Teen Suicide: Awareness and Prevention

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Abstract

The purpose of this article is to examine how anxiety and depression influence teens in high school who contemplate suicide and how the assistance of intervention programs generates awareness. Looking at the statistics and data over the years has shown an increase in suicidal incidents even though there are more programs today than in years past. Identifying the emotional and developmental needs of adolescents offers understanding of the mindset of a distressed teen. High school counselors are in position to address students in awareness, prevention, and intervention while positively influencing the community on the facts regarding suicide.

According to the Center for Disease Control (2009), suicide is the third leading cause of death for adolescents 15 to 24 years of age. High schools that develop awareness of the warning signs of anxiety and depression that can lead to suicide and promote programs that provide information to parents, students and community find that teen suicides are preventable (Nelson & Galas, 2006). Anxiety and depression can be contributing factors that eventually lead to a suicide attempt. Although suicide and depression are not the same; “depression appears to be the most common emotion experienced by suicidal teens” (Nelson & Galas, 2006, p. 41) According to the article *School-Based Suicide Prevention: Are They Effective?* (Mazza, 1997), school programs have doubled in the last few years with little decrease in the numbers of students who have committed suicide. Finding a successful method to help promote awareness of teen suicides while trying to dispel the myths surrounding it has proved to be as challenging as trying to create intervention policies. High school counselors face the daunting task of helping students manage stress, express feelings, and make choices while guiding them through the academic endeavors of secondary school as they

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navigate the treacherous waters of adolescents. Being prepared to not only handle a possible suicide situation, but also promoting awareness to help prevent such a crisis is a valuable tool for school counselors.

Depression can shift the balance from a reasonable mind to a completely emotional mind. An emotional mind is unable to rationalize how things can get better or will ever change. A teen's perspective can be altered to exaggerate their negative feelings and simple daily obstacles seem overwhelming. However, not all teens experiencing depression will attempt suicide. Learning the appropriate coping skills to deal with trying situations can be the difference between moving forward or remaining in a depressive state. When depression flares for long periods of time, a teen who stays isolated, sleeps too often or too little or eats too much or too little is not using skills to move forward and may need additional assistance. An adult or peer who takes notice and addresses the situation can make the difference on how a child reacts.

Anxiety and depression are commonly linked together when discussing teen suicide. Depression and anxiety disorders are different, however many students with depression and suicidal tendencies also exhibit some form of an anxiety disorder. Students with an anxiety disorder do not always follow the path of depression, especially if they learn valuable tools to help control their anxiety. Anxiety is not an automatic precursor for depression and suicidal behavior.

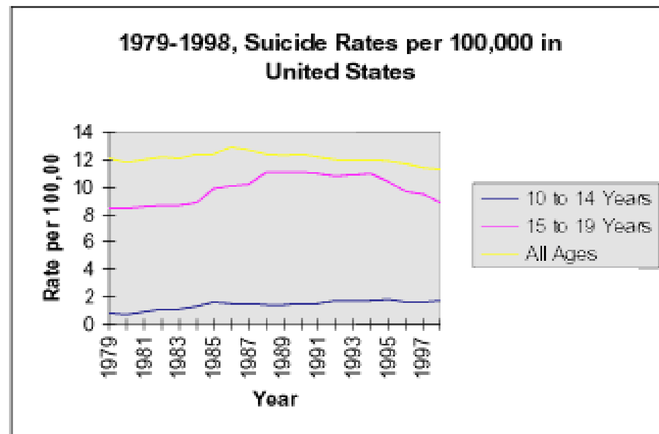
Anxiety is as common an emotion as anger or fear. It is also important for our survival, playing a big part in the fight or flight response. There are both physical (external) and emotional (internal) symptoms of anxiety. The universal physical symptoms of anxiety, such as pale skin, sweating and trembling, are easily recognized. Other physical symptoms not normally characterized as anxiety are hyperactivity and disruptive behavior. Emotional symptoms such as persistent worry, irritability or affected concentration do not always present themselves as an anxiety disorder as these are also common traits of adolescents. In their article on preventing anxiety in children and adolescents, Tomb and Hunter (2004) state that children presenting internalizing symptoms such as depression are not as easily recognized as children

showing externalizing symptoms such as oppositional behavior. Without proper coping skills and other preventive measures, these symptoms may contribute to the onset of an anxiety disorder. The school setting is one of the most important places to address anxiety and is an ideal location for preventive interventions.

