

Review from last week:

https://www.youtube.com/watch?v=UA8kZZS_bzc

jean twenge at TED

Discover

Defining Terms

Suicidal Behaviors—ideation (thinking about killing oneself), planning suicide, attempting suicide and suicide itself.

Per 100,000 WHO reported 10.4 deaths by suicide in 15-19 yr olds, 17.2 in 20-24 yr olds and 18.7 in 25-29 year olds. Averaged across age we see a steady increase from 2000 to 2016 in the US which is not the case in the UK and Canada.

(international chart)

The number of teenage girls who seriously considered suicide increased 34% and attempted 43% between 2009 and 2015. 46% more 15-19 year old committed suicide in 2017 than in 2007.

2nd leading cause of death in the ages of 5-24 year olds (car crashes are #1)

Looking at the stats for Male and Female which more females, especially teens reporting depression, why are there so many more Males? Males tends to use more violent methods for suicide then females, females are often found and revived or saved.

Non-Suicidal Self Injury (NSSI)—deliberate (often planned) injury to oneself in order to relieve stress, cope with emotional trauma or create a sense of relief.

(article from 2008) 14-15% of adolescents have engaged in self-injury at one time or another.

A recent article put rates as high at 60% for one incident and as high as 50% for repeats. There have not be many longitudinal studies done: one Australian one did see a drop off in adulthood. Peaking in mid-adolescence (15-16 yrs of age).

“Fadi Haddad, a psychiatrist at Bellevue Hospital in New York City, told Time Magazine, “Every single week we have a girl who comes to the ER after some social-medial rumor or incident has her upset.” Those ER visits are almost always caused by girls cutting themselves.”

A coping strategy: self-injury is not an attempt on one’s life however since it is rooted in depression the two are often closely tied and one can lead to the other.

An emotional ritual which allows the participants to release unwanted emotions or sometimes the participant feels that they cannot feel anything and so cuts or hurts themselves in order to feel “something”

An addiction, like any other addiction quitting takes time. Harming oneself often releases melatonin or serotonin or other endorphins which relax the brain. They override the painful emotions but also have the same effect as addictive drugs and in time cause maladaptive behaviors to grow into addictions. Studies on teens and children who use drugs at stressful times have indicated that parts of the brain that help adults to cope with stress have not developed.

What it's not:

A personality disorder, only those who have been physically or sexually abused, suicidal.

Why it's done:

It is a coping action, found most commonly in people with tendencies toward high anxiety or depression levels. Starting as early as 10 years of age often beginning with blunt objects or combs. The majority who report engaging in this activity are teens to early adults. Over time it develops into more extreme behaviors: cutting (often in easily coverable areas) and burning are the most common (tattooing and piercing are not USUALLY issues with self-injury).

NSSI primarily is a maladaptive stress coping strategy employed to help the participant to reach a level or “normalcy”. The pain or the release of the pain send out endorphins or serotonin which regulate the brain and eventually can lead to addictive behaviors where the act is revisited as the only way to cope.

Suicide primarily is seeking release from the stress or pain of life. It has five distinct levels of concern: passing thoughts, persistent thoughts, planning, acquiring means, acting.

Discern

Why is it happening?

Primary reason: people are stressed and are not capable of coping and so use maladaptive behaviors to cope.

Let's start with the brain: Hypothalamus Gland and the Prefrontal Cortex

The logical question: what do teens have to be stressed about?

- Top stressors:
death of a parent, divorce, separation, parent travels for work, parent remarries, parents reconcile, mother goes to work, school difficulties (academically not doing well), threats of violence at school.

Chap Clark: HURT 2.0

1. Pressure to Succeed

“the pressure to succeed, whether in the classroom, on the athletic field, or in another endeavor that creates a sense of worth and accomplishment, produces an elusive, never-quite-good-enough, feeling that students wear like a cloud.”

Our own students: band directors who want more students in district band this year, athletic directors who talk about numbers of games that must be won, teachers wanting test scores up, parents expecting higher grades, sports in general are no longer about fun or recreation but winning. Video games have ranking systems,

“we feel an incredible pressure to succeed in every area, or it will all fall apart.”—many of the students that I have worked with have a paralyzing fear of failure, unable to take risks or take initiative because they so deeply fear the social or actual punishment that will follow from failure.

