



CLICK HERE FOR

HOPE & HELP

RESOURCES FOR STUDENTS,
FAMILIES AND COMMUNITIES
DEALING WITH ISSUES OF
MENTAL HEALTH
AND SUICIDE

CALL TO ACTION

A CALL TO ACTION

PREVENTING YOUTH SUICIDE

ADDRESSING A MERCER COUNTY PUBLIC HEALTH ISSUE

Hosted by the Mercer County
Superintendents of Schools
at Rider University

January 9, 2018

A PUBLIC HEALTH ISSUE

- × Parents
- × Mental Health Staff
- × Elected Officials
- × Clergy/Youth Faith Leaders
- × Law Enforcement
- × Physicians
- × Youth Organizations-Clubs/Sports
- × Higher Education
- × Educators

A CALL TO ACTION

“In Mercer County, we are in the midst of an alarming trend regarding teenage mental health concerns.

We write this letter jointly as superintendents representing every public school in Mercer County (*Broadened to include every school whether public, private, non-public/parochial and charter*) because we are heartbroken by the senseless loss of our children”.

A CALL TO ACTION

“What should further concern us all is the alarming number of students referred for mental health services, sent to crisis centers, or hospitalized for self harming acts or ideations.”

Mercer County Superintendents of Schools
(December 2017)

Tonight, let's talk as if there was no one in the room except you... and me. Let's discuss, without stigma and shame:

- **Risk Factors and WARNING SIGNS**
- **Raising healthy children**

TONIGHT'S GOALS

1. Increase our understanding youth suicide, including
 - Suicide **Risk Factors** that contribute to suicidal thinking
 - Suicide **Warning Signs** that require immediate action
 - **Protective Factors** that promote emotional safety
2. Identify school and community resources that can help in prevention and treatment
3. Offer support to parents/guardians, and other significant adults to identify youth at risk and connect them to services

YOUR SAFETY THIS EVENING

If the information shared this evening is troubling, there is a safe space available for calming and support provided by members of the Mercer County Traumatic Loss Coalition.

LET'S USE A COMMON LANGUAGE

1. **Suicidal Ideation**- thoughts of wanting to die
2. **Suicidal Behavior**- acting on those thoughts including researching, preparing and attempting
3. **Non-Suicidal Self-Injury (NSSI)**- self-directed injury hoping for temporary relief from symptoms
4. **Suicide Attempt**- Non-fatal, self-directed behavior with intent to die
5. **Suicide**-death as a result of self-directed behavior

Inside all of this is significant emotional hurt and pain.

2016 NJ YOUTH SUICIDE REPORT

Suicide Attempts* (Ages 10-24)

***Reported or requiring medical attention**

- 2,731 of our children (2013-2015)
 - 61% were our boys
 - 39% were our girls

2016 NJ YOUTH SUICIDE REPORT

Suicide Attempts* (Ages 10-24)

*Reported or requiring medical attention

- 2,731 of our children (2013-2015)
 - 61% were our boys
 - 39% were our girls
- **Mercer County** is one of 3 counties in NJ with highest rates of suicide attempts and self-inflicted injuries seen by hospital ER's.

2016 NJ YOUTH SUICIDE REPORT

Suicide Deaths (Ages 10-24)

- 269 of our children (2013-2015)
 - 73% male
 - 27% female
- **Mercer County** youth suicides during this time totaled 12.

Suicide remains the third leading cause of death for
New Jersey youth between the ages of 10 and 24.

*New Jersey Youth Suicide Report
2016*

KEY CONCEPTS

- Suicide stems from multiple factors coming together.
- Mental health distress is a key risk factor and often missed.
- Life stressors can play a precipitating role in suicidal behaviors, but not in isolation.
- Suicide is not a single cause-effect phenomenon.

WHAT'S A PARENT TO DO?

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- 3. Talk to your child directly**

The following behaviors, Risk Factors, serve as red flags that let us know to stop and pay more attention to our children.

CONSIDER THESE...

