



Upcoming Event

2011 Suicide Prevention Conference

July 29, 2011

Doubletree Hotel Tulsa at Warren Place

Contact: 405-522-8300

Resources

- [CDC Injury Center: Youth Violence](#)
- [National Prevention Strategy: America's Plan for Better Health & Wellness](#)
- [Oklahoma Strategy for Suicide Prevention](#)
- [Oklahoma Youth Risk Behavior Survey \(YRBS\)](#)
- [Recommendations for Reporting on Suicide](#)
- [Suicide Prevention Action Network USA](#)
- [STRYVE—Striving to Reduce Youth Violence Everywhere](#)

Oklahoma Healthy Transition Initiative Sites

Cleveland County
Central Oklahoma Community Mental Health Center
Family Frontier System's of Care
405-573-3903

Tulsa County
Youth Services of Tulsa
918-582-0061

For newsletter questions, contact: lgoldberg@odmhsas.org

Recommendations for the Media on Reporting Suicide

INSTEAD OF THIS: ❌

- Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.
- Describing a suicide as inexplicable or "without warning."
- "John Doe left a suicide note saying..."
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as "successful," "unsuccessful" or a "failed attempt."

DO THIS: ✅

- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
- Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
- "A note from the deceased was found and is being reviewed by the medical examiner."
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as "died by suicide" or "completed" or "killed him/herself."

"The way media covers suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking."

Source: <http://www.afsp.org/files/Misc/recommendations.pdf>

ISSUE

02 Young Adults in Transition

June-July 2011

From the Oklahoma Healthy Transitions Initiative



Common Suicide Warning Signs

Talks about committing suicide

Withdrawal or isolation

Gives away prized possessions

Violent behavior

Consistent pattern of running away from home

Significant change in sleeping patterns

Loss of interest in recreational activities

Weepiness; abrupt or constant crying

Increases the use of alcohol or drugs

Suicide Rates Among Young Adults

Young adulthood is an often overlooked and challenging moment in a young person's life. In recent years, social scientists from numerous fields have argued that the transition to adulthood has become more complicated, multifaceted, and more extensive than ever before, so much so that they believe it is best understood as a distinct phase in the life.

But while scholars have learned a great deal about the various pathways and systemic forces that define this new young/emerging adulthood, there is much less known about how it is understood and experienced by young people actually living through the stage. What do transitioning young adults know and think about themselves?

For many young adults transitioning from youth and child serving systems, the process has a meaning of its own. This stage is particularly challenging for young adults transitioning from state programs such as: foster care, juvenile justice, or mandated services.

In addition, youth with mental health issues often struggle to develop a sense of autonomy, form mature relationships with parents and traditional peers, develop and sustain close relationships with friends, and learn skills necessary to cope emotionally, socially, and financially as an independent adult (Flanagan and Ruth 2006).

Oklahoma Department of Mental Health and Substance Abuse Services

What You Can Do

Be direct. Talk openly and matter-of-factly about suicide.

Be willing to listen.

Be non-judgmental.

Get involved.

Don't dare him or her to do it.

Don't act shocked.

Don't be sworn to secrecy.

Offer hope that alternatives are available.

Take action. Remove means, such as guns or stockpiled pills.

Get help from crisis intervention or suicide prevention agency.



National Disparities in Youth Suicide

Ethnic differences in youth/young adult suicide attempts and completions have been documented and study among researches for years.

