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Teenage Suicide in the United States

Suicide. You've heard those hushed whispers about it, you've read about it, you've watched it on the news or movies, you might have even thought or attempted it. There is no end to the supply of suicide stories floating around. Though every suicide story is sad, daunting, and unique, choosing just one to mention would be a disgrace, shame, and disrespect to every other suicide completed. Any person's life can be described as a book. There is a beginning, middle, and an end. For some, the beginning and middle are too sad and complex to deal with that they no longer wish to continue reading the book. So they close the book for eternity, and never reach the end of what could have been a wonderful ending. This is the simple complexity of suicide. It is killing oneself to escape from unhappiness. However, that closing of a book is even more horrific when it involves a teenager, for their life has barely just begun. They have so many pages in their books to turn with their young hands. Once they close their book, it is the end. There are many teenagers attempting and committing suicide in the U.S. all for various reasons which is very sad considering they are so young and never experience the full extent of their life.

There are numerous topics to explore regarding suicide, all which are important in order to better understand teenage suicide in the U.S. There is a fascinating history of teenage suicide in the U.S. that has been surviving a whole cycle of increases and decreases from 1950 and 2006. Also comparing suicide rates in Europe and East Asia to those of the U.S helps better understand teenage suicide in the U.S. because of the differences in history and culture of these continents. Suicide amongst teenagers also affects a wide range of groups in different ways such as in boys and girls, Native Americans, Hispanics, and gays, lesbians, bisexuals, and transgender. However, there are many various reasons as to why teenagers do attempt suicide mental disorders, emotional, environmental, and even biological factors. Even though there are many reasons teenagers attempt suicide, it can still be prevented if

issues such as mental disorders are treated, and having close members aware of changes that could lead to suicide ideation, and preventing the availability of certain dangerous substances. Suicide is one of the most depressing worldwide issues that should not be underestimated.

The following pieces discuss the history of teenage suicide in the U.S beginning with the 1950s to 2006. This long period has upheld many changes of increases and decrease in the rates of teenage suicide in the U.S all due to various reasons.

History of Teenage Suicide in the U.S.

There have been many changes to the rate of teenage suicide in the U.S. from the 1950s to 2006. There have been a cycle of dramatic increase and decreases over this time period due to assorted reasons. However, these ups and downs are the components of what makes the history of teenage suicide so interesting. If a books plot is like a straight line without bumps or challenges, the end of the book can be rather tedious and boring. Though, a book with curves in its plot is all the more interesting and makes the ending anticipating and worthwhile. So even though an increase of suicide rates is bad, the decreases in the rates that are seen over time capture so much more importance and optimism to the end, which is hopefully a happy one.

The rates of suicides of youths between the ages of 15-19 during the 1950s and 1990s increased. This period of time was quite fascinating regarding teenage suicide. During 1950 the rate of teenage suicide was just 2.7 per 100,000 (Caruso). However, those rates increased in 1960 to 3.6 per 100,000 and yet again in 1970 with a rate of 5.9 (Caruso). Another shocking matter was the rate of males between the mid 1950s and late 1970s that had tripled from 6.3 per 100,000 in 1955 to 21.3 in 1977. Though the rates of females had just doubled during this period from 2.0 to 5.2 (“Facts & Figures”). Unbelievably, there was an increase in the late 70s and early 80s. Also, there was an increase of 300% between the 1950s and 1980s from 2.7 to 8.5 per 100,000 (“Brief”). However, high rates did not stop there, they increased even further in 1990 to 11.1 per 100,000 (Caruso). There was even an increase of 81% of suicides by firearms from 1980 to 1992 (“Brief”). A survey by the National Center for Chronic Disease Prevention has questioned 12,000 high school students in 1990. 28% has seriously considered suicide in the previous year, while 16% had even made

specific plans, and 8% had also attempted suicide (Cal. Ass.). There are disputes as to why there was such a dramatic increase in teenage suicide rates between 1950 and 1990. There are many reasons such as “social rationales like higher divorce rates” (“Brief”). However, according to Dr. Alexander E. Crosby of the Center of Disease Control, there might not have been an increase of teenage suicide attempts, but rather an increase of more lethal methods that made suicide more successful (“Brief”). Though this was a long strained period for the suicide of teenagers, they did decrease soon afterwards.

