

***Suicide Prevention or
Life Promotion?
Disrupting the
Narrative of Youth
Suicide in 2023***

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Loyola University Chicago, School of Social Work
Social Work Podcast






Why I do this

work





If we want a world
where people feel
like their **lives are**
worth living, we
can't have a
society that says
that some lives are
worth more than
others.

Definitions

Terminology	Definition
Non-suicidal self injury	Deliberate direct destruction or alteration of body tissue without a conscious suicidal intent. (e.g., “She cut herself but had no intention to end her life.”)
Non-suicidal morbid ideation	Thoughts about one’s death without suicidal or self-injurious content. (e.g., “He wondered if the roof would collapse on him tonight.”)
Suicidal ideation	Thoughts of ending one’s life
Suicide attempt	Any non-fatal potentially injurious behavior with intent to end one’s life. A suicide attempt may or may not result in injury. (e.g., “She took seven ibuprofen hoping she would die.”)
Aborted suicide attempt	Individual stops themselves before making an attempt
Interrupted suicide attempt	Individual is stopped by an outside force (person or circumstance)
Suicide	The act of intentionally ending one's life.



Preferred and problematic terms

Problematic	Why?	Preferred
Failed / successful suicide	Frames living as a failure and dying as a success	Suicide attempt / suicide
Non-serious vs. serious attempt	Judging the severity diminishes the pain that the person who made the attempt is experiencing. If distinctions are necessary, describing the lethality is preferred.	Low-lethality vs. high lethality
Committed suicide	The term “committed” has negative connotations, such as committed murder or committed rape.	Died by suicide / killed themselves



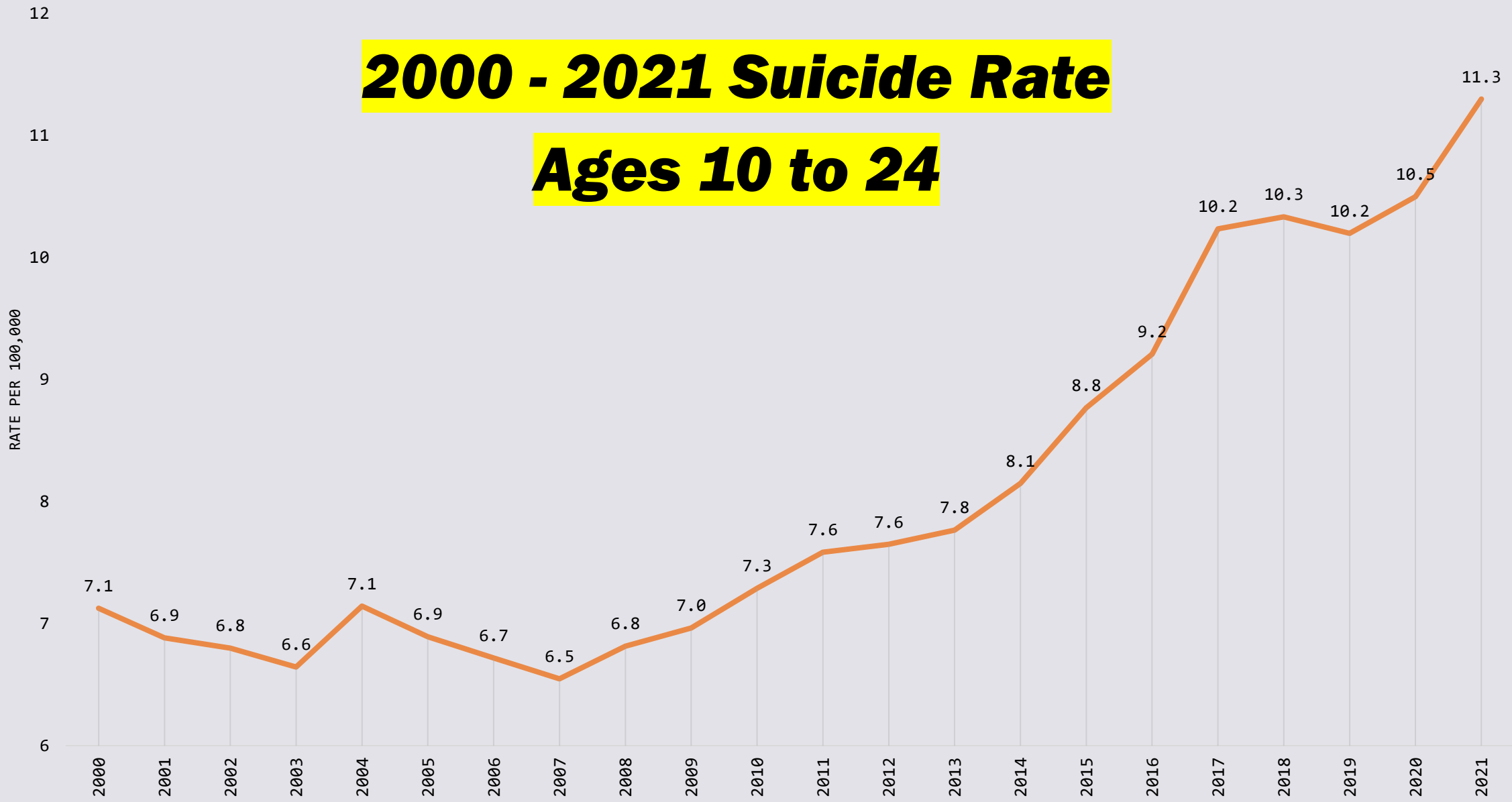
A black and white silhouette of a man and a child standing on a rocky cliff edge. The man is on the left, and the child is on his back, pointing towards the right. The background is a bright, hazy sky.

**“BEHIND EVERY
STATISTIC IS A TEAR”**

Jerry Reed

2000 - 2021 Suicide Rate

Ages 10 to 24



Source: Centers for Disease Control Injury Control Reports (2021) WONDER. Accessed on January 26, 2023 | ICD-10 Codes: X60-X84, Y87.0,*U03



