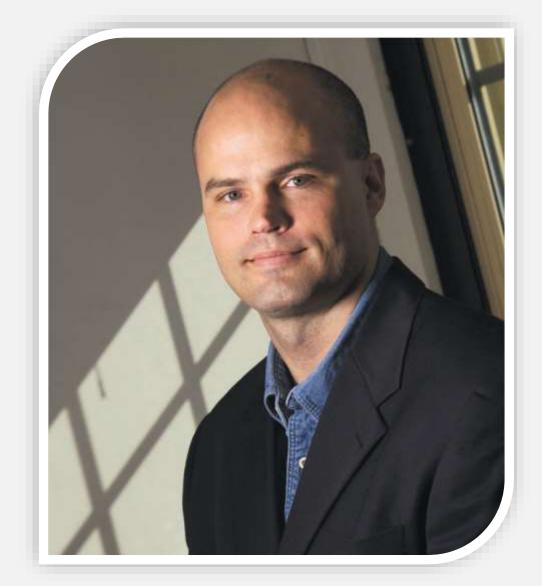


What we know and what we do not know about youth suicide

Dr. Gregory A. Hudnall

Suicide Risk Model

by Dr. Thomas Joiner



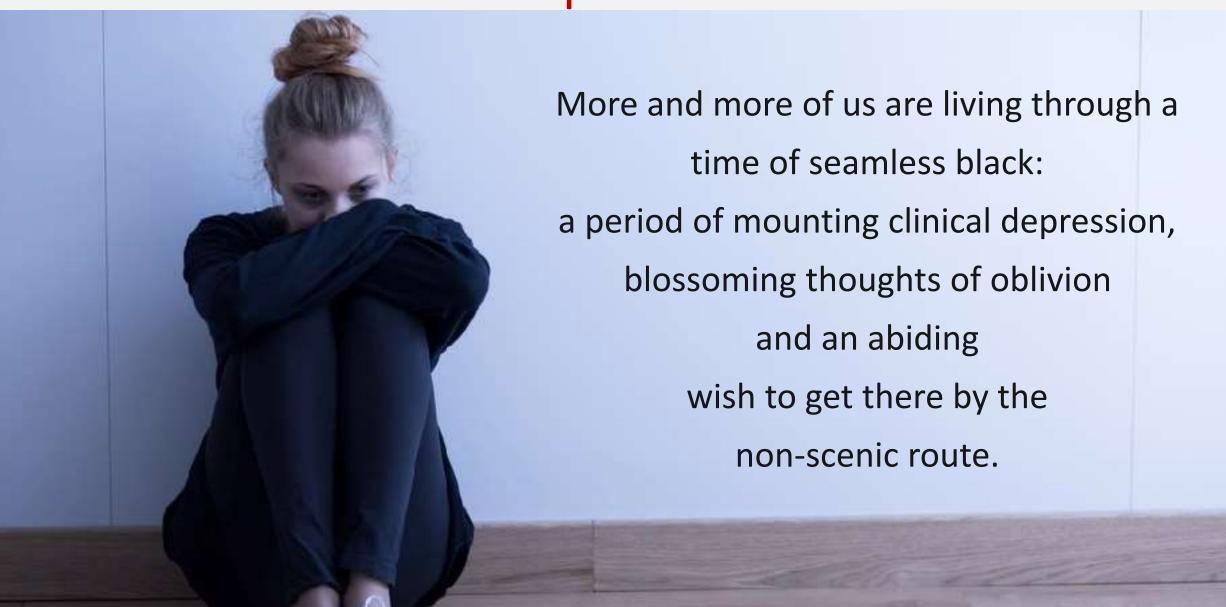
Nature of suicide and Joiner's new theory...

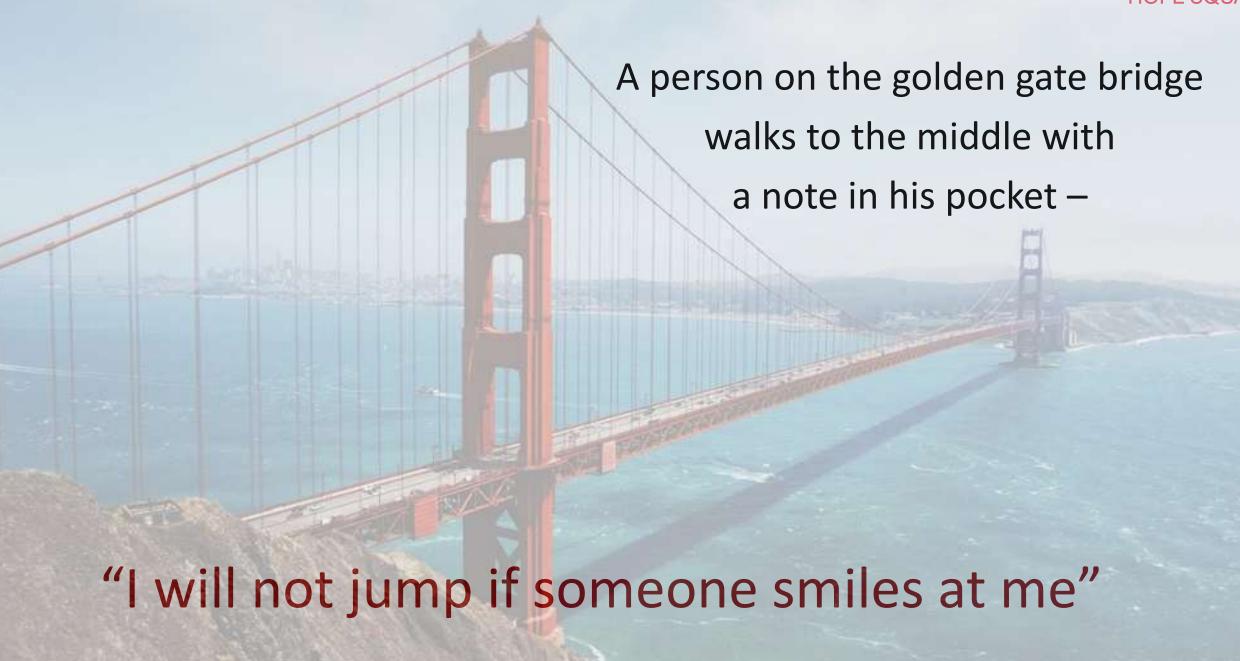
- Psychic suffering (Psyche-ache)
- Hopelessness
- Unbearable mental anguish
- Cognitive constriction

