

# **Suicide Prevention Awareness Session: Parents**

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# *Today's Program Will Cover*

- **Suicide Statistics**
- **Teenage Brain**
- **Risk factors**
- **Warning Signs and Suicide Episode**
- **Protective Factors**
- **What parents can do**
- **How to talk to your child**
- **Resources for help**
- **Questions**

# *Disclaimer*

The subject matter and content of this workshop may trigger feelings of discomfort or varied emotions.

# *Leading Causes of Death*

## ALL AGES

Heart disease  
Cancer  
Chronic lower respiratory disease  
Unintentional injuries  
Stroke  
Alzheimer's disease  
Diabetes  
Influenza and pneumonia  
**Suicide (new as of 2020)**  
Kidney disease

## Ages 10-34

Unintentional injuries  
**Suicide**  
Homicide  
Cancer  
Heart disease  
Birth Defects  
Influenza and Pneumonia  
Diabetes  
Pregnancy, Childbirth  
Chronic lower respiratory disease



# *Suicide in the United States, 2019-20*

- **45, 979** Americans died by suicide in 2020; about 1 person every 11 minutes<sup>1</sup>
- Based on the Youth Risk Behaviors Survey in 2019, 8.9% of youth in grades 9-12 reported they made at least one suicide attempt in past 12 months.
- In 2019, there were an estimated 1.38 million suicide attempts
- Suicide deaths are **2.3 times** the number of homicides (homicides=19,510) <sup>1</sup>
- **9th** leading cause of death across the lifespan<sup>1</sup>
  - **2nd** leading cause of death for **10-34** year olds
- Males make up 49% of the population but nearly 80% of suicides
- Veterans have an adjusted suicide rate that is 52.3% greater than the non-veteran US adult population.
- People who have previously served in the military account for about 13.7% of suicides among adults in the United States.
- In 2019, 1.6% of former active-duty service members aged 18-25 years reported making a suicide attempt during the previous 12 months. This was an increase from 0.9% in 2009.
- Since 2009, suicides have **exceeded** motor vehicle crash related deaths<sup>1</sup>

1. U.S. CDC WISQARS Fatal Injury Data, 2016 update. Accessed January 2018; <https://www.cdc.gov/injury/wisqars/index.html>

2. Maine Hospital Inpatient Database, Maine Health Data Organization, 2013-2014. Hospital discharge data for intentional self-inflicted injury related hospital discharges defined as hospital discharges in which any listed external cause of injury was coded as ICD-9CM E950-E959 . 3. 'Suicide Among Veterans and Other Americans 2001-2014' report, updated 3 August 2016, U.S. Department of Veteran Affairs.

## *Suicide Statistics 2020 (preliminary data)*

- During the start of the pandemic 4 in 10 adults showed symptoms of anxiety & depression disorder
- 56% of young adults (18-24) saw an increase of symptoms of anxiety & depressive disorder
- Rate of suicide among ages 25-34 increased by 5% in 2020
  - Only age group to see a significant increase
- Emergency visits for suspected suicide attempts among ages 12-17 increased by 39.1% (winter 2021 vs. same period in 2019)
- Suicide rates rose by 35% in the US over the past two decades

Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. (2020). Web-based injury statistics query and reporting system (WISQARS). from [www.cdc.gov/injury/wisqars](https://www.cdc.gov/injury/wisqars).  
Kaiser Family Foundation

## Suicide in Elementary School

- Although the incidence of suicide is low prior to adolescence, suicide still ranks as the 11th leading cause of death in children aged 5 to 11 years
- Suicide is a leading cause of death among school-aged children younger than 12 years old, and the suicide rate has increased significantly in black children in this age group.
- **Suicidal ideation:** highest rates in middle school
- **Suicidal attempts and death by suicide:** increases in high school and beyond

