

**Social Challenges
for Teens
IN
2020**

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What Issues do young
people face?

Youth Issues

- ▮ Drugs
- ▮ Alcohol
- ▮ Hazing
- ▮ Bullies
- ▮ Depression
- ▮ Suicide
- ▮ Dangerous Games
- ▮ Peer pressure
- ▮ technology

Why?

- Times have changed or have they?
- What is growing up like in the age of technology?
- Who can youth turn to?
- What supports are naturally here and which do we need to fill

How big of a problem

10 Leading Causes of Death by Age Group, United States - 2017

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,580	Unintentional Injury 1,267	Unintentional Injury 715	Unintentional Injury 869	Unintentional Injury 13,441	Unintentional Injury 25,969	Unintentional Injury 22,828	Malignant Neoplasms 39,266	Malignant Neoplasms 114,810	Heart Disease 519,052	Heart Disease 647,457
2	Short Corotation 3,749	Congenital Anomalies 424	Malignant Neoplasms 418	Suicide 517	Suicide 6,252	Suicide 7,948	Malignant Neoplasms 10,900	Heart Disease 32,658	Heart Disease 80,102	Malignant Neoplasms 427,890	Malignant Neoplasms 599,108
3	Maternal Pregnancy Comp. 1,432	Malignant Neoplasms 325	Congenital Anomalies 188	Malignant Neoplasms 437	Homicide 4,995	Homicide 5,488	Heart Disease 10,401	Unintentional Injury 24,461	Unintentional Injury 23,455	Chronic Low Respiratory Disease 136,139	Unintentional Injury 189,938
4	SIDS 1,383	Homicide 303	Homicide 154	Congenital Anomalies 191	Malignant Neoplasms 1,374	Heart Disease 3,681	Suicide 7,335	Suicide 8,561	Chronic Low Respiratory Disease 18,667	Cerebrovascular 125,653	Chronic Low Respiratory Disease 160,201
5	Unintentional Injury 1,317	Heart Disease 127	Heart Disease 75	Homicide 178	Heart Disease 913	Malignant Neoplasms 2,616	Homicide 3,351	Liver Disease 8,312	Diabetes Mellitus 14,904	Alzheimer's Disease 120,107	Cerebrovascular 146,383
6	Placenta Cord Membranes 843	Influenza & Pneumonia 104	Influenza & Pneumonia 62	Heart Disease 104	Congenital Anomalies 355	Liver Disease 918	Liver Disease 3,600	Diabetes Mellitus 6,409	Liver Disease 13,737	Diabetes Mellitus 59,620	Alzheimer's Disease 121,464
7	Bacterial Sepsis 592	Cerebrovascular 66	Chronic Low Respiratory Disease 59	Chronic Low Respiratory Disease 75	Diabetes Mellitus 248	Diabetes Mellitus 823	Diabetes Mellitus 2,118	Cerebrovascular 5,198	Cerebrovascular 12,708	Unintentional Injury 55,951	Diabetes Mellitus 83,564
8	Circulatory System Disease 449	Septicemia 48	Cerebrovascular 41	Cerebrovascular 56	Influenza & Pneumonia 190	Cerebrovascular 593	Cerebrovascular 1,811	Chronic Low Respiratory Disease 3,975	Suicide 7,982	Influenza & Pneumonia 46,862	Influenza & Pneumonia 55,672
9	Respiratory Distress 440	Benign Neoplasms 44	Septicemia 33	Influenza & Pneumonia 51	Chronic Low Respiratory Disease 188	HIV 513	Septicemia 854	Septicemia 2,441	Septicemia 5,838	Nephritis 41,670	Nephritis 50,633
10	Neonatal Hemorrhage 379	Perinatal Period 42	Benign Neoplasms 31	Benign Neoplasms 31	Complicated Pregnancy 168	Complicated Pregnancy 512	HIV 831	Homicide 2,275	Nephritis 5,671	Parkinson's Disease 31,177	Suicide 17,173

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Causes of death age 15 to 24

- Accidents 41 %
- Suicide 18%
- Homicide 16%
- Drugs and Alcohol 15%
- Cancer 5%
- Heart Disease 4%
- Congenital Conditions 1.5%
- Chronic Lower Respiratory Disease .7%
- Stroke .6%
- Flu and Pneumonia .7%
-

Top 4 causes of death for youth in PA ages 15 to 24

1. Poisonings ,Unintentional injury
2. Traffic Accidents
3. Suicide
4. Homicide

What is Suicide?

- Suicide (Latin suicidium, from sui caedere, to kill oneself) is the intentional killing of oneself. The most common cause is an underlying mental disorder which include depression, bipolar disorder, schizophrenia, alcoholism and drug abuse.