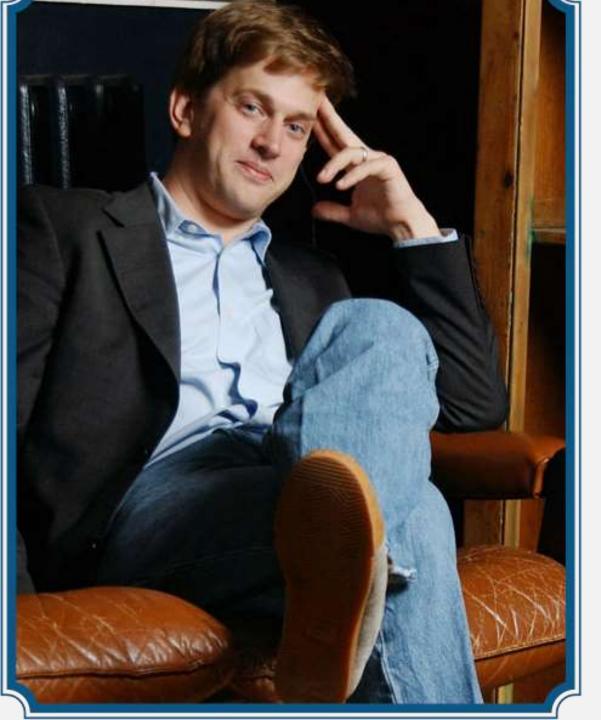
Nature of suicide and Joiner's new theory...

- Grossly impaired problem-solving ability
- Feeling a burden to others
- Thwarted belongingness
- Acquired capacity for self-injury and habituation to pain

Depression







"The greater the proportions of online interactions, the lonelier you are."

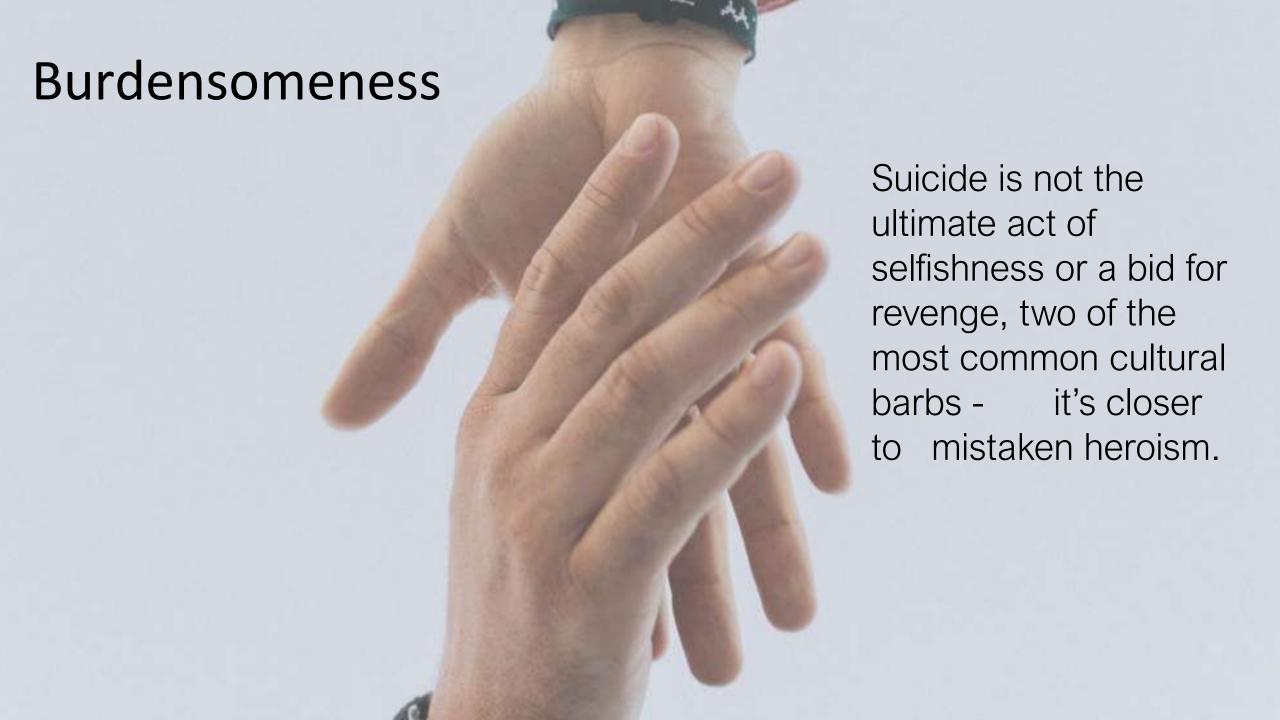
More face time - less loneliness

Stephen Marche

Burdensomeness

- People see themselves as ineffective for friends, family, etc.
- Personal feelings of being a liability
- Rise of suicide with unemployment and also with the number of days a person has been on bed rest