# *Attempted Suicides*

Among  
youth  
**15–25  
years old**  
there are:



suicide  
attempts  
for every:



death by  
suicide

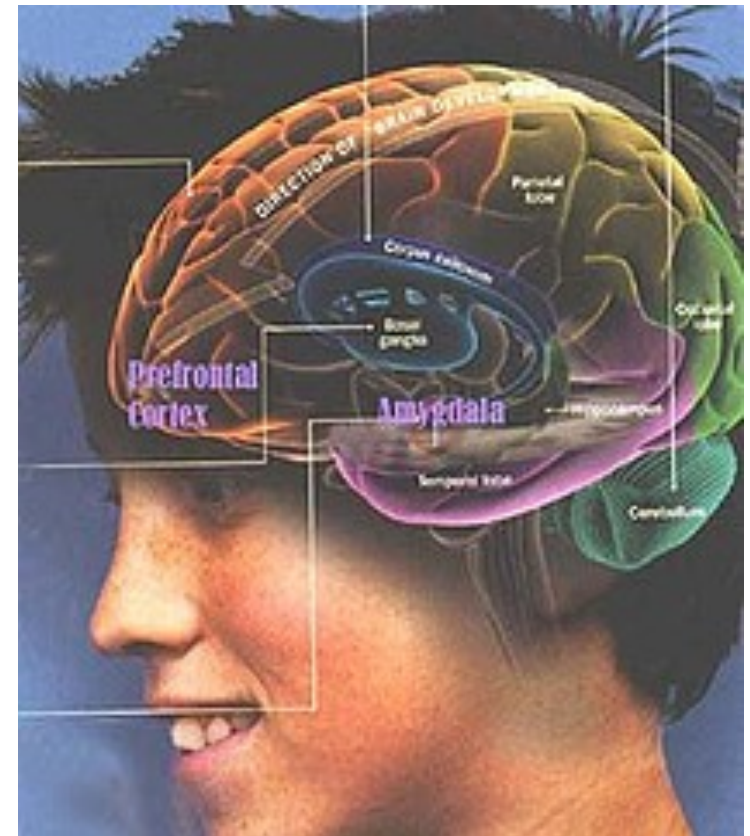
Among  
adults  
**75+ years  
old**  
there are:



suicide  
attempts  
for every:

# *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).
- Children whose mother exhibited depression throughout life have an enlarged amygdala (emotional response-survival)
- Do not reach full maturity until age 25.



# *Risk Factors* *Warning Signs* *Protective Factors*



# Definitions

**Risk Factors-** Stressful events or situations that may increase the likelihood of a suicide attempt or death. (Not predictive!)

**Warning Signs-** the early *observable signs* that indicate increased risk of suicide for someone in the near-term. (Within hours or days.)

**Protective Factors-** Personal and social resources that promote resiliency and reduce the potential of suicide and other high-risk behaviors.

# *Risk factors are found in different domains...*

**Family Risk Factors**

**Personal/Behavioral Risk Factors**

**Environmental/Social Risk Factors**

**What Are Some Risk Factors For Suicide?**



## *Risk Factors for Students*

- Multiple losses in the family: death, suicide, illness of family members
- Major disruptions in the family: i.e. divorce
- Suffered abuse and neglect
- Shootings, etc. - repeated TV coverage of tragedies
- Witnessing/experiencing family abuse/Trauma
- Family moving, single family structure
- Learning Difficulties
- Chronic medical illness
- Mental Health Issues (Anxiety & depression)
- Exposure to violence: Tragic public events; social media; video games



## *Students at **elevated** risk for suicide*

- Students living with mental and/or substance use disorders
- Students who engage in self-harm or have attempted suicide
- Students in out-of-home settings (e.g. foster youth)
- Students experiencing homelessness
- American Indian/Alaska Native students
- LGBTQ (lesbian, gay, bisexual, transgender, and questioning)

# What is Mental Illness?

People have mental health problems or mental illnesses when problems with thoughts, feelings or behaviours get in the way of functioning at home, school or work.

