

More Than Sad

Suicide Prevention Education for Parents

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Great Lakes Mental Health
Technology Transfer Center
April 22, 2021

Brought To You By:



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January 2021

MHTTC Words Matter

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



Thank You for Joining Us!


A few housekeeping items:

- If you are having technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the **chat section at the bottom of your screen** and she will be happy to assist you.
- If you have questions for the speaker, please put them in the Q&A section at the bottom of your screen.
- A copy of the power point slides, as well as the recording and handout will be available on the MHTTC website within a week.

Thank You for Joining Us!

A few more housekeeping items:

- You will be directed to a link at the end of the presentation to a very short survey – we would really appreciate it if you could fill it out. It takes about 3 minutes.
- We will be using automated captioning during the presentation today
- Certificates of attendance will be sent out to all who attended the full session. They will be sent via email.

A close-up photograph of several social media icons on white keyboard keys. The icons include Pinterest (red circle with white 'P'), Snapchat (yellow square with white ghost), Instagram (purple-to-orange gradient square with white camera outline), Facebook (blue square with white 'f'), and Twitter (blue bird silhouette). The keys are arranged in a grid pattern, and the background is a light gray surface.

Follow Us On Social Media!

Facebook and Twitter:

- @GreatLakesATTC
- @GMhttc
- @GLPTTC

Presenters



Tandra Rutledge

Director of Business Development

Riveredge Hospital

MORE

THAN SAD

Suicide Prevention
Education for Parents

How We Talk about Suicide Matters

Avoid	Say
"Committed suicide"	"Died by suicide", "ended his/her life", "killed himself/herself"
"Failed" or "successful" attempt	"Suicide attempt" or "death by suicide"

Goals for Participants

- Learn about teen depression and suicide risk
- Identify the warning signs and risk factors for suicide in teens
- Understand the role of treatment in reducing risk
- Identify how to approach your child to talk about depression and suicide

A Few Key Terms

- **Suicidal ideation:** Thoughts of engaging in suicide-related behavior
- **Suicidal behaviors:** Behaviors related to suicide, including preparatory acts, as well as suicide attempts and death
- **Nonsuicidal self-injury:** Self-injury with no intent to die
- **Suicide attempt:** A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior (a suicide attempt may or may not result in injury)
- **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior

Scope of the Problem

U.S. Population Overall

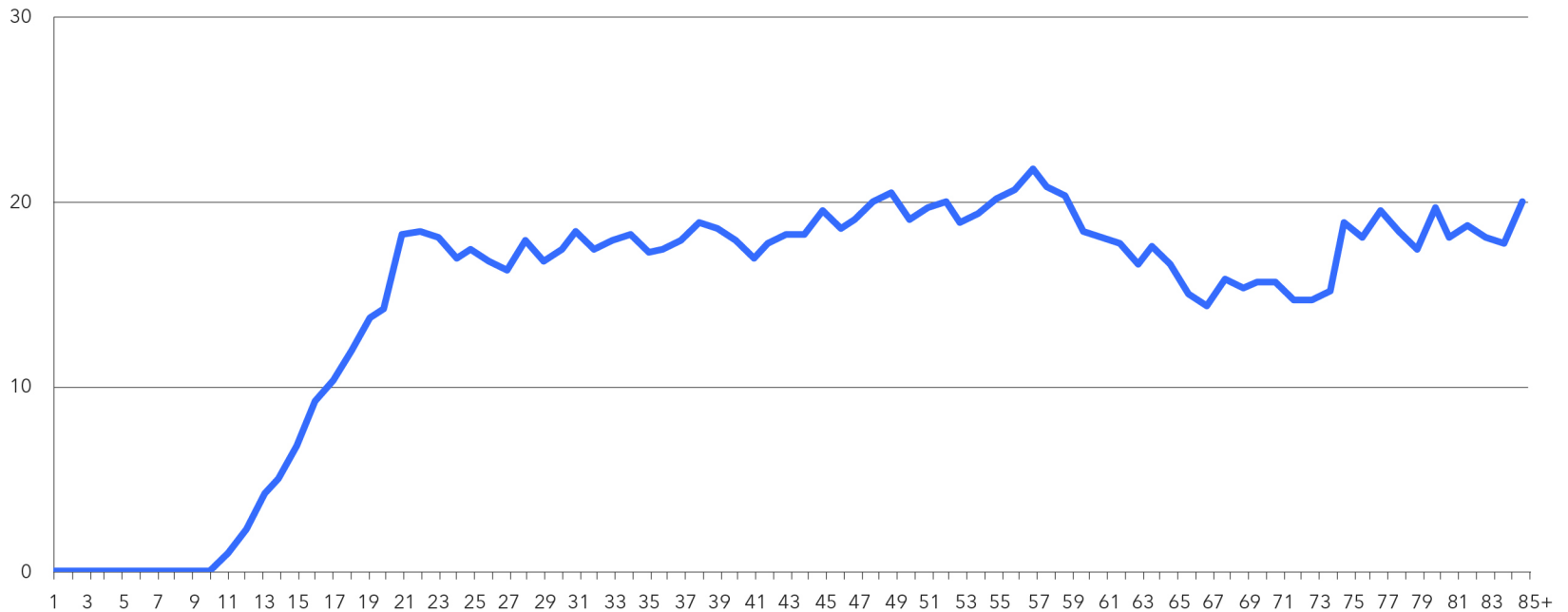
- 47,511 *reported* suicide deaths
- 13.93 suicides per 100,000 population (age-adjusted)

