Adolescent Suicide Rates are on the Rise: Need for Effective Preventative Programs

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Abstract

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I. Statement of the Problem

Adolescent suicide is a topic of concern for many families, mental health professionals and educators throughout the United States. Although there have been several suicide prevention programs implemented in order to help reduce adolescent suicide rates, suicide is still the third leading cause of adolescent deaths in the United States. Although there are suicide preventative programs available for teens, communities have lacked education, knowledge and support when it comes to suicide and preventative measures that society should learn about and take. There are many factors to consider regarding the reasons adolescent suicides occur, including depression and other underlying mental health disorders. There needs to be more mental health based suicide preventative treatment program throughout communities nationwide.

II. Purpose of the study

The purpose of this study is to show that many current suicide preventative programs for adolescents are ineffective and that more mental health based suicide preventative program needs to be used. This research compares the effectiveness of several current suicide preventative programs and how these programs have contributed to aiding in the decrease of adolescent suicide rates. Some of these programs will be outlined in this research.

Suggestions will include educating the public about teen suicide and the risks warnings affiliated with suicide. Implementing meetings at high school for parents, students, educators and the community would be a great way to start a trend that would increase knowledge and alert everyone of the seriousness involved in adolescent suicide. Furthermore, by tackling the main risk factors facing adolescents, while also providing support to families of teens throughout communities, it will greatly help reduce the mortality rates. Additionally, suicide preventative programs will need to extend their services to local high schools, enabling mental health professionals to work with school staff in congruency with teens. By focusing on mental health illnesses and targeting mental health related problems, school staff can take appropriate measures to help students by providing mentoring, counseling and recommending proper mental help to teens in need of mental health programs.

The definition of suicide is defined as death arising from an act inflicted upon oneself with the explicit intent to die, is generally planned and contemplated (Wagner, 2009).

III. Significance and Implications of Study

The significance and implications of this study will be to educate the community, educators and adolescents about the importance of teen suicide, the risk factors and signs of suicide and awareness. Further, it will educate society about the importance of depression and signs of mental health problems, that may eventually lead to adolescent suicide.
Much information will be provided regarding suicide preventative programs designed to help

reduce suicide rates and the need for additional mental health based prevention programs.

Adolescent suicide prevention programs are currently in place to provide support for teens with a history of suicide attempts as well as a safe place to act as a source of prevention and intervention during times of crisis.

IV. Methods of Approach

The method of approach for this paper will be a review of data from secondary sources on empirical and theoretical findings regarding several national suicide prevention programs, with a primary focus on adolescent suicide prevention methods. These sources will include several gathered accredited books, scholarly journals, statistics from the Bureau of Justice, state statutes and other credible organization websites and government websites will utilized to collect data and complete this paper. These resources will be used as a contribution to help reduce teen suicide rates and to help provide solutions to the problems with ineffective suicide prevention programs.

V. Contribution to the Field

This paper will be an educational tool that can be used by educators, students, adolescents, parents, community support programs and other suicide preventative programs. It will be used to educate people about the current issue of adolescent suicide rates and will help implement the need for additional mental health based suicide preventative programs in the United States.

VI. General plan of organization

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Introduction

Adolescent suicide has historically affected many communities, schools and families in the United States. According to NIMH (2011) suicide was the tenth leading cause of death in the United States as of 2007, with approximately 11 attempted suicides for every suicide death. The overall rates of suicide related deaths that year was 11.3 deaths per 100,000 people in the United States (National Institute of Mental Health, 2011). Although there was a decline in the suicide for fifteen years throughout the 1990's, the suicide rate did increase shortly thereafter and has continued to climb from then until recent years. Since the documented suicide decline data, there has been a recent increase of more than 28% of suicides and of those between the ages of 10 and 24 years old increased by 8%, the largest single year rise in fifteen years, according to a report just released in the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR, 2011).

Even though researchers compared trends between the 1990's and currently, through gathering data by gender, age group and methods of suicide attempts, they failed to examine reasons for the changes in suicide rates. For example, the rates for female youths between ages 10 and 14, increased, the rates of females between ages 15 and 19 also increased and males between 15 and 19 years old also increase from 2003 to 2004 (Science Daily, June 28, 2011). In 2005, 1,613 adolescents in the United States, ranging from ages 15-19 committed suicide. This included 1,303 males which made up 80% of the total and 310 females which made up 19% of the total. Every year, suicide in the United States is reported as the reason for the lives being

taken of more than of about 32,000 people, which include a population of all age groups residing in the United States (Peden, McGee, & Krug, 2002).

Further, adolescent females are more at risk of attempting suicide than adolescent males. In fact, adolescent teens are likely to attempt suicide with drugs, overdosing and through self mutilation i.e. cutting and stabbing themselves. Male on the other hand are likely to use more lethal methods during their suicide attempts, such as jumping from heights, buildings, hanging themselves and by use of firearms (The Nemours Foundation (2011). This possibly the reason why adolescent males are historically four times more likely than adolescent females to successfully commit suicide. Some other speculations leading to the problem with adolescent suicide peer pressure, depression, lack of academic achievement, stress, bullying, the loss of a loved one by suicide, low self esteem, domestic violence, relationship troubles and a family history drug and alcohol abuse (The Nemours Foundation, 2011). Despite the extreme high volume of teen suicide rates, there has been limited research on how to comprehensively predict, treat, and prevent suicide among youth (Pirruccello, 2010).

According to The National Institute of Mental Health (2011) depression and other mental illnesses, as well as substance abuse disorders are major risk factors one should consider when connecting risky behavior to the increase of suicide risks. Additional risk factors may include a history of suicide in the family, mental, physical and sexual abuse, a pattern of previous suicide attempts and continuous trouble with the law including incarceration (National Institute of Mental Health, 2011).

So what are the prominent risk factors in connection with adolescent suicide? Although there is no single concrete answer to this question, many studies have shown a few major contributing factors common to adolescent suicide including depression. According to Mental Health American of Texas (2008) unipolar and bipolar depression are amongst the leading problems that many suicidal adolescents have in common along with other untreated mood disorders and depression (Mental Health America of Texas, 2008). Since unipolar mood disorder and clinical depression is very treatable, it is important to assess and treat these types of mental illnesses as soon as there are signs and a diagnosis of either disorder present. In fact, more than 80 percent of those who are diagnosed with clinical depression or unipolar mood disorder show improvement after seeking and successfully obtaining mental health treatment. Such treatments include one on one therapy, group therapy, antidepressant and other medications and support from friends, family and others affiliated with the adolescent in need of treatment (Mental Health America of Texas, 2008).