Defining the Problem

- Attempted suicide is a potentially self-injurious act committed with at least some intent to die as a result of the act.¹
- Suicide is an attempt to solve a problem of intense emotional pain with impaired problem-solving skills.²
- Individuals of all races, creeds, incomes, and educational levels die by suicide. There is no typical suicide victim.³

1. Kalafat, J. & Underwood, M. *Making Educators Partners in Suicide Prevention*. Lifelines: A School-Based Youth Suicide Prevention Initiative. Society for the Prevention of Teen Suicide. <http://spts.pldm.com/>

2. Kalafat, J. & Underwood, M. *Making Educators Partners in Suicide Prevention*. Lifelines: A School-Based Youth Suicide Prevention Initiative. Society for the Prevention of Teen Suicide. <http://spts.pldm.com/>

3. Clayton, J. *Suicide Prevention: Saving Lives One Community at a Time*. American Foundation for Suicide Prevention. http://www.afsp.org/files/Misc_//standardizedpresentation.ppt

“The Choking Game”
is *KILLING* and *INJURING*
American children
everyday.

When will we begin to
educate them?

What is the Choking Game?

The “Choking Game” or “Black Out” is a deadly activity that is currently taking the lives of hundreds of children each year.

The Choking Game achieves a brief high or euphoric state by stopping the flow of blood containing oxygen to the brain. Sometimes children choke each other until the person being choked passes out. The pressure on the arteries is then released and blood flow to the brain resumes causing a "rush" as consciousness returns.

There are variations of this activity which involve hyper-ventilating until the participant loses consciousness. There is a lesser chance of death but it is still not safe. Playing this game in any form causes the permanent and cumulative death of large numbers of brain cells. The variation in blood pressure may also cause strokes, seizures, and retinal damage.

Why are Children Playing?

- Many times the Choking Game starts off as a social activity, being learned in school yards, sleepovers and camps. It is taught as a fun activity and never are they made aware of the dangers.
- Adolescents end up doing it alone, which is even more dangerous—nobody's around to help them if they pass out. Children have indicated that they get a relaxed feeling. Also, the rush they're getting can be addictive.
- The plan is to release pressure at just the right time before passing out. If they pass out first, the weight of their body pulls on the ropes and they can die. There's also the chance of seizures, stroke, or injuries from a fall.
- Playing the game in any form causes the permanent death of a large number of brain cells. Within 3 minutes without oxygen to the brain, a person will suffer noticeable brain damage. Between 4 and 5 minutes, a person will die. Some of those kids who died were alone for as little as 15 minutes before someone found them, and it was already too late.

Understand the warning signs

- *Any suspicious mark on the side of the neck, sometimes hidden by a turtleneck, scarf or permanently turned-up collar.*
- *Changes in personality, such as overtly aggressive or agitated.*
- *Any kind of strap, rope or belt lying around near the child for no clear reason—and attempts to elude questions about such objects.*
- *Headaches (sometimes excruciatingly bad ones), loss of concentration, flushed face.*
- *Bloodshot eyes or any other noticeable signs of eye stress.*
- *A thud in the bedroom or against a wall—meaning a fall in cases of solitary practice.*
- *Any questions about the effects, sensations or dangers of strangulation.*
- *Some private symbolisms, indicating participation in self-asphyxiation behaviors have been reported - they might look like this:
:p\\ or :)lll*

Why Talk About Bullying?

Bullying

- Is encountered by the majority of adolescents.
- Can cause serious harm to its victims.
- Has been associated with victims' acts of extreme violence against themselves and others in recent years.
- Can be stopped.

What Is Bullying?

Bullying is any behavior that

- is – Deliberate and hurtful
- Repeated over time
 - Characterized by a relationship involving an imbalance of power, such as size or popularity

Bullying can

- Be physical, verbal, emotional, social, behavioral, or any combination.
- Occur on the bus, at school, at after-school activities, and even online via the Internet.

Examples of Bullying

- Hitting or kicking
- Stealing or damaging belongings
- Menacing gestures or facial expressions
- Repeated name-calling
- Teasing and taunting
- Spreading rumors
- Coercion
- Intentional exclusion from the group
- Cyberbullying

What is the difference between bullying and good-natured joking?

Bullying

- Is intentionally hurtful.
- Happens repeatedly.
- Involves an imbalance of power, real or perceived, between the bully and the victim.

How do we Help?

- Listen to youth
- Be a caring adult in their life
- Take them seriously
- Teach resilience
- Pay attention

How can Scout leaders assist victims of bullying?

1. Take victims of bullying seriously.

- They may be very upset and not show it.
- Talk privately so they feel safe, while observing Youth Protection standards, and let them know it's not their fault.
- Bullying situations are not appropriate for mediation sessions, where youth work things out themselves.
- Interview bystanders if the bullying happened during a Scouting activity.

How can Scout leaders and parents redirect Scouts who bully others?

2. Hold Scouts who have bullied others accountable for their actions.

- Stress that the behavior is not acceptable, and that they are fully responsible for their choices.
- Calmly impose consequences for bullying behavior, while communicating that you value the Scouts, but they must stop behaving aggressively.
- Encourage apologies, but do not set up a mediation session as this could be intimidating for victims.
- Be alert for the Scout who stops bullying when adults are around, then continues bullying when alone with victims.

How can Scout leaders and parents redirect Scouts who bully others?

3. Avoid labeling *bullies*

- when addressing Scouts who have engaged in bullying behaviors directly and
- when referring to them while speaking to their parents and others.
- Talk about the specific unacceptable behaviors instead.

How can Scout leaders and parents redirect Scouts who bully others?

4. Notice appropriate behavior.

- Youth who are trying to change for the better often continue to receive feedback only about their negative behavior.
- Sandwich feedback about how to improve between genuinely positive comments.
- Don't be tempted to negate compliments by saying, "Why can't you always behave this way?"