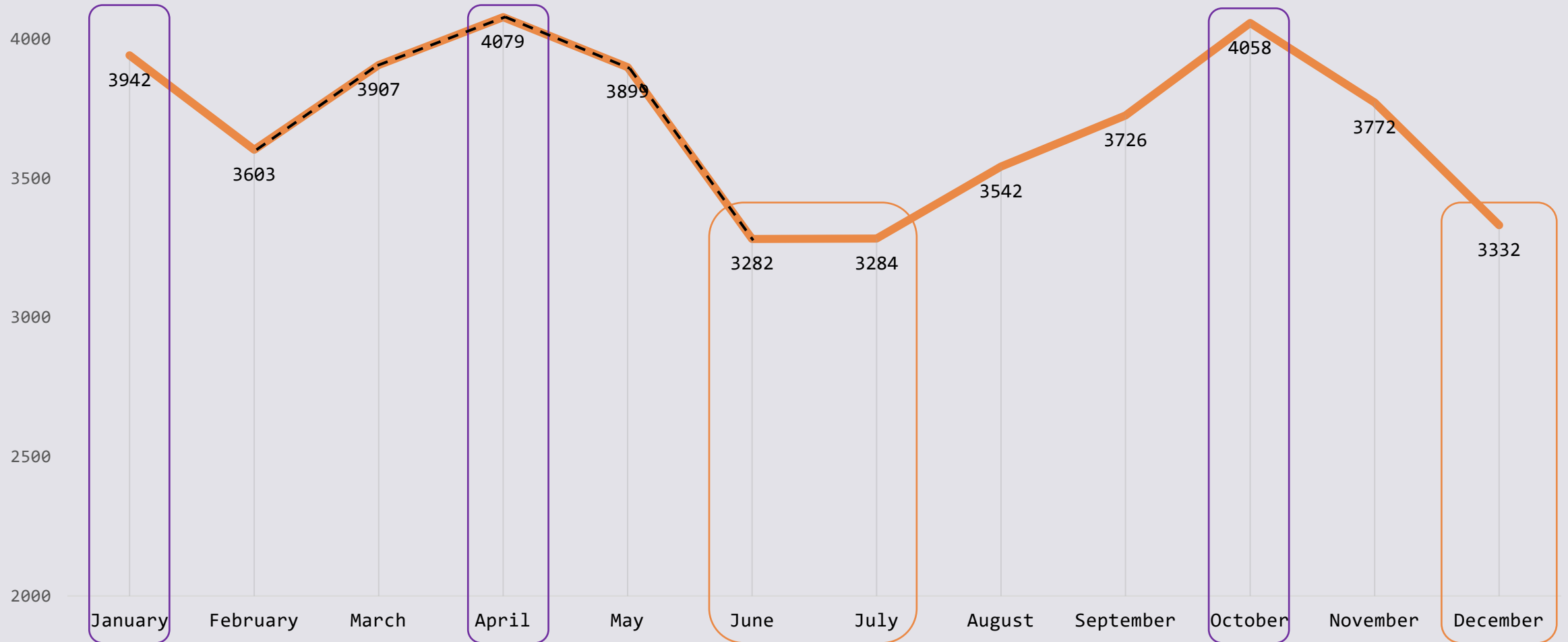
2000 - 2021 Suicide Rate

Ages 10 to 24 by Sex



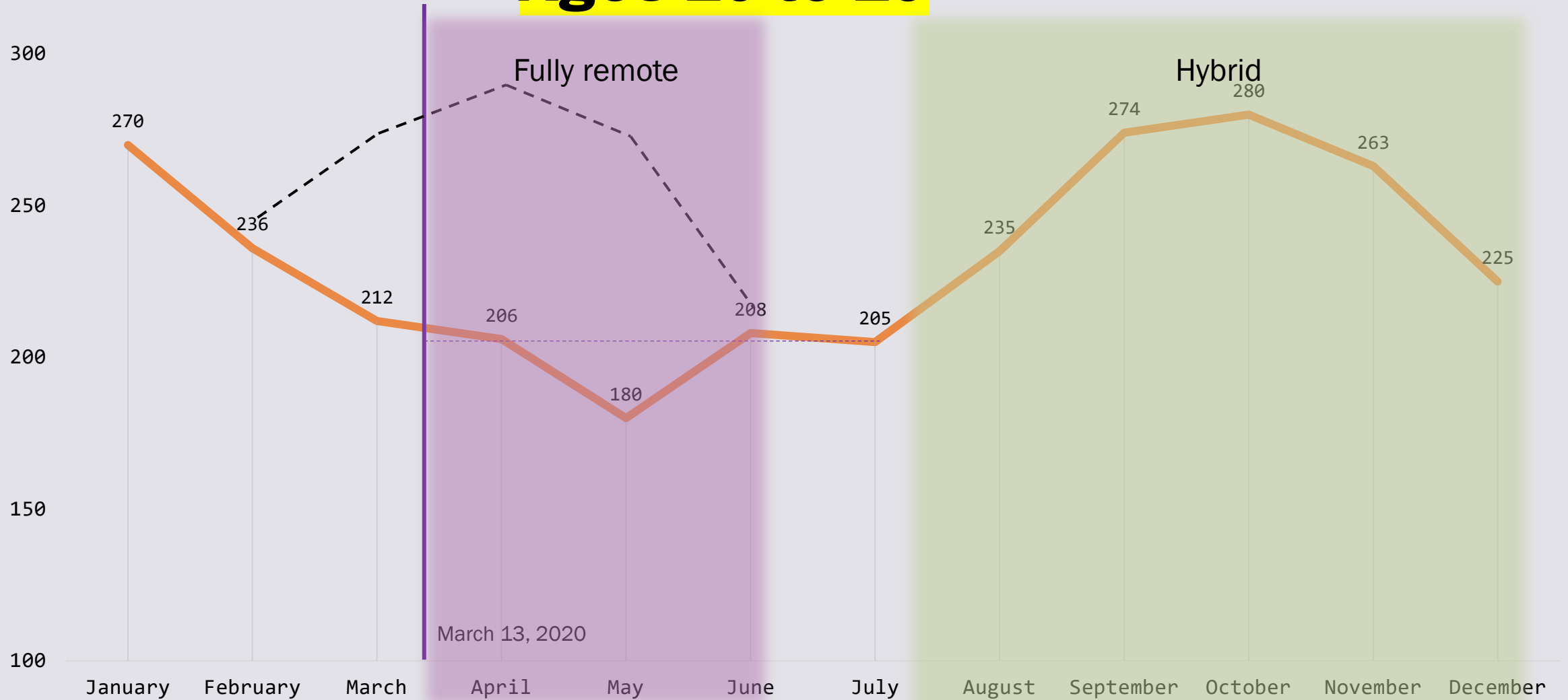
1999 - 2019 Monthly Suicide Deaths USA

Ages 10 to 19



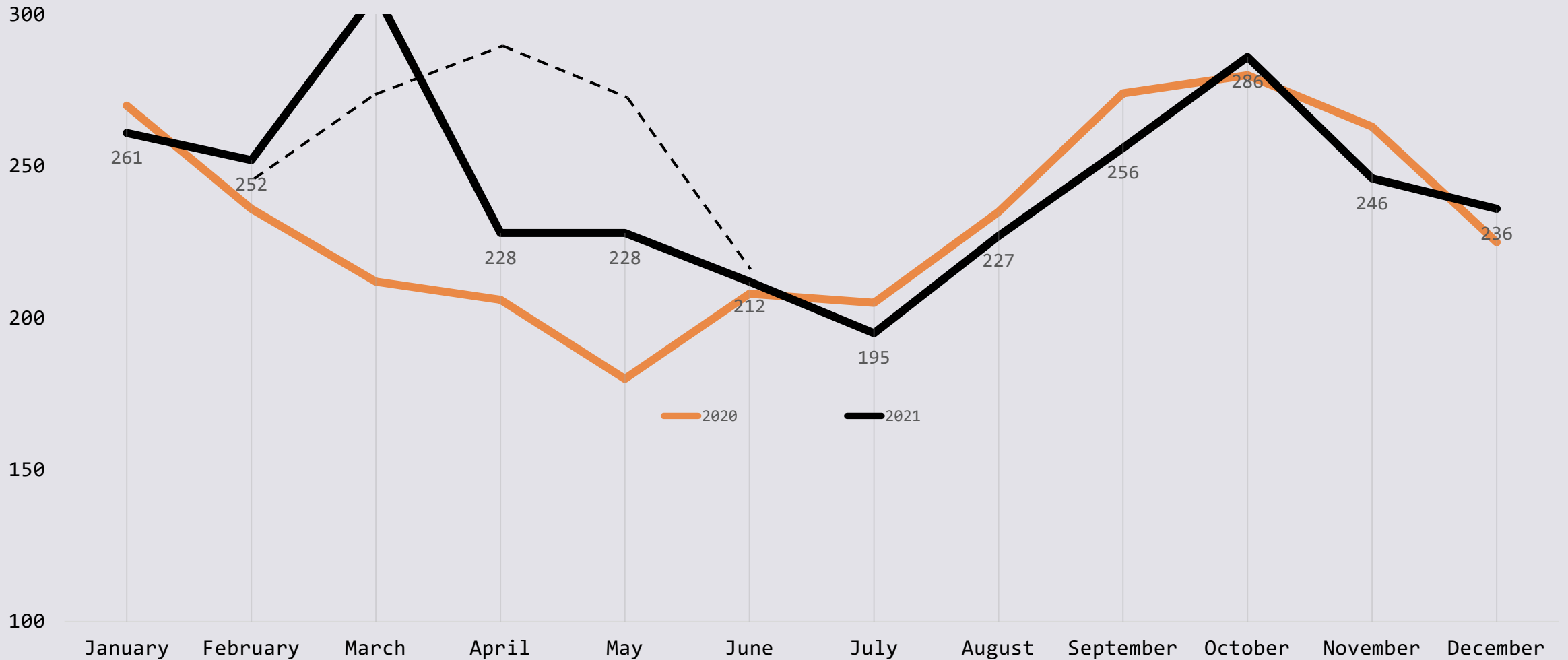
2020 Monthly Suicide Deaths USA

Ages 10 to 19



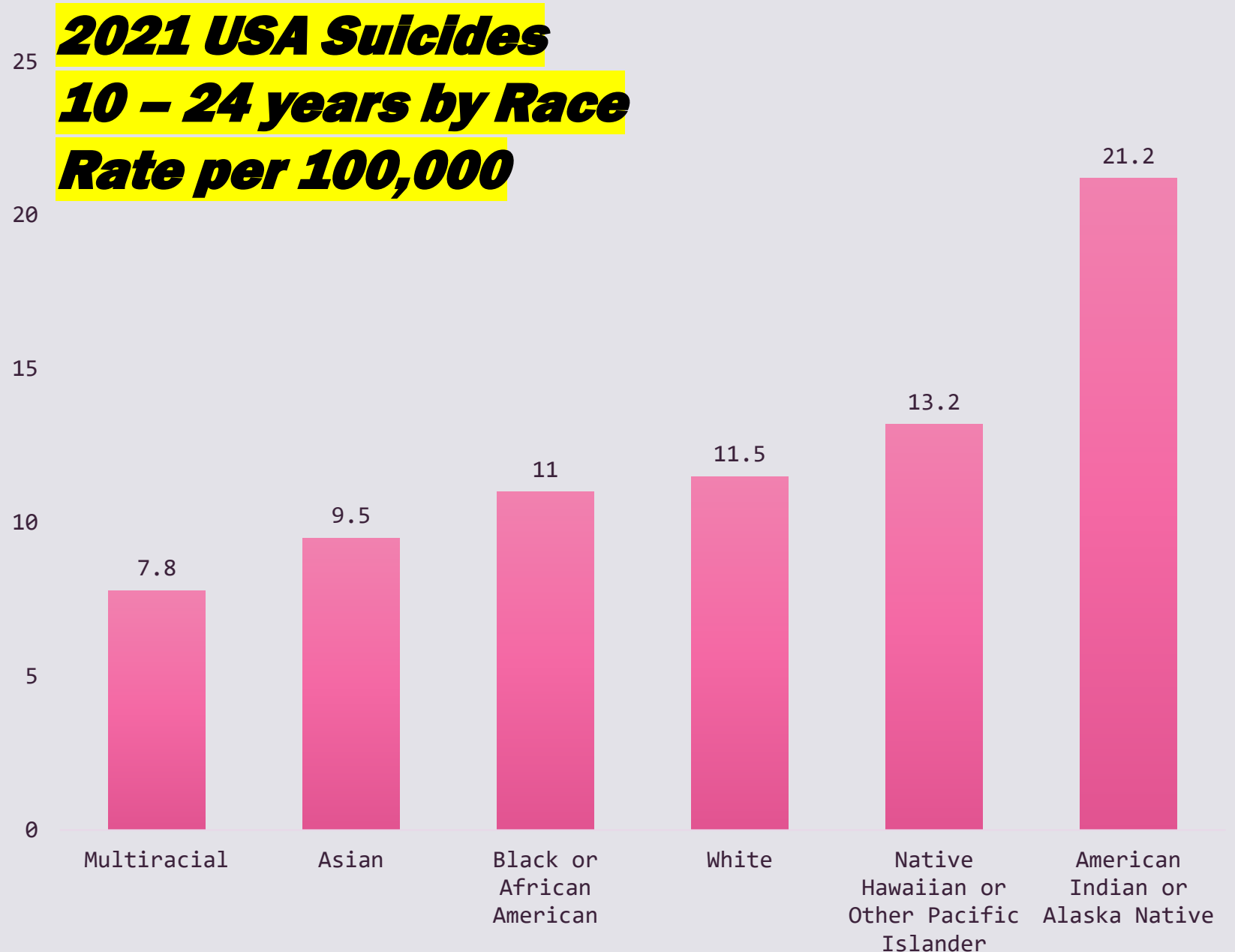
2021 Monthly Suicide Deaths USA

Ages 10 to 19 (n=2,940)



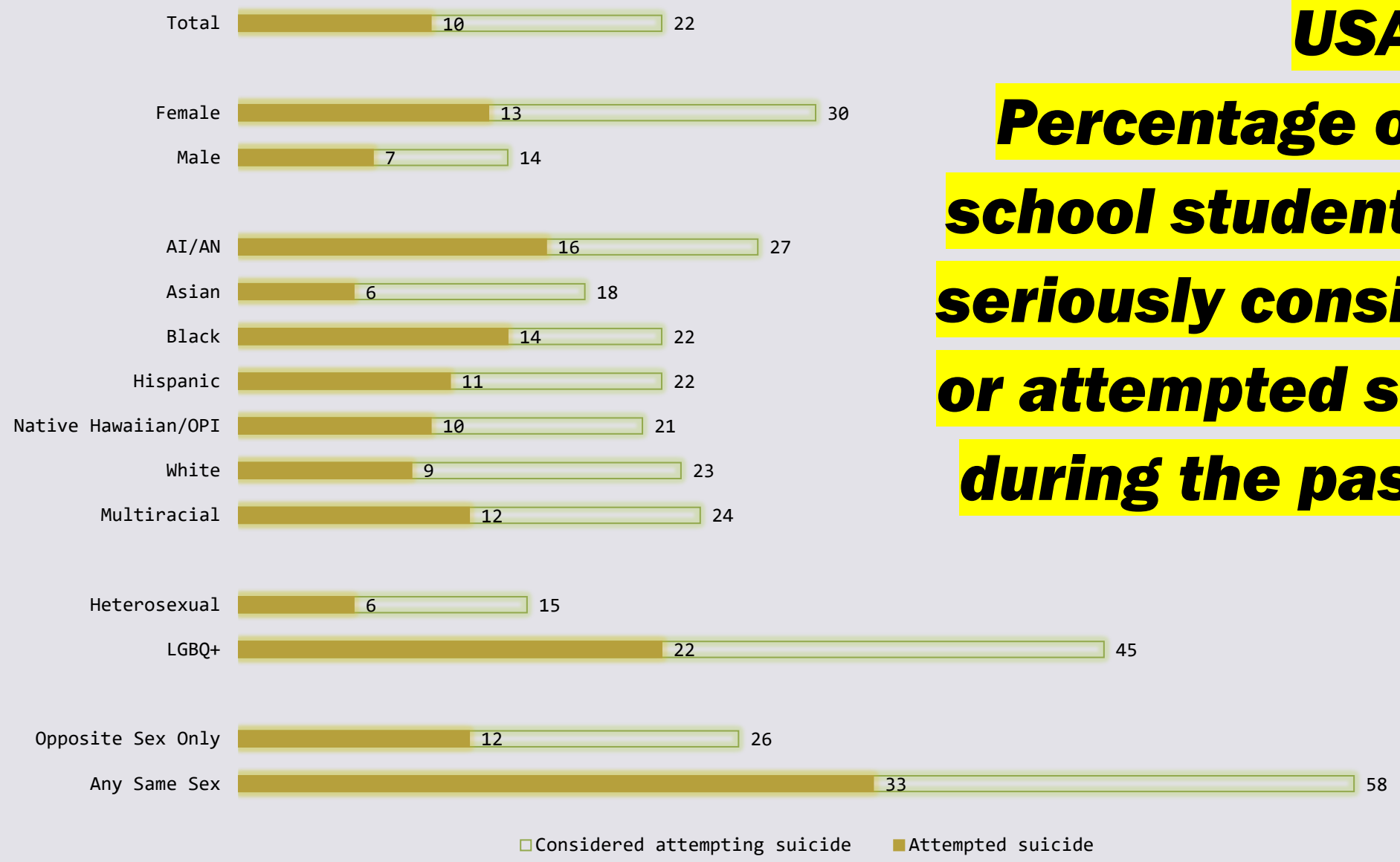
Myth: Suicide is a “White People” problem.







Fact: Suicide kills people of all races and ethnicities.



USA 2021

Percentage of high school students who seriously considered or attempted suicide during the past year



The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Currently drank alcohol	39	35	33	30	29	23	
Currently used marijuana	23	23	22	20	22	16	
Currently used an electronic vapor product†	–	–	24	13	33	18	
Ever used select illicit drugs	19	16	13	13	13	13	
Ever misused prescription opioids‡	–	–	–	14	14	12	
Currently misused prescription opioids§	–	–	–	–	7	6	

*For the complete wording of YRBS questions, refer to the appendix.

†Variable introduced in 2015.

‡Variable introduced in 2017.

§Variable introduced in 2019.



In wrong direction



No change



In right direction



Myth: People who are suicidal are weak.

Fact: People are suicidal despite enormous strength and courage.

DO NOT CONFUSE MY BAD DAYS AS A SIGN OF WEAKNESS. THOSE ARE ACTUALLY THE DAYS I AM FIGHTING MY HARDEST.



