



A RESPONSE TO BULLYING & SUICIDE

BULLYING & SUICIDE PREVENTION



**BAD BEHAVIOR OR
BULLYING?**

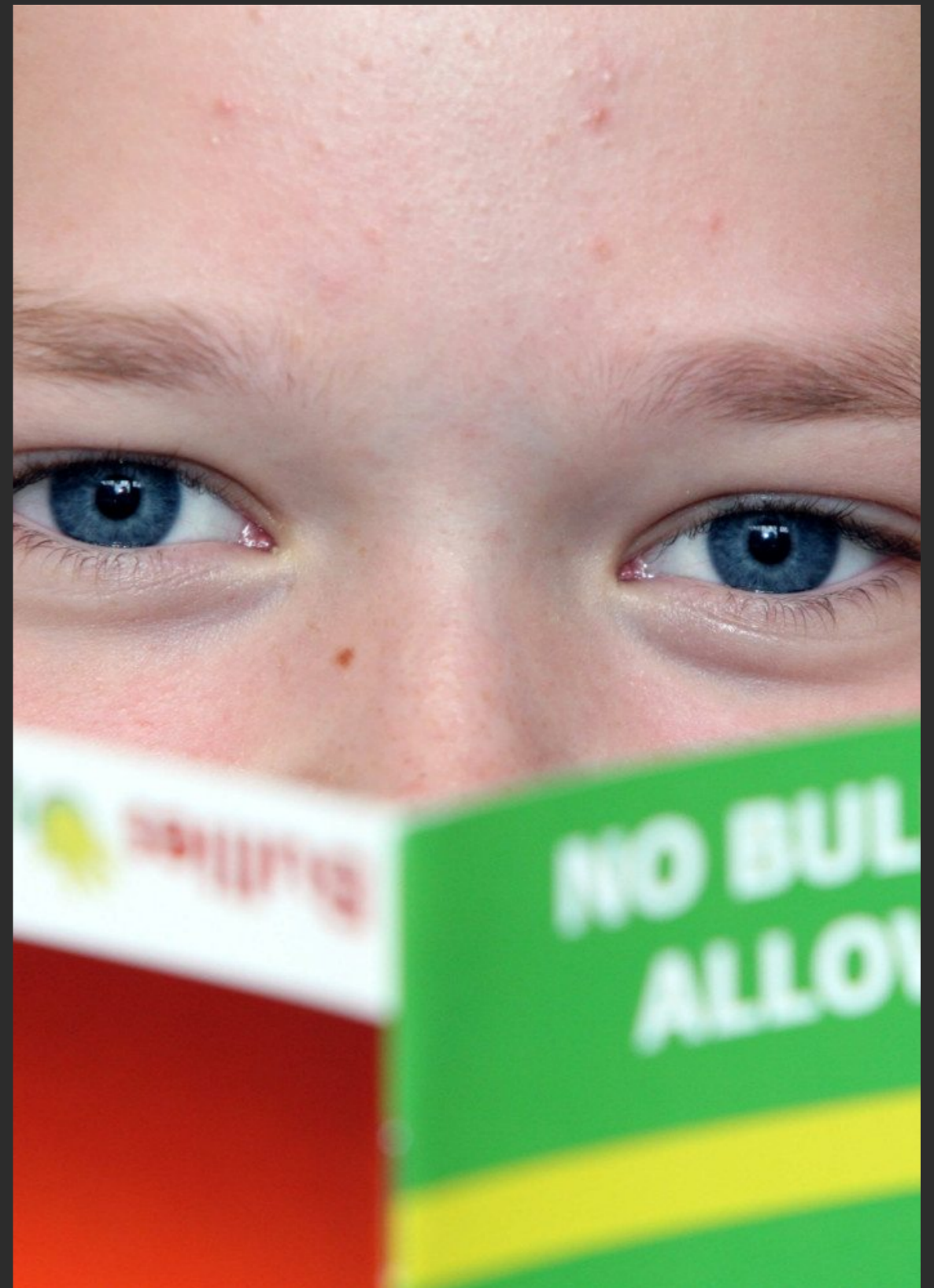
**THERE IS A
DIFFERENCE**

NON-EMOTIONAL DEFINITION TO BULLYING

- ▶ Surveys show that 21% of students ages 12-18 experience bullying at some point
- ▶ However, as parents, we also need to understand that not all bad behavior between students qualifies as bullying. There is a difference between, bullying, teasing, being mean, and just plain rudeness
- ▶ Bullying does have specific characteristics that many experts agree upon

BULLYING INTENDS TO USE HARM

- ▶ Just because someone does something that hurts someone's feelings doesn't mean that child is bully.
- ▶ A bully acts with deliberate intention to hurt another, whether it's emotional or physical



