

# YOUTH SUICIDE

**Prevention - Intervention - Postvention**

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*“It takes a community to save a child.”*

# Bullying Is.....

- Intended to cause harm
- An imbalance of power
- Repeated over time
- Perpetrated by an individual or group
- Form of victimization not conflict



# Bullying vs Normal Conflict – right of passage?

## **Normal Conflict**

- Happens occasionally
- Accidental
- Not serious
- Equal emotional reaction
- Not seeking power or attention
- Not trying to get something
- Remorseful – takes responsibility
- Effort to solve the problem

## **Bullying**

- Happens repeatedly
- Done on purpose
- Serious threat harm
- Victim has strong emotional reaction
- Seeking power or control
- Trying to get material items
- No remorse - blames victim
- No effort to solve the problem

I was bullied really badly at school. My dad had to walk me there so I didn't get attacked. I'd eat my lunch in the nurses' office so I didn't have to sit with the other girls. I'd get beaten up and picked on all the time. It was about being different and not fitting in.

I tend to feel suspicious of people when they're friendly to me. When I was young, I always had to be on my guard.

Jessica Alba



If just one person watching a bullying situation  
steps in and says “Stop it”  
the bullying will cease in half the cases  
within 10 seconds



bully4u

# Bullycide

WHEN SOMEONE TAKES THEIR LIFE AFTER BEING BULLIED.  
BULLYCID IS SUICIDE.

bullying ⇒ depression ⇒ **suicide**



Bully victims are between 2 to 9 times  
more likely to consider suicide  
than non-victims,  
according to studies by Yale University



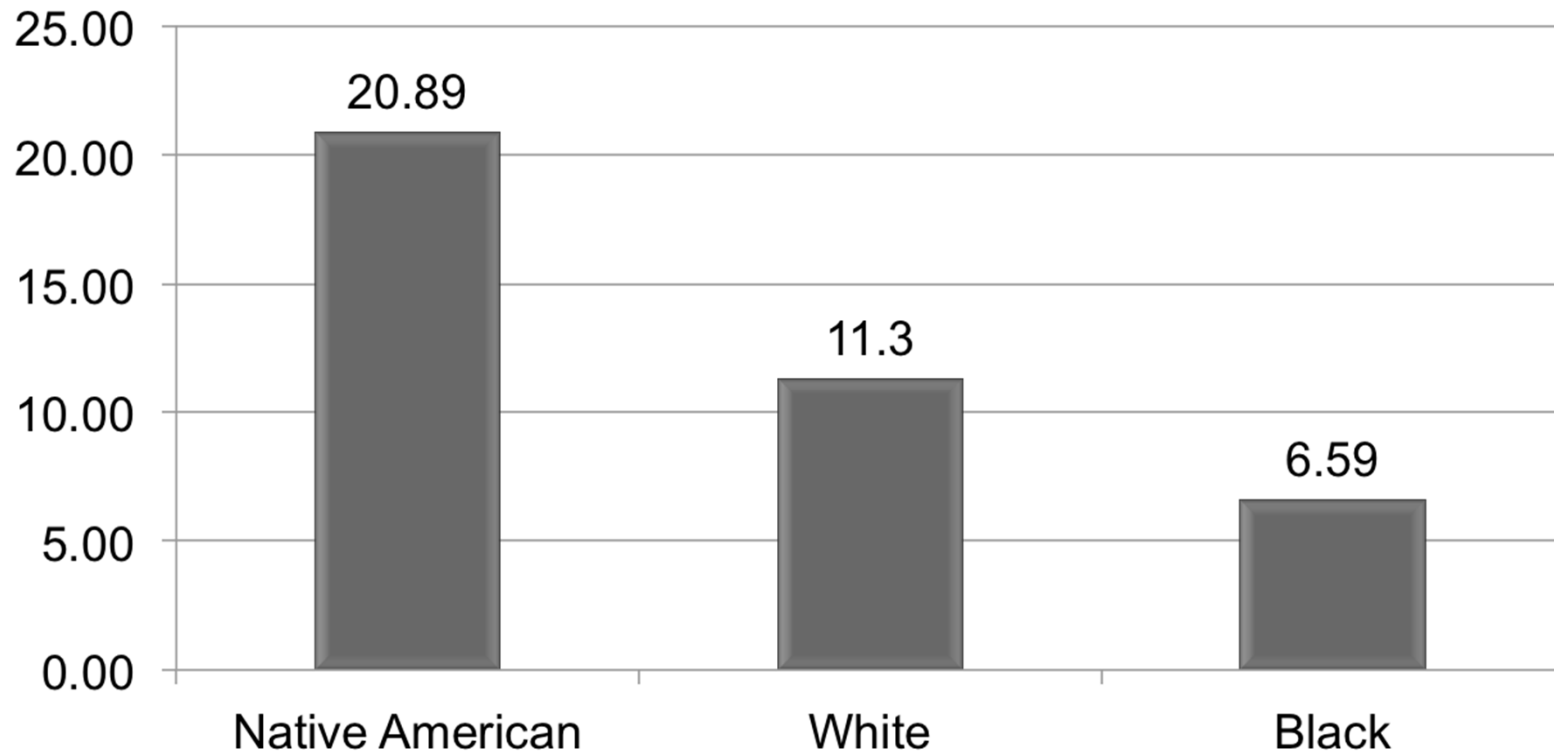
# 2010 National Statistics for Youth Suicides

