The rise and decline in teenage suicides psychology essay

Teenage suicides are devastating, not only to the victim, but to families, friends and all who knew the victim. Statistical data show the rise and decline in teenage suicides ages 15 to 24 as far back as 1952. The causes, symptoms, risk factors, are all factors. Studies indicate that young men commit suicide at a higher rate than young women. There are economical as well as social surroundings that play a major role in placing teenagers at a higher risk of suicide. Researchers are finding that medical conditions undiagnosed or left untreated, is contributing to the rates of teenage suicides. Other researchers are finding that warning signs are going unnoticed and with the assistance of schools workers, doctors, and peers and above all, parents, watching for such signs can make a dramatic change in the rates of teenage suicides. Appropriate funding for prevention programs, family as well as school interventions can make a difference between life and death in a teenager who may be considering suicide.

The purpose of this paper is to explore the causes and prevention programs for teenager suicides between the ages of 15 and 24. The different ways gender, age, and society can influence a teenagers thoughts of suicide is also explored. I will show various warning signs and symptoms teenagers feel when contemplating suicide (Andrews, Tanya & David, 2005). The overall purpose of my research is to examine the prevalence of teenage suicides between the ages of 15 and 24.

Various studies indicate that economical as well as social problems play a role in teenagers trying to commit suicide. It seems the lower the socioeconomic state, the higher the risk for teenage suicides (Brown, 2001). Other studies indicate that warning signs and symptoms are going unnoticed

or untreated. Family histories, drugs, alcohol abuse, all play major roles and school workers, doctors, teachers, parents and so forth all need to be able to recognize and diagnosis such problems and try and reduce teenage suicide rates (Brown, et. al, 2007).

Literature Review

Many authors agree that social economic status affects the overall suicide rates among teenagers. They also agree that rural areas, sparsely populated areas in communities that have experienced historical trauma and cultural losses (Brown, 2001; Brown, Wyman, Brinales, & Gibbons, 2007; Miller & Eckert, 2009).

Brown (2001) states that upheavals in the economy, job losses and social as well as loss of traditions will only increase suicide rates in teenagers. This author does not mention in his article whether or not economical influences play a role in teenage suicides. Individuals or

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teens living in the lowest socioeconomic areas are more than five times the risk of suicide compared to others (Brown, 2001).

Many authors agree that school based curriculum programs, prevention programs, school personnel training involving teachers, screening programs and community involvement are essential tools in preventing teenager suicides. They also agree on the percentage of teenage suicide rates and look at risk factors, warning signs and symptoms (Joe & Bryant 2007; Kutcher, 2008; & Miller, Eckert, 2009). Joe and Bryant (2007) and Kutcher

(2008) also believe that screening of school-aged children can assist in identifying early risk factors and allow for intervention and prevention treatment.

Brown 2001, Kutcher, 2008 and Wyman, Brinales and Gibbons (2007) agree that risk factors involving family histories of suicidal attempts, teenagers being exposed to drugs, alcohol, feelings of hopelessness, depression and mental disorders are risk factors that should be diagnosed and treated as a way in prevention methods. Miller and Eckert (2009) believe that factors leading to a decision to commit suicide are triggers such as mental illness, emotional, family turmoil and so forth.

Other authors took a look at antidepressants that physicians and prescribe to teenagers for depression and the side effects that could take place (Barlas, 2007; Brent, 2007, Dockasi, 2009; & Wagner 2007). All three discuss the Food and Drug Administration, (FDA) and the black box warning labels that are now required to be placed on labels indicating the potential risk of suicide due to the side affects of antidepressants.

Teenage suicides are a major public concern in nearly every country. Suicides account for nearly 3% of all deaths, and are the third leading cause of death in teenagers. High school

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students surveyed indicated that 9% have considered suicide and 2. 6% have attempted suicide (Brown, et. al, 2007).

Discussion

Statistics of Suicide

According to the World Health Organization, (WHO), teenage suicides have been on the rise from 1952 to 1992. Teenage suicides are the third leading cause of death in teenagers ages 15 to 24, and young men commit suicide successfully at a higher rate than women in over 30 countries. From the 1950s through 1998, youth suicide rates in the United States have nearly tripled (Brown, et al, 2007). Some reasons for such a trend are the loss of traditions, support, and teenagers can no longer rely on their parents as role models. This data indicates that mental illnesses are more prominent now in teenagers and is approaching 20% , compared to 10-12% in the 1960s (Brown, 2001).