With statistics continuing to support an increase in suicide rates and research identifying mental health illness as one of the prominent factors that are common amongst most suicidal teens, it would essential to investigate existing suicide preventative programs. Further, one should take a look at area high schools and community programs, to see how much awareness and training are involved pertaining adolescent suicide preventative methods in both settings. Further, existing programs should provide an effective mental health component in order to better assist suicidal teens and properly assess them. Should a mental health illness, such as clinical depression or unipolar mood disorder be present, then trained staff at suicide prevention

programs will have a better chance at saving a life, which many current programs lack. Suicide preventative programs such as the Suicide and Crisis Center of North Texas, is one of many existing suicide preventative programs lacking an effective mental health component. The Suicide and Crisis Center of North Texas, provides a "building awareness" program to educate the community. This program entails of a group of volunteers, and trained speakers who provide public awareness, presentations throughout the community, corporations, schools, agencies, churches and service organizations. Other services offered are suicide prevention support groups and a crisis hotline, however, the organization is not equipped to provide mental health support groups for suicide attempters. Instead, when suicide attempters contact this organization, the individual is given the opportunity to speak to someone from the crisis hotline and if necessary will refer attempters to individual and group counseling and/or provide the individual with other helpful resources throughout the community (Jones, Cliff, 2009).

Although such organizations like The Suicide and Crisis Center of North Texas and Mental Health America primarily offer temporary crisis intervention, these programs need to focus on risk factors, mental health illnesses and providing immediate attention. Further, with a s topic such as suicide there needs to be no waiting period between crisis helpers offering basic intervention over the phone while providing suicide attempters with additional resources to contact during a time of crisis. Some examples of mental health based community programs that could potentially reduce suicide attempts significantly are "The National Institute of Mental

Health" Which created the "The Alliance", which consists of a group of advocates who represent individuals with mental illness (NIMH, 2011). Their primary goal is to gather volunteers from national organizations in order to help mentally ill suicide victims and provide education and support for family members affected by such trauma. This organization also helps provide screening tests and professional support in order to determine if a person in crisis is truly at risk of committing suicide (NIMH, 2011).

With several existing programs such as "The Wisconsin Suicide Prevention Strategy", which was developed by Wisconsin Department of Health and Family Services, there is more of a focus on the use and continuous need for community support and providing additional resources meant to increase awareness and unite the community, in order to help prevent suicide attempts from occurring, rather than focusing on the underlying problems on depression, bipolar disorder and other mental illnesses (Wisconsin Department of Health and Family Services, 2002).

Therefore the argument of this research is that there are many existing suicide prevention programs in the United States. However, many of these programs are effective in providing education, awareness and providing resources, yet lack a mental health component to their suicide preventative programs. Additionally, with studies showing that suicide is still the third leading cause of adolescent deaths in the United States, this research will look at the effectiveness of current ideal programs, in hopes of finding and promoting more effective programs to communities nationwide.

II. Review of the literature

A). Definition of suicide and how suicide effects adolescents

Suicide which is defined as death arising from an act inflicted upon oneself with the explicit intent to die, is generally planned and contemplated (Wagner, 2009). Suicide currently affects people of all ages with recent data showing that suicide is the eighth leading cause of death in males and the sixteenth leading cause of death in female citizens among all ages. When pertaining to youth and adolescents only, boys between age 10-14 years of age commit suicide twice as often as youth females between age 10-14yrs of age. Further, adolescent males between the age of 15-19 years of age actually succeed at committing suicide five times as often as girls between age 15-19 and males age 20-24 years commit suicide 10 times as often as women in the same age bracket (WebMD, 2011). Although many adolescent females actually attempt suicide, statistics show that adolescent boys are more successful at actually committing suicide, while adolescent girls are more likely to attempt suicide without succeeding. This is because adolescent males are four to five times more likely to die by suicide, during their first attempt (Hinshaw, Stephen & Kranz, Rachel 2009).

According to The Nemours Foundation (2011) Most adolescents who are interviewed after a failed suicide attempt admit that they indeed did not wish to die. Instead, attempted suicide because they were trying to escape from a situation that seemed impossible to deal with at the time. In other words, they had bad thoughts or feelings that they were afraid to face and at the time, suicide felt like a means to end the situation (The Nemours Foundation, 2011).

B). Statistics on the adolescent suicide rates and different causes for suicide attempts.

Every year, suicide in the United States is reported as the reason for the lives being taken of more than of about 32,000 people (Peden, McGee, & Krug, 2002). In 2005, 1,613 adolescents in the United States, ranging from ages 15-19 committed suicide. This included 1,303 males which made up 80% of the total and 310 females which made up 19% of the total. An article provided by WebMD (2011) says that roughly 30,000 people in the United States reportedly commit suicide each year, however, this is based on the number of deaths concluded as actual suicides. The actual number of suicides is said to be likely higher because some deaths that were thought to be an accident may actually be a result of a suicide. Some of these types of reports may include a single car accident, accidental overdose, shooting etc (WebMD, 2011).

Although there was a decline in the suicide for fifteen years throughout the 1990's, this bit of information does shows readers a few things. First it tells us that suicide rates did increase shortly after the 1990's and that suicide has continued to climb up until 2011. Since the documented suicide decline then, there has been an increase of more than 28% of suicides overall and of those between the ages of 10 and 24 years old increased by 8%, the largest single year rise in fifteen years, according to a report just released in the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR, 2011).

In addition, deaths caused by suicide since the 1990's account for three age groups broken down by gender. For example, the rates for female youths between ages 10 and 14, increased, the rates of females between ages 15 and 19 also increased and males between 15 and 19 years old also

increase from 2003 to 2004 (Science Daily, June 28, 2011).

Even though researchers compared trends during those fifteen years, by gender, age group and methods of suicide attempts, they failed to examine in detail, the reasons for the changes in suicide rates. Therefore, a collection of data from various sources is being compiled in this paper, in order to pin point several reasons linked to adolescent suicide. With the leading cause being mental health illnesses. There are many types of mental illnesses that are linked to adolescent suicide. Depression is a common known form of mental illness that is present during most suicide and suicide attempt cases. This is because society often lessen the importance of depressions. Teen depression is often looked at as a phase or just a part of growing up, when in fact, depression leads people to focus on problems, failures and disappointments (The Nemours Foundation, 2011). Further, when an adolescent suffers from depression it puts an emphasis on negativity, impacting self worth. This affects the way that the adolescent thinks and because the adolescent's mind is clouded, he or she thinks in such a way that the person doesn't see when a problem can be overcome. This is what leads the teen to resort to suicide, which is an unnecessary permanent end to a temporary problem (The Nemours Foundation, 2011).

Mental health illnesses are often attributed to underlying causes for adolescent suicide, which frequently ties in with depression in one form or another. There are connections between suicide and several underlying mental illnesses i.e. bipolar disorder, schizophrenia, mania, eating disorders, anxiety and borderline disorder. Some are diagnosed up to two years prior to the suicide and in many cases adolescents provide signs that go unnoticed, prior to successfully

committing suicide. In a survey conducted by (The National Institute of Mental Health, 2011) about high school students, found that almost one in five adolescents thought about suicide, about one in six adolescents had planned out their suicide and more than one in twelve adolescents actually attempted suicide in the last year (The National Institute of Mental Health, 2011). Of all the reports of adolescent suicides in the last year, as many as eight out of ten adolescents who commit suicide have previously attempted to reach out for help or ask for help in some way before committing suicide. Some of these attempts were through visiting a doctor before the suicide attempt (The National Institute of Mental Health, 2011).