Everyone feels sad or upset from time to time. But when these feelings are so strong that it's hard to carry on at school or home, then there may be a mental health problem.

From a child or teen's point of view, mental health problems (or mental illnesses) can mean some or all of the following:



## *Students living with substance use disorders*

Based on data (2018) about suicides in the National Library of Medicine:

- 37.2% of suicide decedents tested positive for alcohol
- 48.1% for antidepressants
- 30.0% for opiates, including heroin and prescription pain killers

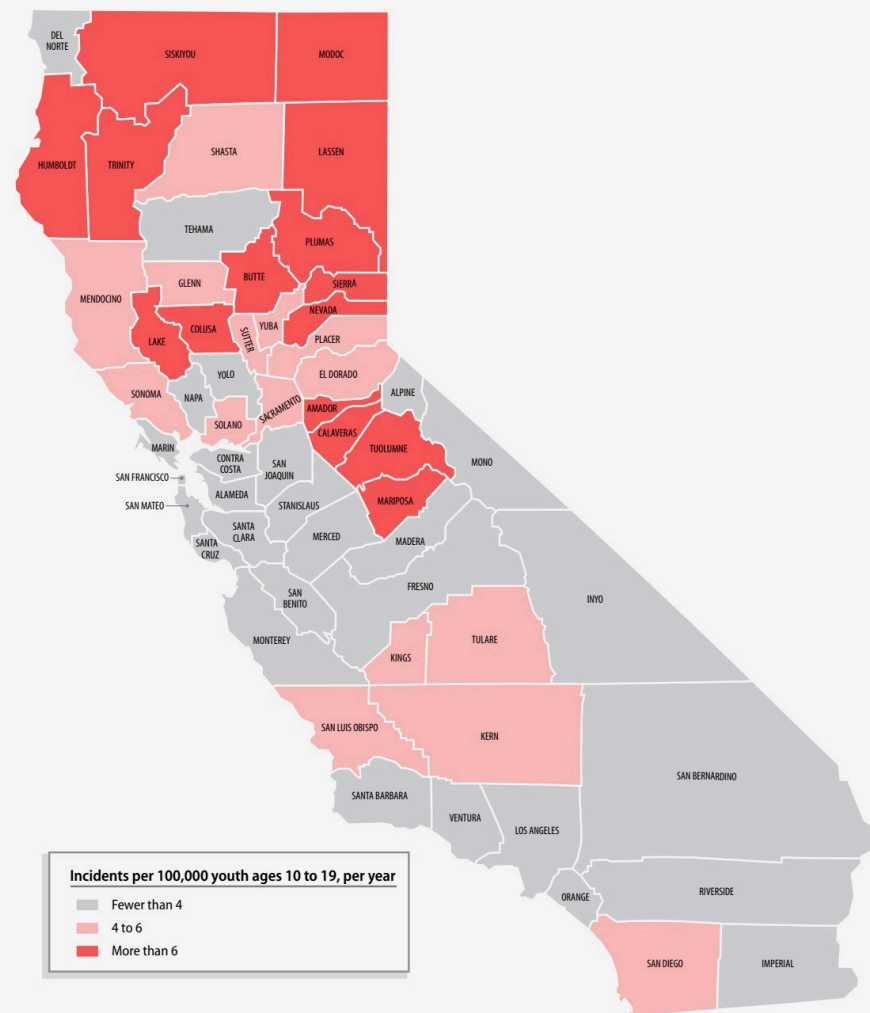
# *LGBTQ Youth/Young Adults*

- LGBTQ suicide attempt rates 3-4 times their peers
- Transgender youth attempts 4-5 times their non LGBTQ identified peers
  - More lethal attempts
- Critical risk factors include:
  - rejection,
  - depression,
  - anxiety,
  - chronic stress,
  - Victimization: abuse, bullying, etc...
- Rejection by family can increase risk up to 8X

## Location matters

**Figure 3**

Many of the State's Rural and Northern Counties Had Higher Rates of Youth Suicide From 2009 Through 2018



Source: Analysis of Public Health's vital death data and the U.S. Census Bureau's American Community Survey 2014 to 2018 five-year population estimate.

