

**YOUTH SUICIDE -
“THE SILENT
EPIDEMIC” -
KEEPING MORE THAN
DREAMS ALIVE**

Alabama State Department of Education
Prevention and Support Services Section

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SESSION OBJECTIVES

- ☑ Identify the scope and severity of the problem of youth suicide.
- ☑ Recognize general “signs of concern” or “warning signs” of suicidal ideation.
- ☑ Recognize certain issues that increase the “at-risk” factor in a youth.
- ☑ Learn about educational resources.

IN 1999 ...

**Dr. David Satcher
declared suicide as “A
National Health
Problem” ..especially
among our youth and
the elderly.**

SUICIDE FACTS

- ◉ Each week in our nation, we lose approximately 100+ young people to suicide.
- ◉ Even though white males make up the majority of completed suicides, from 1980-1995, suicide among black youth ages 10-14 increased 233% and in black youth ages 15-19 suicide rates increased 126%. For black youth in the southern region of the nation, there was an increase of 214%.
- ◉ Girls attempt suicide over three times more than boys.
- ◉ Girls are turning to more lethal means at an alarming rate. If this continues, the number of completed suicides will rise at an even higher rate.

SUICIDE FACTS

- ◉ In the past forty years, youth suicide rates have **almost tripled**. Between 1980 and 1996, suicide rates for ages 10 to 14 increased by over **100%**.
- ◉ More teenagers and young adults have died of suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, and chronic lung disease **COMBINED**.
- ◉ According to the National Mental Health Association (NMHA), four out of five people who attempt suicide have given clear warnings.

SUICIDE FACTS

- Approximately **THREE million** youth ages **12-17** were at risk of suicide in the past twelve months.
- Of the 37% at-risk youth, **ONE million** actually tried to kill themselves.
- This means... Each Day in our nation there is an average of over **2,700 suicide attempts** by youth ages **12-17**...truly a “Silent Epidemic.”
- Only **36%** of the youth at-risk for suicide in 2000 received mental health treatment or counseling....the majority of help received was through school-based programs.

COMMON MYTHS AND MISCONCEPTIONS

1. **“If a person is determined to kill him/herself, nothing is going to stop him/her.”**
 - Not True - Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want to die; they want the pain to stop. The impulse to end their life, however overpowering, does not last forever.

COMMON MYTHS AND MISCONCEPTIONS

2. “Talking about suicide may give someone the idea.”

- ⦿ Not True - You do not give a person ideas about suicide by talking about it. The opposite is true. If a person is depressed or unhappy, discussing their feelings openly and allowing them to express how they feel is one of the most helpful things you can do. Even if they have had suicidal thoughts, giving them permission to express those thoughts can relieve some of the anxiety and provide an avenue to recognize other ways to escape their pain and sadness.

COMMON MYTHS AND MISCONCEPTIONS

3. “People who attempt suicide and do not complete the suicide are just trying to get attention and are not really serious.”

- ⦿ Not True - To a certain degree, they are trying to get attention and help for the pain that they are experiencing. A suicide attempt, even half-hearted, is an attempt to seek help. If the person perceives their action to be a suicide attempt, then that is what it is. Any attempt, regardless of severity, must be taken seriously and help must be sought for the individual.

WHAT ARE THE SIGNS?

In groups of four or five -

- ◉ List possible “warning signs” of suicide ideation.
- ◉ Select a spokesperson for the group.
- ◉ Share out when all are ready.

SIGNS OF CONCERN

- ◉ Depression
- ◉ Drastic changes in behavior
- ◉ Mood swings
- ◉ Crying spells
- ◉ Recent grief or loss(es)
- ◉ Changes in school performance
- ◉ Suicidal threats
- ◉ Hopelessness

WATCH FOR THE SIGNS

- ◉ Sadness
- ◉ A change in personality
- ◉ Talking about death
- ◉ Trouble eating or sleeping
- ◉ Giving away treasured belongings
- ◉ Making final dispositions of affairs
- ◉ Hoarding medications
- ◉ Taking unnecessary risk
- ◉ Talking about "having a plan" or "method" for suicide

RISKS FACTORS

- Suicide does not typically have a sudden onset. There are a number of stressors that can contribute to a youth's anxiety and unhappiness, increasing the possibility of a suicide attempt. A number of them are listed below.
 - Depression, mental illness and substance abuse
 - Aggression and fighting
 - Home environment
 - Community environment
 - School environment
 - Previous attempts
 - Cultural factors
 - Family history/stresses
 - Self-injury
 - Situational crises
 - Perfectionist personalities
 - Learning disabled youth

ELEVATED RISK FACTORS

- Although there is no such thing as a suicidal type of young person, the statistics on youth suicide do suggest that there are certain behaviors or characteristics that can alert you to a possible elevated risk of suicidal thought. Some of the most common elevated risk factors are listed below:
 - Perfectionists
 - Gay and lesbians
 - Learning disabled
 - Loners
 - Low self-esteem
 - Depressed youths
 - Students in trouble
 - Abused, molested or neglected
 - Abusers of drugs and alcohol

TAKING ACTION - DO'S AND DON'TS

- If you have noticed a pattern of behavior in a youth that is consistent with some of the risk factors and warning signs described in previous sections, it is time to take action. Here are some tips on the next steps to take:
 - Do not try to play the hero.
 - Do not promise confidentiality.
 - Remain calm.
 - Be prepared to talk about suicide.
 - Do not minimize the situation.
 - Be prepared to ACT.
 - Don't fall into the “Not My Child Syndrome.”

