

# SUICIDE: SILENT EPIDEMIC

FOR SOME THIS COULD BE DIFFICULT TO HEAR  
AND THAT IS MORE REASON TO LISTEN!

---

KEEPING OUR STUDENT ATHLETES SAFE

SEE SOMETHING, SAY SOMETHING

# SUICIDAL TALKING POINTS

---

1. Statistics on Suicide
2. Warning Signs
3. Depression Statistics
4. Depression Awareness
5. Ways to approach a student who is suicidal
6. Myths of Suicide
7. Action Plan for coaches working with at risk students

# STATISTICS IN NEBRASKA

---

- Suicide is the **2<sup>nd</sup>** leading cause of death in girls and boys ages 12-18 (middle and high school ages in Nebraska).
- **Nationally, 36.7% of those with DEPRESSION is the leading cause of suicides**  
Multiple Depressive behavior that may signal risk, especially if related to a painful event, loss, or sudden change:

“Feeling of hopelessness and sadness for a constant period of two weeks or greater during the past twelve months (possibly beginning of **CLINICAL DEPRESSION**).”

“Every 7.60 days on an average, a young person (ages 10-24) is lost to this “Silent Epidemic” of suicide.

# WARNING SIGNS

---

- Bullying-Peer Relationship issues
- Physical/Emotional Abuse
- Breakup in a Relationship
- Family Dynamics-Separation and/or Divorce
- Sudden Change in Ones Life-Example is Changing Schools
- Overly Stressed with School, Sports, Social...
- Apathetic, “gives up in School, Sports, or other Interest
- Mood Swings
- Humiliation
- Shame-

## THREE OF FOUR MULTIPLE DEPRESSION BEHAVIORS THAT MAY SIGNAL RISK

---

- Suicidal Statements
- Suicidal Plan
- Suicide Attempts
- Increased Use of Alcohol or Drugs
- Hopelessness-Those Giving Up-Don't Trust Oneself-Loss of Confidence in Decision Making
- Feeling Trapped
- Unbearable Pain
- Loss of Energy- Apathy
- Somatic Complaints-Crying More Than the Norm-Sick-Excuse Making to Avoid Events
- Loss of interest-Withdrawing from Activities-i.e., Missing Practices and Games-Isolation
- Concentration Issues-\*School Performance Suddenly Drops
- **Searching Online for Suicidal methods**
- Sleep Disorder-Sleeping a lot and/or not Sleeping

# TYPES OF ATTEMPTS

---

- Ropes
- Guns
- Knives
- Medications
- Pillowcase (Marcus)
- Different forms of masking Suicide-Accidents such as: car, jumping, walking in front of a vehicle.

# HOW TO APPROACH A STUDENT-ATHLETE WHO MAY BE SUICIDAL

---

- Hey, I don't want to offend you, I'm not judging you, but I am concerned for you-I am not judging you.

## **Be ready to state your concerns, for example:**

- Your grades have taken a sudden drop
- Your actions/behaviors indicate that softball/baseball/basketball is no longer fun
- Your energy level appears low at weight training; You're sleeping in class; Stops caring about appearance; You isolate yourself from the team.
- **Are you hurting?**
- **Have you thought of a plan to hurt yourself?**

# MYTHS AND FACTS OF SUICIDE

---

- Talking about suicide with an adolescent will encourage the likelihood of youth suicide behavior occurring. **Fact:** Talking about suicide provides the opportunity for communication. However, it should be carefully managed.
- Most young people thinking about suicidal thoughts never seek or ask help with their problem. **Fact:** Evidence shows that they often tell their peers of their thoughts and plans.
- Those who talk about suicide are only doing it for “attention”. **Fact:** All suicide threats, attempts, and especially a plan must be treated as though the person has the intent to die.
- Those who threaten suicide are not “serious in their intent to engage in suicidal behavior. **Fact:** Take all statements serious.
- Telling a doctor that you are thinking of suicide. The doctor will then put you in the hospital. **Fact:** Doctors will not hospitalize a person unless they feel they are high-risk youth and refuses to not sign a **self-harm contract**.
- People who commit suicide were sure of wanting to kill themselves. **Fact:** No, most youth were feeling hopeless. They want to end the pain.
- Suicide is a selfish act? **Fact:** They may feel that they are a burden.
- Suicidal youth feel that they would be better off dead. **Fact:** They’re in unbelievable pain!



# ACTION PLAN FOR COACHES WORKING WITH AT RISK STUDENT-ATHLETES

---

- Do your best to relate not only to the out-going student-athletes but all student-athletes.
- Communicate with parent or significant person.
- Have a buddy system.
- **Follow-up** with parent or significant person. Studies show that staying in touch after a crisis or after a discharge from care can make a difference. Also, studies have shown the number of suicide deaths go down when someone follows-up with the at-risk person.
- Encourage them to seek professional services.
- “Student-athletes don’t care how much you know-they want to know how much you care.”
- Have this available: Boys Town National Hot-Line Number: 1-800-448-3000. In the last 20 years Boys Town survey indicated that they have saved over 10,000 lives!
- Billy Graham said, “Coaches have a greater impact on players than a lot of parents.”

# FIVE STEPS YOU CAN TAKE TO BE THE ONE TO HELP SOMEONE IN EMOTIONAL PAIN:

---

- **Ask:** Are you thinking about hurting yourself? It's not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts
- **KEEP THEM SAFE:** Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
- **BE THERE:** Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.
- **HELP THEM CONNECT:** **Save** the Boys Town National Hotline number (**1-800-448-3000**) in your phone so it is there to talk to a counselor.
- Connect them with a trusted individual like a family member, friend, spiritual advisor, and/or mental health professional.
- **STAY CONNECTED:** Studies indicates that staying in touch after a crisis or after a discharge from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follow-ups with the at-risk person