- Irritability, anger, hostility, self-injury
- Extreme sensitivity to rejection or failure
- Frequent complaints of physical illness
- Frequent absences/tardiness to school or work
- Decrease in school or work performance

AND THESE

- Temper outbursts and blaming
- Bullying or intimidating behaviors towards others
- Aggression and physical cruelty to people or animals
- Isolation
- Use of drugs and alcohol

RISK FACTORS ALSO INCLUDE

- Family history of suicide or mental illness
- Childhood physical or sexual abuse
- Exposure to suicide
- Social isolation, lack of social support, excessive use of social media and/or violent video games
- Access to lethal means (guns, pills, alcohol)
- Impulsivity

INCREASED RISK FACTORS FOR SUICIDE

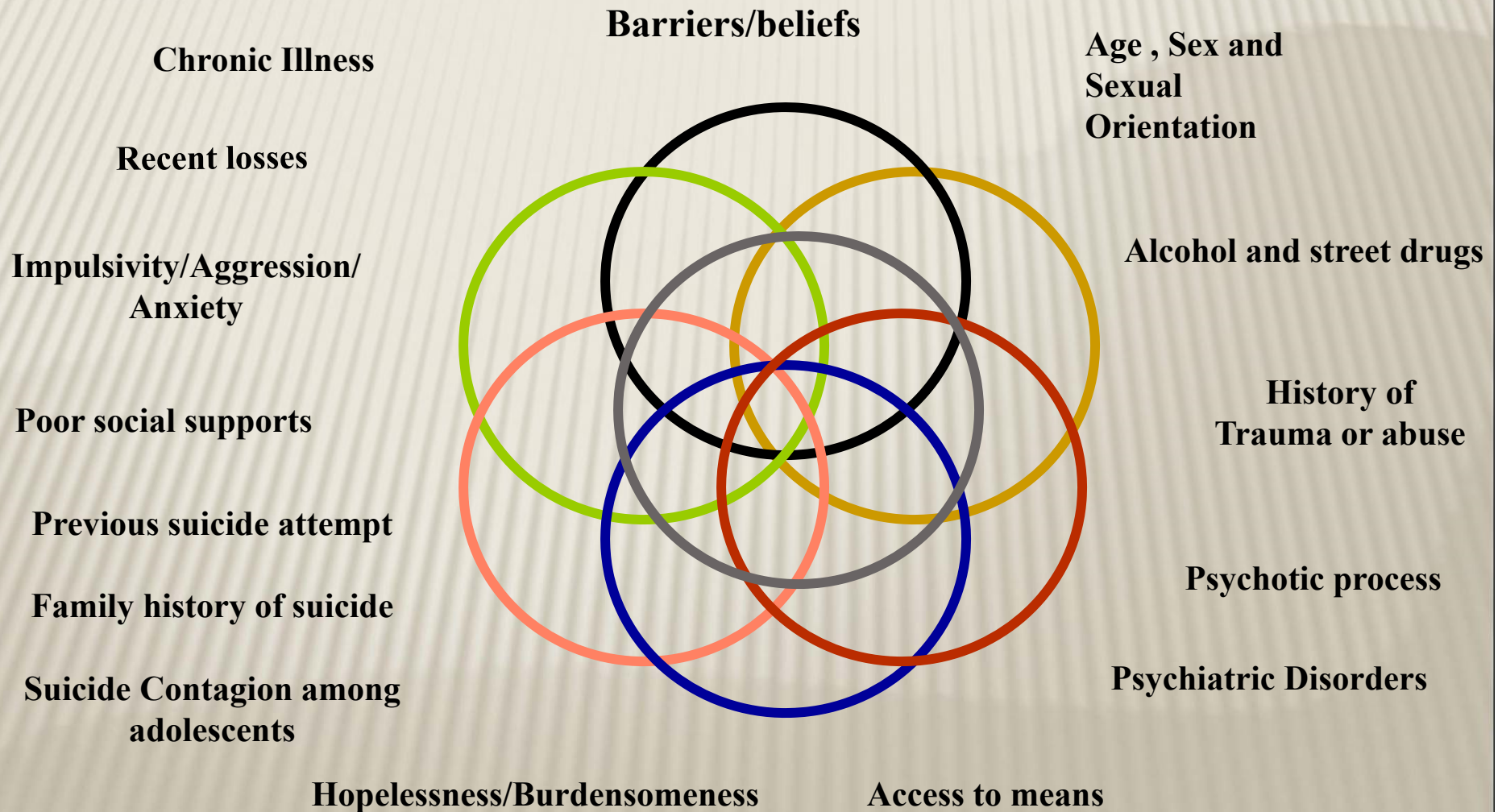
<i>Compared to the general population, individuals with a history of...</i>	<i>Have a suicide risk that is...</i>
Prior Suicide Attempt	Almost 40 times greater than the expected rate
Major Depression	20 times greater than the expected rate
Mixed Drug Abuse	19 times greater than the expected rate
Bipolar Disorder	15 times greater than the expected rate
Schizophrenia	Almost 9 times greater than the expected rate
Alcohol Abuse	Almost 6 times greater than the expected rate