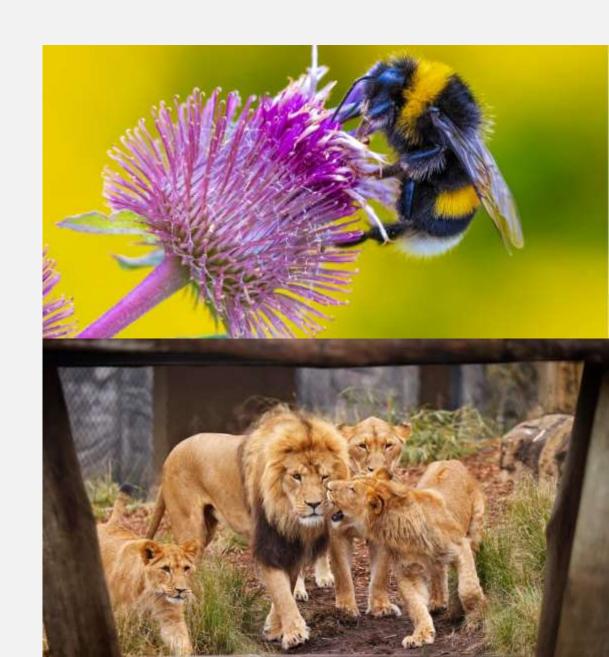
We need each other, but if we are failing those we need, the choice is clear - we'd rather be dead



Burdensomeness

Humans are not the only animals that kill themselves...

- Bumblebees kill themselves as a defense against parasites, abandoning the nest to save it
- Male lions sacrifice themselves on the savannas - they expose their throats to attacking clans in an effort to give other family members a chance to escape



Fearlessness (ability to die)

It's hard to kill yourself--

The human body is built to survive or endure, the mind rigged to flee from death (fight or flight) which is why so many people flinch.

They apply the brakes, pull up at the railings, beg someone to pump their stomach or just pass out before they can inflict damage they intend.

Fearlessness (ability to die)

Exposure to violence in the media –

The strength of the association between media violence and aggressive behavior according to the American Association of Pediatrics concluded in 2009....

" is greater than the association between calcium intake and bone mass, lead ingestion and lower IQ, and almost as strong as the association between cigarette smoking and lung cancer."

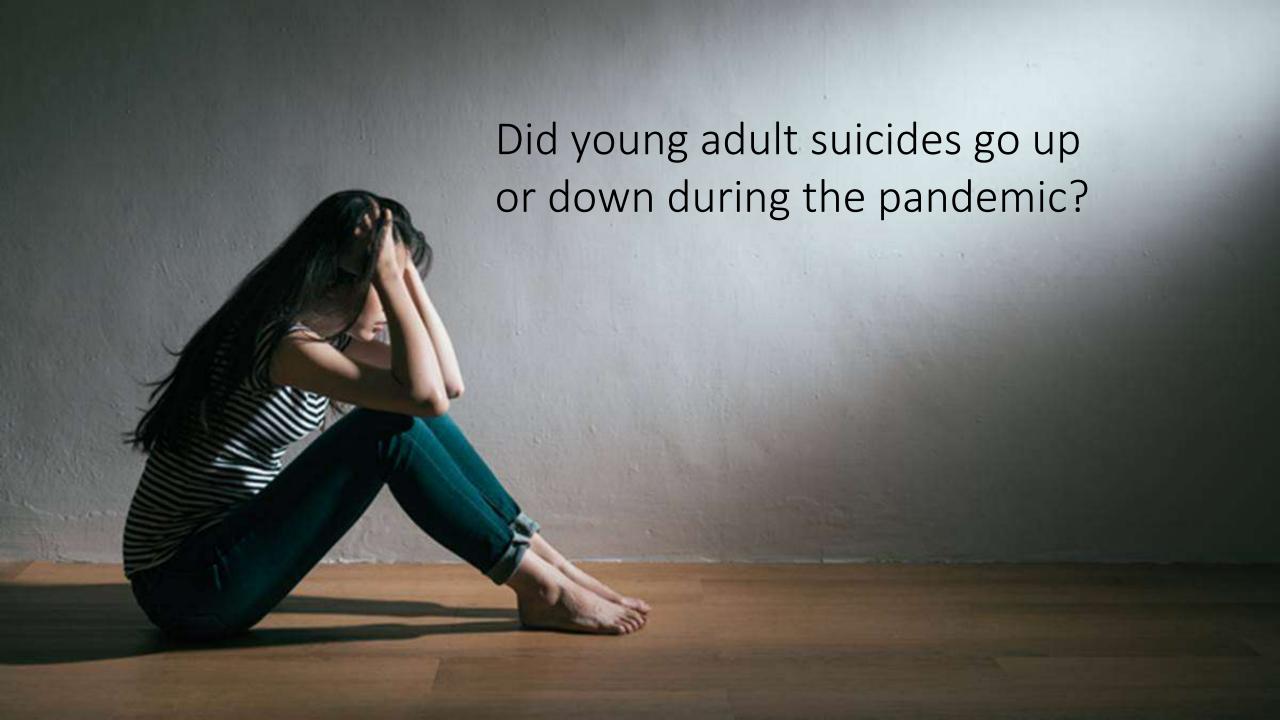
To prevent suicide

Must have ability to foil:

- 1. Low Belonging
- 2. Burdensomeness
- 3. Fearlessness

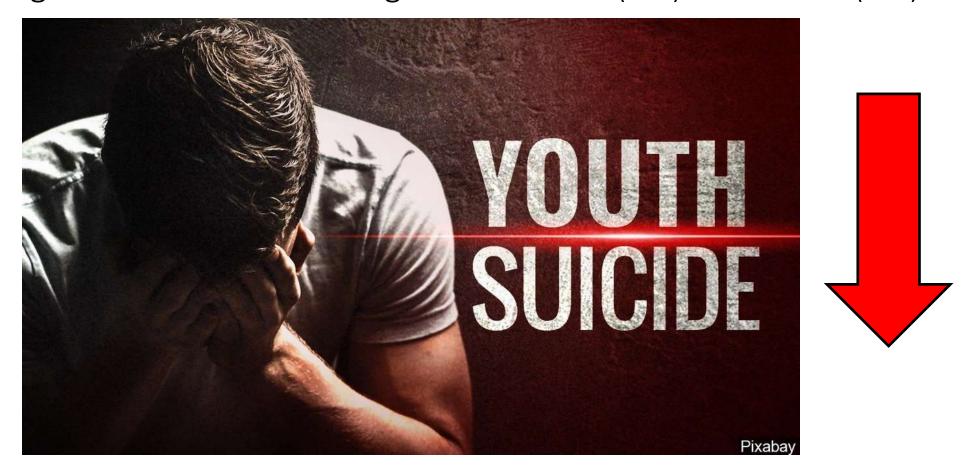






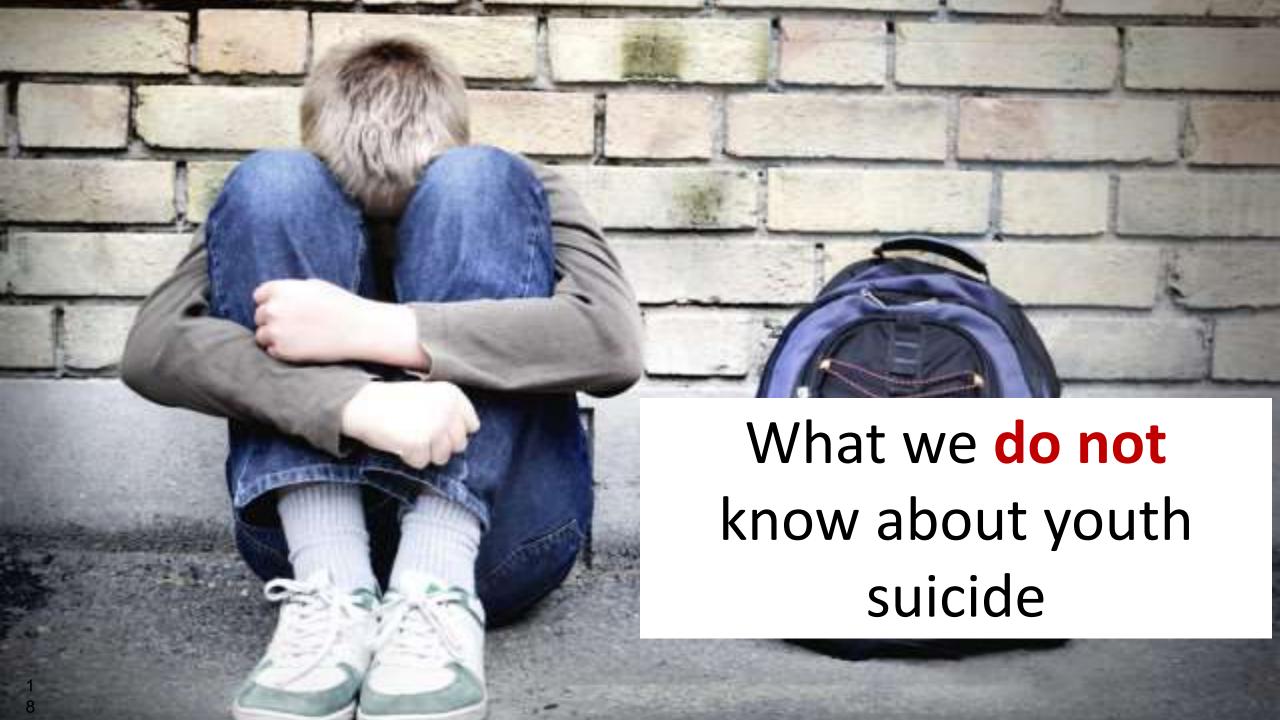
Suicides actually decreased during the first year of the pandemic

From 2019 to 2020, suicide rates decreased by 3% overall, with significant declines among both females (8%) and males (2%).



Why did suicides decrease?

- Kids were not being bullied in school
- Parents were spending more time reconnecting as a family together, eating meals, playing games and watching movies
- Families had time to notice children struggling and were able to reach out for help

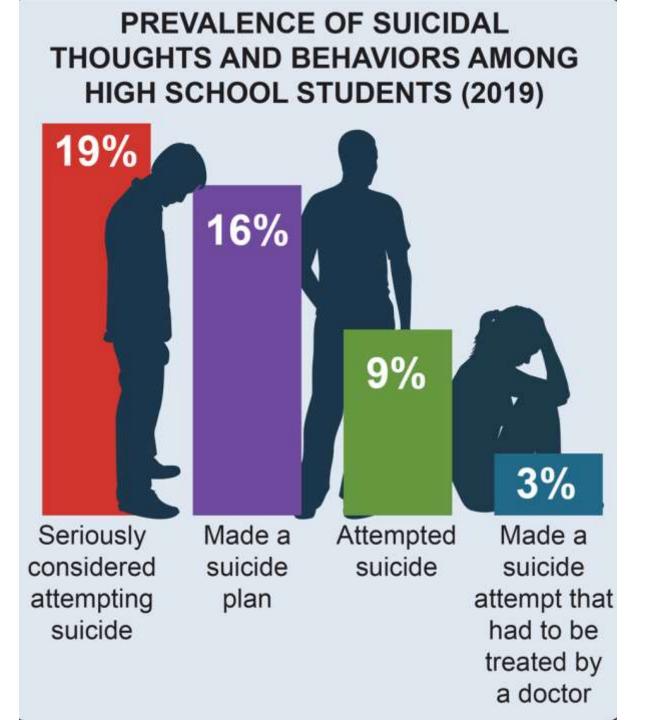


HOPE SQUAD

A CDC report "Pre-Covid" revealed that young adult suicide rates have increased exponentially in the past decade.

