

YOUTH SUICIDE AWARENESS TRAINING

Caring Together for Our Youth

Goals for this training:



- You will understand current facts surrounding youth suicide.
- You will become familiar with factors which may place a youth at higher risk.
- You will learn important warning signs.
- You will become familiar with factors which may serve a protective role.
- You will learn steps you should take if your child—or a youth you know—expresses thoughts of suicide.

Tremendous Loss—Impact of Suicide (WDOH, 2018)

115 PEOPLE EXPOSED

TO EACH SUICIDE DEATH (Cerel, 2016)



  MAJOR LIFE DISRUPTION

LOSS & TRAUMA OF THOSE LEFT BEHIND

Reactions:

Guilt
Anger
Shame
Anxiety
Isolation
Insomnia
Suicidal/Suicide death



Domino Effect:

Divorce
Job loss
Loss of purpose
Substance abuse
Financial hardship
Health consequence
Dropping out of school

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Definitions

- **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- **Suicidal ideation** refers to thinking about, considering, or planning suicide.



FACT OR FICTION?



People who talk about suicide don't actually complete a suicide.

Fiction. Many students who die by suicide have made statements about committing suicide.

There is no one single cause of suicide.

Fact. All suicides are multi-dimensional.

Suicide happens without warning.

Fiction. Most people give clues and warnings about their suicidal intentions.

Most youth do not tell their parents about a suicide attempt.

Fact. Many youth are not comfortable sharing their degree of distress.

Suicidal individuals are fully intent upon dying—nothing will change their mind.

Fiction. Most suicidal people are ambivalent. Death may seem like the only way out of their pain and suffering.

Why Talk About Suicide?

- Suicide is the second leading cause of death for people between 10 and 24. (CDC, 2017).
- **1 in 10 Washington high school students reported attempting suicide in 2018** (HYS, 2018).
- **1 in 5 reported seriously considering suicide** (HYS, 2018).
- In 2018, 16% of 8th graders, 18% of 10th graders, and 18% of 12th graders reported making a suicide plan (HYS, 2018).
- Despite high rates of psychological distress, adult support can help. However, only half of students report having adult support when experiencing challenges.
- Half of the students in Washington in grades 8-12 remain hopeful about their future. (HYS, 2018)
- Deaths among students aged 10-14 have increased 56% between 2007-2017 (CDC, 2019)
- In youth aged 10-24, there are 65-200 attempted suicides for each completed suicide—30-40% of teens who die by suicide have made a prior attempt. (HYS, 2018)

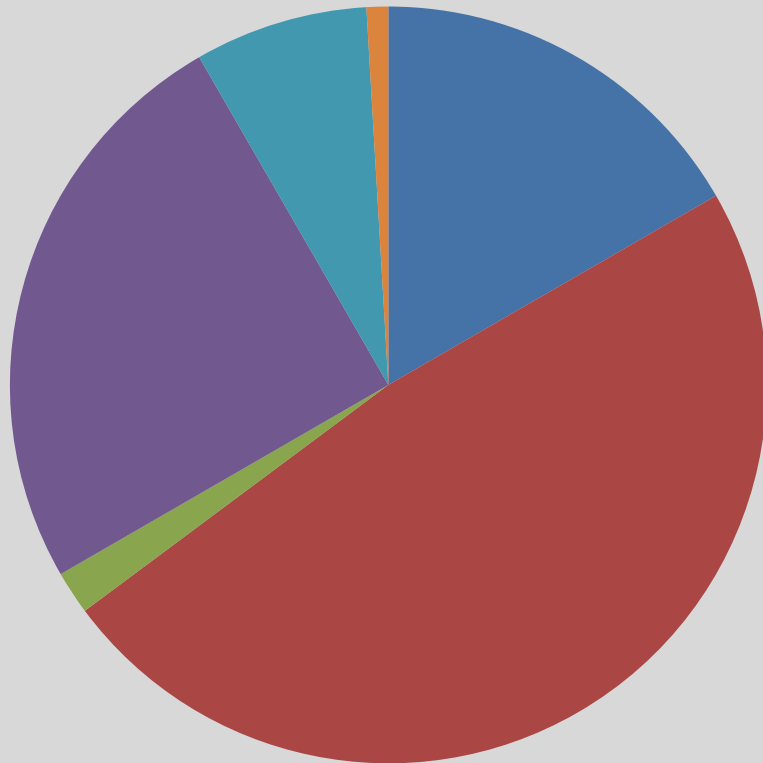
Other Factors from WA Healthy Youth Survey (2018):