Youth Ages 10-24

- 6,488 *reported* suicides
- 13.66% of total suicides in the U.S.
- 10.22 suicides per 100,000 youth
- Suicide is the second leading cause of death for youth ages 10-24

U.S. Suicide Rates

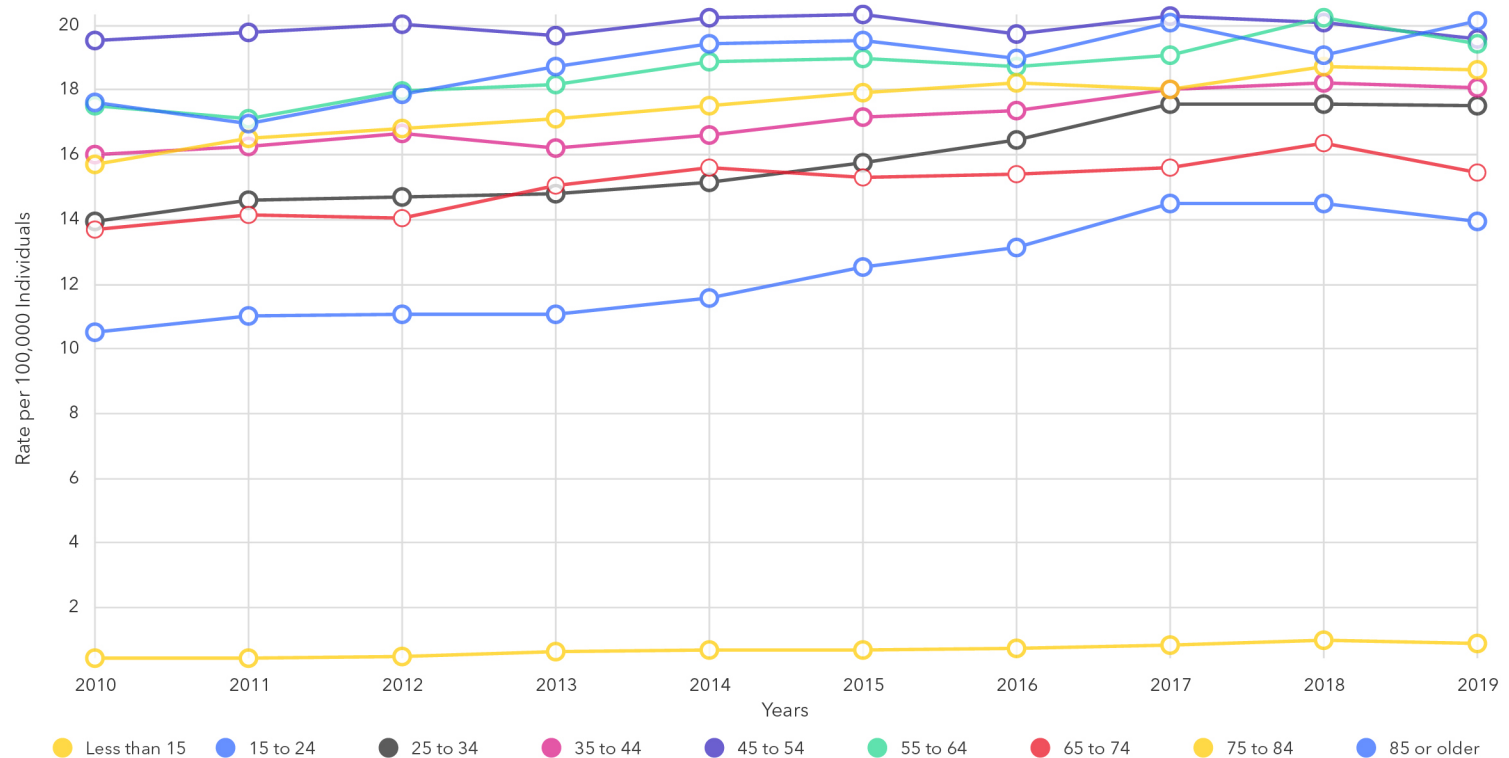
Across the Lifespan (per 100,000)