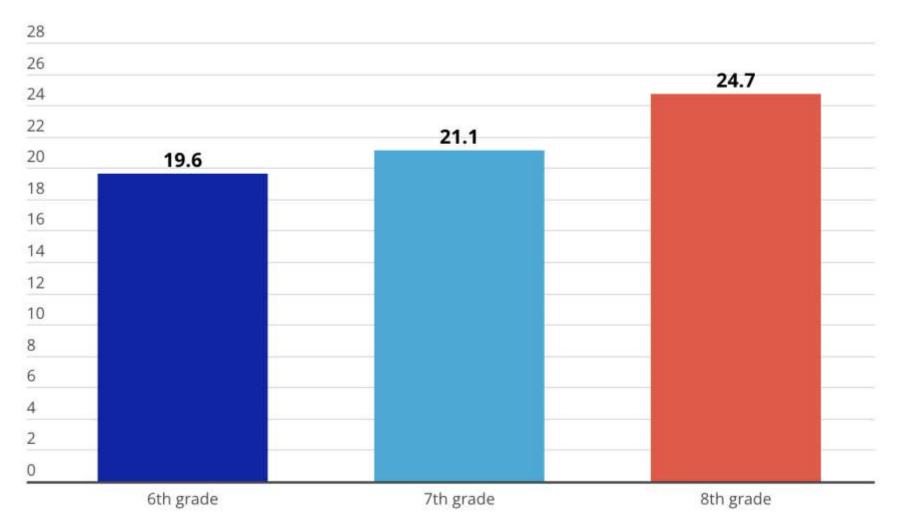


HOPE SQUAD





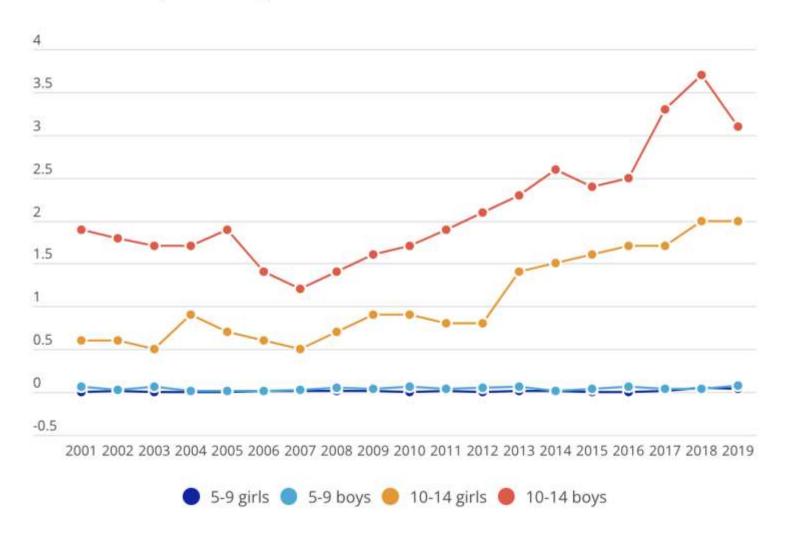
Percentage of middle school youth who seriously thought about killing themselves



SOURCE: CDC, 2019

Suicide Risk Varies By Age and Race

Death rate by suicide ages 5-14



Suicide Risk Varies By Age and Race

(death rate by suicide ages 5-14)

Suicide among young people has reached a 30-year high, according to data from the Centers for Disease Control and Prevention.

Suicide rates for teens ages 15 to 19 jumped by 76 percent from 2007 to 2017, but suicide rates for middle school adolescents, ages 10 to 14, nearly tripled during that time.

Suicide Is Rising Among Younger Students

March 1, 2022 (CDC)

"A lot of adults view middle school-aged kids as incapable of experiencing the level of emotional distress that could lead someone to consider suicide, but we know very objectively that's not true,"



Suicide stats for ages 10-17

American Indian & Alaska Natives 23.9 per 100,000

Caucasian 13.9 per 100,000

7.7 per 100,000

Hispanic 7.5 per 100,000

Asian or Pacific Islanders 6.8 per 100,000



What makes this particular issue difficult to study is that there's a grain of truth to many of these explanations:

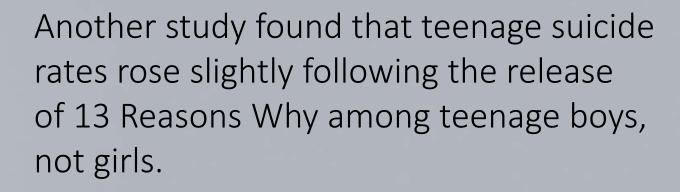
Heavy social media use has been linked to higher rates of depression and low self-esteem

However, it's unknown whether social media use had any correlation with higher rates of self-harm or suicide specifically



Explanations for the increase:

- Increase use of social media
- More demanding academic schedules in school
- Shows like "Netflix's 13 Reasons Why" contributing to the glamorization of suicide



I3 REASONS WHY SEASON 1



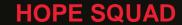
Correlation does not equal causation, and most mental health experts caution against isolating one "cause" or factor when discussing suicide



Dr. April Foreman, a psychologist and a board member at the American Association of Suicidology, regardless of what external factors may or may not be contributing, it is "much more likely there are complex things going on in society. We just don't understand suicide well enough," she said.

CDC 2019





What you need to know



(Suicide 101)

Suicide Talking Point

The majority of people who have lots of bad things happen or have lots of stress don't take their lives, so we know something else is happening in the brain of someone who kills themselves.



What is going on in the mind of a suicidal person?

