Transcript:

More than Sad: Suicide Prevention for Parents

Presenter: Tandra Rutledge
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ANN SCHENSKY: Good evening, everyone and welcome. We're going to get started in and probably about a minute or so we're just going to give people time to get logged in, virtually find their seats and will be ready to go.
All right. We'll probably still have some people filtering in, but we'll get started. Again, good evening and welcome to our webinar today More Than Sad suicide prevention education for parents.

Our presenter today is Tandra Rutledge this webinar is brought to you by the Great Lakes ATTC and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are funded by SAMHSA with the following cooperative agreements. The opinions expressed in this webinar are the views of the speaker and do not necessarily reflect the official position of DHHS or SAMHSA. The MHTTC believes that words matter the network uses affirming respectful recovery-oriented language in all of our activities.

I have a couple of housekeeping slides if you are having technical issues, please individually message Kristina Spanbauer or Stephanie Behlman in the chat section at the bottom of your screen and they will be happy to assist you.

If you have questions for the speaker, please put them in the Q&A section also at the bottom of your screen and we will address them at various points during the presentation. A copy of the PowerPoint slides, as well as the recording, and a handout will be available on the MHTTC to see website. It usually takes us about a week, maybe 10 days to get it up there.

You will be directed to a link at the end of this presentation to a very short survey. We really appreciate it if you could fill it out it probably takes about three minutes in it's how we report our activities back to SAMHSA.
We will be using automated captioning during the presentation today and certificates of attendance will be sent via email to all who attend the full session. Those probably take about a week as well.

If you would like to see what else we're doing you can follow us on social media. And again, we are thrilled to have Tandra Rutledge as our presenter today. Tandra is the director of business development at Riveredge Hospital a freestanding psychiatric facility in Illinois.

Tandra is a mental health advocate and suicide prevention educator. She promotes wellness and resilience through social justice and a racial equity lens. And we are excited to have you and I'm going to turn it over to you.

TANDRA RUTLEDGE: Thank you very much. Can everyone see the screen? I know we just practiced this but I want to make sure that everyone can see.

ANN SCHENSKY: That looks great.

TANDRA RUTLEDGE: Perfect. Good evening, everyone. I'm Tandra Rutledge I'm the director of business development at Riveredge Hospital and I also serve on the board of directors for the American Foundation for Suicide Prevention, the Illinois Chapter.

I want to thank you for taking time this evening to join us for this very important presentation. Tonight's presentation is entitled More Than Sad. It's a suicide prevention education program for parents.

We know that suicide can be a sensitive topic to discuss. But talking about suicide is critical to prevention. And we are grateful that you have joined us this evening for this very important conversation.

However, if at any point during this conversation you feel the need to step away please do so. The goal of this presentation is for you to learn more about suicide prevention and become more comfortable with talking about this important issue.

Before we get started, I want to go over some terminology that is used when we talk about suicide. It is very important to model appropriate language so that we do not perpetuate the stigma of suicide or mental health conditions. So we avoid using the phrase committed suicide as it can have a negative connotation. Instead, we encourage the phrases died by suicide, ended his or her life, or killed himself or herself.

When talking about suicide and suicide attempts we also avoid referring to suicide attempts as failed or successful. Not only is it unnecessary but these words imply judgment.

Instead, we encourage the use of phrases such as suicide attempt, suicide, or death by suicide. Educating the public about suicide is critical for encouraging help seeking.

Also for raising awareness of risk in vulnerable populations and advocating for new interventions and prevention strategies for those most at risk. When suicide is talked about safely and accurately, we can help reduce the likelihood of its occurrence.

In tonight's presentation, we're going to look at teen depression and suicide risk. We'll identify warning signs and risk factors for suicide in teens and look at the role of mental health care in reducing those risks.

And finally, we will discuss ways to start a conversation with your child about depression and suicide. So let's go over some very important terminology. When you hear the term suicidal ideation it simply refers to any thoughts of suicide.

Ideation can be expressed as suicide behaviors which refer to any acts or behaviors that lead up to a suicide attempt. Not all self interest acts are suicidal behaviors non suicidal self injury refers to self injurious acts with no intent to die, such as, cutting, burning, and scratching.

On the other hand, when someone makes a suicide attempt there is an intent to die. These attempts may or may not result in physical injury but the intent to die was present.

And finally, a suicide is defined as a self-directed injurious behavior with the intent to die that results in death. Let's start by getting an overall sense of the scope of suicide.

