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The Rise of Youth Suicide in America

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Abstract:

Suicide is an increasing problem among American youth. Today, more young people than ever are considering taking their own lives. Suicide rates have been on the increase for the past three decades, and suicide has become the third leading cause of death among American youth. The key elements in this social system are young people, individuals between the ages of 15 and 24. A youth may start out normal and non-suicidal, but many young people today will encounter a range of problems that lead them to consider suicide, attempt it, and many of these will end up dead. What is the process that can turn our youth to suicide? The purpose of this paper is to study young people, and determine what could be causing so many of them to choose death. Research started on this question during the years when youth suicide rates started climbing (1970's), and many studies have been done about the possible causes and contributors of suicide. Because of the complex and highly personal nature of this issue, it is generally agreed that there is no single cause of suicide. Rather, there are a number of risk factors which can impact the young person and either directly or indirectly contribute to suicide ideation and attempts. These risk factors range from depression, loneliness and isolation, to substance abuse, sexuality and high divorce rates. The risk factors typically cause more mental and emotional stress on the individual in question. However, it is not necessarily true that the more risk factors they experience, the higher the probability of suicide, as there is no consensus on which factors carry more weight when considering suicide. This report will take into consideration the risks and contributors of suicide, as well as further exploring the process that seems to be driving American young people to suicide.

Introduction:

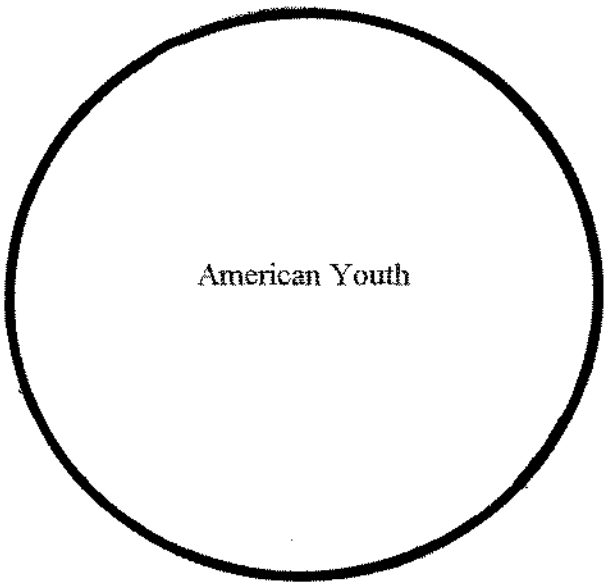
Suicide, the willful ending of one's own life, is an increasing trend among American youth. Since the 1970's, the rate of suicide among young people has tripled (Portner 2000). There is some cause for alarm in this, as suicide is now the third leading cause of death for individuals between the ages of 15 and 24 in the United States (Gutierrez, Rodriguez, and Garcia 2001).

Why this increase in suicide? There is no single factor that can be blamed for this. Suicide is a highly complex and personal decision, made all the more difficult because data can no longer be collected from the individual. Much of the research and data collection is done in retrospect (after the victim is dead) and thus it is hard to determine the state of mind or thought process of the individual. This still leaves us with an unanswered question as to why the individual chose to end their own life. There has been a lot of research done on this subject, mainly in the last 25 years or so, since the noticeable rise in rates (Stack 2000). What has been found, is that there is no single cause for suicide, rather there are risk factors - events or problems that lead to suicide ideation and attempts. These factors are numerous and highly varied, and have been described by one author as a "complex set of ills" (Portner 2000).

The social system studied in this research paper is American teenagers and young adults. Within this statistical group, lay the elements that are effected. The boundaries consist of American young people, aged 15-24, who are not currently suicidal (see figure 1: Social systems model). There are both internal and external relationships in this social system - internal being peer relationships, and external being family, school system and the media. These relationships, based on their support, neglect or hostility, can affect a young person in many ways.

