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A grassroots program for youth suicide prevention: An overview of participant comments following Stop Youth Suicide Conference

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INTRODUCTION

Suicide is a major public health problem. It affects people of all ages. Youth, in particular, have a disturbingly high suicide rate. Suicide is the third leading cause of death for young people between the ages of 10 and 24 (1). Approximately 4600 young people die each year from a suicide attempt (1). The most common methods used in suicides are firearms (45%), suffocation (which may be in the form of hanging) (40%), and poisoning (8%) (1).

However, more young people survive suicide attempts than actually die from the attempt. A national survey of youth in both private and public schools, grades 9-12, found that 16% of students reported considering suicide (1). Thirteen percent reported having a plan for suicide, and 8% had a suicide attempt within the last 12 months preceding the survey (1). At emergency departments across the United States, there are approximately 157,000 youth who receive care for self-inflicted injuries each year (1).

Suicide crosses all races, cultures, and socioeconomic statuses. There are some groups, however, that are at higher risk of suicide. Males are traditionally more likely to have a fatal suicide attempt. Eighty one percent of youth suicide deaths are males where 19% were females (1). One reason for this is that males are more likely to use firearms, which are much more likely to result in a fatal attempt. Hispanic youth have been found to be more likely to report attempting suicide than blacks, whites, and non-hispanic peers (1). Within the United States there are cultural variations in the suicide-related fatalities with North American and Alaskan Native youth having the highest rates (1).

Certain risk factors put a young person at risk for suicide. Risk factors include a history of previous suicide attempts, family history of suicide, history of depression or other mental illness, alcohol or drug abuse, stressful life event or loss, easy access to lethal methods, exposure to the suicidal behavior of others, and incarceration (1). Having these risk factors may put a young person at increased risk of suicide but does not necessarily mean that a suicide will occur (1).

Suicide is not a comfortable topic. Often, people are blamed, stigmatized, and left very hurt (1). Therefore, people may not like to discuss the topic of suicide. However, we have found that the more we talk about suicide, and research suicide, the more we can do to help prevent it. By opening up conversations about suicide, we aid in the prevention process and keep more of our young people alive.

METHODS

Program Description

The “Stop Youth Suicide Campaign” is a grassroots program that began in October 2000 (2). The campaign was started by a coalition which included thirty agencies in the Central Kentucky area (2). The coalition included the Adolescent Medicine program at the University of Kentucky (leader of the coalition), the Coroner’s Office, the health department, several local media outlets, participants from the school system, parent groups and many others (2).

The goals of the program are: 1) To improve community awareness of the problem of youth suicide. 2) To assess the need in the community and basic knowledge on youth suicide. 3) To start a public education campaign targeting parents, teachers and everyone who has anything to do with teens. 4) To provide for improved education of medical care providers that deal with adolescents and to improve their knowledge and comfort level in screening and assessing for depression and suicide. 5) To provide around the clock, available help to any teenagers in the area who were suicidal or need help in that regard (2).

To accomplish these goals, the campaign started with a media press conference and an announcement by the mayor’s office in Lexington, KY which informed people in the local area about the program (2). The campaign then developed a website: www.stopyouth-suicide.com which provides information on youth suicide, contact information for the campaign, and suicide hotline phone numbers (2). Anyone is able to contact the campaign in case help is needed (2). The campaign then produced a local video focusing on the stories of teenagers who had attempted suicide and survived, as well as the stories of their parents and peers (2). Experts in the video discussed understanding youth suicide and suicide prevention strategies (2).

The next step was to offer education to medical providers. This was done through numerous lectures and workshops. From October 2000 to December 2004, a total of 60 lectures and workshops and three full day conferences devoted to youth suicide prevention training to medical care providers of all levels (2).

The campaign has also participated in working with the state government and local agencies to build and establish a state-wide youth suicide prevention program (2). In addition, the Stop Youth Suicide Campaign had participated in church and school activities in multiple visits to all area middle and high schools as well as religious activities to educate parents on the problem of youth suicide (2). Stop Youth Suicide continues this high level of commitment of providing education and awareness of prevention strategies to youth, parents, schools, community leaders, and the community at large.

The Stop Youth Suicide campaign and the Division of Adolescent Medicine at the University of Kentucky host an annual day-long conference called “Stop Youth Suicide.” The conference is open to the community as are all Stop Youth Suicide events. Conference attendees have included teens, parents, medical providers, mental health providers, religious leaders, teachers, and school guidance counselors. The conference is held in Lexington, Kentucky. During the morning of the conference, Stop Youth Suicide Founder, Hatim Omar, MD gives an opening session describing youth suicide statistics and what we can do to aid in prevention. Following are various speakers on other topics of great importance to youth including teen sexuality and growth and development during adolescence. The last

part of the morning session is a teen panel which typically consists of 8-10 teens. The teens on the panel help the audience to see the world from their perspective and may have a story to share about their experiences. The teen panel is open for audience questions. The afternoon of the conference consists of various breakout sessions. Topics are all teen relevant and include: substance abuse, eating disorders, cyberbullying, ADHD, ethical issues, and sexual abuse. At the end of the conference day, participants are encouraged to complete an evaluation form.

RESULTS

The overall impact of the Stop Youth Suicide campaign, since its inception on October 13, 2000, is that fourteen adolescent lives have been documented as saved through Stop Youth Suicide (3). The Stop Youth Suicide website (www.stopyouthsuicide.com) has received over 1000 emails and thousands of phone calls (3).

In addition, feedback from the annual Stop Youth Suicide Conference is very positive (4). On the last conference evaluation form (2013), participants were asked about the most valuable aspects of the conference. A large number of participants find the teen panel to be the most valuable aspect of the conference (4). The teens always provide insightful and enlightening answers to audience questions that aide in understanding of life through a teen's eyes in the current world. Other comments included "nice range of presentations and workshops" and "obvious caring attitude of speakers, organizers, and attendees" (4). A number of participants commented on Dr. Omar's overview of teens and suicide, that it was the most valuable aspect of the conference (4). One participant commented, "I was startled by the suicide statistics! I think most of the audience was! Hearing from the youth themselves was great!" (4). Another participant commented on "the experience/knowledge of the speakers" being the most valuable aspect (4). While this is a sample of comments from one Stop Youth Suicide campaign event, these comments are similar to the evaluations the campaign's numerous events. The true positive impact of the Stop Youth Suicide campaign may never be known due to the unknown number of lives each individual may impact.

As mentioned above, the Stop Youth Suicide conference is just one example of the impact of the Stop Youth Suicide campaign. The campaign is a non-government-funded, not-for-profit organization devoted to helping youth and increasing awareness about suicide. As evidenced by the comments following the most recent Stop Youth Suicide conference in 2013, the participant's awareness about the topic of youth suicide and important related topics was heightened. The participants were especially interested in hearing from the youth themselves and found that experience to be the most valuable. The conference opens a dialogue about youth suicide, and starts conversations between adults and youth. Suicide is preventable and does not require expensive or elaborate programs. Providing education, increasing awareness, and spending time listening to our teens is the best way to keep our youth, our most valuable resource, alive, healthy, and thriving.

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