# *Warning Signs*

**These are changes in behavior or appearance that indicate someone is in crisis!**



# *Warning Signs in Children/Adolescents*

## Internal Signs

- Excessive somatic complaints (head - body aches)
- Anxiety or worry, sleep problems or nightmares
- Suicidal thoughts or ideation
- Purposelessness / no reasons for living
- Anxiety /agitation / insomnia
- Trapped / feeling no way out
- Hopelessness / nothing will ever change



# *Warning Signs in Children/Adolescents*

## External Signs

- Suicidal threats
- Attempting to harm self i.e.: cutting skin or rubbing objects (pencil eraser) on their body to break the skin
- Children often express their pain in writing – artwork
- Anger (uncontrolled)/ rage / seeking revenge
- Substance Abuse/excessive or increased
- Withdrawal from friends, family, society
- Recklessness/ risky acts / unthinking
- Mood changes (dramatic)
- Decline in school work/grades plummet

# *Keep Your Eyes and Ears Open*

## **Direct clues:**

- I wish I was dead
- I'm going to end it all
- I'm going to kill myself

## **Less Direct clues:**

- Life's just too hard
- You'd be better off without me
- What's the point?

# *Triggers Leading to a Suicide Episode*

Recent significant life events can increase the likelihood of suicide and therefore, warning signs can be particularly prominent during such times. These might include:

- Break-up of a partner relationship/significant relationship problems
- Experience of trauma
- Impending legal event
- Child custody issues
- Past history of suicide attempt/family history of suicide or suicide attempt/recent suicide of friend
- Loss of loved one
- Financial crisis, job loss or other major employment setback
- Family conflict or breakdown
- Withdrawal
- Chronic pain/illness
- Relapse
- Intoxication
- Recent discharge from treatment service

# *Suicide Episode*



## Suicide Crisis Episode

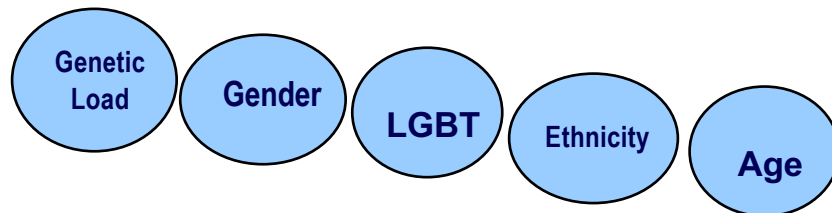


# The Many Paths to Suicide

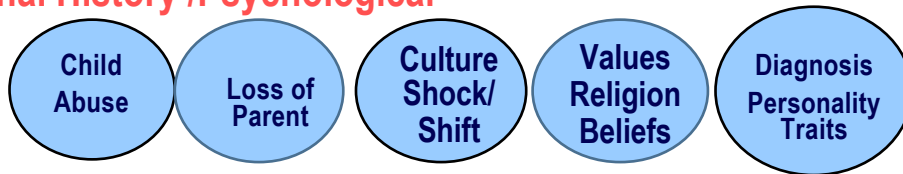
RISK FACTORS  
“Fundamental” “Distal” “Trait”

TRIGGERS  
“Last Straws” “Acute” “Proximal”  
“State”