Suicide Attempt

One such case is when an 8th grader stood at the edge of a concrete bridge looking down to the bottom some fifty feet below. All he knew was that he wanted to die; he extended his arms, took a deep breath and leaned forward. In an instance it could have been all over, expect for a stranger grabbing the young man around the stomach and pulling him to safety just seconds before he would have succeeded in committing suicide. Looking back, after receiving the necessary mental health diagnosis, he didnt regret what he tried to do, but he came to understand that what made him do such a thing was what he now understood to be a

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mental illness. He knew he really didnt want to die, but something kept pushing him on, finally with help of a stranger and the right care, this young man can receive treatment for his illness and can live a long and productive life (Henick, 2010).

Suicide Deaths Compared to Regular Medical Conditions

The Center for Disease Control and Prevention (CDC), in 2004, reported a 300% increase in suicides rates. Rates for teenagers 15 to 19 year olds increased 11%. Teenagers ages 10 to 14 showed an increase in suicides rates of 100% (Andrew, Tanya, & David, 2005). In 1996, some basic facts are that teenagers died from suicide more than cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined. Nearly one in five high school students have seriously considered a suicide attempt during the preceding school year, and three students made genuine suicide attempts within the last year (Andrew, et al, 2005).

There are many risk factors that can influence why a teenager may want to commit suicide and these include, age, gender, cultural and social influences, mental illness, recent losses, family histories of suicides, prior suicide attempts, peer pressure, family violence, sexual violence and so forth (Kutcher, 2008). One such risk factor is the access to the means. Teenagers in the United States succeeded in killing themselves at a rate of 2. 5 % due to the easy access to guns at home or from their peers. Suicides by means of guns has increased at a more rapid pace than any other methods used, such as hangings, drugs, and so forth (Brown, 2001).

Effects of Social and Economic Pressures

Teenagers are not immune to the economical state or their social surroundings and the effect it has on their way of thinking or looking at the future. Teenagers surveyed in one study showed results that indicated the lower the socioeconomic status, the higher the risk for

teenagers and showed that they had more than a five time risk of committing suicide (Miller & Eckert, 2009).

Upheavals in the economy have caused undue stress in young people and are making them feel as though they are unable to cope (Brown, 2001). Studies have shown that have linked socioeconomic factors and suicide risks to sexual orientation, social disadvantages, sexual abuse, and so forth. Over 90% of victims found to have at least one mental health disorder (Kutcher, 2008).

Teenagers being exposed to alcohol, drugs and other substance abuses are at a greater risk of committing suicide. Hopelessness and suffering, depression, and mental disorders are

going undiagnosed or untreated. Separation or divorces of parents causes undue stress on teenagers (Miller & Eckert, 2009).

Warning Signs and Treatments

The U. S. Food & Drug Administration, (FDA). In 2003-2004, the FDA issued a public warning that antidepressants could trigger suicidal thoughts and behaviors in teenagers 20 and under after taking the drugs for a minimum of

2 months. The Journal of Medical Association, (JAMA), looked at 5, 310 children and teenagers and found that children taking antidepressants added a risk about 2 in 100 of experiencing worsening suicidal feelings above what they had been feeling (Barlas, 2007). The FDA, ordered that

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antidepressant drugs needed warning labels indicating young people are 4% more likely to exhibit suicidal intentions if taking these drugs. The black box warning labels should included in the medications bottle stated an increased risk of suicide may accompany the use of these antidepressants and the black box warnings were placed on the inserts of all antidepressant medication and warned doctors to watch patients closely (Barlas, 2007; Brent, 2007; Dockasi, 2009; and Wagner, 2007).

There are many warning signs that family members, friends, and school officials can be made aware and to look for in a teenager contemplating suicide. A very significant sign is the teenager tried to commit suicide previously; mood changes; giving away personal belongings; depression; great sadness; feeling of isolation; withdrawing from family, friends, peers; eating habits; turning to drugs and alcohol, and harming themselves to list a few.

Common circumstances are linked to reasons why teenagers are committing suicide. The feelings of being rejected by family, friends, peers, failure and disappointment in

oneself, emotional and family turmoil can lead a teenager to look for a permanent solution, such as suicide, since they cannot remedy the problems themselves. Many teenagers do not know they are suffering from a mental illness which could be causing their thoughts and feelings and by diagnosing and treating teenagers with mental illness. There can be a reduction in the deaths of teenagers and continue the downturn in statistics (Shaffer & Cowdry, 1999).

