



13 MINUTES

- » **Suicide** takes a life every 13 minutes.
- » **Know** the Signs.
- » **Change** the Stats.

13minutes.org



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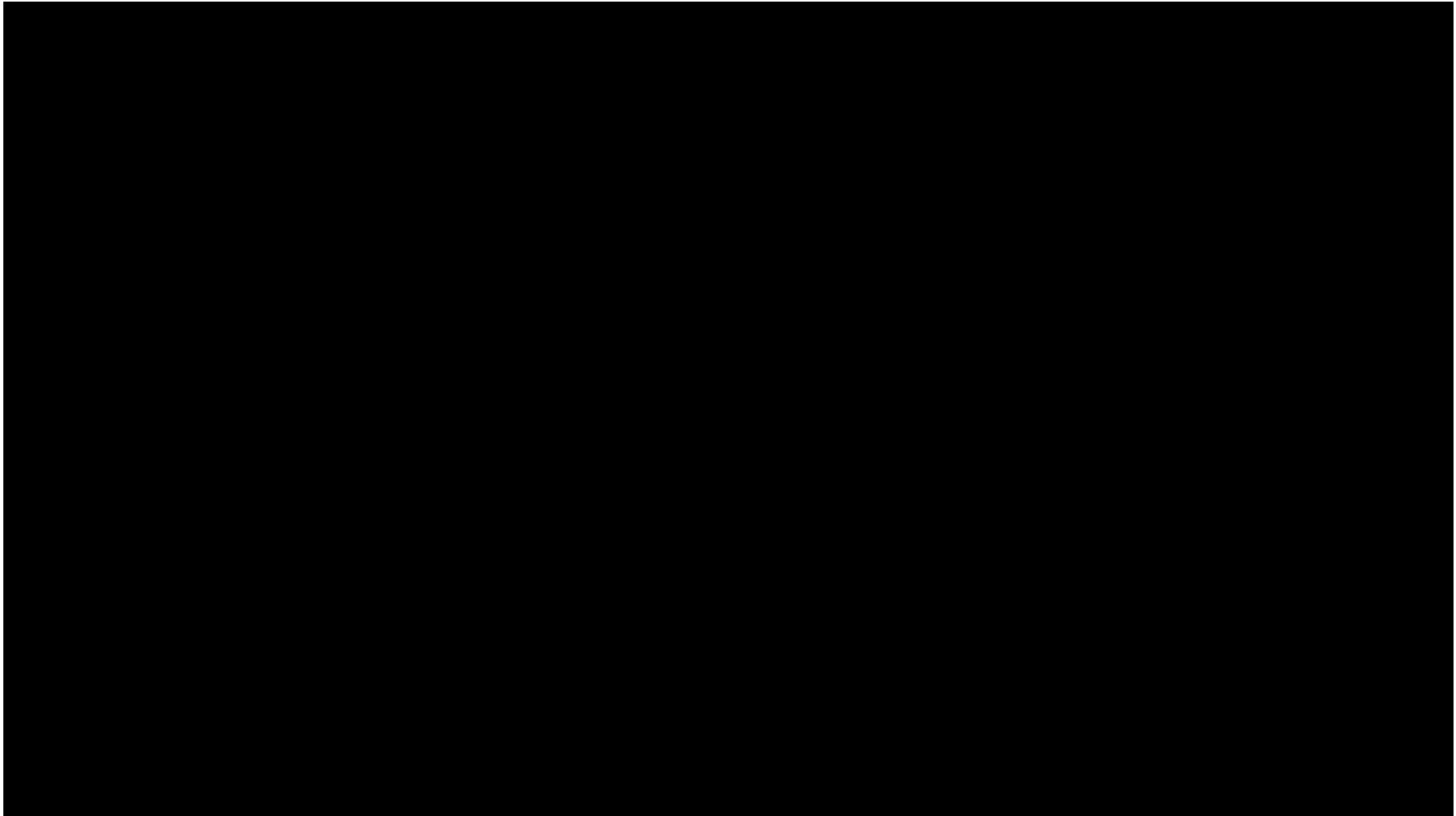
Suicide takes a life every 13 minutes.