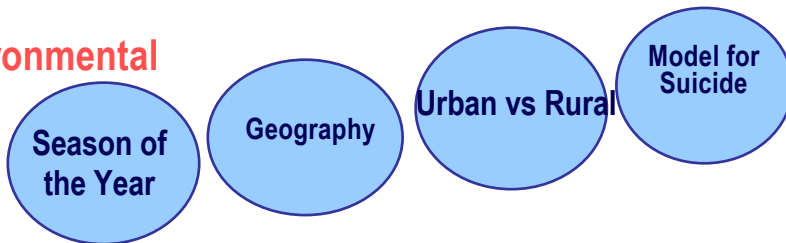
## Demographic/Biological



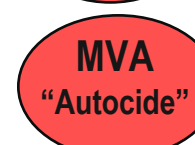
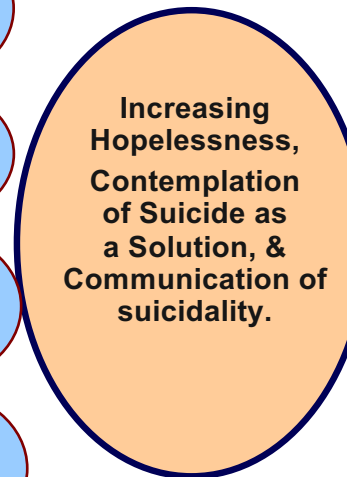
## Personal History /Psychological



## Environmental



- All “Causes” are real.
- Hopelessness is the common pathway.
- Break the chain anywhere = prevention.



# *Protective Factors*



# *Protective Factors in Younger Students*



- School Climate
- Strong sense of self-worth or self-esteem
- Pets – responsibilities/duties to others
- Reasonably safe and stable environment
- Connectedness
  - Family
  - Peers
  - School
  - Trusted Adults
  - Community



# *Protective Factors*

- **Skills** to think, communicate, solve problems, manage anger and other negative emotions
- **Purpose & value** in life; hope for the future, pets, work/ life focus
- **Personal characteristics**- health, positive outlook, healthy choices, spirituality or religious belief
- **Supports**- parents, friends, mentors, and other caring adults
- **Safe Environment**— restricted access to lethal means; positive school climate

## *Protective Factors – Family*

Family support and connectedness with parents

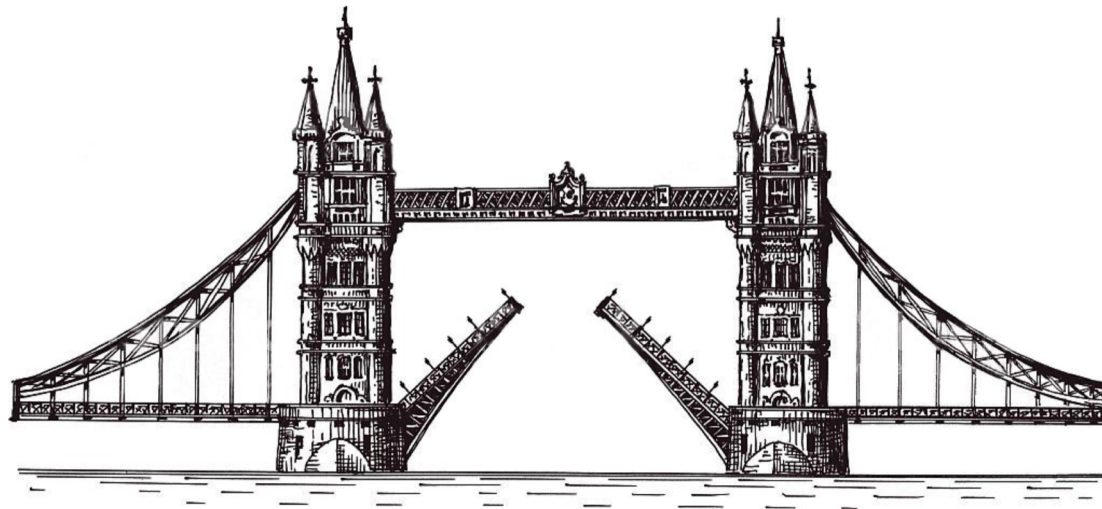
Parental involvement

Close friends or family members, a caring adult, and social support

Parental norms, that is, youth know that parents disapprove of drinking alcohol before age 21

Family support for school

# *Intervention: A bridge to help What can parents do?*



## *Take Preventative Measures*

You are not powerless; you can guard your teen against the possibility of suicide.