How can Scout leaders and parents redirect Scouts who bully others?

5. Help the Scouts discover *replacement behaviors* to engage in instead of bullying.

- Give the Scouts leadership roles, and provide immediate feedback about what they do well.
- Tell the Scouts what you want them to do, not what you don't want.
- Encourage the Scouts to use their influence in positive ways.

How can Scout leaders and parents redirect Scouts who bully others?

6. Help Scouts who bully develop empathy.

- Encourage participation in service activities that foster empathy for people who are different from them.
- Discuss the feelings of characters being bullied in movie clips.

Drugs and Alcohol

- Drugs and alcohol continue to be a large social issue for our Youth.
- Alcohol is still #1
- Marijuana is a close second.
- Tobacco remains a large issue.

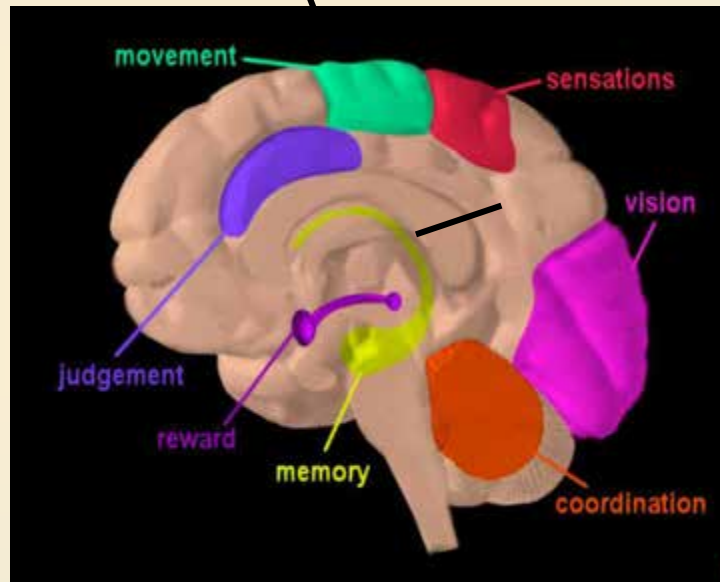
For young people,
alcohol is the
number one drug of
choice, using alcohol
more frequently and
heavily than all other
illicit drugs
combined.

Alcohol affects the mind and body in unpredictable ways and teens lack the judgment and coping skills to handle alcohol wisely. These dynamics can have dangerous results.

Alcohol and drug use by young people is very risky:

- **Alcohol and drug-related traffic crashes are the number one cause of death among teens.**
- **Alcohol and drug use is also linked with youthful deaths by drowning, suicide and homicide.**
- **An individual who begins drinking or using drugs as a young teen is four times more likely to develop Substance dependence than someone who waits until adulthood to use alcohol or drugs.**

1. Developmental Issues



2. Adolescence and the Brain

The Adolescent Brain is Still Developing

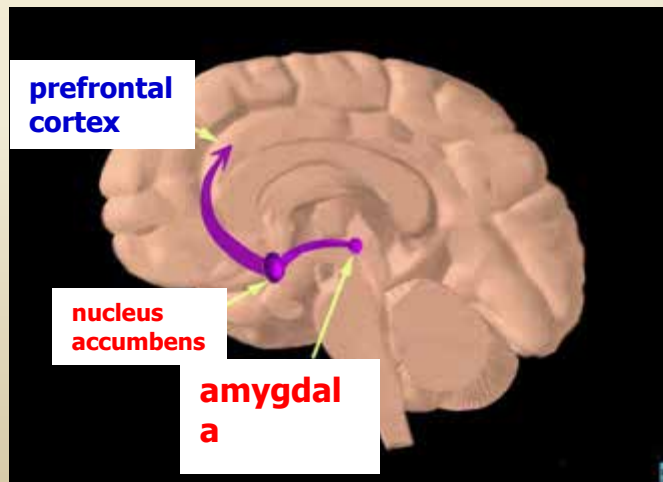
- **During adolescence, the brain is undergoing dramatic transformations**
 - **In some brain regions, over 50 % of neuronal connections are lost**
 - **Some new connections are formed**
 - **Net effect is pruning (a loss of neurons)**