- 4<sup>th</sup> leading cause of death, ages 5 – 14
- 3<sup>rd</sup> leading cause of death, ages 15 – 24
- Male youth die by suicide 4 times more than females
- 3 times as many females attempt
- For every completed youth suicide, it is estimated that there are 100 to 200 attempts



# US Suicide Rates by Race

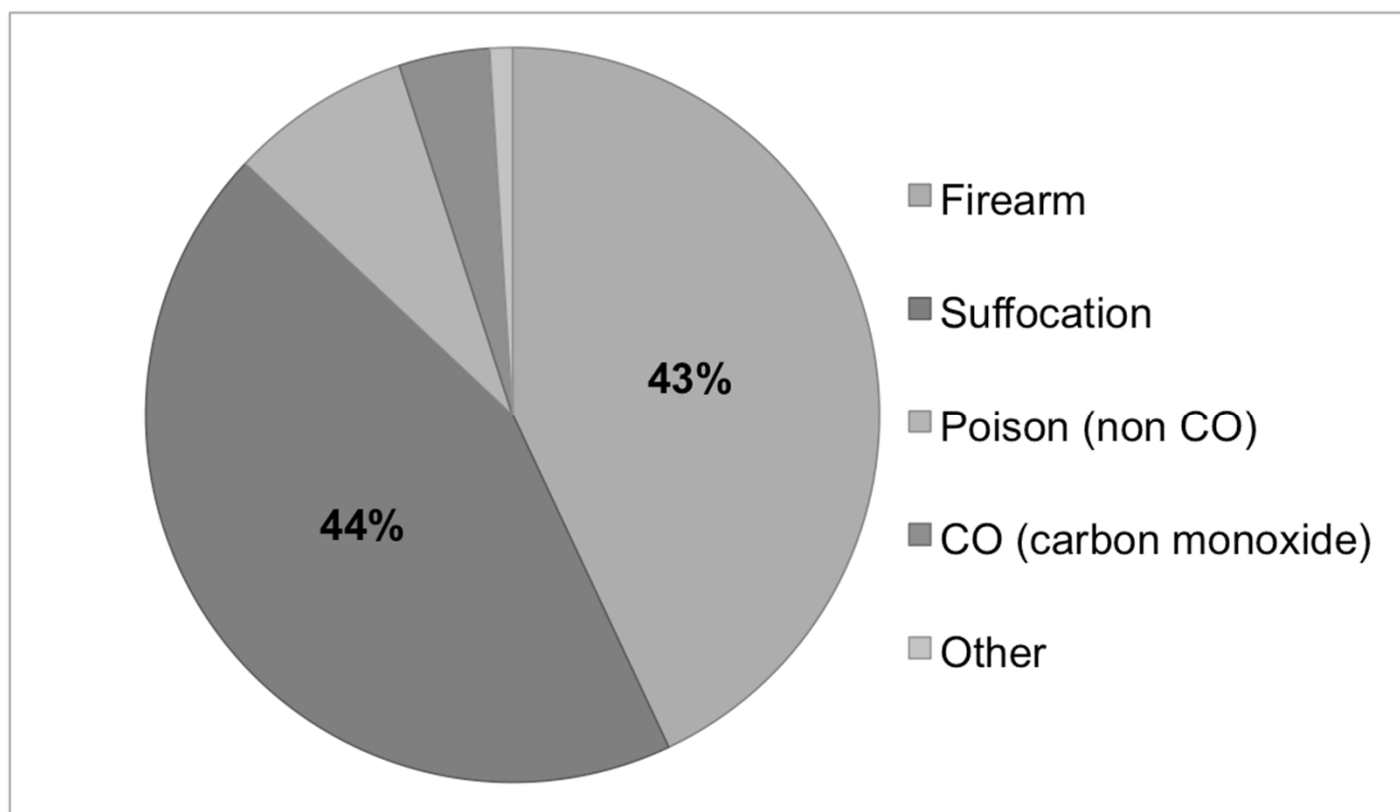
Youth 15 -24 Rates per 100,000



American Association for Suicidology

# Adolescents – top suicide methods

Data collected from 17 states including Utah



Suicide Prevention Resource Center  
Harvard Injury Control Research Center

# It Happens Here

In comparison to other states,  
Utah ranks consistently  
within the top ten states for  
youth suicide.