In 2019 a total of 47,511 suicide deaths were reported in the United States. That works out to a suicide rate of 13.93 meaning, that 13 suicides were reported for every 100,000 people in the country.

At that rate suicide was the leading cause of death in the population overall. And over half of all reported suicides were by firearm. Among young people between the ages of 10 and 24, 6,488 suicide deaths occurred in 2019 representing about 13.66% of all suicides that year.

The suicide rate in this age group was 10.22 per 100,000 young people in the country. This may suicide the second leading cause of death among youth, following unintentional injuries, predominantly motor vehicle accidents.

That said, it is also important to note that death by any cause is still very rare within this age group. I want to stress the word reported, because suicide has been historically underreported.

There are many reasons why this is the case. Sometimes the stigma surrounding suicide makes families hesitant to classify death as a suicide. The cause of death can also be difficult for coroner to determine.
This graph shows suicide rates across the lifespan. Note the small numbers below the horizontal lines are ages, and the numbers on the vertical line represent the suicide rate per 100,000.

We can see that suicide under the age of 10 is quite rare and that suicide rates increase more dramatically during adolescence and early adulthood than during any other stage in the life cycle.

KRISTINA SPANNBAUER: Sorry about that. I think we might have lost a Tandra for a moment. So we're going to give her a little bit of time to get logged back on. And remember, if you do have any questions for her as we're going through the presentation, please feel free to put them in the Q&A section, which is located at the bottom of your screen.

So we'll make sure and let you all know if Tandra's technical issues seem to be continuing or prolonged. If you feel comfortable and you have access to the chat feature it would be great to hear where some of you are joining us from today.

The Great Lakes MHTTC the center is located in Madison, Wisconsin. That is where I'm joining you from today and also the rest of our production team. I'm actually not sure where attendance is joining us from but please feel free to share with us in the chat if you'd like to.

Madison Maryland Alabama. Washington state, New Jersey, all over the country. That's great. Hi Tandra.

TANDRA RUTLEDGE: Hello I'm back I am really not sure what happened. My apologies for that I see we are greeting folks and folks are putting in where they are from, where they're joining us from is so good to see everyone from all over. And thank you so very much for being patient with the technology. I am going to pull back up the screen and get started back again, if that's OK. So I believe that I was here talking about the suicide rates. And I will start back with this slide.

So this graph shows suicide rates across the lifespan note the small numbers below the horizontal line are ages and the numbers on the vertical line represent suicide rate per 100,000.

We can see that suicide under the age of 10 is quite rare and that suicide rates increase more dramatically during adolescence and early adulthood than during any other stage of the life cycle. In particular, rates dramatically increase after age 12 through 22.

However, suicide rates for adolescents and young adults are clearly significantly lower than those for people in midlife in midlife and older age groups. You'll see in the blue that the age group at the top that has seen the most dramatic increase is for Americans ages 45 through 64.

There has been a slight increase in the suicide rate for individuals under the age of 20 over the last 15 years. It is important to note that because deaths by

suicide in this age group are relatively uncommon, small changes in the number will have a marked a market difference in the rate.

The suicide rate for youth under the age of 15 the yellow line at the bottom, is by far the lowest in incidence. However, the loss of a young person under the age of 15 can also impact an entire school and community and put other children at risk.

That's where this presentation can help. There is much room for intervention within this age group and participating in this More Than Sad program is one important way to take action.

This graph shows a comparison between the suicide rates for males between the ages of 10 and 24 which is the blue line and those for females in the same age range shown in yellow.

At age 12 we can see that there is little difference between the suicide rates for boys and girls. By age 18 however, the boys rate is 5% times higher than the girls rate. This difference between the sexes remains throughout young adulthood peaking at age 22 when the male suicide rate is more than six times the female rate.

So why the difference between the genders? Some common reasons include that it's more culturally acceptable for girls to seek help. A second reason gender differences in traits like aggression and impulsivity are thought to contribute to the higher rate of suicide in males across all ages.

And lastly, boys typically choose more lethal methods such as firearms. When we look at suicide rates for those 10 to 24 years of age by ethnicity for 2019, American Indian, Alaskan Native, and white youth have a suicide rate above the national rate for this age group.

But when we look solely at the deaths by suicide, we miss the bigger picture. The CDC gathers hospital admission data for non-fatal injuries. For young people this data tells us that there are an estimated of one estimated 100 to 200 suicide attempts that require medical attention for every reported death by suicide.