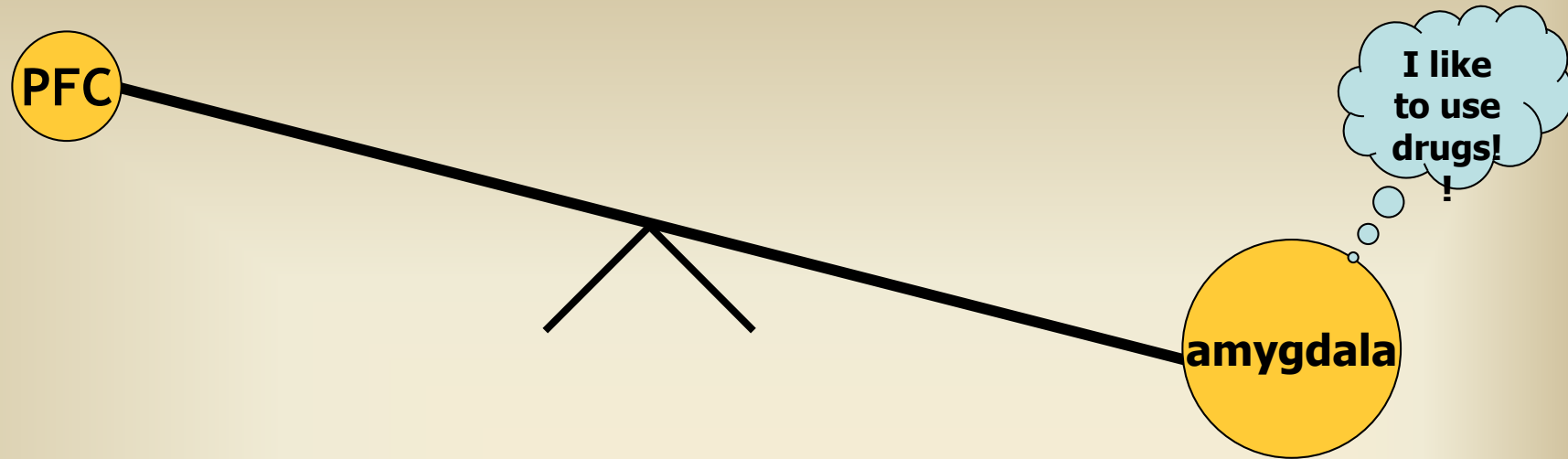
Adolescent Brain Changes

- These brain changes are relevant to adolescent behavior
 - Prefrontal cortex (PFC) is pruned; not fully developed until mid-20's
 - Amygdala (and n.a.) show less pruning and tend to dominate the PFC

judgment

reward system





This imbalance leads to...