Even though the rates in 1990 were very high, they decreased from that year to 2003. From 1950 to 1990 the rates of teenagers between the ages of 15 and 19 had increase by 300%. Then, from 1990 to 2003 they had decreased by 35% (Shain). In 1999, another survey was conducted by the Teen Suicide Prevention, which found that only 19.3% of high school students seriously considered attempting suicide, which is a magnificent decrease compared to the other survey (“Teen Suicide Prevention”). Also, 14.5% has made plans, followed by 8.3% who had attempted suicide the previous year (“Teen Suicide”). By 1995 there was a slight decrease of 10.3 suicides per 100,000 (Caruso). However, during 2000 and 2003 the rates began to level off. The year 2000 held a rate of 8.0, followed by a slight decrease in 2001 with 7.9, then 7.4 in 2002 and finally in 2003 with 7.3 per 100,000 (Caruso). However, the true numbers of suicide deaths and attempts may be higher since many are hidden and might not be reported (Shain). Though, it was estimated in 2000 by the National Institute of Mental Health, that for every teen suicide death, there are 10 other teen suicides attempted (“Teen suicide Statistics”). There are yet again many various reasons as to this wonderful steady decrease in teenage suicide, though some are unknown. However the economy might have influenced the rates. The economy of the U.S had been thriving during the 1990s with lower unemployment rates. So, youths had a lower chance of risk of unemployment, and less stress since their parents would also be working (McKeown et al.). Also after the 1990s there was an increase in psychoactive substances used by adolescents which decreased suicide ideation. Though, good things do come to an end, which is what happened to teenage suicide rates after 2003.

Unfortunately, rates after 2003 did increase astonishingly, more so than expected. In 2004 there were actually 326 more suicides expected and 292 more in 2005. "This is significant, because pediatric suicide rates in America had been

declining steadily for a decade until 2004, when the suicide rate among U.S. youth younger than 20 years of age increased by 18 percent, the largest single-year increase in the past 15 years," Jeff Bridge, an investigator in the Center for Innovation in Pediatric Practice from Nationwide Children's Hospital in Columbus, Ohio, said. Suicide rates of boys between the ages of 15-19 had rose 9% in 2004, and girls by an astounding 32% ("Rate Soars"). Also, by 2004 the most common method of suicide was by hanging and suffocation instead of firearms (Nordqvist). These changes might have been due to the fact that hanging and suffocation are easily available compared to other methods according to Dr. Ileana Arias, director of CDC's National Center for Injury Prevention and Control. Even though there was an increase of rates in 2004, suicide rates did slightly decrease, although not as much as expected.

However, by the year 2005, suicide had become the 3rd leading cause of death for teenagers ("Suicide US"). For adolescents between the ages of 15-24 in 2005 the rate was 10.0 per 100,000, while in 2004 it was 10.4 (Caruso). The primary reason for these dramatic numbers is due to the reluctance of doctors during this period to prescribe antidepressant medication after a public health advisory that was issued by the U.S. Food and Drug Administration in October 2003. It warned people that teens taking the antidepressant SSRI or selective serotonin reuptake inhibitors had an increased risk of suicide attempts or ideation. The report actually caused a 20% decline in the drug use ("Rate Soars"). However, this is not the only factor, since lives of children during the 21st century seem to have become even harder. There is more pressure, more parents are stressed due to the economy, there is an increase in drug and alcohol, teen pregnancy, and there is much more negativity from the media. Richard Lieberman, the coordinator of the suicide prevention program in the L.A. Public School System noted in an Associated Press release: "There's a lot of pressure in and around middle school kids. They're kind of all transition kids. They're turbulent times to begin with . . . The hotline's been ringing off the hook with middle school kids experimenting with a wide variety of self-injurious behavior, exploring different ways to hurt themselves" ("Rate Soars").

Fortunately, there a greater decrease in teenage suicide rates in 2006 of 8.2 per 100,000 ("Suicide US"). The reason being that there is an increase in awareness of this issue, more mental health resources, and an increase use of anti-depressants and mood-stabilizing medications (Pyle, et al.). There is even more effort and awareness of the federal government into research and spreading prevention programs. Previous

programs put more importance into making the public aware and actually telling them importance information. Though, there was no emphasis onto actually working and preventing suicide, or even what may be harmful. Now, there is more emphasis on evidence based treatment and awareness of programs, which will further progress in the decrease of suicide rates (“Teen Suicide Prevention”).

