

Miller SYI: Youth Ministry Conversations

Suicide and Suicidal Thoughts

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Why Are We Doing This?

- Our alumni board and advisory board has agreed over the last several years to shift our focus from a two-week summer program, to a program that grows with our alumni throughout their lifetime. Currently, we have 470 alumni ages 17 to 34.
- Our focus is also shifting to taking the message of SYI, learning who God is calling you to be and what God is calling you to do, out to local churches and congregations.
- 19 years of youth ministry at PTS gives us a unique platform to talk about Youth Ministry issues with expertise and experience.
- Our alumni chose this first topic. We would like suggestions for future conversations. Please email your suggestions to syi@pts.edu or write them in the back of the room as you leave today.

The “S” Word

Giving Voice and Language to the “S” Word:
Suicide and Suicidal Thoughts

Christians are Called to Speak into Fear

1 John 4:18: “There is no **fear** in love. But perfect love drives out **fear**, because **fear** has to do with punishment. The one who **fears** is not made perfect in love.”

Acts 16:28, “Do not harm yourself,
we are all here!”

Russell Crabtree www.asecondday.com

Felt Sad or Hopeless

(2 of 5 required criteria to meet DSM-V diagnosis of Depression)

- During the 12 months before the survey, 29.9% of students (grades 9-12) had felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities.
- Higher among female (39.1%) than male (20.8%) students
- Highest among Hispanic students (36.8%), then Black students (27.5%), then White (27.3%).

http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf?utm_source=rss&utm_medium=rss&utm_campaign=youth-risk-behavior-surveillance-united-states-2013-pdf

Considered Suicide

- Suicide is the 2nd leading cause of death among young people ages 10-24. (Unintentional injury is the leading cause of death. In 2010, there were 4,867 10-24 year old deaths by suicide)
- 1 in 6 students or 17% (grades 9-12) seriously **considered** suicide in the last year.
- Females are more likely (22.4%) to consider suicide than males (11.6%).
- Most likely among Hispanic students (18.9%), then White students (16.2%), then Black students (14.5%).

CDC, NCIPC. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2010) [2013 Aug. 1]. Available from: www.cdc.gov/ncipc/wisqars.

http://www.cdc.gov/violenceprevention/youthviolence/stats_at_a_glance/ld_10-24.html

CDC. (2011). *Youth Risk Behavior Surveillance – United States, 2011*. Atlanta, GA: U.S. Department of Health and Human Services.

Suicide Plan

- 1 in 8 students (13%) in grades 9-12 had **made a suicide plan** in the last year.
- Females are more likely to make a suicide plan (16.9%) than males (10.3%).
- Most likely among Hispanic (15.7%) students, then White (12.8%) students, then Black (10.4%) students.

CDC. (2011). *Youth Risk Behavior Surveillance – United States, 2011*. Atlanta, GA: U.S. Department of Health and Human Services.

http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf?utm_source=rss&utm_medium=rss&utm_campaign=youth-risk-behavior-surveillance-united-states-2013-pdf

Attempted Suicide

- 1 in 12 students or 8% (grades 9-12) had **attempted suicide one or more times** in the last year.
- Females were more likely to attempt suicide (10.6%) than males (5.4%).
- Suicide attempts are much higher among Hispanic (11.3%) and Black (8.8%) youth than White (6.3%) youth.

CDC. (2011). *Youth Risk Behavior Surveillance – United States, 2011*. Atlanta, GA: U.S. Department of Health and Human Services.

Suicide Attempt Treated by a Doctor or Nurse

- 2.7% of students (grades 9-12) nationwide had made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- More likely among females (3.6%) than males (1.8%).
- More likely among Hispanics (4.1%) than Blacks (2.4%) than Whites (2.0%)

More Suicide Facts

- LGB youth are 4 times more likely, and questioning youth are 3 times more likely, to attempt suicide as their straight peers.
- Nearly half of young transgender people have seriously thought about taking their lives, and one quarter report having made a suicide attempt.

CDC. (2011). *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance*. Atlanta, GA: U.S. Department of Health and Human Services.
Grossman, A.H. & D'Augelli, A.R. (2007). *Transgender Youth and Life-Threatening Behaviors*. *Suicide and Life-Threatening Behaviors*.37(5), 527-37.

Death by Suicide

- In 2009, the most recent year for which data are available, 1,852 young people between the ages of 13 to 19 years died by suicide in the United States. Approximately 78% of the fatalities were male and 22% were female.
- During 2009, an additional 2,702 young people between the ages of 20 and 24 years died by suicide. About 84% of these fatalities were young men and 16.0% were young women.
- The rates of suicide deaths among 13–24 year olds are as follows: • American Indian/Alaska Native: 22.11 per 100,000 • White: 9.47 per 100,000 • Asian/Pacific Islander: 6.32 per 100,000 • Hispanic: 6.46 per 100,000 • Black: 5.74 per 100,000

Centers for Disease Control and Prevention (CDC). (2009). Web-based injury statistics query and reporting system (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>

Centers for Disease Control and Prevention (CDC). (2010). Youth risk behavior surveillance—United States, 2009. Surveillance Summaries. MMWR, 59(SS-5). Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>

Suicide Methods

Suicide Methods (CDC, 2009) These data are from 2009, the latest year for which data are available

- The leading methods (means) by which young people ages 13–19 took their own lives were:
- Suffocation, including hanging (45.2%)
- Firearms (42.7%)
- Poisoning, including carbon monoxide (5.8%)
- All other means (6.3%)

Centers for Disease Control and Prevention (CDC). (2009). Web-based injury statistics query and reporting system (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>

Centers for Disease Control and Prevention (CDC). (2010). Youth risk behavior surveillance—United States, 2009. Surveillance Summaries. MMWR, 59(SS-5). Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>

Let's Take a Moment to Remember..