Approximately 2.5% of youth in grades 9 through 12 reported making a suicide attempt that required treatment by a doctor or nurse. We only have data for individuals who are admitted into medical hospitals for self-inflicted injuries, so this number is very conservative.

Because many suicide attempts do not require medical attention youth are more likely to survive attempts because compared to other age groups in general they live with others who can rescue them, they have healthier bodies, and they have less access to lethal means.

Attempts are opportunities to intervene and help people get healthy. The National Youth risk Behavior Survey monitors health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States.

It's conducted every two years during the spring semester and provides data representative of 9 through 12th grade students in public and private schools throughout the United States. According to the most recent 2019 Youth Risk Behavior Survey, 18.8% of American high school students report that they have seriously considered suicide-- they have seriously considered attempting suicide in the past year.

15.7% report having made a plan, 8.9% report having made a suicide attempt in the prior year. When we hear a young person speak of wanting to take their life or indicate that they are thinking about suicide we must take it seriously every time.

Some may think the teens talk of suicide for attention, it is important to take all threats of suicide seriously until the teen is seen by a mental health professional. Focusing on mental health conditions is clearly essential, but it also does not give us the full picture of the complexities of suicide risk.
Risk factors are elements present in a person's life that increase suicide risk. The main risk factors can be grouped into three broad categories health factors, including biological and psychological aspects of a person's health this includes a mental health condition.

Historical factors or things that happen in a person's or family's past history and environmental factors including societal and cultural factors, access to lethal means, as well as other events.

In general risk factors are longer term issues that signal the need to be as proactive as possible about mental health. However, it's important for us to know that the presence of risk factors alone does not indicate that an attempt will necessarily be made.

Now, we're going to watch a video clip of AFSP's chief medical officer Dr. Christine Moutier who will talk about the risk factors and Warning signs that contribute to suicide risk

DR. CHRISTINE MOUTIER: It's not just about whether life is worth living, suicide is a health issue and it's largely preventable. Suicide happens when multiple factors come together. So it's not related to just one cause.
You can think of the underlying risk factors for suicide in three different buckets, biological, psychological, and past history. Biological risk factors for suicide include things like mental health problems like depression, anxiety, or substance abuse.

Those are all risk factors for suicide that underlie and may not have even been recognized at the time the person dies by suicide. Psychological traits that present a risk for suicide are the tendency to interpret life's events in black and white or catastrophic ways, to be impulsive aggressive or extremely perfectionistic. And those don't allow us to be as flexible and to cope quite as well with life stressors.

Past history can really put somebody at risk for suicide in a way that becomes an invisible layer because it might have happened many years ago. Things like a past history of childhood abuse, or a past history of severe brain injury, past history of personal suicide attempts certainly, or a family history of a suicide. Those are all historical events that place the person at higher risk for suicide.

On top of all of those underlying risk factors that can be quite invisible to people around that person. Of course, there are life events for all of us stressful things that we're dealing with.

And so for individuals who have some of those underlying risk factors. Those stressors that they're facing in their current day life can absolutely precipitate a crisis. One of the biggest risk factors when it comes to suicide are mental health problems.

What research shows is that nine 9 of 10 people who have died by suicide. Did have a diagonalizable mental health problem at the time of their death. It may or may not have been recognized or been treated.

And so that means we really need to look out for one another. We need to learn the warning signs for suicide risk and know what to do when we see that. Just like we do for CPR first aid we can recognize when somebody is suffering from a heart attack or another physical illness in a crisis.

So some of the warning signs for suicide are changes in behavior. The people around you that you've gotten to know well in your family, or in your friend, group, they have patterns of behavior. And when those patterns change significantly take note of that.

Speak to them if you're concerned. Some of those symptoms look like changes like these withdrawing socially, isolating from you or from their normal life activities, becoming agitated or easily angered, which we don't often associate with depression or suicide risk.

But agitation absolutely is a very common experience when it comes to people who are feeling suicidal. Increase and anxiety, changes in sleep patterns or appetite, those are all Warning signs that the person's mental health is deteriorating.

Certainly if they begin expressing any thoughts about life being not worth living or thoughts of ending their life or even if they're not saying, it but they're doing things that seem odd like giving their belongings away those should all be taken very seriously.

And if you notice things like that, certainly, speak to the person in a caring way. And you can also lead them to help. Unfortunately, there's a lot of stigma attached to these kinds of experiences that relate to mental health.