History is such a big part of the world, even if it’s bad or good, it is still important and affects the future as well. Sadly, there have been many increases and decreases in the U.S. regarding teenage suicide for many years from 1950 and 2006. Though in between those increase there have been significant years of rates decreasing. These changes have occurred all for numerous reasons depending on the period of time. Hopefully the rates of suicide will decrease more and more over the years to come.

Comparing Teenage Suicide between the U.S with Europe

All across the world, countries are affected by teenagers taking their own lives by closing the pages of their book, even though for many the end is too early. Suicide reports are posted all over the media telling people of a tragedy. Though, the most news heard of teenage suicide seems to come from the U.S, which is why many people seem to believe that youth suicide seems to occur more often in America. These people are terribly mistaken once the rates of other regions are taken into account. There are some areas across the globe that are even more often affected than the United States. This fact is easily proven once the rates in Europe are compared to those of the U.S, since there is even a major difference between the teenage suicide history and cultures of these two continents.

Astonishingly, once the rates of Europe are compared to America, it is quite clear that the U.S has a relatively low rate. For instance, out of 33 European countries, the country with the highest rate of suicide deaths of teenagers aged 15-25 is the Russian Federation with 32 per 100,000 suicides according to statistics in 2008 (Reiss). Russia is then followed by Lithuania, Finland, Latvia and Slovenia. Though, what is interesting to consider is that Sweden is placed on the 18th place with 10 suicides in 100,000 (Kanalley).Sweden’s rate is actually similar to that of the U.S, which is low compared to the rates of other European countries (Reiss, et al.).

Another issue to compare is the actual history of suicide rates in America and Eastern Europe, which is the area with highest rates currently. To begin with, Russia

was a communist area until 1991. Before communism fell there were no reports of suicide. However during 1991 and 1993 the rate for teenage suicide was 24.8 per 100,000, while the rate in the U.S was merely around half of this. The rates in the former Soviet States overall were even worse than in Russia. From 1991 to 1993, the U.S was at 12.9 per 100,000. Ukraine was less than that with 11.3, though many other countries were much higher such as Belarus (14.7), Estonia (20.2), Latvia (22.2), Slovenia (22.7) and the highest out of all was Lithuania (25.8). Though unlike other regions, Scandinavia has data from the 1970s which were quite low for teenagers between the ages of 15 and 19. For example, Finland was at 10.6, Sweden at 7.6, and Norway as 1.3. The U.S was just at 5.9 per 100,000 during this period. However, the rates for Scandinavia shockingly rose during 1991. Finland had become the world's 2nd country with the highest teenage rates at 15 per 100,000 and Norway was placed 4th with 13.4 (Kanalley).

Surprisingly the rates increased for Russia, the former Soviet States, and in Scandinavia during 2000 and 2003. In 2000, the rate for the United States was at 10.2 while Ukraine was twice as much with 22.2. By 2002, the teenage suicide rates in Russia had actually increased to an astounding 33.4 and Lithuania to 33.1. During 2001 to 2002, Norway was at 15, Sweden with a slight change of 7.5, and Finland with 18.4. These regions are effected with much more poverty, lower life expectancy, and a higher consumption of alcohol compared to the U.S. Teenagers in East Europe are much more stressed and have more psychological problems which leads many to feeling hopeless and causes thoughts of suicide (Kanalley). Unfortunately these thoughts turn into reality, much more so than in the U.S.

It is sad to consider the fact that no matter where one travels there is an endless supply of teenage suicides. Even though some teenagers could be on the other side of the world from each other, they still go through similar events and issues, however, many people do not contemplate this. So it would only make sense to most, that the area with the most suicides completed by teenagers would be the region most heard about. This is the reason why there is a wide range of people who believe that America holds the title of the most teenage suicide when there are regions around the world with rates even higher than those in the U.S. One must only compare rates in Europe and the U.S. to realize these significant differences. Even the very history of teenage suicide rates and lifestyle in both continents are different. People must be

more aware of worldwide issues and the impact they have across people around the globe instead of in just one popular area.

