



Connecticut Department of Children  
and Families  
Youth Suicide Advisory Board

# Youth Suicide Prevention Information Packet 2009-10



August 28, 2009

Dear Educator, Health Professional, Youth Serving Agency,

The American Association of Suicidology has designated September 6-12, 2009 as National Suicide Prevention Week. For this purpose, the Connecticut Youth Suicide Advisory Board has prepared a public awareness packet for your use. We invite you to visit the Department of Children & Families' website and download the packet.

<http://www.ct.gov/dcf/cwp/view.asp?a=2570&q=314514>

This packet is intended for use by professionals who work with youth and includes fact sheets, suicide risk and protective factors, a sample proclamation, suggested activities, a glossary of terms and a resource list. Please feel free to duplicate this information.

In the state of Connecticut, the statistics are alarming. Results from the 2007 CT School Health Survey showed that, in the past 12 months, 22.8% of Connecticut high school students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. This same survey revealed that high school students in CT (9.8%) are significantly more likely than high school students nationally (6.9%) to have attempted suicide at least once in the past 12 months. According to the CDC's National Center for Injury Prevention and Control, **suicide was the third leading cause of death in Connecticut among youth ages 15 to 24 in 2006.**

Your help is needed in the prevention of youth suicide in Connecticut. Your organization or school can take advantage of this opportunity to bring services and suicide prevention programs to the attention of the community. With your involvement, activities throughout the year will help sharpen the public's awareness of facts, risk factors, resources, and prevention strategies.

Sincerely,

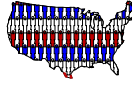
The Connecticut Youth  
Suicide Advisory Board

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PLEASE SHARE THIS PACKET WITH MEMBERS OF YOUR AGENCY

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## NATIONAL SUICIDE FACTS



- Females attempt suicide 3 times more often than males <sup>1</sup>
- Males complete suicide 3.8 times more often than females <sup>1</sup>
- For every death caused by suicide there are an estimated six survivors <sup>1</sup>
- Every two hours and 5 minutes, a person under the age of 25 completes suicide <sup>2</sup>
- Suicide, in youth, is the 3rd leading cause of death behind accidents and homicides <sup>2</sup>
- Firearms are used in 47% of youth suicides <sup>2</sup>
- Drug and alcohol use are associated with increased risk for youth suicide <sup>2</sup>

## CONNECTICUT SUICIDE FACTS



- Results from the 2007 CT School Health Survey report that among high school students:
  - 22.8% felt sad or hopeless for more than 2 weeks
  - 13.1% seriously considered attempting suicide
  - 9.8% actually attempted suicide<sup>3</sup>
- From 2000-2006 in Connecticut, suicide was the second leading cause of death among teens ages 15-19 and the third leading cause of death among young adults ages 20-24. <sup>4</sup>
- From 2000-2006 in Connecticut among persons ages 10-24, suffocation/hanging was the most common method of suicide completion. <sup>4</sup>

## WAYS TO BE HELPFUL<sup>5</sup>

Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them. Talking about suicide does not cause someone to be suicidal.

Here are some ways to be helpful to someone who is threatening suicide:

1. **Be direct.** Talk openly and matter-of-factly about suicide.
2. **Be willing to listen.** Allow expressions of feelings. Accept the feelings.
3. **Be non-judgmental.** Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
4. **Get involved.** Become available. Show interest and support.
5. **Don't dare him or her to do it.**
6. **Don't act shocked.** This will put distance between you.
7. **Don't be sworn to secrecy.** Seek support.
8. **Offer hope** that alternatives are available but do not offer glib reassurance.
9. **Take action.** Remove means, such as guns or stockpiled pills.
10. **Get help** by calling the **Suicide Prevention HELP!Line** 24-hours a day at **1-800-273-TALK.**

### ENCOURAGE YOUNG PEOPLE TO TALK TO SOMEONE

- A community mental health agency
- A school counselor or psychologist
- A suicide prevention/crisis intervention center
- Teachers
- Coaches
- A private therapist
- A family physician
- A religious/spiritual leader
- A trusted adult
- Parent/Grandparent/Relative

### REMIND THEM THAT THEY ARE NOT ALONE

## **RISK AND PROTECTIVE FACTORS FOR SUICIDE<sup>6</sup>**

Risk factors may be thought of as leading to or being associated with suicide; that is, people "possessing" the risk factor are at greater potential for suicidal behavior. Protective factors, on the other hand, may reduce the likelihood of suicide. They enhance resilience and may serve to counterbalance risk factors.