Source: CDC, 2019, Data accessed 2021

U.S. Suicide Rates

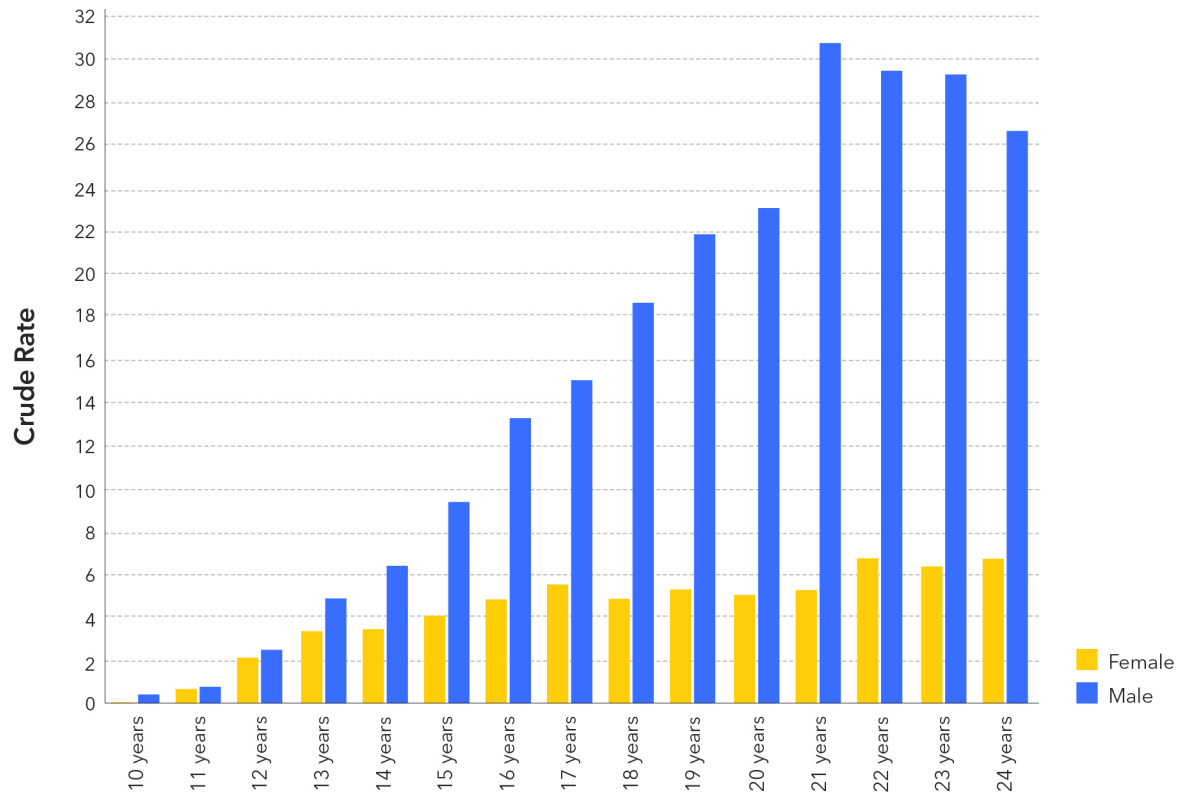
Age Ranges (per 100,000)



Source: CDC, 2019, Data accessed 2021

U.S. Youth Suicide Rates

By Sex (Ages 10-24)



Source: CDC, 2019, Data accessed 2021

U.S. Youth Suicide Rates

By Race (Ages 10-24)