Figure 1: Social Systems Model of American Young People

Social System: American Youth



Elements: American teenagers and young people.

Relationships: Family
Peers
School System
Media

Boundaries: Young people residing in the U.S., aged 15 - 24.

There are both positive and negative impacts, and there can be many levels of relationships affecting the same individual in different ways.

The risk factors affect the young person in a number of ways. Some of these are personal problems like depression (Fowler, Hilsenroth and Piers 1999), loneliness (Stravinsky and Boyle 2001) and shame (Mokros 1995), which can lead to self-loathing, isolation and other parasuicidal behaviors. Others, like sexual orientation (Ramafedi et al. 1998), can negatively affect relationships with others (peers, parents) and cause conflict and emotional stress. Other factors, especially substance abuse (Stack 2000), can cause a host of additional problems, which can in turn increase suicide risk. All of the factors discussed seem to have negative impacts on both mental and emotional health.

Methods:

The research presented in this paper was all gathered from secondary sources. No original data was collected, nor was any primary research done by the author. The information was taken from scholarly journal articles and electronic sources. The articles were retrieved both manually, by the author in the library physically searching the texts, and also electronically. Half of the articles used were found during extensive literary review at the Malcolm A. Love Library at San Diego State University. These were found during repeated trips to the current periodicals section on the first floor, and the science periodicals which are located on the fifth floor. During these many research visits, the PAC catalog and keyword search were used to locate journals that might be of interest, as well as specific articles and journals that looked promising, or examined some specific aspect about the topic. Despite a few wild-goose chases and dead-ends, there were many interesting and valuable articles to use in my research. The remainder of the articles were found

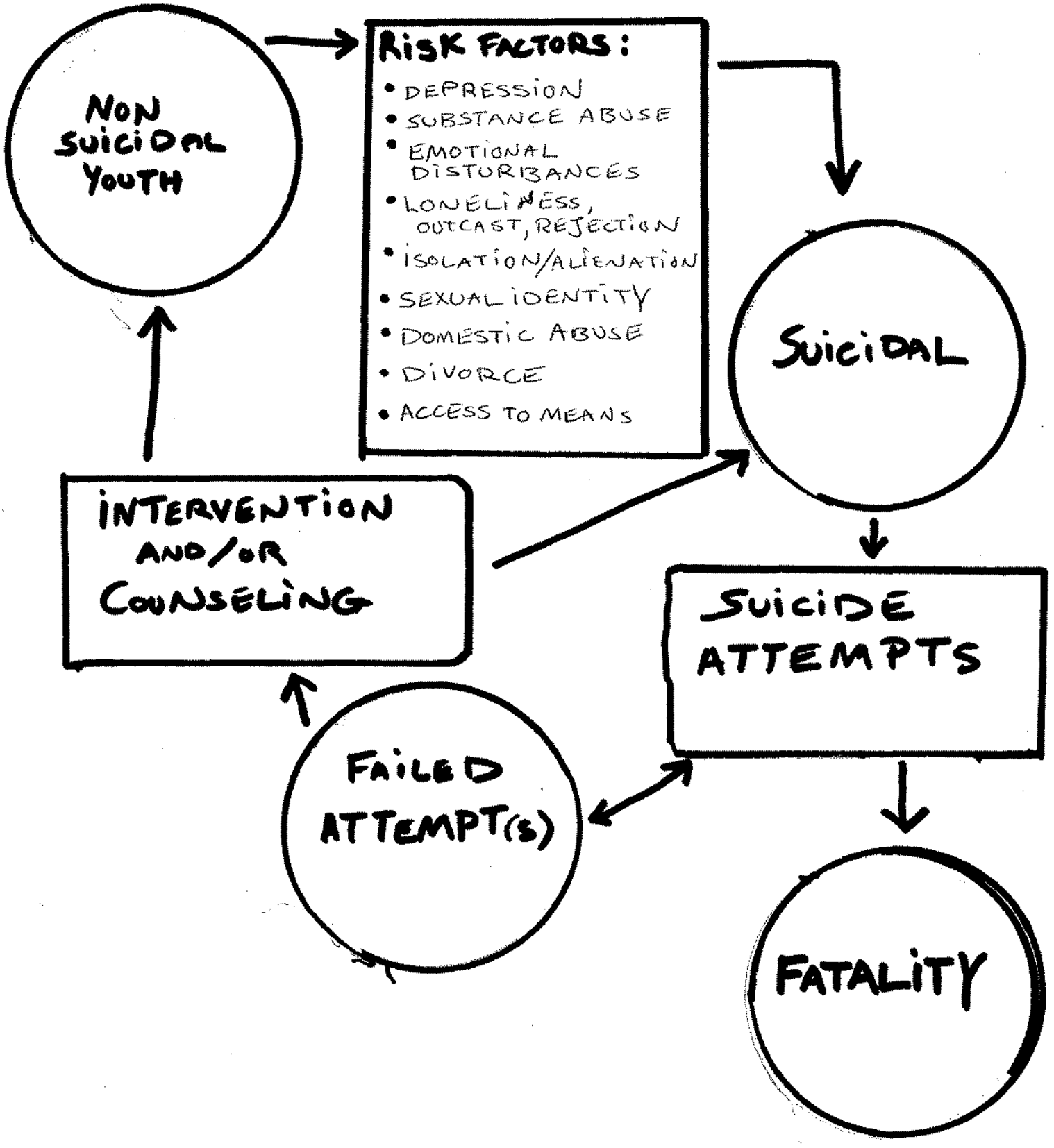
on-line, using search engines, keyword searches, and Proquest (a journal article search engine). The Internet searches, while still providing many entirely useless results, were simpler, but still time consuming. The state/process dynamic model was created using the data collected through my research. The data that was collected during these searches and literary review, was key in the development of the model. The risk factors that are identified in the state/process dynamic model were taken directly from the research materials.

