

Suicide Prevention Month

September is National Suicide Prevention Month. The goal of Suicide Prevention month is to educate on risks and warning signs for suicide, to ensure individuals, friends and families have access to resources they need to discuss suicide prevention, and to know how to seek help. As we kick off the new school year, this is a great opportunity to raise awareness of suicide prevention and engage in conversations with youth and families.

According to the Centers for Disease Control and Prevention, suicide is the second leading cause of death for young people between ages 10 to 24. For every person who dies by suicide, many more attempt and even more suffer from suicidal ideation. Suicidal ideation is defined as having thoughts of ending one's life. Suicidal thoughts can quickly escalate to a suicide attempt, so it is important to connect those thinking about suicide to support before any actual planning begins. Suicide prevention is most effective when signs are caught early, and the individual is connected to effective mental health support.

Several factors may increase the risk of suicidal thoughts or behaviors including:

- Mental health disorders such as depression, anxiety, and other mood disorders
- Alcohol and substance use
- Impulsive behaviors
- History of trauma or abuse
- Family history of suicide
- Previous suicide attempt(s)

Recognizing warning signs that may indicate a youth is considering suicide is a key element of suicide prevention. Teen warning signs include:

- Talking or posting on social media about suicide or wanting to die
- Feeling hopeless or trapped
- Increasing use of drugs and/or alcohol
- Changes in weight, appearance, or sleep habits
- Gathering drugs, sharp objects, firearms, or other items that could be used to commit suicide or self-harm
- Isolating themselves and withdrawing from friends
- Visiting or calling people to say goodbye, and giving away prized possessions
- Trouble concentrating and/or a drop in academic performance
- Headaches, frequent stomachaches, or other physical complaints
- Risk-taking or self-destructive behavior
- Suddenly becoming calm or cheerful after a long period of depression

It should be noted that children may show similar symptoms to teens, in addition to writing or drawing about their feelings.

If you have concerns that a youth is experiencing thoughts of suicide, asking them directly and listening with empathy can go a long way. One of the best ways to prevent suicide is by making it safe for a person in despair to talk about their feelings without judgement. Instilling hope and connecting individuals who may be experiencing thoughts of suicide to help and resources are likewise vital early intervention strategies. Those struggling need to know they aren't alone. 988 is one such resource that can serve as a point of connection for individuals who need support. The 988 Suicide and Crisis Lifeline provides free and confidential emotional support 24 hours, 7 days a week for individuals who are in suicidal crisis or emotional distress. Family and friends can also utilize the resource to get guidance on how to best support their loved one.

While early intervention is an important part of suicide prevention, the promotion of mental health and wellbeing are also critical elements. National Suicide Prevention Month is a great time to educate others and to normalize conversations around mental health. Check out the below resources for ideas on how to help promote Suicide Prevention Month and share messages of hope throughout our schools and communities.

988 Suicide and Crisis Lifeline

<https://988lifeline.org/promote-national-suicide-prevention-month/>

National Institute on Mental Health

<https://www.nimh.nih.gov/get-involved/digital-shareables/shareable-resources-on-suicide-prevention>

Substance Abuse and Mental Health Service Administration (SAMHSA)

<https://www.samhsa.gov/newsroom/observances/suicide-prevention-month>



References:

American Foundation for Suicide Prevention; American Psychological Association; Centers for Disease Control and Prevention; National Alliance on Mental Illness; National Institute on Mental Health; Substance Abuse and Mental Health Service Administration

Alcohol: Its Dangers & Youth

While alcohol use by youth continues to slowly decrease, underage alcohol use remains a serious concern. According to the National Center for Drug Abuse Statistics (NCDAS), alcohol, by far, is the most widely used and abused substance among youth in the United States.

According to the Monitoring the Future Survey, in 2022, 15.2% of 8th graders, 31.2% of 10th graders and 51.9% of 12th graders reported drinking alcohol within the last year. The survey further shows that 5.9% of 8th graders, 13.7% of 10th graders and 24.3% of 12th graders reported drinking alcohol within the last month.

And while youth drink less often than adults, youth tend to drink more alcohol during an occurrence. Per the Monitoring the Future Survey in 2022, 2% of 8th graders, 5.4% of 10th graders and 10.2% of 12th graders reported binge drinking. As a matter of fact, data reveals that 90% of all alcohol drinks consumed by youth are consumed through binge drinking.

What is Binge Drinking?

The National Institute on Alcohol Abuse and Alcoholism states that binge drinking is a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 or more. Youth females generally reach BAC 0.08 or higher with three drinks, and youth male generally reach BAC 0.08 or higher with three to five drinks, when consumed within about a 2-hour time frame.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as four or more alcoholic drinks for females or five or more alcoholic drinks for males, on the same occasion within a couple of hours of each other. SAMHSA's definition does not distinguish between youth and adults.

What Is a Standard Drink?



Each drink shown above contains 0.6 fluid ounces of "pure" ethanol and represent one U.S. "standard drink" or "alcoholic drink equivalent."