Myth: If I ask someone about suicide, I'll put the idea in their head.

Fact: Asking someone about suicide will not make them suicidal (Gould et al., 2005).

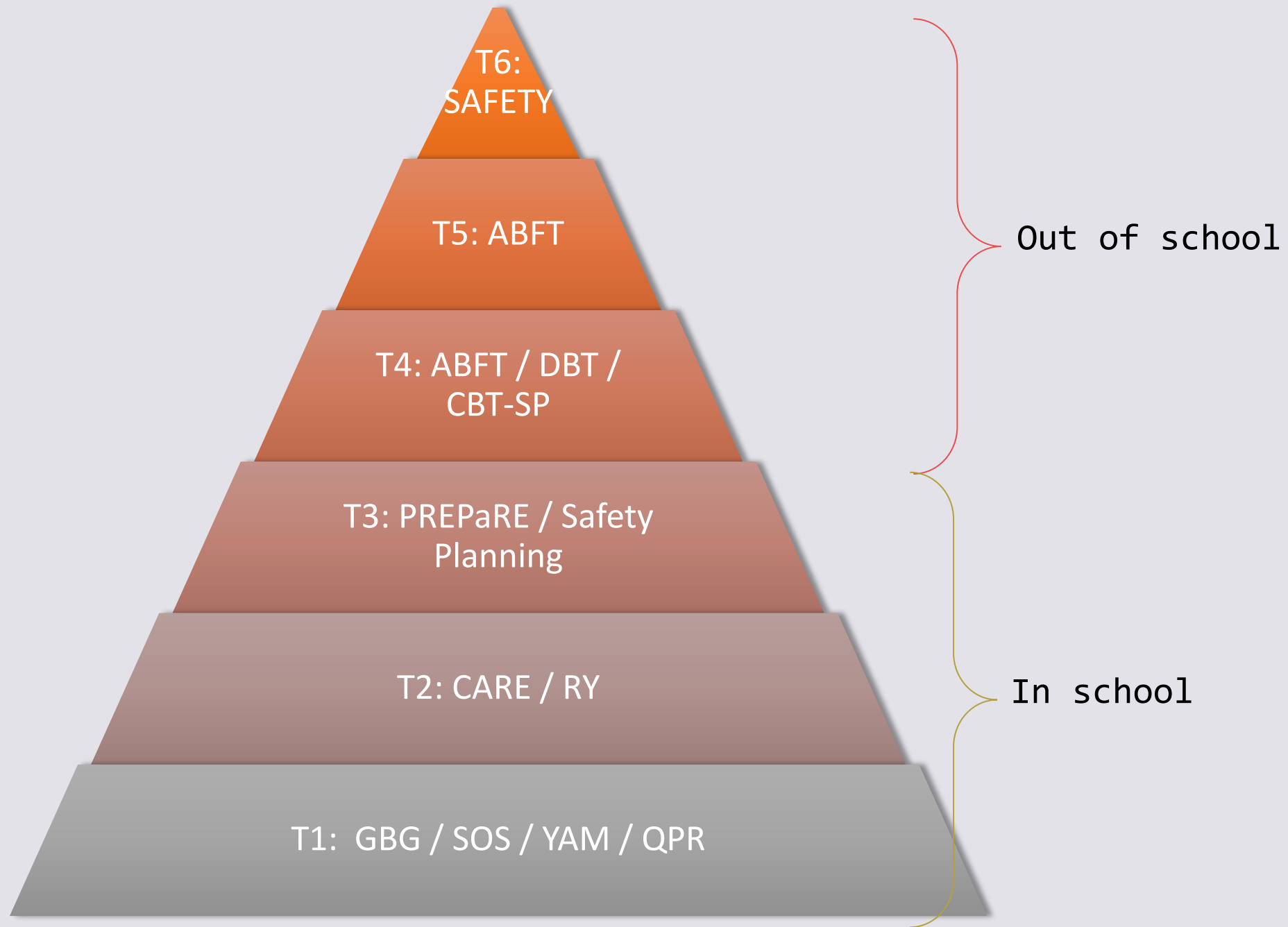


SUICIDE IN SCHOOLS

A Practitioner's Guide to Multi-level Prevention,
Assessment, Intervention, and Postvention

SCHOOL-BASED PRACTICE IN ACTION SERIES







Screening



**SiS: Suicide in Schools Model
Youth Suicide Risk Screening Form 2.0**

Student name _____ Date of screen _____
 Completed by (Name/title) _____
 Reason for completing this form _____

		Past 24 hours	Past week	Past Month+
1. Have you ever wished you were dead?	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever felt that you, your friends, or your family would be better off if you were dead or gone?	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had thoughts about killing yourself?	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you tried to kill yourself?	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how, when, where, and why?				
b. Did you stop yourself, or did someone else stop you?				
c. How do you feel now that they stopped you?				
5. Do you plan to kill yourself?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
a. If yes, how, when, and where?				

If the student answers YES to any question, a comprehensive suicide risk assessment should be completed either by school-based mental health staff or by referral based upon school district policy. It is recommended that parents are contacted in all cases where a screening is conducted, even if a student denies risk. It is also important to consult with other school staff on suicide risk cases, such as other school-based mental health professionals (SMHP), a Suicide Prevention Coordinator (SPC), crisis team members, and/or administrators.

Name of parent contacted _____ Date _____ Time _____
 If Parent unreachable, list person/agency contacted _____
 If yes to any question, referred to school staff for Suicide Risk Assessment? Yes No
 Outside referral for assessment made? Yes No
 Consulted with other SMHP, SPC, crisis team member or administrator? Yes No

Referred to: _____ Phone: _____
 Email: _____

 Screener name and credentials _____ Date _____

*Adapted from the Ask Suicide-Screening Questions form (ASQ; Horowitz, 2012),
 the Columbia Suicide Severity Rating Scale (C-SSRS; Posner, 2009) and the
 Suicide Ideation Questionnaire-JR (SIQ-JR; Reynolds, 1997).*

**SiS screening
form**



COLUMBIA-SUICIDE SEVERITY RATING SCALE
Frequent Screener

Ask questions that are bold and <u>underlined</u>	Since Last Contact	
	YES	NO
Ask Question 2*		
2) <u>Have you had thoughts about killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <u>Have you been thinking about how you might do this?</u>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.		

* Note – for frequent assessment purposes, Question 1 has been omitted

- Low Risk
- Moderate Risk
- High Risk

C-SSRS



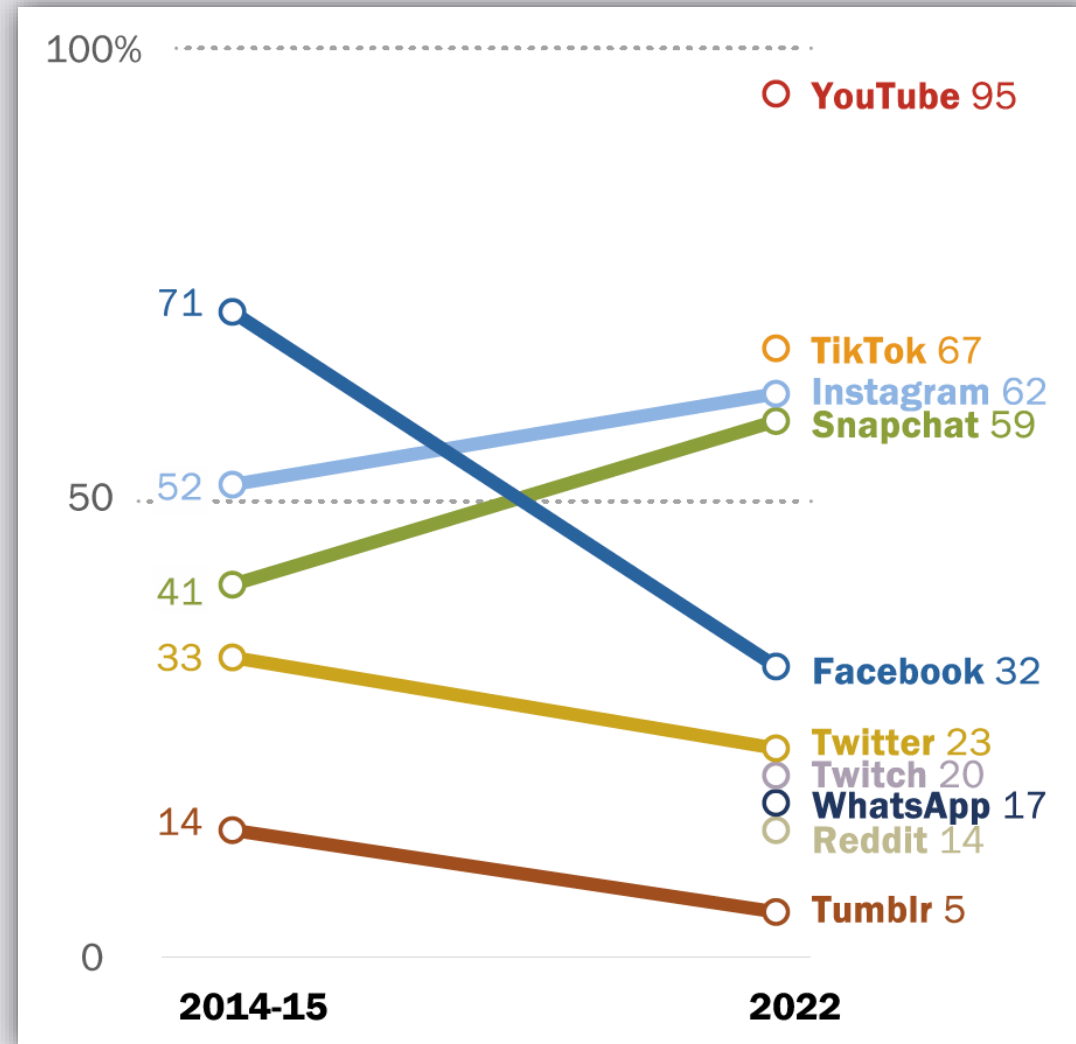


Social media



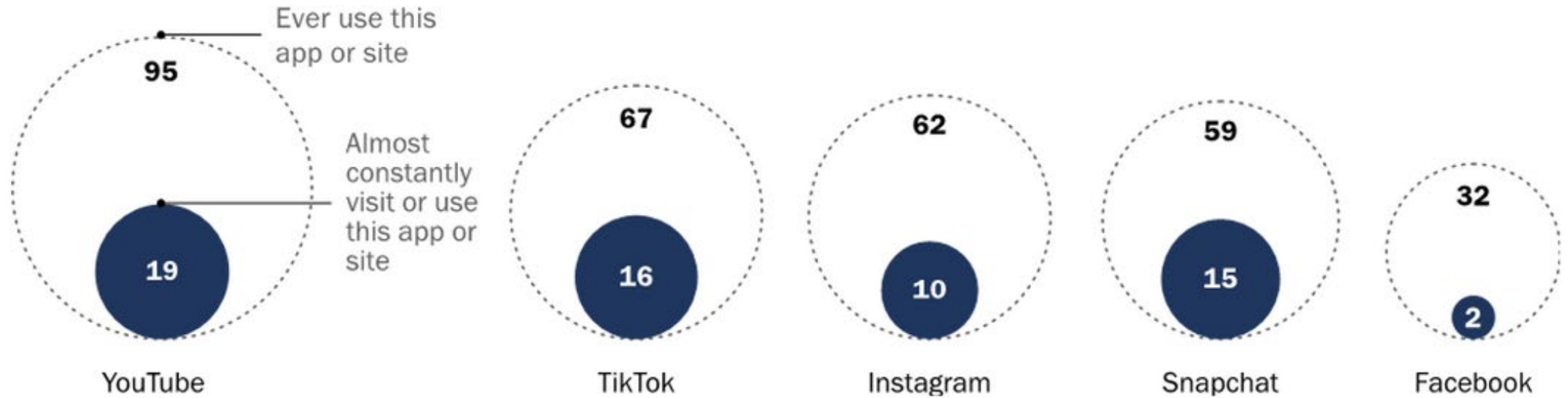
Teens and social media use

- 46% almost constantly online
- 35% almost constantly on social media
- 41% of girls and 31% of boys say they spend too much time on social media
- 54% say it would be hard to give up social media





% of U.S. teens who say they ...



Note: Teens refer to those ages 13 to 17. Those who did not give an answer or gave other responses are not shown.