Results:

The results of my research on what factors cause teenagers to turn suicidal is shown in Figure 2: State/Process dynamic model. My social system is the statistical group consisting of "youth" in America. As previously mentioned, my research deals with the rise of youth suicide rates in America and the social factors (risk factors) that may impact or increase these rates. The purpose of the state/process dynamic model is to map out what occurs in turning a non-suicidal young person into a fatality. The model starts with a young person who is not considering suicide. This individual then experiences any one or combination of risk factors and is so impacted by these that they begin now to have serious suicide ideation, and are now considered "suicidal." These factors may include (among others) drug/alcohol abuse, domestic abuse, depression, loneliness, peer rejection/violence, loss of loved ones, bad breakups, and emotional disturbances.

The next process that occurs is suicide attempts. There are two possible outcomes of the suicide attempt process, success or failure. If the young person succeeds, they become a fatality, and inflate the suicide rates. If the individual fails and appropriate intervention and counseling action is taken, then they may return to either the original "non-suicidal" state, or it may not help and they return to the former suicidal state. If the attempts fail, and no intervention is made, then

Figure 2: State/Process Dynamic Model: Teen and Young Adult Suicide



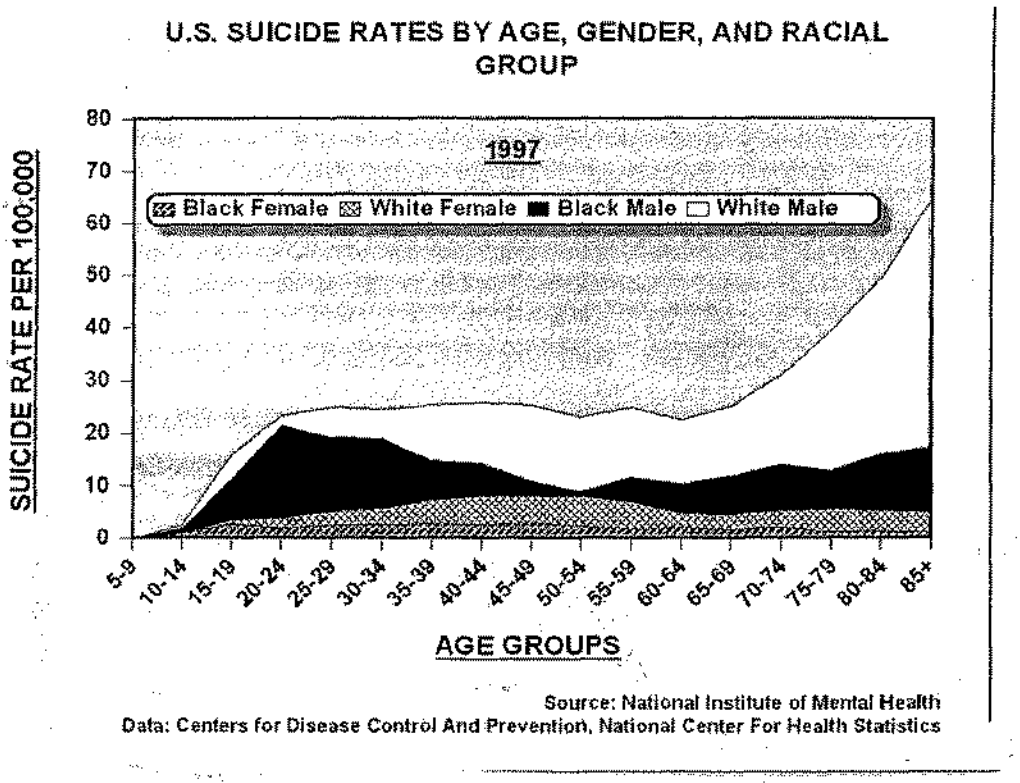
the young person will most likely return to the suicide attempt process and repeat it until they succeed.

Suicide is ranked as the 8th leading cause of death in America (New York State Department of Health 2001) and the third leading cause of death for individuals aged 15 - 24 (New York State Department of Health 2001). Because of this prevalence among the youth of our country, it is imperative that we take an interest in why the youth suicide rates are so high. See Figure 3: U.S. Suicide Rates by Age, Gender and Racial Group for a complete breakdown of the suicide rates in America as of 1997. Looking at the statistics, it is obvious that there is a sharp spike in suicide among youth. Breaking down the rates even further, Figure 4 shows the percentages of suicidal behaviors among high school students in particular. These numbers show that youth suicide is not just a private mental or emotional trouble, but rather that it is a nationwide phenomenon that needs looking into. To do this then, we need to discover what plays a part in leading so many youth to suicide.

In the model, the risk factors are not listed in any particular order, because no research has been done on which of the factors, if any, have a stronger impact on a young person. Therefore, the risk factors are listed in a general order, with the more highly researched factors coming first, and the remaining factors being listed subsequently.