↓ planned thinking

↑ impulsiveness

↓ self-control

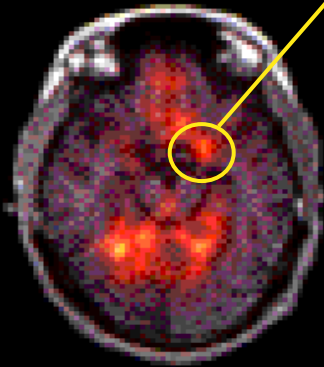
↑ risk-taking

more **“hot”** talking, less **“cool”**
talking

The Memory of Drugs

Front of Brain

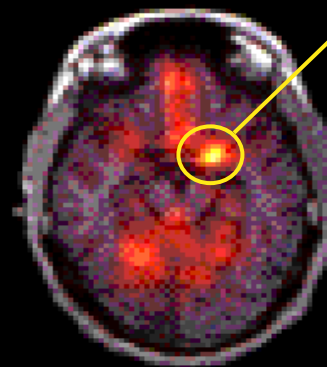
Amygdala
not lit up



Back of Brain

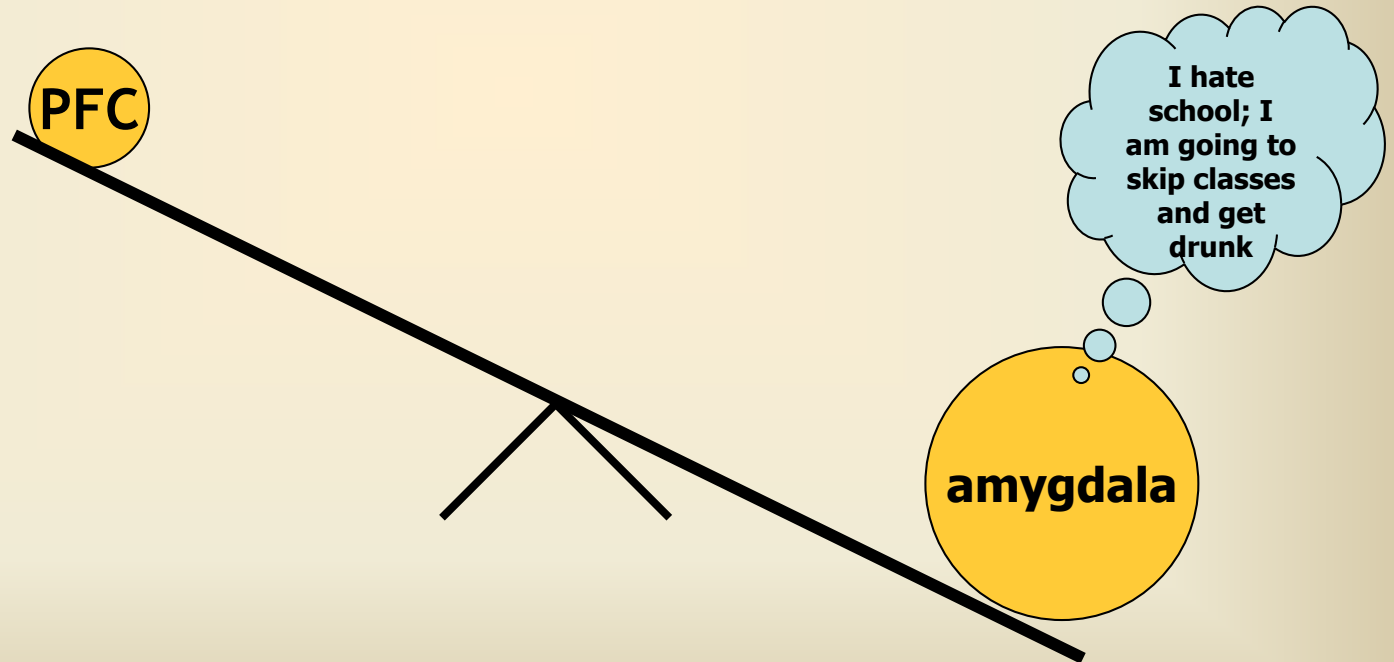
Nature Video

Amygdala
activated



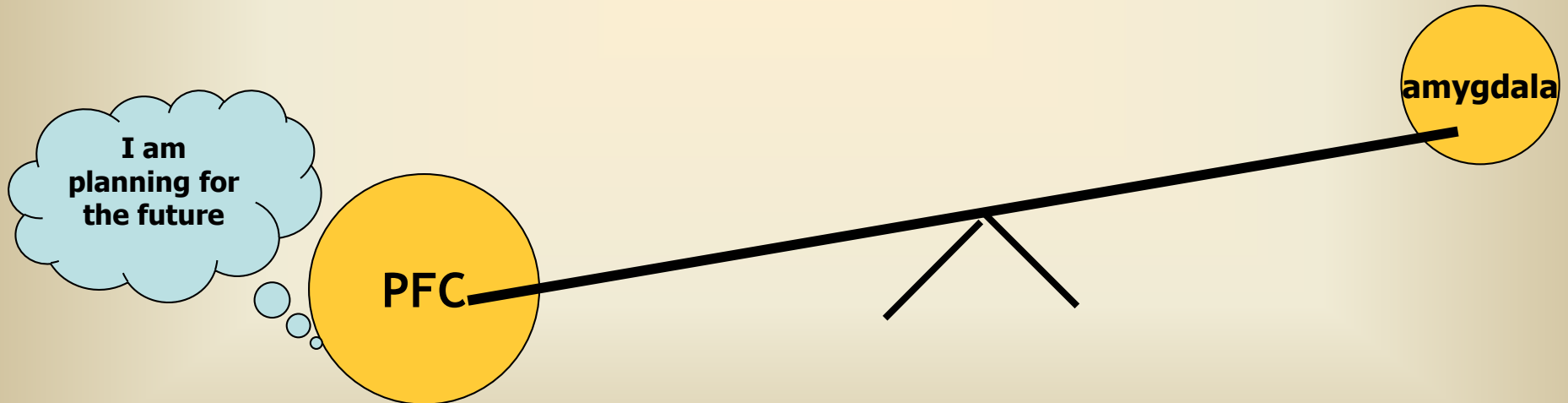
Cocaine Video

In the presence of stress...

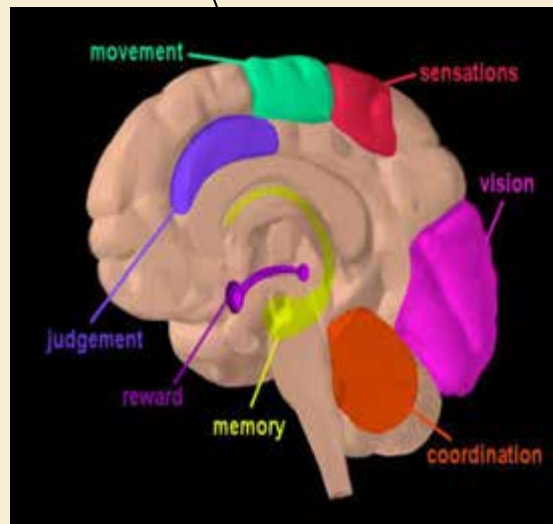


GOOD NEWS!

The pruning of the PFC neurons produces a more efficient PFC by young adulthood



1. Developmental Issues



2. Adolescence and the Brain

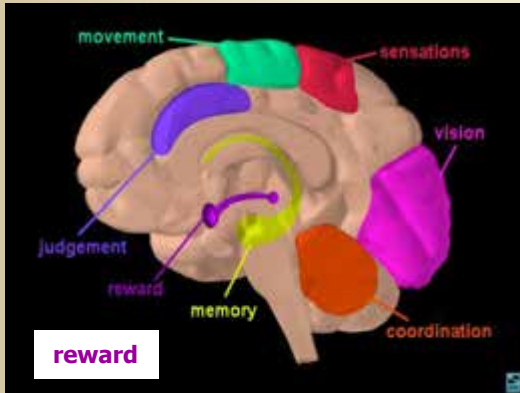
3. Brain and Alcohol

Is addiction a brain disorder?