*Note: The mental health issues above represent a smaller subset of the larger US population. It is important to consider only that there is an **elevated risk** for these mental health/substance abuse issues.

FOCUS ON TEEN DEPRESSION

- Untreated depression is responsible for more suicide deaths than any other single risk factor.
- Depression can also negatively impact academic performance and social development.
- An estimated 8-12% of high-school aged youth will suffer from clinical depression during a given year.
- **Only one out of every three adolescents with depression gets help.**

RISK FACTORS/LIFE STRESSORS



COMMUNITY RISK FACTORS

- ❖ **Access to lethal means**
- ❖ **Stigma** associated with help-seeking
- ❖ **Lack of access to helping services**
- ❖ **Frequent moves** and changes in living situation

COMMUNITY RISK FACTORS (CONTINUED)

- ❖ **Incarceration** or loss of freedom; trouble with the law
- ❖ **Exposure to unsafe media reporting**, and influence of others who have died by suicide
- ❖ **Loss of family, friends, or idols to suicide**
- ❖ **Anniversary** of someone else's suicide/death

WARNING SIGNS: ACT IMMEDIATELY

The following require our immediate attention and our immediate action.

TALK: SUICIDE WARNING SIGNS

Listen for talk about:

- Killing themselves
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Feeling ashamed or humiliated
- Unbearable physical or emotional pain

BEHAVIOR: SUICIDE WARNING SIGNS

When a behavior is new or has increased, especially if it's related to a painful event, loss, or change= warning sign

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities

BEHAVIOR WARNING SIGNS

- Isolating from family and friends**
- Sleeping too much or too little**
- Visiting or calling people to say goodbye**
- Giving away prized possessions**
- Aggression**

MOOD: SUICIDE WARNING SIGNS

People who are at risk for suicide often display one or more of the following moods.

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety
- Impulsivity

PROTECTIVE FACTORS THAT MINIMIZE RISK

- Access to care for mental and physical health needs;
- Social integration and connections to social groups;
- Limited use of social media and video games
- Help seeking behavior/ advice seeking;
- Family cohesion;

PROTECTIVE FACTORS

- Lack of access to means (firearms, drugs, alcohol);
- Stability in home and personal life;
- Effective coping skills/self-care;
- Achievement and sense of accomplishment (academic, sports, clubs)

What happens in life, that some of our children will
grow and present like this...









While other children grow up like this...



× **Feeling sad and disconnected**



Unsure how to resolve hurt feelings



Unable to manage intense fear and fright



Not knowing what to do with the anger.



Feeling isolated and disconnected

~~WHY DO TOO MANY WIND UP
HERE...~~

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© Can Stock Photo

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- **inflicting harm on others**



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- **drinking and drugging to numb the pain**
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- **inflicting harm on others**
- **wanting and trying to end their life**

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- **drinking and drugging to numb the pain**
- **cutting or burning to relieve the hurt**
- **failing in spite of immense potential**
- **isolating and avoiding**
- **inflicting harm on others**
- **wanting and trying to end their life**
- **dying**

TRAUMATIC EVENTS

- × Neglect
- × Emotional, physical and sexual abuse
- × Domestic Violence
- × Addictions in the family
- × Harsh and demeaning language toward others
- × Exposure to suicide attempts and deaths
- × Lack of appropriate supervision
- × Being a bully and being bullied

EMOTIONAL SAFETY NEEDS

Security, protection, stability, predictability

BELONGING AND LOVE NEEDS
Family, Affection, Relationships, Hugs

WHAT CAN GET IN THE WAY?