Source: Survey conducted April 14-May 4, 2022.

"Teens, Social Media and Technology 2022"

PEW RESEARCH CENTER

Ever vs. constant social media use





***Most teenagers aren't addicted to technology;
If anything, they're addicted to each other.***

danah boyd

A young man and woman are standing outdoors, looking at their smartphones. The man is on the left, wearing a black t-shirt and a brown backpack, holding a red smartphone. The woman is on the right, wearing a black hoodie, holding a white smartphone. They are both looking down at their phones. The background is a blurred outdoor setting with trees and a building.

SOCIAL SURVEILLANCE

**STUDENTS USING DIGITAL
TECHNOLOGY TO MONITOR EACH OTHER**

On social media

interactions are often

public by default,

private through effort.

dannah boyd



i want to





#s3lfh4rm

Can we help?

Posts with words you're searching for often encourage behavior that can cause harm and even lead to death. If you're going through something difficult, we'd like to help.

[Get Support](#)

Show Posts

Cancel



!tw!
Sl3lf h4rm

Stress

Started st@rv!ng
myself

Fake friends

Loosing my
Bestfriend of 9 years

Comparing myself to
others

@lifegavemedepression · 2021/05/14

#lifegavemedepression

#HAIRFOODHYPE ...

See more

🎵 sound - theneedleto



Add comment...





when I was 12

I didn't felt anything

so I started s3lf
h@rming.

now I can't stop.



256



23



2

@_s0me1_ · 2021-10-05

Tw./ #tw #littlelad #lmanburg #dsmp
#german #sh #school #idk #fy

See translation

♪ jone.. - ??SP EDITOR!!

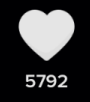


Add comment...





enbywitchpal asked
Can you show ways to easily hide sh in school??

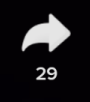


Green Screen

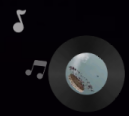


@_v3nt__b00k · 2021-08-16

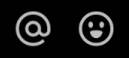
Answer to @enbywitchpal but it's always better to try and stop doing it </ 3 #SH #sh #selfharm #s3lfh #s3lfh4rm #school #sch00l #fypシ #foryoupage



undermusic (Contains

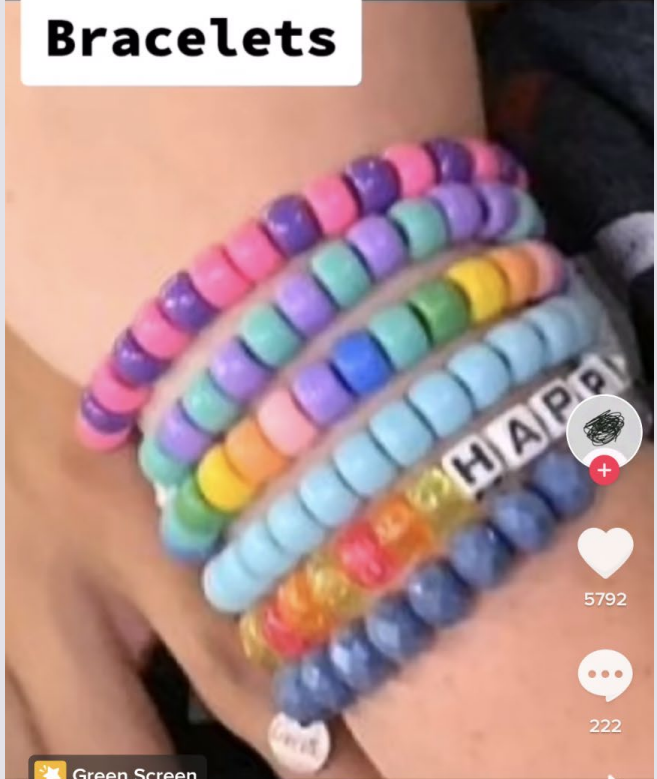


Add comment...



←
Arms

Bracelets



5792

222

Green Screen

@_v3nt__b00k · 2021-08-16

Answer to @enbywitchpal but it's always better to try and sto... See more

🎵 (Contains music from:

Add comment...

🔄
29
🎵
👤
@
😊





Stomach Foundation |



L'ORÉAL
PARIS

INFALLIBLE
UP TO 24H FRESH WEAR
FOUNDATION

SUNSCREEN
1.0 FL. OZ./30 ml



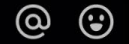
Green Screen

@_v3nit__b00k · 2021-08-16

Answer to @enbywitchpal but it's
always better to try and sto... See more

🎵 I - pondermusic (Conta

Add comment...





Neck

Chokers



5792



222

Green Screen

@_v3nt__b00k · 2021-08-16

Answer to @enbywitchpal but it's always better to try and sto... [See more](#)

sound - pondermusic



29

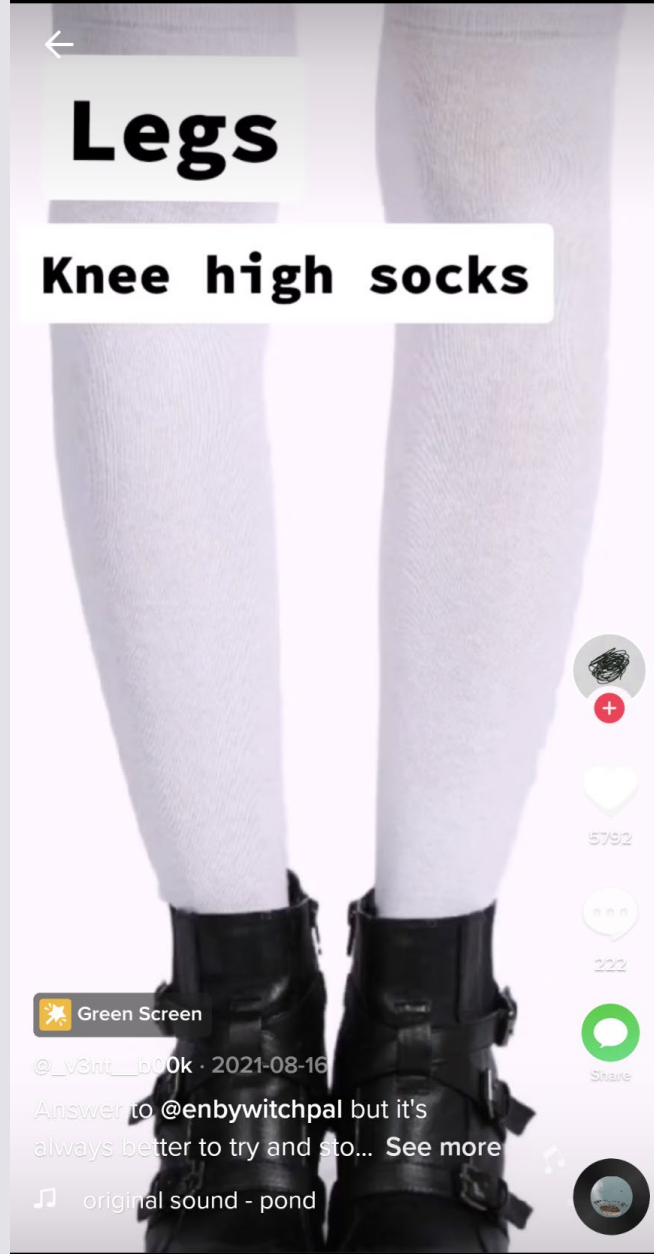
Add comment...





Legs

Knee high socks



5792

222

Green Screen

@_v3nit_b00k · 2021-08-16

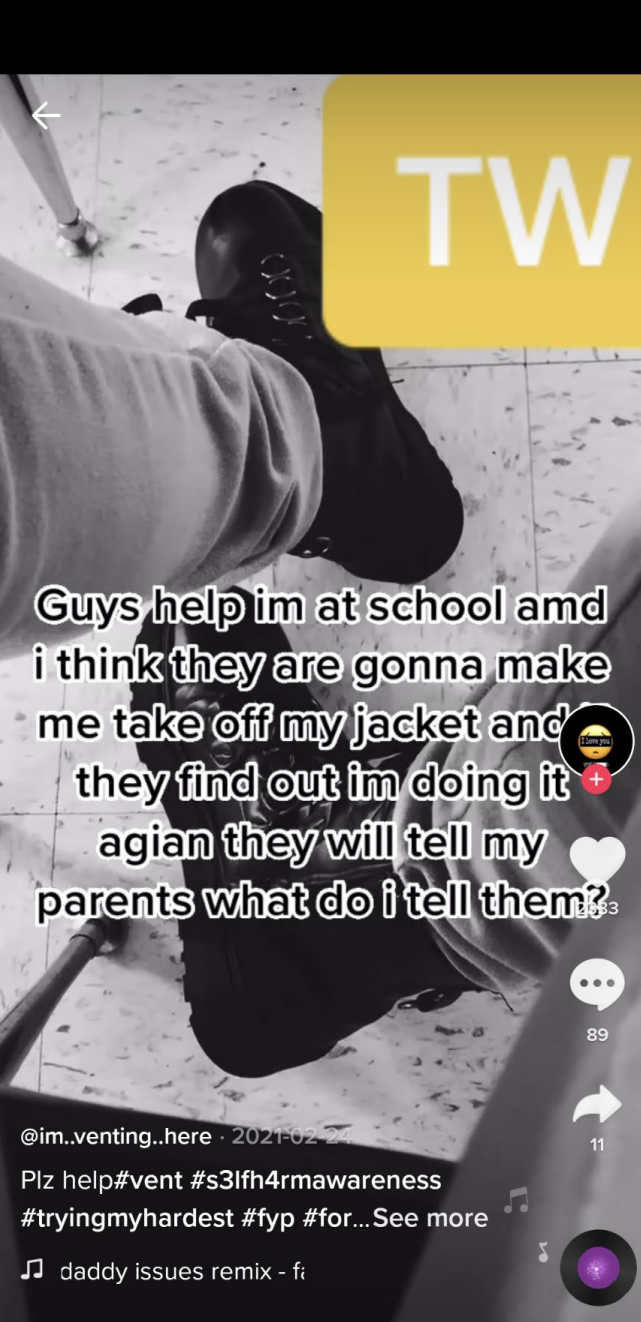
Answer to @enbywitchpal but it's always better to try and sto... See more

original sound - pond



Add comment...





Guys help im at school amd i think they are gonna make me take off my jacket and they find out im doing it agian they will tell my parents what do i tell them?

@im..venting..here · 2021-02-24

Plz help#vent #s3lfh4rmawareness #tryingmyhardest #fyp #for... See more

daddy issues remix - f

Add comment...





Guys help im at school amd

89 comments



0.who_cares.0



tell them you dont have a shirt under

1

2021-02-25 Reply

Liked by creator



ur._local._weirdo



Say you don't have anything on under it

1

2021-02-25 Reply

Liked by creator



caspertheghostsbabydaddy



say you don't have a shirt on under it

1

2021-02-25 Reply

Liked by creator



hello10001101



And I cut too..

1

2021-02-27 Reply



Add comment...





Guys help im at school amd

89 comments



rustytoeslol



1

I'm young but I'm really tempted but I also don't want to at the same time-

2021-02-24 Reply

Liked by creator



arlene_dc



1

Socials

2021-02-25 Reply

Liked by creator



arlene_dc



1

I mean I started at nine and it was a huge mistake, it's been 3 years and I haven't been clean, please don't if you want to talk I can give you my

2021-02-25 Reply

Liked by creator

Hide ^



Add comment...





Guys help im at school amd

89 comments



sour_candyyyy



I'm really tempted.

84

2021-02-24 Reply

Liked by creator



im..venting..here · Creator



No don't I don't want you to be like me plz dont 🙄🙄

68

2021-02-24 Reply



Add comment...





Guys help im at school amd

89 comments



itsaddy.lmao



3

Same but pls pls don't

2021-02-24 Reply

Liked by creator



jazmine_lancaster00



10

I write on my arm and it helps a lot the only thing is my parants yell at me for it but it's MUCH better then that and it's washes off to

2021-02-24 Reply

Liked by creator



frogz_lolz



8

i normally just use red marker on where u would normally do it and it calms me down a lot :)

2021-02-25 Reply

Liked by creator



Add comment...