(Credit Picture/Graph from National Institute on Alcohol Abuse & Alcoholism)

The good news is that national surveys, such as the Youth Risk Behavior Survey (YRBS), show a continued decline in youth binge drinking over the last decade. In Nebraska alone, according to the YRBS, youth binge drinking has declined by more than 50%, from 10.5% in 2021 to 4.1% in 2023.

Yet, for those who do excessively drink, especially youth, the potential for blackouts and/or other dangerous scenarios is increased.

What are Alcohol Blackouts?

Alcohol blackouts are lapses in a person's memory about things that occurred while they were intoxicated. Blackouts happen often among youth. "In one study, 1 in 5 older adolescents who drank alcohol in the previous 6 months reported an alcohol related blackout."

There are two types of alcohol-induced blackouts.

- **Fragmentary Blackout:** The most common type of blackout, also known as a grayout or a brownout. This is where someone has a "foggy" and/or "spotty" memory of events that occurred while they were intoxicated.
- **En Bloc Blackout:** This type of blackout is where complete/total memory loss occurs that often spans several hours of time. It seems as though nothing occurred at all to the person who was intoxicated, and they almost never recall the events that occurred during their blackout.

What is Alcohol Poisoning?

Alcohol poisoning, also known as alcohol overdose, occurs when there is so much alcohol in a person's bloodstream that areas of their brain that control their breathing, heart rate, and body temperature start to shut down. When this occurs and is not treated, alcohol poisoning can lead to permanent brain damage or death.

According to the CDC, one youth in the United States dies every week due to alcohol poisoning.

Some symptoms of alcohol overdose include:

- Confusion
- Trouble Remaining Awake/Conscious
- Vomiting
- Seizures
- Slowed or Troubled Breathing
- Slowed Heart Rate
- Clammy Skin
- Cold/Low Body Temperature

If you are with someone who could be experiencing alcohol poisoning, CALL 911 and get medical help immediately.

Cold showers, hot coffee, food, or walking **WILL NOT** reverse the effects of alcohol poisoning. Get professional medical help immediately **by calling 911.**

For more information about alcohol overdose, see the National Institute on Alcohol Abuse and Alcoholism fact sheet [Understanding the Dangers of Alcohol Overdose](#).

You may also visit the SCIP website page at <https://scipnebraska.com/> for additional information about alcohol and other substances of abuse.

Sources and sites for additional information:

<https://drugabusestatistics.org/teen-drug-use/>

[Understanding the Dangers of Alcohol Overdose | National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) \(nih.gov\)](#)

<https://drugabusestatistics.org/teen-drug-use/#:~:text=Youth%20Alcohol%20Abuse,among%20teens%20and%20young%20adults.>

<https://monitoringthefuture.org/data/bx-by/drug-prevalence/#drug=%22Alcohol%22>

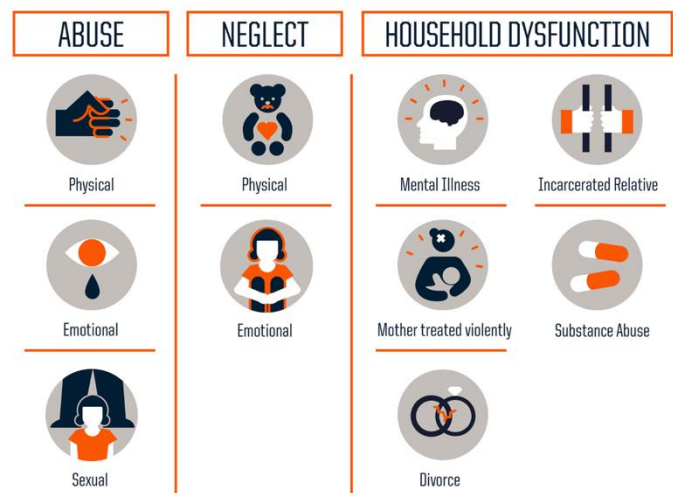
Trauma: What It Is and How It Affects Youth

The Center on Child Wellbeing and Trauma estimates that 26% of children in the United States will witness or experience a traumatic event before the age of four, and one JAMA Psychiatry study states that more than two-thirds of children report experiencing a traumatic event before the age of 16. Trauma is one of the most common risk factors for youth who develop mental health challenges or substance use disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as resulting from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening” and having “lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Although trauma has, stereotypically speaking, been primarily linked to major catastrophes, such as natural disaster, war and famine, SAMHSA specifies that an event may be considered traumatic so long as the adult or youth who experiences it experiences it as traumatic. In other words, one individual might experience an event as traumatic while another individual may not, depending on how the event affects the individual’s perception of the world. In essence, traumatic events are those that make an individual feel powerless, threatened, or unsafe, and they influence the way that the traumatized person makes meaning out of his or her life.