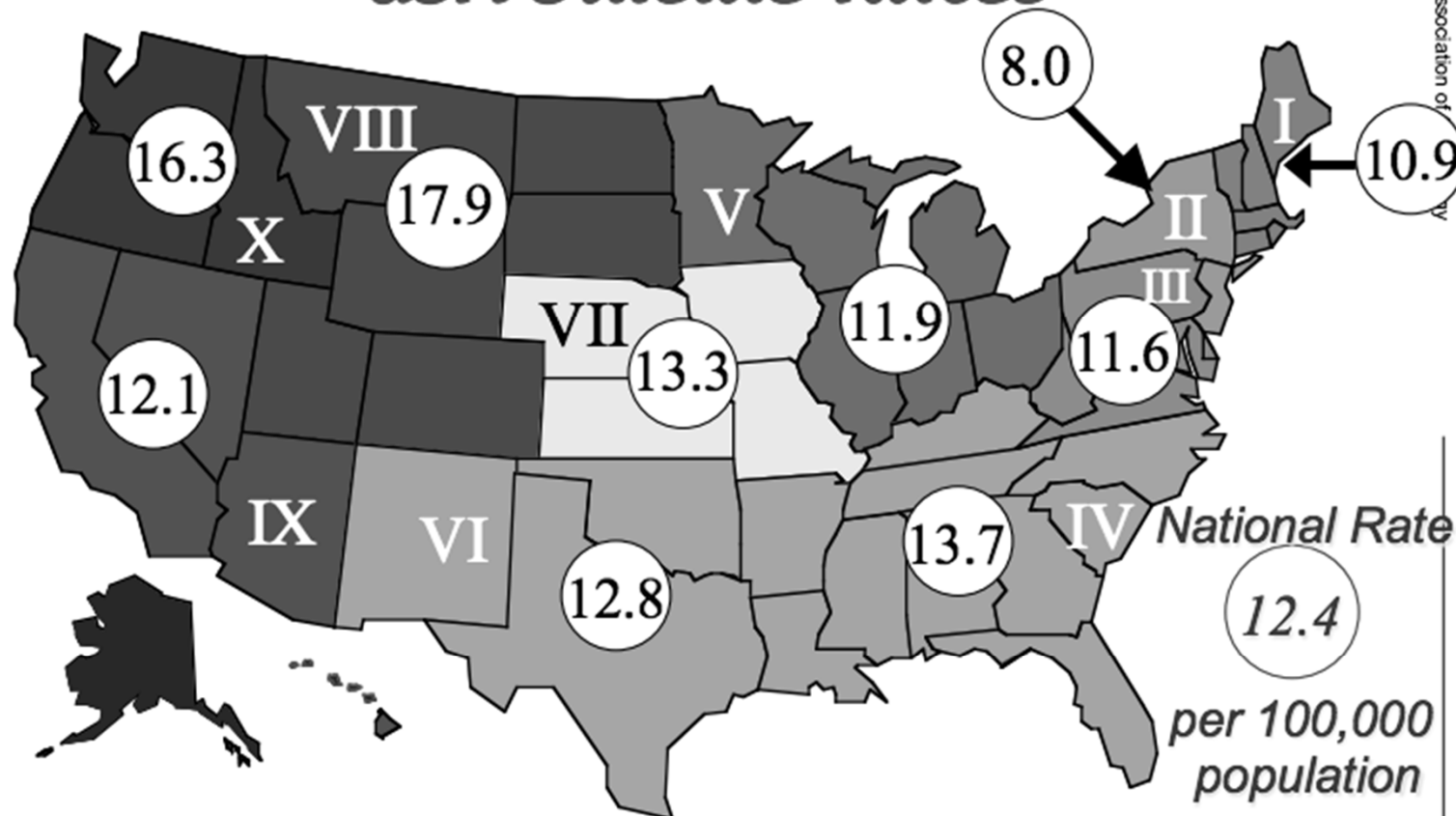
# 2010 Youth Suicides by States

15 -24 years rate per 100,000 population

Rank	State	Death	Rate	Rank	State	Death	Rate
1	Alaska	49	46	26	Missouri	97	11.6
2	Wyoming	25	31.9	27	South Carolina	76	11.5
3	South Dakota	31	26.9	28	Iowa	49	11.4
4	North Dakota	28	26.3	29	Alabama	75	11.1
5	Montana	29	21.7	30	Indiana	102	11
6	New Mexico	60	20.5	31	Texas	398	10.8
7	Colorado	115	16.7	32	Louisiana	71	10.7
8	Hawaii	30	16.5	33	Oregon	54	10.6
9	Idaho	36	16.1	34	Delaware	13	10.2
<b>10</b>	<b>Utah</b>	<b>70</b>	<b>15.6</b>	35	North Carolina	134	10.1
11	Arizona	135	14.9	35	Georgia	140	10.1
11	Maine	25	14.9	37	Kentucky	58	9.9
13	Kansas	60	14.7	38	Nebraska	25	9.7
14	Vermont	13	14.5	39	Mississippi	39	9
15	Oklahoma	74	13.9	40	West Virginia	25	8.9
16	Wisconsin	108	13.7	41	Virginia	98	8.7
17	Arkansas	55	13.6	41	Florida	214	8.7
18	Nevada	48	13.3	43	Massachusetts	78	8.3
19	Washington	115	12.5	44	Connecticut	39	8.2
20	Michigan	171	12.1	45	Illinois	143	7.9
21	Tennessee	104	12	45	Maryland	63	7.9
21	Minnesota	87	12	45	California	440	7.9
21	Pennsylvania	213	12	48	New Jersey	88	7.7
24	New Hampshire	21	11.8	49	New York	183	6.6
24	Ohio	187	11.8	50	Rhode Island	10	6.2



# Health Regions & USA Suicide Rates



2010 Data

National Rate  
12.4  
per 100,000  
population

# Utah Statistics

- 80% of Utah youth suicides are male
- Suicide is the second leading cause of death among Utah males ages 10-44
- Firearms are the most common method of death for Utah youth suicide completers

# Utah Statistics cont.

- Utah youth are most likely to complete suicide in their homes
- 93% of Utah suicides ages 13 - 21 were Caucasian
- 4 times as many males complete suicide as females
- 63% of completers had contact with juvenile justice system

# Utah High School Students

2011 Youth Risk Behavior Surveillance Survey (YRBS)  
(sampling of students in all grades):

- 27% felt sad or hopeless
- 14% seriously considered attempting suicide
- 12% made a suicide plan
- 7% attempted suicide one or more times
- 3% of students suffered an injury, poisoning, or an overdose that had to be treated by a doctor or nurse due to a suicide attempt



Many adolescent suicides occur in the context of a stressful life event, such as a loss, a disciplinary action or romantic breakup.

While these stressors are experienced by most teens, they may be the final straw for teens at risk for suicide.





When an adolescent talks about  
suicide with their friends,  
as few as 25% of the friends  
would tell an adult.

American Association of Suicidology



Male peers in particular do not provide support for a friend who is experiencing depression.