### **RISK FACTORS**

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide
- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence
- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide

Measures that enhance resilience or protective factors are as essential as risk reduction in reducing and preventing suicide. Interventions and strategies that support and maintain protection against suicide should be available as long as they are needed.

### **PROTECTIVE FACTORS**

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation

## SUGGESTED ACTIVITIES FOR RAISING AWARENESS



- Reproduce and distribute information sheets
- Provide an in-service for staff about suicide issues
- Provide presentations to schools, churches, parents, etc. in your local community, local legislators and politicians
- Ask local community leaders to declare September 6 - 12, 2009 Suicide Prevention Week (sample proclamation included)
- Ask the local paper to write on some aspect of youth suicide prevention, school or college newspaper, radio, television, public access networks, pod-cast(s), blogs, etc..
- Utilize the visual arts to emphasize suicide prevention, i.e., art/poster contest etc. . . .
- Send a letter home to parents about suicide, means of prevention and resource information including the Infoline number: 2-1-1
- Check with area youth service bureaus, libraries, schools etc. for information on local initiatives regarding Youth Suicide Prevention Week
- Include information about suicide prevention in your agency communiqué
- Encourage and support student involvement
- Hold a fundraiser/awareness raiser for Suicide prevention foundation

**MAKE A POSITIVE DIFFERENCE IN THE LIVES OF CONNECTICUT'S YOUNG PEOPLE!**

## SAMPLE PROCLAMATION



Whereas: All levels of society are vulnerable to suicide, which is the eleventh leading cause of death for all ages. There are approximately **33,000** reported suicide deaths in the nation each year, one every **15.8** minutes. This represents not only a tragic loss of human life, but untold suffering of family and friends; and

Whereas: The Connecticut Youth Suicide Advisory Board is an organization of professionals and concerned citizens who share a conviction that the risk for human self-destruction can be reduced through awareness and education; and

Whereas: It is necessary to regard suicide as a major health problem and to support educational programs, research projects and intervention services.

Therefore: I, \_\_\_\_\_ (mayor, first selectman) of the city, town of \_\_\_\_\_ do hereby designate September 6-12, 2009 as Suicide Prevention Week.

(seal)

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Signature and date

## CONNECTICUT RESOURCES:



**If someone you know is considering suicide or is experiencing another emotional crisis, call 1-800-273-TALK (8255).**

**Connecticut Clearinghouse**  
**1-800-232-4424, or 860-793-9791**  
<http://www.ctclearinghouse.org/>

Statewide library and resource center for information on substance use and mental health disorders, prevention and health promotion, treatment and recovery, wellness and other related topics. Collection includes books, videos, curricula, pamphlets, fact sheets and posters on youth suicide prevention and related topics.

**Connecticut Council on Problem Gambling**  
**1-203-453-0138 (Office)**  
**1-888-789-7777 (Out of State Toll-free Office Number)**  
**1-800-346-6238 (24 hour Helpline)**  
<http://www.ccpog.org>

A statewide, private, non-profit agency whose mission is to reduce the prevalence and impact of problem and compulsive gambling on individuals, families and society. Services offered include: a 24-hour toll-free Helpline for problem gamblers and those who care about them. Information on teen problem gambling is available.

**Connecticut Youth Suicide Advisory Board**  
**Web page on the DCF Website**  
<http://www.ct.gov/dcf>

The membership of Connecticut Youth Suicide Advisory Board (YSAB) is comprised of Departments of Children & Families, Public Health, Education, Mental Health & Addiction Services, Court Support Services Division, Office of the Child Advocate, volunteers, and community agency representatives. The primary goal of YSAB is to prevent suicide among children and youth.

