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ABSTRACT

Since school principals are responsible for: providing leadership for the school; managing programs for the social, education, and psychological welfare of students; and ensuring the health and safety of the student body, it was decided that a study of principals' attitudes and understanding of teenage suicide was needed. To examine this issue, questionnaires were completed by 218 principals selected from public school systems in Tennessee. The results revealed that 93% of the principals surveyed considered teenage suicide to be a matter of serious concern. Approximately 20% of respondents were personally acquainted with a student who had committed suicide. Only 6% of principals knew of cases where students had tried unsuccessfully to commit suicide. Ninety percent of principals reported that an ongoing prevention program was needed in the public schools. While 28% of respondents thought that they would handle the situation well should a student commit suicide, 90% stated that all educators should receive special training in working with students showing suicidal characteristics. Ninety percent indicated that parents should be notified when students showed problem symptoms. This report also presents an item-by-item analysis of responses, a set of recommendations based on the findings, and an extensive literature review which lists warning signs of potential suicide and suggestions for appropriate interventions. (NB)

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AN ASSESSMENT OF SELECTED EDUCATORS' UNDERSTANDINGS OF ADOLESCENT SUICIDE

A Research Paper
Presented at
The 1988 Annual Conference of the
National Social Science Association
November 10, 1988

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INTRODUCTION TO THE STUDY

School principals are faced with the problem of an increasing number of incidences of suicide among young people in the public schools. The subject is not one with which most are comfortable but, it is an unfortunate reality and a situation that requires immediate attention, understanding, and additional study. It has been reported that suicide among school age youth is the second leading cause of death. Suicide is second only to automobile related and accidental deaths. In a recent article it was reported that in 1986 more than 1,000 adolescents attempted suicide each day and at least twelve percent of all high school seniors have considered suicide as an option to facing life.[1] These alarming statistics indicate the seriousness of present circumstances and public school leaders must give more attention to this matter. The problem might well worsen unless additional efforts for recognition of symptoms are made and innovative prevention methods are begun. Suicide is an issue that cannot be taken casually by school principals. Since it is the school principal's responsibility to provide leadership for the school, manage programs for the social, educational and psychological welfare of students, and the health and safety of the student body, it was decided that a study of principals' attitudes and understanding of this societal problem was needed.

PURPOSE OF THE STUDY

The purpose of the study was to determine the attitudes of school principals in Tennessee concerning the issue of teenage suicide in the public schools.

IMPORTANCE OF THE STUDY

School teachers and principals may be the first professionals to be confronted with symptoms or threats toward suicide. Therefore, it is important that principals and other school personnel develop an awareness of the problem and become better informed regarding profiles, typical characteristics, sources of help and appropriate intervention techniques. School principals are in a position to coordinate and manage programs to address these factors. The principal's level of understanding, knowledge, and awareness of suicide and its related effects upon students may determine the school's success in providing assistance to those tragically involved. The study provides significant insight into current attitudes and should be helpful for planning purposes, improving the level of awareness to the problem, result in an intervention-prevention program for the public schools, cause more school-community attention to be given to the issue of teenage suicide, strengthen school guidance efforts, and possibly prevent the loss of life among school age youth in the study area.

This study expands a pilot-type study conducted in central Tennessee and reported in February 1988. This study follows the format of the previous study.

RESEARCH PROCEDURE

A questionnaire was mailed to 300 principals selected from public school systems within the state of Tennessee. A total of 218 (73%) completed questionnaires were returned for analysis. An item by item narrative reporting technique was used to present the data. The Chi square test was used to determine the significance of the data.

SELECTED REVIEW OF LITERATURE

Suicide is a major cause of death among adolescents. There are more than 5,000 suicides reported each year among the 15 to 24 age group.[2] There are an undetermined number of unreported cases. Suicide is a phenomenon that affects young people from diverse social, racial, and economic backgrounds. Although this continues to be a disturbing problem many believe that high risk youngsters may be identified in the early stages of their suicidal tendencies.