Statistics

Since 75 percent of the (teens) who commit suicide are depressed, (Teen Suicide Statistics, 2010) awareness of teen depression is imperative. The most common symptoms of depression in teens are sadness, inability to feel pleasure, irritability, fatigue, insomnia, lack of self-esteem, and social withdrawal. Although any teen will experience these emotions at any given time during adolescents, the difference is the duration and intensity of these feelings. A teen that is experiencing these emotions for two weeks or longer should receive intervention. Teens have a dramatic change in hormones and sleep cycles that affect their personalities. Thoughts of death, negative thoughts about oneself, a sense of worthlessness, hopelessness, low energy and a change in appetite or sleep habits can be precursors to suicidal thoughts if left unattended.

With teen suicide on the rise, school counselors are researching ways to help control the situation and bring awareness to their students. Suicide rates have gone down slightly between the early 1990s and the early 2000s. However, the teen suicide trend is reversing, and the magnitude of this issue becomes evident when the statistics are examined.



National Conference of State Legislatures, 2005

Suicide is the fourth leading cause of death for young people between the ages of 10 and 14, and according to the National Conference of State Legislatures (NCSL):

- 19.3 percent of high school students have seriously considered killing themselves.
- 14.5 percent of high school students made actual plans for committing suicide.
- 900,000 youth planned their suicides during an episode of major depression.

Boys and girls attempt suicide in different ways. While girls think about attempting suicide about twice as much as boys; boys are four times as likely than girls to actually die by killing themselves (Teen Suicide Statistics, 2010) The disproportion in the number of "completed" suicide attempts between boys and girls is most likely explained by the methods that each use when attempting to kill themselves. According to statistics on teen suicide (Teen Suicide Statistics, 2010), girls who attempt suicide are more likely to try killing themselves by overdosing on pills or by cutting themselves. Cutting is more common among girls and overdosing on pills is a less aggressive way to commit suicide. Some girls opt for pills because it allows them time to "stage" their appearance before they die. Girls can see it as a more "romantic" way to die.

Boys are more apt to choose a technique of attempted suicide that is more lethal and swift. Boys will often use guns (60% of all suicides in the United States make use of a gun), jump from heights or hang themselves. These techniques account for why they are more likely to die in a suicide attempt. When someone discovers the problem; it is typically too late to stop the death. Recognizing the gender differences in teen suicide is vital to prevention. It may help prevent suicide by understanding the different methods that are most likely to be engaged in suicide (Teen Suicide Statistics, 2010).

Misconceptions and Myths

A stigma toward suicide and mental health disorders exist in our society. It is still very much a taboo to discuss suicidal behavior. A common belief held by society is discussing anything dangerous will cause teens to try it. In reality, students commit suicide not because they discussed it with their counselor, but because they made the choice to end their life. According to Nelson and Galas (2006), talking about suicide gives the teen a chance to let out the idea of suicide that's been eating up their hearts and brains. By removing the secrecy and permitting the student to talk about his feelings, he now has the opportunity to get help and realize that suicide is not the solution to what he feels is a permanent condition.

Many people hold the belief that suicide is an irrational act and teens who commit suicide do not seek help beforehand. However, according to Toth et al., (2007), studies showed that over half of the suicide victims verbalized their suicidal plans 3 months before their attempt. Very few teens will keep their plans a secret; most will tell a friend. Usually teens that attempt or commit suicide have given warning signs or left a trail of clues (Nelson & Galas, 2006). It is up to others to properly interpret those clues before the teen acts on his suicidal thoughts.