**National Alliance on Mental Illness of Connecticut  
800-215-3021**

<http://www.nami.org/MSTemplate.cfm?MicrositeID=146>

The National Alliance on Mental Illness (NAMI) of Connecticut is affiliated with the nation's leading grassroots family and consumer organization – the National Alliance on Mental Illness (NAMI). NAMI-CT provides support, education and advocacy for thousands of people in recovery, their family members, friends, professionals and the public at large.

**Mental Health Association of Connecticut  
800-842-1501**

<http://www.mhact.org>

A statewide, private, non-profit agency dedicated to the promotion of mental health, the prevention of mental illness, and improved care and treatment of persons with mental illnesses. Programs and services include: a statewide toll-free telephone number providing Connecticut residents with referrals to mental health clinics and private practitioners; informational pamphlets; and support groups.

**Poison Control  
UCONN  
800-222-1222**

Maintains a 24 hour hotline that provides information about medication, drugs and household chemicals that have been ingested.

**State of Connecticut Department of Public Health  
Injury Prevention Program  
860-509-7805**

<http://www.ct.gov/dph>

The DPH Injury Prevention Program was established in 1993 to coordinate and expand prevention and control activities related to intentional (assault and self-inflicted) and unintentional (motor vehicle-related, poisoning, falls etc.) related injuries. Contact for assistance with injury related data and resources. DPH facilitates the Interagency Suicide Prevention Network (ISPN). ISPN agencies, individuals and others worked collaboratively to produce the Connecticut Comprehensive Suicide Prevention Plan. The Plan is the basis for the YSAB's recommendations for 2007.

[http://www.ct.gov/dph/lib/dph/publications/family\\_health/suicide\\_prevention\\_plan\[1\].pdf](http://www.ct.gov/dph/lib/dph/publications/family_health/suicide_prevention_plan[1].pdf)

**State of Connecticut Department of Mental Health and  
Addiction Services  
800-446-7348 or 860-418-7000**

<http://www.ct.gov/dmhas>

June 2006, the State of Connecticut was awarded a \$1.2 million grant over three years from the federal Substance Abuse Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS) to support the **Connecticut Youth Suicide Prevention Initiative (CYSPI)**. Key components are to: support the use of the science-based "Signs of Suicide (SOS) Program," in selected Connecticut high schools and CSU universities; expand the existing DCF-sponsored training program for foster and adoptive parents, school nurses, parent/teacher organizations, youth service bureaus, and juvenile justice personnel in recognizing the signs and symptoms of suicidality and depression; and design and pilot the implementation of a model program to increase the availability, accessibility, and linkages to mental health treatment by embedding services in school-based health and community-based hospital clinics.

**United Way of Connecticut Infoline  
2-1-1**

[www.infoline.org](http://www.infoline.org)

**24 hour crisis line**, as well as information and referral on all social services/health related programs statewide. Provides training to students, faculty/staff, and parents on suicide prevention.

**EMERGENCY MOBILE (PSYCHIATRIC) SERVICES (EMPS)**

Emergency Mobile Psychiatric Service (EMPS) is a twenty-four hour, 365 days per year, crisis intervention service for children and youth in crisis. EMPS Counselors are immediately available in person or by phone to help resolve a behavioral or emotional crisis wherever help is needed. **Dial 2-1-1 to be connected to this service.** 2-1-1 is a toll-free, confidential service connecting people to the health and human services they need.

## NATIONAL RESOURCES:



### **American Academy of Child and Adolescent Psychiatry**

202-966-7300

<http://www.aacap.org/>

AACAP is a professional medical organization comprised of child and adolescent psychiatrists dedicated to treating and improving the quality of life for children, adolescents, and families affected by mental, behavioral and developmental disorders.

### **American Association of Suicidology**

202-237-2280

[www.suicidology.org](http://www.suicidology.org)

AAS promotes research, public awareness programs, public education, and training for professionals and volunteers. In addition, AAS serves as a national clearinghouse for information on suicide.

### **American Foundation for Suicide Prevention**

888-333-AFSP

<http://www.afsp.org/>

AFSP is dedicated to understanding and preventing suicide through research and education, and to reaching out to people with mood disorders and those affected by suicide.