People are divided within themselves:

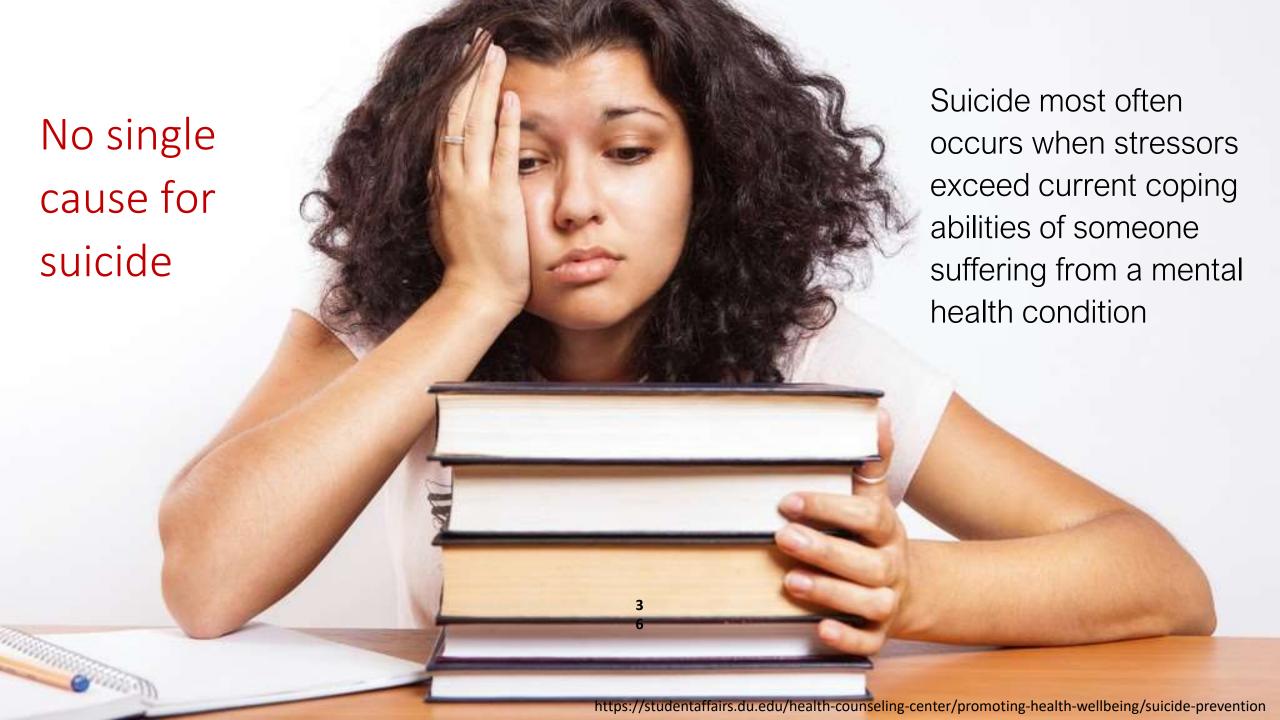
- One part of them wants to live and is goal-directed and life-affirming
- Another part is self-critical, self-hating and ultimately self-destructive
- This ambivalence is always a factor when it comes to suicide

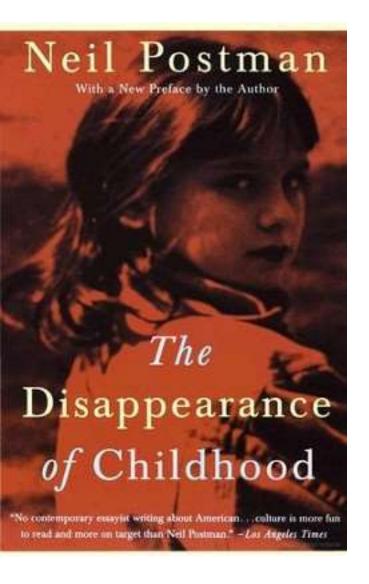
psychalive.org

Suicide Attempts









Age 10 is the new age 16

Postman argues that in contemporary society, technologies like the internet blur this separation and that children are now much more able to access the 'adult world'.

As a result, childhood as we know it is disappearing.

Research shows that half of all lifetime cases of mental illness begin by age 14. Scientists are discovering that changes in the body leading to mental illness may start much earlier, before any symptoms appear.

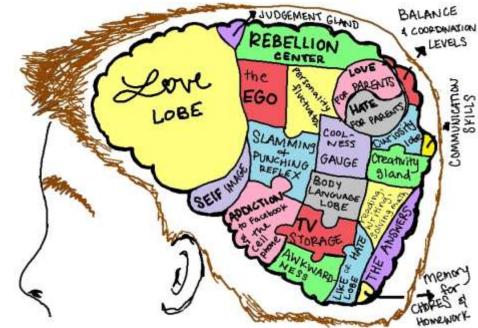
Through greater understanding of when and how fast specific areas of children's brains develop, we are learning more about the early stages of a wide range of mental illnesses that appear later in life.

Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617-27.

The Teenage Brain

- Adolescence is a time of profound brain growth.
- Greatest changes to the brain that are responsible for impulse control, decision making, planning, organization, and emotion occur in adolescence (prefrontal cortex).

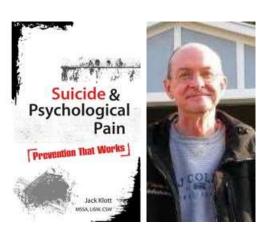
• Do not reach full maturity until age 25.



Seeking Attention —vs— Making a Plan

Most teens do not spend a long-time planning to kill themselves.

They may have thought about it, or attempted, but only decide to complete after an event that produces feelings of failure or loss, such as getting in trouble, having an argument, breaking up with a partner or receiving a bad grade.



Jack Klott, MSSA, LCSW, CSWW, Suicidologist

1 reason for youth suicide - Aloneness/Isolation



- Intolerable for many individuals
- Will do anything to avoid isolation
- That's why an effective lead-in question is: "Tell me about your friends."

Substance Abuse - Related Disorders for Self-Management

- Young adults with undetected, undiagnosed, untreated emerging mental disorders are highly likely to experiment with substances.
- They will find in drugs a temporary relief from the symptoms of depression, anxiety, or psychosis.
- Therapists will ask, "What does the drug do for you?"