So many of us actually hide or cloak the distress that we're in. We keep our experiences very internal rather than reaching out and connecting with support we need to do everything we can as the role that you have in your family and in society to shatter the stigma, to talk about mental health as any aspect of health like any other. And to approach people that you're concerned about and be open with what's going on in your own life as well.

Having the risk factors that I just went over does not mean that a person will die by suicide. But it does mean that we need to do a better job of looking out for one another. There are also protective factors that come into play.
And that we can think about shoring up for ourselves and helping our loved ones to improve upon as well. Those protective factors against suicide risk include things like feeling connected to your family, to friends, and to your community.

Having a regular source of health care including mental health care and feeling supported in that. Learning good coping strategies in life is very important. And we can start teaching our kids that at a pretty early age.
The last protective factor is knowing the signs that you are needing to seek help. It's the smart and courageous thing to do. It's not a sign of weakness to reach out and get help when you need it.

TANDRA RUTLEDGE: In addition to those risk factors and Warning signs that Dr. Moutier spoke about, we also want to talk about one very important environmental risk factor that is very complex in nature. And that's the relationship between bullying and suicide. When other risk factors are present being bullied can be a precipitating stressor that can increase risk further. Research indicates that persistent bullying can lead to, or worsen feelings of isolation, rejection, exclusion, and despair, as well as depression and anxiety, which can contribute to suicidal behavior.

Bullying behavior also indicates underlying risk in the bully. Any involvement in bullying behavior either as the bully or the victim is a stressor, which may significantly contribute to feelings of helplessness and hopelessness that raise the risk of suicide in teens.

That being said, suicide is not a natural response or reasonable solution to bullying. Bullying is one factor but does not directly result in suicide and suggesting that is the case would increase the contagion risk.

It is important also to note that the majority of people who experienced bullying do not become suicidal. Let's talk a little bit about social media. The research in this area is emerging and social media continues to evolve at a very rapid rate.

Some people utilize social media with a mixture of positive and negative effects. For young people with risk factors for suicide, including depression, anxiety disorders, low self-esteem, or extreme interpersonal sensitivity, social media use can have a negative effect on their mental health.

It is important to also note that young people may also use social media to reach out for help or to indicate that their distress, to indicate their distress behaviorally or verbally. For example, suddenly disconnecting from social networks via social media or making statements on social media indicating a desire for suicide, to die, or to escape their pain, or disclosures about gaining access to means are a few examples.

Just like we encourage young people to alert adults if they noticed or hear things being said, they should also be encouraged to notify an adult if they are concerned about peer's social media posts.

Heavy use of more than several hours per day is not recommended. Social media utilization should ideally be limited in quantity and approaches. Some people astutely take long breaks from social media for their mental health because they have learned that this is an important part of their overall wellness strategy.

In teens it can be very easy to mistake mental health symptoms for other typical youth behaviors. Such as normal adolescent mood swings, laziness, poor attitude, or immaturity.

being said, these perceptions that adults have of them may inhibit adolescents from seeking help. Which is why it is important to take the talk of mental health and mental illness and suicide very seriously.
When you notice a change, it never hurts to have a conversation with your child about what you're seeing. You may want to speak also with their doctor about the changes that you're seeing as well.

The risk factors that we have discussed can be subtle to detect and having lots of risk factors does not necessarily mean that someone is having thoughts of suicide. For example, high cholesterol and heart disease may run in your family yet that does not mean that you have heart disease or that you're currently having a heart attack.

Warning signs are observable signs that someone may be in imminent risk for attempting suicide. So when we think of warning signs we think of three broad categories. Sometimes we hear the warning signs in what people say, we

want to listen for statements such as I should just kill myself, I have no reason to live.

Don't assume that they're joking, always start a conversation with care and compassion. A second group of warning signs that we might see include changes in behavior.

A person's suicide risk is greater if a behavior is new or has increased, especially if it's related to a painful event loss or change. We want to look for things such as increasing use of alcohol or drugs, acting recklessly, isolating from family and friends, giving away of prized possessions, or increasing aggressive behavior.

And lastly, we want to look for changes in their mood as a final warning sign. Sometimes our best indication that someone could be at risk for suicide is a sudden change in their mood.

We want to watch for depression, lethargy, anxiety, loss of interest, increased irritability, shame, humiliation, or extreme embarrassment, agitation, or rage. Sudden unexplained happiness can also indicate that the individual has decided on a plan and is relieved that they will no longer be in pain. When we're seeing these Warning signs it's time for us to start a conversation.