Some data provides various leads to why the adolescent male population has a higher suicide rate than the female adolescent population does. The reasons listed are a combination of a few possibilities, including but not limited to mental illnesses, to high expectations from parents. This includes a certain expectation from family wanting boys to grow up and become men, i.e. protectors, providers, dominant in society etc (Miller, 2011). In some cases males who grow up revealing that they are homosexuals often encounter many problems from lack of acceptance once the male is open about his sexuality, which can result ultimately result in issues with self esteem, fear of others and rejection. Furthermore, studies have shown that isolation is often a problem among gay, lesbian and other sexual minority youth. In fact, Gay, lesbian, and other sexual minority youth are more at risk for thinking about and attempting suicide than heterosexual adolescents (WebMD, 2011). Further, bullying, peer pressure, relationship problems, rejection and puberty are all major contributing factors in connection with suicide. Bullying, peer pressure, relationship problems, rejection and puberty are all major contributions

to the high suicide rate in the adolescent male population. Other major issues that more often affect male adolescents but also affects female adolescents is peer pressure from their peers, academic challenges and stresses, family problems and substance abuse issues (McWhirter et at., 2007). Moreover, many adolescents experience self image and low self-esteem problems which lead to teens requiring more attention and better communication from counselors, educators and parents. "Low self-esteem, poor self-concept and feelings of worthlessness are typical of suicidal children and may predispose a child or adolescent to suicide ideation (McWhirter, et al., 2007).

Although, suicide does affect both genders, there are many changes that take place at different stages between male teenagers and female teenagers lives. On average, five children and adolescents in the United States ranging between the ages of 10 and 19 currently die by committing suicide everyday (Miller, 2011). An additional 270 youngsters ages 10-14 completed suicide in the United States in the United States also in 2005.

C). Warning signs and suicide preventative mental health programs.

Suicide can be unpredictable, however with proper education, everyone can learn to gain a better understanding of suicide and learn the basic warning signs to look for. Aside from the fact that many adolescents with suicidal tendencies, tend to joke about death, dying, killing themselves and such, there are other important clues that are common among all suicidal teens.

First, not all teens who are depressed will attempt suicide, however, when an adolescent is feeling suicidal he or she will likely talk about death often, say negative things like "everyone would be better off without me" and he or she will often say goodbye to friends and family as if he or she wasn't going to see them again. In addition, a teen who is contemplating

suicide may act withdrawn, extremely depressed, anxious, show signs of reckless behavior and will likely give away prize possessions to close friends or relatives (Segal, Jeanne PhD et al., 2011).The majority of suicidal teens either suffer from depression or another psychological disorder to begin with, making these factors a major reason for their actions. The chances of suicide attempts increase in depressed teens who are avid alcohol or drug abusers. Just depression alone, is a reason to monitor an adolescent, since teenagers who are depressed may warrant signs of suicidal thoughts or behavior (Segal, Jeanne PhD et al., 2011)

A few ways to help prevent adolescent suicide from occurring include community awareness, through education and with the help of mental health professionals and suicide preventative programs. Today there are multiple programs available throughout communities, at high schools and there are several useful websites with multiple resources and options to choose from. Some of the more effective programs available, to name a few are, "Healing of Nations", "Jason Foundation Inc", "The Jed Foundation", The Kelty Patrick Dennehy Foundation" and "Light of Life Foundation". Additionally, there are a multitude of suicide prevention websites available online such as The National Conference of State Legislatures, The Nemours Foundation, The National Institute of Mental Health, "Suicide Prevention, Awareness and Support" and several other organizations, such as "Healing of Nations", "Jason Foundation Inc", and several others, for students, parents, educators, counselors and other staff to access readily.

1. School based training, staff education and community meetings.

Since adolescents spend the bulk of their time in an educational setting, it is very

important for schools to provide effective mental health and suicide prevention programs at schools or nearby in the community. Furthermore, it is imperative that educators, nurses, counselors, psychologists, staff and parents are well educated and aware of suicide alerts. By providing schools the proper training and accessible resources, staff, students and communities can begin to understand how much suicide impacts adolescents. As professionals working in schools, psychologists can play an important role in approaching noticeable behavior and confronting fears, that are in need of focus and adequate attention to mental health in communities (Nastasi, Bonnie. K et al, 2004). However, many school districts throughout the United States are funded with a limited budget that is utilized for necessary academic based programs, which include limited or slender mental health programs or suicide preventative training for educators and school personnel. "*Although interagency coordination has been strongly encouraged, schools traditionally have not been central to this movement. The important role played by schools in children's lives has long been recognized and the concept of school as a center for service delivery is not a recent development*" (Buckman & Rog, 1995). Therefore, only certain well rounded programs are utilized to help schools minimize teen suicide attempts from occurring and/or reoccurring. Some school programs better known as Universal suicide prevention programs are considered to currently be the most widely used approach in schools nationwide. The universal suicide prevention programs focus on increasing suicide awareness, conducting meetings with educators, administrators and youth mentors,

community support and providing information regarding risk factors and warning signs, dispelling my things about suicide and teaching peers about appropriate responses and proper safety measures when coming in contact with a student who may be suicidal or to potentially identifying youth who may be suicidal (Mazza and Reynolds, 2008).

These programs are available and provided to all students regardless of their level of risk, and presented to all educators and staff at high schools. The key assumptions brought to the forefront is that things which contribute to adolescent suicide often go unrecognized, undiagnosed, and untreated, and that educating students and gatekeepers about the appropriate responses will result in better identification of at risk youth, and an increase in help seeking and referrals for treatment (Hendin et al., 2005).

2. Community based suicide preventative programs.

As mentioned earlier, there are many options and programs available to aid in the prevention of adolescent suicide. Additional to the resources already provided, there are other programs geared to aid the community and those in crisis situations. Some programs have direct online links with chat options and 24 hours crisis hotlines numbers one may call for urgent help. Such websites like www.ncsl.org and www.suicide.org are helpful websites with options for any suicidal person seeking help. Both websites along with many other similar type of websites available, provide direct contact information for those in urgent need, informational links for those also seeking help and advice to help someone else in need.

In addition, these websites also offer much information with links to other sources that may be

utilized for those in need of mental health resources, grants and county or state information and contact numbers for parents, adolescents and the community in general. Kevin Caruso, founder and executive director of www.suicide.org provides step by step instructions on how to deal with suicidal adolescents and people of all ages. He provides pamphlets and instructions for teachers to comfortably discuss the topic of suicide with students and he touches on many imperative topics linked with suicide, including but not limited to mental health illnesses, bullying, race, gender, age and other problems that may lead to suicide attempts (Caruso, Kevin, 2011).

According to Kevin Caruso, over 90 percent of people who succeed at committing suicide are known to have a mental illness at the time of their death. In fact, mental illnesses which include depression, bipolar disorder, schizophrenia and a few others accounts for the cause of the vast majority of suicides. Furthermore, depression can at times be genetic, therefore some people are may not appear to be undergoing any negative life experiences, yet still become depressed, and may die by suicide (Caruso, Kevin, 2011).

For families and educators seeking immediate, in depth community support and assessments for suicidal and mentally ill adolescents, there are several in person options available. For example, every state has county and state department of mental health units and clinics or hospitals available to serve as crisis intervention and/or a starting point for every person experiencing a crisis. Some excellent examples of effective community support programs include Missouri Department of Mental Health, The National Institute of Mental Health, Mental Health American of Texas, Center of Disease and Control and Minnesota Department of Health.