- **The Facts**
- **Suicide Discussion – “The Elephant in the Room”**
- **Suicide Risk Factors**
- **Suicide Warning Signs**
- **Suicide Protective Factors**
- **Building Resiliency/Coping Skills**
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KNOW THE SIGNS >> **CHANGE** THE STATS >>



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The Facts



- We lose 3x more people in Nebraska to suicide than homicide.
- 1 in 5 youth ages 13-18 have or will have a serious mental illness.



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“The Elephant in the Room”

- Why do you think people avoid talking about suicide?
- If you had a student who was talking or thinking about suicide, what would you do?



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Suicide Risk Factors

Risk factors are a combination of individual, relationship, community, and societal factors that contribute to the risk of suicide. They are not direct causes of suicide.

- Physical & sexual abuse
- Death or other trauma in the family
- Persistent serious family conflict
- Traumatic break-ups of romantic relationships
- Trouble with the law
- School failures and other major disappointments
- Bullying, harassment, or victimization by peers
- Prior suicide attempts



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Suicide Warning Signs

- Anxiety, agitation
- Unable to sleep or sleeping too much
- Eating too much or eating too little
- Visiting or calling people to say goodbye
- Giving things away or returning borrowed items
- Expressing no reason for living or no sense of purpose in life
- Dramatic mood changes – positive or negative



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Suicide Warning Signs, Continued

- Talking, reading, or writing about suicide or death
- Hopelessness, feelings of being a burden
- Rage, uncontrolled anger, or seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped or like there's no way out
- Increased alcohol or drug use
- Withdrawing from friends, family, activities/society



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Protective Factors

Protective factors help reduce a person's likelihood of having suicidal thoughts or actions.

- Strong problem solving skills
- Positive self-image
- Spiritual life/faith
- Close family relationships
- Strong peer support systems
- Involvement in hobbies or activities
- Community connectedness
- Having access to treatment
- Restricted access to means



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Building Resiliency

Resiliency: The ability to overcome challenges of all kinds

- Taking care of yourself physically &/or emotionally
- Building relationships with trusted adults & friends
- Maintaining an optimistic attitude
- Learning from past experiences - it's okay to make mistakes
- Embracing change
- Trying to visualize what you want rather than what you fear
- Not ignoring your problems. Recognizing there is an issue & taking action towards a solution.
- Engaging in healthy habits & hobbies



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Coping Skills

Coping skills are tools to help reduce stress and anxiety.

They may seem obvious, but in a moment where we are feeling overwhelmed, the more difficult it is to think with a clear mind.

The more you work at these, the more natural they become

- **Positive Coping Skills:** Hobbies, Expression, Goal Setting, Exercise, Self-care, Relaxation, Setting Boundaries, Volunteering
- **Negative Coping Skills:** Drugs, Alcohol, Withdrawal, Eating, Revenge, Worrying, Risky, Impulsive Behavior, Violence, Sleep

How do you encourage your kids to cope with stress?

Just as importantly, how are you coping with your stress?



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How to Help

- The most effective way to prevent suicide is to know the warning signs and how to respond when you or someone you know is experiencing them.
- Take any comments or thoughts about suicide very seriously.
- Encourage your children to NEVER keep a suicide plan a secret.
- We all have an ethical responsibility to report concerns.
- Someone who is suicidal should NEVER be left alone. Stay with that person until they are connected with a trusted adult who knows how to help them in their crisis (parent, teacher, counselor, coach, or medical professional).
- Ask the question using: ACT- Acknowledge, Care, Tell



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The Conversation

- What are concerns about having the conversation?
- What do you gain by NOT having the conversation?
- What do you gain by having the conversation?
- Our recommendation . . .



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How to Have the Conversation

- Asking the question, “Are you thinking about suicide?” will not put the idea into someone’s head.
- It may provide the person hope, relief, and agreement to get help.
- If you are concerned about someone, set aside time to sit down and talk with them in private.
- Follow your gut, if you are concerned, ask them!
- It’s not how you ask the question, but the fact that you DO ask the question.
- Be specific, and let them know why you are concerned about them. For example, “I have noticed that you no longer enjoy ____ and you have seemed really down lately,” and give them the opportunity to talk without interruption.
- Active listening – you’re not listening to respond, you’re listening to hear their concerns. Don’t feel like you have to know the answers!