- Females aged 10-24 are more likely to think about suicide, form a suicide plan and attempt suicide.
- Males aged 10-24 are 3 times more likely to die by suicide.
- Of students who identify as LGBTQ in grades 8-12, 49% report considering suicide; 22% attempted suicide.

Fatal suicide means

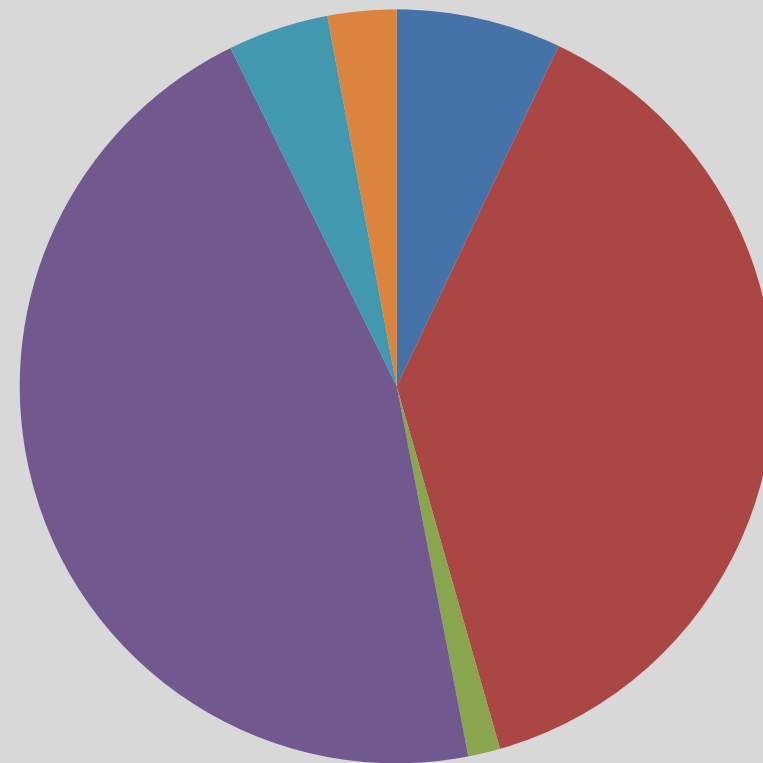
(Washington State Youth 2008-2012)

Female youth
ages 10-24
n=108



- Poisoning
- Suffocation
- Drowning
- Firearms
- Jump/fall
- Other

Male youth
ages 10-24
n=509



- Poisoning
- Suffocation
- Drowning
- Firearms
- Jump/fall
- Other



Not minimizing the issue

Childhood and Adolescence can be stressful times for children. Children may feel depressed, or they may have feelings of fear and confusion. When problems grow, some children and adolescents feel their only solution is suicide.

Right now, due to COVID-19

- Increases in effects related to trauma can be expected:
- Some students will have experienced exposure to parental discord, maybe outright physical violence in the home
- Some students will have experienced more severe punishment (emotional, possibly physical)
- Increases in bullying (both electronic and in-person) may result from appearance with masks/face shields, race/ethnicity, behavior seen as “risky” or “stupid” from point of view of infection
- Students who are revealed to have been COVID-positive (or their parents) may be labeled as dangerous by peers or other adults

(UW SMART Center, Seattle Children's, MHTCC, 2020)