3. Support programs that provide group meetings for peers under stress.

Minnesota´s Suicide Prevention Program, located through the Minnesota Department of Health, is a recognized program that developed and reported suicide in Minnesota. The suicide prevention program was developed in 2000 and was geared toward providing funds, educating the community, helping victims of suicide and working with groups and individuals. By 2001, the Minnesota Legislature began disbursing funds specifically for suicide prevention, in order to provide the community with information, awareness, effective suicide prevention programs. Moreover, it serves schools and churches, employers and parents attain knowledge, support and help through publications, counseling, group meetings and staff training at high schools (Minnesota Department of Health, 2011).

4. Grief/loss support programs at high schools

Grieving is one of several major traumas that can also increase the chances of teen suicide. When an adolescent faces a loss to someone he/she has a connection with or some attachment to, this makes it increasingly difficult for the adolescent to cope with life on a regular basis. In some cases teens feel guilty of the loss, as if they could have somehow prevented the loss. Since adolescents handle loss differently and overcome loss at a different pace, it is difficult to determine the severity of what each adolescent faces. Some suicide risk factors pertaining to teens and grieving are a history of previous suicide attempts, a history of mental disorders, depression in particular. Other risk factors include substance abuse, physical illness, history of

isolation and an unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts. Finally when an adolescent distances themselves from those who are close to them, it is a definite cause for concern (Burns, Donna. M & Doka, Kenneth. J, 2010).

5. Bullying, violence and cyber-bullying prevention programs at high schools.

Even with all of the education provided nationwide about bullying, society does not often see the seriousness of what bullying brings to a school. It is painful, stressful and very depressing to youth who are the recipients of bullying. "Some of what's involved with bullying includes verbal and mental abuse, physical abuse, and violent acts. Violence can include bullying between behavior, fighting, sexual misconduct, gang activity and various forms of homicide" (Wallace, 2011).

With all of the problems that take place at high schools and in society for adolescents, there are many stress factors that concern and overwhelm adolescents, not only with problems involving bullying but also with lack of peer acceptance, violence, cyber bullying (which is increasing) divorces, academic difficulties, peer pressure, sexual orientation, rejection, relationships, exam pressure and drug and alcohol abuse (Hinshaw, Stephen & Kranz, Rachel (2009). When considering all of the stress factors and worries that adolescents must face, educators, researchers, parents and mental health professional have become increasingly concerned and some are worried about the problems that adolescents face with violence at

schools. Teen violence at schools include but are not limited to ongoing bullying, name calling, ridiculing, pushing, shoving, fighting, threatening, jumping and in extreme cases aggravated assault, rape, robbery, stabbings and shootings (Nastasi, Bonnie. K et al, 2004). In fact, when given YRBSS surveys, over 7% of high school students who responded in 2001 indicated that their reason behind missing school were due to fear of feeling unsafe and 9% of respondent were threatened and injured with a weapon of some sort. Other respondents blamed missing school on date violence, physical fights, and 8% reported that they were forced into sexual intercourse somewhere on school properties (Nastasi, Bonnie. K et al, 2004).

Additionally, in 2001 a nationwide study of 13,601 high schools students reported that 17% of students carried a weapon to school, with 10% of them carrying a handgun. Grieving and pressure are additional concerns that many professionals in an educational setting must learn to deal with on a case by case basis. Many adolescents face what seems to be unbearable pressure when it comes to learning, exams and even keeping up with other students. Pressure not only causes an overabundance of stress, but also increases the chances of teens becoming discouraged and uninterested in learning. As a result, many teens will become depressed and their grades will then drop, which can lead to teens facing their parents and disappointing them . The pressure of school, socializing and acceptance can increase the chances of teen suicide (Castro-Blanco, David & Karver, Marc. S, (2010). According to Sutherland's Social learning theory, group relations impact an individual's behavior. Sutherland's theory implies that youth

are will learn delinquent behavior from other youths and will then repeat the same offenses (Wallace, 2011).

According to Dr. Melzer-Lange (2005) of Wisconsin Medical Journal, many schools have reduced the problem of bullying and violence in and outside of schools through active involvement from many school districts adopting an anti-bullying policy. Schools throughout the United States have taken steps to prevent bullying and now have a zero tolerance for bullying and strict policies in place for uncooperative children and adolescents.

In Wisconsin, school districts have actively united to take a stance against bullying. In fact, 63 schools from 4 different schools districts have joined The Bully Project, in order to educate and to learn more about preventing bullying and provide support to those who have been victims of bullying. National Youth Violence Prevention Resource Center at www.safeyouth.org is a program in place to help the youth population cope and obtain help with problems pertaining to bullying (Melzer-Lange, M. MD et al, 2005).

6. Substance abuse support and prevention programs.

Research shows approximately 24 percent suicide related deaths show evidence of alcohol intoxication. The populations is broken down by 37 percent being of American Indian/Alaskan Native suicide deaths, 29 percent of suicide deaths by Hispanics and 28 percent of people are between the age of 20 and 49 years of age. The lowest percentage was 7 percent which fell in the African American group (Kelly, 2009). This research was conducted through

analyzed data from the National Violent Death Reporting System (NVDRS) for 2005–2006, which showed that nearly 24 percent of the 70 percent of reported suicides tested for alcohol had blood alcohol concentrations at or above the legal limit of 0.08, indicating that they were intoxicated at the time of death (Kelly, 2009).

Several programs implemented to help schools prevent drug and alcohol abuse are funded by the National Institute of Drug Abuse. These programs are developed as research studies to help come up with ways to prevent substance abuse at schools. Guiding Good Choices also known as GGC is one of several programs developed by social scientists to help educators and the community detect and prevent substance abuse problems (Hawkins, 2011). This curriculum was designed to educate parents on how to reduce risk factors and strengthen bonding in their families. By providing five sessions for two hours at a time, parents are taught skills on family involvement and interaction; setting clear expectations, monitoring behavior, and maintaining discipline; and other family management and bonding approaches (Castro-Blancod & Karver, 2010).

7. Multi-group system approach, child abuse, sexual abuse and problems with preventative programs.

"According to a fact sheet distributed by the American academy of Child and Adolescent Psychiatry in 2008, child sexual abuse has been reported up to 80,000 times a year, but the number of unreported instances is far greater because the children are afraid to tell anyone what

has happened and legal procedure for validating an episode is difficult" (Wallace & Roberson, 2011). The estimated amount of sexual child abuse reported is at least two out of every ten girls and one out of every ten boys are sexually abused by the time they have reached age 13 (Child Molestation Research & Prevention Institute, 2011).

With such high sexual abuse statistics being reported yearly, there are many reasons for awareness to be brought to the forefront in order not only to protect youth from sexual abuse but also to help reduce the chances of abused victims becoming sexual abusers or suicidal as well. RAINN also known as Rape Abuse and Incest National Network is an active program that can be accessed by phone at 1-800-656-HOPE or online. RAINN operates the National Sexual Assault Hotline and provides programs to help prevent sexual and to provide help and support to sexually abused victims. RAINN offers support, counseling and other resources to help children, families and teens facing depression, anxiety and suicidal thoughts and behavior. RAINN will also help take measures to ensure that sex abusers and rapist are brought to justice (RAINN, 2009).