Another common mistaken belief is that suicide is caused by one distinct event, such as the loss of a loved one, an argument with a parent or social stress. The reality is that the cause most often is the result of several painful events. Stress is common in a teen's life, and rarely is suicide an outcome. Teens that complete suicide tend to

have more stress, family dysfunction and lack appropriate coping skills (Moskos, Achilles & Gray, 2004).

The myth that suicide is not inherited has been debated amongst professionals. Nelson and Galas (2006) state that you cannot inherit a gene for suicide, but you can be at greater risk if a family member has committed suicide. Yet according to Moskos et al., (2004), if an individual who is adopted commits suicide, their biological relatives are at risk rather than the adoptive relatives. The role that the environment plays in suicide has not been determined and more studies are needed.

One final misconception is that people who attempt suicide and fail never had any intention of killing themselves and are only looking for attention or sympathy. According to Toth et al., (2007), 40% of suicide victims made previous attempts, and with each attempt the likelihood that an attempt will be fatal increases. An important point to keep in mind is anyone who tries to get attention by threatening to kill himself must be feeling miserable and desperate, and his threats need to be taken seriously and require immediate attention (Nelson & Galas, 2006).

Case Studies

A young man was sent home from baseball practice one day in 2007 for chewing tobacco. When his family arrived home that evening, he was dead. There were no signs or warnings that his family and friends can think of. This tragedy has impacted the community to search for awareness in order to find meaning in this misfortune. In November 2009, a young woman and her boyfriend committed suicide in a pact no one can understand. Some of her boyfriend's friends later recall some comments he made weeks prior as foreshadowing to the events that transpired. Another young woman jumped in front of a train in 2009 over boyfriend issues. All of these persons committed suicide because they were unable to handle the pressures of their life and chose to end them; leaving many unanswered questions behind for confused family and friends. Awareness of teen anxiety and depression, along with prevention programs, could have

had an impact on not only these students who chose to end their lives, but also the families and school communities who are left behind to deal with the tragedies.

Awareness and Prevention Strategies

The recent trends in teen suicide indicate a need for awareness and prevention strategies presented by school personnel. There are three recognized prevention strategy levels: awareness, prevention and intervention (King, 2006). Awareness programs are designed for the entire school or classroom population, whereas prevention programs target those students at a higher risk for suicidal behavior. Intervention programs are aimed at those students who exhibit early signs or symptoms of possible suicidal behavior (King, 2006).

Suicide awareness programs are usually presented as a classroom curriculum or at a student assembly. These programs focus on building protective factors in students and raising awareness of suicide warning signs (King, 2006). The main protective factor against teen suicide is a sense of feeling connected to their family and school. The risk of suicide diminishes by 70%-85% among students who report a sense of connectedness to parents, family and their school community (Mahoney, 2006). Other protective factors include effective coping skills and conflict resolution skills. Awareness programs are also widely used to teach appropriate responses to students who may interact with someone who may be suicidal. The goal is to educate students in order to better identify those students who are at-risk (Miller, Eckert & Mazza, 2009). By incorporating these elements into an awareness program, students will gain valuable skills that will benefit them for life.

The second strategy level, prevention, focuses on those students who may be at a higher risk for suicidal behavior. This category may include students who have mental health issues, are at risk for dropping out of school, or have access to guns at home (Miller et al., 2009). Direct screening of students, through individual interviews or self-reports, can be used to identify those students at risk for suicidal behavior (Gould, Greenberg, Velting & Shaffer, 2003). School-wide screening programs can also be

administered to all students for the purpose of identifying individuals who are at-risk for suicidal behaviors. These at-risk teens can then receive the help they need.