There is a video that is a part of this presentation that we're not going to have a chance to watch this evening. However, we are going to put the link for the video in the chat and you can take a look at that video at your leisure.

The video is called More Than Sad said it is a 25 minute film that identifies ideal help seeking behaviors among teens as well as ideal responses on the part of school personnel, physicians, and mental health professionals. When you have a chance to take a look at it please you can grab the link out of the chat. You can also go to afsp.orgmorethansad and download the materials as well. A few key points from the video More Than Sad that I want to highlight for us this evening.

The first one is that depression is a common problem that causes significant distress and disruption in teens' lives. Depression is an illness it is not a character weakness and not something that people can change at will. Depression can develop after stressful life experiences but also can occur in any teen. And depression does not go away on its own, if left untreated depression may lead to very serious consequences, including suicide.

And lastly treatment for depression is available and it works. Research has shown that two out of three teens with depression do not get treatment. And although treatment varies by person to person, condition, and severity level, teens who are showing signs of depression can show improvement often within four to six weeks when receiving help including therapy or talk therapy.

For others is the combination of talk therapy and medication that can make a significant difference. Many teens benefit tremendously when a family engages in therapy together for a period of time.

We also know that mental health treatment can make all the difference in both short and long term symptom reduction and overall health. Treatment for depression can vary both in its length and nature.

For some depression is an episode from which they will recover, though episodes can reoccur and treatment will be in response to the symptoms during each episode. For others depression may involve multiple episodes and will be addressed more like a chronic illness such as diabetes.

In these instances, it may be recommended that treatment continue to help prevent problems in functioning. This is why it is important to have depressive symptoms evaluated by a trained professional, so that treatment can address the core health problems as effectively as possible.

Just like other chronic health conditions, healthy habits can alleviate some of the symptoms of a mental health condition as well. Exercise, yoga, breathing exercises, a regular sleep schedule, and a healthy diet can improve moods and relieve anxiety and stress.

Creating healthy habits as a family will benefit everyone. Seeing a mental health professional can be a critical part of treatment. Make sure that your child feels like he or she can talk to the professional.

If it is not a good fit, try another. Make sure that the mental health professional has the information you have about your child's behavior, especially about thoughts of suicide. Be sure to report any unusual behaviors, any report of suicidal thoughts, or substance use.

Be vigilant if medication is started or if there is a change in existing medications. Check in with your child during these key times to make sure that any changes in behavior are noticed and brought to the attention of the health care professional when appropriate.

Also it's important to stay in contact with the school counselor as appropriate. And most importantly, be patient with your child. There are some barriers to treatment for teens. As discussed earlier, although treatment is effective in most cases these common barriers can get in the way leading to only one third of teens experiencing a mental health crisis getting the help they need. Sometimes the symptoms aren't recognized as signs of a possible health condition and are dismissed even by the person experiencing them. Fear of what treatment may involve can also keep those who are struggling from reaching out for help.

And overall sense of despair and hopelessness both symptoms of depression can lead to someone not reaching out for help. You'll see when you watch the video, you'll see a young lady in the video struggle with that.

They may not believe that there is help or that they can be helped. When help seeking is not seen as a sign of strength those who are struggling often don't reach out for help we can create a culture in our schools, in our homes, , and in society that makes reaching. Out for help socially acceptable and truly a sign of strength.

When help seeking is seen as a weakness mental health conditions are misunderstood, mocked, or demonized in the media. Like many teens during times when they feel distressed they are simply too embarrassed to reach out for help.

Teens generally believe that adults won't understand so they just don't reach out. There are many things that you can do to help your child stay safe and help reduce the risk of suicide.

Make sure that your child receives mental health care when they need it can help a great deal. Depression and other mental health conditions can be managed well with a minimal effect on your child's life.
Strong connections to family, friends in the community can also play a key role. Try to maintain a safe and supportive home where it's always OK to reach out for help. Nurture and encourage problem solving and good communication skills.

Treat disappointments as learning opportunities. Don't be afraid to ask your child about their mental health. Ask them about how they feel in response to different events and model expressing emotions.

For example, you might say, I feel sad too when that happened in response to a sad event. And finally, it it's also important to reduce access to lethal means. 51% of deaths by suicide occur via firearm.

Temporarily removing access to guns in the home can limit your child's ability to use it as a means of suicide in times of intense emotional crisis. Because depression can sometimes be a reoccurring or chronic illness having an early conversation about depression can help set the stage to address future difficulties should they occur.

