



BOYS & GIRLS CLUB
OF MALIBU

Wellness Center

Youth Depression and Suicide Risk Management

For Parents in the Malibu Community

Presented by: Boys & Girls Club of Malibu Wellness Center

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BGCM Director of Mental Health Education

It's easy to fall into this type of thinking.

“He’s just in one of his moods.”

“It’s just a drawing.”

“They’re just song lyrics.”



The main objective...



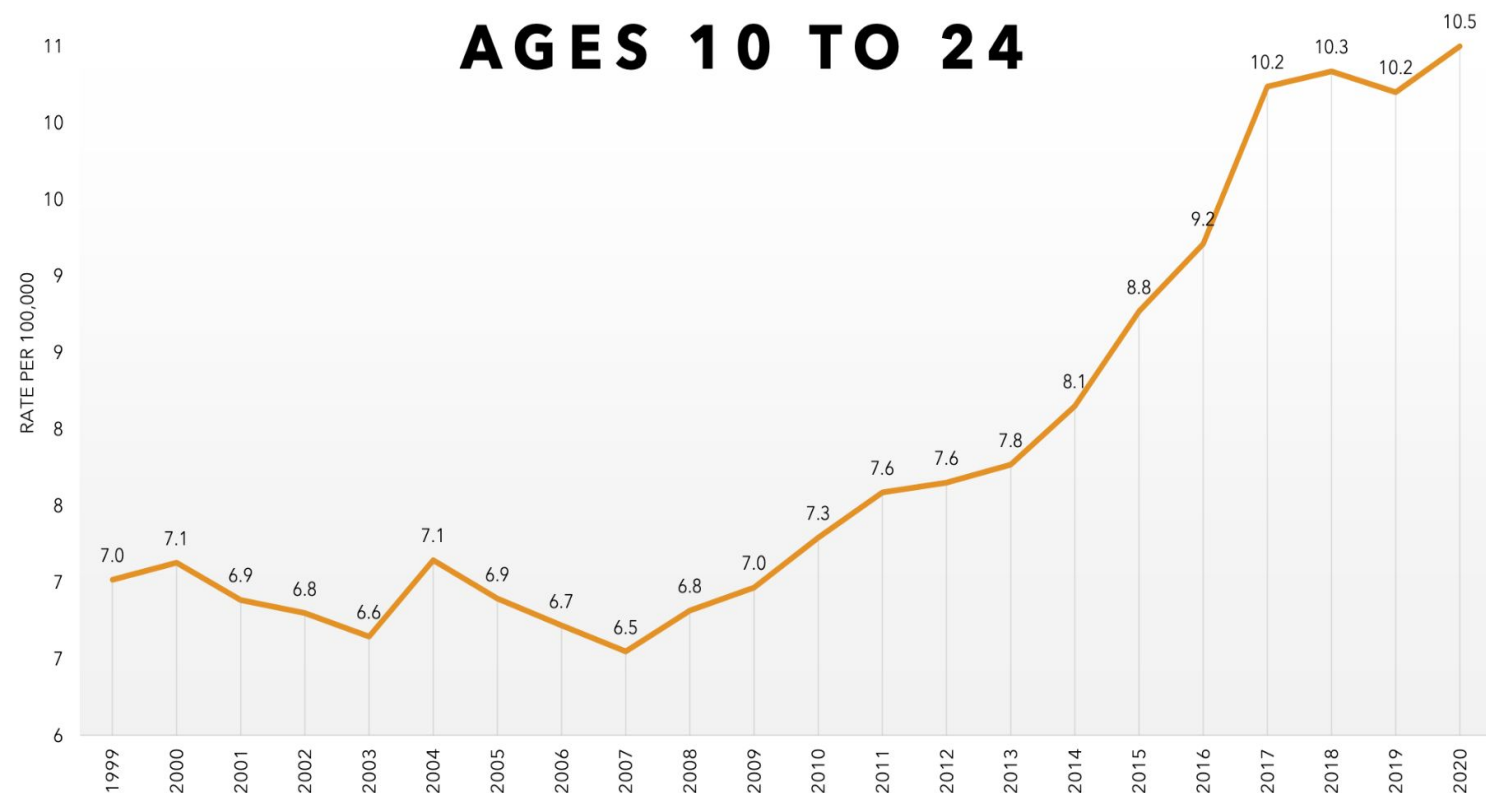
- Our main objective is to help you notice the signs of suicidal ideation and ask the kids if they're ok. Just ask. You may save a life.
- Adults fear that asking is the wrong thing to do if we're worried about a child/teen, that it might put a bad idea in their head
- This is not true. All of the research shows that asking is the right thing to do to prevent suicide. You don't have to have the perfect words or know exactly what to say.
- **You just need to ask!**