Take home points

- Kids self harm at school
- Kids use social media to reach out when they are distressed
- Kids are afraid of the consequences of adult intervention more than the benefits of talking with adults
- Kids support each other
- Kids distract each other
- Kids encourage each other NOT to hurt themselves

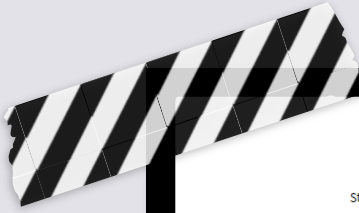
We should be talking with kids about their social media use



A close-up photograph of a person's hand pointing at a digital screen. The screen displays a blue-toned data visualization with a line graph and several circular data points. The lighting is dim, with the screen being the primary light source, creating a futuristic and analytical atmosphere.

SELF- SURVEILLANCE

USING DIGITAL DATA TO
MONITOR OUR OWN ACTIVITIES



**SIS: Suicide in Schools Model
Suicide Risk Monitoring Tool (SMT 2.0)**

Student name _____ Today's date _____
Completed by (name / title): _____ Prior monitoring date _____

I. IDEATION

Have you had thoughts of suicide since the last time a school staff member met with you? Yes No (jump to section II)
Right now Yes No

Please circle / check the most accurate response:

How often do you have these thoughts? (Frequency): hourly / daily / weekly / other _____
How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more _____
How disruptive are these thoughts to your life (Intensity): not at all= 1 2 3 4 5 =a great deal

II. INTENT

How much do you want to live? not at all= 1 2 3 4 5 =a great deal
How much do you want to die? not at all= 1 2 3 4 5 =a great deal

III. PLAN

Do you have a plan? Yes No (if no, jump to section IV)
Have you written a suicide note? Yes No
Have you identified a method? Yes No
Do you have access to the method? Yes No N/A
Have you identified when & where you'd carry out this plan? Yes No N/A
Have you made a recent attempt? Yes No

If so, when / how / where? _____

How confident are you that you will:
be able to keep yourself from attempting suicide? not at all= 1 2 3 4 5 =a great deal
tell someone about your suicidal thoughts? not at all= 1 2 3 4 5 =a great deal

IV. INTERPERSONAL DISTRESS

How hopeless do you feel? not at all= 1 2 3 4 5 =a great deal
How much of a burden on others do you feel? not at all= 1 2 3 4 5 =a great deal
How depressed, sad or down do you feel? not at all= 1 2 3 4 5 =a great deal
How disconnected do you feel from others? not at all= 1 2 3 4 5 =a great deal
Write down your biggest trigger/stressor _____
How much of a trigger/stressor is it right now? not at all= 1 2 3 4 5 =a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING (things I'm good at / like to do / enjoy / other)	SUPPORTIVE PEOPLE (family / adults / friends / peers)

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What could change about your life that would make you no longer want to die?

Summary: Please compare this to the baseline on the SRA or prior SMT and note how the current risk state compared to prior or baseline/most recent SMT. You want to be able to answer the question: "does risk appear increased or decreased and why?"

VII. ACTIONS TAKEN / RECOMMENDATIONS:

Recommendations for further treatment and management of suicide risk should be based on their baseline SMT and the current SMT in collaboration with your school district procedure.

Consultation with other School Mental Health Provider / Suicide Prevention Coordinator / admin received? Yes No
Parent/guardian contacted? Yes No
Release of information signed? Yes No
Released to parent/guardian? Yes No
Copy of the SRA provided to referral? Yes No
Safety plan developed/reviewed/updated? Yes No
Recommending removal of method/means? Yes No
Copies of Safety Plan provided to parent/guardian? Yes No
If currently in treatment, contact made with therapist/psychiatrist? Yes No
If not in treatment, referrals provided to parent? Yes No
 outpatient therapy Crisis center / hospitalization
 Local crisis line 988 / text "home" to 741-741
Other? Please describe:

FOR THE CLINICIAN – SUMMARY PAGE

Purpose: This tool is not a comprehensive suicide risk assessment measure. At times, we must monitor ongoing suicidality of students who have already been assessed by you, an outside mental health professional, or in a hospital setting. Clinicians working with suicidal students often report being unsure when a student may need re-hospitalization or further intervention and when levels of suicidality are remaining relatively stable for that individual student. As you know your student best, this form is a place to document the student's particular triggers or stressors. This will allow you to monitor and track their fluctuating suicide risk over time.

With older middle school and high school students, complete this form with them the first time, explaining each area and ensuring they understand how to complete it. During subsequent sessions, they can complete the form independently, followed by a collaborative discussion of risk and treatment planning.

With elementary and early middle school students, the clinician should complete this form through collaborative discussion with the child during each session or meeting. After the wording as needed to make it developmentally appropriate to ensure the child understands what you are asking.

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Suicide Risk Monitoring tool 2.0



The background features a series of overlapping, wavy, paper-like layers in shades of blue and yellow. The blue layers are on the left, and the yellow layers are on the right, creating a sense of depth and movement.

Solutions



Sleep Hygiene and technology

1. Help youth and their parents co-develop and “acceptable use” policy for technology, including digital curfews (Homayoun, 2017; Vernon et al., 2018);
2. Encourage parents to establish a monitored bedtime routine that ritualizes disconnecting from the phone, such as charging the phone in the kitchen or giving the mobile device to a parent;
3. Talk with youth about setting peer-group expectations that mobile communication will pause during sleep hours; if your closest friends are not on their phones, then you won’t experience a fear of missing out (FOMO) by not being on the phone.

Talking with youth about social media use

- How does social media usually fit into your life?
- Which apps/social media sites do you typically use?
- Can you tell me about how you use each site?
- What are some of the best parts of having social media?
- What are some of the most challenging or difficult parts of having social media?
- Were there times that social media/cell phone were helpful related specifically to your mental health?
- Were there times that social media/cell phone made your mental health worse or made you feel worse?

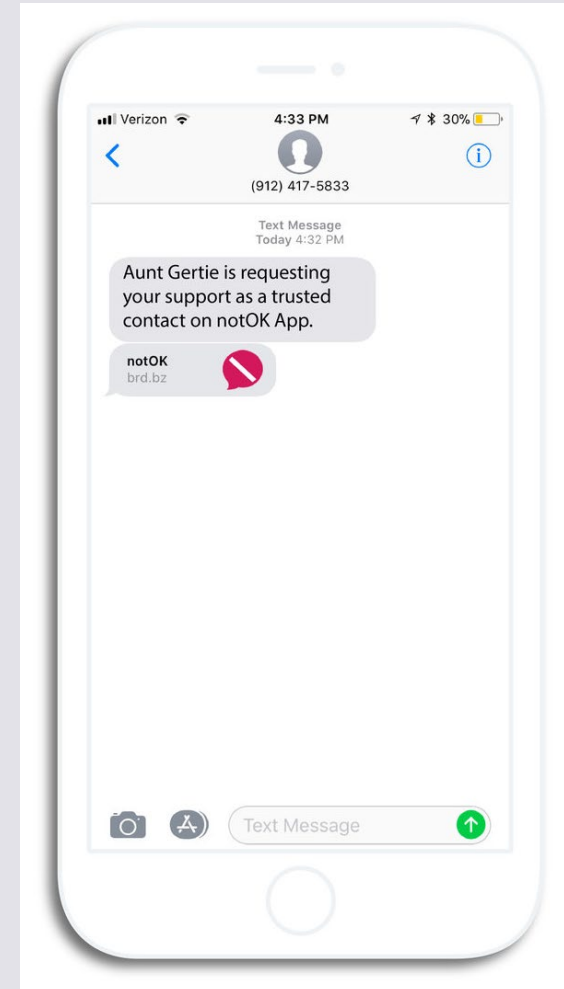
Social media and digital re-entry from hospitalization

- Hospitals restrict access to mobile devices and social media
- Youth report appreciating the forced break from routine use
- Post-hospitalization is a time of increased suicide risk
- Considerations for “digital re-entry”
 - + What awaits them?
 - + How will it affect their recovery?
 - + How will they explain their absence?



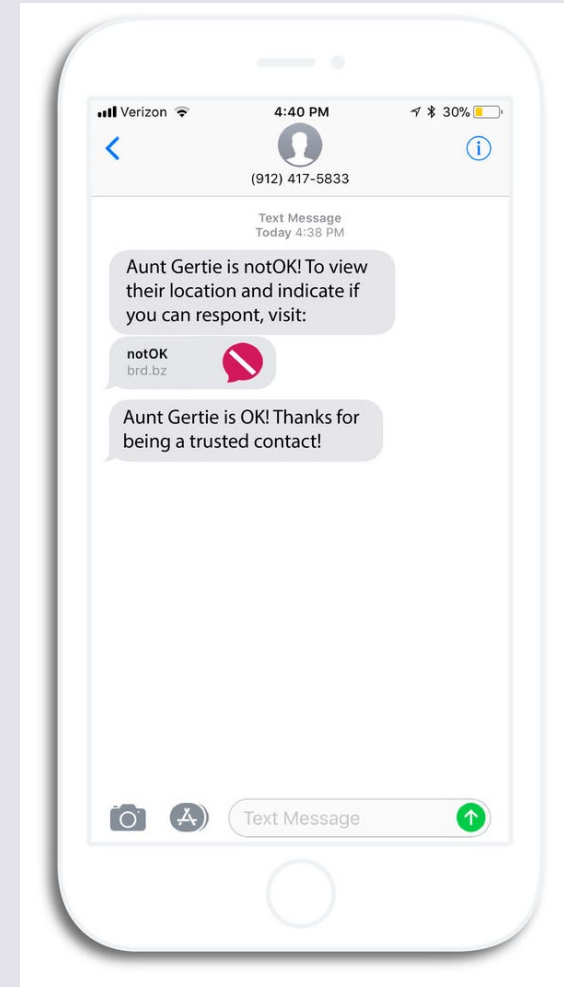
notOK App™

- What if there was a button you could press and someone would immediately know you were not okay?
- <https://www.notokapp.com/trusted-contacts>



notOK App™

- What if there was a button you could press and someone would immediately know you were not okay?
- <https://www.notokapp.com/trusted-contacts>

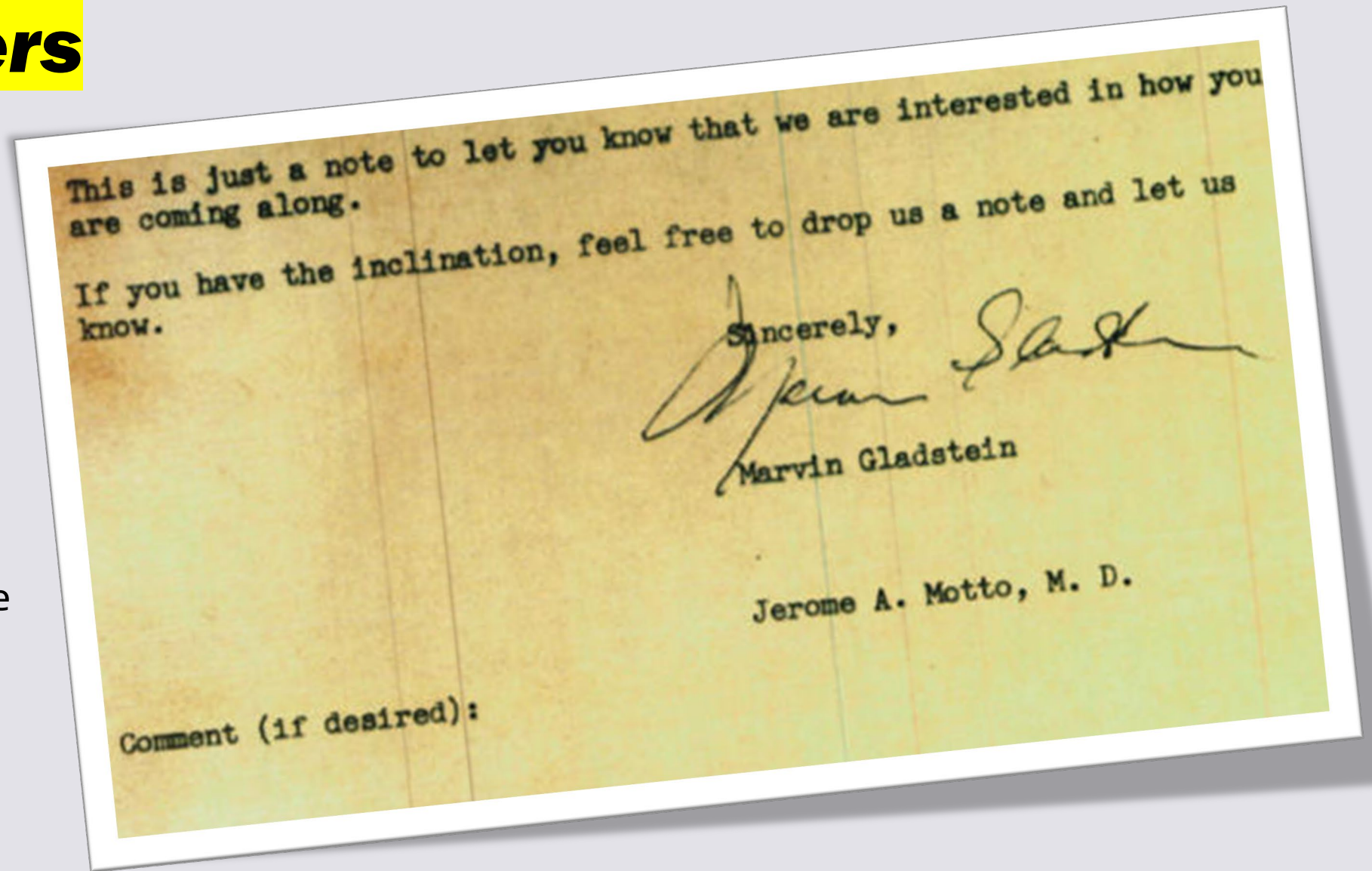


Caring letters

1969 - 1974

Jerome Motto sent “Caring letters” to people discharged after a suicide attempt.