Adverse Childhood Experiences (ACEs) are those experiences that can be considered traumatic and that can negatively impact the way that a young person develops. As reported in the 2020 Youth Mental Health First Aid Training manual and by the Centers for Disease Control and Prevention (CDC), these experiences can include but are not necessarily limited to:

- Verbal abuse
- Physical abuse
- Sexual abuse
- Suicide in the family
- Neglect
- Parental Separation
- Alcohol/drug exposure
- Domestic violence
- Incarcerated Family Members



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

According to the CDC, about “64% of adults in the United States reported they had experienced at least one type of ACE before age 18.” Not only that, but “one in six (17.3%) adults reported they had experienced four or more types of ACEs.”

Considering the overwhelming prevalence of ACEs in the United States, it is abundantly clear that youths need to be supported through the traumatic events that they might encounter, and many sources promote the idea that children depend on strong social systems of encouragement to overcome the stressful circumstances of their lives. Although children are incredibly resilient, if they are not treated or supported properly, youths who are repeatedly exposed to ACEs are less likely to engage in healthy, productive relationships and more likely to struggle with depressive or anxiety symptoms, behavioral

changes, academic or employment challenges, and disordered sleeping or eating habits. The CDC suggests that ACEs have also been linked to long-term detrimental physical health issues, such as chronic illness, cancer, diabetes, heart disease, and suicide.

These harmful effects on the body's nervous and immune systems can be offset by supportive protective factors that help a traumatized person regain control over their lives. Many mental health professionals agree that the first step to creating a buffer between a child and a traumatic event is invoking a strong sense of safety; the child must be able to reinterpret his or her environment as non-threatening before they can restabilize themselves within it. Early intervention into the life of a child who has gone through traumatic experiences, such as abuse or neglect, can help prevent that child from being re-traumatized or being introduced to other risk factors that may further influence their behaviors later in life. Some examples of significant protective factors that can enhance a child's ability to self-regulate and persevere through traumatic experiences include:

- Having a parent, caregiver or other social support
- Developing healthy coping mechanisms, such as journaling, running, or drawing
- Having supervised care on a regular basis
- Having a consistent and stable routine in the home
- Engaging in extra-curricular activities or faith-based organizations
- Being able to feel in control over one's own life

Some children who have been repeatedly exposed to ACEs may need to attend regular therapy sessions, where they will be shown how to self-regulate and guided through therapeutic processes that will help them re-orient themselves to an environment that they have been traumatized by. Eye Movement Desensitization and Reprocessing (EMDR) treatment, which is focused on the development of resilience via the processing of traumatic memories in the brain, is an example of one kind of therapy that can be beneficial for youths who may struggle to communicate effectively about the stress they endure in the aftermath of a traumatic experience.

Indeed, it is important to note that some youths are unlikely to self-report ACEs, and in these cases, it is crucial that parents, teachers, counselors and other caregivers be watching for the signs of trauma. Although these signs will certainly depend on the nature of the child's personality, youths who experience trauma may appear excessively or uncharacteristically irritable, withdrawn, disruptive, destructive, fearful, sad or inattentive. Depending on the kind of trauma that a child has experienced, the youth may have nightmares, become easily startled, or avoid people and places that are associated with the event. A child may not fully realize the way that a traumatic experience has affected their behavior, but many of these behaviors serve as protective barriers against a world that they have learned to perceive as full of threats. An observant adult may be the only one in the child's life to recognize the ineffectiveness of the coping strategies that a youth uses to shield themselves from those perceived threats.

According to SAMHSA, developing a trauma-informed approach in any environment – more specifically, for that matter, in any environment where a child might be – involves safety, trustworthiness, transparency, peer support, collaboration, empowerment and cultural competency. With treatment and support, traumatic experiences can be overcome, and adolescents who are impacted by ACEs can build the self-confidence they need to thrive in the world if they are in the care of people who decide to come alongside them.

Report concerns of abuse to the Nebraska Child Abuse and Neglect Hotline at (800)-652-1999 or online at: <https://neabusehotline-dhhs.ne.gov>.

For more resources regarding support of a traumatized child, see the Child Mind Institute: [Helping Children Cope After a Traumatic Event](#)

For more resources regarding the effects of ACEs on healthy development, see the U.S. Department of Health and Human Services' Early Childhood Learning & Knowledge Center: [Trauma and Adverse Childhood Experiences](#).

For more information about the prevalence of childhood trauma, see SAMHSA's fact sheet: [Understanding Child Trauma](#)

For more information about EMDR treatment, refer to the Child Mind Institute: [EMDR Therapy For Childhood Trauma](#)

References:

Center on Child Wellbeing and Trauma: <https://childwellbeingandtrauma.org/learn-about-trauma/#:~:text=It's%20estimated%20that%2026%25%20of,before%20the%20age%20of%20four>.

Traumatic Events and Posttraumatic Stress in Childhood (JAMA Psychiatry): <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/482289>

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Centers for Disease Control and Prevention on Adverse Childhood Experiences: <https://www.cdc.gov/aces/about/index.html>