**GCCHM Leadership Certification**

**Level VIII, Course #5**

**SUICIDE PREVENTION FOR TEENS & YOUTH**

**Linda Mei Lin Koh, GC Children’s Ministries**

**(Presenter’s Notes)**

**Some Staggering Statistics in US**

* Suicide is the third leading cause of death among young people 15-24 years of age.
* From 1980-1996, the rate of suicide among all persons aged 10-14 years has increased by 100%.
* Since 1950, the suicide rate for white females ages 15-24 has doubled.
* Since 1950, the suicide rate for white males ages 15-24 has tripled.

**TIME Magazine, May 16, 2018**

* Number of kids hospitalized for thinking about or attempting suicide has doubled in less than a decade.
* In 2008 0.66 % of US children’s hospital visits were due to suicide or suicide attempts.
* In 2015, that number has jumped to 1.82%.

**Plemmons’s Latest Study**

* Dr. Gregory Plemmons of Vanderbilt University and colleagues analyzed a database of visits at 49 children’s hospitals for kids aged 5 to 17.
* Although suicide ideation — thinking about suicide — and suicide attempts accounted for just 1 percent of all hospital visits, the numbers have steadily increased.

**The Age Groups for Suicides**

* 15-17 years – 50%
* 12-14 years – 37%
* 5-11 years –13%

**Why the Increase in Suicides?**

* Depression
* Loneliness

**Why Suicide?**

* Ending an unresolved conflict.
* Ending suffering of acute or prolonged pain (emotional or physical)
* Escape from an unbearable situation.

\* Grief and loss

\* Desire to join a deceased loved one

\* Means of self-punishment

\* Anger at others

Oden attempted suicide a little over a year ago. He’s part of a growing number of teens and children who are thinking about or even attempting suicide.

Emet Oden tried reaching out in the only way he knew how. “I had been struggling with my mental health and, specifically, suicidal thoughts since the eighth grade,” said Oden, who is now 18.

“I didn’t want to talk to my friends about it, because they never knew how to handle it. I just didn’t want to bother them.”

**Other Reasons for Suicides**

\* Act of defiance, punishment of survivors, or revenge

\* Aim to avoid punishment for a crime

\* Means of gaining status or fame

\*Impulsive act during a psychotic episode

\*Copycat intent – when there is a suicide in a large school, the chance of a second one increases by 300%

**IMPORTANT RISK INDICATORS**

* Previous suicide attempts.
* An attempted suicide by a family member or friend
* Addiction to alcohol or drugs—70%
* Serious medical problems that may be life threatening—leukemia, diabetes, or a car accident causing paralysis
* Major psychiatric illness such as depression, bipolar disorder, or conduct disorder

--25-50% of persons with bi-polar disorder make at least one suicide attempt

* History of family problems, erratic behavior, frustration and conflicts with important people
* Perpetual feelings of hopelessness/worthlessness
* History of abuse
* Presence of a learning disability

**SPOTTING WARNING SIGNS (1)**

* Prior history of attempted suicide or suicide by someone close to the young person
* Writings about suicide (poems, stories, etc.)
* Indirect threats (“I wish I was dead.”) or direct threats (“I’m going to kill myself.”)
* Preoccupation with death, example,

\* Talking about death

\* Sudden, intense interest in religion and afterlife

**WARNING SIGNS . . . (2)**

* Making final arrangements (writing a will, talking about their funeral, etc.)
* Giving away their prized possessions
* Creating artwork or writing music about death
* Visible changes in behavior, physical condition, thoughts, or feelings:

\* social withdrawal

\* diminished involvement in usual activities

**WARNING SIGNS . . . (3)**

* decreased academic performance
* increased use of alcohol or drugs
* frequent unexplained lateness, absence from school or regular activities
* crying easily
* abrupt changes in appearance
* recent weight or appetite change
* change in sleep patterns

**WARNING SIGNS . . . (4)**

* exhaustion, laziness, extreme drowsiness
* inability to concentrate or think rationally
* exaggerated fears, extreme anxiety
* low self-esteem
* hopelessness or helplessness
* increased irritability or anger, mood swings or withdrawal from communication

**WARNING SIGNS . . . (5)**

* Stress from difficult situations including:

\* inability to cope with loss (such as divorce, breaking up with boy/girlfriend, loss of job)

\* feelings of worthlessness

\* a victim mentality caused by physical, sexual or emotional abuse

**If you spot any of these symptoms: Ask the 3 C’s**

CHANGE: Is this a new behavior?

CLUSTER: How many signs and symptoms does the person have?

CONTINUUM: How intense or strong are those symptoms?

**PREVENTING SUICIDE**

* Talk, talk, talk and encourage child to discuss suicide openly.
* Listen and pay attention.
* Be there and show you care.
* Take the child seriously.
* Reassure the child without dismissing feelings.
* Restrict access to anything the child can use to harm himself.
* Document everything.
* Indicators, symptoms, movies, how the child responded, people you have notified.
* Make sure to follow-up with a mental health professional.
* Consider hospitalization—sometimes this is a necessary step to ensure a child is safe.
* Urge the child to log on to TeenCentral.Net
* Call a suicide prevention hotline

**SO BE ON THE LOOKOUT!**

* Guide teens and youth through disaster, personal traumas, family problems, abuse, neglect, depression and many other stresses of modern life
* They need you to care!