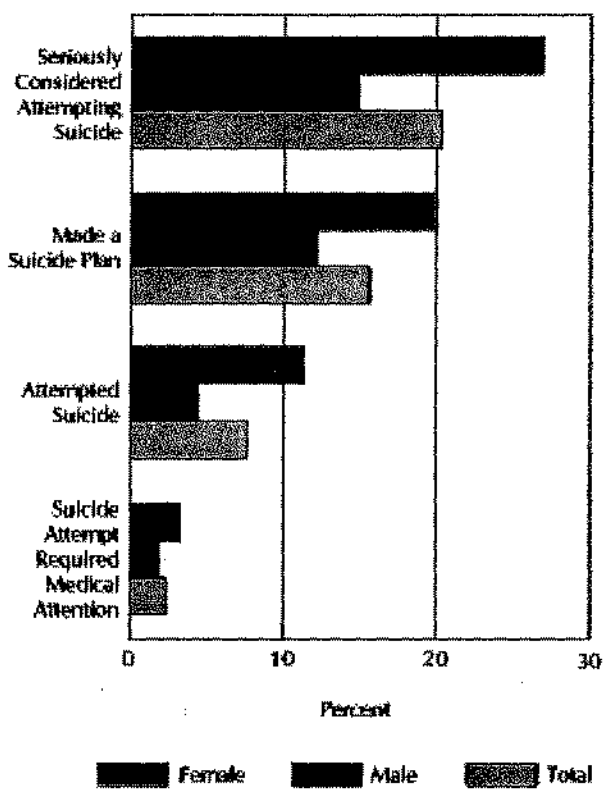
Perhaps the most talked about and biggest factor in suicide is depression. In an empirical study done in 1999, the authors examined 122 suicidal individuals and ran a series of tests (Rorschach Inkblot, etc.) to determine what common factors gave rise to the suicidal thoughts and behavior. The results of this study show that the most common and serious risk factor in those who commit suicide is depression and depressive affects (Fowler et al. 1999). Portner (2000) cites the fact that the rate of depression has been rising among American youth, researchers say, in part

Figure 3 - U.S. Suicide Rates by Age, Gender and Racial Group.



National Institute of Mental Health. 2001. "In Harm's Way: Suicide in America." *Science on our Minds*. Retrieved November 5, 2001 (http://www.nimh.nih.gov/publicat/harmaway.cfm).

Figure 4 - Percentages of Suicidal Behaviors Among High School Students.



Hirshfield, Robert. 2001. "The Suicidal Patient." The Suicidology Web: Suicide and Parasuicide. Retrieved November 5, 2001 (http://www.suicide-parasuicide.rumos.com/en /articles/ suicide/suicidal_patient.htm).

because of the average age of puberty has declined, and depressive illness tends to emerge shortly after puberty. Whatever the reason, clinically depressed youth are 5 times more likely to attempt suicide than non-depressed peers (p.7). Portner (2000) also brings up the fact that in 1996, 600,000 youth were prescribed antidepressants (Paxil, Zoloft, Prozac, etc.). However, despite the upsurge in anti-depressant prescriptions, many young people either do not seek treatment for depression or have no access to healthcare. Lack of access to healthcare is also cited (Hall et al. n.d) as a risk factor for young adults, because family doctors can catch symptoms of depression or other illness that can foreshadow suicide. Hall (n.d) also cites that many suicidal individuals fall through the bureaucratic cracks in managed care and HMO environments because depression and other psychiatric illness are often not covered or require extensive referral process', and much time can pass before a needy individual, especially a youth, can get adequate care (p. 9). In another study, it was these "depressive affects" in a young persons life that played the biggest part in influencing suicide (Gutierrez et al. 2001). These affects include alcoholism, sexual abuse, and substance abuse. The presence of any of these can dramatically increase the severity of depression, which can lead to increased suicide ideation and attempts (Gutierrez et al. 2001).

The second risk factor that needs to be discussed in relation to suicide is substance abuse, which is closely related to depression, as it is often considered a "depressive affect" and can also increase the duration and severity of depression. In one article (Portner 2000) the author discusses the fact that many teenagers and young adults are turning to alcohol and illicit drugs to lift their spirits, often in lieu of traditional medical care which is either inadequate or unavailable. Drugs and alcohol, besides deepening the severity of depression, can also loosen inhibitions, and teens and young adults can feel freer to act on their impulses - including the urge to commit suicide. According to statistics cited by Portner (p.8), autopsies of young suicide victims show that one-

third to one-half of these were under the influence of drugs or alcohol shortly before they killed themselves. Author Steven Stack (2000) also cites several studies which find a strong link between substance abuse and suicide, especially alcohol (p.10). In particular, one study of college students found that 65% of the college suicides had diagnosable substance abuse disorders.