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Suicide has been on the rise since



1999 - 2020 SUICIDE RATE AGES 10 TO 24



Suicide is the
second leading cause
of death among
young people ages
10-24.
(CDC.gov)

Source: Centers for Disease Control Injury Control Reports (2019) WISQARS. Accessed on March 12, 2021 | ICD-10 Codes: X60-X84, Y87.0,*U03

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Barriers to Care

- Stigma is the greatest barrier to care
- The comfortability of the adults in the community is felt by kids and teens and contributes to stigma. Stigmas are felt, not always spoken directly.
- You can help end the stigma by being open to discussion, even about hard and scary topics such as suicide.
- Stigma is often indirect, and it's easier to feed into than you may think.

A graphic with a teal background. In the center, a hand is shown holding a dark blue heart. Text is overlaid on the graphic. At the bottom left are logos for the 'MEDS COALITION' and 'NCA PDA'.

More than 1/2 of people with mental illness don't seek treatment

That's because stigma against people with mental illness is still very much a problem

IT'S OKAY TO ASK FOR HELP

STOP THE STIGMA

LET'S TALK ABOUT MENTAL HEALTH

MEDS COALITION
CENTRAL LOUISIANA COUNTY
Mental Health Services

NCA PDA
National Coalition Against Prescription Drug Abuse

GREAT FUTURES START HERE.

THE **STIGMA** AND
DISCRIMINATION
AROUND A MENTAL
ILLNESS CAN BE
MORE DIFFICULT
THAN THE **ILLNESS**
ITSELF

FACT

MYTH

MENTAL HEALTH STIGMA **IN NUMBERS**



70% of young people
say mental health
stigma has made them less
likely to talk to others about
their mental health

#IAMWHOLE

NHS



*Research was carried out with 2,072 young people, aged 11-24 from across England & Wales.
The research was commissioned as part of the #IAMWhole mental health campaign from the NHS & YMCA

Stigma



- Indirect stigma can sound like: “I don’t want to share that statistic, it’s too much of a downer.” “That’s not a nice topic of conversation.” “Don’t use that word!” “What will people think?”
- Stigma can look like: Changing the subject or shutting down conversation about suicide and mental health.
- When we talk about suicide and mental health in this way, we give teens the message “I’m uncomfortable, we can’t talk about this.”
- They internalize this message and feel shame. They may start to believe “something is wrong with me if I feel this way, and it’s so bad, I can’t even bring it up.” Ending stigma means removing the shame from the conversation.
- **If you’re uncomfortable with this topic, let’s talk about why, and how we can help elevate your concern above your discomfort.**

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Risk factors for suicide



- Certain conditions increase the chances of suicidal thoughts in children and teens. Other problems may trigger a suicide attempt.
- Depression or another mental health problem, such as bipolar disorder or schizophrenia
- A parent with mental illness or substance use problems
- A recent death in the family
- **A friend, peer, family member, or hero (such as a sports figure or musician) who recently attempted or died by suicide**
- Abuse, neglect, and household challenges
- A history of being bullied (cyberbullying triples the risk of suicide)
- Identify as part of the LGBTQ community



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Post-vention is prevention



- We had a big loss last year at Malibu High School. Teens have questions, and there have been rumors.
- Not addressing rumors leaves the kids with anxiety, confusion, anger, and unanswered questions.
- We have to find a way to talk about what happened in order to prevent it from happening again and to prevent suicide contagion. All of our teens are at higher risk now.
- Ignoring what happened increases the risk of suicide contagion. Birthdays, anniversaries, and other dates may remind students of the loss.
- **We, as the adults, have to lead the conversation.**
- Suicide Prevention Resource Center booklet:
<https://sprc.org/wp-content/uploads/2022/12/AfteraSuicideToolkitforSchools-3.pdf>

GREAT FUTURES START HERE.