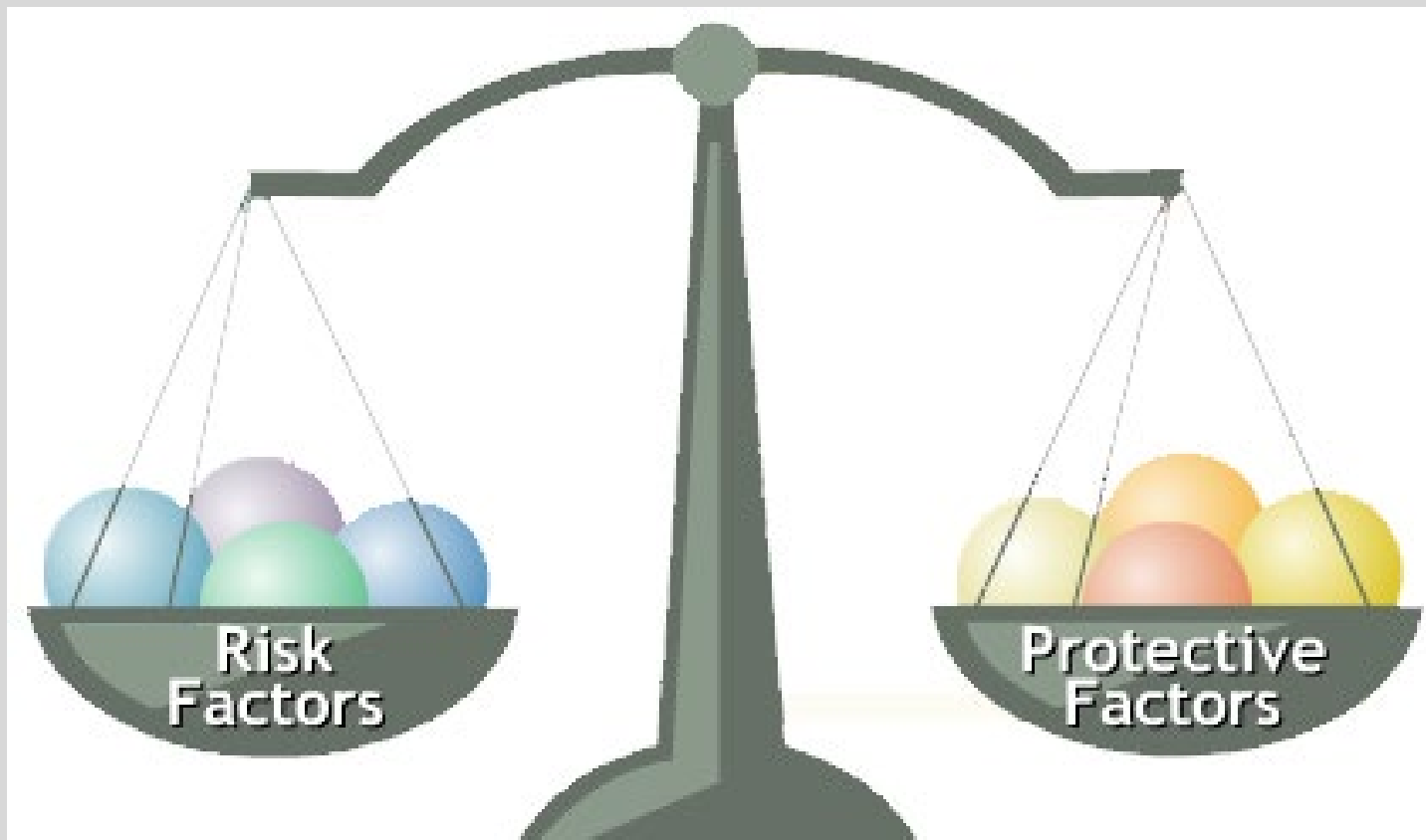
Grief and Loss

Grief and loss develop when youth are exposed to traumatic events. Grief and loss reactions can heighten traumatic stress reactions and worsen symptoms such as feeling disconnected from others, strong negative reactions to relationships, and general disengagement from school (NWPBIS, 2020)

This includes the grief and loss for the life students had before Covid-19:

- the loss of normalcy
- the fear of economic toll on families
- the loss of connection

This collective grief is not what we are used to dealing with.



Risk and protective factors

Risk factors increase the risk of a negative outcome like suicide.

Protective factors reduce the impact of risk factors.