→ **Living in a chaotic family, neighborhood or school**

- Pervasive anger and rage
- Addictions, and abuse of alcohol and drugs
- Violence toward others, especially mom
- Feeling afraid and not feeling important
- Untreated mental health concerns
- Sexual, physical, emotional abuse
- Absence of a caring adult for protection
- Suicidal thinking, attempts

~~SAFETY FOR OUR CHILDREN MEANS~~

- 1. Creating a safe classroom/home physically and emotionally**
- 2. Nurturing attachments**
- 3. Avoiding shame and embarrassment**
- 4. Avoiding negative judgment and harsh language**
- 5. Being predictable**
- 6. Affirming the value of the children**
- 7. Never giving up**
- 8. Always believing change is possible**

THE EFFECTS OF SOCIAL MEDIA

1. Isolation
2. Exposure to themes where youth are cast in the role of adults, defending themselves from an aggressive enemy using guns and other violent means and committing sexual acts and aggression.
3. Experiencing fight/flight stress responses

Not all children/youth can manage this role.

PERFECT PARENTING???

To continually chastise and blame yourself for your past errors and mis-steps in parenting, keeps you focused on your own “stuff”, and keeps you out of relationship with your children.

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To continually chastise and blame yourself for your past errors and mis-steps in parenting, keeps you focused on your own “stuff”, and keeps you out of relationship with your children.

It's never too late to make changes and move toward greater personal health and harmony.

PERFECT PARENTING???

“With someone to lean on, and with love, the brain can recover from what might otherwise be damaging effects.”

(Center on the Developing Child; Jack Shonkoff)

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1. Manage your own baggage. Work to make sense of your own story.
2. Understand that childhood's chronic challenges are different than childhood's chronic stresses.
3. Offer “facetime” with your child, without a “yuk” face, using a soothing eye gaze.

WHAT IS A PARENT TO DO?

4. If you lose your temper, apologize—Right Away!
5. Validate (not condone) and normalize all of their emotions and feelings
6. Strengthen attachments

WHAT IS A PARENT TO DO?

7. Amplify the good feelings.
8. Use the incredible power of the 20 second hug.
9. Make what's happening a safe and open conversation.
10. Consult with others who are knowledgeable and willing to help you

WHAT ELSE CAN YOU DO?

- **Engage your children in regular conversations (not interrogations) about school, friends, and how things are going in their lives;**
- **Share your worries and concerns; let your children know you're thinking about their well being;**
- **Remind your children they are important and your love them. Tell them again.**

WHEN YOU ARE CONCERNED...

- **Tell your child, and your spouse/partner you are concerned...**
- **Call the school counselor for advice...**
- **Ask for the names of private counselors and agencies, and then make an appointment...**
- **Speak with your child's physician, express your worries and concerns...**
- **If your "gut feeling" keeps you concerned, don't ignore the feeling.**

CONNECTING WITH SOMEONE AT RISK: WHAT TO DO

- **Listen!** Many individuals who attempt suicide communicate their plans in advance.
- **Observe!** Have you noticed Warning Signs? Does their mood seem different than what they are communicating?
- **Pay attention to your gut sense**, especially if the person assures you they will be “fine” but your gut tells you they are not.
- **Ask directly** about their suicidal feelings.
- **Remain calm.** There is no need to overreact.
- **Offer a message of hope.** Let them know you will assist them in getting help.

CONNECTING WITH SOMEONE AT RISK: WHAT NOT TO DO

- **Do not minimize their feelings** or offer false reassurances, e.g. “You’ll feel better tomorrow”
- **Do not rely on their promise** or contract for safety. *A promise of safety is NOT a substitute for a mental health assessment.*
- **Don’t promise** to keep it a secret.
- **Don’t ask “why?”** It can make people defensive.
- **Don’t leave** the person alone.
- **Don’t transfer them abruptly** to someone else; stay with them if possible until a smooth transition is made.

WHO IS YOUR SUPPORT TEAM?