Think about the diabetic for example, we would not wait until a loved one was in a diabetic coma before getting treatment. The earlier the issues with blood sugar are addressed, the less likely the disease will become life threatening. Parents also need to show that they believe that it is OK to ask for help for themselves. It is hard for me to believe that help is available or appropriate if their parent doesn't believe it.

So how do you reach out to your child or someone else that you feel might be at risk? You want to talk to them in private, you want to listen to their story, you want to express concern and caring, you want to ask directly about suicide. And finally. You want to reassure them that help is available.
So here's a rule of thumb, if you're wondering if your child is depressed or overly anxious that's a sure sign that you should start a conversation and let them know that you're concerned.

If you notice something don't wait for your child to reach out or the school to contact you be proactive, trust your gut and know that that's a lot to look for. So look for changes changes, in their words, changes in their behavior, or changes in their mood, and trust your instinct.

Same goes for you, if you're having suicidal thoughts that's a sure sign that you need to seek help. If you've reached out before and didn't get the response you were looking for, don't give up reach out again the first time your child may not be receptive so keep trying, be persistent.

Now, there are some less helpful things to avoid when talking with someone who might be suffering from depression or anxiety. You want to avoid minimizing their feelings. Those of us who have never experienced major depression literally cannot imagine what it feels like.

It's not fun to hear that those we love are suffering, especially when it's our children. But minimizing their feelings isn't helpful. Avoid trying to convince them that life is worth living.

If a person is nearing a crisis point they're not thinking clearly philosophical debates about life being worth living tend not to be helpful, nor is it helpful to point out all of the good things that you see in their lives.

You can save those conversations for when the crisis has passed. And finally, avoid advice to fix it. If a person is having a heart attack you wouldn't tell them to start exercising or eat a healthier diet.

If they are in crisis what they need is to be heard, so listen to their story and offer to help them find help. A few things to remember when talking to your child, take it seriously do not wait to act.

Ask direct questions. Have you ever felt so bad that you're having thoughts of suicide? Asking that question, asking about suicide directly will not put the thought in his or her head if they aren't already thinking about it.

You may want to identify a helping professional prior to having the talk but what is most important is that you reassure your child that you are going to get help and then don't wait to do it.

You may also want to talk to others who interact with your child like teachers or coaches to see if they have noticed any changes in their behavior.

Remember, a stressor that may seem small to you is not small to your child. It's important to validate how your child is feeling about their current situation even if you see the situation very differently. There are some steps you can take if your child reports thoughts of suicide or you suspect that your child may be feeling suicidal.

Even though it's hard to do and you will probably be scared yourself, stay calm. Let them know that they did the right thing by thanking them for having the courage to tell you. Then reassure them that you're going to get them help.

Make sure that you contact a mental health professional as soon as possible to get an evaluation. Try to reduce the immediate stressors when possible. This may include doing things such as taking a sick day from school or missing football practice.

A good rule of thumb is to think of what exceptions you would allow if your child had strep throat or a broken bone. And finally, take a moment to secure the lethal items in your home.

Make sure that any firearms in your home are secured and stored separate in a separate set and store separately from ammunition or temporarily held by another person until the crisis has passed.

Also lock up prescription medications or other items your child has mentioned that they were planning to use. Make the environment reasonably safe for as long as necessary. Sometimes when the crisis point has been reached and scheduling an appointment a few days from now is not enough.

If your child is in crisis, you need to take action immediately. Your child may be in crisis if they told you that they have planned out how they would kill themselves. If you discover a suicide note written by your child online or on paper. If your child tells you that they are hearing voices telling him or her to kill him or herself.

If you discover that your child has made a nonlethal attempt, or if you just feel in your gut that your child is not safe and are afraid to leave him or her alone. At this point the most responsible action is to get help from a trained professional who can assess your child and help you figure out next steps. You can take your child to the nearest emergency room or mental health crisis center for an evaluation. You can call the National Suicide Prevention Lifeline at 1-800-273 102 TALK. Do not leave your child alone, it is important to stay with them during this crisis time.

By talking directly and compassionately with your child about your concerns and thoughts about suicide, doing so sends the message that you notice you care and that you're going to help them.

In addition to helping your child. You can also be aware of risk you may notice in their friends. When asking about their friends separately of course, you may start by asking them if they have any friends they have been worried about. Or you may comment on specific behaviors you might say, I noticed the last time John was over the house he seemed down, how do you think John has been feeling lately? And later you might ask, do you think John may be feeling suicidal?