Racial Group	Suicide Rate per 100,000
American Indian/Alaskan Native	16.41
White	10.79
Asian/Pacific Islander	7.93
Black	7.86

By Ethnicity (Ages 10-24)

Ethnic Group	Suicide Rate per 100,000
Hispanic	7.54

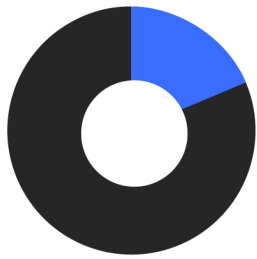
When we look at youth suicide rates for those 10-24 years of age by ethnicity for 2019, White and Asian/Pacific Islander youth have a suicide rate above the national rate for this age group.

Youth Suicide Attempts

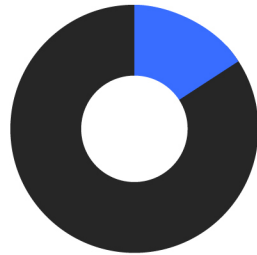


- For every suicide, it is estimated that there are 100-200 attempts
- In 2019, approximately 2.5 percent of youth in grades 9-12 reported making a suicide attempt that required treatment by a doctor or nurse.

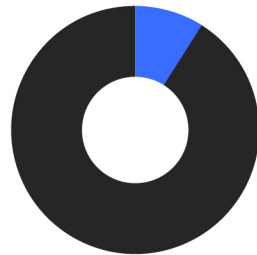
National Youth Risk Behavior Survey



- **18.8%** of high school students who completed the Youth Risk Behavior Survey in 2019 reported having seriously considered attempting suicide in the previous year



- **15.7%** reported having made a plan for a suicide attempt in the previous year

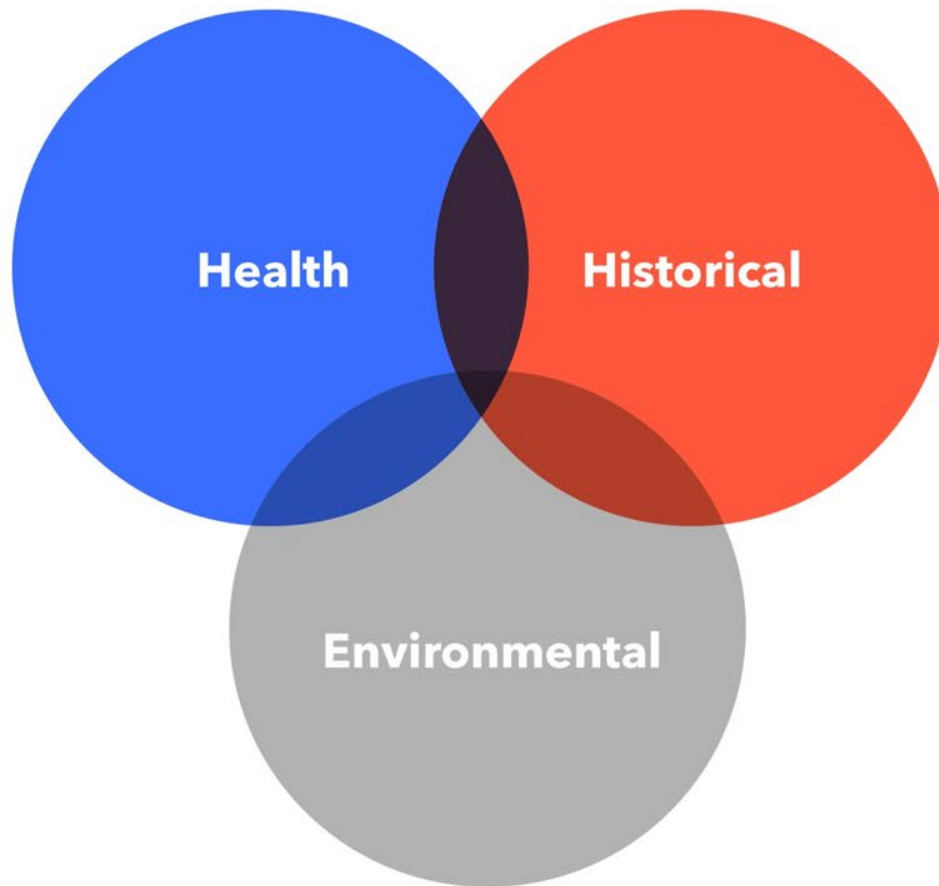


- **8.9%** reported having attempted suicide one or more times in the last year

Suicide **ideation** is life-threatening.