Comparing Teenage Suicide between the U.S with East Asia

East Asia seems to be a very diverse area containing people having varied cultures, traditions, and thoughts that are very different to those of the U.S. These differences in culture and beliefs affect many issues. In some sense, Asian people have books that look and are structured differently compared to those of Americans, though it does not change the fact that each book can be closed. Every death of a teenager, no matter from what nation is important and unique in its own way. One very important issue is teenage suicide that affects both these areas though in different rates. Though, one specific fact that is common in Japan, China, and Hong Kong is that the teenage suicide rates are lower than those of America due to the striking contrast in cultures. However all must be evaluated differently since all 3 countries have diverse rates and cultures.

Japan among all three, is the most developed and has had the most Western influence. Japan has changed dramatically and has advanced greatly in the world's economic and technology areas. This dominance in status, forces young people to strive and compete to be the best. This pressure adds greater stress which is one reason for suicide. During the 1970s Japan had a rate of 7.8 deaths per 100,000 15 to 19 year olds. Although, that number dropped aggressively by half to 3.8 in 1991, much less compared to America's 11.1 in 1990. However, 3.8 increased to 11.5 in 2000 which was close to the U.S at 10.2 (Kanalley).

China is considerably different compared to Japan, and even though it has developed, there are deeper traditional roots engrained into its culture. Unfortunately, there are few records documented of teenage suicides, though it is known that teenage suicide is quite low in China. Though, it was documented in China that in 1999 there was a low rate of 6.9 (Kanalley). However, the most surprising fact is that 5.4 were males, and 8.6 were females who contributed to that rate. This statistic is the first ever, where females had a higher rate of suicides than males.

Nearby China, lies Hong Kong, a region which was ruled by the British for centuries. Unsurprisingly, there were higher rates of suicide after the influence of the West. This proves that regions which are influenced by the West have a higher rate of suicide. However, the rates in Hong Kong are not that high as they could be because

some of their Asian culture is still engrained in society. Although, there are differences between the cultures of Asia and the U.S, the most interesting discovery between Asian and American teenagers was discovered because of these differences. A survey was conducted in Hong Kong that discovered this dissimilarity in teenage suicide. 996 Chinese adolescents who were living in Hong Kong were asked to complete a survey about suicide. Intriguingly, the reason many wanted to attempt or commit suicide was due to major pressure from their parents. Unlike the reasons of teenagers of the U.S which are peer pressure, depression, or the media (Kanalley). Asian communities, especially Japan, China and Hong Kong pressure the youth to study and help their society. Many teenagers are pushed to great lengths for the improvement and to greater there society, something which is less dominant in the U.S.

The cultural diversity between Asia and America is widely acknowledged around the world. However these cultural differences are no barriers to teenage suicide. Although there is a difference between teenage suicide in Asian countries such as Japan, China, and Hong Kong to that of the U.S. The rates in Eastern Asia are lower than those in America and occur because of the dominance of some aspects in its culture. These aspects are not as dominant in the Western culture which is why there is a variation in teenage suicide.

Affected Groups

Books, movies, songs, games, they all affect different people in different ways. A boy and girl could read the same book and feel different emotions after reading it. A Native American and a white could watch the same movie and both could end up crying. A Hispanic and Latino would both listen to the same song and dance to it differently. A homosexual and a heterosexual could play the same game with one winning and the other one losing. Nevertheless, diverse people are affected with the same thing but respond to it with different reactions, which is exactly like teenage suicide. Obviously, suicide affects many different groups of people. However, there are distinctions between these groups, including the contrast between boys and girls. Though, more specifically are Native Americans, Hispanic, and gay and lesbian teens who are all affected by suicide. Though, each group is affected by suicide differently since they experience different events and respond to them differently.

Still, it makes no difference of the severe magnitude of this daunting issue that affects teenagers.

There are many variations between male and female teenagers regarding the attempt and completion of suicide. Over history there have usually been higher rate of boys who actually commit suicide than girls (Pyle et al.). Also, for every sole female suicide, there are 4 other males' suicides. Furthermore, according to the American Psychiatric Association, 4 times as many teen boys succeed at suicide than teen girls. However, 3 times as many females actually attempt suicide (Sobhe). In addition, males use firearms or hang themselves more often than women. Those common deadly and lethal methods succeed in killing more often than overdoses of drugs or cutting oneself, which are the most common methods of females (Sobhe).