Domestic Violence is another ongoing concern involving children and adolescents, along with sexual abuse and other family problems in the home. Charles J. Hynes (2010) is one of many advocates who analyze domestic violence and helps victims obtain professional help along with aiding with removing victims from abusive situations. Hynes participates and actively studies how courts in Brooklyn handle domestic cases. His primary goal is not only to learn

about domestic violence during prosecutions, but also to analyze victims of abuse and to help them by providing community support. Hynes operates domestic abuse support programs throughout Brooklyn, NY. Some services offered include shelters, individual and group counseling, legal assistance, financial assistance and education (Hynes, 2010). He also provides batterers programs to provide batterers with the possibility for positive change and as a tool for judicial monitoring.

III. Theoretical framework- Social Bond Theory and Social Learning Theory). Social Bond Theory

Travis Hirschi founded Social Bond Theory, which is known as a theory that causes juvenile delinquency when there is a lack of attachment or bond between a juvenile and their parents. This theory is rooted and derived from the General Theory of Crime. According to Hirschi, if a youth is strongly attached to his/her parents, then he/she will be less likely to commit criminal acts because of the commitment made not to disappoint parents (Conklin, 2007).

Further, when youths grow up in a foundation that encourages positive behavior, education, commitment, loyal relationships and commitment to conventional values, this will lessen the likelihood of delinquent behavior and a negative self image. When parents are positive role models and children are surrounded by caring mentors, they learn and model such behaviors and are less likely to engage in criminal behavior and are also less likely to attempt suicide. On

the flip side, according to Hirschi, youths who continuously have weak relationships with parents and other surrounding adults are likely to become troubled juvenile delinquents (Conklin, 2007)

According to Travis Hirsch, there is a link between suicidal behavior and social bonding. One of the most critical times in everyone's lives is adolescence. During this critical time we need strong positive social ties to represent society in the best way possible. Although delinquents and non-delinquents tend to share the same views about society, Hirschi's research indicates that an insecure attachment is increases the susceptibility to mental disorders in adult life. Some disorders connected to a lack of social bonding include but are not limited to depression, anxiety, anti-social behavior and suicidal tendencies (Conklin, 2007). Additionally, Emile Durkheim also developed the theory of social integration, which the lack of interaction among adolescents and the lack in society does increase the chances of depression and suicidal thoughts and behavior (Conklin, 2007). Therefore, the combination between the lack of attachment between family and youths and/or mentors combined with mental illnesses, peer pressure, bullying and/or relationship problems may lead to an increase in suicide rates as well.

B). Social Learning Theory

Social learning theory which was derived from the work of Albert Bandura, is defined as the theory that crime is a learned behavior and that people learn how to contribute to crime in both nonsocial and social situations from positive and negative reinforcements, stemming from

their behavior (Conklin, 2007). The social Learning theory of crime provides an explanation to the reasoning behind why and how juveniles commit criminal acts. For example, in order to develop social learning theory there are three requirements linked to people learning and modeling such behavior, including attention, retention and motivation. Without these three factors it is less likely that a person would prove to have enough interested in adopting such behavior (Conklin, 2007).

Social learning theory was established by criminologist Ronald Akers and Robert Burgess. This theory was based on Edwin Sutherland's theory of differential association and was initially used to explain criminal delinquency and deviancy. The social learning theory advocates that delinquency is contributed through the act of observation of bad behavior and through the intimidation of others. In other words, criminal behavior may be socially constructed, therefore it is learned behavior. For example, if children witness violence and abuse in the home, they are likely to model this behavior. If children are brought up in a positive environment, they will reflect on this type of behavior and have a positive outlook on life (Conklin, 2007).

C. Applying social bond theory and social learning theory to preventative suicide programs

According to an article provided by Centers for Disease Control and Prevention (CDP) 2011 social bond theory can help prevent suicidal behavior through its ability to connect to the fullest extent among larger organizations, infrastructures and agencies. This is made possible by

use of informal screening strategies that provide prevention and/or treatment services to local organizations, schools, universities, and workplaces (CDP, 2011). This is very important because of the support or lack thereof provided by crisis prevention programs and other services to organizations. A great connection and strong relationship can ensure referrals to accessible, high quality services and will likely increase the chances that excellent services are actually delivered (CDP, 2011). Moreover, a better connection from useful resource systems could enhance the well being of clients, rather than providing a disconnect, much like the frequent disconnect between the primary health care system and the mental health care system. Since social bond theory focuses on bond and connection, it is imperative to increase the level of connection among people, families, and communities, which would help to provide a universal as well as a targeted effect on suicidal behavior. This is particularly helpful when families choose to be supportive of relationships and choices youths make. By encouraging communities to care about and care for their members, the population at is likely to experience positive health and well-being, resulting in lower risk of suicidal behavior (CDP, 2011).

Some examples of positive influences are mentors, counselors, school affiliated staff and community support programs. Due to the fact that suicidal behavior needs to be better studied, many theoretical reasons support the idea that stronger connections to such groups may decrease suicidal behavior. For example, an adolescents sense of belonging is imperative and will help the person feel as though he/she matters. Social learning theory on the other hand, is an alternative to

social control theory. Albert Bandura, known as the theorist behind Social Learning Theory believes that behaviors are best learned through observing others, therefore it is important criminal behavior that is a product of normal social learning through interaction in primary groups, such as friends or family (CDP, 2011).

IV. Current effective existing suicide preventative programs

A). The National Suicide Prevention Lifeline

Community awareness is one of the best ways to prevent teen suicides from occurring. Although there are numerous suicide prevention programs nationwide, there seems to be a lack of understanding about what the actual causes of suicide are. Many organizations focus on socioeconomic status, poverty, divorce, sexual orientation, bullying, history of violence and academic achievements. These are all important factors to consider, however less programs focus on mental health issues and providing services that would be effective toward reducing depression, anxiety, bipolar disorder and other related problems. As suicide continues to be a leading cause of deaths in the United States and with mental disorders being a major concern among many suicidal candidates, it is essential for all suicide prevention programs to enhance in the mental health department (Nastasi, 2004). Therefore, it is safe to say that effective awareness can be accomplished through education and with the help of mental health professionals from effective mental health based suicide preventative programs.

The National Suicide Prevention Lifeline, which is a national network of more than 130

independently operating crisis call centers that are linked to many toll free lines. The defaulted national number is 800-273-8255 also known as 800-273-TALK. This number will route callers to the nearest networked center to them immediately, 24 hours a day, seven days a week. Crisis workers are always ready to answer calls and they are all trained in suicide prevention. Additionally, crisis workers are also aware of mental health disorders, they are comfortable handling crisis calls and assessing risks. Crisis workers also provide support, intervention and mental health resource linkages, as needed (Draper, 2008). Other services provided by The National Suicide Prevention Lifeline include free transportation for candidates who are in crisis and needing to be transported to a mental health facility and free phones near many bridges nationwide in order to help prevention bridge jumping suicides (Draper, 2008).