From “Oops” to Dependence

“Oops Phenomenon”

- First use to “FEEL GOOD”
- Some continue to compulsively use because of the reinforcing effects (e.g., to “FEEL NORMAL”)
- Changes occur in the “reward system” that promote continued use



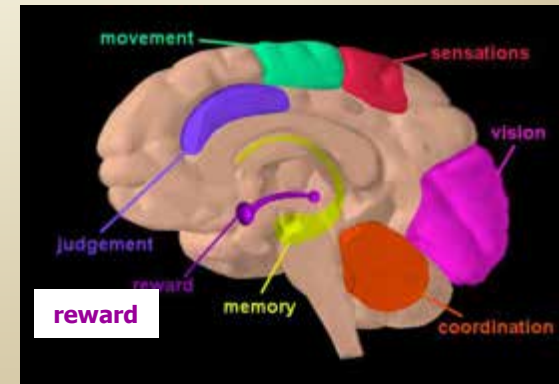
Reward System

- The reward system is responsible for seeking natural rewards that have survival value
 - seeking food, water, sex, and nurturing
- Dopamine is this system's primary neurotransmitter



Drugs Hijack the Brain's Reward Circuitry

- Immediate effect of drug use is an increase in dopamine
- Continued use of drugs reduces the brain's dopamine production.
- Because dopamine is part of the reward system, the brain is “fooled” that the drug has survival value for the organism.
- The reward system responds with “drug seeking behaviors”
- Craving occurs and, eventually, dependence.



Signs of Alcohol Abuse

- Problems remembering things you recently said or did
- Getting drunk on a regular basis
- Lying about how much alcohol you are drinking
- Thinking that alcohol is necessary to have fun
- Having frequent hangovers
- Feeling run-down, depressed, or even suicidal
- Having "blackouts"--forgetting what you did while drinking
- Having problems at school or getting in trouble with the law

What is resilience?

- Everyone experiences stress and difficult circumstances during their life.
- Most people can handle these tough times and may even be able to make something good from a difficult situation.
- Resilience is the ability to bounce back after experiencing trauma or stress, to adapt to changing circumstances and respond positively to difficult situations.
- It is the ability to learn and grow through the positive and the negative experiences of life, turning potentially traumatic experiences into constructive ones.
- Being resilient involves engaging with friends and family for support, and using coping strategies and problem-solving skills effectively to work through difficulties.

Factors That Contribute to Individual Well-Being

- Self Image: sense of self, including self-esteem secure identity, ability to cope, and mental health and well-being
- Behavior: social skills including life skills, communication, flexibility, and caring
- Spirit: sense of purpose, including motivation, purpose in life, spirituality, beliefs, and meaning
- Heart: emotional stability, including emotional skills, humor, and empathy
- Mind: problem solving skills, including planning, problem-solving, help-seeking, and critical and creative-thinking.
- Body: physical health, physical energy, and physical capacity

Characteristics of Suicide

Alternative to problem perceived as unsolvable by any other means:

Viewing suicide from this perspective has several important implications.

For one, just as someone may get a temporary high from a drug, he or she may obtain temporary attention, support, or even popularity after a suicide attempt.

A second implication of viewing suicide as an alternative is that suicide can then be understood as less than a wish to die than a wish to escape the intense emotional pain generate from what appears to be an inescapable solution.

Characteristics of Suicide

Person is often ambivalent:

What this means is that the person is feeling two things at the same time: there is a part of that person that wants to die and part that wants to live and both parts must be acknowledged.

While we line up with and unequivocally support the side that wants to live, this can't be done by ignoring or dismissing that side that wants to die.

Characteristics of Suicide

Crisis thinking colors problem solving:

When we think of a crisis as any situation in which we feel that our skills do not meet the demands of the environment, we realize that crises can be frequent visitors in most of our lives.

Characteristics of Suicide

Suicidal solution has an irrational component:

People who are suicidal are often unaware of the consequences of suicide that are obvious to the rest of the world.

For example, they are usually not thinking about the impact of their death on others, or they hold a perception they will be reincarnated or somehow still present to see how others react to their deaths.

This irrationality affects how trapped and helpless the person feels.

Characteristics of Suicide

Suicide is a form of communication:

For people who are suicidal, normal communication has usually broken down and the suicide attempt may be the person's way of sending a message or reacting to the isolation they feel because their communication skills are ineffective.

Death by Suicide and Psychiatric Diagnosis

Psychological autopsy studies done in various countries from over almost 50 years report the same outcomes.

- 90% of people who die by suicide are suffering from one or more psychiatric disorders:
 - Major Depressive Disorder
 - Bipolar Disorder, Depressive Phase
 - Alcohol or Substance Abuse
 - Schizophrenia
 - Personality Disorders such as Borderline Personality Disorder

Depression

- Depression is a physical illness, just like cancer or diabetes.
- Depression is caused by an interaction of genetic, biological, psychological, and environmental factors.
- Depression impacts people across age, gender, racial, cultural, and socioeconomic boundaries.

Depression

- Four out of ten children and adolescents will have a second episode of depression within two years.
- Depressed adolescents are at an increased risk for substance abuse and pregnancy.
- Over half of depressed youth will attempt suicide, and at least 7% will ultimately die as a result.
- Early identification and treatment of depression can save lives.

NAMI, 2005.

Zenere, F. *Youth Suicidal Behavior: Prevention and Intervention*. Miami-Dade County Public Schools.
http://www.helppromotehope.com/documents/Zenere_for_parents.pdf

Signs of Depression

- Loss of interest in normal daily activities
- Feeling sad or down
- Feeling hopeless
- Crying spells for no apparent reason
- Problems sleeping
- Trouble focusing or concentrating
- Difficulty making decisions
- Unintentional weight gain or loss
- Irritability
- Restlessness
- Being easily annoyed
- Feeling fatigued or weak
- Feeling worthless
- Loss of interest in sex
- Thoughts of suicide or suicidal behavior
- Unexplained physical problems, such as back pain or headaches

When diagnosing depression, usually there must be a marked behavioral change lasting for two weeks or longer.