(Prevention Division of the American Association of Suicidology)

Not all adolescent attempters may admit their intent.  
Therefore, any deliberate self-harming behaviors  
should be considered serious and  
in need of further evaluation.

American Association of Suicidology





When someone is depressed,  
they have a very limited viewpoint.

# Myths & Facts

Myth - Young people who talk about suicide never attempt or complete suicide.

Fact - Talking about suicide can be a plea for help.

Myth - Do not mention suicide to someone who is depressed. It will cause them to think about it.

Fact - Many depressed people have already considered suicide as an option. Discussing it openly helps the suicidal person sort through their problems.

Myth - Suicidal people just want to die.

Fact - Most suicidal individuals do not want death, they just want to stop the pain.

Myth - People who complete suicide do not warn others.

Fact - Out of every 10 people who kill themselves, eight give definite clues to their intentions.

Myth - Once a person is intent on suicide, there is no way of stopping them.

Fact - People can be helped and suicide prevented.

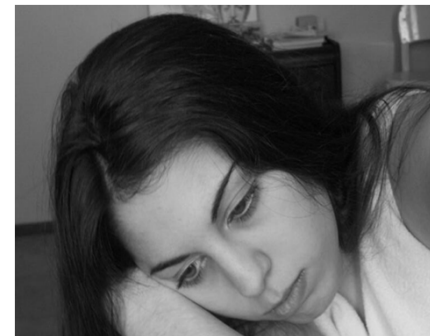
# Is Path Warm?

- I Ideation: threatening to hurt self; seeking access to weapons; writing, talking or drawing about death
- S Substance abuse: increased
- P Purposelessness: no reason for living
- A Anxiety: agitation, too much/little sleep
- T Trapped: there's no way out
- H Hopelessness
- W Withdrawal: from friends, family & society
- A Anger: rage, uncontrolled anger, seeking revenge
- R Recklessness: engaging in risk activities
- M Mood Change: dramatic mood changes



# Verbal Warnings

- “I don’t want to be a burden.”
- “I’m going to end it all.”
- “I can’t stand it any longer.”
- “People would be better off without me.”



# Youth Risk Factors

- Mental illness & substance abuse
- Previous suicide attempts
- Firearms in the household
- Non-suicidal self injury
- Exposure to friends or family members suicidal behavior
- Low self-esteem

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# Every Child Needs a Significant Other

Parents

Extended Family

Clergy

Youth Leaders

Neighbors

Counselors

Teachers

Scout Leaders

Coaches

Friends



# HOW TO TALK TO CHILDREN AGES 4-8

- Help children label their feelings:  
How are you feeling?  
Are you feeling sad or angry?
- Encourage children to express their feelings
- Provide other ways to express feelings: writing, drawing or being physically active
- Explain being sad or angry is normal from time to time
- Focus on active involvement with young children (games, sports, playgrounds)

# HOW TO TALK TO PRE-TEENS AGES 9-13

- Be aware of depression symptoms that last for two weeks or more.
- Be aware of stressors – talk with them about stressors
- Help them learn to manage negative thinking
- Emphasize that alcohol and drugs are not helpful
- Be attentive to risk factors
- Encourage them to talk about and express their feelings

## How to Talk to Teens ages 14-18

- Recognize the signs and symptoms of depression
- Ask how they are feeling, what they are thinking about and what they are doing
- Provide support if thought of suicide are expressed
- Listen to language used: “go away” “just die”
- Encourage all teens to be attentive to their peers and quickly report any suicide threats, direct or indirect, urge not to keep “deadly secrets”

# If you suspect someone is suicidal.....

- Take every suicidal threat seriously
- Determine risk level
- Get help



# How to Assess Suicide Risk

Ask:

- Have you been unhappy lately?
- Have you thought of hurting yourself?
- When people are as upset as you seem to be, they sometimes wish they were dead. Are you feeling that way too?

Determine risk level (high or low) by asking:

- How would you take your life?
- Where is the gun, pills, etc.?



# Determine Risk Level

Ask:

- How would you take your life?
- Describe the plan.
- Where is the gun, pills, etc.?

Low risk:

- No real plan
- No access to gun, pills, etc.