The American Academy of Child Psychiatry has identified the following warning signs predisposing possible suicide attempts. They are:

- changes in eating and sleeping habits;
- withdrawal from friends, family, and regular activities;
- violent or rebellious behavior;
- running away;
- drug or alcohol abuse;
- unusual neglect of personal appearance;

- radical change in personality;
- persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork;
- frequent complaints about physical symptoms that are often related to emotions, such as stomachaches, headaches, or fatigue;
- loss of interest in previously pleasurable activities; and
- inability to tolerate praise or rewards.[3]

If these types of symptoms should persist over a noticeable period of time professional help should be sought.

Some authorities suggest that suicide is not usually a spontaneous action. It commonly follows a sequence of maladaptive behavior. Upon reflection most incidences of suicide follow a discernable pattern over a six-months to two year period of time.

Teenagers who have unsuccessfully attempted suicide have reported that they did not understand the reality of death. They indicated their belief that death would be painless and that they would be able to see the reaction of others.

A number of conditions are thought to enhance the likelihood of suicide among youth. These include: physical and sexual abuse, experiencing humiliation, drugs, family disharmony, and mental problems.[4]

The dynamics of teenage suicide requires a look at adolescence and some of it's characteristics. Concerned individuals should understand that adolescents mature accord-

ing to the culture of which they are a part. According to Giovacchini, "Adolescence is a stage of life that requires a stable, supportive environment within and outside the home."[5]

Puberty is considered the most outstanding characteristic of the period. During this time of life, a positive self-image is important and teenagers have a growing need to experience sexual love and intimacy. There is a recognized, sometimes fearful, striving for independence. At the same time, reliance upon parents as the main source of security is important. A frequent change of mood is characteristic, along with the strong need to be accepted by peers and other persons within the environment.[6] Adolescence is viewed as a time of great change, crisis and pressure with a tendency for impulsive overreaction to stressful situations.[7] High anxiety levels are characteristic of this period of life.

Adolescents often feel they are misunderstood by adults, especially their parents. The feeling may range from the adolescent believing he is misunderstood only occasionally to always. Some individuals have more difficulty with this issue than others. During the adolescent period, the attitudes and opinions of peers become of utmost importance. This is also a time in which adolescents seek to find the appropriate social role and their peers' approval of the role. Positive experiences in life become vitally important.[8]

School is the most important place outside the home to most adolescents. Even with all the activities and relationships associated with school, some may still feel lonely and

disenchanted. Teenage students see themselves as being evaluated according to school performance. Performance in academic, social interactions, and extra-curricula activities plays an important part in determining an adolescent's perception of success. If they do not perform as they think they should, they may be jeopardizing their grades, their futures and the inescapable record.[9]

Formica and Brinley show that many symptoms which can be indicative of suicide are not distinguishable from ordinary adolescent turbulence. They further indicate that symptoms of suicide which might appear on any list can also be signs of normal development. Parents and others cannot afford to take identified signs literally or they would be in a constant panic. Formica and Brinley also make an interesting observation, "...the variables surrounding teen suicide are not causes." They report that adolescents who feel good about themselves can rebound from personal disasters and become challenged.[10]

An effort to draw a single portrait of the typical young suicide victim is near impossible. However, the conditions most frequently associated with adolescent suicide are: families plagued by divorce, communication barriers between parents and teenagers, dual-career families, drug and alcohol addiction, parental, academic, and peer pressures, rootlessness in family mobility, fear of future jobs and opportunities, and personal relationship problems.[11]

An adolescent at risk may display one, or more, of the following characteristics:

"Has previously attempted suicide;

Has made a suicidal gesture (cut off hair, self-inflicted cigarette burns, self-abusive behaviors);

Is socially isolated (no friends, or only one friend);

Has a record of schcol failure or truancy (may have dropped out of school already);

Comes from a broken home, has experienced a broken relationship at home, or has a family crisis at the time of suicide;

Has spoken of suicide, either his own or others;

Has a close friend or relative who was a (recent) suicide;