2 years later, those who received them were half as likely to die by suicide.



Caring texts

Text check-ins provide connection and resources for the clients and reassurance for the therapist.

This is an example of a simple “caring text.” No deep clinical work, just genuine connection. I could be silly because I knew the client and was pretty sure it would extend the good mood. I anchored her “win” with an earworm.

Thinking of you today

Hey! Thanks for checking in. I'm doing much better today, which is surprising because the rain usually bums me out.

10:25 AM

Win! I guess no Milli Vanilli in your apartment today...

You didn't! Now that song will be stuck in my head. What kind of therapist are you???



FAMILY BEHAVIOR THAT INCREASES HEALTH RISKS:

Don't Let Your Child Participate In LGBTQ Support Groups



www.lgbtqfamilyacceptance.org | **FAMILY ACCEPTANCE PROJECT®**

LGBTQIA+

- Are there times when your parents say or do things that suggest they reject you because you are [sexual orientation and/or gender identity], such as telling you
 - + to “tone down” how you look or behave;
 - + that you’re just going through a phase;
 - + refusing to call you by your name or use your pronouns;
 - + or preventing you from seeing your LGBTQ friends?

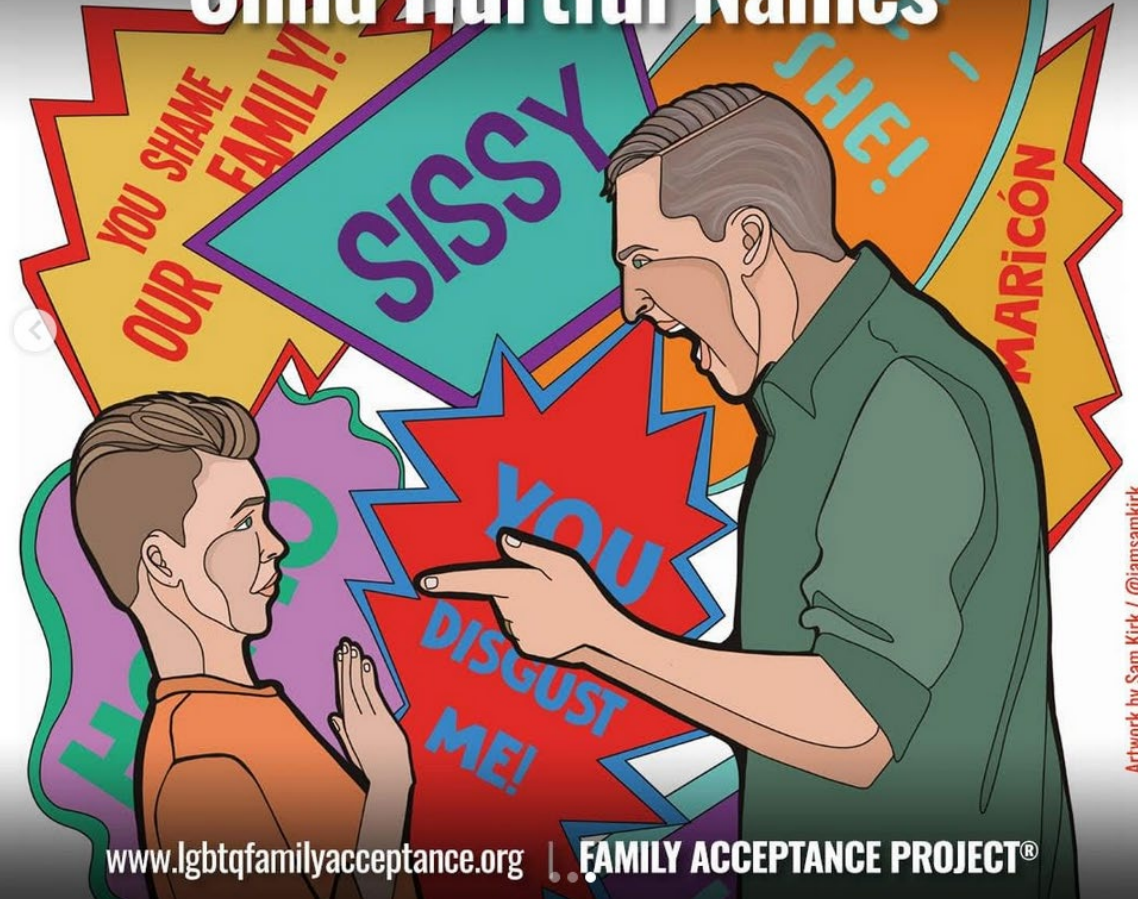
<https://lgbtqfamilyacceptance.org/>

<https://www.instagram.com/famacceptproj/>



FAMILY BEHAVIOR THAT INCREASES HEALTH RISKS:

Ridicule/Call Your LGBTQ Child Hurtful Names



LGBTQIA+

- Are there times when your parents say or do things that suggest they reject you because you are [sexual orientation and/or gender identity], such as telling you
 - + to “tone down” how you look or behave;
 - + that you’re just going through a phase;
 - + refusing to call you by your name or use your pronouns;
 - + or preventing you from seeing your LGBTQ friends?

<https://lgbtqfamilyacceptance.org/>

<https://www.instagram.com/famacceptproj/>

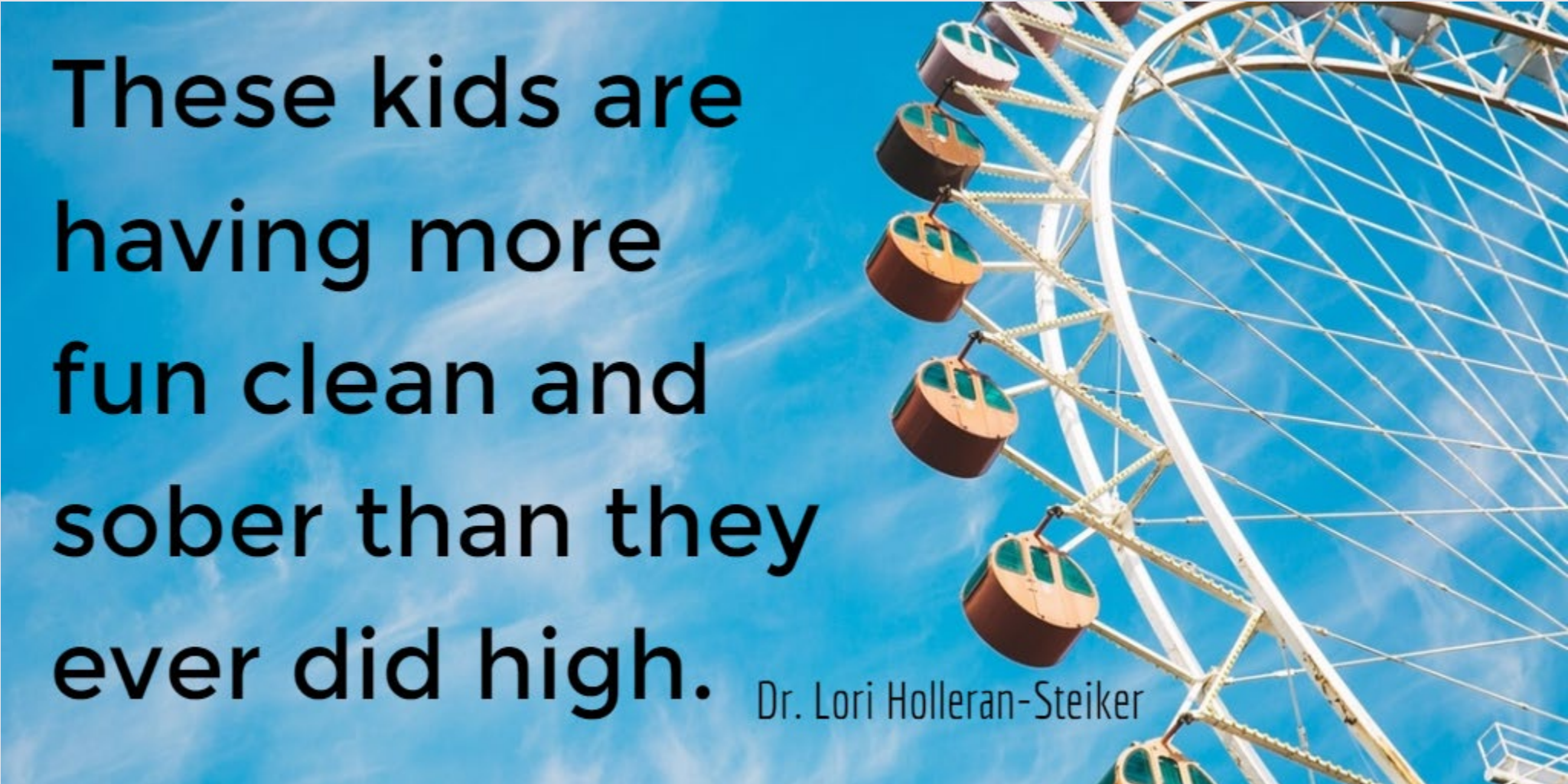




Latinx Mental

Health

- 21% meet criteria for at least one mental illness
- Of those, only 10% accessed mental health services
- 80% of Latinx individuals have access to the internet via a mobile device
- Language can be a barrier.
- Spanish-language mental health apps are a solution
- Only 14.5% of apps are offered in Spanish

A photograph of a Ferris wheel against a bright blue sky with wispy white clouds. The Ferris wheel is white with several brown and green gondolas visible. The text is overlaid on the left side of the image.

These kids are
having more
fun clean and
sober than they
ever did high.

Dr. Lori Holleran-Steiker

Source: Singer, J. B. (Host/Producer). (2016, August 23). #105 - Recovery High Schools: Interview with Lori Holleran Steiker, Ph.D. [Audio Podcast]. *Social Work Podcast*. Retrieved from <http://www.socialworkpodcast.com/2016/08/RecoveryHS.html>



POSTVENTION

Intervention after a
suicide death to address
grief and loss and prevent
future suicide deaths



You want to step into a cultural bubble
without breaking it.