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How to Have the Conversation – Cont'd

- When they are done talking, validate their feelings and provide them with support, resources, and connect them with a trusted adult.
- Say to them, “You’re not alone.” “We will get through this together.”
- It’s okay to say, “I want you to live.”
- Do not rush to judgment of the individual.
- Get other supports involved.
- If they are not in immediate danger, but they are thinking of suicide, stay with them until they are connected with a trusted adult.
- If you feel they are in immediate danger to themselves or others, call 911 – or follow the school’s policy.



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Ongoing Support

It's important to be supportive of a loved one or friend after the initial crisis or attempt. Here are some ways you can show your continued support:

- Be available and let them know you will listen.
- Support the person in exploring and developing realistic plans and solutions to deal with their emotional pain.
- Remember that you do not have to fill the role of counselor yourself. Encourage them to utilize professional supports available to them.
- Consider assisting the person in writing a safety plan that will detail the steps needed to keep themselves safe if they feel suicidal.
- Remove possible means to suicide, including drugs and alcohol, to keep the person safe.



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Suicide Prevention – Younger Students

- Help your child develop strong problem solving skills, effective help seeking skills, and emotional regulation early on.
- These skills can be vital in preventing suicidal thoughts and actions down the road.
- Teach children that talking about feeling sad or angry, and even shedding tears or being upset, is OK. Be clear that they should talk to others or do something that relieves their sadness.
- They should not seek to harm themselves in any way or cope with their sadness in unhealthy ways.



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Suicide Postvention – Younger Students

- Children internalize many things, and often think they did something to cause the death. Explain to them that there was nothing they did or didn't do to cause this death.
- Reassure them that they will continue to be loved and taken care of.
- Ensure them that they can ask questions and come to you to talk anytime.
- Children don't have to talk to heal. They often process grief by playing, creating, and acting out emotions- encourage this kind of play!
- Some children and families do find talking helpful. Connect them with local support groups such as Grief's Journey (previously Ted E. Bear Hollow).



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Suicide Postvention – Younger Students

- When speaking to younger children about a suicide loss, use age appropriate words. Depending on their age, they may not know what suicide is, so for example you can say:

“He died by suicide. Suicide means he killed himself.”

- Always be honest about how the person died. Explain it in a way they can understand. Be direct without giving too many details and avoid euphemisms such as “he passed away” or “he is in a better place.”

- For example:

“Our thoughts and feelings come from our brain. Uncle Jim’s brain got very, very sick which caused his thoughts to get mixed-up. His brain illness made him believe that he needed to die in order to feel better, so he used his gun to end his life.”



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Resources

- 13minutes.org
- Suicide Lifeline 1.800.273.TALK (8255)
- Boys Town National Hotline
1.800.448.3000/YourLifeYourVoice.org chat via text, email or online messaging
- Nebraska Family Helpline 1.888.866.8660
- National Crisis Text Line – Text START to 741.741
- The Trevor Project – 1.866.4.U.TREVOR (866.488.7386)
www.trevorproject.org



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Tools for Adolescents

- Youth WRAP Plans
- My3
- ok2talk.org
- You Tube – Mayo Clinic Video, Suicide Prevention
- Knowing Community Resources
- Having a true “open door” policy and building rapport w/ students
- Take care of yourself – “You can’t serve from an empty vessel.”



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Fact vs Fiction

- 50% of mental illness begins by age 14 and 75% of mental illness begins by age 24
- Approximately 50% of students age 14 & older living with a mental illness drop out of high school
- Suicide is the 5th leading cause of death in college students
- There are more suicides in Nebraska than homicides
- About 25% of those who engage in self harm begin around age 14 and carry it into their twenties
- All those who self harm are having suicidal thoughts
- More females attempt suicide than males
- More males die by suicide than females
- Using the words, “die by suicide” is more appropriate than “commit suicide”



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Questions?

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