The Growing Problem of Teen Suicide - by Justin Magalassi

Suicide affects everybody. Factors such as race, gender, socio-economic status and even age do not do not limit who may be at risk for suicide. Odds are you or someone you know has been directly affected by suicide. Suicide affects families in ways that, unless you’ve been through it, you couldn’t possibly imagine. What used to be “normal” no longer exists. The entire family is affected. When someone that you have known and loved your entire life is gone forever, things will never return to the way they were when that person was alive. They can’t. It is impossible for that person or the feelings you had for him or her to be replaced.

Suicide is a problem that has a solution. Yes, suicide is preventable, yet it remains within the top 3 leading causes of death among teens, and is one of the leading causes of death in the United States ranking 11th in the year 2000. A study found that 10.6 out of every 100,000 people died via suicide. In 2000 alone, there were 29,350 suicides which equaled 1.2% of all deaths. Suicides outnumber homicides by 5 to 3, and it’s estimated that for every suicide death, 8 to 25 suicide attempts are made. Suicide was found to be the 3rd leading cause of death for 15-24 year-olds in the year 2000 with the 1st and 2nd leading causes resulting from unintentional injuries and homicides. Suicide was also the 3rd leading cause of death for children 10-14 years old. The 10 – 14 year old age group is the fastest growing age bracket being affected by suicide. Studies also show that 5 times as many males as females committed suicide in the 15-19 year-old age bracket, and 7 times as many males as females in the 20-24 year-old age group. Although more male adolescents follow through with suicide than female adolescents, females attempt suicide in their lifetimes 3 times as much as males. These figures are astronomical and call for more suicide awareness and prevention efforts. Remember this is a preventable act.

Many times there are risk factors that accompany suicide. These factors can change over time and vary with gender, age, and ethnicity. Risk factors usually occur in combinations. According to research, over 90% of those who commit suicide either have problems with substance abuse, diagnosable mental disorders, severe depression or depression in combination with other mental disorders. Abnormalities in neurotransmitters, like serotonin, have been found in patients with impulsive disorders, depression, histories of violent suicide attempts, and in post-death brains of suicide victims, and thus have been found to be an associated risk factor for suicide. These tests are not routinely conducted on persons at risk.

Depression is the risk factor that is most often associated with adolescents and teenagers. Many steps can be taken to provide help for those with depression, which can reduce the risk of suicide by those individuals. One step that has been taken is the establishment of the Columbia Teen Screen, which is hosted by the Mental Health Association. This program has been made available to students at Owasso High School and Mid High. It is unfortunate, however, because students fail to turn in their parental notification waivers giving parental permission for screening back to the school. The failure of students to turn their waivers back to the school has resulted in a low turn out for the screenings.

Another program that is currently in affect in many area schools is called Productive Youth Rendering Safety (PYRS), which is the youth advisory board for the Mental Health Association of Tulsa. This program is comprised of students who act as peer counselors once they have
received specialized training in recognizing signs of depression and other risk factors associated with suicide. The goal of the PYRS student is to provide education to others regarding suicide, recognize signs of troubled youth and provide intervention as needed to ensure that a troubled student does not hurt him/herself. The Owasso School District has discussed such a program, but to this point, no program has been implemented.

Many programs are available for schools to utilize for suicide awareness and also to provide training to students and school faculty. Many schools have begun to take small measures to address suicide, yet it remains a subject that is often avoided as a topic of awareness. For suicide awareness to be effective, schools must give suicide as much attention as AIDS, alcohol and drug abuse, and smoking. Students need to be reminded that depression is a common problem, and that if left untreated, depression can result in serious health issues or death. Students should be encouraged to discuss their problems with someone and need to be reassured that having “issues” does not mean that there is something wrong with them or that they are insignificant. Education about suicide goes beyond the school. Parents need to realize that their family is not exempt from suicide or depression no matter how perfect things may appear on the surface. Parents should also be better informed about programs such as Teen Screen, and they should be given the opportunity to ask questions and make an informed decision as to whether or not they want their child to participate. Until more people become aware of the growing suicide problem and the social stigma is removed from suicide as a topic of awareness, things will be slow to change, and as a result, more of our youth will die needlessly.