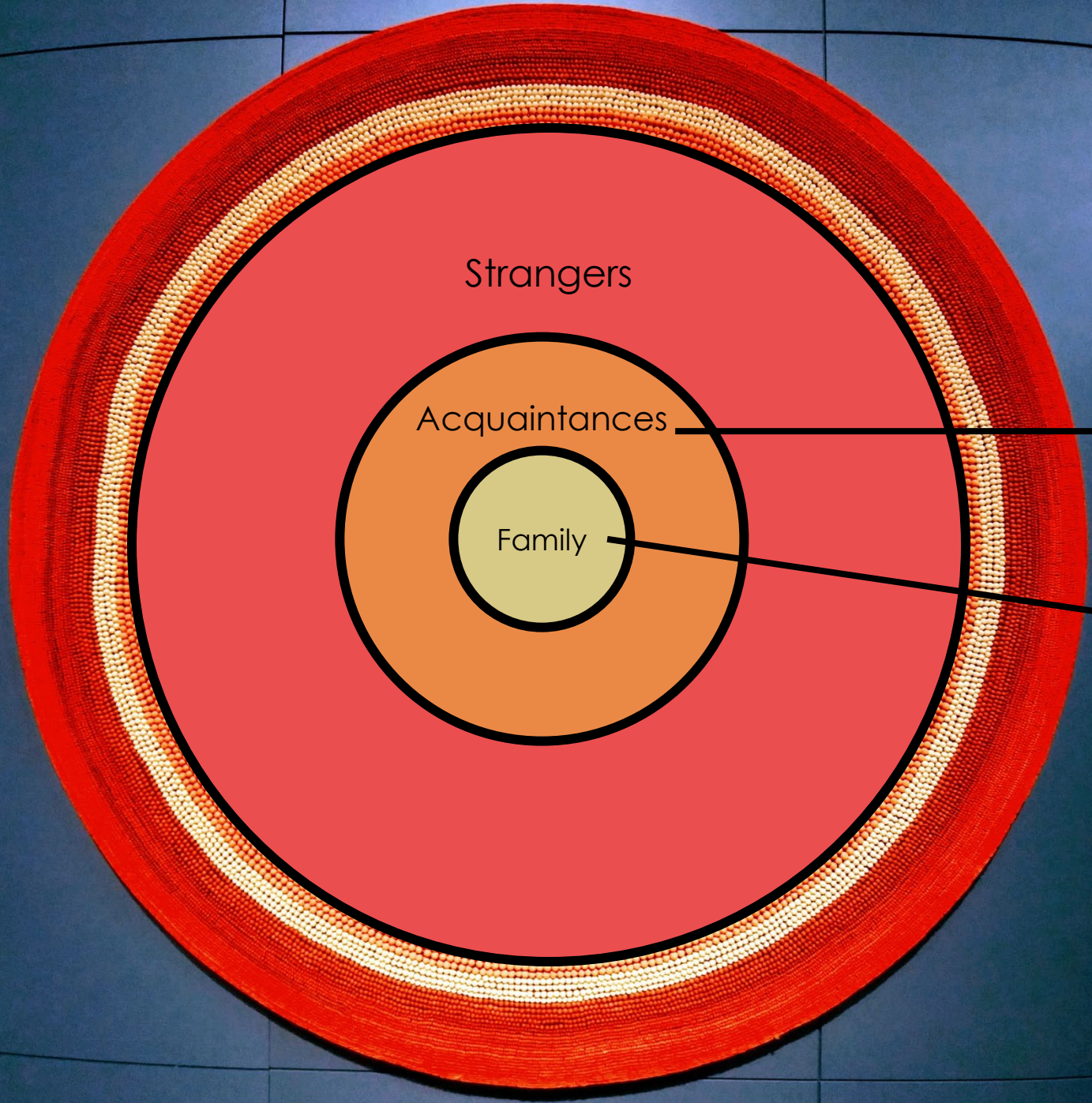
Sade Heart of the Hawk Ali



POSTVENTION

Research shows that postvention is effective in addressing grief and loss, including traumatic loss, but there is no evidence that postvention is effective in preventing suicide deaths (Sokol, 2021).

Postvention is most effective when it is planned for and is respectful of the cultural variations associated with grief and loss.



Strangers

Acquaintances

Family

Most at risk

Most in need of grief support

Círculo naranja

- Dominga Gutiérrez Hilario
- Rogelio Rojas Islas
- Xawery Wolski

Brent, 1993;
Gould et al., 2018

Terracota

Digital grief and loss

- **Don't dismiss the positive use of social media.** Digital users, particularly teens, turn to social media for immediate emotional support from their online communities. By connecting with others, they feel less isolated. Try to be understanding if someone's style of grieving is more public than yours. Family members should not discourage loved ones from reaching out to their peer groups online.
- **Find out what the family's wishes are before posting anything.** Not everyone wants their lives or their emotions to be shared online. It's important to know what the family wants to share and what they would prefer to keep out of the public eye.
- **Be thoughtful when sharing your message of grief and support.** The phrase "thoughts and prayers" has been repeated so many times that it's lost meaning. Be authentic and sincere. Share a memory. What was special about them? How did you meet, and what did you enjoy together? A short message that will remind others of what the person meant to you will be appreciated.

Source: <https://www.directivecommunications.com/netiquette-experts-agree-guidelines-are-needed-on-death-in-a-digital-world/>



7 TIPS FOR PARENTS

What can we do right now to decrease the risk of suicide in our children? (Strassberg, 2015)

1. Make your teen sleep
2. Talk with your teen
3. Model mental health treatment
4. Want the best for your child, not for your child to be the best
5. It's you and the teachers *for* your teen, not you and your teen *against* the teachers
6. Get a pet
7. Keep Calm



6 TIPS FOR SCHOOLS

1. Conduct universal screening
2. Collaborate with parents and communities
3. Aspire to zero suicides
4. Train staff to recognize and respond to suicide risk
5. Recognize mistakes as learning opportunities
6. Care for staff



5 TIPS FOR YOUTH

1. Don't worry about upsetting adults
2. Your reasons for living might not be in your life yet.
#LiveYourBestLife
3. Don't confuse being sad, angry, scared or lonely with wanting to die.
4. Don't discount your experiences: some are windows, and some are mirrors
5. It isn't about you / It is all about you





I'm a social worker.
I talk and listen all day.

Makes my
self-care hard,
especially
for those I love.

At the end of the day,
I don't want to talk
OR listen.

988
SUICIDE
& CRISIS
LIFELINE

**TRANS
LIFELINE**
(877) 565-8860

GET HELP 24/7:

 <p>TrevorText Text START to 678678</p>	 <p>TrevorChat TrevorChat.org</p>	 <p>TrevorLifeline 866.488.7386</p>
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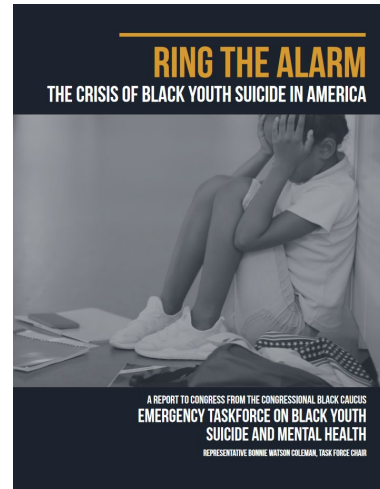
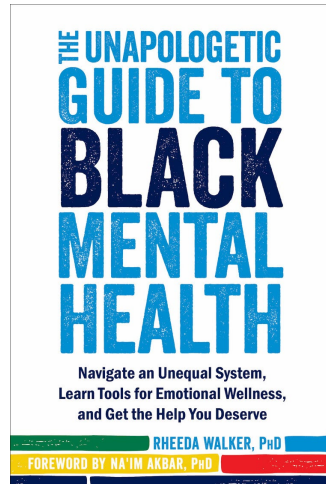
THE TREVOR PROJECT
Saving Young LGBTQ Lives

CRISIS TEXT LINE |

Text HELLO to 741741
Free, 24/7, Confidential

teen line

Call 800-852-8336
from 6pm to 10pm PST
or text "TEEN " to 839863
from 6pm to 9pm PST



Dr. Sherry Molock

<https://psychology.columbian.gwu.edu/sherry-molock>

Dr. Arielle Sheftall

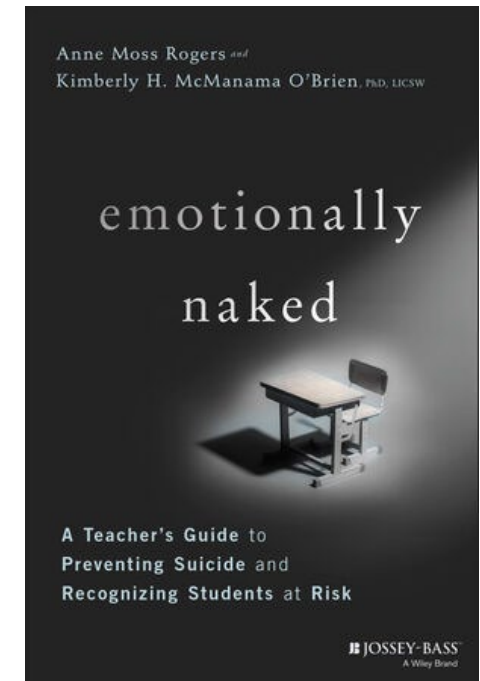
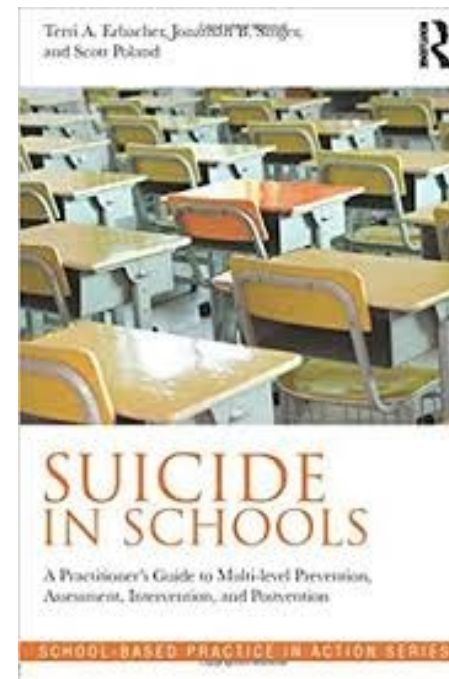
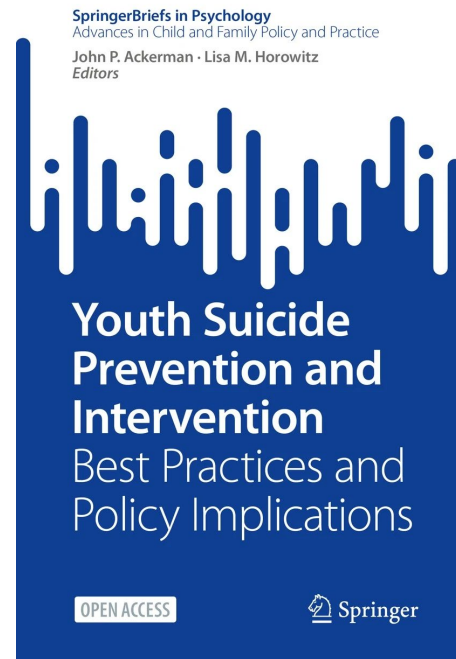
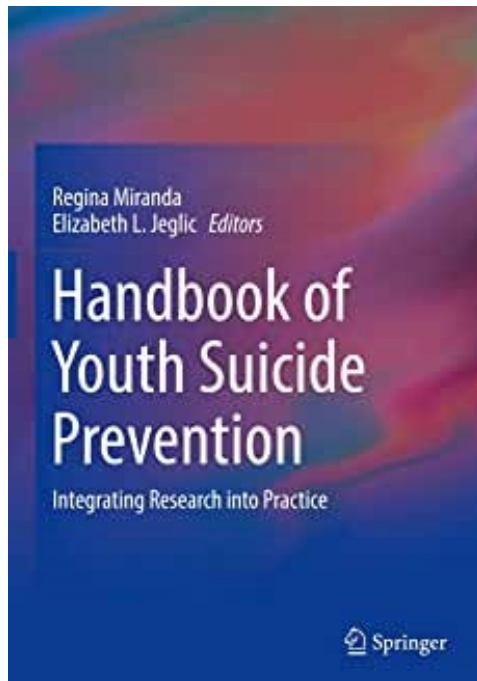
<https://www.nationwidechildrens.org/find-a-doctor/profiles/arielle-h-sheftall>

