Well Aware™ Webinar

Myths and Facts: Suicide in Adolescents

With David Jobes Ph.D. and Lance Neiberger

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Myths and Facts: Suicide in Adolescents

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This Well Aware Webinar is brought to you by the: Wyoming Department of Health in partnership with Wyoming Department of Education

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READ THE ISSUE ONLINE: Myths and Facts: Know the truth about suicide risk in students

Well Aware Wyoming Bulletin, September 2009 at: www.wdh.state.wy.us/mhsa/prevention/suicideindex.html

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Today's Presenter:

DAVID JOBES, Ph.D., ABPP

Researcher, Clinician and Author focusing on suicide in children and adolescents

Co-author of "Adolescent Suicide: Assessment and Intervention," considered the best and most authoritative text on treatment of suicidal adolescents

Consultant to CDC, Dept. of Veterans Affairs, Dept. of Defense and Institute of Medicine

With:

LANCE NEIBERGER Suicide Loss Survivor Community Advocate in Natrona County, WY

Together with attendees from Wyoming, the Mountain West states and beyond

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Setting the Stage with some STATISTICS about Youth Suicide:

- 3rd leading cause of death for ages 15-19 and 15-24 years of age. In Wyoming and much of rural America, suicide is the 2nd leading cause of death for youth.
- Quadruple the number of suicides for males 15-24 years today as 60 years ago; for females, this rate has doubled.
- ullet 4 males 15-19 years of age complete suicide for every 1 female suicide in this age group.
- 100-200 suicide attempts by youths occur, according to CDC estimates, for every completed suicide (based on YRBS data for students in grades 9-12).

- Firearms are used most often in youth suicide, accounting for 49% of completed suicides.
- 219 children ages 10-14 completed suicides in the U.S. in 2006.

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Graduation from Kindergarten-A happy time. 5 years later-Diagnosed with clinical depression. Senior year of high school-Died by suicide.

"We're talking about millions of school-age children who are losing hope in themselves and their future. This is youth suicide: tragic, shocking, incomprehensible. Angry, guilty and bewildered, we find ourselves asking, 'Why are these children giving up on themselves? What signs did we miss? What can we do to prevent this tragedy from happening again?" — A. KATHRYN POWER, M.Ed.Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Dept. of Health and Human Services

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Why do youths attempt and complete suicide?

Most often, they have a MENTAL ILLNESS. They may hide it.

It may be undiagnosed.

They may minimize it.

They may deny it.

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Consider these compelling findings:

- \bullet An astounding 50% of ALL LIFETIME CASES of mental illness in America begin BY AGE 14, and
- 3/4 of them by age 24.
- The Takeaway? Many mental disorders emerge during childhood and adolescence.

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But can children really have mental illness?

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What are latest theories on why people kill themselves?

Joiner's (2005) interpersonal-psychological theory proposes that there are three causes of serious suicidal behavior, and all have to be present for someone to die by suicide:

- 1. Capacity
- 2. Thwarted Belongingness
- 3. Perceived Burdensomeness

Guggenheim fellow and suicidology researcher Thomas Joiner holds the Bright-Burton Chair in Psychology at Florida State University.

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Joiner's Theory:

1st, (and perhaps most important):

You cannot die by suicide unless you've developed the CAPACITY to die by suicide.

How do you develop the CAPACITY?

- Trying suicide makes it less scary.
- The more pain you endure, the more pain-tolerant you become.
- Over time, this can make you fearless.
- Getting used to pain can involve drug use, prostitution, repeated painful experiences.
- At first these experiences are unpleasant, scary and painful.
- Repeated over time, they can become a source of pain release.

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Joiner's Theory

2nd

You cannot die by suicide unless you've developed the DESIRE to die by suicide.

What comprises this DESIRE?

- SENSE OF THWARTED BELONGINGNESS: That you feel like you don't belong to a valued family group or community.
- PERCEIVED BURDENSOMENESS: That you perceive yourself to be a burden to the people you love and care about; that your very existence hurts them.