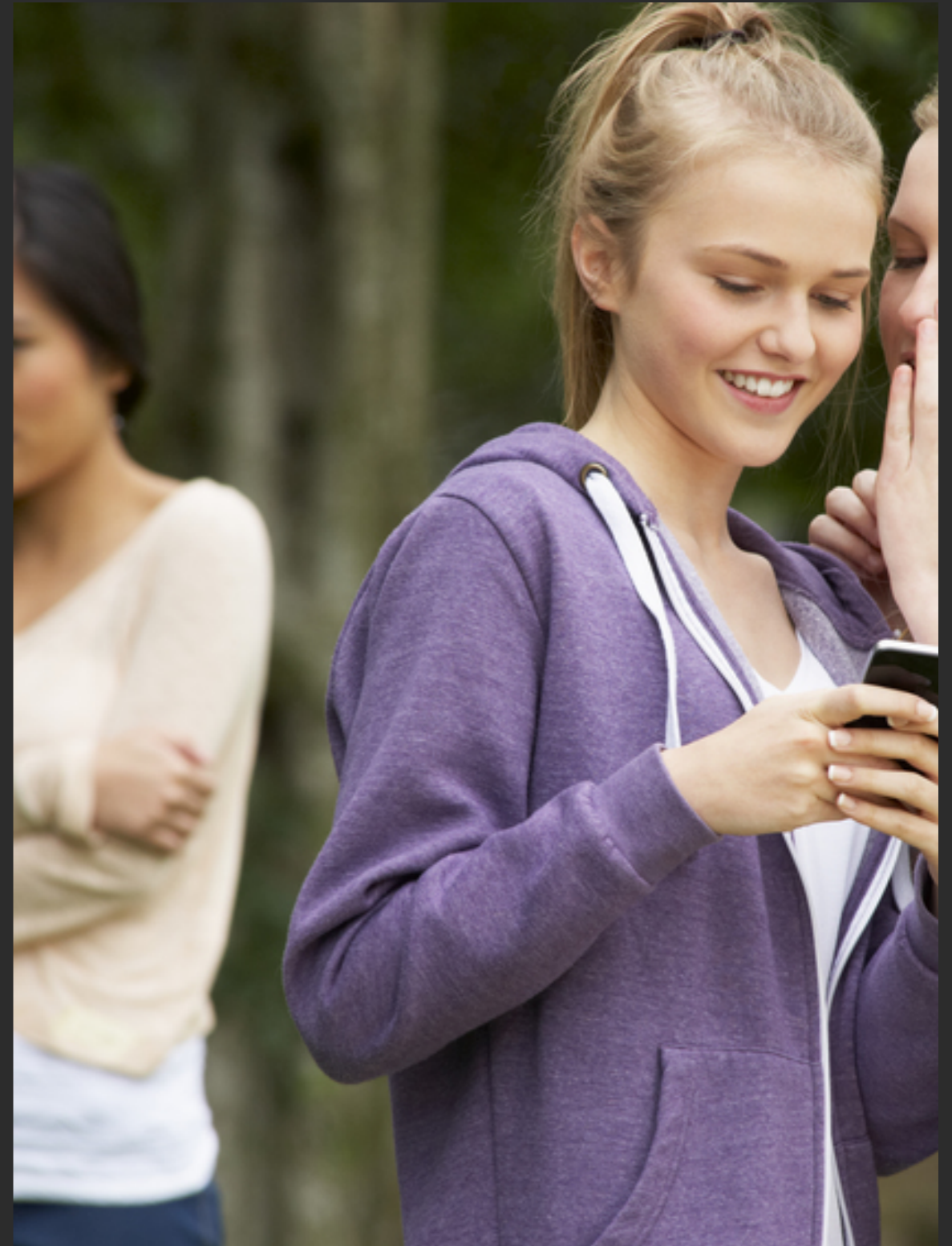
BULLYING HAPPENS REPEATEDLY

- ▶ Bullying isn't a one (or even two-time) thing. According to stopbullying.gov, "bullying behaviors happen more than once or have the potential to happen more than once."
- ▶ In other words, bullies don't usually stop with just one incident. They'll either continue harassing someone or threaten to do so in the future.



BULLYING SHIFTS POWER

- ▶ Bullies want to take control and have power over their victims.
- ▶ This can happen through numerous means:
- ▶ Physical contact
- ▶ Verbal attacks
- ▶ Cyberbullying
- ▶ Exclusion from groups



RUDENESS IS NOT THE SAME AS BULLYING

- ▶ Bad behavior and tension between peers does not equal bullying, in most cases. (But can lead to it in the future.)
- ▶ Name calling, push/shove, or insulting does not make someone a bully, but it does make them rude!
- ▶ No one wants to see their child's feelings get hurt. But if there is a conflict between students, we have to be careful not label the other party a bully. Doing so can diminish the seriousness of actual bullying.