Protective Factors:

- A caring relationship with one supportive adult.
- Positive self-esteem and coping skills
- A sense of connection and belonging in school
- Access to care and help for mental/physical health issues or substance abuse.



Individual	Family	School or Organization	Community
Good physical and mental health	Supportive adults	Supportive adults	Adequate and accessible health and mental health care
Willingness to seek help	Safe and stable home environment	Access to peer support	
Problem-solving skills	Restricted access to means in the home	Connection to a network of resources	Safe spaces
Self-soothing and coping skills	Responsibilities (pets, for example)	Responsibility and future orientation	Opportunities for youth to contribute positively
Self-esteem and self-worth	Strong family connections	Opportunities for participation and skill building	Sense of belonging
Risk avoidance	Family support of identity	Safe place, supported by policies and culture	
Belief system that discourages suicide	Reasonable expectations		

Some common protective factors

Unfortunately.....



- Most adults are not trained to recognize signs of serious mental disorders in teens
 - Symptoms are often misinterpreted or attributed to 'normal' adolescent mood swings, laziness, poor attitude, or immaturity.
- So, many kids can't get help:
 - Neither youth nor the adults who are close to them recognize symptoms as a treatable illness
 - Parents fear of what treatment might involve belief that nothing can help
 - Parent perception that seeking help is a sign of weakness or failure
 - Parents are feeling too embarrassed to seek help



Youth Mental Health—what should I know?

- Mental health problems are common in youth: **Currently 1 in 5 youth in the U.S. meet criteria for a mental health disorder** (CDC, 2019).
- **1 in 3 children meet criteria for Anxiety Disorder (average age of onset-7)** (YMHFA, 2017)
- By the time they reach 7th grade, 40% of students' will have experienced a MH problem, such as anxiety or depression (SAMHSA, 2016)
- Children and adolescents may experience mental health problems differently than adults.
- Stigma is a barrier associated with mental health issues.
- With appropriate help, some youth mental health problems successfully resolve (YMHFA, 2017).
- 90% of youth who die by suicide have a mental health disorder (AFSP, 2019).



Mental Health and Suicide

The key suicide risk factor for all age groups is an undiagnosed, untreated or ineffectively treated mental disorder.

90% of youth who die by suicide are struggling with one of 7 mental health disorders (AFSP, 2020):

Depression

Generalized Anxiety Disorder

Bipolar Disorder

Eating Disorder

Substance Abuse

Conduct Disorder

Schizophrenia

Mental Illness: Nature vs. Nurture?

It is not a question of heredity or environment. BOTH factors act on---and interact with----each other.

1. Genetic factors put a person at risk.
2. Life happens.
3. Stressful events and trauma influence how our genes are expressed.

Major Depressive Disorder

- 8-12% of adolescents struggle with major depression
- Major Depressive Disorder is the mental disorder most frequently associated with suicide in both teens and adults
- Major Depressive Disorder occurs more commonly in females than males
- It is caused by changes in brain chemistry that may result from stressful life events, but also from genetic or other internal factors.
- Major Depressive Disorder may occur in youth who appear to “have it all”
- Children and adolescents often express depression through physical complaints (stomach distress, headaches)

(AFSP, 2020)

What does Major Depressive Disorder look like?

(DSM-5, 2013)

The key symptoms expressed by youth are:

- A sad, depressed, angry or irritable mood and;
- A lack of interest or pleasure in activities the youth used to enjoy, which is consistent for at least two weeks.

Other symptoms include:

- | | |
|----------------------------|-----------------------------|
| ◦ Changes in appetite | Slowed or agitated movement |
| ◦ Worthlessness/guilt | Recurrent thoughts of death |
| ◦ Sleep disturbances | Self-harming behavior |
| ◦ Inability to concentrate | |

*****Symptoms represent a clear change from normal and are generally observed in several different contexts**

Other Risk Factors:

- Member of a vulnerable identity group (learning disability, ASD, gender, LGTBQ)
- Firearm in the home
- Family history of mental health issues or substance abuse
- Exposure to suicide
- History of prior attempts
- Persistent Serious Family Conflict
- Loss (death, breakup)
- Humiliation (bullying, public failure)
- Social Isolation
- Sudden stress or perceived trauma
- (violence, unplanned pregnancy, arrest, failing a test)
- Instability (frequent moving, unstable family)



Abuse

Youth who have been physically abused are 5 times more likely to attempt suicide.

