

INFORMATIONAL WEBSITES FOR TEEN SUICIDE PREVENTION AND EDUCATION

- ❖ teensuicide.us
- ❖ medicalcenter.osu.edu
- ❖ samhsa.gov
- ❖ teensusingdrugs.org
- ❖ teenlineonline.org
- ❖ psnpaloalto.com
- ❖ afsp.org (American Foundation For Suicide Prevention)
- ❖ sprc.org (The Suicide Prevention Resource Center)
- ❖ nimh.nih.gov (National Institute on Mental Health)
- ❖ heardalliance.org (Health Care Alliance For Response To Adolescent Depression)
- ❖ hazelden.org
- ❖ teenhelp.com
- ❖ paspi.org (Pennsylvania Youth Suicide Prevention Initiative)
- ❖ suicidepreventionlifeline.org (1-800-273-8255)
- ❖ suicidology.org (American Association on Suicidology)
- ❖ jedfoundation.org
- ❖ nami.org (National Alliance on Mental Illness)
- ❖ teendepression.org
- ❖ nasponline.org (National Association of School Psychologists)



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and
Drug Services, Inc.**



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United Way Member Agency
Provider, Luzerne-Wyoming Counties Drug & Alcohol Program
Licensed by Department of Drug and Alcohol Programs

YOUTH; *Drugs, Alcohol, and Suicide*

An informational booklet
developed and produced by

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WHY HAS WVADS, INC. PLACED EMPHASIS ON PROVIDING INFORMATION ON SUICIDE AND YOUTH DRUG USE?

Once again, WVADS, Inc. has identified a significant problem associated with drug use....**Teen Suicide.** Throughout its storied history since 1973, the agency attempts to address not only the aftermath of addiction through treatment, but places a priority on proactive prevention and education efforts. When youth use drugs and alcohol, it robs them of their youthful energies, drive, spirit, and enthusiasm, and leaves them feeling worthless, hopeless, powerless, and disconnected to school, family, and community. The resultant effect is that these youth become vulnerable and are at higher risk of depression and suicidal attempts. WVADS, Inc. regards every child's life as important and, therefore, through its comprehensive and informational school-based and community programs, provides meaningful prevention and educational programs and services. We believe that education is the key to prevention. Together, we can insure that our children grow up to be healthy, both physically and mentally, so they have the best opportunity to lead productive, fulfilled, meaningful, drug free lives.

WHAT ARE THE FACTS ON YOUTH SUICIDE?

- Substance Abuse is a major risk factor for suicidal behavior among young people (Goldsmith, Pellmar, Kleinman, & Bunney, 2002; US Dept. of Health & Human Services)
- The National Household Survey of Drug Abuse found that young people ages 12-17 who used alcohol or illegal drugs were more likely to be at risk for suicide than young people who did not use alcohol or drugs.
- Young people who die by suicide are more likely to have used alcohol or drugs prior to their suicidal act.
- Almost 96% of drug related suicide attempts by adolescents ages 12-17 who are seen in emergency departments involved prescription drugs (Substance Abuse and Mental Health Services Administration--SAMHSA)
- Children, often times, do not see the act of suicide as being terminal
- Suicide is the second leading cause of death in college students

Helpful recommendations for parents:

- ★ Spend quality time with your children with emphasis on play and recreation, hobbies, volunteerism activities as a family.
- ★ Set aside time for communication with all family members; ask your children to share their thoughts, views, emotions, and feelings and remember to celebrate their life daily.
- ★ Embrace your child; often tell them you love them; don't be afraid to hug them
- ★ Include your children in as many family activities as possible; do not let your children isolate themselves from family activities and gatherings. Include them in as many family decisions as possible. They must feel valued, desired, loved, respected, and connected.
- ★ Monitor their friends, internet activities, social networking sites, who they associate with, the designated places they frequent. Remember, a child respects that which a parent inspects. Please do not micro-manage their life; however, hold them accountable and supervise their life.
- ★ Remember, your child will learn more by following your example of how you live your life; your mentoring and role modeling are significant influences on their life.
- ★ Don't only give your children rights; make sure you also give them responsibilities as well. You are not their friend; they have enough of those. An effective parent offers guidance, direction, consultation, input, recommendations/suggestions, criticism when appropriate, reassurance, and input.
- ★ Please make sure that you encourage your child to talk to you about any subject that may be troubling them or has them confused. We need to create a nurturing home environment and we need to continually be open to engage our child in communication. Often times, troubled kids will "bottle up" and not express how they feel. We have to learn how to read them. Our kids need to know that we can solve all problems when we work together as partners, as a family.
- ★ Help your children to become resilient so they can handle stress, setbacks, upsets, rejections, frustrations, disappointments, and failures. Teach them effective coping mechanisms, problem solving skills, and effective decision making. Share with them what you do when you are confronted with life events. Do not under-estimate the power of parental sharing and communication with your child. You may think they aren't listening, but they are.
- ★ Finally, if you believe that your child is not responding to your concern for them and they continue to exhibit worrisome behaviors or worthlessness, detachment, and isolationism, please seek help as soon as possible at school or with community resources. Early identification and early detection are keys.

Environmental Factors: *Negative social and emotional environment at school; negative attitudes, beliefs, feelings of staff and students; *Lack of acceptance of differences; *Lack of respect for the cultures of all students; *Limitations in school physical environment, including lack of safety and security; *Weapons on campus; *Bullying and violence; *Exposure to stigma and discrimination against students based on sexual orientation, gender identity, race and ethnicity, disability, or other physical characteristics such as overweight

B. PROTECTIVE FACTORS

Protective factors are personal or environmental factors that reduce the probability of suicide.

Individual Characteristics and Behaviors: *Emotional well being/ positive mood; *Internal locus of control; *Emotional intelligence; ability to perceive, integrate into thoughts, understand and manage one's emotions; *Adaptable temperament; *Strong problem solving skills; *Strong coping skills (including non-violent handling of disputes); *Strong self-esteem; *Frequent, vigorous physical activity or participation in sports; *Spiritual faith or regular church attendance; *Cultural and religious beliefs that affirm life and discourage suicide; *Resilience; ongoing or continuing sense of hope in the face of diversity; *Ability to tolerate frustration and regulate emotions, *Body image care and protection

Family and Other Social Support: *Family support and connectedness to family; closeness to or strong relationship with parents, and parental involvement; *Close friends or family members, a caring adult, and social support; *Strong parental messages on anti-violence, anti-alcohol/drug use, etc.; *Family support for school

School: *Positive school experiences; *Be a part of a close school community; *Safe environment at school; *Adequate or better academic achievement; *A sense of connectedness to the school; *A respect for the cultures of all students

Mental Health/Health Care Providers/Care Givers: *Access to effective care for mental, physical, and substance abuse disorders; *Easy access to care and support through ongoing medical and mental health relationships

Access To Means: *Restricted access to firearms; guns locked or unloaded, ammunition stored or locked; *Safety barriers for bridges, buildings, and other jumping sites; *Restricted access to medications (over-the-counter and prescriptions); *Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

- According to the Center For Disease Control (CDC), suicide is the third leading cause of death among teenagers
- 1 out of 53 high school students reported having made a suicide attempt that was serious enough to be treated by a doctor or nurse (Youth Risk Behavior Study)
- Approximately 1 out of every 15 high school students attempt suicide each year
- 1 out of 5 high school students receiving grades of mostly D's and F's attempted suicide. Comparatively, 1 out of 25 who receive mostly A grades attempted suicide
- More than 50% of teens who commit suicide have a history of alcohol and drug use
- A family history of suicide greatly increases the risk
- Every day, roughly 85 people in the United States take their lives
- The 2009 Survey from Center For Disease Control reports the leading methods by which young people ages 13-19 took their own lives:
 - ...Suffocation, including hanging (45.2% of suicide deaths)
 - ...Firearms (42.7%)
 - ...Poisoning, including carbon monoxide (5.8%)
 - ...All other means (6.3%)
- The National Institute on Mental Health (NIMH) believes that as many as 25 teen suicides are attempted for each one that is completed
- The major risk factors for completed suicides among alcoholics are:
 - ...Current drinking
 - ...Major depression
 - ...Suicidal thoughts
 - ...Loss of support from family and friends
 - ...Living alone
 - ...Unemployment
- According to the National Suicide Prevention Lifeline website, although bullying doesn't cause suicide, a stressful environment and persistent emotional victimization can increase a person's risk of suicide

WHAT ARE THE WARNING SIGNS FOR SUICIDE?