It must be taken **seriously** each time.

Risk Factors



Risk Factors for Suicide



A key risk factor for suicide in youth is a mental health condition, especially when undetected.

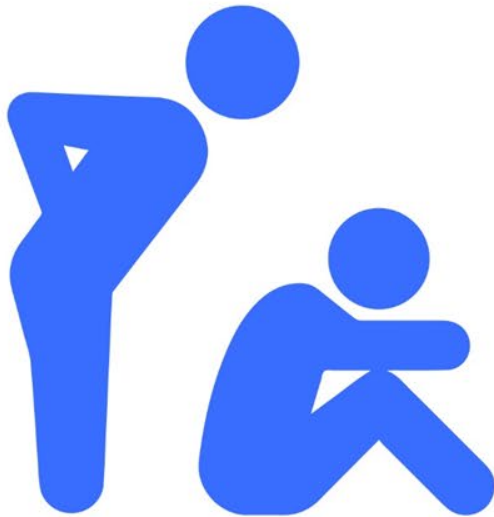
Common Mental Health Conditions



Suicide risk in teens is most clearly linked to mental health conditions, which can co-occur together, increasing risk further:

- Major Depressive Disorder
- Conduct Disorder
- Substance Use Disorders
- Eating Disorders
- Generalized Anxiety Disorder
- Schizophrenia
- Bipolar Disorder

An Environmental Factor: Bullying




The relationship between
bullying and suicide is complex.

Social Media



Social media is evolving and related research is emerging.



WARNING SIGNS FOR SUICIDE RISK

- Changes in behavior
- Withdrawing Socially
- Easily Angered
- Increase in Anxiety
- Changes in Sleep or Appetite
- Expressing Thoughts of Ending Their Life

Christine Moutier, M.D.

Chief Medical Officer,
American Foundation for Suicide Prevention

Identifying At-Risk Teens

Mental health symptoms are often misinterpreted as:

- Normal adolescent mood swings
- Laziness
- Poor attitude
- Immaturity

Suicide Risk Factors vs. Warning Signs



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

Warning Signs: Talk



If a person talks about:

- Killing themselves
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Warning Signs: Behavior

Behaviors that may signal risk, especially if related to a painful event, loss, or change:

- Increasing use of alcohol or drugs
- Looking for a way to end their life, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too little or too much
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Increasing aggressive behavior



Warning Signs: Mood



People who are considering suicide often display one or more of the following moods:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety
- Sudden unexplained happiness

More Than Sad

- Provides an overview of mental health conditions in teens
- Provides a **model** for the effective recognition and treatment of depression in teens
- Depicts **ideal** help-seeking behaviors among teens, and **ideal** responses among school personnel, physicians and mental health professionals
- May contrast with what some families have encountered in seeking help for their teens

Watch the Film

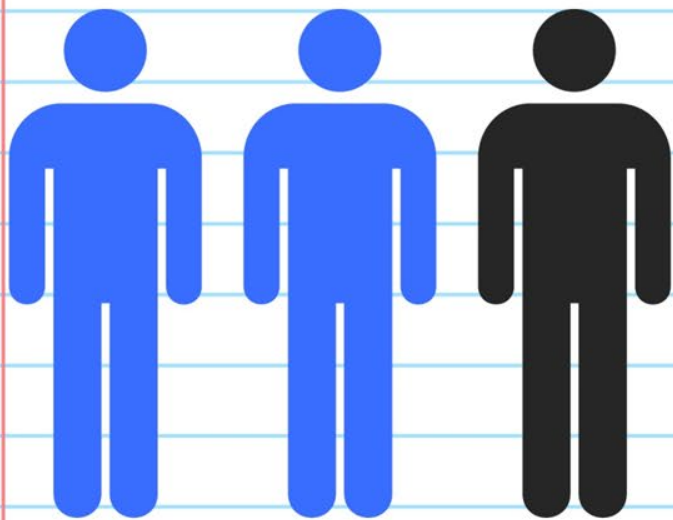
MORE THAN SAD

Teen Depression



Key Points – *More Than Sad*

- Depression is a common problem that causes significant distress and disruption in teens' lives
- Depression is an **illness** – not a character weakness and not something people can change at will
- Depression may develop after stressful life experiences, but can occur in any teen
- Depression doesn't go away on its own; if left untreated, depression may lead to serious consequences, including suicide
- Treatment for depression is available and treatment works