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Family histories of suicide attempts and teenagers who have attempted suicide before are at a greater risk for a second suicide attempt (Kutcher, 2008). Risk factors, such as which

populations are at an elevated risk and which risk and positive factors could be targeted for preventing suicide (Brown, et al, 2007). There are various causes that could be contributing to teenagers committing suicide.

Preventions of Suicide

Curriculum school based prevention programs involving support of staff, screening of students and training teachers of what to look for in a troubled teenager. Involving peers and the community are areas that can also bring

awareness to teenagers in need (Andrew, et al, 2005). Prevention programs involving specific information need to be provided directly to students that focus on warning signs and teaching peers how to talk with another teenager contemplating suicide. Knowledge is power and the more knowledge teenagers are about suicide, the better the results will be (Miller & Eckert, 2009).

Physicians or primary care doctors are key individuals in being able to diagnosis a trouble teenager. They are the first choice of contact that many teenagers want to contact in times of distress. Physicians treating teenagers need to be well educated and know the warning signs and give proper treatment (Kutcher, 2008). One such study analyzed prescription data for antidepressant medications used by teenagers and found that Lithium actually reduced the rate of both completed suicides and suicide attempts in teenagers diagnosed with bipolar disorder (Steele & Doey, 2007).

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Many schools are now using screenings for school-age children in an effort to identify teenagers at risk and can assist in identifying early risk factors and allow for intervention and prevention treatment (Joe & Bryant 2007; Kutcher, 2008; & Miller & Eckert, 2009). School psychologists have an ethical and legal responsibility to prevent teenage suicides whenever possible. These psychologists play a vital role in school-based suicide prevention (Miller & Eckert, 2009).

There are many ways that state governments, public involvement and schools, colleges, healthcare providers and officials can make a difference in

the overall teenage suicide rates. The National Governors Association, (NGA), produced a list of recommendations to assist in reducing teenage suicides. They suggest increasing public awareness, creating state prevention plans, establishing school-based prevention programs (Henick, 2010).

The Centers for Disease Control and Prevention, 2008, surveyed students in grades 9-12, and found that 14. 5% of teenagers in the U. S. have seriously considered suicide in the past 12 months; 18. 7% of teenagers were females; 10. 3% of those teenagers were males; 11. 3% of teenagers made a plan about how to commit suicide. Another result was that 6. 9% of teenagers made at least one attempt that resulted in injury and required medical treatment (Miller & Eckert, 2009).

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The Presidents New Freedom Commission on Mental Health (2003) and the Childrens Mental Health Screening and Prevention Act of (2003), target teenagers who are at risk for suicide. Research has shown that when asked, a teenager will commonly state whether or not he or she is contemplating suicide. Many states now require that schools provide suicide prevention and management. There are three categories of the programs are, curriculum programs, in-service training for teachers and staff, and school-wide suicide screenings of school aged children (Joe & Bryant, 2007).

In 2003, President Bush authorized 82 million dollars over a three year period by passing a new law aimed at preventing suicides among teenagers and young people. The new law provided states, colleges, universities and other agencies with grant money to start suicide prevention and intervention

programs. The Presidents New Freedom Commission on Mental Health, (2003), established screening of children, looking for mental illness, establishing community-based treatment and training for child care professionals in an attempt to stop suicides in teenagers (Joe & Bryant, 2007).

Laws Enacted

The U. S. Congress and Surgeon General passed prevention acts with a main priority for 2010, aiming at addressing and trying to change statistical teenage suicide attempts currently at 2. 6% down to 1%. Addressing antidepressants medications and psychosocial programs involving intervention will be done through research to determine hat strategy would be most effective (Brown et. al, 2007).

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Conclusion

Our children are our future. Studies that have shown suicide rates among our teenagers over the years have been at epidemic levels. There is a great need for federal, state, and local government involvement. Schools, universities, parents, communities and so forth, need to become aware of the causes, symptoms and address the teenagers needs accordingly. Reducing teenage suicide rates will be challenging, but by identifying risk factors, intervention and preventive treatment programs, funding and practices will definitely make a difference. Ending teenage suicides should be an attainable goal.