A large group affected by suicide is Native Americans. Black youths have a lower suicide rate than their white counterparts, but the suicide among Native Americans increased dramatically during the past decades ("Black Teens"). For instance, in 1980 the suicide rate for white teenagers was 157% higher than blacks, although, in 1995 there was only a difference of 42% (Carter). The rate of black teenagers between the ages of 15 to 19, had actually more than doubled from 3.6 per 100,000 to 8.1 per 100,000 from 1980 -1995("Statistics"). Also more black girls are at a higher risk for suicide than boys. A survey by the NSAL of randomly picked 810 African Americans and 369 Caribbean black teens aged 13-17 showed that in a year, African American teen girls are most likely to attempt suicide, followed by Caribbean teen girls, African American teen boys, and Caribbean teen boys ("Black Teens"). Though based on the statistics in 2003, Native American females had a rate of 9.0 per 100,000 while males had a much higher rate of 25.7 per 100,000 (CTD). However, the reason why the rates are so high is due to the lack of awareness and recognition of suicide ideation. The African American community believes that they were naturally strong and that neither the women nor men would attempt suicide since they are strong. According to a Mental Health American report most African Americans who had mental illness are undiagnosed or untreated because of this mentality, a mistrust of healthcare professionals, lack of mental services, and cultural beliefs (Davis). Also, a fact sheet by the American Psychiatric Association shows that some disorders are even misdiagnosed because of the different ways African Americans express their emotions compared to other ethnic groups. Even more unfortunate is the unawareness and even ignorance of some people about the importance of emotions. Based on

findings from a survey by the National Mental Health Association, 63% of African Americans feel that depression is a “personal weakness”, while only 31% said they believed depression is a health issue (Davis). In order for these dramatically increased rates of African American teens to decrease more awareness must be provided.

Hispanic teenagers are also at a greater risk of attempting suicide than other ethnicities, especially girls. According to a nationwide survey, Hispanic youths in grade 9-12 in public and private schools in the U.S. are more likely to attempt suicide than blacks, whites, and non-Hispanic peers (Stobbe). Another survey in 2005 by the Youth Risk Behavior also supplied statistics to support that fact. 11.3% of Hispanic teens reported to have made a suicide attempt compared to the overall percentage in the U.S of 8.4% (“Sui. Among”). 14.5% made plans, and 17.9% seriously considered suicide in the last 12 months. Also 1 out of 7 Hispanic females attempt suicide (Stobbe). Hispanic females have a much higher rate of attempting suicide compared to their non-Hispanic, white, and black female counterparts. 24.2% of Hispanic female teens considered suicide, while only 21.5% whites did, and 17.1% of blacks. Still more shocking is the percent that actually made plans which is 18.5% while whites and blacks have a percentage half of that (“Sui. Among”). A huge trend of methods with Hispanic girls is cutting themselves, and taking an overdose of pills. Girls especially lack close relationships with their mothers and have difficulty in between two cultures which causes depression (Stobbe). Hispanic teens also are more likely to develop mental problems. Surprisingly though, people of Hispanic origin born in U.S. have higher rates of mental illnesses than immigrants. Though sadly, among people from Hispanic origins only 1 in 11 people with mental problems contact mental health professional, and even less than 1 in 5 actually contact general healthcare providers. Many Hispanics lack close family members and many feel confused and isolated because they are missing bonds to family, lack a cultural system and sense of community (Stobbe).

Another group of people widely affected is the lesbian, gay, bisexual, and transgender community [LGBT]. Interestingly, LGBT teens are 4 times more likely to attempt suicide than heterosexual teenagers, according to the Massachusetts 2006 Youth Risk Survey (Johnson). However, there is not much data available about the rates of this specific group. Although, the risk of LGBT youths attempting suicide even increases by nine times if they are rejected by their family for being different (Caruso). Homosexuals compared to heterosexuals are also more likely to have

problems with substance abuse and depression, which are unfortunately all risk factors for suicide (“Youth”). A survey in 2003 by the Youth Risk Behavior Survey surveyed students from grades 7-12 and found that 28% bisexual and homosexual boys and 20.5% bisexual and homosexual girls had attempted suicide. However, 12 months ago before the survey, 28.6% of students in grade 9-12 felt sad and hopeless almost every day for at least 2 weeks in a row, while 16.5% planned suicide, 8.5% attempted, and 2.9% made suicide attempts that required medical attention (Shain). Adolescence is already a difficult and confusing period of age, but LGBT teens have a great struggle compared to others because of intolerance, discrimination, hate and rejection. Many often feel “conflict about or ashamed of their sexuality” (Pyle et al). It is very difficult for them to come out and be accepted by the people around them. Without being accepted and even having trouble accepting themselves, it causes great deal of stress and depression which might even lead to suicide ideation. If the world wants to decrease the rate of suicide, then they must tolerate and accept lesbians, gays, bisexuals, and transgender because they make up a large portion of suicide rates.