Youth who have been sexually abused are 7 times more likely to attempt suicide.

Suicide risk factors endure over some period of time, while warning signs signal imminent suicide risk

Clearest warning signs for suicide are behaviors that indicate the youth is thinking about or planning for suicide, or is preoccupied or obsessed with death.

(AFSP, 2020)

Risk Factors vs. Warning Signs





Warning Signs:

Feelings

Actions

Changes

Threats

Situations

Warning Signs: **The FACTS**

Feelings

Sad, lonely, hopeless, in pain, moody, irritable, increased depression, apathetic, unresponsive

Actions

Pushing away friends and family, giving away important possessions, using alcohol or drugs, making unsafe decisions, self-harming behavior, making or researching suicide plans, making art or writing about death, saying goodbye

Changes

Changes in school performance, changes in appearance or hygiene, changes in personality or attitude, just not seeming like themselves, changes in activity—lethargy or increased agitation, *Changes represent a clear change from 'normal' and are present over a period of time.*

Threats

Saying they're going to kill themselves, saying goodbye

Situations

Has the person had a crisis, loss or trigger situation, especially in the last couple of weeks? Has someone they know recently completed a suicide? (NFL, 2017)

If you think a youth may be suicidal:

In a calm, open manner, **ask the child or teen if they feel depressed, or if they are thinking about suicide or death.** Talking honestly and openly with them allows a child to confide in you and gives you the chance to share your concern, and to reinforce that they are valued and cared about.

Listen to their thoughts and feelings in a quiet, nonjudgmental manner. Do not blame or shame a youth in need.

Talking about suicide with a struggling youth will not ‘plant’ the idea into their mind or increase their risk.

(American Foundation for Suicide Prevention, 2020)

How comfortable are you asking about suicide?



What to Do:

Threats of suicide are a cry for help. Always take such statements, thoughts, behaviors, or plans very seriously.

Stay Calm and reassuring. Show your care and concern.

Ask the question: Are you thinking about killing yourself? *Youth who express thoughts of suicide should not be left alone* and should be evaluated right away by a physician or mental health provider.

Get help. Call 911 if the youth has a plan or means to complete a suicide. Crisis lines are also provided at the end of this presentation.

(NFL, 2017; AFSP, 2020, NASP, 2020)

Help is AVAILABLE

- **Snohomish County Crisis Helpline**: 1-800-584-3578
- **National Suicide Prevention Lifeline** at 1-800-273-TALK in English and Spanish
- **Snohomish County Compass Health Triage Center**: (425) 349-7289
- **Teen Link**: Talk or Text with translation services for over 155 languages.
 - Phone: 1-866-833-6546 (1-866-TEENLINK)
 - <https://www.crisisconnections.org/teen-link/>
- **Washington Mental Health Referral Service**:
<https://www.seattlechildrens.org/clinics/washington-mental-health-referral-service/>
- **Sea Mar Behavioral Health for Children and Family**:
Phone: 425-312-0277 <https://www.seamar.org/snohomish-bh-everett-family.html>
- **Crisis Text Line**: Text “Hello” to 741741
- **The Trevor Support Center for LGBTQ Youth**: <https://www.thetrevorproject.org/resources/trevor-support-center/>
- **The Trevor Lifeline**: 1-866-488-7386 <https://www.thetrevorproject.org/get-help-now/#sm.001frwkek412crb10pc21co78w8rc>