STUDENTS HAVE TO BE REASONABLY HELD ACCOUNTABLE

- ▶ Your child is not perfect, nor is anyone else's
- ▶ Bring attention to the action as a step toward becoming a bully.
- ▶ If a student is bullying a fellow student, then action needs to be taken to help that student as well as the victim regain a sense of hope and growth.
- ▶ The effects of bullying cannot be taken lightly.

A RESPONSE TO TEEN SUICIDE

STATISTICS

STATISTICS (AFSP – 2016)

- ▶ 27.9% of students reported feelings of depression with the highest percentage among girls 41.1%
- ▶ 15.4% of students reported that they seriously considered attempting suicide with the highest percentage among 9th grade girls at 26.1%
- ▶ 12.4% of students reported that they had a suicide plan.
- ▶ 40% of all suicide victims test positive for drugs or alcohol.
- ▶ 51% of victims experienced a crisis within the previous two weeks before committing suicide.

STATISTICS (JASON FOUNDATION)

- ▶ Suicide is the second leading cause of death for ages 10-24 in the United States.
- ▶ More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease COMBINED.
- ▶ On average 3,041 suicide attempts by teens per day.
- ▶ 4 out of 5 teen suicides have given clear warning signs.

TOP NINE CIRCUMSTANCES REPORTED FOR PERSONS 10-24

- ▶ Crisis in the past two weeks (51%) (Red Flag Statistic)
- ▶ Intimate partner (45%)
- ▶ Current depressed mood (39%)
- ▶ Relationship / Friendship / Family problem (24%)
- ▶ Substance abuse problem (19%)
- ▶ History of suicide attempts (18%)
- ▶ Currently treated for mental illness (13%)
- ▶ Job problem (12%)
- ▶ Recent criminal/legal problem (12%)

TOP 3 MAJOR REASONS WHY TEENS COMMIT SUICIDE

- ▶ Recent crisis (Suicides happen in 3s-One can trigger more)
- ▶ Depression or mental illness
- ▶ Abuse or bullying on an ongoing basis

**4 OUT OF 5 TEENS WHO COMMIT
SUICIDE GIVE CLEAR WARNINGS**

– JASON FOUNDATION

A RESPONSE TO TEEN SUICIDE

WARNING SIGNS

WARNING SIGNS:

- ▶ Suicide threats - Direct or indirect
- ▶ Preoccupation or obsession with death or suicide
- ▶ Depression
- ▶ Final Arrangements
- ▶ Other signs

SUICIDE THREATS – DIRECT OR INDIRECT

- ▶ “I’d be better off dead”
- ▶ “I won’t be bothering you much longer”
- ▶ “You’ll be better off without me around”
- ▶ “I hate my life”
- ▶ “I’m going to kill myself.. just kidding.”
- ▶ INDIRECT: Joking, texting, social media posts.

PREOCCUPATION OR OBSESSION WITH DEATH OR SUICIDE

- ▶ Essays, writing about death
- ▶ Journaling about suicide or death
- ▶ Poems about death
- ▶ Artwork, drawings depicting death

DEPRESSION

- ▶ Sudden, abrupt changes in personality
- ▶ Expressions of hopelessness and despair
- ▶ Declining grades and school performance
- ▶ Lack of interest in activities once enjoyed.
- ▶ Increased irritability and aggressiveness
- ▶ Withdrawal from family, friends and relationships
- ▶ Lack of hygiene
- ▶ Changes in eating and sleeping habits

FINAL ARRANGEMENTS

- ▶ Giving away prized or favorite possessions
- ▶ Putting their affairs in order
- ▶ Saying good-bye to family and friends
- ▶ Making funeral arrangements

OTHER SIGNS

- ▶ Experiencing a recent loss - a loved one, relationship, job, etc.
- ▶ Increased use or abuse of alcohol or drugs.
- ▶ Recent separation or divorce of parents.
- ▶ Feelings of loneliness or abandonment
- ▶ Feelings of shame, guilt, humiliation or rejection
- ▶ Emotional stress and difficulties may result in physical complaints, such as head-aches, stomach-aches, loss of energy etc.
- ▶ Taking excessive risks, being reckless with their lives.

HOW TO DIFFERENTIATE

- ▶ Many of the signs may seem like average teenage behavior. How we differentiate warning signs is when the behaviors are not typical of that teenager. It's out of character for his/her past track record of behavior.

**SUICIDE DOESN'T END THE
PAIN, IT JUST TRANSFERS
IT TO SOMEONE ELSE.**

A RESPONSE TO TEEN SUICIDE

MYTHS & FACTS

MYTHS & FACTS

- ▶ “People who talk about suicide won’t really do it”
- ▶ FALSE: Almost everyone who attempts or completes suicide has given warning signs through their words or behaviors. Do not ignore any suicide threats.
- ▶ “If a person is determined to kill him/herself, nothing is going to stop him/her”
- ▶ FALSE: Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between want to live and wanting to die. Most suicidal people do not want to die; they want the pain to stop.