In addition to depression and substance abuse, there is also the more general problem of emotional disturbances. In a case study cited by Hendin et al. (2001), of 26 patients who committed suicide, all of them had a depressed mood, but most of them additionally had chronic affective disorders (like schizophrenia), anxiety disorders, and mixed personality disorders. All of these emotional disturbances cause feelings of abandonment, rejection, loneliness, hopelessness, self-hatred, desperation, anxiety, shame, rage, guilt and humiliation. All of these, either as symptoms of general emotional disturbances alone or working in combination with depression and/or substance abuse can lead to suicide ideation and attempts. Stravinsky and Boyle (2001) go further with the idea of loneliness as an important factor in suicide. Loneliness can be a risk factor in itself, or it can be a symptom of an underlying emotional disturbance or it can be caused by break-ups, relocation and peer rejection. Teenagers and young adults are at a higher risk for loneliness because they often have no choice in moving, and may have a difficult time making friends. They also deal with rejection and being social outcasts, as well as very often being "single" or experiencing dramatic break-ups with a loved one. Teenagers often feel very "alone" especially if they are having problems at home, school, or among their peers. Youth who report that they feel "lonely" are at higher risk for suicide.

Mokros (1995) describes further the role that the idea of shame plays in the lives of youth. Shame is considered a "natural regulatory process" that keeps individuals in touch with society and its expectations. The problem arises when shame becomes so acute and dysfunctional that it makes

an individual feel that he or she has no place in society, and then the individual feels rejection, alienation and isolation (which in turn lead to depression, substance abuse and loneliness). This is highly relevant to teens and young adults because they often feel that they have no place in society, especially if they face unpopularity or violence at school. The backlash that comes from having "no place" in society is to reject the society that is rejecting you. This is a very teenage reaction - to "turn your back on the world". This can lead to the aforementioned isolation, substance abuse, and depression. Shame is also associated with the contexts of failure (teens especially are under a lot of pressure to perform) and of sexual identity (a touchy subject). The ultimate act of rejection of social bonds is suicide. Suicide is also the ultimate way to erase failure - as in the "blood washes away dishonor" idea. The author also proposes a three step process from shame to suicide - first an event that triggers shames (homosexual ideation, failure, rejection). Second, the individual is not able to deal with these feelings, or does not know how. Last, they have no one to turn to. This progression, which is especially relevant to youth, can lead to suicide.

The concept of sexual identity influencing suicidality is a fairly new concept. However, it has been confirmed in a number of studies that homosexual or bisexual ideation in males bears an increased suicide risk. As mentioned previously, teens and young adults often have a difficult time with family members or at school, and anything "out of the ordinary" can create added tension and increase conflict at home or school. This tension and conflict may also be accompanied by feelings of shame and loneliness, or even guilt, especially if family or friends do not know or approve. According to one study, there was a sevenfold higher suicide risk for young homosexual/bisexual males than for young heterosexual males (Ramafedi et al. 1998) The numbers were not noticeably higher for young females, and this is consistent with the fact that males are traditionally at higher suicide risk than females.

Another of the risk factors is domestic abuse. According to author J. Portner (2000), "children who suffer chronic physical or emotional abuse at home or who witness domestic violence, are much more likely to kill themselves than their peers who do not witness (or suffer) such violence" (p. 6). Also cited by Portner (2000) are statistics from the U.S. Department of Health and Human Services, which show that since 1976, there has been a 320 percent leap in child abuse. The time of this rise correlates well to the time when teen suicide rates began to increase (in the 1970's).

Another contributing risk, is that divorce rates have also been on the rise since the 1970's. Seventy percent of children who attempt suicide have parents who are divorced (Portner 2000). Portner argues that it not divorce itself that causes the suicide, but rather that it is the breakdown of the family (due to divorce, desertion or death) that increases the vulnerability of the child, by impacting the quality of the parenting and support the young person receives (2000).