EDUCATIONAL RESOURCES

◉ In your packet ...

- Youth Suicide Prevention internet links
- Books on suicide related to children and adolescents
- No-Suicide Contract
- Promise Card
- Stop Youth Suicide brochure
- Youth Suicide - “The Silent Epidemic” - Keeping More than Dreams Alive ~ the PowerPoint
- Others follow on the next slides

YOUTH RISK BEHAVIORAL SURVEY

2005 Center for Disease Control (CDC)

This survey covers a broad range of questions concerning behavioral actions and thoughts from our youth. It is surveyed in public schools to grades 9-12 - some districts choose to include grades 7-8.

1. Have you felt sad or hopeless almost every day in a row for two weeks or greater so that it affected your usual activities in the past twelve months? - **Nationally 28.5% (Over 1 of every 4); Alabama - 28.5% (same)**
2. Have you seriously considered suicide in the past twelve months? - **Nationally 16.9% (1 of 6); Alabama - 17.1% (same)**
3. Have you made a plan on how to commit suicide in the past twelve months? - **Nationally 13% (1 of 8); Alabama - 15% (1 of 7)**
4. Have you attempted suicide one or more times in the past twelve months? - **Nationally 8.4% (1 of 12); Alabama - 10% (Almost 1 of 10)**

PRIDE SURVEY

Since 2003 students in grades 6-12 in Alabama schools participate in this behavioral survey annually. While the survey assesses student risk factors to VATODs, it address students' alienation to peers and others as a factor for drug use.

(2008 data)

1. Have you been in trouble with the police? -
Alabama - 25.7% (*about 1 of 4*)
2. Have you thought about committing suicide?
Alabama - 13.4% (*about 1 of 8*)

JASON FOUNDATION ALABAMA AFFILIATES

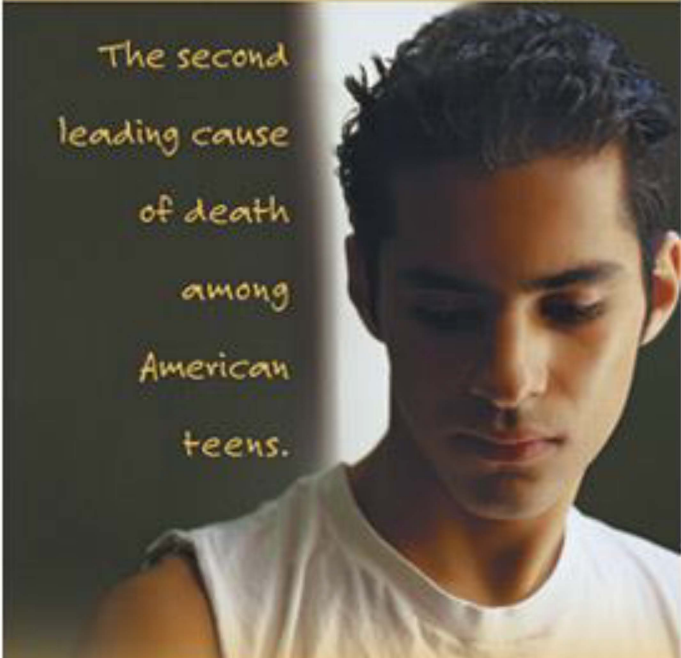
- ◉ **JFI at Hill Crest Behavioral Health Services**
6869 Fifth Avenue South
Birmingham, AL 35212 Direct Line:
(205) 833-9000
Toll Free: 1-877-778-2275
Website: <http://www.hillcrestbhs.com/>
JFI at Laurel
- ◉ **Oaks Behavioral Services**
700 E. Cottonwood Road
Dothan, AL 36301 Direct Line: (334) 794-7373
Toll Free: 1-877-778-2275
Website: <http://www.laureloaksbhc.com/>

JASON FOUNDATION PROGRAMS

- ◉ **“A Promise for Tomorrow”**
- ◉ **In-Service Training for Teachers**
- ◉ **Parent Seminars**
- ◉ **Parent Resource Program**
- ◉ **Community Assistance Resource Line
(CARL)**

 PBS HOME VIDEO

The second
leading cause
of death
among
American
teens.



Silent
Teen Suicide
Epidemic

BASIC RULE TO FOLLOW

**If you have any doubt
of a young person's
intentions or any concern
about that person's behavior,
get professional help for
that person immediately!**

IN REVIEW -

WHAT CAN WE DO?

⊙ Respond with L-I-F-E

- Listen
- Insist on honesty
- Feelings...share them
- Extend a helping hand

⊙ Remember ... we want to keep more than DREAMS alive!!

RESOURCES

- ◉ Center for Suicide Prevention, Calgary, Alberta, Canada
- ◉ Copyright Kevin Caruso. All Rights Reserved. Suicide.org
- ◉ Guidelines for Suicide Prevention, Connecticut State Department of Education
- ◉ Mary L. Bartlett, Ph.D., University of Montevallo
- ◉ Pride Survey. <http://www.pridesurveys.com/>
- ◉ The Jason Foundation Programs
- ◉ US Armed Forces.
<http://www.armyg1.army.mil/HR/suicide/training.asp>
- ◉ Washington State Department of Health.