- **Interact with your teen positively** (give consistent feedback, compliments for good work/behavior)
- Increase his/her **involvement in positive activities** (promote involvement in clubs/sports)
- Appropriately **monitor your teen's whereabouts and communications** (texting, Snapchat, Instagram, Twitter) with the goal of promoting safety
- Be aware of your teen's **social environment** (friends, teammates, coaches) and communicate regularly with other parents in your community

## *Take Preventative Measures*

- **Communicate regularly** with your teen's teachers to ensure progress of child
- **Be aware of access** to alcohol, prescription pills, illegal drugs, knives, and guns
- **Talk with your teen** about your concerns; ask him/her directly about suicidal thoughts
- **Address your concerns** with other adults in your child's life (teachers, coaches, family)
- **Discuss your concerns** with his/her pediatrician to seek mental health referrals
- Explain the **value of therapy and medication** to manage symptoms if prescribed

# *How to Talk With your Child?*

**Timing is everything!** Pick a time when you have the best chance of getting your child's attention.

Talk in a calm, non-accusatory manner

Make "I" statements to convey you understand the stressors he/she may be experiencing

Start with something **positive** and **GET OUT!**



# *How to Talk With your Child?*

Go back for the real deal when ready. Think about what you want to say ahead of time and rehearse a script if necessary.

It always helps to have a reference point: ("I was reading in the paper that youth suicide has been increasing..." or "I saw that your school is having a program for teachers on suicide prevention.")

If this is a hard subject for you to talk about, **admit it!**

("You know, I never thought this was something I'd be talking with you about, but I think it's really important"). By acknowledging your discomfort, you give your child permission to acknowledge his/her discomfort too.

# *How to Talk With your Child?*

Ask for your child's response. **Be direct!** ("What do you think about suicide?", "Is it something that any of your friends talk about?", "Have you ever thought about it? What about your friends?")

**Listen to what your child has to say.** You've asked the questions, so simply consider your child's answers. If you hear something that worries you, be honest about that too. "What you're telling me has really gotten my attention and I need to think about it some more. Let's talk about this again, okay?"

**Don't overreact or under-react.**

Overreaction will close off any future communication on the subject.

Under-reacting, especially in relation to suicide, is often just a way to make ourselves feel better.

ANY thoughts or talk of suicide ("I felt that way a while ago but don't any more") should ALWAYS be revisited.

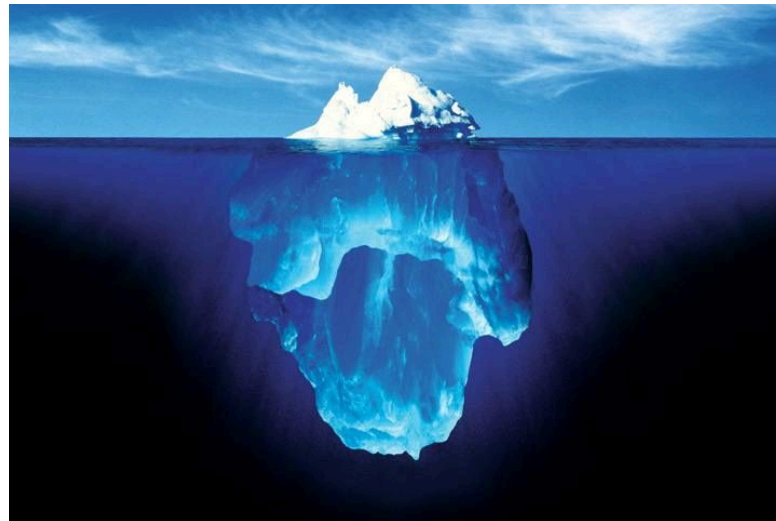
Reassure your adolescent that seeking services can change his/her outlook



## *Suicide is a Permanent Solution*

Remember that suicide is an attempt to solve a problem that seems impossible to solve in any other way. Ask about the problem that created the suicidal thoughts. This can make it easier to bring up again in the future

("I wanted to ask you again about the situation you were telling me about...")