The last risk that is discussed at length, and one that plays a very important role, is the accessibility of guns to a suicidal youth. This is a subset of a more general concept known as "opportunity theory" (Stack 2000), in which suicide risk is increased if there is access to lethal means, usually either firearms or lethal gas. Almost 70% of all youth suicides use guns (Portner 2000; Hendin et al 2001; Hall et al. n.d.), as it the method least likely to fail or be reversible. Overdose on drugs or a drug/alcohol combination is the next most common. A study run in King County, Washington, identified all gunshot deaths that occurred over a 6 year period. Of the 398 deaths that occurred a home in which the involved firearm was kept, 333 (more than 2/3) were suicides (Cotton 1992). And in a study that compared gun deaths in Seattle and Vancouver, Seattle, which has minimal gun restrictions, has a 10-fold higher rate of handgun suicide for persons aged 12 - 24, than in Vancouver, where guns are severely restricted, even though both

cities had almost identical rates of suicide by other means (Cotton 1992). A similar connection between firearm access and teen suicide was reported by the State of Pennsylvania (Cotton 1992). And according to studies by a number of authors, the extent of gun ownership is considered one of the key facilitators of suicide (Cotton 1992). And in one study reviewed by the author, based on 19 findings from 6 studies, determined that "in all cases... the greater the gun availability, the greater the suicide rate" (Cotton 1992).

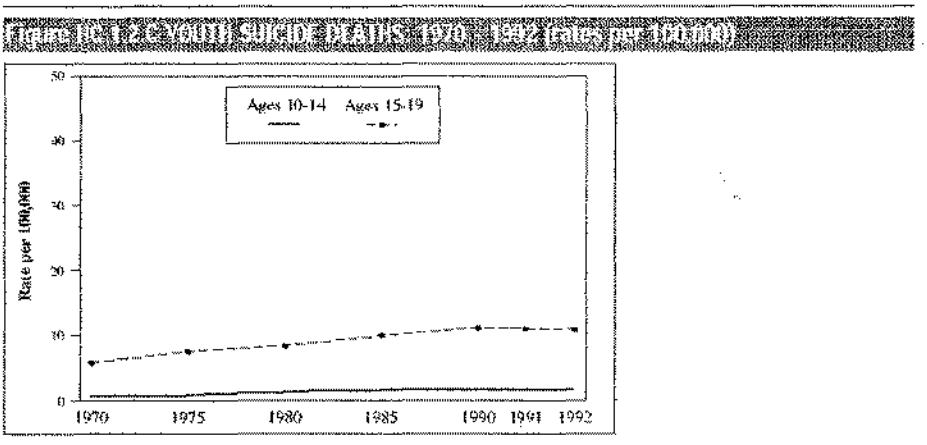
While researchers like Durkheim have shown that things like religion and economic status have been shown to impact adult suicide rates, only recently, thanks to the dramatic increase in youth suicides, have factors been looked at that might impact youth suicide rates. The factors just discussed are in no way all the factors that were brought up by the research, but these were the most important, the most researched, and relevant especially to young people.

Discussion:

Youth suicide is a complex, growing problem. It is impossible to pinpoint one single cause for suicide. Author J. Portner (2000) quotes journalist George Colt in saying that "searching for a single cause for suicide is as futile as 'trying to pinpoint what causes us to fall in love or what causes war" (p. 4). Much research has shown that instead of one single cause or process, it is a series of risk factors that can alone or in combination turn a teenagers and young adults suicidal.

Due to the steady increase and apparent long-standing popularity of youth suicide (see Figure 5: Youth Suicide Rates 1970-1992), U.S. Surgeon General David Satcher recently called suicide "the nation's hidden epidemic" and launched a prevention program in the fall of '98, which seeks to de-stigmatize and address suicide as a public-health problem (Portner 2000:3). But are there ways to prevent suicide?