High risk:

- Has detailed plan
- Access to gun, pills, etc.



# When to get help...

Call 9-1-1 or seek immediate help from a mental health provider when you hear, say or see any one of these behaviors:

- ❖ Someone threatening to hurt themselves
- ❖ Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- ❖ Someone talking or writing about death, dying or suicide

Call 1-800-273-TALK (8255)  
for a referral if a person exhibits one or more behaviors

# Where to get help...

- Wasatch Mental Health
  - LDS Social Services
    - NAMI
      - Clergy
        - Family Doctor
          - Emergency Room

Positive resistance to suicide  
is not permanent, so programs that support and  
maintain protection  
against suicide should be ongoing.

Suicide Resource and Prevention Center (SPRC)

# Utah County HOPE Task Force

## Suicide Prevention Efforts:

- Teacher training
- Community training
- Yearly conference
- Awareness walk
- Media training
- Survivor group
- Crisis team
- Partnerships - mental agencies, IHC & private providers
- Website
- School program



# Provo School District's Suicide Prevention Peer Program

## The Hope Squad



# Provo City School District Statistics

Year	Attempts & Threats		Hospitalized	Completions
1999-2000	75			9th grade student & 1 male teacher
2000-2001	Elementary	3		No completions
	Middle	46		
	Secondary	62		
2001-2002	Elementary	16		4th grade student & 8th grade student
	Middle	33		
	Secondary	61		
2002-2003	Elementary	13	12	No completions
	Middle	7		
	Secondary	23		
2003-2004	Elementary	15	6	9th grade student & 11th grade student
	Middle	17		
	Secondary	21		
2004-2005	Elementary	33	9	9th grade student
	Middle	13		
	Secondary	88		

# Provo City School District Statistics

Year	Attempts & Threats		Hospitalized	Completions
2005-2006	Elementary	8	8	No completions
	Middle	18		
	Secondary	30		
2006-2007	Elementary	19	7	No completions
	Middle	8		
	Secondary	43		
2007-2008	Elementary	10	5	No completions
	Middle	6		
	Secondary	16		
2008-2009	Elementary	0	2	No completions
	Middle	8		
	Secondary	16		
2009-2010	Elementary	6	5	No completions
	Middle	3		
	Secondary	14		
2010-2011	Elementary	2	9	No completions
	Middle	7		
	Secondary	30		
2011-2012	Elementary	7	5	No completions
	Middle	7		
	Secondary	25		



welcome to our website

*suicide is not an option...*

[Advisory Committee](#)[Calendar](#)[Utah Mental Health Agencies](#)[National Links \(Resources\)](#)[State Crisis Team](#)[Suicide Statistics](#)[National](#)[State](#)[Local](#)[Support \(groups\)](#)[Community Task Forces](#)[Training Opportunities](#)[Utah Crisis Hotline](#)[Contact Us](#)

## Home

Welcome to our educational suicide prevention website.

In 1999 a group of concerned individuals met to discuss a topic of critical concern - youth suicide. This group of professionals, parents, and concerned citizens became the "Utah County HOPE Task Force." Their name included "HOPE," an acronym for intervening with suicidal youth: HO -hold on, P - persuade and E - empower.

From 1999 to 2005, Provo City School District's student population of 13,000 students averaged one youth suicide each year. In an effort to prevent youth suicide, the HOPE Task Force developed an intervention model based on the U.S. Surgeon General's *Eleven Steps, Call to Action to Prevent Suicide*. Wasatch Mental Health, Provo City School District, Intermountain Health Care, and Brigham Young University joined forces to strengthen the Provo community, providing training and support to prevent youth suicide.

The HOPE Task Force provides a variety of mental health resources for families and students struggling with mental illness. All eleven steps are critical to an effective suicide prevention program. The tireless efforts of many have resulted in success, not losing one youth to suicide since 2006.

Provo's success in reducing youth suicide prompted numerous training requests from other school districts and communities across Utah. In response to these requests, this website, "Hope4Utah," was created to provide statewide access to information on suicide prevention, intervention, and postvention for school leaders, teachers and parents. Hope4Utah encourages all Utah citizens to combine efforts in preventing youth suicide. Please join Hope4Utah as a volunteer and "Help Utah Defeat Suicide."

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