Intervention is the third strategy level and targets those students who have already engaged in suicidal behavior. These students may have expressed their desire to kill themselves, or have made a previous attempt. These programs are individualized, evidence-based interventions and may include providing ongoing support during a crisis or involving emergency help (Miller et al., 2009). One important point according to Mazza (1997) is adolescents who commit suicide are least likely to attend preventive educational programs. Therefore, targeting high-risk teens ensures intervention services are provided for those who need them the most. A study by Miller et al., (2009) stated the following:

> Some evidence that prevention programs that include providing information to students regarding suicide awareness and intervention, teaching them coping and problem-solving skills, and teaching and reinforcing strengths and protective factors while addressing risk taking behaviors may lead to improvements in students' problem-solving skills and self-efficacy as well as reductions in self-reported suicide vulnerability (p. 6).

Schools are logical sites for suicide awareness and prevention, given this is where teens spend most of their time. Schools must take responsibility if these programs are to be provided (Miller et al., 2009).

An additional aspect of teen suicide awareness and prevention programs is staff in-service prevention training. This component involves providing teachers and school staff training in suicide prevention, providing information on suicide risk factors and procedures for identifying and referring suicidal students. Initial studies indicate that this training has positive effects on the knowledge and referral practices of teachers and staff (Scherff et al., 2005). Although this particular program does not involve educating the students directly, it is an important piece of the puzzle and is an important component of a comprehensive school-based prevention program

It should be noted that several studies are inconclusive as to the effectiveness of suicide awareness and prevention programs, delivered to students, concerning the reduction of actual suicidal behavior. A study by Eckert, Miller, DuPaul and Riley-Tillman (2003) determined that school psychologists found classroom curriculum programs were more acceptable than school-wide screening programs, believing the screening programs were more intrusive. A study by Scherff et al., (2005) found the same results with school superintendents. They also more readily accepted the classroom curriculum programs over the school-wide screening programs for the same reason, viewing the screening programs as significantly more intrusive. It is possible that school superintendents hold this belief due to limited financial resources for such screening programs. However, according to Shaffer (1999), screening teens to identify those at high risk is not only efficient but cost effective. The cost of individually screening one student is $37, yet to use the school-wide screening program the cost is reduced to $25 per student (Shaffer, 1999). School superintendents may also be concerned of legal ramifications of "missing" a student who then commits suicide (Scherff et al., 2005). There are very few recent studies conducted to examine the effectiveness and acceptability of school-based suicide awareness and prevention programs. Given the high rate of teen suicide and the increased advocacy for schools to take on a leading role in prevention, this is an important issue. School counselors are in the ideal position for implementing suicide awareness and prevention programs, and they must be aware of such issues in order to provide effective services to all students (Eckert et al., 2003).

Prevention and Awareness Programs

There are many programs throughout the country addressing suicide awareness and prevention. These programs provide statistics, resources, training, and information for parents and educators while also providing a place for a troubled teen to turn.

Tomb and Hunter (2004) presented three programs that can be implemented in the school setting, and can be integrated into a teen suicide awareness program. The first program, Ready…Set… R.E.L.A.X., teaches muscle relaxation and positive self-talk to help students learn to reduce their anxiety levels. This program can be used with all students, regardless of whether they exhibit anxiety-related symptoms. Statistics have shown significant gains in self-esteem and significant decreases in anxiety and depression in those students who have participated in this program (Tomb & Hunter, 2004). The second program, the School Transitional Environment Project (STEP), concentrates on helping students transition to a new school environment. This is accomplished by emphasizing the supportive role of the homeroom teacher and placing the participating students in groups who stay together during classes. Studies have shown this program significantly reduced anxiety and depression (Tomb & Hunter, 2004). The third program, FRIENDS for Children, teaches students coping skills to help them reduce their anxiety levels. In one study, students who participated in the program showed improvement in their self-report measures of anxiety (Tomb & Hunter, 2004). All three programs can be used successfully at the school level, benefiting all students whether or not they exhibit anxiety-related symptoms.

Prevention programs have been developed to identify students who are at risk for developing an anxiety disorder. The Early Screening Program (ESP) helps teachers to recognize internal and external symptoms and identify those students who would benefit from further assessment by a mental health practitioner (Tomb & Hunter, 2004). The Ready…Set…R.E.L.A.X. program can also be used with students who have been identified as being at risk of developing an anxiety disorder.

