



SUICIDE PREVENTION MONTH

MENTAL HEALTH MATTERS

A MONTHLY NEWSLETTER FROM ATLANTIC BEHAVIORAL HEALTH

MENTAL HEALTH AWARENESS | September 2023

September Is National Suicide Prevention Month

Atlantic Behavioral Health wants you to **S.T.A.Y.** and join us in our campaign to learn, heal, and prevent death by suicide. Sadly, and shockingly, death by suicide is the leading cause of death in the United States. ([NIMH » Suicide \(nih.gov\)](#))

The ongoing rise in mental health issues spurred the launch a year ago of the 988 Suicide and Crisis Lifeline, which is available 24/7 to anyone who feels they are in crisis.

According to the latest CDC data, there was one glimmer of hope in the new statistics: An 8.4% drop in 2022 for suicide among the very young (ages 10 to 24), and a 6.1% drop among one group hit particularly hard by mental health issues and suicide, American Indian/Alaska Native people.

Still, most demographics saw a rise in suicide rates. [Suicide Rates Continue to Rise Among Americans \(usnews.com\)](#)

After declining in 2019 and 2020, suicide deaths increased approximately 5% in the United States in 2021. Estimates released in August 2023 indicate that suicide deaths further increased in 2022, by approximately 2.6%. [Provisional Suicide Deaths in the United States, 2022 | CDC Online Newsroom | CDC.](#)

We can and must do better.

- Most of us do not want to think about suicide. If that is how you feel, we ask you to **STAY** and learn more about this important issue. Learn so that you can help and contribute to making things better for yourself, your loved ones, and your community.
- Some of us know all too well about suicide as we strive to help, and support loved ones, friends and co-workers struggling with thoughts of suicide. If you have suicidal thoughts, we ask you to **STAY** and get the help you need to take care of yourself and others.
- And if you are someone who has or is currently thinking of suicide, we beg you to **STAY**. This is the invitation to get the help you need to remember your worth and value and to return to the life you deserve.

S.T.A.Y.

Suicide Prevention Awareness



Suicide is not the answer.

Even when things are the darkest - **STAY**. Sometimes all it takes is a moment to see your way through. Have a list of your values and reasons to keep living. Keep this list somewhere you can read it when things get tough. *“Remember that Suicidal thoughts can be survived and controlled.”*



Take a small step in taking care of yourself.

It can be as simple as getting a drink of water, taking a warm shower, or calling someone (the 988 hotline is always there). The small self care actions can be the step you take that will help you **STAY** and see the possibilities for living. When you are ready, work on a safety plan that details what to do when you feel suicidal.

- If you are worried about someone committing suicide, **TAKE** the step to reach out. It is often the small things like a call, an invitation to hang out, or just a check-in to see how the person is feeling, that make the difference.
 - If you or someone you know is in a crisis, get help immediately. **You can call 911 or call or text the Suicide & Crisis Lifeline at 988.**
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Allow yourself to receive help.

Asking for and accepting help can be hard for anyone, but we all need support at some time in our lives. **ALLOW** yourself to imagine a better day and accepting help.



You matter.

It is as simple as that. Please **STAY**.

How to Talk to Kids About Suicide

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The best way to understand your child's well-being is to listen in a way that gets them to talk and confide in you. Kids need you to be a soft place to land, without judgement, especially if they're sharing self-harm, struggles with depression and anxiety, or suicidal thoughts.

Communicating With Kids Takes Connectedness

Compassion in Action Can Help Prevent Youth Suicide

It's been nearly 15 years since I sat in the middle of the then Bronx Children's Psychiatric Hospital as a child psychiatry fellow, training in teaching parents how to parent. At that time, our core curriculum centred around the book *How to Talk So Kids Will Listen, and Listen So Kids Will Talk* by Adele Faber and Elaine Mazlish. Now, 15 years later with four kids of my own and having treated thousands of children and families, I've come to realize that the second half of the title is 95% of the battle. Through my years of experience, I have learned that the key ingredients that promote well-being as well as suicide prevention are the same – compassion and connectedness.



The Sobering Stats of Youth Suicide

The adolescent suicide rate has skyrocketed in the last 20 years. One quarter of high school students in the U.S. will have active suicidal thoughts during their high school years. One in ten adolescents will have a suicide attempt every year. And adolescent girls, in particular, are experiencing exponential increases in suicidal thoughts, non-suicidal self-harm, and struggles with depression and anxiety.

Suicidal Ideation

There exists a belief that the decision to take one's own life is one that is thought about and concluded upon over time. Research now shows this is not the case — that most adults make the decision and act upon the decision of suicide within 15 minutes. Being that adolescents don't have a fully developed frontal lobe, which is the part of the brain responsible for planning and weighing outcomes, it is believed that the time frame for contemplation to action for adolescents is more like five minutes. Yes, five minutes.

Understanding Who Is at Risk, and When

Efforts to predict suicidality in the field of psychiatry have largely been unsuccessful over the past 50 years. What we're realizing is that we are looking at variables for risk to understand who is at risk — and this is like trying to reduce car accidents by understanding variables like as road conditions, weather, and demographics. Does knowing it will rain, or knowing the age of the driver prevent a fatal outcome? Not really. So, while we can understand risk factors for suicide, what we need to give our kids are airbags and seatbelts — safety measures for their own mental health.

Finding Fault in Finding a Way to Do It

The thought process of "if they don't have access with one means of suicide, they will find another" turns out to be faulty. Research shows that children did not find another way, they simply did not make a suicide attempt, now or later. Let's consider the five minutes for adolescents. If we have barriers in place that keep someone from accessing means within five minutes, the adolescent is way less likely to make that attempt.