Has experienced alcoholism or drug abuse in family or self;

Is not living at home;

Is preoccupied with death or dying;

Has had a significant loss or anniversary of a significant loss;

Displays sudden disruptive or violent behavior in dealing with others;

Is more withdrawn/uncommunicative and isolated from others than usual."[12]

Dr. Tod W. Bossert, clinical psychologist, advises that hopelessness is one of the basic ingredients of suicide. The individual adolescent feels that things will not get better in the near, or distant, future. Dr. Bossert has the opinion that suicide is preceded by feelings of self-hate, helplessness and hopelessness. He continues by adding that teenagers

who have a plan for suicide are at a greater risk. The risk is greatest if a person has direct accessibility to a means of self-distruction.[13]

A close relationship exists between suicidal threats, attempts, and suicidal wishes of adolescents. Antisocial history, parental absence, and inhibited personality may be added to the list of characteristics of potential victims. A high percentage of adolescents who have committed suicide have been described as exhibiting antisocial behavior. Generally, it is believed that suicidal individuals turn destructive aggression toward themselves. However, a study published in 1985 indicated many victims had been destructive toward others.[14]

Additional warnings of possible suicide include:

Persistent change in eating and/or sleeping habits.

Persistent boredom.

Decline in quality of schoolwork.

Running away.

The breakup of a love affair.

Unusual neglect of appearance.

Psychosomatic complaints.

Difficulty in concentrating.

Radical personality changes.

Suicidal gestures and threats.[15]

Teachers and/or other school workers may well be the first persons to recognize the suicidal youngsters. Therefore they are in the best position to recognize the seriousness of the problem and how it affects individuals and groups.

Psychiatrists and other therapists who work with suicidal behavior depend upon the schools for assistance.[16]

The school is intertwined in the lives of adolescents and their families. As a result, they are very important in the normal maturation process. Because the school is the natural extention of the family, it is important that personnel resist the idea that home life and school life are separate systems. Often school personnel are confidants of students. They are also in a position to know of problems either by direct contact with students, or through rumor among students. School personnel may also observe any behavioral changes. Studies have shown that school adjustment is often a major precipitating factor in suicidal behavior.[17]

At a 1987 national conference on the subject of suicide prevention a set of guidelines for recognizing and preventing self-destructive behavior of teenagers was presented. The warning signs and guidelines follow:

WARNING SIGNALS FOR POTENTIAL VICTIMS

The person is -

- Seriously depressed
- Increasingly isolated
- Giving away prized possessions
- Doing poorly in school
- Making statement about wanting to die
- Acting in a violent fashion
- Taking unnecessary risks

- Threatening to commit suicide
- Acting in a strange manner
- Suddenly happy for no reason after a
- Long depression
- Abusing drugs or alcohol

One sign may or may not signal trouble ... more than one sign often means that some help is necessary. Notice how long the signs have been present, how deeply the person feels about things going wrong in his life, and how many signs are present at one time.

Say to a troubled person -

"I'm here for you"

"I want to hear about what's bothering you"

"I really care about you"

"Let's talk and figure out how to make things better"

"Things are tough now but they will change - you've got to hang in there and I'm here to help"

"I would feel horrible if you hurt yourself and I don't want you to die"

"If I can't help you, I'll help you find someone who can help"

"No one and nothing is worth taking your life for"

Avoid the following -

Don't ignore your friend

Don't put your friend down

Don't change the subject

Don't try to handle it alone if person doesn't

respond to your efforts to help

Don't suggest drugs or alcohol as a solution, most teens commit suicide while taking a chemical (drugs or alcohol).

To help a depressed person or a person with suicidal tendencies -

Listen to your friend with concern.

Ask your friend if he ever felt this bad before. If so, how did he handle the situation.

Share a time when you felt pretty bad and assure your friend that things can and will change.

Be especially concerned if your friend takes drugs and/or alcohol because their judgement is impaired.

Ask if your friend has suicidal thoughts.

Let your friend know that many people think about suicide but never actually attempt it.