Teenagers are at a time of confusion and complexity since their brains are still developing. Every teen faces new events and challenges. There are many different groups of teenagers but the one thing in common with all is that they are affected by suicide. There are major differences about how boys and girls are affected, also Native Americans, Hispanic, and gay and lesbian teens that are all affected by suicide. Each group of people are important because death is death even if affects a group of people differently. The importance of suicide does not change depending on if it affects a white or black, or a gay or straight teenager, because in the end they are all people and no one should end their life when they have such a long way ahead of them.

Reasons Teenagers Attempt Suicide

There are so many questions that people seek. Some of these questions cannot be answered, while there are many that have hundreds of books easily answering them. “Thousands of books have tried to answer the question of why people kill themselves. To summarize them in three words: to stop pain.” (“Brief”). Even though that is the reason, there are many factors that make that pain. The pain of some teenagers can be so great that they are unable to handle living and believe the only escape they have to their trapped souls is death. Every individual youth may have a

different reason or reasons for attempting suicide. Many of those reasons are due to mental disorders, emotional, environmental, and even biological factors.

Many people attempt or commit suicide because of mental disorders that are undiagnosed or untreated. Apparently 90% of people who attempt suicide have a mental illness (“Teen Suicide Statistics”). One of the most common is depression which is a state of feeling sad, lonely, withdrawn, and unable to accomplish anything. Even though there are many symptoms of this serious problem, it is still difficult to diagnose, and in some cases depression does lead to suicide ideation. Around 15% to 30% of teens with serious depression attempt suicide (Staff). Another disorder that causes teens to attempt suicide is bipolar disorder which makes teenagers alternate between periods of depression and mania, which is an illness where there are changes of ideas, exaggerated sexuality, gaiety, or irritability, and insomnia.

There are many other disorders such as schizophrenia which is another serious mental disorder in which people have thought disorders, hallucinations, and mental illusions. Even dependence psychosis, posttraumatic stress disorder, panic attacks, and having a history of aggression, impulsivity, and severe anger are all factors that might cause a person to attempt suicide. Also, some disorders can be genetically and run through the family. Even having an inability to control impulsive and violent behavior can be biological. However, many of these mental disorders can be treated if diagnosed. The problem is many teenagers progress in their mental disorders without being diagnosed or treated when they could easily be. Though, mental illnesses are not the only factors to attempting suicide.

Social factors such as religion, family, physical attributes, education and stressful events in life all affect attempting suicide. Teenagers who do not have or have little religious upbringing are at higher risk of suicide because religion is a huge support system to teenagers since it teaches them certain beliefs that might affect their view of suicide. The bonds of family are also very important. If youths are surrounded with stressful events such as disputes between parents, fighting with parents, parents abandoning them, divorcing, abuse, violence, parents having mental disorders, economic issues, or even if a parent attempts or commits suicide, it might cause a lot of stress and depression to a teenager, causing them to take their own lives. Sometimes even loss of a family member or friend is a risk factor for suicide. Suicide is even more common if teenagers have a lack of social bonds or relationships to their family, friends, or even lovers. One of the most common reasons for attempting

suicide by teenage survivors was conflicts with a boyfriend or girlfriend or arguments with parents (Pyle et al). Another common reason is school problems. Many teenagers feel depressed if they do not reach their or others expectations at school. Also many are bullied for various reasons such as their ethnicity, sexuality, or appearance and have other stressful events in their lives which lead them to think that their life is no longer worth living.