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What does a youth with suicidal thoughts look like?

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What does potential for suicide look like in youths?

- 1. Presence of a PSYCHIATRIC (MOOD) DISORDER
 - Major depressive disorder
 - Bipolar disorder
 - Anxiety disorder
 - Conduct disorder
 - Post-traumatic stress disorder
 - Schizophrenia

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What does potential for suicide look like in youths?

2. Expression of THOUGHTS OF SUICIDE, DEATH, DYING OR THE AFTERLIFE

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What does potential for suicide look like in youths?

3. Impulsive or aggressive BEHAVIORS, frequent expressions of RAGE

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What does potential for suicide look like in youths?

4. Increasing use of ALCOHOL OR DRUGS

Is she using alcohol or drugs as a way to reduce suffering, a way to self-medicate a "PSYCHACHE" that may be becoming unbearable?

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What does potential for suicide look like in youths?

5. Exposure to another's SUICIDAL BEHAVIOR

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What does potential for suicide look like in youths?

- 6. Recent and severe STRESSOR OR LOSS
 - Breakup of a key relationship
 - Loss of a close personal relationship (due to divorce, death, moving or rejection)
 - Academic or sports failure
 - Unplanned pregnancy
 - Sexual orientation difficulties
 - Brush with the law
 - Financial, income or job loss
 - Significant interpersonal conflict

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What constitutes serious suicidal thinking or a suicidal act?

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What should I say to someone who may be thinking about suicide?

Case in Point DeQuincy Lezine

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- DeQuincy Lezine Attempted suicide three times when an undergraduate
- Diagnosed with Bipolar Disorder
- Today he uses his doctorate in psychology to advance the field of suicidology through research and clinical practice.
- Q. What did your best friend do to help you get through bouts of depression and feeling suicidal?
- A. She was just there for me. She listened to me, didn't judge me. She always believed I'd get through. That I deserved to get through, deserved to be happy. She was someone to hold the belief that my life

was worth living.

- Q. Do you feel that's what kept you here, kept you from completing suicide?
- A. Definitely. She was more instrumental than the therapy and the meds.
- Q. What can people do to help someone who may be suicidal?
- A. The important thing is just caring. It's the inclination most people would have if someone was physically ill and felt like they were dying. They'd be compassionate, caring, listen to them, help them out.

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What must we all do to prevent youth suicide?

1. FACE THE ISSUE.

Youth suicide: We have a PROBLEM.
Reducing stigma about suicide: I'm willing to FACE IT.
Commit to educating myself: I have a ROLE TO PLAY.
Help those in distress: I'm willing to ACT in a way appropriate to my role.

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What must we all do to prevent youth suicide?

2. START YOUNG.

"By the time someone is in the 11th or 12th grade, it's a little late to talk about coping skills, resiliency, competency. You're behind the curve." -MORTON M. SILVERMAN, M.D., University of Chicago and Suicide Prevention Resource Center, in Advancing Suicide Prevention magazine, Jan. 2006 issue

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What must we all do to prevent youth suicide?

3. BE VIGILANT.

Watch and recognize: Be ATTUNED TO SIGNS.
Reach out and engage someone: Show CARING AND CONCERN.
Ask about distress level and intent: Say the "S" WORD.
Understand how to best intervene: Know WHAT TO SAY and what to do that can help.

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What must we all do to prevent youth suicide?

4. CONNECT THE DOTS.

Shaping curricula, training, and policies: In SCHOOLS.

Securing health care treatment: With CLINICIANS.

Accessing support services: With COMMUNITY SERVICES.

Involving those closest to at-risk youth: With FAMILIES AND FRIENDS of youths in distress.

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What must we all do to prevent youth suicide?

- 1. FACE THE ISSUE.
- 2. START YOUNG.
- 3. BE VIGILANT.
- 4. CONNECT THE DOTS.