- 1 John 4:18: “There is no **fear** in love. But perfect love drives out **fear**, because **fear** has to do with punishment. The one who **fears** is not made perfect in love.”
- Acts 16:28, “Do not harm yourself, we are all here!”

How Do We, as Christians, Respond?

Acts 16:28, “Do not harm yourself, we are all here!”
(and we are not afraid).

“We are All Here”: Signals of Warning feeling sad/hopeless or considering suicide

- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there’s 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
- No reason for living, no sense of purpose in life

<http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>

“We are All Here”: Response to Warning Signals feeling sad/hopeless or considering suicide

1. Validate and Acknowledge that you recognize the person is experiencing warning signals. Establish yourself as a safe person.
 - “I have noticed that you have been experiencing _____ recently. I want you to know that I am here. And I want you to know that sometimes people who are experiencing _____ will think about harming themselves. If you ever feel that way, I want you to know you can tell me. I would like you to talk to someone I know and trust he/she is a mental health professional who would love to spend time with you.”

“We are All Here”: Response to Warning Signals feeling sad/hopeless or considering suicide

2. Refer the person to a mental health professional or call the National Suicide Prevention Line: 1-800-273-TALK for a referral.
3. If you live in Allegheny County, PA call the UPMC re:solve crisis network: 1-888-7-YOU CAN (1-888-796-8226). You can call 24 hours a day 365 days a year. They have a mobile response team. They will be able to assist you in evaluating any mental health crisis.
4. Another wonderful resource in the Pittsburgh area is STAR (Services for Teens at Risk) 412-246-5619 (they are open 8:30 a.m. – 5:00 p.m. M-F)

“We are All Here”: Responding to Signals of Suicide Plans or Attempts of Suicide

Seek immediate help by calling 9-1-1 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

<http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>

Self-Injury

- Self-injury (also known as self-mutilation or deliberate self-harm) is defined as intentionally and often repetitively inflicting socially unacceptable bodily harm to oneself without the intent to die. Self-injury includes a wide variety of behaviors, such as cutting, burning, head banging, picking or interfering with healing of wounds, and hair pulling. The relationship between self-injury and suicide is complicated. Researchers believe self-injury is a behavior separate and distinct from suicide and the result of a very complex interaction among cognitive, affective, behavioral, environmental, biological, and psychological factors. However, in some people the self-destructive nature of self-injury may lead to suicide. Students who injure themselves intentionally should be taken seriously and treated with compassion.
- If you become aware of a person who is intentionally injuring himself or herself you should refer the student to a mental health professional AND tell the teenager that you would like them to tell their parents with you witnessing it OR you will tell them yourself. During this conversation your goal is to show the parents and child compassion and to give them the power to call a mental health professional to get help.
- While talking to the child or parent you become concerned that the child is exhibiting behaviors that indicate a plan to attempt suicide, call 9-1-1 or the National Suicide Prevention Line 1-800-273-TALK.

<http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>

Self-Injury Resources

The following resources can be used to understand and prepare to respond to self-injury by teenagers:

- Prevention Researcher. February 2010, Vol. 17, No.1 focuses on adolescent self-injury: http://www.tpronline.org/issue.cfm/Adolescent_Self_Injury
- Self-Injurious Behavior Webcast. October 2006, 1 hour, includes an interview with Dr. Janice Whitlock:
<http://www.albany.edu/sph/coned/t2b2injurious.htm>

Our goal is to communicate that we are not afraid to talk about suicide and suicidal thoughts. And to say, “Do not harm yourself, We Are All Here.”

Do this by praying for people with mental illness during youth group and from the pulpit. Pray for those struggling with thoughts of hurting themselves, in youth group. Pray for those problems like you pray for healing from cancer and world peace. Make your youth group, your church, your home a safe place and say it with your words and actions, that you are not afraid and you are here.

Upcoming Events on Suicide Prevention Education:

- Mental Health First Aid led by SYI 1998 Alumni Sue Puhala on March 30-31, 2015 from 9:00 a.m.- 1:00 p.m. It is free and open to the public. It will be held at: Pittsburgh Mercy Health System Training office (249 South 9th St, 2nd Floor, 15203). If anyone is interested in registering, they can contact Donna Carman at 412-488-4374 or dcarman@pmhs.org
- Tuesday, April 14, 2015 from 9:00 a.m. – 3:30 p.m. at Pittsburgh Theological Seminary: Suicide Prevention Training for Pastors and Church Leaders led by Russ Crabtree through Pittsburgh Pastoral Institute. Contact edavenport@pts.edu for more information.