However, there are also environmental issues that cause suicide ideation such as substance abuse and firearms. Both Alcohol and some drugs have a depressive effect on the brain, if some of these substances are misused it cause high levels of depression. It also affects a person's ability of judgment and increases the risk of impulsivity. There are so many teen suicides due to the influence of alcohol and drugs. However, substance abuse can also be a biological factor because teenagers who are exposed to alcohol and drugs from their parents are at a higher risk of doing the same (Staff). Besides alcohol, another huge risk factor to suicide, this is the availability of guns. Teenagers who are affected with depression, anger, impulsivity, stress, substance abuse, or lonely are already at major risk of suicide ideation, but the availability of firearms increases those factors.

Another factor is the effect of other suicides that might have an effect on other suicides which are called cognition or cluster suicides. Numerous teens are influenced by other suicides to take their own lives. If a teen community feels depressed than more of the community will influence each other. Cluster suicides, otherwise known as contagion suicides are found to account for 1-5% of teen suicides in the US (Gould). For example, in a Native American Community a 17 year old committed suicide by hanging himself, then in 5 months his cousin and best friend also hanged themselves. Also, 41 other boys and girls of the same community attempted suicide after his death. The media also affects cluster suicides since it provided the information of a person's methods and reason for suicide (Gould).

Another, rather interesting reason to why teenagers attempt suicide is based on newly found research. These studies and research show that there is a risk of suicide to changes to chemicals found in the brain called neurotransmitters, specifically one type called serotonin ("Suicide US"). Serotonin is a chemical that helps control impulsive actions and decision making. Astonishingly, studies and research shows that people who attempt suicide, have depression, impulsive disorder, history of suicide attempts, and people who have attempted suicide before, have a lower level of

serotonin (Shaffer). Many suicides are attempted out of impulses and having a lower level of serotonin is thought to cause more impulsive behavior. Also, antidepressant drugs affect serotonin which is unfortunate since the use of antidepressants for depression, impulsivity, and suicidal thoughts are effective and used often (Shaffer). However, further research is needed in order to prove if these theories are correct.

Luckily, there are reasons known to mankind as to why teenagers attempt suicide. Unluckily, there are many. There could be a million books written about teenage suicide, though in the end it is just one big universal reason, to stop pain. Some teenagers learn how to cope with different stressful and depressing events, but many do not. Some teenagers, end their life story too soon, before they actually do learn how to cope with the numerous problems they face. The many problems that teenagers do face are mental disorders, emotional, environmental, and even biological factors that might cause many to take their own lives. However if these causes and risk factors can be prevented, there will be a lower rate of youth suicide.

Prevention of Suicide

Any ending can be changed and prevented by different ways, for there are numerous solutions for every problem. In the same way, suicide is a problem which can be prevented in many different ways. Though this horrific tragedy can only be stopped unless certain issues are noticed and solved. Such as diagnosing and treating mental disorders, having close people around a teenage aware of alarming changes, and preventing the availability of certain lethal objects. No parent wants to see their child end the chapters of their lives, when there are so many simple tasks that could easily prevent a teenager a visit from the Grim Ripper before their time.

Many people who attempt suicide have mental issues, many of which can be treated by different methods. If more mental illness such as depression, bipolar disorders, schizophrenia, anxiety, borderline personality disorder, and disruptive behavior disorder, in teenagers were diagnosed and treated it would certainly help prevent suicidal thoughts and attempts ("Teen Suicide"). Yet in order for these disorders to be treated, they first must be screened and diagnosed (Shain). The only way they can be screened is if there are more effective mental health services that can actually help teenagers who are at risk of killing themselves. It has already been researched that if disorders such as depression and aggressive behaviors are treated at an early stage it may reduce the chances of suicide ("Teen Suicide Prevention").

Nonetheless these mental services must be provided “you can have all the prevention programs in the world, but if people don’t have access to care, it’s meaningless,” states Jerry Reed, executive director of the Suicide Prevention Action Network (“American”). In approximately 25 states in America, there are laws for full mental health services that need insurance to cover mental illness (“American”). These issues must begin to change in order to decrease the rate of teenage suicide even more.