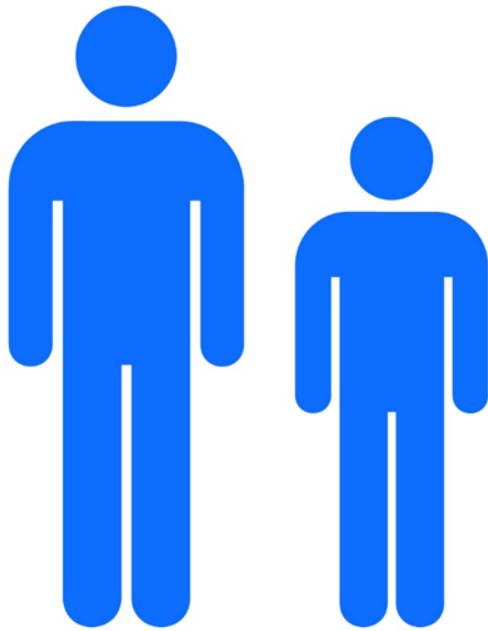


2 out of **3** teens
with depression
don't get treatment.

Mental Health Treatment

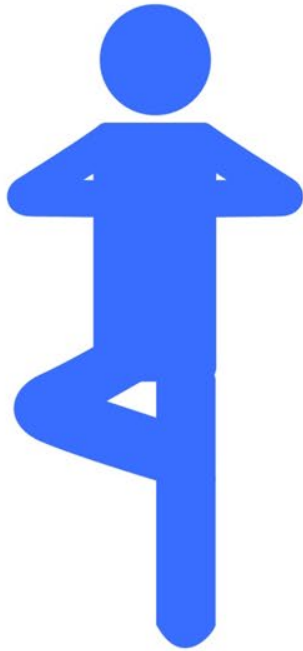
- Depressed teens can show improvement in 4-6 weeks with psychotherapy alone
- Many teens experience significant reduction of symptoms with antidepressant medication
- Medication is usually essential in treating severe depression and other serious mental health conditions like bipolar disorder and schizophrenia
- Many teens benefit when the family engages in therapy together

Mental Health Treatment



- Treatment is effective for 8 out of 10 people with depression
- No single approach works for everyone; sometimes the person will need to try different treatments
- Mental health conditions can recur, even if effectively treated at one point in time

Living a Healthy Lifestyle



Exercise, yoga, breathing exercises, and changes in diet can improve mood and relieve anxiety and stress.

When Your Child Sees a Mental Health Professional

- Find a mental health professional who is a good fit for your child
- Keep the mental health professional informed
- Keep track of all medications & any side effects
- Speak with the school counselor
- Be patient with your child

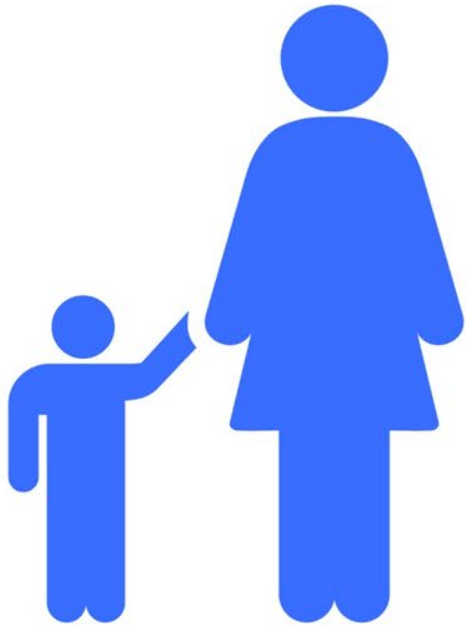
Barriers to Treatment for Teens

- Neither teens nor the adults who are close to them recognize the symptoms of their treatable illness
- Fear of what treatment might involve
- Belief that nothing can help
- They don't see help-seeking as a sign of strength
- They are embarrassed
- Believe that adults won't understand
- Limited access to resources (money, insurance, transportation, etc.)

What Can Help Your Teen Stay Safe?

