

Help is available for your child at the following community facilities or individual practitioners. You may need to call several facilities in order to determine the one that best meets your needs.

- Contact your child's School Counselor or School Psychologist
- Contact your Medical Doctor
- Contact your local Mental Health Center
- <http://dsamh.utah.gov/mental-health/>
- Local pastoral counseling centers
- Private mental health practitioners
  
- National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)
- 911
- Debi Lewis, USOE Suicide Prevention Specialist, 801-538-7828, [debra.lewis@schools.utah.gov](mailto:debra.lewis@schools.utah.gov)



Sources:

American Foundation for Suicide Prevention: <http://afsp Utah chapter.com/>

Centers for Disease Control and Prevention: <http://www.cdc.gov/>

Division of Substance Abuse and Mental Health: <http://www.dsamh.utah.gov/>



# Suicide Is Preventable



## Youth Suicide in Utah

The following statistics are for Utah youth ages 15-19 in 2011 (<http://www.cdc.gov/>).

- Suicide is the second leading cause of death for youth aged 15-19 in Utah.
- 19 students died by suicide in 2011.
- 43,550 (26.52%) of Utah students have felt sad or hopeless for an extended period of time.
- 23,000 (14%) of students in Utah seriously considered suicide.
- 19,720 (12%) of Utah students made a plan for suicide.
- 11,503 (7%) of Utah students attempted suicide.
- Over 300 youth received medical assistance for attempted suicide.

## Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” Warning signs may include the following:

- Changes in behavior, appearance, thoughts, and/or feelings.
- Sad, depressed, cranky, defiant/oppositional, “hate everything” attitude, “life is so unfair.”
- Talking about feeling hopeless or having no reason to live; saying “I’m not worth anything” or “I can’t do anything right.”
- Talking about feeling trapped or being

in unbearable pain; talking about being a burden to others.

- Sleeping too little or too much; no energy; overeating or not eating.
- Withdrawing or isolating himself/herself.
- Displaying extreme mood swings; showing rage or talking about seeking revenge.
- Repeated contact from school. Examples: Your child has missed 30 out of 36 days, is acting out in class or in the hallway, or is failing multiple classes.
- Trouble with the law; stealing, fighting, vandalism.
- Substance abuse; starting to use or increasing the use of alcohol or drugs.
- Suicidal threats in the form of direct or indirect statements.
- Looking for a way to kill himself/herself, such as searching online for ways to commit suicide or buy a gun.
- Suicide note and plans; writing very dark or sad things; preoccupation with death.
- Prior suicidal behavior and/or attempts.
- Making final arrangements (e.g., making funeral arrangements, writing a will, giving away prized possessions).

## SUICIDE IS PREVENTABLE

Here is what you can do:

- Talk to your child about suicide. Don’t be afraid; you will not be “putting ideas into their heads.”

- Ask for help. Asking for help is the skill that will best protect your child.
- Help your child to identify and connect to caring adults to talk to when he/she needs guidance and support.
- Know the warning signs of suicide.
- Remain calm. Establish a safe environment to talk about suicide.
- Listen without judging. Allow for the discussion of experiences, thoughts, and feelings.
- Be prepared for the expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified.
- Supervise constantly. Do not leave your child alone.
- Ask if your child has a plan to kill himself/herself, and if so, remove the means (guns, pills, rope, knives, etc.).
- Take action. It is crucial to get professional help for your child and the entire family.
- Help may be found at a suicide prevention center, local mental health agency, family service agency, hospital, or through your clergy.
- Become familiar with the support services at your child’s school. Contact the appropriate persons at the school—for example, school counselor, school psychologist, school nurse, or school social worker.