Even though medical treatment can help prevent suicide, the first step of begins with parents, teachers, and friends actually realizing suicidal behaviors, thoughts, and mental illnesses. Loved ones have to keep in touch with teenagers, especially parents. There are many symptoms that can be signs on depression, other mental disorders, and suicidal thoughts and behavior that can be noticed by parents, teachers, or friends. For instance, changes in eating habits and sleeping, no longer caring for self-image, deliberately withdrawing from their friends, family or regular activities. These are all small signs of sadness that might actually be depression. Additionally, take note when people are very moody such as being very quiet for a period of time and then very happy, or if they become restless and there is a decline in their care for schoolwork (“Teen Suicide Statistics”). Also, people have to take notice in newly apparent violent actions and behavior, or even running away. People especially have to realize and take action if someone feels hopeless, guilty, feels that there is no longer a reason to live, or has great changes in their personality. Though the most obvious signs and the scariest are if they say suicidal things such as believing they are a bad person, that life is useless and worthless, I want to die, and also if they start writing suicidal poetry or art (“Teen Suicide”).

Parents should always be aware of the events going on in a teenager’s life. They should talk to them and listen to them without judging them. For example, many teenagers who have lost a loved one, is pregnant, or abuses drugs and alcohol are at great risks of suicide (“Teen Suicide”). However, there is less of a chance if they feel they have a good support system and have people who care about them. That is why if someone is concerned that another person is suicidal they should talk to them about it. Dr. Robert A. King, a professor at Yale University and who is also a psychiatrist at Yale Child Study Center informs that “ a misconception is that asking kids about suicide will put the idea in their head or lead to increased risk that they will attempt or commit suicide. Good data shows that distressed or previously suicidal adolescents actually feel less distressed or suicidal following surveys that asked them about it,

rather than more so. So parents and teachers should ask children if they are worried they may be suicidal.” (“Teen Suicide Prevention”)

Another large role that parents play in, is removing harmful objects that are a risk factors to teenagers, such as firearms, alcohol, and drugs. The availability of firearms is one of the biggest risk factors to suicide. 64% of suicide commits by 10-24 year olds were by firearms (“Teen Suicide”). Parents need to remove firearms from the reach of teenagers, either by locking them up and hiding the key, or completely getting rid of them. Another way to prevent suicide is by preventing substance abuse. Over 50% of suicides completed were by people who had consumed alcohol before their death (“Suicide US”). Both alcohol and drugs reduce the ability of teens to think properly and increase suicide attempts and actions. To reduce the risk, they should either be disposed of, or locked away. Parents, teachers, and friends should also be good role models by not drinking or using drugs in front of a teenager. Doing so, would save many, many young lives that otherwise would never have the chance flourish into the people they could be if they had held onto their lives a little longer.

People forever desire the chance to turn back time to prevent some horrible fate from happening. The only reason they desire this, is because they did not solve a problem that could have been prevented. Once someone dies there is no turning back, not matter how bad a person may wish it so. However, there are so many ways that a teenager killing themselves could be prevented. In order for suicide to be prevented, there has to be awareness from relatives, teachers, and friends of certain mental illnesses and issues that a teenager might have. They also must take notice of events, changes, and lethal objects in a youth’s daily life so that they can help them and prevent them from attempting suicide. No one should live with the regret of knowing they allowed someone to commit suicide because they did not notice certain things.

Conclusion

Our lives are very much like a book. It all depends on us to turn the next page or to abruptly close it in the middle to never glance at it again. It is our choice to walk upon the next pages onto another chapter, or to give up reading and die. Every individual’s story is unique and special, however some come to an end, far too early. There are teenagers all over the United States are shutting their books by committing suicide for different reasons which is tragic since they are still so young. Suicide is

such an interesting topic though, and people should be much more aware of this huge issue.

Suicide really is a fascinating subject since it deals with so many other issues that teenagers face. It's so elevating to learn about the differences that occur in teenagers. How some can cope with events and emotions, while other just need a way out and believe that killing themselves allows that. Even factors that cause suicide ideation are mindboggling. It's amazing to learn that so many teenagers are affected by mental disorders, emotions, events, environmental and social issues. It makes me feel luckier that I do not suffer from some of the issues that others do, and that I have a tight bond with my family. Though researching about suicide is upsetting, because one learns how so many young lives are lost that could have been prevented. I honestly hope that one day I can help people who are going through tough times, because there is an answer to every problem. Since, suicide is not an answer to anything. I want to be able to read the story of a person life from when they are a baby to when they are grandparents. No one should have to read a story of a young teenager killing themselves. It is one of the greatest losses to the world, and I hope that it changes in due time.