Dr. Sean Joe

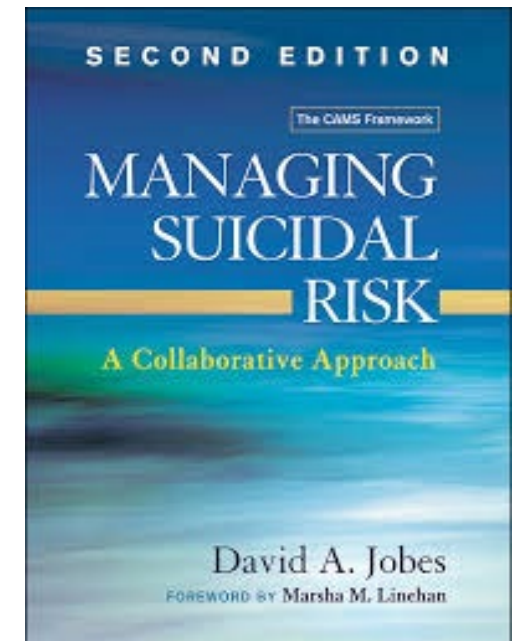
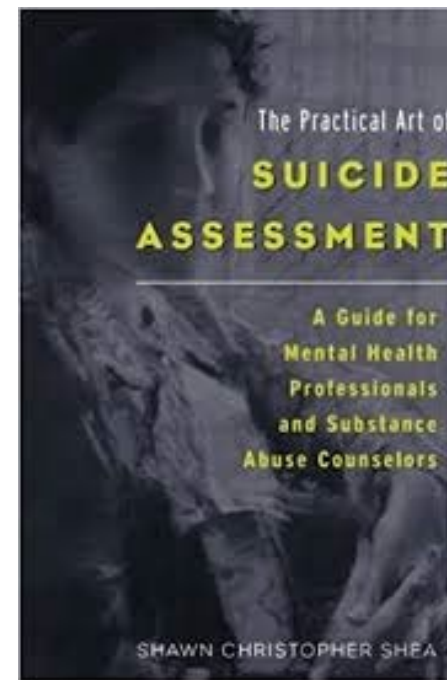
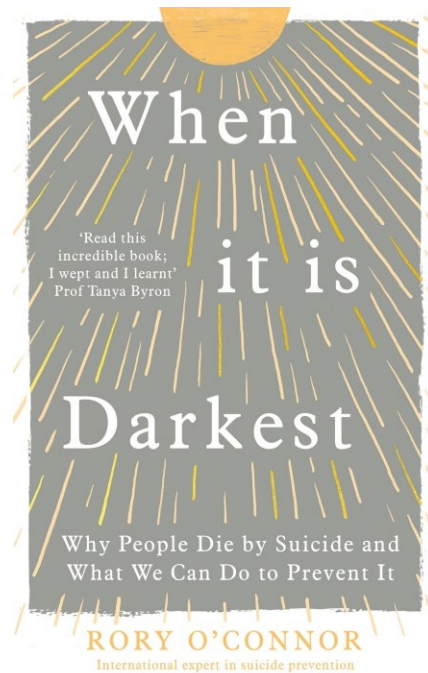
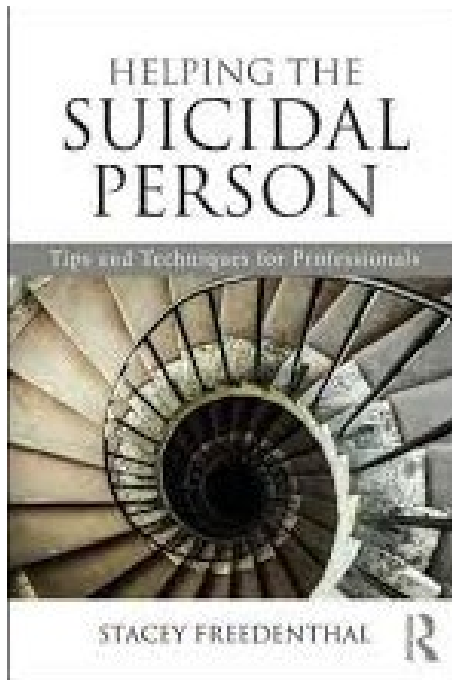
<https://brownschool.wustl.edu/Faculty-and-Research/Pages/Sean-Joe.aspx>

TEXTS ABOUT SUICIDE AND BLACK AMERICANS

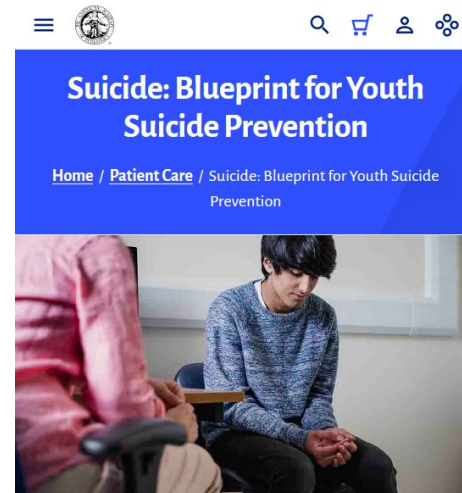
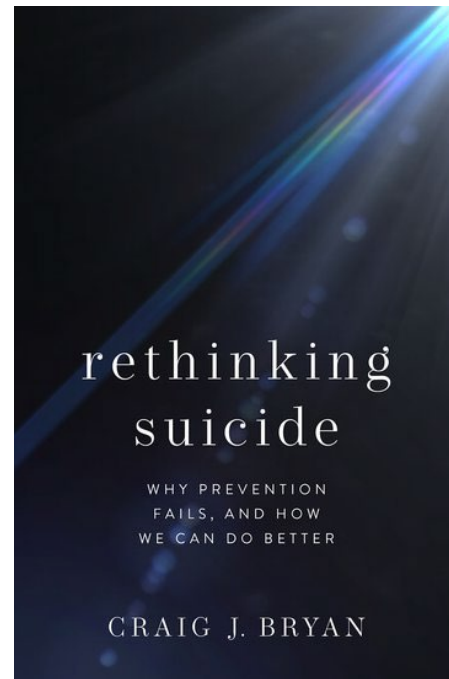
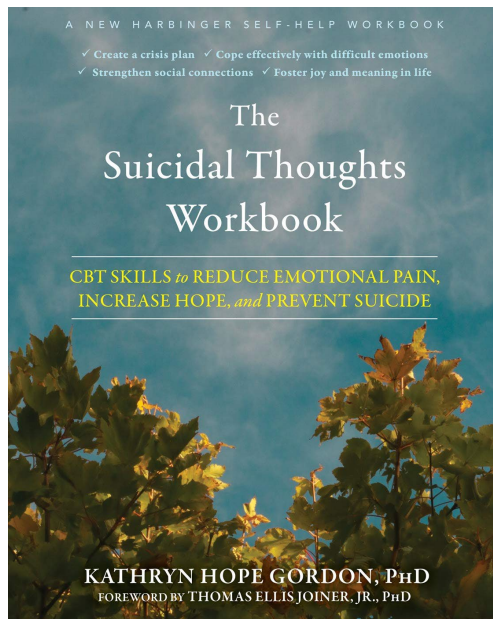
PRACTICAL TEXTS ON YOUTH SUICIDE



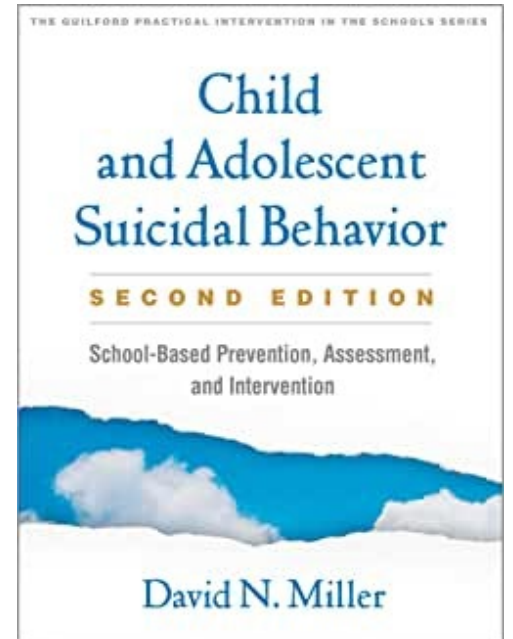
PRACTICAL TEXTS ON SUICIDE & ASSESSMENT



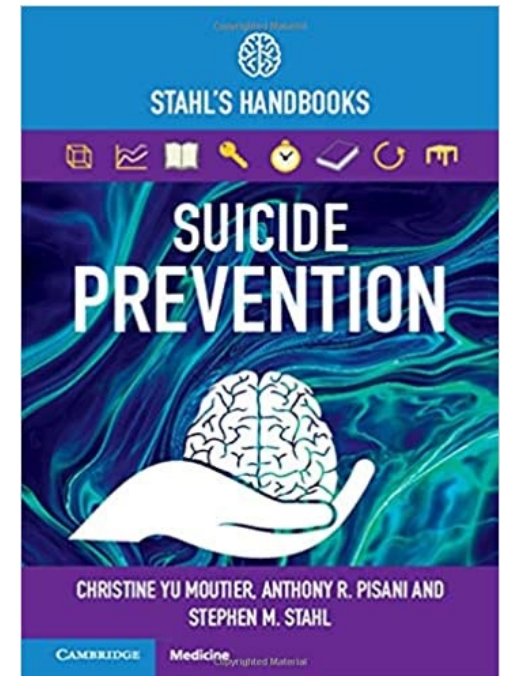
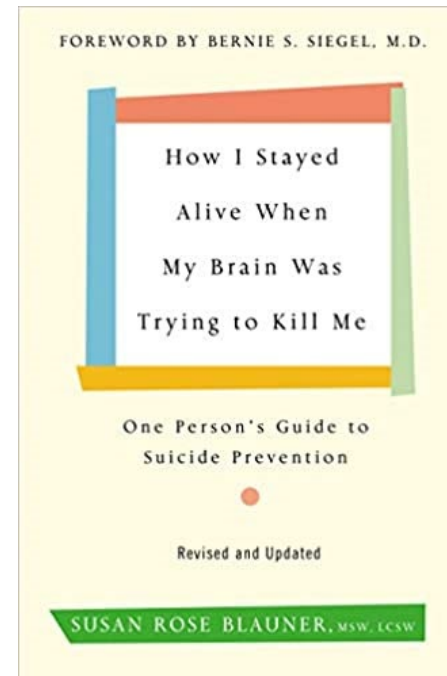
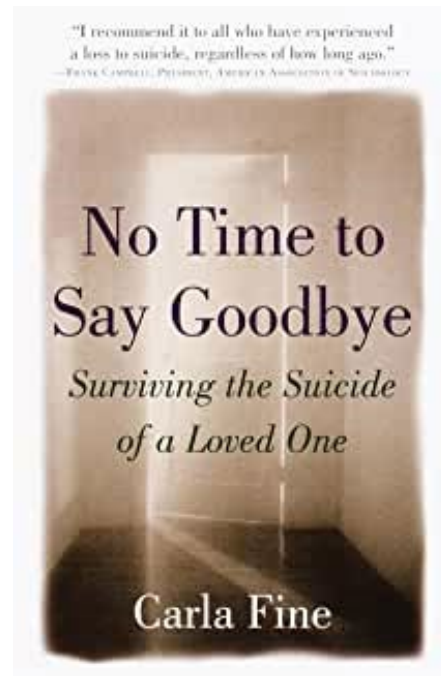
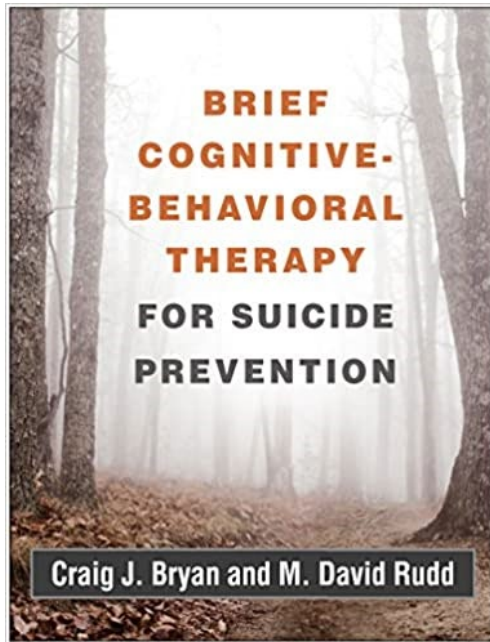
PRACTICAL TEXTS ON SUICIDE & ASSESSMENT



Suicide and suicidal behavior among youth and young adults is a major public health crisis. Suicide is the 2nd leading cause of death among young people 10-24 years of age in the United States (US), and rates have been



PRACTICAL TEXTS ON SUICIDE & BEREAVEMENT





Thank you!

Jonathan B. Singer, PhD, LCSW
Loyola University Chicago, School of Social Work
Social Work Podcast