Give your friend a hotline number and make sure your friend calls.

Stay with the depressed person. Do something together.

If your friend is suicidal and refuses to get help, tell a responsible person as soon as possible.

Call a hotline for quick advice and help.

Make specific plans to see your friend the next day.[18]

A list has been developed which provides information to school personnel concerning a "path" of events which may lead to suicide. The list is shown below:

1. Unendurable psychological pain and fear of more pain

2. Seeking a solution
3. Striving to cease thinking of pain (cease consciousness)
4. Feeling helpless, hopeless, lonely, and impotent
5. Internal ambivalence
6. Cognitive construction focusing on the "one" solution
7. Communicating distress, helplessness, and making a plea for response
8. Attempting or committing the act of suicide.[19]

A person's state of mind is important and when assessing an individual's state of mind, the school principal, counselor and social worker should determine certain facts. Examples are:

1. Immediate and long-term events preceding the attempt
2. Degree of existing suicidal intent
3. Current problems and their strength
4. Any psychiatric disorder
5. Family and personal history
6. Previous attempts
7. Coping resources and support
8. Risk of further attempt
9. Attitudes of the individual and family toward receiving further help (Hawton, 1986).[20]

While deciding a course of action efforts should be made to reduce the anxiety level of the individual, suggest alternatives, try to create hope, establish channels of communica-

tion, and involve professionals.

Specific variables increase the risk of suicide among teenagers. These include a previous attempt at suicide, alcoholism or other drug abuse, a dysfunctional family environment, poor acceptance and achievement, depression and other mental disorders.

A recent research study involving family members of suicide victims found that the adolescent had often expressed suicidal threats, had engaged in alcohol or drug abuse, and had demonstrated antisocial behavior.[21]

Depression seems to be closely associated with suicide. Dr. Carl P. Malmquist has provided a set of warning signals for depression in children. They are:

1. Persistent sadness in contrast to the temporary unhappy moods that normally occur in all children from time to time.
2. Low self-concept.
3. Provocative aggressive behavior or other behavior that leads people to reject or avoid the child.
4. Proneness to be disappointed easily when things do not go exactly as planned.
5. Physical complaints such as headaches, stomachaches, sleep problems, or fatigue similar to those experienced by depressed adults.[22]

One's attitude toward children is important to keep despondency from resulting in suicide. Researchers report that the following concepts may be helpful in this regard.

1. Do not lose patience with your child.
2. Please take threats seriously.
3. Show children you love them.

4. Be able to talk out problems.

5. Be there to offer direction and seek professional help.[23]

Other symptoms of depression have been identified by experts in the field. Some of the more notable ones are poor appetite, weight loss, change in sleeping patterns, difficulty concentrating, and academic problems. Expression in this form may be designed to serve as a "cry for help" and should be treated seriously.[24]

The Center for Disease Control in Atlanta, Georgia, has been involved in studies concerning adolescent suicide. Their researchers advise that the occurrence of suicide may prompt other young people to imitate the act. It is recommended that both schools and other community agencies have prescribed plans for crisis intervention. Teen suicide is not exclusively a school problem but rather a societal one.[25] However, school personnel can play a major role in suicide prevention. Special workshops and training programs focused on adolescent suicide are needed.

The key to teenage suicide prevention appears to be communication skills. There seems to be too much negative associated with the current teenage years. To offer some positive directions for parents and educators would be an enriching way to deal with such a tragic problem. Listed below are five important things that parents and educators should know to have a more positive attitude when facing depressed teenagers.

1. First, the emphasis that parents have wronged, that pressures are too much and schools are lacking direction can be destructive thoughts for parents and educators. This only creates heavy feelings of guilt.

2. Potential victims of teenage suicide are not always as easy to detect as parents and teachers would like for them to be.

3. It appears that every symptom on the list of signs for teen suicide are very much the same as the signs of adolescent development. Parents and teachers would be in an endless state of panic all the time. Parents, teachers and teens must work hard to learn to understand one another.