Building Resiliency

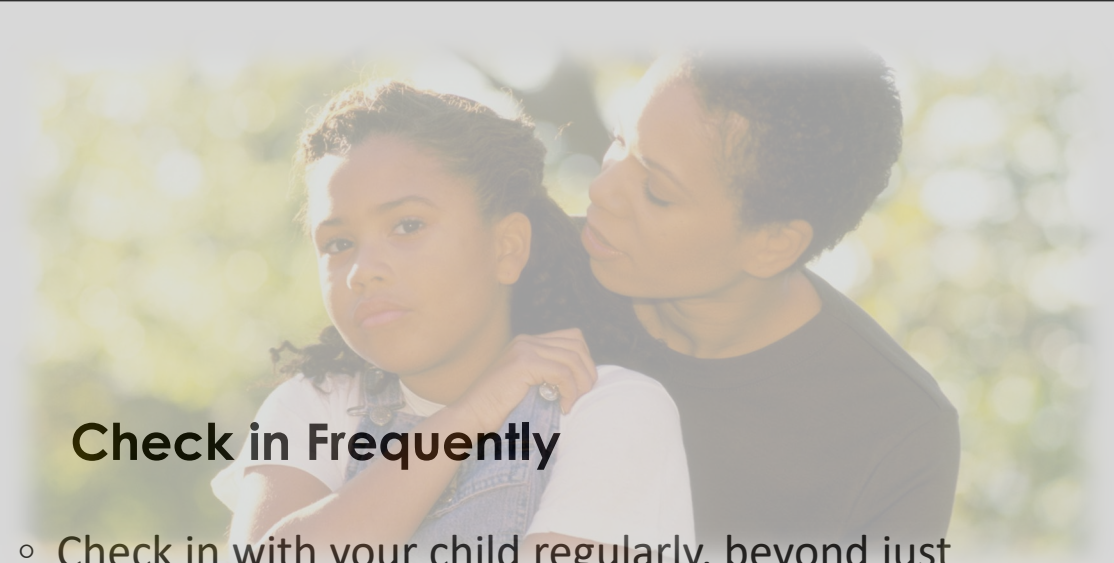
- Teach your student that it is okay to ask for help.
- Let them know that they can talk to you about difficult topics such as suicide.
- Encourage your student to be active in positive group/social activities.
- Identify trusted adults in their life that your student can talk to.
- Celebrate effort and grit over winning.
- When they make mistakes- emphasize the learning that occurs.
- Be a calm, good listener.

(Society for the Prevention of Youth Suicide, 2020)

As the parent.....

Model Healthy Coping

- As a parent, you can teach and model healthy habits for mental health just as you would with physical health. Taking care of your own mental health, talking about it matter of factly , and seeking therapy when warranted is one way to model healthy practices.
- If your student sees you approaching your own challenges and learning for your own mistakes in an open way, they will understand that it's okay to struggle and to learn from mistakes. They may develop flexibility and compassion for their own mistakes by seeing how you work through challenging times.
- You can also help them understand that life is messy and challenging for everyone at different times.



Check in Frequently

- Check in with your child regularly, beyond just day-to-day tasks such as homework. If your youth is resistant---keep trying. Seek help if necessary.
- If your child has a history of depression, anxiety, suicidal thoughts, eating d/o issues, self-harm or substance use, you should monitor them closely, and consider involving a professional, either at key times, or for the longer term for more chronic conditions.

Additional Resources:

(control+click to access links)

LOCK-IT-UP: Promoting the safe storage of firearms - King County

Seattle Children's Hospital – Gun Safety Program

Pacific Northwest Suicide Prevention Resource Center

Means Matter

Suicide Proof Your Home

- American Academy of Child and Adolescent Psychiatry: https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx
- American Foundation for Suicide Prevention: <https://afsp.org/teens-and-suicide-what-parents-should-know>
- National Association of School Psychologists: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators>
- Society for the Prevention of Teen Suicide: <https://www.sprc.org/training>
- What to do if you're concerned about your teen's mental health" <https://www.jedfoundation.org/wp-content/uploads/2018/11/Parent-Conversation-Guide-JED-2018.pdf>
- Youth Mental Health First Aid: Find a Training <https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

Safe2Tell

YOUNG people can report any threatening behaviors or activities endangering themselves or someone they know.

- Safe and anonymous
- Call 1-877-542-7233
- Submitting a tip at <http://safe2tell.org/>



Half of Us

Information at: Halfofus.com

- Support line which provides information about mental health issues
- Videos of celebrities and regular people (teens, adults) who struggle with mental illness or have been affected by mental illness
- Funding by a partnership between mtvU and Jed Foundation