Anxiety is widespread among adolescents, and is often discounted as typical adolescent behavior. Implementation of prevention programs will help schools to identify and treat those students who are at risk of an anxiety disorder. By implementing these prevention programs school wide, all students can benefit by enhancing the overall climate of the school and help to prevent the development of anxiety disorders (Tomb & Hunter, 2004). Minimizing the prevalence of anxiety

disorders can also impact the prevalence of teen depression, thus reducing the incidence of teen suicidal behaviors.

Prevention in the Schools

More teenagers die from suicide each year than from cancer, heart disease and other diseases combined (Thomerson, 2002). The youth of America are ending their lives and leaving behind not only heartbroken families but broken communities as well. Nelson and Galas (2006) state that every suicide intimately affects at least six other people, with the number growing when classmates, team members, neighbors and extended family are included.

Mahoney (2006) stated there is no single solution to preventing teen suicide, therefore a comprehensive approach that includes the school and community is the most successful, and promoting awareness at the school level is the best place to start. About 90% of students who think about suicide first share their thoughts with a friend (Nelson & Galas, 2006). Because most adolescents would rather talk to their friends than their parents or other adults, it is the students who are first in line to help someone who is having suicidal thoughts. Promoting awareness and education in the schools will give students the tools to aid a fellow student who is in distress.

Students are already working on many good causes such as preventing drunk driving and saying no to drugs, proving that they can come together to help solve those problems that are harming their age group. Educating other teenagers, parents and even school staff by promoting awareness will provide them with information they need in order to help a teen in crisis. Reaching out to the community increases the number of people who are prepared and can spot a teen that is suicidal. Many established civic groups, youth organizations, churches and local businesses have resources to help promote awareness, and may be able to contribute money and volunteers. School counselors can provide the necessary information and empathy to assist youth in crisis while promoting awareness programs.

According to the American School Counselor Association (ASCA) (2005), a school counselors' priority is to "be spent in direct service to all students so that *every*

student receives maximum benefits" (p. 13). The Personal/Social Domain of the ASCA National Model provides the framework to present the programs necessary to provide assistance and awareness to high school teens regarding anxiety, depression, and suicide. A counselor must be able to "advocate for the students …needs and work to ensure these needs are addressed at every level of the school experience" (ASCA, 2005, p.24). This includes helping to create and implement programs that are not yet in place. Counselors are faced with many challenges daily, yet they must be prepared to meet the needs of the students who do not seek their help, yet desperately need it. In order to be prepared for these situations as they arise, counselors need to collaborate with agencies in place to establish programs to promote awareness of suicide and help through intervention and prevention in accordance with the ASCA National Model.

According to the American Foundation for Suicide Prevention, Arizona is sixth in the nation for suicides and had 979 suicides in 2005 (Suicide Prevention Resource Center, 2005). It is important to note that this is the most current data available. More research and studies are needed to accurately assess the problem of teen suicide in Arizona. It is also important to note that there is not a statewide program in use or a program favored by the districts. Dawn Hunter, (personal communication, March 29, 2010) a representative of the American Foundation for Suicide Prevention (A.F.S.P.), is making a push to get the A. F. S. P. programs brought into the middle and high schools for the fall of 2010 along with programs for college students. Unfortunately until then, Candice Kochis, (personal communication March 17, 2010) a consultant for Compass who is called when a person has been brought into the emergency room from a suicide attempt, is kept busy providing temporary assistance for those in a crisis situation. In these situations, Candice is able to put a band-aide over a difficult situation and try to set in place strategies to allow immediate success. Regrettably this is a temporary solution to a multi-faceted problem. This lack of intervention has made "Arizona's suicide rate … consistently higher than the national rate for the last decade" (Arizona Department of Health Services, 2006, p. 99). Without a comprehensive program in place, Arizona's suicide rate will continue to climb.

Teens who attempt or commit suicide are choosing not to live. When young people have other choices, fewer will choose suicide. Suicide education and prevention programs give young people other choices (Nelson and Galas, 2006).

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