4. "Fourth, the variable that surround teen suicide are not the causes."[26] Separation of parents, divorce, step parents should not be the single cause of teen suicide. A teenager is already in an emotional crisis if any of the above reasons pushes them to suicide.

5. Parents and teachers should never hesitate to call for help. Help is the key to begging to solve problems.[27]

It appears open communication is crucial. Listed below are suggestions offered through Parent Workshops, sponsored by McCall's, that parents can use to deal with their teens.

1. Parents should love their children unconditionally and attach no conditions. This means that you love them no matter what.

2. Try to put yourself in your teen's place and not in your place as a teen. This is probably the hardest task for parents but the most important.

3. You should not make any substitution for your time. Money will not replace time spent with the teen.

4. Parents should be emotionally and physically available to the teen.

5. Please do not expect instant success with your teen but don't stop talking to them.

6. Use these three conversation rules as follows: Never say "Why", Never defend

yourself; Do not offer advice until your child feels he has been listened to and understood.[28]

Communication is truly the key.

"The prevention of suicide among the young depends on early recognition of symptoms and on teaching young people to communicate more effectively with others about their problems, to ask for help when necessary, and to develop more effective coping mechanisms than currently in use."[29] Community, family and school personnel must work hand in hand to combat this problem.

SUMMARY

School administrators should be aware of the risk factors for suicide in children. These include such things as the absence of a role model with whom to identify, lack of investment in the future and absence of future goal orientation, the lack of control over their environment, and active parental conflict or parents' negative attitude toward their children.[30] Some behavior patterns and events leading to adolescent suicide includes:

1. chronic unhappiness characterized by sadness, tears, and withdrawal; feelings of rejection, disappointment and insecurity;

2. uncharacteristic behavior changes such as abrupt shifts from even temperament to angry outbursts, sudden hostility, restlessness, and loss of interest in usual activities;

3. disturbances in sleep patterns such as insomnia or increased time spent in bed;

4. changes in appetite: obvious weight gain or loss;

5. headaches, stomachaches;

6. refusal to go to school or participate in school activities; loss of concentration and memory;

7. listlessness, boredom, dejectedness;

8. neglect of personal appearance;

9. changes in speech patterns such as slow or rapid speech: slurred or mumbled speech;

10. reverting to thumbsucking, whining, bedwetting, or soiling;

11. self-isolation from friends and possessions;

12. giving away prized possessions to friends, repaying debts, apologizing for past problems.[31]

There are several strategies that teachers and school personnel can use to help prevent suicide among their students. These strategies include the following:

1. Organize a suicide intervention team to provide students a way to communicate suicidal feelings and knowledge of peer attempts to professionals in a position to help or refer help. To establish this program, a list of team members with their photographs should be posted in several locations in the school. Referrals can be initiated at any level--self, peers, teachers, or parents. The parents of the student at risk must be contacted immediately.

2. Provide death education to eliminate students' misconceptions that may contribute to suicide.

3. Conduct student, teacher, and parent informational programs concerning the identification of individuals at risk for suicide and procedures for finding assistance.

4. Become familiar with support materials that provide risk assessment information and counseling suggestions.

5. Provide staff development for teachers about the behavioral indicators of students at risk for suicide.

6. Coordinate school programs with community personnel qualified to provide treatment education.[32]

Once the teachers and administrators have been familarized with suicidal tendencies and the strategies to help prevent teen suicide a plan of intervention and prevention should be established. Plans for prevention should include part or all of the following: (1) the buddy system; (2) a new students club; (3) publishing booklets on teen suicide and intervention techniques;[33] (4) establish a suicide prevention program--a comprehensive intervention plan; and, (5) establish a response team of teachers, counselors, students, and administrators. Members of the Response Team:

1. Design and conduct training for faculty members, administrators, counselors, students, secretaries, aides, custodians and any other appropriate persons. Training must include information about facts and myths of suicide, available alternatives and resources, and data about school procedures.
2. Hold parent and community seminars.
3. Train special peer counselors.
4. Confidentially identify high-risk students.
5. Compile a list of resources (people and materials) within the community.
6. Form Support Groups.[34]