## *Seek Mental Health Services*

Mental health professionals can be essential partners in teen suicide prevention

- a) Take appropriate action to protect your child
  - If you feel that something is “just not right”
  - If you notice warning signs
  - If you recognize your child has many of the risk factors and few of the protective factors listed above
- b) Find a mental health provider who has experience with youth suicide
  - Choose a mental health provider with whom your child and you are comfortable
  - Participate actively in your child’s therapy
- c) If danger is imminent, call 911 or take your child to the nearest emergency room
- d) Communicate with your child’s counselor if student is taken in for suicide assessment

## *Resources for Help*

# What are YOUR resources?



# *School Resources*



- School Counselor
- School-Based Health Centers/Nurse
- Crisis Team Members
- Administration
- School Resource Officer
- Who else...?



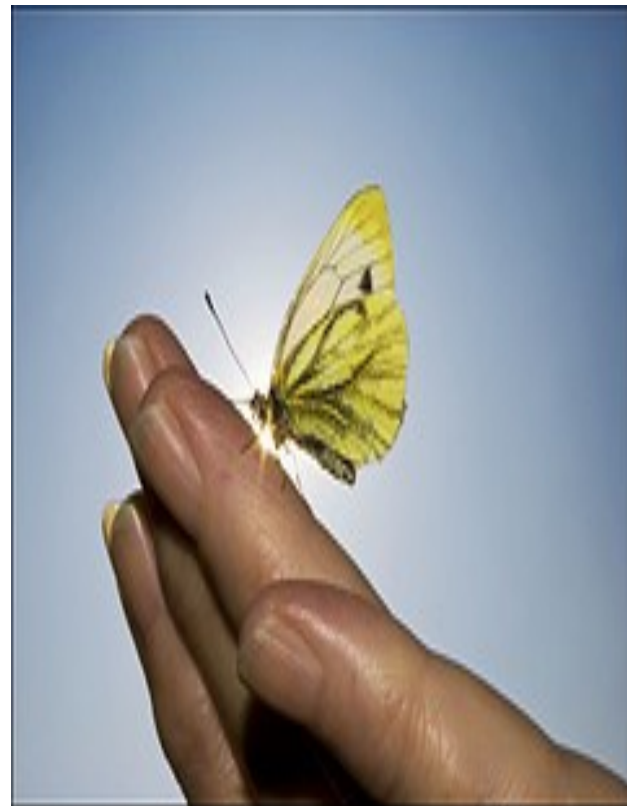
# *When to Call Crisis*

- Crisis clinicians are:
  - Available 24 / 7
  - Clinicians can often come to your location for an assessment
  - Gatekeepers for admission into a hospital
- Call for a phone consult when you are:
  - Concerned about someone's mental health
  - Need advice about how to help someone in distress
  - Worried about someone and need another opinion
- The phone call is free

***1-888-568-1112***

# For More Information

- [www.suicidology.org](http://www.suicidology.org)
- [www.sprc.org](http://www.sprc.org)
- [www.afsp.org](http://www.afsp.org)
- [www.spanusa.org](http://www.spanusa.org)
- [www.wvaspen.com](http://www.wvaspen.com)
- [www.wvsuicidecouncil.org](http://www.wvsuicidecouncil.org)
- Ø [www.jasonfoundation.org](http://www.jasonfoundation.org)
- Ø [www.jedfoundation.org](http://www.jedfoundation.org)



# *Contact Information*

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