If you get a report that your child's friend is feeling suicidal you can contact the school or the child's parents. But contact someone and tell them what you have learned. If it is an emergency such as a suicide attempt in progress never hesitate, call 9-1-1.

There are also resources available 24/7 this is a great time to take out your phone and add the suicide Prevention Lifeline as a contact even if you never use it for yourself, you may need to call it to help a friend and it's available 24/7, 365 days a year.

The crisis text is also another important resource that you and you or your child can text talk to 741741 to text with a trained crisis counselor. Remember, talking honestly with your child about suicide can save lives.

All it takes is one caring, compassionate adult to take notice and start the conversation. That person is you. For more information, visit afsp.org and together we can create a culture that's smart about mental health and suicide prevention.

We'd love to hear your feedback about the program. We will put the link-- I will put the link to this in the chat. And we encourage you to please complete the feedback form. Take a few minutes and give us your insights. Again, thank you for being here today and together we can save lives. You can also follow us on social media. I believe we have a few questions.

ANN SCHENSKY: We do have a couple of questions. First of all, thank you very, very much for this really, really important presentation and information. This was great, people in the chat are loving it.

TANDRA RUTLEDGE: Despite the technology.

ANN SCHENSKY: This is our life how we have all learned that, that is just what happens. Someone was asking if LGBT+ is a risk category?

TANDRA RUTLEDGE: It is a risk category. And it was not mentioned in the slides and my apologies for that. But it is a youth who are LGBT+ are at

higher risk, increased risk for suicidal thoughts, suicidal attempts and deaths by death by suicide as well. There' certain risk categories that are at higher risk that we do need to make sure that we're attending to. And then there's another question.

ANN SCHENSKY: Yes, what is new in research for treatment modalities for teens?

TANDRA RUTLEDGE: Go ahead sorry.

ANN SCHENSKY: Nancy had also asked about some alternative treatments like ketamine, psilocybin, and transcranial, that are available for adults but not children.

TANDRA RUTLEDGE: Yes. So the field of suicide prevention is a relatively new field of study. And there are a lot of new and emerging research in the area of suicide prevention.

AFSP supports a lot of research in suicide prevention and we also-- if you go to the website you can look at all of the video snippets. They're amazing video snippets of current research that's being conducted in the area of suicide prevention.

Interestingly, enough there are very few evidence-based treatments that directly target suicidality. And I know you probably didn't know that. That area of research is emerging.

But there are some best practices that AFSP supports in terms of identifying young people who are at risk and that includes screening, universal screening for mental health problems and making sure that young people get connected to resources and having therapists who are actually trained in understanding how to treat suicidality.

There are some treatments and some trainings available that target specifically suicidality. The best treatment options that we have so far are a combination-- thank you for putting that in the chair.

There is CBT for suicide prevention DBT method. The zero-suicide initiative, if you want to go to zerosuicide.org outlines a lot of the best practices for suicide prevention.

Because we are trying to reduce the suicide burden in this country and we're encouraging not only schools but our health care systems and emergency departments to embrace suicide prevention as a public health priority.
So please go to afsp.org and check out our research. You can also go to the Zero Suicide website there's a lot of great information on some treatments for suicidality there.

ANN SCHENSKY: Thank you. We do have another question. Is More Than Sad available in Spanish?

TANDRA RUTLEDGE: It is. Yes, it is. And if you go to the website I believe that the link to the website was put in the chat. You can download those resources the PowerPoint is available in Spanish the videos are also in bailable in Spanish. And AFSP has translated many of the materials that we have that are available for free at no charge in Spanish and other languages. As well thank you for that question.

ANN SCHENSKY: That's great. We do not have any more questions I just want to checking chat very quickly just to make sure I didn't miss any. I want to again, truly, truly thank you for your time Tandra as well as everyone who took time from their evening for this very important webinar.

We will be posting this information on our website it takes us about a week. So you will get a copy of the recording and the slides and any other resources that we talked about. So thank you all again very much. We appreciate everyone's time.

And don't forget on May 5th Tandra is also doing another webinar for us on ADHD superpowers.

TANDRA RUTLEDGE: Yes unleashing your child's superpowers parenting in style, parenting tips for ADHD. Yes. And I also want to say that I know it is 7 o'clock and we are going to be timely in ending, and I'm pretty impressed because I had a technology glitch too. So I'm pretty impressed that we're ending on time.

But I will hang around for a few minutes if there is anyone who wants to stay on and ask any additional questions. Thank you everyone for joining us tonight for this very important conversation. And thank you for your patience with our technology problems or my technology problems this evening.