MYTHS & FACTS

- ▶ “Talking about suicide may give someone the idea”
- ▶ FALSE: The opposite is true. If a person is depressed or unhappy, discussing their feelings openly and allowing them to express how they feel is one of the most helpful things you can do.
- ▶ “People who attempt suicide and do not complete suicide are just trying to get attention”
- ▶ FALSE: To a certain degree, they are trying to get attention and help for the pain they are experiencing. A suicide attempt, even half-hearted, is an attempt to seek help. Suicide is their perceived help.

MYTHS & FACTS

- ▶ “Most suicidal young people never seek or ask for help with their problems.”
- ▶ TRUE: Adolescents are more likely to ‘ask’ for help through non-verbal gestures than to express their situation verbally.

A RESPONSE TO TEEN SUICIDE

HOW TO RESPOND

QPR – QUESTION – PERSUADE – REFER

▶ QUESTION

- ▶ Question the young person about suicide. Do not be afraid to ask. Asking about suicide does not increase suicide risk - it will help. Even if the person exhibiting warning signs is not thinking of suicide, they likely still need your attention and help.

QPR – QUESTION – PERSUADE – REFER

▶ QUESTIONS

- ▶ Are you having thoughts of suicide?
- ▶ Are you thinking of killing yourself?
- ▶ Have you made plans?

QPR – QUESTION – PERSUADE – REFER

▶ PERSUADE

- ▶ Persuade the young person to get help. Listen carefully and without judgment to what they have to say. Do not attempt to counsel the person. Simply listen, then say,
 - ▶ I would like to help.
 - ▶ Would you come with me to find help?
 - ▶ Let's talk to someone who can help.

QPR – QUESTION – PERSUADE – REFER

▶ REFER

- ▶ Refer the young person for help. Do not promise secrecy, and do not worry about being disloyal. It is crucial that the person that you are helping find adequate services. It's best to know the resources in your area and to help the young person make an appointment or go with them to the facility.
 - ▶ I would like to help.
 - ▶ Would you come with me to find help?
 - ▶ Let's talk to someone who can help.

OUR NATIONS BIGGEST NEED:

- ▶ School programing and resources. (Student Awareness)
- ▶ Community assessment and action plans for improvement.
- ▶ Educated advocates (Question, Persuade, Refer)

THE STRONGEST STUDENTS HAVE:

- ▶ INSPIRATION (*Self worth, feel valued: They have purpose.*)
- ▶ IDEAS (*They have a vehicle for their inspiration: Sports, Music, Entrepreneurship...etc.*)
- ▶ COMPASSION (*Their focus is helping others. Not a self centered life.*)

A RESPONSE TO TEEN SUICIDE

COMMUNITY ASSESSMENT

COMMUNITY ASSESSMENT

- ▶ The first step in developing an effective youth suicide prevention plan is to assess your community. A community assessment tells you about your community's readiness for a suicide prevention program and the state of the problem. In the public health approach to suicide prevention, an assessment also provides an overview of the risk and protective factors present in the community - helping you plan a more effective prevention campaign.

COMMUNITY ASSESSMENT – STRATEGIC QUESTIONS

- ▶ How many schools and school districts in the community have implemented a crisis management plan that includes policies and procedures in case of a suicide?
- ▶ How many schools provide access to a mental health professional for its students? What is the student to mental health provider ratio in these schools? How often is the provider available to students?

COMMUNITY ASSESSMENT – STRATEGIC QUESTIONS

- ▶ How many of the media outlets that reach the community have been trained in responsible media reporting of suicide?
- ▶ How do local emergency rooms respond to youth suicide attempts? Are referrals made? What follow-up is provided? Is hospital social work staff notified?
- ▶ What percentage of physicians in the community receive regular training on suicide warning signs and referral protocol?

COMMUNITY ASSESSMENT – STRATEGIC QUESTIONS

- ▶ What percentage of educators and administrators in the community... receive regular training on suicide warning signs and referral protocol?
- ▶ What percentage of community professionals who work with youth and families in the community...
- ▶ How does the target population get information about 24 hour hotlines, and resources?
- ▶ How many youth serving organizations provide screening for mental health or suicide? How often are the screenings provided? Are referrals made for high-risk youth?

A RESPONSE TO TEEN SUICIDE

THOUGHTS / QUESTIONS?

JODY DYESS

WWW.SAYSOMETHINGASSEMBLY.COM

JODY@SAYSOMETHINGASSEMBLY.COM



JODY.DYESS



JODY DYESS