Figure 5: Youth Suicide Rates: 1970 - 1992



Source: National Center for Health Statistics, unpublished work tables prepared by the Mortality Statistics Branch, Division of Vital Statistics, 1995.

Youth Suicide Rates. 1995. "Youth Suicide Deaths: 1970-1992." Trends in the Well-Being of America's Children, p.13. Retrieved November 12, 2001 (http:// aspe.os.dhhs.gov/hsp/trends/hc1.pdf).

Research gives mixed results. One study suggests that curbing media coverage of suicides can lead to a decrease in so called "copy-cat" suicides (Mercy et al. 2001). In that article, along with many others reviewed, research showed that in most cases there is little or no proof of the copy cat effect. However, it is still a very widely discussed and popular theory regarding youth suicides, despite it's rather simplistic explanation of what ails America's youth.

In a study by Hendin, Maltsberger, Lipschitz, Pollinger and Kyle (2001) it was found that in most cases, a "suicide crisis" stage precedes suicide. In this stage, clues and behaviors are given to let others around them know of their intention (Hendin et al. 2001). This is where intervention or counseling can step in and try to help the individual. Unfortunately, suicide ideation and suicidal behavior make the counseling process very difficult, and in many cases, suicide happens anyway, despite intervention (Fowler et al. 1999; Hendin et al. 2001; Stravinsky and Boyle 2001). The only way to deal with this problem then, would be to address each of the risk factors and its role in the life of the individual teenager. This would be very hard to do, but seems to be a necessary thing to minimize teen suicides. One of the shortcomings of the research that has been done that is reflected in the prevention programs, is that they tend to have a very narrow view, not really looking at the complete process, but at one or two aspects of it at most.

Since it is these risk factors which have been shown to have such a decidedly large impact on the health and well being of American young people, it is amazing that there has not been more discussion of them in conjunction with each other. Rather, the research available seems to be focused on identifying single factors - not on examining the way the factors fit together and play off of each other. Much, for instance, has been said about youth and alcohol, but the research generally does not mention any of the other factors - divorce can lead a young person to alcohol, so can child abuse, so can emotional problems, and so can peer problems. All the prevention

programs that have been discussed in the articles, seem to focus on "awareness" and on dealing with one specific problem, which is obviously ineffective and inefficient, given the data presented here. The State/Process Dynamic model, therefore, is a way of looking at all the factors together, and giving a more general view. The model was constructed by looking at data from many sources and putting it together - which provides a more comprehensive view of the process which leads a young person to suicide, than just looking at or focusing on one single factor. Perhaps a more in-depth version of a model such as this one, which shows and defines a host of risk factors and their place in the suicide process could be used as a tool for the creation of better prevention programs, or in general for a more complete knowledge of suicide and its ideas. Personally, I had never thought of such complexity in and around suicide, and it was due to the many articles which listed so many different risk factors that I realized the scope of the problem. My model is very simplistic however, and further research into the weight of the risk factors, and the prevalence of certain factors in deciding fatality should be done.

However, there may be no way to completely eliminate teen suicide. Therefore, more research should be done on suicide risk factors in an effort to produce avoidance strategies, and also research needs to be done on the effectiveness of suicide prevention programs, so that better strategies can be introduced that may curb the alarming rate of teenage suicide.

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Appendix:

The author is a full time student at San Diego State University. Currently a sophomore, she is working on her Bachelor's degree in Sociology and a minor in Biology. She has been working in local medical offices, and upon graduation, she hopes to attend medical school. She also has experience working with an international youth organization, and this has led her to be particularly interested in the issues of the young adult community, and how young people are impacted by society and the world. It is this experience and interest, that have spurred her research into youth suicide, an issue whose impact she has witnessed first-hand. Her long term goal is to become a doctor, and use her skills to benefit people in low-income and under-served areas, either in the US. or abroad.