Mayo Clinic (Feb 14, 2008). *Depression: Symptoms*.

<http://www.mayoclinic.com/health/depression/DS00175/DSECTION=symptoms>

Signs of Depression in Youth

- Oversensitivity to criticism
- Risk-taking, hyperactivity
- Low self-esteem
- Indecision, withdrawal, inactivity
- Somatic symptoms and complaints
- Aggression, hostility
- Sleep disturbances
- Eating disorders

Protective Factors for Suicide

Protective factors reduce the likelihood of suicide; they enhance resilience and may serve to counterbalance risk factors.

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation.

Youth-Specific Protective Factors

- Contact with a caring adult
- Sense of connection or participation in school
- Positive self-esteem and coping skills
- Access to and care for mental/physical/substance disorders

Youth-Specific Risk Factors

- Divorce or separation of parents
- Harassment by peers (bullying)
- Sexual identity crisis
- Gay, lesbian, bisexual or transgender sexual orientation
- Easy access to lethal methods, especially guns
- School crisis (disciplinary, academic)
- Genetic predisposition (serotonin depletion)
- Feelings of isolation or being cut off from others
- Ineffective coping mechanisms
- Inadequate problem-solving skills
- Cultural and/or religious beliefs (e.g., belief that suicide is a noble or acceptable solution to a personal dilemma)
- Exposure to suicide and/or family history of suicide

Youth-Specific Risk Factors

- Influence (either through personal contact or media representations) of significant people who died by suicide
- Loss or separation (e.g., death, divorce, relationships)
- Exposure to violence
- Family crisis (e.g., abuse, domestic violence, running away, child-parental conflict)
- Barriers to receiving mental health treatment; stigma, affordability, availability, accessibility
- Experiences of disappointment or rejection
- Feelings of stress brought about by perceived achievement needs
- Unwanted pregnancy, abortion
- Infection with HIV or other STDs
- Serious injury that may change life course (i.e., traumatic brain injury)
- Severe or physical terminal illness, or mental illness or substance abuse

Warning Signs

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risk activities - seemingly without thinking

Warning Signs

- Feeling trapped - like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated or unable to sleep or sleeping all the time
- Experiencing dramatic mood swings
- Seeing no reason for living or having no purpose in life.

Warning Signs for Youth Suicide

- Suicide threats
- Suicide plan/method/access
- Making final arrangements
- Sudden changes in physical habits and appearance
- Preoccupation with death and suicide themes
- Increased inability to concentrate or think clearly
- Loss of interest in previously pleasurable activities
- Symptoms of depression
- Increase use and abuse of alcohol and/or drugs
- Hopelessness
- Rage, anger, seeking revenge

Warning Signs for Youth Suicide

- Reckless behavior or activities
- Feeling trapped
- Anxiety and agitation
- Sleep difficulties, especially insomnia
- Dramatic changes in mood
- Sudden/recent purchase of a weapon
- No reason for living
- No sense of purpose in life
- **Sense of being a burden**
- **Profound sense of loneliness, alienation and isolation**
- **Sense of fearlessness**

Myth vs. Fact

Myth: People who talk about suicide don't die by suicide.

Fact: Many people who die by suicide have given definite warnings to family and friends of their intentions. Always take any comment about suicide seriously.

Myth: Suicide happens without warning.

Fact: Most suicidal people give many clues and warning signs regarding their suicidal intention.

Myth vs. Fact

Myth: People who are suicidal are fully intent on dying.

Fact: Most suicidal people are undecided about living or dying - which is called suicidal ambivalence. A part of them wants to live; however, death seems like the only way out of their pain and suffering. They may allow themselves to “gamble with death,” leaving it up to other to save them.

Myth: Males are more likely to be suicidal.

Fact: Men *die by* suicide more often than women. However, women *attempt* suicide three times more often than men.

Myth vs. Fact

Myth: Asking a depressed person about suicide will push him/her to kill themselves..

Fact: Studies have shown that patients with depression have these ideas and talking about them does not increase the risk of them taking their own life.

Myth: Improvement following a suicide attempt or crisis means that the risk is over.

Fact: Most suicides occur within days or weeks of “improvement” when the individual has the energy and motivation to actually follow through with his/her suicidal thoughts.

Myth vs. Fact

Myth: Once a person attempts suicide the pain and shame will keep them from trying again.

Fact: The most common psychiatric illness that ends in suicide is major depression, a recurring illness. Every time a patient gets depressed, the risk of suicide returns.

Myth: Sometimes a bad event can push a person to suicide.

Fact: Suicide results from serious psychiatric disorders, not just a single event.

Myth: Suicide occurs in great numbers around holidays in November and December.

Fact: Highest rates of suicide are in April while the lowest rates are in December.

