Seven told a teacher. "And this bitch says to my son, 'Well, what do you want me to do about it?'" Tami recalled. "She said, 'Your mom has already called the principal. The principal called her mom, and her mom has told her. And if the principal can't do it and her mom can't do it and your mom can't do it, what do you think I can do? And besides, Seven, nobody likes a tattletale.' Made my son feel—he told me these words—that there was nothing nobody could do for him. He said that on Friday. Saturday morning, my son was dead."

Seven hanged himself in his bedroom closet when his mother was out grocery shopping and his father was practicing with the church choir. When Seven died, Tami said, she lost three things: "First, my living, breathing son. Second, when you have a kid, you realize you will never relinquish the ability to worry, but that was taken from me. I haven't worried about a damn thing from that day to this one. And I mean anything, like whether my shoes are tied or whether somebody likes me, whether I'm going to enjoy this food I'm eating. Third, and the least talked about in a situation like this: You always see people fighting to live and doing all the treatments and taking all the pills. To see the evidence of somebody who chose not to fight, it changed me. It took away my own urgency of fighting to live."

Because of Tami's public advocacy, five thousand people came to the funeral, including mayors and council members and the governor. Seven's story appeared in *People*, and colostomy patients mounted a campaign called #BagsOutforSeven, in which people took photos of themselves with their bags on display. For Tami, talk about colostomies and mental health can take attention away from the role of racism. "The bullying, the Black and brown—nobody wants to talk about that," she said, noting that, among suicide activists, she is "the only raisin in the rice."

She is fiercely proud of her advocacy, but said that it takes a toll: "God commandeers my mouth and gets people whatever they need, but when they get what they need I am depleted." Often, she feels like Prometheus. "You've given them fire, but every day you've got to have your liver eaten out again, right, buddy?" she said. "I do not regret speaking out. I can't help experiencing the pain of getting my liver eaten out every day, but I focus on the fact that it gets renewed every day, too." She told me that she sometimes stayed awake for days. Other times, she can't get out of bed. "God, I love therapy," she said, and lamented how few Black people get it: "In the Black community, mental health is not a thing. What they have for us is a liquor store and a church on every block."

When Trevor's outpatient program ended, on March 22, 2021, the staff told Angela that he was no longer a risk to himself. His parents found him a therapist and he also saw a new psychiatrist, who said that his medication—forty milligrams of Prozac—looked reasonable.

On March 27th, Angela took Trevor and Agnes to ski in Alta, Utah. "He had really, it seemed to us, turned a corner," she said. "Things that he had withdrawn from he was engaged in—his sports, school, friends, playdates." In Alta, he seemed exuberant and skied every day.

On April 4th, back in Connecticut, he had another episode of tachycardia. "Something terrible is happening," he said to Angela. "My heart is racing and I feel like I'm living someone else's life. I feel like I'm running out of time and I need to tell people that I love them. I'm afraid something terrible is going to happen." When she asked if he was suicidal, he said that he was not. Later that day, while trying to remove some tape from a pair of ski poles, Trevor cut his left thumb badly with the scissors. On the way to the E.R., he told Angela, "I'm really sorry. It just slipped. I was not trying to hurt myself." Angela said she hadn't thought he was. He said, "You see, Mom, I told you something terrible was going to happen. Now it has."

On April 6th, Trevor had Zoom classes. The next day, his school was to begin a new level of in-person classes, and Trevor was looking forward to it. He was engaged, encouraging his classmates to watch a documentary he'd just seen. He was planning a science project with his best friend at the school. Billy made him ramen for lunch, one of his favorites.

Zoom school ended at 2 P.M. Trevor had online therapy for the next hour,

then Angela and Billy talked to the therapist, who judged that Trevor's suicide risk was zero. But, as someone who had known him from an early age later said, "Trevor could outsmart any therapist if he wanted the privacy to end his life."

At some point in the day, Trevor walked the dogs, then left them with the doorman while he went around the corner to buy a bag of Jolly Ranchers. Angela told him that she'd have to confiscate them: "I need you to ask permission before you go shopping. I need to know where you are. It's a safety thing." Trevor was distraught. A bit later, he asked again for the candy he had bought and talked with his parents for about ten minutes. Angela said, "I still need better choices, so, no, I'm not giving you back the Jolly Ranchers." He seemed resigned. "There was no fight, no despair," Angela told me, and added, "I know he didn't do what he did because of a bag of sweets, but I wish I'd given him those Jolly Ranchers."