ANN SCHENSKY: Thank you all very much.

TANDRA RUTLEDGE: If anyone is staying on and has any additional questions, you can put those questions in the Q&A. And I just noticed that I forgot to put the feedback form link I just did it. But if we could send that out to attendees.

ANN SCHENSKY: Absolutely we can.

TANDRA RUTLEDGE: I would appreciate that. So there is a question. Do you think that inner city kids face a higher risk for suicide? If you think of the risk factors for suicide and those broad categories, if you think about environmental risk factors.

Exposure to violence, and trauma, and poverty, and the things that typically impact the lives of kids who live in the inner city-- that they can have increased risk factors does not necessarily translate to higher rates of suicide but increased risk factors.

And so it's important as we're talking about risk factors that we also make sure that we build protective factors. Protective factors are those things that can reduce someone's risk for suicide even in the presence of risk factors. So things like strong connections to caring adults, a feeling of belongingness. So when schools can have inclusive supportive environments places where kids feel like they belong.

When we teach young people how to problem solve and how to communicate and how to manage their emotions. Those are protective factors. So one of the things that we really focus on in suicide prevention is building protective factors and reducing risk factors.

One of the protective factors that we talked a lot about tonight is getting access to mental health care, which is so very important. And I know that there are inequities and disparities that exist in terms of access to health care in across the country.

And so we really advocate for health care equity and access in all communities because we know that having good mental health care and good health care period is a protective factor. That's a very good question. Thank you for asking.

What do you suggest when financial resources limit access to therapy and treatment. A lot of families have limited access to mental health insurance. Absolutely, and that is a common question that comes up.

There are a lot of community-based organizations that support people who don't have insurance to get access to mental health care. In just about every community there exists programs and agencies that whose sole purpose is to serve the underserved.

And so a lot of times it's about identifying those resources and connecting with those resources and it's not always easy to do. But many of those resources exist in the community.

One great resource that I'll share that can help people navigate the mental health system is NAMI, the National Alliance on Mental Illness. They have affiliate offices all across the country and they support and advocate for people who are living with mental health conditions. And they often are very well informed of the resources in a community.

And so I would encourage you, if you don't know of those resources to reach out to NAMI absolutely, and the SAMHSA mental health finder also is a great place where you can put in your zip code and see what resources are available. Thank you for sharing that as well. Thank you. Great questions and comments.

ANN SCHENSKY: Yes, it's the end of the questions. So again, if you have questions—

TANDRA RUTLEDGE: I had a feeling.

ANN SCHENSKY: The pain of someone who committed suicide is over how can we help those people who are left due to the pain and grieving.

TANDRA RUTLEDGE: You know I would say that, that pain never goes away. When someone dies by suicide it affects the family and the community for the rest of their lives. That pain I don't think ever leaves.

One very, very important part of suicide prevention is supporting individuals who have lost someone to suicide. That a loss to suicide is a risk factor when someone loses someone to suicide it's devastating.

And so AFSP has programs and resources to support individuals who have lost someone to suicide. Whether it's a child, or a parent, or friend. Thank you, our team rocks.

Living outreach to survivors, survivors of suicide has some great resources and there's training for facilitators that are available. You can connect with afsp.org the Illinois chapter for more information to get connected to one of those groups. Great question, thank you.

ANN SCHENSKY: OK. I think maybe safely I can say, that is the end of the questions. When we do post the slides, you will have Tandra's information. So if somebody has a specific question.

TANDRA RUTLEDGE: Yes.

ANN SCHENSKY: You will have not only all of the resources that we've talked about today, but we'll have your email if there's a specific question.

TANDRA RUTLEDGE: Absolutely, and you can also reach out AFSP has chapters all throughout the country in every state. So you can always reach out to your state wide AFSP affiliate office and they have these programs and the same resources that I am speaking about tonight.

ANN SCHENSKY: Fantastic. Thank you. And again, thank you everyone who hung in here with us.

TANDRA RUTLEDGE: Yes.

ANN SCHENSKY: And Tandra. I think this we are finished now. I think we're done.

TANDRA RUTLEDGE: Ann is being very intentional, like are there any more questions? Yes.

ANN SCHENSKY: I just want to make sure.

TANDRA RUTLEDGE: Yes.

ANN SCHENSKY: I think we have done that, so thank you again everyone and have you have a good evening.

TANDRA RUTLEDGE: Thank you everyone.