### **Office of the Surgeon General**

United States Department of Health and Human Services

301-443-4000

<http://www.surgeongeneral.gov>

U.S. Public Health Service *The Surgeon General's Call To Action To Prevent Suicide*.  
Washington DC: 1999. <http://www.surgeongeneral.gov/library/calltoaction/default.htm>

U.S. Public Health Service *Mental Health: A Report of the Surgeon General*.  
Washington DC: 1999.

<http://www.surgeongeneral.gov/library/mentalhealth/home.html>

National Strategy for Suicide Prevention

<http://www.mentalhealth.org/suicideprevention/default.asp>

**The Jed Foundation**

212-647-7544

<http://www.jedfoundation.org/>

The Jed Foundation is a New York-based 501 (c) (3) charitable organization with a mission to reduce the suicide rate among college and university students, across the United States.

**National Center for Injury Prevention & Control**

1-800-232-4636

<http://www.cdc.gov/injury/index.html>

NCIPC works to reduce morbidity, disability, mortality, and costs associated with injuries. Provides fact sheets and data resources.

**National Alliance on Mental Illness**

800-950-NAMI (6264)

<http://www.nami.org/>

NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.

**Mental Health America**

Phone 703-684-7722

<http://www.nmha.org>

Formerly known as national Mental Health Association, Mental Health America is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and service.

**Suicide Prevention Resource Center**

877-438-7772

<http://www.sprc.org/>

SPRC provides states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide.

## GLOSSARY OF TERMS



### **ALCOHOL & OTHER DRUG USE/ABUSE**

Use and abuse of drugs and alcohol by teens is very common and can have serious consequences. In the 15-24 year age range, 50% of deaths (from accidents, homicides, suicides) involve alcohol or drug abuse. Drugs and alcohol also contribute to physical and sexual aggression such as assault or rape. Possible stages of teenage experience with alcohol and drugs include abstinence (non- use), experimentation, regular use (both recreational and compensatory for other problems), abuse, and dependency. Repeated and regular recreational use can lead to other problems like anxiety and depression. Some teenagers regularly use drugs or alcohol to compensate for anxiety, depression, or a lack of positive social skills. Teen use of tobacco and alcohol should not be minimized because they can be "gateway drugs" for other drugs (marijuana, cocaine, hallucinogens, inhalants, and heroin). The combination of teenagers' curiosity, risk taking behavior, and social pressure make it very difficult to say no. This leads most teenagers to the questions: "Will it hurt to try one?"

There is a good chance that "one" will hurt you. A teenager with a family history of alcohol or drug abuse and a lack of pro-social skills can move rapidly from experimentation to patterns of serious abuse or dependency. Other teenagers, who experiment, with no family history of abuse, may also progress to abuse or dependency. Teenagers with a family history of alcohol or drug abuse are particularly advised to abstain and not experiment. No one can predict for sure who will abuse or become dependent on drugs except to say the non-user never will.

Warning signs of teenage drug or alcohol abuse may include:

- a drop in school performance,
- a change in groups of friends,
- delinquent behavior, and
- deterioration in family relationships.

There may also be physical signs such as red eyes, a persistent cough, and change in eating and sleeping habits. Alcohol or drug dependency may include blackouts, withdrawal symptoms, and further problems in functioning at home, school, or work.

For more information about substance abuse, see <http://www.samhsa.gov/>

### **ANXIETY**

Most people experience feelings of anxiety before an important event such as a big exam, business presentation or first date. Anxiety disorders, however, are illnesses that cause people to feel frightened, distressed and uneasy for no apparent reason.

Left untreated, these disorders can dramatically reduce productivity and significantly diminish an individual's quality of life.

Additional information on anxiety and other mental health issues can be found at the Mental Health America's website <http://www.nmha.org/>

### **BIPOLAR DISORDER**

Bipolar Disorder is a type of mood disorder with marked changes in mood between extreme elation or happiness and severe depression. The periods of elation are termed mania. During this phase, the teenager has an expansive or irritable mood, can become hyperactive and agitated, can get by with very little or no sleep, becomes excessively involved in multiple projects and activities, and has impaired judgment. A teenager may indulge in risk taking behaviors, such as sexual promiscuity and anti-social behaviors. Some teenagers in a manic phase may develop psychotic symptoms (grandiose delusions and hallucinations). For a description of the depressive phase see depression. Bipolar disorder generally occurs before the age of 30 years and may first develop during adolescence.