The media can be very beneficial by informing the public about the realities of adolescent suicide. Three recent television programs, (CBS's "Silence of the Heart", ABC's "Surviving" and CBS's "Hear Me Cry"), focus on sui-

cide of teenagers.[35] It has been recommended that a Presidential Task Force concerning teen suicide be organized. Alfred DelBello, former Lieutenant Governor of New York and co-chairman of the National Committee on Youth Suicide Prevention states, "even more frustrating is the fact we have done little as a nation to come to grips with our number one preventable cause of death."[36] In the long term, suicide prevention/intervention education programs may be our greatest asset when dealing with the issue of adolescent suicide.

PRESENTATION OF THE DATA

The data is presented through an item by item descriptive technique.

1. I believe that teenage suicide is a serious problem.

AGREE	DISAGREE
203 (93%)	15 (07%)

Chi Square 162.1284 Level of Significance .0001

2. I am aware of certain warning signs of a potentially suicidal teenager.

AGREE	DISAGREE
17 (08%)	201 (92%)

Chi Square 155.3028 Level of Significance .0001

3. I have known at least one teenager who has committed suicide.

AGREE	DISAGREE
44 (20%)	174 (80%)

Chi Square 77.5229 Level of Significance .0001

4. A student while enrolled in my school has committed suicide.

AGREE	DISAGREE
11(05%)	207 (95%)

Chi Square 176.2202 Level of Significance .0001

5. I have known teenagers who unsuccessfully attempted suicide.

AGREE	DISAGREE
13 (06%)	205 (94%)

Chi Square 169.1009 Level of Significance .0001

6. **Schools should have ongoing programs to help prevent suicide.**

AGREE	DISAGREE
177 (81%)	41 (19%)
Chi Square 84.8440	Level of Significance .0001

7. **My school (or school district) has a formal suicide prevention/intervention program.**

AGREE	DISAGREE
17 (08%)	201 (92%)
Chi Square 155.3028	Level of Significance .0001

8. **My school makes much effort to reach out to students who might be considering suicide.**

AGREE	DISAGREE
31 (14%)	197 (90%)
Chi Square 120.8596	Level of Significance .0001

9. **My school would handle the matter well should a suicide occur.**

AGREE	DISAGREE
62 (28%)	156 (72%)
Chi Square 40.5321	Level of Significance .0001

10. **My school handled the situation well when a student(s) committed suicide.**

AGREE	DISAGREE
4 (02%)	Only 4 persons responded.
Chi Square NOT CALCULATED	

11. **In my opinion teenagers have the right to commit suicide.**

AGREE	DISAGREE
4 (02%)	214 (98%)
Chi Square 202.2936	Level of Significance .0001

12. I have had training in coping with the issue of suicide among young people.

AGREE	DISAGREE
37 (17%)	181 (83%)

Chi Square 95.1193 Level of Significance .0001

13. I feel adequate in recognizing and dealing with potential suicide student(s).

AGREE	DISAGREE
26 (12%)	192 (88%)

Chi Square 126.4037 Level of Significance .0001

14. Educators should receive special training in dealing with this issue of teenage suicide.

AGREE	DISAGREE
196 (90%)	22 (10%)

Chi Square 138.8807 Level of Significance .0001

15. Parents/guardians should always be notified when a student has indicated suicidal tendencies.

AGREE	DISAGREE
197 (90%)	21 (10%)

Chi Square 142.0917 Level of Significance .0001

16. The home, school, and other community agencies should form a support network to address the problem of teenage suicide.