Victim of Bullying

- Bullying triggers themes of abandonment, isolation, rejection, and devaluation
- The more severe the bullying (period of time, in front of peers etc. - the more increased risk for suicide)



LGBTQ+

- Lesbian, gay, bisexual, transgender adolescents are most vulnerable to suicide ideation and attempts
- Often experience "a message of rejection" from primary support systems
- LGBTQ+ students are the ones most often bullied and isolated in the school setting

Academic Performance Anxiety

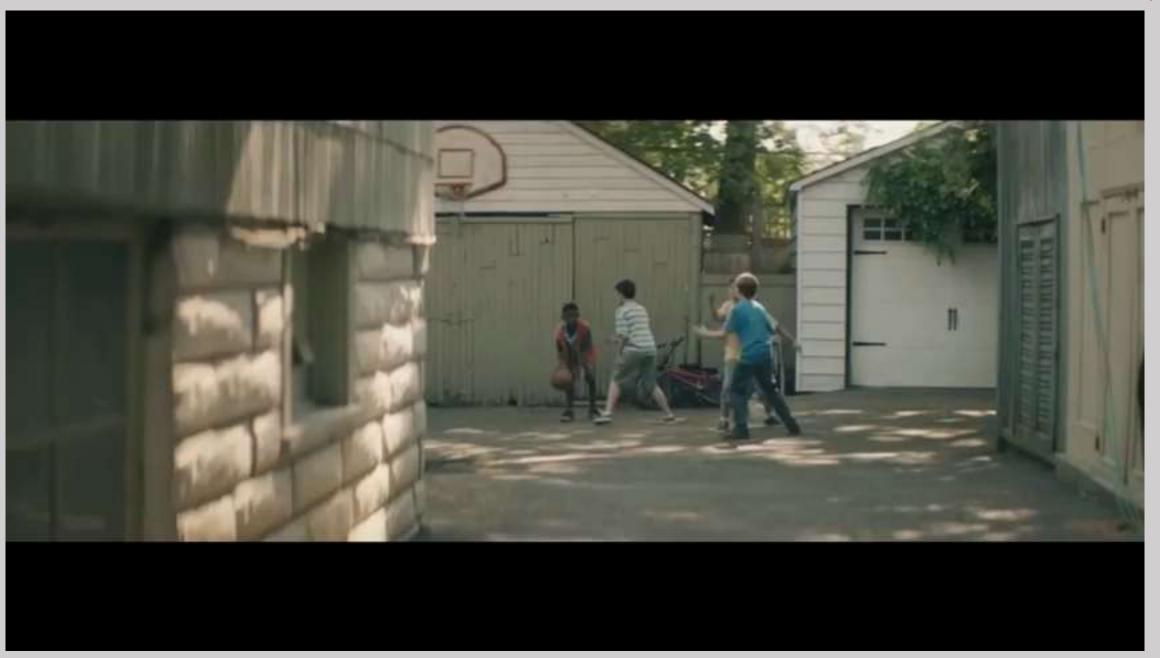
 Adolescents who believe that affirmation and love are won and earned are the most vulnerable

No capacity to "psychologically" manage failure

 Major contribution to suicide ideation, attempts, and completions in a high school setting



HOPE SQUAD



What not to say & do...



Don't...

Argue,

- "You have so much to live for,"
- "It will hurt your family," or
- "Look on the bright side."

Act shocked or lecture.

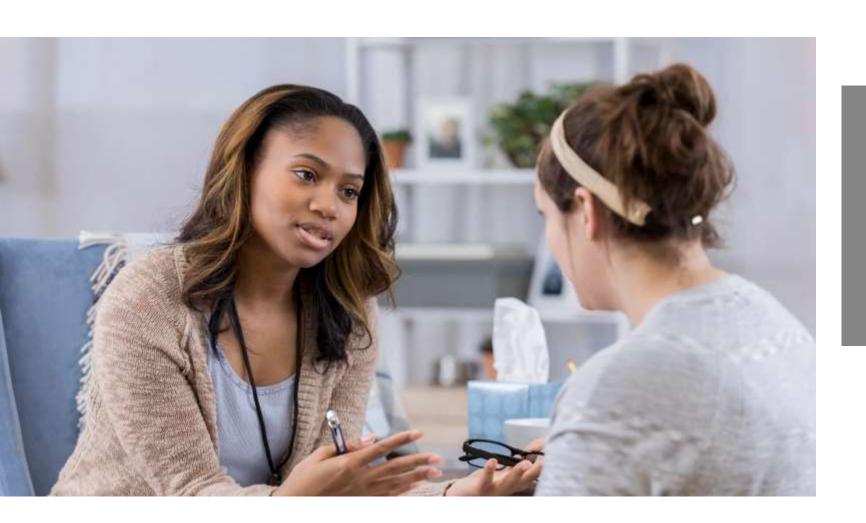
Make them justify their suicidal feelings.

Try to fix it.



Don't say...

"You don't mean that.
You don't really want to die."



This is often said out of anxiety and fear.

This message is invalidating and dismissive.

Don't say... "Things could be worse."



Yes, things could be worse, but that knowledge does not inspire joy or hope.

Even if the youth's life could be far worse, they are still experiencing a seemingly intolerable situation that makes them want to die.

Don't say...

"Suicide is a permanent solution to a temporary problem."



It may be temporary for the individual who is depressed over the loss of a boy friend or discipline action, etc.

It is not temporary for a youth who is struggling with a serious chronic mental illness.

Don't say...

"Suicide is Selfish"

This provokes more guilt.

Some young people who are seriously considering suicide actually think they are burdening their family by staying alive.





Be a Safe Person. Remain calm and listen. Validate & Encourage say,
"It sounds like you are going through a lot
and you're hurting. What can I do to help?"