Soon afterward, from the dining room, where he had set up a home office, Billy noticed that Trevor was, oddly, in the hall, looking at the mail. "I wish I had held on to that pause a little longer and asked him how he was doing, or if he wanted to go for a walk," Billy said.

Trevor quietly slipped out the door of the apartment, and climbed the fire staircase to the roof. Angela later heard from a doorman in the building that a woman told him she'd seen Trevor there from her apartment across the street. For a moment, the woman thought he was playing, but she noticed that he kept peering down. Suddenly, it dawned on her what he was about to do, and that he was checking that there were no pedestrians whom he'd hurt. Trevor closed his eyes and jumped feet first.

When the doorman on duty rushed upstairs and said that Trevor had jumped out a window, Angela knew that was impossible: their windows wouldn't open far enough. Billy said, "He's right here. I don't understand." Angela started screaming and dialled 911. Billy went downstairs with the doorman.

"There's an ambulance parked on Park Avenue," Billy recalled. "And the super is there, and I'm kind of holding on to him, because I feel like I'm going to faint. The paramedics are working on Trevor, but I can see the top of his body. And I'm thinking, O.K., maybe this is all right, because he couldn't have fallen that far. And then I see the lower part of his body and immediately I knew that it would not be possible for a human to survive that."

Angela went down, leaving Agnes in the apartment. "There were all these police officers with their arms outstretched, telling me I couldn't cross their line," she said. "And I was screaming, 'I'm his mother. He's my son. These are his final moments. You cannot keep me from him.' They moved apart and I got into the ambulance with him. They were doing chest compressions. They had his shirt open. Billy said, 'Should I come with you?' And I said, 'No, you need to stay with Agnes. You tell her that it's very serious. But we have to talk to her together after that.'"

The medical examiner later confirmed that Trevor's neck had snapped on impact. "I knew that what I was looking at was not a living creature anymore, was not my son," Angela said. In the ambulance, she recorded images of Trevor. "I knew I was going to need them later, because I wouldn't believe that he was dead," she said. "And I have needed them." As the ambulance headed to Lenox Hill Hospital, Angela texted Billy, "He is dead."

Angela is a devout Episcopalian, and she called Matthew Heyd, the rector of the Church of the Heavenly Rest, on Fifth Avenue. "I had told him that I knew my son was going to die," she said. "I felt that the deaths of my brothers were purely to prepare me." Heyd drove to the hospital. Angela said, "Matt, I'm scared, because Trevor wasn't sure what he believed in." Heyd said, "Angela, God believed in Trevor. That's all that matters."

At Lenox Hill, medical staff continued doing chest compressions. Angela said, "As we were moving into the E.R., they had him on the gurney on wheels, and I was walking, and again there are the cops with the patronizing horseshit—'You don't want to come in here,' 'You don't want these to be your images.' I was, like, 'I'm all set with my images. It's my son.'

"The E.R. doctor looked at me, and he said, 'It appears you understand what's happening here.' I said, 'I do.' He said, 'In my experience, there are additional measures that I can take, but they will not alter the outcome.' And I said, 'I know.'"

Angela climbed onto the gurney with Trevor's body. "I just put my head on Trevor's chest and listened," she told

"One day you wake up and your grandpa cardigan isn't ironic anymore."

me. "I did that every day in the morning, when we would snuggle. And this time there was no beating. His legs were badly broken and his face was pretty intact and I just held him and caressed him."

Innumerable treatments have been proposed for reducing suicide rates. Most have had sporadic success but none has significantly reduced the scale of the problem. Currently, the best treatments for young suicidal people appear to be medication and therapies, especially Dialectical Behavioral Therapy. D.B.T. combines cognitive techniques, Zen philosophy, and mindfulness, and emphasizes effective ways of tolerating distress. Blaise Aguirre, at McLean Hospital, is a leading exponent of D.B.T., having overseen the treatment of thirty-five hundred adolescents and young adults, many of whom have had as many as ten previous psychiatric hospitalizations. Many of their parents have told him that there were no further hospitalizations, and fewer than one per cent have later died prematurely.