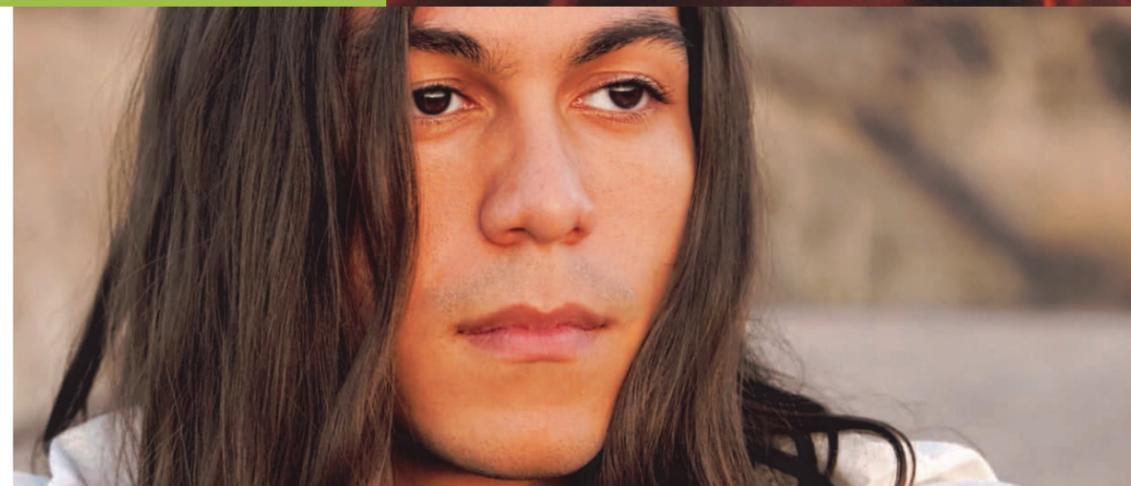
- American Indian/Alaska Native youth have the highest prevalence of suicide across all age groups. In this group, males have the higher prevalence.
- European-American youth have the next highest prevalence.
- African-American, Latino, and Asian-American/Pacific Islander youth have the third highest prevalence rate.
- With each successive attempt, the risk of completed suicide increases -- for male adolescents the risk is thirty times higher, whereas for female adolescents the risk is three times higher (Shaffer et al., 1996).
- Traumatic events that have occurred in childhood, such as physical and/or sexual abuse, neglect, separation and previous suicide attempts can increase the risk of suicide. These stressors often overwhelm the coping skills of the young person because of his/her inexperience with such life situations (Wagner, Cole, & Schwarzman, 1995).
- According to Otsuki, Kim, and Peterson (2010) youth and young people living below or at the poverty line may have an increase in suicide risk because of barriers to mental health and substance abuse services.

2009 Suicide Facts from OK YRBS Survey

Among Oklahoma public high school students:

- 28% felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.
- 15% seriously considered attempting suicide during the 12 months before the survey.
- 11% made a plan about how they would attempt suicide during the 12 months before the survey.
- 7% actually attempted suicide one or more times during the 12 months before the survey.
- 3% made a suicide attempt during the 12 months before the survey that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

Source: [Oklahoma State Health Department, 2009 YRBS Survey](#)



Oklahoma Statistics on Youth Suicide

- Suicide was the second leading cause of death for people 15-34 years of age.
- There were 339 deaths among youth ages 15 to 24 due to suicide in 1999-2003.
- Among persons 15-24, males were approximately 6 times more likely to commit suicide than females.
- Whites had the highest rate of suicide, followed by blacks and Native Americans.
- Firearms were the leading method of suicide, followed by hanging, and then drug overdose.

Source: [Oklahoma State Health Department, 2007](#)

This Month's Q&A Tips

Q: How do I find current statistics on fatal injuries, nonfatal injuries, and violent deaths?

A: The Centers for Disease Control and Prevention (CDC) has a interactive database system. This is a web-based Injury Statistics Query and

Reporting System (WISQARS). This database system uses *National Vital Statistics*

System and *National Electronic Injury Surveillance System—All Injury Program* data to create queries, reports, and maps.

This free resource is available at <http://www.cdc.gov/injury/wisqars/>



PROTECTIVE FACTORS

Intolerant attitude toward deviant behaviors

High IQ

High grade point average

Positive social orientation

Religiosity

Connectedness to family or adults outside the family

Frequent shared activities with parents

Involvement in social activities



Stay Informed

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