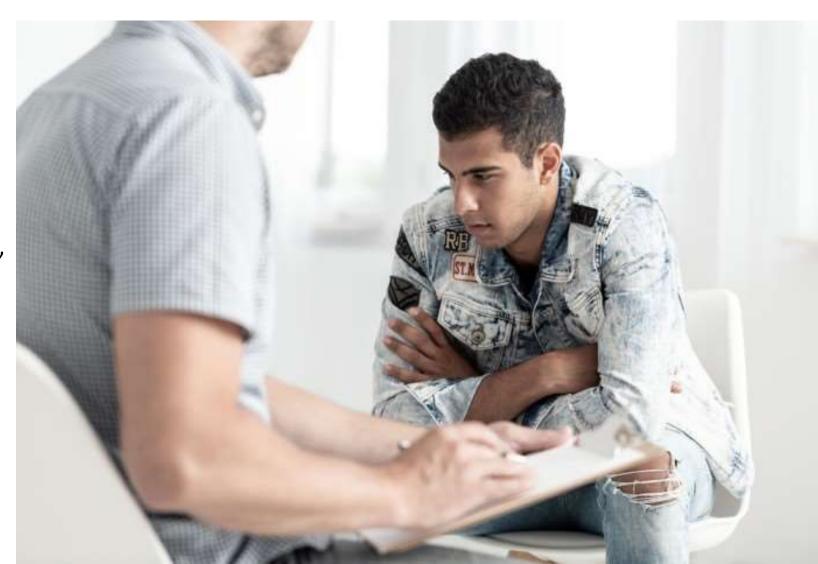
What to Say and Do

Don't be afraid to ask tough questions

"I've noticed that you are going through some rough times. Do you ever wish you could go to sleep and never wake up?"

"Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?"

"Are you thinking about killing yourself?"



What to Say and Do

"How may I help?"

"You are not alone in this. I'm here for you."

"You may not believe it now, but the way you're feeling will change."

"I may not be able to understand exactly how you feel, but I care about you and want to help."



Parent Guidance .org





Hope Squad is a school-based peer-to-peer suicide prevention program that trains and mentors students, nominated by their peers, to perform intentional outreach with fellow students.



The research reveals that seven out of ten young people who take their lives will tell a friend or show a warning sign, however in most cases those friends will not tell an adult.

The Hope Squad helps identify and refer those students for help.



Common Understanding: How to intervene

Common Language: Warning signs, who is at risk Common Knowledge: Where to get help

Suicide Prevention

Provo City School District Statistics

Year	Attempts/ Threats	Hospital	Suicides
1999	75	0	2
2000	111	0	0
2001	110	0	2
2002	43	12	0
2003	53	6	2
2004	134	9	1

Year	Attempts/ Threats	Hospital	Suicides
2005	56	8	0
2006	70	7	0
2007	32	5	0
2008	24	2	0
2009	23	5	0
2010	39	9	0
2011	39	5	0
2012	52	10	0
2013	110	13	0



Hope Squad is a schoolbased peer-to-peer suicide prevention program that trains and mentors students, nominated by their peers, to perform "intentional outreach with fellow students."

Irvine California - Hope Squad

What do Hope Squad Members do?

- Learn about mental health, self-care, boundaries, and reporting concerns
- Reduce the stigma of mental illness
- Increase help-seeking behavior
- Organize school-wide activities that promote connectedness and inclusion



Hope Squad Curriculum

Elementary – grades 4th – 6th (3 years)

Resiliency, anti-bullying, mental wellness and literacy with children's books

Middle School (3 years)

Focuses on suicide prevention, boundaries, self-care, school-wide curriculum

High School (4 years)

Focuses on suicide prevention, boundaries, self-care, school-wide curriculum

Four Year Choice Model

STRANDS	YEAR 1	YEAR 2	YEAR 3	YEAR 4			
CORE PHASE (Required)	 QPR It Takes a Village Boundaries Self-Care Staying Grounded	 QPR It Takes a Village Boundaries: Preventing Burnout Self-Care: Coping with Stress 	 QPR It Takes a Village Boundaries: Codependency Self-Care: Bouncing Back	 QPR It Takes a Village Boundaries: Emotional Triggers Self-Care: Self-Maintenance 			
GROWING HOPE SQUAD	Team Building	Team Building	Team BuildingLeadership Skill DevelopmentLearning Styles	Team BuildingLeadership Skill DevelopmentLearning Styles			
At least one topic is chosen from each of the strands listed below.							
SUICIDE PREVENTION (Choose minimum of one)	Suicide Warning SignsTalking about SuicideHow to Help a Friend	Risk Factors and Warning SignsDiscussing Suicidal ThoughtsHelping a Peer	Warning Signs on Social MediaBreak the SilenceSelf-Harm	Spot the SignsPutting Out a FireLethal Means			
RESILIENCE (Choose minimum of one)	Stress and ResilienceUnderstanding EmotionsManaging Stress	MindfulnessPositive ThinkingTrauma	 Emotional Quicksand Growth Mindset To Sail a Ship	Resilience RiverMoving ForwardTrust Fall: Vulnerability			
SELF-CARE (Choose minimum of one)	Use Your StrengthsOnly One YouThink Twice	 Gratitude Express Yourself It's My Story	Mind and BodyAchieving GoalsSelf-Compassion	Identity and DiversityHealthy Screen TimePurpose			
DIVERSITY, EQUITY, AND INCLUSION (Choose minimum of one)	Everyone Has a StoryConnectednessUnderstanding Mental Illness	Peer AdvocacyActive ListeningStop the Stigma	Perspective TakingCultureCreating Supports for LGBTQ Peers	UpliftPromoting Respect LGBTQ PeersNonverbal Communication			
ADVERSITY (Choose minimum of one)	BullyingStages of GriefResponse After a Suicide	Substance AbusePeer Advocacy - Social MediaSchool Safety	My Natural HighOvercoming BiasDealing with Change	Conflict ResolutionDiscriminationAfter a Suicide Attempt			

All Hope Squad members move from one year's curriculum to the next with all students experiencing the same learning.