Preventing a Quick Decision

We now understand that most suicide attempts are a quick decision in the context of a clear and recent inciting event. A breakup, a bad grade, feeling “othered” on social media are all ‘contextual precipitants’ of suicide that occur within 24 hours of attempts (Simon et al., 2005) leading to the five minutes between deciding and attempting. That last 24 hours before those last five minutes is everything, and the science on prevention is finally starting to figure out that what’s most important in that last 24 hours, to turn the tide, is feeling connected, having compassion from others, and for yourself.

The Barrier to Talking with Kids

The airbag of suicidality is a soft place to land. The greatest barrier in talking with kids about their lives, whether it be suicide, breakups, homework, you name it, is shame, for them, and judgement, from us. There is nothing more toxic to our sense of self than shame, no greater catalyst for remaining quiet and stuck than fear of judgement. We call this subtle judging ‘*Shoulding*’ on someone. Whenever there is the word *should* in a sentence, there is an implied judgment. Judgments are the fuel of shame and the greatest barrier to a better relationship.

Listening So Kids Will Talk

We teach the HUG model in our work with parents and their adolescents, which is short for **hear, understand and give** feedback. The model uses every effort to avoid two powerful words: should and but. I could lay out countless bullet points on how to talk to your kids about suicide. But there are no phrases, topics or words that replace your kids knowing they have a soft place to land with you. You **are** their airbag and seatbelt.

- A sense of belonging and connectedness is one of the greatest buffers we have from mental and physical health problems.
- Social connection has been shown to be one the greatest protective factor for depression.
- Suicidal thoughts and behaviors are mitigated by feeling connected.
- An entire body of science is coming together in identifying the broad and compelling case for compassion's impact in well-being.

A Parent’s Job

The work we, as parents, must do well before the last 24 hours of the last five minutes, is to create a judgment-free space, to be heard and understood. There is no greater umbrella from the *shoulds and buts* of life than feelings that are validated, no matter the ‘*contextual precipitant*’ de jour — a break up, a bad grade, a disappointment. It turns out that the most protective factor in the last 24 hours is the ability to talk with someone who you feel cares about you. Validation of feelings anchors our sense of self, it is the anti-lock brakes steering us away from isolation, loneliness, and impulsive unfortunate choices in life. If we learn how to best listen, our kids will talk.

Stats Sources:

- The suicide rate has skyrocketed in the last 20 years, and adolescents have experienced this the worst. Suicide rates in the U.S. have increased approximately 30% in the last decade (Hedegaard et al., 2018).
- Emergency room visits related to suicidality have increased five-fold (Bommersbach et al., 2023),
- ER visits for suicidal thoughts and behaviors are elevated in the U.S. compared to pre-pandemic rates worldwide (Madigan et al., 2023).
- One quarter of high school students in the U.S. will have active suicidal thoughts during their high school years, and one in 10 adolescents will have a suicide attempt EVERY YEAR (not in their lifetime, EVERY YEAR) (The Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021, Centers for Disease Control and Prevention).



Have you ever wondered what it is like to call the 988 Suicide & Crisis Lifeline?

The National Suicide Prevention Lifeline changed their 10-digit crisis line number to 988 in July 2022. Calling 988 is confidential – crisis line counselors will **not** call your employer, teacher, parent, spouse, doctor, etc. And they **will only reach out to emergency services if you are unable to stay safe.**

Who calls the 988 Suicide & Crisis Lifeline? Seniors. Teens. Parents. Lawyers. Plumbers. Nurses. Bus drivers. Teachers. People call about themselves and they call about someone they are worried about. They call when they are having a bad day and need someone to talk to. They call when they are anxious, depressed or in emotional crisis. And people call when they are having thoughts of suicide. The 988 Suicide & Crisis Lifeline is free, confidential, and available 24/7. **You are not alone.**

Here are a few additional ways to connect to support:

- **NJ Hope line:** 1-855-654-6735
- **2NDFLOOR YOUTH HELPLINE:** 1-888-222-2228
- **The Trevor Lifeline for LGBTQIA+ Youth:** 1-866-488-7386
- **Cop-2-Cop Law Enforcement Helpline:** 1-866-COP-2COP (1-866-267-2267)
- **Vet-Vet Veterans Helpline:** 1-866-VETS-NJ4 (1-866-838-7654)

What Can You Look for When You Are Concerned About Someone's Mental Health?

Remember that it is not your job to be a mental health professional. But noticing some changes or warning signs can be the first step in supporting someone you care about.

Warning Signs to Look Out For:

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Strange thoughts (delusions)
- Seeing or hearing things that aren't there (hallucinations)
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Numerous unexplained physical ailments
- Substance use

Remember: Eight out of 10 people who are considering suicide give some sign of their intentions. Talking about suicide is not a typical response to stress. All talk of suicide should be taken seriously and be addressed immediately.

If You Think Someone Is Considering Suicide:

- Trust your instincts that the person may be in trouble.
- Talk with the person about your concerns. Communication needs to include listening to the person.
- Ask direct questions without being judgmental. Determine if the person has a specific plan to carry out the suicide. The more detailed the plan, the greater the risk.
- Get professional help, even if the person resists.
- Do not leave the person alone.
- Do not swear to secrecy.
- Do not act shocked or judgmental.
- Do not counsel the person yourself.

CONCERN

Your Employee Assistance Program

973-451-0025

Atlantic Behavioral Health Crisis Intervention

Services 24/7 Hotlines:

Chilton Medical Center: 973 – 831 – 5078

Hackettstown Medical Center 908 – 454 – 5141

Morristown Medical Center: 973 – 540 – 0100

Overlook Medical Center: 908 – 522 – 3586

Newton Medical Center: 973 – 383 – 0973



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