Intervention

Three basic steps:

1. Show you care
2. Ask about suicide
3. Get help

Show You Care

- Take ALL talk of suicide seriously. If you are concerned that someone may take their life, trust your judgment.
- Listen carefully.
- Reflect what you hear.
- Use language appropriate for the age of the person involved.

Be Genuine

Let the person know you really care!!!

Talk about your feelings and
ask about his or hers.

Ask About Suicide

- Don't hesitate to raise the subject.
- Be direct, but non-confrontational. Engage them:
 - Are you thinking about suicide?
 - What thoughts or plans do you have?
 - Are you thinking about harming yourself, ending your life?
 - How long have you been thinking about suicide?
 - Have you thought about how you would do it?
 - Do you have _____ (Insert means, weapon, etc.)
 - Do you really want to die, or do you want the pain to go away?

Ask About Treatment

- Do you have a therapist/doctor?
- Are you seeing him/her?
- Are you taking your medications?

Getting Help

- Do not leave the person alone
- Know referral resources
- Reassure the person
- Encourage the person to participate in the helping process
- Encourage the suicidal person to identify other people in their lives who can also help.
- Outline a safety plan:

Make arrangements for the helper to come to you OR take the person directly to the source of help. Once therapy (or hospitalization) is initiated, be sure the suicidal person is following through with appointments and medications.

National Statistics

- One person dies by suicide every 16.6 minutes and every year over 32,000 Americans die by suicide, approximately 90 people per day.
- Suicide is the 11th leading cause of death.
- It is the third leading cause of death for individuals between the ages of 15 and 24.
- There is one suicide attempt every 39 seconds and 750,000 - 1.2 million attempts each year.
- It is estimated that the cost of self-inflicted injuries and suicide is over \$33 billion per year.
- Over 90% of suicide victims have a significant psychiatric illness or substance abuse disorder at the time of their death. These are often undiagnosed, untreated or both.

National Statistics

- Research suggests that 20% - 50% of individuals who die by suicide have alcohol or drug use problems.
 - Thus, substance use disorder is the psychiatric diagnosis with the second greatest association to suicide, second only to depression. Suicide prevention initiatives that identify at-risk populations and provide treatment must target people with both mental illness and/or substance use disorders, as both are associated with an increased risk of suicide.
- Research shows that during our lifetime 20% of us will have a suicide within our immediate family, and 60% of us will personally know someone who dies by suicide.

Youth Suicide

- Third leading cause of death for ages 10 - 24 (only accidents and homicide occur more in this age).
- Second leading cause of death for American college students.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.
- Everyday across the nation, there are approximately 12 youth suicides.

Youth Suicide

- Every 2 hours, 11 minutes, a person under the age of 25 dies by suicide in the United States.
- In the U.S. in 2005, 32,637 people died by suicide. Of these, 4,212 deaths were by people between the ages of 15 - 24.
- For every suicide by youth, it is estimated that 100-200 attempts are made (YRBSS, 2003).
- Firearms are the most commonly used suicide method accounting for 49% of suicide deaths.
- For the past 60 years, the suicide rate has quadrupled for males 15 - 24 years old and doubled for females of the same age.

Elderly Suicide

- Nationally, 15 older adults die each day by suicide.
- Comprise 12% of the population but account for 18% of the nation's suicides.
- Nationally, in 2005, people ages 65 and older died by suicide at a rate of 14.7. This figure is higher than the national average of 11.0 suicides per 100,000 people in the general population.
- The number of men's suicides in late life is five times that for women the same age.

In this context, "elderly" is defined as age 65 and older.

Beliefs About Bullying: Fact or Myth?



MYTH



*When adults intervene in
bullying, it makes matters worse.*

The Four Main Factors That Influence A Person's Reaction to Life Events

1. Individual Health and Well-Being

- Sense of self, social skills, sense of purpose, emotional stability, problem-solving skills, and physical health.

2. Pre-Disposing or Individual Factors

- Genes, gender and gender identity, personality, ethnicity/culture, socio-economic background, and social/geographic inclusion or isolation.

The Four Main Factors That Influence A Person's Reaction to Life Events

3. Life History and Experience

- Family history and context, previous physical and mental health, exposure to trauma, past social and cultural experiences, and history of coping.

4. Social and Community Support

- Support and understanding from family, friends, local doctor, local community, school, level of connectedness, safe and secure support environments, and availability of sensitive professionals/carers and mental health practitioners.

How to Increase Individual Resilience

- Look after relationships. Family and close friends are usually willing to listen, provide support and often have helpful ideas or know where to go for help in all sort of situations.
- Think well of yourself. Identify what you are good at, and what you need to learn, to help you face the future. Invest time and energy in developing new skills.
- Practice helpful ways of thinking. Challenge negative thoughts and look for alternative solutions to problems, to find optimistic ways of viewing any situation.

How to Increase Individual Resilience

- Maintain health. Look after your physical health. Poor diet and lack of exercise may contribute to negative thinking.
- Develop a sense of connectedness. Get involved in enjoyable community activities such as social or sporting activities or volunteering; it will help broaden social networks and counter feelings of isolation.
- Don't tackle major problems alone. Ask for help and support when you need it. Don't be afraid of expressing your emotions and offer assistance in turn to those around you.

Thank you for your time

- Your commitment to our community will help change these statistics in the future!!!!