- Receiving effective mental health care when needed
- Fostering positive connections to family, peers, community, and social institutions that foster resilience
- Creating safe and supportive school and community environments
- Helping teens to cultivate problem-solving skills
- Keeping open communication re: mental health concerns
- Restrict access to lethal means

Be a Role Model



- Early identification and treatment of depression can help reduce suicide risk for everyone, not just teens
- Parents can be important role models for help-seeking



Christine Moutier, M.D.

Chief Medical Officer,
American Foundation for Suicide Prevention

How to Reach Out



- Talk to them in **private**
- **Listen** to their story
- Express **concern** and **caring**
- **Ask directly about suicide**
- Reassure them **that help is available**

Trust your gut.

Assume you're the
only one who is
going to reach out.



Avoid minimizing their feelings

Avoid trying to convince them
life is worth living

Avoid advice to fix it

How You Can Help: Talking to Your Child

- **Take it seriously**
- **Don't wait** to act
- Be **calm** and prepared to **listen**
- **Ask** the direct question:
“Have you ever felt so bad that you have had thoughts of suicide?”
- **Reassure** your child that help is available and that you are going to help them get help
- **Validate** their feelings and let them know that you care

If Your Child is Having Thoughts of Suicide

- Stay calm
- Thank them for having the courage to tell you
- Reassure them that you are going to help
- Contact a mental health professional for an evaluation appointment as soon as possible
- Reduce immediate stressors
- Remove or secure lethal means in your home

Determining if Your Child is in Crisis

You may be in a crisis if:

- You discover a suicide note written by your child
- Your child reports hearing voices telling him or her to kill him or herself
- You are afraid to leave your child alone for fear he or she will attempt suicide
- You discover your child made a non-lethal attempt (e.g., took some pills, cut self wanting to die)

If Your Child is in Crisis

- Take them to an emergency room or mental health center for evaluation immediately
- Call the National Suicide Prevention Lifeline
1-800-273-TALK (8255)
- Do not leave your child alone
- Remove or secure items from your home that could potentially facilitate a suicide attempt (firearms, medication)

Remember...

Addressing your concerns about suicide directly and with compassion sends your child an important message:

You notice, you care, you're going to help them get help.



For
Emergencies
Call 911

Accessing Help 24/7



Suicide Prevention
Lifeline

Call 1-800-273-TALK

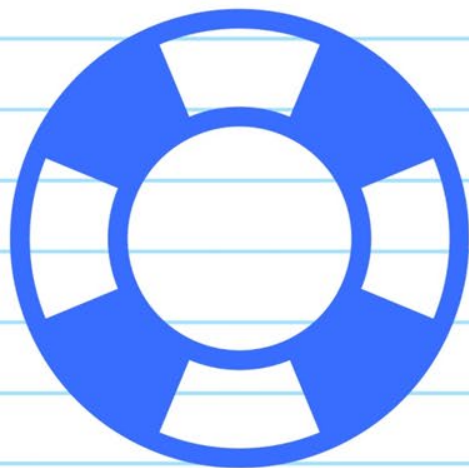
Crisis Text Line

Text TALK to 741741

Remember

- Talk saves lives
- All it takes is one caring, compassionate adult to take notice and start the conversation

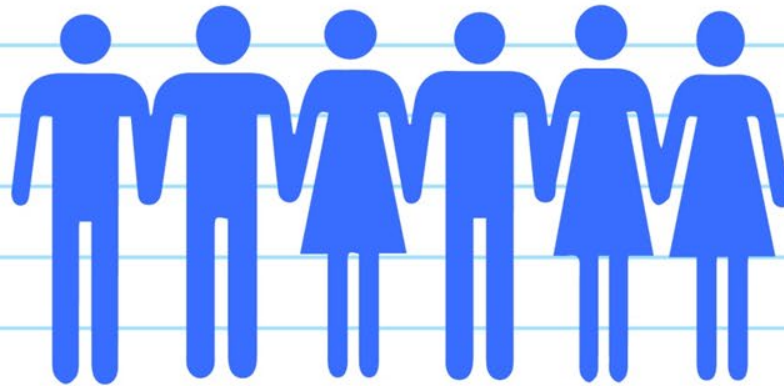
That person is YOU!



**American
Foundation
for Suicide
Prevention**

afsp.org

We can create a culture that's
smart about **mental health**
and **suicide prevention.**



Help us improve our program by
completing the feedback form.

[Visit afsp.org/MTSparent](https://afsp.org/MTSparent)

Thank You!

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