Although someone who has made a suicide attempt is much likelier to die by suicide than the average person, ninety per cent of those who survive a suicide attempt do not go on to kill themselves. Most are responding to a crisis, which suggests that, if you can bring them into treatment, you may save their lives. For a significant number of people, it appears that trying once brings about a permanent change in perspective.

I met one such teen, Hannah Lucas, who grew up in Cumming, Georgia. Now twenty, she was a victim of abuse as a child, and told her counsellor about it when she started therapy, at fifteen. The counsellor, who, according to Hannah, was "not culturally competent," contacted child-protective services. Hannah is Black; the counsellor was white. C.P.S. was involved with the family for the next three years, a traumatic period for Hannah and her family. She and her brother told a C.P.S. agent to keep the troubles they disclosed confidential. "C.P.S. violated that trust," Hannah said, and the consequences for her were severe. She maintains that the agency made things "exponentially worse." She would show caseworkers a bruise and they would say it was a stretch mark. "But it wasn't a stretch mark—it was a completely different color," Hannah said.

She had been a perfectionist: beautiful, a star gymnast, an excellent student. She was taking all A.P. classes and recalls being the only Black student in any of them. But now she began getting dizzy and passing out and was so tired she could barely function. (She was later given a diagnosis of postural orthostatic tachycardia syndrome, a nervous-system disorder that affects heart rate, blood-vessel dilation, digestion, and body temperature.) Hannah had to deal with persistent blackouts while also negotiating constant sexual harassment from other students. "It got to the point where I couldn't even use the bathroom by myself, because what if I passed out and one of those guys found me?" she said. "I didn't have anyone I could relate to. I always had to put on this façade of being this strong Black woman—well, not too strong, because you don't want to scare anyone, or be the loud Black lady. I always had to be perfect."

She told me, "The moment I decided to take my life, it was just like a switch had been flipped." Hannah was overdosing when her mother found her and physically extracted the pills from her mouth. "I always viewed death as an escape, as peace—and I wanted that peace," Hannah said. "She made me realize that I have anchors holding me, and that I would harm so many people in the process."

When I met Hannah, she was taking a gap year and hoped to attend the Savannah College of Art and Design, to study luxury fashion and business management. Hannah still struggles with depression: "It's an ongoing fight. I have my good days and bad, but I'm in therapy and see a psychiatrist, so I'm working on getting better." Four years ago, she launched an app, notOK, which serves as a digital panic button. A user, having selected up to five trusted contacts, can with a single push of a button send them each a message asking for immediate help and automatically providing the user's location. It has been downloaded more than a hundred and fifty thousand times.

Saniya Soni, who is from a South Asian family, decided to take her life in 2015, when she was sixteen. She told me, "Leading up to the attempt, it was always 'If I do this, I'm going to hurt so many people,' which was a sucky feeling of 'I have to be responsible for all these people's emotions when I'm hurting so much.' Suicide may look selfish to everybody else, but, as the person who is contemplating it, you're battling with that idea of 'I don't want to be selfish, I want to support all these other people, but I cannot do it anymore.'"

In her suicide attempt, she recalled, "I stopped myself midway through. My method just wasn't working. I was just

overwhelmed." She called a friend, who came over, held her as she sobbed, and said she should tell her mother. Saniya's mother took her to the E.R., where she remained for seventeen hours, until a child psychiatric bed could be found. "The psychiatric ward was not what I needed," she said, but the mandated therapy that followed was transformative, because it included group therapy with other children who had harmed themselves. "I didn't realize other people felt that way," she said. "I didn't realize what would happen if I attempted."

Shared experience with others was also the turning point for Bridgette Robek, from Columbus, Ohio, who'd begun self-harming and speaking of suicide in her early teens. When she was in ninth grade, the suicide of a classmate put her over the edge and she was hospitalized. "I got really close with an eight-year-old boy during my stay," she told me. "I like to think of him as my guardian angel. He was in there because he was getting bullied so bad, and he wanted to die. And that was my first time experiencing that with a young kid." This hospitalization turned out to be key for Bridgette. "I finally realized that I wanted to get better. I didn't want to be sick anymore." Because of privacy laws, she wasn't allowed to keep in contact with the boy. "I think about him a lot," she said. "I do hope that he's O.K. I hope . . . I'll put it easiest—I hope he's still alive."

