





Slide 7

**Cyberbullying cont...**

Cyberbullying victims were almost twice as likely to have attempted suicide compared to youth who had not experienced cyberbullying.

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Slide 8

Let's Check Out What You Know!

**Facts about Adolescent Suicide Quiz**

ANSWER EACH OF THE FOLLOWING QUESTIONS AS TRUE OR FALSE

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Slide 9

1. Adolescent suicide is an increasing problem in the United States.

✓ True

*The suicide rate for Nebraska youth ages 10 to 24 exceeds the national rate, and suicide is the second leading cause of death for Nebraska youth ages 15-19.*

Nebraska State Suicide Prevention Summit

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Slide 10

2. Most teenagers will reveal that they are suicidal or have emotional problems for which they would like help.

✓ True

*Most teens will reveal if they are suicidal, and will share with teens or adults although they are inclined to share with teens 1st.*

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Slide 11

3. Adolescents who talk about suicide do not attempt or commit suicide.

✓ False

*One of the most ominous warnings is the teen talking repeatedly about death, and expressing little or no hope for the future.*

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Slide 12

4. Educating teens about suicide leads to increased suicide attempts, since it provides them with ideas and methods about killing themselves.

✓ False

*Research shows that 77% of teens state that they would first turn to a friend for help. Peer assistance programs have been developed by increasing student knowledge about warning signs, & how to contact adults for help. Directly asking a teen if he or she is thinking about suicide communicates care and concern, and assists with addressing lethality questions.*

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Slide 13

5. Talking about suicide in the classroom will promote suicidal ideas and suicidal behavior.

✓ False

*Talking gives teens an avenue to talk about their feelings, thereby enabling them to be more comfortable with expressing suicidal thoughts, and increasing their chances to seek help.*

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Slide 14

6. Parents are often aware of their child's suicidal behavior.

✓ True

*Studies have shown that as much as 86% of parents are unaware of their child's suicidal behavior.*

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Slide 15

7. The majority of adolescent suicides occur unexpectedly without warning signs.

✓ False

*9/10 teens who kill themselves give clues to others before their suicide attempt.*

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Slide 22

14. Adolescent suicide occurs only among “high risk” adolescents.  
✓ False  
*Suicide occurs in all socioeconomic groups*

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Slide 23

15. The only one who can help a suicidal adolescent is a counselor or a mental health professional.  
✓ False  
*Most teens who are thinking about killing themselves are likely to approach a family member, peer, or school professional for help. Showing concern and care, and following through on a referral are critical steps one can take to ensure safety.*

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Slide 24

16. Adolescents cannot relate to a person who has experienced suicidal thoughts.  
✓ False  
*Research shows that 1 of 5 students have thought about killing themselves in the past year. Almost ½ of teens have a friend who has attempted suicide, but it may not have been reported.*

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Slide 28

**CDC – Suicide is 3<sup>rd</sup> leading cause of death in children & adolescents ages 10 – 24**

**In Nebraska it's the 2<sup>nd</sup> leading cause of death for youth ages 15 – 24.**

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Slide 29

**Depression has been linked to:**

- Suicide
- Poor school performance
- Substance abuse
- Running away
- Feelings of worthlessness/hopelessness

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Slide 30

**ACT**

**Acknowledge**

**Care**

**Tell**

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Slide 31

**Acknowledge** that you are seeing signs of depression, suicide, or self-injury in a friend and that it is serious.

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Slide 32

**Care**  
– Let your friend know that you care about him or her, and that you are concerned that he or she needs help that you cannot provide.

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Slide 33

**Tell** a trusted adult, either with your friend or on his or her behalf.

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Slide 34

**Review Suicide Risk Factors**

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Slide 35

- Previous suicide attempt(s)
- History of mental disorder, particularly depression
- History of alcohol & substance abuse
- Family history of suicide or child abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss or interpersonal conflict (school or the law)
- Physical illness
- Easy access to lethal means, especially guns

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Slide 36

Risk factors cont...

- Unwillingness to seek help
- Local epidemics of suicide
- Isolation
- incarceration/pending disciplinary incident
- exposure
- history of physical &/or sexual abuse
- Possession of certain cultural & religious beliefs

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Slide 37

**Warning signs demanding immediate action**

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Slide 38

- talking or writing about suicide or death
- giving direct verbal cues \*
- giving less direct verbal cues \*
- Isolating him or herself
- Expressing the belief that life is meaningless
- Giving away prized possessions
- Exhibiting a sudden & unexplained improvement in mood after being depressed or withdrawn
- Neglecting his or her appearance & hygiene
- Dropping out of school or social, athletic &/or community activities
- obtaining a weapon \*

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Slide 39

**Factors of Protection**

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Slide 40

**1. Family Patterns**

- Good relationships
- Support from Family

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Slide 41

**2. Cognitive style & Personality**

- Good Social skills
- Seeking help
- Seeking advice
- Openness to others
- Openness to Knowledge

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Slide 42

**3. Cultural/Sociodemographic Factors**

- Social integration
- Good relationships
- Support from relevant people

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Slide 43

**QPR trainers are available  
through a grant received from  
the NE Suicide Coalition & Inner  
Church Ministries**

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Slide 44

**Suicide is Preventable  
Call the Lifeline @ 1-800-273-TALK (8255)  
  
The Lifeline is FREE, confidential and  
always available.**

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Slide 45



**Safe Environment Programs**  
Diocese of Grand Island  
Child Protection Office  
1-308-382-6565  
[www.gidiocese.org](http://www.gidiocese.org)  
Email: [cpo@gidiocese.org](mailto:cpo@gidiocese.org)  
[calbright@gidiocese.org](mailto:calbright@gidiocese.org)  
Beth's cell: 308-379-1949  
Cheryl's cell: 308-440-7644  
[Youthsuicideprevention.nebraska.edu](http://Youthsuicideprevention.nebraska.edu)

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