B). Suicide Prevention Action Network (SPAN)/American Foundation for Suicide Prevention.

The Suicide Prevention Action Network USA (SPAN USA) is the public policy division of the American Foundation for Suicide Prevention. The American Foundation for Suicide Prevention is a program that provides educational training and suicide preventative resources. Not only does The American Foundation for Suicide provide resources and education to the public and to area schools, the program also provides materials and awareness regarding ways to prevent suicide, signs to look for and direct contacts that anyone can call in the event there is a concern about another individual who may be expressing thoughts of wanting to commit suicide.

Annenberg Adolescent Mental Health Initiative after suicide school kit for schools is a tool kit provided by AFSP and the Suicide Prevention Resource Center. The kit is meant to provide help during crisis along with helping students cope with suicide and loss. The kit provides a guide on what to do in the event of a suicide and how to handle a suicide situation before it is too late (SPAN, 2001).

Since many adolescents with suicide ideation only see an actual health care provider when they are brought in by concerned parents to see a mental health provider, it is important for community organizations and preventative programs to provide as much help and education as possible. Often, parents do not realize until that point that their child is suicidal (Kennedy, Baraff, Suddath, & Asarnow, 2004). In addition, health care providers fail to see patients in time to help prevent suicides from occurring and providers who see an average of 30 to 40 patients a day, tend to believe that many youths tend to experience some of the same problems, meaning typical teenage "growing pains" and mental health providers do not think to directly ask teens if they are feelings depressed or suicidal at the time of their visit (Kennedy, Baraff, Suddath, & Asarnow, 2004). Furthermore, studies show that most suicidal adolescents have been seen by their primary physician within 6 weeks of the time that they committed suicide (Wagner, 2009). These are just a some reasons why implemented mental health based programs, public education and awareness are all essential aiding in teen suicide prevention.

C). Missouri Department of Mental Health

Missouri Department of Mental Health is one of many state resources that provides mental health services locator and can provide many effective suicide preventative avenues, such

as a psychologist, clergy, nurse, social worker and other professionals that are properly trained to handle teen suicide situations. Training page, involuntary treatment , information and updates on suicide prevention plans, since funding is a major concern when pertaining to effective and functional suicide preventative programs and resources (Shafer, 2011). Further, with mental disorders being a leading cause of suicide, it is important for all citizens to fully understand suicide and warning signs of someone who wants to commit suicide. However, according to the authors of Suicide Prevention Action Network (2001) society fails to understand what causes suicide. In addition, there is even less of an understanding about how to prevent suicide (SPAN, 2001). With proper education provided by mental health professionals and an understanding of the concepts and principles relevant to prevention effectiveness, there should be room for improvement in all if not most preventative programs in the U.S. For example, the U.S. Department of Health and Human Services spends 20 million dollars a year on suicide prevention programs. Rather than focusing on causes of suicide and providing funding toward focusing on mental health disorders, much of this funding is utilized on conducting research and not the actual programs (SPAN, 2001).

D). The Kelty Patrick Dennehy Foundation

Last but not least, some suicide preventative organizations and foundations provide temporary services in order to provide immediate, temporary crisis intervention help. A few organizations focus predominantly on research, funding and coming up with ways to learn about suicide through scientific answers and the biology of suicide. The Kelty Patrick Dennehy

Foundation is a foundation that focuses on mental health, biology, substance abuse and other disorders. Some preventative programs follow certain strategies in order to determine the severity of each suicide case. For example, the Indicated intervention stage is known as the first of three target levels regarding suicide detection. It provides early detection frequent, intensive individual treatment, which relies primarily on interaction between the program prevention provider and the client. Although there are some implemented programs like these offered at suicide prevention programs, these services are more often occur within the traditional health and mental health care delivery system and tend to be resource intensive per person served (SPAN, 2011).

The second target level is known as Selective interventions, which targets high risk groups. During this target level the focus is placed on screening and group prevention activities, utilizing peer support programs. Finally, the third target level is known as Universal interventions and its intended purpose is to target at communities or larger aggregations and may include media or educational and community support settings (SPAN, 2011). Some additional suicide prevention programs also geared to help adolescents are, Jason Foundation Inc, The Jed Foundation and Light of Life Foundation.

These programs listed all have websites along with a few other programs that offer links and connections to crisis centers on their website in the event of a major crisis (U.S. Department of Human Services, 2011).

V. Recommendations

According to the National Institute of Mental Health (2011) research is the primary way to determine which factors can be modified and which type of intervention tactics should be used to prevent suicide. Each intervention method works differently with each person depending on age, background, mental health status and the underlying reason for a person's suicidal thoughts. Since research has shown that mental and substance abuse disorders are major risk factors for suicide, treating these disorders along with preventing suicide has become an essential part of treatment (NIMI, 2011).

Suicidal behavior is complicated and the need for intervention is urgent. As noted earlier, most adolescents who have attempted yet failed at their suicide attempt, admitted to not actually wanting to end their lives. Instead, they wanted a way out or a means to an end. Adolescents interviewed admitted that they attempted suicide because they were trying to escape from a situation that seemed impossible to deal with at the time. In other words, they had bad thoughts or feelings that they were afraid to face and at the time, suicide felt like a means to end the situation (The Nemours Foundation, 2011).

Research shows that most people who commit suicide are diagnosed with some type of mental disorder, such as depression, bipolar disorder, substance abuse disorder etc. Some are diagnosed up to two years prior to the suicide and in many cases adolescents provide signs that go unnoticed, prior to successfully committing suicide. In fact, 90 percent of people who commit suicide are known to have mental health problems and have attempted suicide

previously. The reasons for such high suicide rate are often the lack of proper intervention procedures, health insurance and/or the lack of support from family and peers (NIMI, 2011).

A). Educate and train high school staff, mentors, educators and students about suicide, warning signs and prevention methods.

Educating parents and mentors of adolescents about the risk factors for suicide, violent behavior and mental health services for troubled teens is an important recommendation across the board**.** Suicide research studies have identified risk factors for teens who may be more at risk of violent behavior, exposure to violence at home and their surroundings; lack of achievement in school; a history of drug and/or alcohol abuse in the family; alienation and association with peers who are prone to violent behavior (Centers for Disease Control and Prevention, 2008).

Further, studies have shown that isolation is often a problem among gay, lesbian and other sexual minority youth. In fact, Gay, lesbian, and other sexual minority youth are more at risk for thinking about and attempting suicide than heterosexual adolescents (WebMD, 2011) Suicidal teens often face problems at home that seem overwhelming, distracting and leaving the adolescent feeling anxious, depressed, afraid, hopeless and/or victimized. Some major contributing problems include economic crisis, divorce, alcoholism, domestic violence, or sexual abuse. As the incidents of depression rises, so does the teen suicide rate. Of all the reports of adolescent suicides in the last year, as many as eight out of ten adolescents who commit suicide have previously attempted to reach out for help or ask for help in some way before committing suicide. Some of these attempts were through visiting a doctor before the suicide

attempt (The National Institute of Mental Health, 2011). Add a history of family depression or suicide, peer pressure, relationship troubles, academic struggles and problems outside of the home to the equation and the risk of self destructive behavior increases. These are just some of the many reasons why it is important for mental health professionals, suicide prevention programs and community organizations to take a proactive stance toward educating families, teens, schools, hospitals and the community about the warning signs of suicide and prevention methods.