We can't do this alone. Often it requires us to partner with others who we TRUST. Consider creating a support team to include:

School Counselors

School Child Study Team Members

Your pediatrician

Pastor, priest, rabbi, imam

Private Therapist/Local Agencies

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HAVING ACCESS TO OTHER HELPERS

What can you do? Who can you call?

- NJ Hopeline 1-855-654-6735
- 2nd Floor Helpline 888-222-2228 (talk/TEXT)
- National Lifeline 1-800-273-8255
- Am. Foundation for Suicide Prev. afsp.org
- 9-1-1 in any Emergency

SUICIDE SAFETY APP



Available for I-Phones, Androids and Google

TLC

If you are a youth serving organization (a school, scouting, a faith group, a sports league or team) and you are concerned about your children and adolescents, OR if a tragedy hits and you need support, call:

New Jersey **Traumatic Loss Coalition** for Youth

732-235-2810

TLC4teens.org

(with an introduction by Laurie Hernandez, Olympic Gold Medalist)

MEDIA GUIDELINES

It is essential to the wellbeing of survivors of a suicide death, that all reporting use the guidelines for safe messaging.

The way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Copies of the media guidelines are available for media representatives this evening (**print news; school news; blogs; social and TV media**)

Assistance is available by contacting the Traumatic Loss Coalition at **732-235-2810**

You do not have to be alone in this.

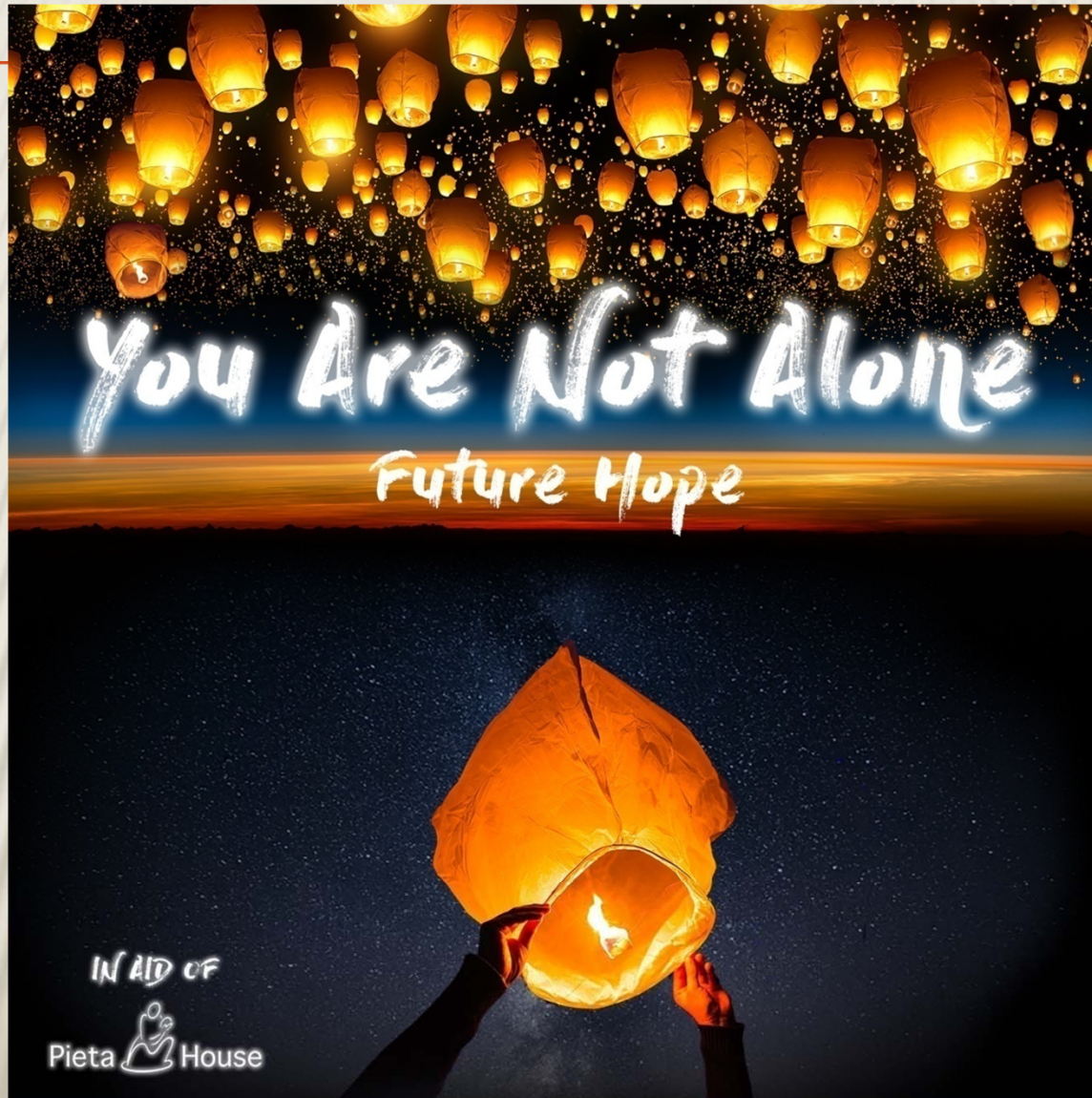
It is never too late to make a difference in the life of your child. Never!!