Trevor's funeral took place on April 14th last year. Because of COVID, the service was relatively small, but nineteen boys from St. Bernard's, including my son, were there. I had thought he might be anxious about going, but he said he was glad to be asked. It was full of music, and the eulogies, including one by Billy and one by Angela, were remarkable. Sam Fryer, a teacher at P.S. 6, said, "Because he was so bright, being Trevor's teacher could be somewhat unnerving at moments. But the thrill of it was never lost on me."

In the church, the St. Bernard's boys sat together toward the back. We were among the last to file through the long reception line. Angela had been wearing large sunglasses, but now she took them off, revealing red eyes. The boys shuffled past, eyes downcast, mumbling something about being sorry for her loss. Angela put out an arm to keep them together in front of her. "It's your loss, too," she said. "And you are here because Trevor loved you. We couldn't invite everyone to this service, and I want you to know you are here because you meant something to Trevor. Every one of you, even if you didn't know it all along." Then, with great emphasis, she said, "I want you boys to promise me—promise me—that you will talk about your feelings with one another or with your parents or with a teacher or even with a doctor. Promise me that. Because I don't want to come to another funeral like this one."

Last summer, about three months after their son's death, Billy and Angela separated. Billy, having lost one struggling son, brought one of the sons from his first marriage to New York for a fresh start. But, not long afterward, an argument erupted in the car, and Angela felt as if the young man was blaming her for Trevor's death. She asked Billy to pull over at the next train station and send him home. "I understand that Billy loves his son," Angela said. "But a line needs to be drawn at some point. I thought it was ill-advised to bring the person who was so traumatizing closer to me."

Billy told me that, although he loves Angela, he struggled in their marriage. "It seemed that I increased her unhappiness," he said. "Continuing in this tension-filled environment wasn't good for me or for our children." He contends that he had previously stuck things out because he was afraid that leaving could further destabilize Trevor. Billy said that telling his daughter about the separation was "the second most difficult day of my life." Agnes "folded into a puddle."

Once, talking to Angela, I tentatively posited a connection between Trevor's death and Tristan Colt's, as many people apparently had. Angela recognized that the comparisons were inevitable, but they pained her. It is impossible to know whether Tristan's death gave Trevor access to the idea that he could do this. Another time, she mentioned the anger that people warned her grief would entail. "It is unusual for me to experience anger," she said. "I'll experience betrayal, humiliation, sadness, fear, before I understand those things to be anger. I'm not angry at Trevor. I'm just bewildered." Trevor was deeply loved, but not everyone can be saved by love. Angela did everything humanly possible, one St. Bernard's mother said, but was outmatched by her son: "To have a child who is ahead of you like that is destabilizing and scary."

Angela tries to steer Agnes through her grief. Once, when she was reading a bedtime story, Agnes stopped her. "The books you read to me have happy endings," she said. "But our story doesn't have a happy ending." Angela wrapped her arms around Agnes. She said, "How old are you?," and Agnes said, "Nine." Angela said, "So let's say you're going to live to be ninety. How much of your life have you lived?" Agnes said, "Ten per cent." Angela said, "Are all these books with happy endings happy all the way through, or do many of them have trouble or worse somewhere in the middle?" Agnes nodded. "My darling, there is still time for your life to have a happy ending, even with this."

Grief is inherently lonely, and there are as many ways to grieve as there are human beings. Billy sought out books and people who could provide philosophical perspective, while Angela was spurred to a focussed dynamism, an outward-facing construction of her son's legacy. "I had one responsibility as a mother," Angela said, "and it was to keep my child alive. And I failed at it." When I asked her whether she was outraged or just sad, she said, "I'm so ashamed that I failed him."

She was spending as much time as possible in the country—"because Trevor was only alive here." She had learned that you can preserve your late child's clothing in ziplock bags and their scent will remain years later; she would go into Trevor's room to smell his clothes, because that made her feel close to him. "I feel often not just lonely but utterly alone," she said. ♦

If you are having thoughts of suicide, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text TALK to 741741.