By providing suicide prevention education, all parties involved will understand how serious the topic of suicide is and parents, mentors and peers will know what clues to look for, what questions to ask and which approach to take in order to prevent a crisis from occurring. Since studies show that a mental health approach is the most effective way to reduce suicide occurrences, it is also important to educate the community about mental health options and resources that are readily available.

Additionally, it is important to address the financial issues that are involved in obtaining mental health based preventative programs and the lack of support that is contributed toward such cause. At this point there are limited such programs available to help adolescents throughout the United States. Some school programs better known as Universal suicide prevention programs are considered to currently be the most widely used approach in schools nationwide. The universal suicide prevention programs focus on increasing suicide awareness, conducting meetings with educators, administrators and youth mentors,

community support and providing information regarding risk factors and warning signs, dispelling my things about suicide and teaching peers about appropriate responses and proper safety measures when coming in contact with a student who may be suicidal or to potentially identifying youth who may be suicidal (Mazza and Reynolds, 2008).

These programs are available and provided to all students regardless of their level of risk, and presented to all educators and staff at high schools. The key assumptions brought to the forefront is that things which contribute to adolescent suicide often go unrecognized, undiagnosed, and untreated, and that educating students and gatekeepers about the appropriate responses will result in better identification of at risk youths, and an increase in help seeking and referrals for treatment (Hendin et al., 2005).

Effective prevention efforts not only provide teens with strategies for coping with their problems but they also help address feelings of anger, isolation and violent behavior. One therapeutic approach which stands out is a psychotherapy called cognitive therapy, which is statistically known to reduce the rate of repeated suicide attempts by 50 percent. (NIMI, 2011).

B). School districts & communities need to proactively become involved with implementing peer groups as a preventative method in order to reduce stress.

Additionally, when awareness is brought to school districts and communities, it allows all citizens to participate and become proactive in the awareness process. Some examples are community meetings, workshops, suicide prevention fundraiser, passing out flyers and engaging teens in positive ways by setting a positive example of how to handle problems. Some problems may include suicide, depression, bullying, relationship, financial, peer pressure, sexuality,

acceptance and other common problems which teens are faced with.

Increase public awareness regarding these topics can help adults who spend time with teens learn the signs of depression, risk of suicide, including suicide threats and learn what to do in cases of withdrawal from friends and family, an extreme inability to concentrate, loss of interest in favorite activities, giving away prize possession and/or any other self destructive type behavior (Mental Health America, 2009; Simpson, 2001).

C). Focus on family problems, past abuse, previous suicide attempts, substance abuse and mental health illnesses.

Providing effective school and community support groups for adolescents would make an immense difference on how adolescents feel and would provide a safety zone for teens who either do not have a well rounded support system at home or in their neighborhood. With many teens experiencing a multitude of problems, it is imperative that suicide prevention and other community programs offer support to a diverse group of teens. This should include preventative programs with staff who should come prepared to assist all teens in every given situation. For example, trained staff who are able to support and provide help with topics which include an in depth understanding of suicide, mental illnesses, bullying, abuse and sexual orientation. By providing groups that focus on general teen topics, family problems, past abuse, substance abuse and other mental illnesses, teens are able to expressed themselves in a positive manner. There are a multitude of suicide prevention websites. Some programs already implemented to effectively help adolescents at schools are National Institute of Drug Abuse. Guiding Good Choices also

known as GGC is another program developed by social scientists to help educators and the community detect and prevent substance abuse problems. These programs are developed as research studies to help come up with ways to prevent substance abuse at schools. With such high sexual abuse statistics being reported yearly, there are programs such as RAINN also known as Rape Abuse and Incest National Network is an active program. RAINN operates the National Sexual Assault Hotline and provides programs to help prevent sexual and to provide help and support to sexually abused victims. RAINN offers support, counseling and other resources to help children, families and teens facing depression, anxiety and suicidal thoughts and behavior. RAINN will also help take measures to ensure that sex abusers and rapist are brought to justice (RAINN, 2009).

By providing resources, support groups and programs like these along with others not listed, it helps teens develop positive relationships with mentors among other adolescents who face similar problems and it enables teens to have a positive role model that he/she can reach out to when there is a crisis.

D). Help suicidal adolescents find effective treatment, accessible resources and 24 hour crisis hotlines made available for suicidal adolescents.

Providing effective community mental health services for adolescents who are identified as at risk for suicide is considered the primary suicide prevention tactic (Simpson, 2001). Research shows that early intervention strategies that target risk factors for depression, substance

abuse and aggressive behaviors may help reduce or even prevent teen suicide. According to Brown (2001) effective mental health based crisis prevention programs and youth development programs can help adolescents take a positive path and avoid risky behaviors, which will help teens transition into adulthood successfully (Brown et al., 2001).

According to an article provided by Centers for Disease Control and Prevention (CDP) 2011 social bond theory can help prevent suicidal behavior through its ability to connect to the fullest extent among larger organizations, infrastructures and agencies. This along with is successful youth development programs provide safety to youths and help engage them as partners, encourage the development of social skills and positive relationships with positive mentors who set high expectations for growth and behavior (Urban, 2008).

In addition, there should be a use of informal screening strategies that provide prevention and/or treatment services to local organizations, schools, universities, and workplaces (CDP, 2011). Moreover, since adolescents with suicide behavior are known to only see an actual health care provider when they are brought in by concerned parents, there is a lack of knowledge about the teen's suicidal behavior to begin with (Kennedy, Baraff, Suddath, & Asarnow, 2004).

Through education, parental involvement and community support, many lives can be saved. Prevention programs should be long term, with repeat interventions to reinforce the original prevention goals. Recommendations for effective components for an Ideal suicide prevention program should first and foremost include a mental health element with an emphasis on mental health illnesses, a focus on tests to determine diagnosis and resources and trained

professionals who are able to provide mental health assessments and treatments in order to aid in the prevention of suicide in the first place. These goals can be achieved with ample support and participation from communities, school districts and all citizens willing to provide financial support.

VI. Summary and conclusion

Teen suicides are on the rise, even with suicide prevention programs in place. Adolescent suicide has continued to be an ongoing problem in society for many years, however, aside from the short fifteen years of suicide rate decrease in the 1990's, there has been a steady increase in adolescent suicide rates, making it questionable that there simply is not enough being done to intervene or prevent suicides among adolescents in the United States.

Current suicide preventative programs are ineffective because they are too basic and focus on current crisis, yet lack an ideal mental health based suicide preventative approach. Suicide prevention treatment programs need to focus on educating teens, families, communities and they need to focus on any childhood issues, family problems, substance abuse and mental health illnesses. This would make these programs ideal and more effective.