Conversation Template:



We had a big loss last year. We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to **[NAME]** and **[HIS/HER]** family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to **[NAME]**'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known **[NAME]** well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that I'm here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in **the Wellness Center** between classes or during your lunch.

We are all here for you. We are all in this together, and we'll get through this.

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Post-vention planning



We should treat all teen deaths in the same way. Having one approach for a teen who dies of cancer and another for a teen who dies by suicide reinforces the negative association that often surrounds suicide and may be deeply painful to the deceased's family and close friends.

Adolescents are vulnerable to the risk of suicide contagion. Therefore, it is important not to inadvertently simplify or gloss over the student's death.

Adolescents are also resilient. With the proper information, guidance, and support from family and community, teens can learn to cope with the suicide of a fellow student, process their grief, and return to healthy functioning.

This approach is based on research of what prevents suicide contagion.

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Question, Persuade, Refer



- We're going to go over a method called Question, Persuade, Refer
- On the next slide, we will go over a questionnaire with direct questions to ask.
- **It is good to ask directly about suicide. You will not use the wrong words or put the idea in their head. You may prevent them from hurting themselves. Do not avoid certain words or the topic.**

If you are uncomfortable asking these questions, find someone who can!

*Avoid making promises that you will not be able to keep.

GREAT FUTURES START HERE.

Asking Questions

- “Have you been thinking about taking your own life?”
- “Have you been so unhappy lately that you’ve been thinking about hurting yourself?”
- **If the student answers yes to #2 or 3, seek healthcare for further eval.**
- **If yes to #4, 5, or 6, get immediate help. Call or text 988, call 911, or got to the ER. Do not leave the teen alone until they can be evaluated!**

Always ask questions 1 and 2.		Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?		High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i> If yes, was this within the past 3 months?		High Risk

Persuade



Your willingness to listen and help can rekindle hope, and make all the difference.



- “Will you go with me to get help?”
- “Will you let me get you help?”
- “Will you promise me not to hurt yourself until we’ve found some help?”

GREAT FUTURES START HERE.

Being a trusted adult



Part of persuasion is being a trusted adult

- Trusted adults don't over or under react, they respond appropriately to the situation at hand
- Listen and offer empathy and validation, don't jump in to fix the problem
- Offer support and hope by getting the teen into supportive counseling services
- Be open to having the conversation and hearing the truth. It's ok to be uncomfortable!



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Refer



- Taking the student directly to someone who can help – a counselor, nurse, or psychologist. Sometimes that may mean calling 911 in extreme cases, or taking a child to the ER for an evaluation.
- Getting a verbal agreement from the teen to accept help, then making arrangements to get that help
- Give referral information and try to get a good faith commitment not to attempt suicide
- Always make sure the child is safe – an adult is home and aware of their feelings, no access to means to take their own life (access to guns, knives, or pills, etc).
- Provide Crisis Hotline Numbers



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All Threats Must Be Taken Seriously

- It is extremely important that you take all threats of suicide seriously and refer to supports such as a psychologist, counselor, or medical professional so they can conduct a RISK ASSESSMENT
- Take any mention of suicide seriously the first time – don't wait. If a teen is mentioning, drawing about, or writing about suicide, get help right away. Call the Psychiatric Mobile Response Team when in doubt: (800) 854-7771



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Brainstorm Activity #1



- Your teen, who is normally well-behaved and making decent grades, brings a knife to school. This seems out of character, but they say it was just “to show off to my friends.” You’re questioning their judgment, but nothing else seems wrong.

What might you say or do?

GREAT FUTURES START HERE.

Brainstorm Activity #1 – Responses



- Question to understand, not to accuse or judge. “Tell me more about why you brought the knife to school.”
- Avoid judgments: “What were you thinking?!?”
- Go deeper: “Are you using the knife for anything else?” “Have you been self harming lately?” “Have you been thinking about hurting yourself or anyone else?”
- Teens often show us how they feel through their behavior. If something seems suspicious, it probably is. Ask!

GREAT FUTURES START HERE.

Brainstorm Activity #2



- A teen's grades have been dropping. They've been cutting class or spending lots of time avoiding class in the bathroom. They express a lot of worry about being in trouble at school. They used to enjoy theatre, but now they seem withdrawn.

What might you say or do to support this child?

GREAT FUTURES START HERE.