AGREE	DISAGREE
212 (97%)	6 (03%)

Chi Square 194.6606 Level of Significance .0001

SUMMARY OF THE FINDINGS

Most (93%) agreed that teenage suicide is a matter of serious concern. Approximately 20 percent were personally acquainted with a student that had committed suicide. Only 6 percent of the principals knew of cases where students had tried unsuccessfully to end their lives. A total of 90 percent reported that an ongoing prevention program was needed in the public schools. It was noteworthy that only about 08 percent stated that their school has an intervention program and (14%) "makes much effort to reach out to students who demonstrate suicidal tendencies." Some 28 percent of the respondents thought that "they would handle the situation well should a student commit suicide". The principals (90%) stated that all educators should receive special training in working with students showing suicidal characteristics. A total of 90 percent indicated that parents should be notified when students show problem symptoms. Some 98 percent agreed that suicide was an inappropriate action and "teenagers do not have the right" to commit suicide.

RECOMMENDATIONS

The following recommendations are made subsequent to the study:

1. Training programs to prepare educators, community personnel, and students concerning adolescent suicide should be planned and implemented.

2. School systems and community leaders should recognize the seriousness of the teenage suicide problem .
3. Prevention and intervention programs should be formalized.
4. Professional health practitioners should be included in school programs.
5. Plans should be developed to provide for trained school personnel to work with identified students.
6. School Boards should adopt policies for addressing the issue of adolescent suicide.

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APPENDIX

SUICIDE PREVENTION RESOURCE AGENCIES

National Level

1. American Association of Suicidology
   P.O. Box 3264
   Houston, TX 77001

2. Child Welfare Resources Information Exchange
   2011 Eye Street, N.W., Suite 501
   Washington, DC 20006

3. The Disaster Assistance and Emergency
   Mental Health Center
   Division of Special Mental Health Programs
   National Institute of Mental Health
   Rockville, MD 20957

4. Mental Health Association
   1391 N. Speer Blvd., Suite 350
   Denver, CO 80204

5. National Education Association
   Human and Civil Rights
   1201 Sixteenth Street NW
   Washington, DC 20036

6. National Association for Mental Health
   1021 Prince Street
   Alexandria, VA 22314

7. National Institute of Mental Health
   5600 Fishers Lane
   Room 15C-05
   Rockville, MD 20857

8. U.S. Department of Health & Human Services
   Violence Epidemiology Branch
   National Centers of Disease Control
   Atlanta, GA 30303

9. Youth Suicide National Center
   1825 Eye Street, NW, Suite 400
   Washington, DC 20006

Community Level

1. Suicide Prevention Centers
   (There are more than 200 community-based centers throughout the United States.)

2. Community Mental Health Centers

3. Mental Health Associations
(State and local associations are affiliated with the National Association for Mental Health.)

4. Child psychiatrists and psychologists

5. School psychologists

6. Suicide and Crisis Hot Lines

Readings and Pamphlets

1. Hide or Seek by James Dobson, Ph.D.
(Fleming H. Revell Co., Old Tappan, NJ 07675)

2. Suicide and Young People by Arnold Madison
(Seabury Press, 815 Second Avenue, New York, NY 10017)

3. Teenage Drinking, No. 1 Drug Threat to Young People Today by Robert North and Richard Orange, Jr.
(Macmillan Publishing Co., Inc., 866 Third Avenue, New York, NY 10022)

4. Adolescent Suicide: Mental Health Challenge with the Crisis of Suicide: Pressures on Children.
Public Affairs Pamphlets No. 569, 406A and 589.
(Public Affairs Committee, Inc., 389 Park Avenue South, New York, NY 10016): $0.50 each.

5. Plan Talk About Adolescence (Consumer Information Center, Department 648J, Pueblo, Colorado 81009)

Suicide Prevention Programs

1. Suicide Prevention Program
Contact: Myra Herbert, Coordinator of School Social Work Services
Fairfax County Public Schools
10310 Layton Hall Drive
Fairfax, VA 22030

2. Teen Suicide ($10.00)
Contact: Wayne County Intermediate School District
33500 Van Born Road
Wayne, MI 48184

3. Cherry Creek School District Suicide Prevention Program
Contact: Thomas C. Barrett
Cherry Creek School District
3665 Cherry Creek N. Drive
Suite 370
Denver, CO 80209