Additional information on bipolar disorder and other mental health issues can be found at the Mental Health America's website <http://www.nmha.org/>

### **DEPRESSION**

Though the term "depression" can describe a normal human emotion, it also can refer to a psychiatric disorder. Depressive illness in children and adolescents includes a cluster of symptoms that have been present for at least two weeks. In addition to feelings of sadness and/or irritability, a depressive illness includes several of the following:

- Change of appetite with either significant weight loss (when not dieting) or weight gain
- Change in sleeping patterns (such as trouble falling asleep, waking up in the middle of the night, early morning awakening, or sleeping too much)
- Loss of interest in activities formerly enjoyed
- Loss of energy, fatigue, feeling slowed down for no reason, "burned out"
- Feelings of guilt and self blame for things that are not one's fault
- Inability to concentrate and indecisiveness
- Feelings of hopelessness and helplessness
- Recurring thoughts of death and suicide, wishing to die, or attempting suicide

Children and adolescents with depression may also have symptoms of irritability, grumpiness, and boredom. They may have vague, non-specific physical complaints (stomachaches, headaches, etc.). There is an increased incidence of depressive illness in the children of parents with significant depression.

Additional information on depression can be found at the Mental Health America's website <http://www.nmha.org/>

**LEARNING DISORDERS**

Learning Disorders occur when the child or adolescent's reading, math, or writing skills are substantially below that expected for age, schooling, and level of intelligence. Approximately 5% of students in public schools in the United States are identified as having a learning disorder. Students with learning disorders may become so frustrated with their performance in school that by adolescence they may feel like failures and want to drop out of school or may develop behavioral problems. Diagnosis of a learning disorder requires special testing. Learning disorders should be identified as early as possible during school years.

Parents have a right to request a special education evaluation from the school if they have any concerns about their child's ability to learn. For more information, go to <http://ctserc.org>

*In addition to the terms listed above, a Glossary of Symptoms and Mental Illnesses Affecting Teenagers can be found on the American Academy of Child and Adolescent Psychiatry website. <http://www.aacap.org/>*



## **YOUTH SUICIDE ADVISORY BOARD BACKGROUND AND MISSION**

In 1989, the Connecticut Youth Suicide Advisory Board was established within the Department of Children and Families. The membership is comprised of volunteers, community and state agency representatives with the goal of preventing suicide among children and youth. The charge of the board is as follows:

- Increase public awareness of the existence of youth suicide and means of prevention;
- Make recommendations to the Commissioner of the Department of Children and Families for the development of state-wide training in the prevention of youth suicide;
- Develop a strategic youth suicide prevention plan;
- Recommend interagency policies and procedures for the coordination of services for youth and families in the area of suicide prevention;
- Make recommendations for the establishment and implementation of suicide prevention procedures in schools and communities;
- Establish a coordinated system for the utilization of data for the prevention of youth suicide;
- Make recommendations concerning the integration of suicide prevention and intervention strategies into other youth focused prevention and intervention programs



## ENDNOTES

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<sup>1</sup> McIntosh, J. L. (for the American Association of Suicidology). (2009). *U.S.A. suicide 2006: Official final data*. Washington, DC: American Association of Suicidology. Available online: <http://www.suicidology.org>

<sup>2</sup> *Youth and Suicide Fact Sheet*. (2009). Washington, D.C.: American Association of Suicidology. Available online: <http://www.suicidology.org/web/quest/stats-and-tools/fact-sheets>

<sup>3</sup> *CT School Health Survey (2007)*. Available online: [http://www.ct.gov/dph/lib/dph/hisr/pdf/cshs\\_2007\\_report.pdf](http://www.ct.gov/dph/lib/dph/hisr/pdf/cshs_2007_report.pdf)

<sup>4</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, *WISQARS Leading Causes of Death Reports*, Available online: <http://webappa.cdc.gov/sasweb/ncipc/leadcaus.html>

<sup>5</sup> Developed by the American Association of Suicidology, <http://www.suicidology.org/>

<sup>6</sup> *National Strategy for Suicide Prevention* <http://download.ncadi.samhsa.gov/ken/pdf/SMA01-3517/SMA01-3517.pdf>