Brainstorm Activity #2 – Responses



- Make sure the child is safe before diving into consequences:
 - “Help me understand what’s going on – your grades were good and you seemed to enjoy things not too long ago. Now you’re falling behind and something seems wrong. Are you ok?”
- Avoid minimizing a teen’s feelings. Instead of “What do you have to be worried about? You have a great life!”
- Try: “It sounds like you’re feeling really down. Have you talked to anyone about this?” “Everyone feels down sometimes, it’s ok. Let’s get you some help.”
- “I don’t want you to hurt yourself. Are you thinking about hurting yourself lately?”

GREAT FUTURES START HERE.

Brainstorm Activity #3



- A teen has been angry and defiant recently. They make inappropriate jokes, talk back, and can be downright disrespectful at times.

What might you say or do?

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Brainstorm Activity #3 – Responses



- Inquire: “I’ve noticed you’ve seemed angry lately, the way you’ve been talking to others and to me – is something going on?”
- Be collaborative and curious rather than accusatory. Avoid, “What’s your problem? Your attitude is making this worse!”
- Empathize and validate, and try to get to deeper meanings: “I understand feeling angry, or like some work is pointless. It’s hard to make ourselves do things we don’t see the value in. Does it feel like everything is pointless lately?”
- Express concern and appeal to their goodness: “I’m worried because sometimes when people are hurting inside, they act out. I don’t think you’d be acting this way if you were feeling good. Is something else bothering you?”

GREAT FUTURES START HERE.

Brainstorm Activity #4



- A teen has been sullen lately. You ask if they are ok, and they burst into tears and tell you that they have been depressed about fighting with their boyfriend. After the last fight, they went to the bathroom and put pills in their mouth, but then spit them out.

What might you say or do?

GREAT FUTURES START HERE.

Brainstorm Activity #4 – Responses



This is technically a suicide attempt, and there's high risk that it could happen again and become more dangerous.

First, empathize. “You must have been feeling so desperate and alone in that moment, I’m so sorry. That sounds terrible.”

Second, question. “Is that the only time you’ve almost done something to hurt yourself? Have you thought about it since then, or thought of other ways to end your life? Are you thinking about this now?”

Third, persuade. “I don’t want you to hurt yourself, you matter to me. We need to get you help, and it’s my job to keep you safe. Let’s do it together.”

Fourth, refer. You need to get the teen into an evaluation immediately. You need a safety plan – the teen cannot be left alone, any access to harm must be removed. Take the teen to the ER or call the PET to get an evaluation done immediately. Don’t wait!

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Suicide Prevention Video



<https://www.youtube.com/watch?v=3BByqa7bhto&t=3s>

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About the BGCM Wellness Center



The Wellness Center provides mental health and wellness services to Malibu public school children, their families, and the community at large, at no cost. We are offering both in-person and flexible telehealth options for individual and social support services.

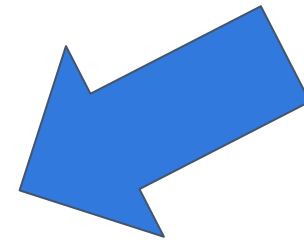
If anyone you know is struggling, please have them reach out.

Phone: 310-457-6801 ext 74-143

Mobile: 424-209-4907

Website: <https://bgcmalibu.org/wellness-center/>

Email: wellnessinfo@bgcmalibu.org



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Resources for youth



- Teen Line
 - (310) 855-4673 or TEXT TEEN to 839863
- Suicide Crisis Line
 - Dial 9-8-8 or (800) 273-TALK (8255) and *in Spanish* (800) 303-7432
- Text HOME or LISTEN to 741-741 (www.crisistextline.org)

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Resources to Help a Child



- LA County Psychiatric Mobile Response Team (PMRT formally PET Team)
(800) 854-7771
- California Youth Crisis Line
(800) 843-5200
- Child Abuse Hotline
(800) 540-4000 (LA. County Department of Child & Family Services)

GREAT FUTURES START [HERE.](#)

References



Erika's Lighthouse www.erikaslighthouse.org

Adolescent Health Working Group <https://ahwg.org/>

The Suicide Prevention Resource Center:

<https://sprc.org/wp-content/uploads/2022/12/AfteraSuicideToolkitforSchools-3.pdf>

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Feedback



Please go to the following link or use the QR code to fill out a brief survey about this presentation. Your feedback is very important.

Thank you!



<https://bit.ly/BGCM-SPsurvey>

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