Between peer pressure, loss, mental illnesses, substance abuse, divorce rates, bullying, cyber bullying, financial difficulties, relationship problems and lack of acceptance by other peers, it is very difficult for adolescents to cope daily without many becoming a risk of suicide. For reasons like these, school districts and communities must proactively become involved in the

lives of all adolescents and create support systems between students, in order to unite all if not most students at local high schools and throughout their communities. Furthermore, mental illness and suicide need to become a priority, in order to help save lives. Adolescents need to feel safe and staff must encourage safety by addressing the seriousness of bullying, cyber bullying, threatening and segregation. The schools should implement a series of lectures that involve parents and the community, in order to educate parents of the severity of suicide amongst teens. This would inform parents and students of signs to look for, in order to determine if a student is contemplating suicide.

Lastly, the school districts must provide accessible recourses such as "Healing of Nations", "Jason Foundation Inc", "The Jed Foundation", The Kelty Patrick Dennehy Foundation", "Light of Life Foundation" and several others, for students, parents, educators, counselors and other staff to access readily. Continuous training is also essential for all professionals are comfortable approaching and detecting suicidal behavior.

References:

1. Bickman, Leonard & Rog, Debra. J.(1995). Children's mental health services. Thousand Oaks, CA. Sage Publishing.

2. Burns, Donna. M & Doka, Kenneth. J (2010). When kids are grieving : *Addressing grief and loss in school* . Thousand Oaks, CA : Corwin, c2010.

3. Castro-Blanco, David & Karver, Marc. S, (2010). Elusive alliance : *Treatment engagement strategies with high-risk adolescents*. Washington, DC : American Psychological Association.

4. Centers for Disease Control (2007, September 8). Teen Suicide Rate: Highest Increase In 15 Years. *Science Daily*. Retrieved June 28, 2011. Retrieved from: www.cdc.gov/ncipc/wisqars

5. Centers for Disease Control and Prevention (2011). Strategic Direction for the Prevention of Suicidal Behavior. *Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior.* Atlanta, GA. Retrieved on December 8, 2011. Retrieved from: http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf

6. Conklin, J. (2007). *Criminology*. 9th Ed. Pearson Publishing, Boston: MA.

7. Gutierrez, Peter. M. & Augustine, Osman (2008). Adolescent suicide : *An integrated approach to the assessment of risk and protective factors*. DeKalb, IL : Northern Illinois University Press

8. Hinshaw, Stephen & Kranz, Rachel (2009). The triple bind : *Saving our teenage girls from today's pressures.* New York, NY : Ballantine Books.

9. Janis, Kelly (2009). Medscape Today News. Deadly Duo: *Suicide Linked With Alcohol Abuse*. MMWR Morb Mortal Wkly Rep. 2009;58:637-641. Retrieved on November 4, 2011. Retrieved from : http://www.medscape.com/viewarticle/704837

10. Kennedy, S., Baraff, L., Suddath, R., & Asarnow, J. (2004). Emergency department management of suicidal adolescents. *Annals of Emergency Medicine, 43*, 452-460.

11. Kids Health- The Nemours Foundation (2011). About Teen Suicide. Retrieved September 25, 2011. Retrieved from: http://kidshealth.org/parent/emotions/behavior/suicide.html#

12. McWhirter et al (2007). At Risk Youth (4th ed.). Belmont, CA. Brooks/Cole, Cenage Learning.

13. Mental Health American of Texas (2008). *Texas Suicide Prevention*. Austin, TX. Retrieved September 25, 2011. http://texassuicideprevention.org/

14. Melzer-Lange, M. MD et al, 2005. Wisconsin Medical Journal: Bullying Prevention: *Wisconsin Takes a Stand*. volume 104.No. 1. Retrieved on November 1, 2011. Retrieved from: http://www.wisconsinmedicalsociety.org/_WMS/publications/wmj/issues/wmj_v104n1/104no1_Melzer-Lange.pdf

15. Miller, David. N, (2011). Child and adolescent suicidal behavior : *School-based prevention, assessment, and intervention*. New York, NY : Guilford Press.

16. Miller, David N.; Mazza, James J.; Eckert, Tanya L. (2009). Suicide Prevention Programs in the Schools: A Review and Public Health Perspective. School Psychology Review, 2009, Vol. 38 Issue 2, p168-188.

17. Minnesota Department of Health (2011). Mental Health Promotion. Minnesota North Star. Retrieved on November 5, 2011 . Retrieved from:

18. Missouri Department of Mental Health (2010). Links to other suicide prevention services. Retrieved from dmh.mo.gov/mentalillness/suicide/links.htm

19. Nastasi, Bonnie. K et al (2004). School Based Mental Health Services. Washington, DC. American Psychological Association.

20. Peden, M., McGee, K., & Krug, E. (Eds.). (2002). Injury: A leading cause of the global burden of disease, 2000. Geneva: World Health Organization.

21. Pirruccello L M, (2010). Preventing Adolescent suicide. A *Community Takes Action. Journal of Psychosocial Nursing & Mental Health Services, 34-36.*

25. RAINN (2009). Rape Abuse and Incest National Network. *National health Assault Hotline*. Washington, DC. Retrieved on November 4, 2011. Retrieved from: http://www.rainn.org/get-help/national-sexual-assault-hotline

26. Segal, J. PhD, Smith, M., Barston, S (2011). Health Guide- Teen Depression: *A guide for parents and teachers.* Retrieved November 1, 2011. Retrieved from: http://helpguide.org/mental/depression_teen.htm

27. Sheeran, T. (2010). *Ohio school district details response to deaths of 4 bullied teenagers.* Cleveland, OH: The Associated Press. October 11, 2011. Retrieved October 24, 2011. http://abcnews.go.com/US/wireStory?id=11849292

28. Shore, Rima & Shore, Barbara (2009). Annie E. Casey Foundation. Reducing the Teen Death rate. KIDS COUNT Indicator Brief. *Kids Count Data Center, 15 pp.* 20. Retrieved from: http://www.aboutpinellaskids.org/system/medias/152/original/ReducingTeenDeaths.pdf

29. SPAN USA, Inc. (2001). *Suicide Prevention: Prevention Effectiveness and Evaluation*. SPAN USA**,** Washington, DC. Retrieved on December 5, 2011. Retrieved from: http://www.sprc.org/library/prevtoolkit.pdf

30. The National Institute of Mental Health (2011). Suicide: A major, preventable mental health problem. Retrieved September 25, 2011. Retrieved from: http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml#prevent

http://www.afsp.org/index.cfm?fuseaction=home.viewpage&page_id=050fea9f-b064-4092-b1135c3a70de1fda

31. Wagner, Barry. M (2009). Suicidal behavior in children and adolescents. New Haven, CT : Yale University Press.

32. Wallace, H. (2007). *Victimology: Legal, psychological, and social perspectives* (2nd ed). Boston, MA: Pearson Custom Publishing.

33. Wallace, Harvey and Roberson, Cliff (2011). Victimology: *Legal, Psychological, and Social Perspectives* (Third Edition). New Jersey: Pearson Prentice Hall.

http://www.ncsl.org/default.aspx?tabid=14111

http://smhp.psych.ucla.edu/pdfdocs/Sampler/Suicide/suicide.pdf

http://www.suicide.org/suicide-statistics.html