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future. The following Warning Signs For Suicide Prevention were developed by an expert working group brought together by the American Association of Suicidology.

Warning Signs For Suicide and Corresponding Actions:

- A. Seek **immediate** help from a mental health provider, 911, or your local emergency provider, or the **National Suicide Prevention Lifeline** at **1-800-273-TALK (8255)** when you hear or see any one of these behaviors:
- Someone threatening to hurt or kill 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 when these actions are out of the ordinary for the person
- B. Seek help by contacting a mental health professional or calling **1-800-273-TALK (8255)** for a referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:
- Hopelessness; expresses no reason for living, no sense of purpose in life
 - Rage, anger, seeking revenge
 - Expressions of feeling trapped—like there is no way out
 - Increased alcohol or drug use
 - Withdrawal from friends, family, or society
 - Anxiety, agitation, inability to sleep, or constant sleep
 - Dramatic mood changes

Additionally, teensuicide.us lists the following as Teen Warning Signs:

- Disinterest in favorite extracurricular activities
- Problems at work and losing interest in a job
- Substance abuse, including alcohol and legal and illegal drug use
- Behavioral problems
- Withdrawal from family and friends
- Sleep changes
- Changes in eating habits
- Begins to neglect hygiene and other matters of personal appearance
- Emotional distress brings on physical complaints (aches, fatigue, migraines)
- Hard time concentrating and paying attention
- Declining grades in school; loss of interest in school work
- Risk taking behaviors
- Complains more frequently of boredom
- Does not respond as before to praise

NOTE: teensuicide.us reminds us that not all of these teen suicide warning signs will be present in cases of possible teen suicide. There are many cases in which a good student commits suicide. It is important to watch for two or three signs as indications of depression or even teen suicidal thoughts.

IF YOU OR SOMEONE YOU KNOW IS IN A SUICIDAL CRISIS, CALL 1-800-273-TALK (8255)...THE NATIONAL SUICIDE PREVENTION LIFELINE

WHAT ARE SOME OF THE RISK AND PROTECTIVE FACTORS FOR YOUTH SUICIDE?

A. RISK FACTORS

Risk factors are personal or environmental characteristics that are associated with suicide; in the SAMHSA (Substance Abuse/Mental Health Svcs Admin) report, “Preventing Suicide; A Toolkit For High Schools”, they provide a comprehensive listing of risk factors identified by the most recent research.

Behavioral Health Issues/Disorders: *Depressive disorders; *Alcohol and other drug abuse or dependence; *Conduct/disruptive behavior disorders; *Anxiety and personality disorders; *Previous suicide attempts, Self Injury (without intent to die); *Genetic/biological vulnerability (mainly abnormalities in serotonin functioning) **NOTE: The presence of multiple behavioral health disorders increases suicidal risk.**

Personal Characteristics: *Hopelessness; *Low self-esteem; *Loneliness; *Social alienation and isolation; a lack of belonging; *Low tolerance for handling stress; easily frustrated; *Impulsivity; *Risk taking; recklessness; *Poor problem solving or coping skills; *Perception of self as extremely underweight or overweight; *Capacity to self injure; *Feeling they are a burden to family and friends

Risky Behaviors: *Alcohol or drug use; *Delinquency; *Aggressive/violent behavior; *Risky sexual behavior

Stressful Life Circumstances: *Breaking up with boyfriend or girlfriend; *Disciplinary or legal problems; *Bullying; either as a victim or perpetrator; *Actual or perceived difficulties in school or work; *Physical, sexual, and/or psychological abuse; *Chronic physical illness or disability; *Exposure to suicide of peer

Family Characteristics: *Family history of suicide or suicidal behavior; *Parental mental health problems; *Parental divorce; *Death of parent or other relative; *Problems in parent/child relationship (feelings of detachment from parents, inability to talk with family members, parenting style either underprotective or overprotective and highly critical)