WHAT'S NEXT? IS THERE MORE?

The Superintendents recognize that tonight's information can raise additional questions, and interest.

Therefore, planning has begun for additional public forums to address your specific needs.

When you complete tonight's survey, you will have the opportunity to share your thinking.



IN AID OF

Pieta  House

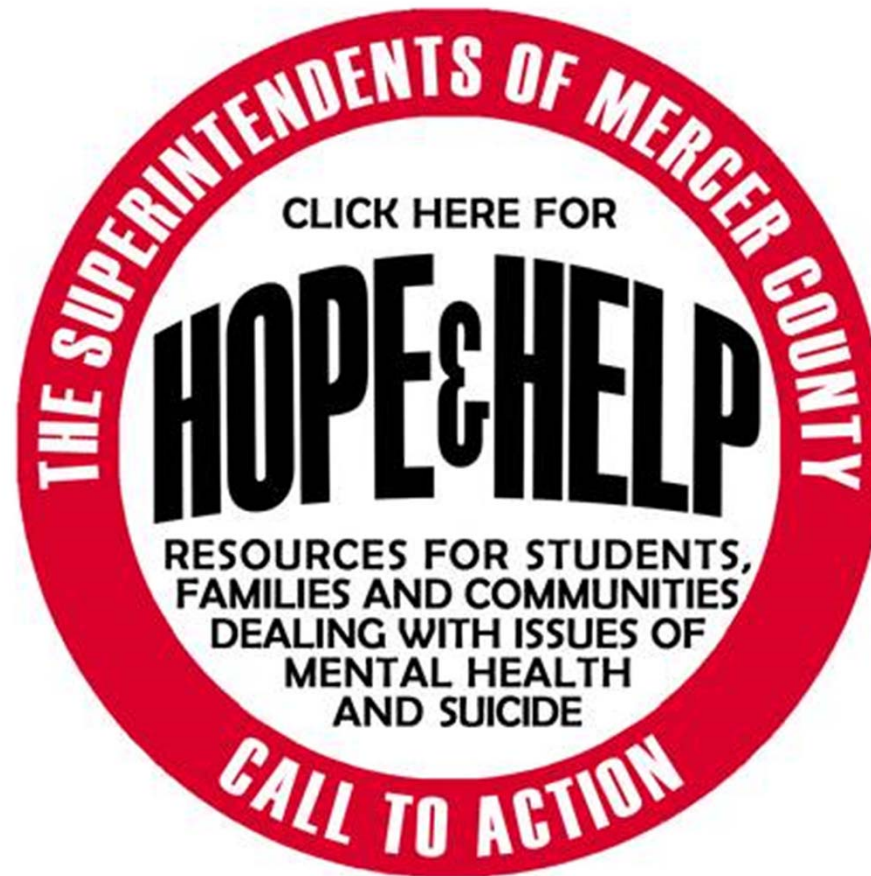
HERE IS THE BEST ADVICE





Thank you for being part of this!!

Just being here shows that you care.



THANK YOU! TOGETHER, WE CAN DO THIS!!!