Performance is not about accomplishment but how others will perceive them.

2. Pressure to maintain stability at home while remaining loyal and connected to peer groups

Fights with parents or disagreements, wanting parents to approve everything they do but also wanting them to keep their distance. Not knowing where things stand with the parent, being frustrated when a parent helicopters and overrides them solving problems while at the same time looking to the parent to be their hero in hard situations. While many recognize the paradox of all of this it is a high source of stress for teens.

3. Typical teenage (and adult) pressure associated with relationships

“The most delicate and yet easily disguised source of stress for midadolescents is keeping people happy.” While the typical teen pretends not to care, how others perceive them is their greatest source of stress and concern. They desperately want to be liked, affirmed and respected.

Imagine these stressors coupled with a brain that is not yet fully developed: and you have HIGH STRESS in a brain that has not yet learned how to deal with stress. Enter: maladaptive coping strategies.

WHO

Major risk factors for youth suicidal behaviours include being female, exposure to bullying and violence, alcohol and drug use, mental disorders and weak family and peer relationships.^{4,8,9} While much of this evidence comes from Europe and North America, recent research has expanded the knowledge of the determinants of youth suicidal behaviours in

several low- and middle-income countries. Many factors associated with youth suicidal behaviours in low- and middle-income countries overlap with established risk factors from high-income countries, including bullying,[10·11](#) physical and sexual abuse,[10·12·13](#) mental disorders and depressive symptoms,[10·13·16](#) substance use,[10·14](#) and weak family and social relationships.[14](#)

HOW DOES ANYONE FIGURE OUT TO DO THIS?

Is social media to blame?

#selfharmmm 2.06 M posts

#selfharm 644 K posts

#cutting 5.6 M posts—more than half are about fitness, cooking techniques or hair cuts

Regarding the worldwide spread of NSSI, internet use and especially the use of social media has been of increasing interest to researchers to understand dissemination of NSSI content. It has been shown that NSSI-related search terms were sought 42 million times per year on Google [\[31\]](#). The top 100 YouTube videos with an NSSI content were viewed over two million times, with 90% of non-character videos showing NSSI photographs and 28% of character videos showing NSSI action [\[32\]](#). In an analysis of the “Yahoo! Answers” database, it was shown that most questions related to NSSI (30.6%) were posted with the intent of seeking validation for NSSI [\[33\]](#), thus providing a possible explanation for the reasons of posting NSSI content. This notion is further supported by a recent study, stating that one third of youth (14 to 25 years) with a history of NSSI reported online help-seeking for NSSI [\[34\]](#). Therefore, the online activity regarding NSSI can be viewed as beneficial (e.g., decreasing social isolation, receiving encouragement for recovery, reducing urges to self-injure) or potentially harmful (e.g., triggering urges to self-injure, social reinforcement of NSSI) [\[35\]](#). Future research will have to explore which measures need to be taken in order to use the beneficial potential of online resources while restricting harmful consequences.

INSTAGRAM has a help page

Brain studies done on people who engage frequently in NSSI—nothing conclusive, but trends towards social exclusion, people who respond strongly to interpersonal stressors, they tend towards pain offset relief, removing of the physical pain cases a stronger release.

What does the bible say?

1 Kings 18-19

Jonah 4

Philippians 1

Do suicides go to hell?

Decide

What should I be looking out for in my friends, or children?

Depression, hopelessness, often teens will post on fake Instagram accounts or on meme-theme pages in order to hide their posts. More time alone, locked doors, unnecessary length of shirts or pants, t-shirts when swimming, etc. Unexplained injuries or bruises or burns. It often starts small: using a shaving razor to cut pimples or with small burns or bruising in more local areas.

Suicide factors:

- family history of suicide attempts
- exposure to violence
- impulsivity
- aggressive or disruptive behavior
- access to firearms
- bullying
- feelings of hopelessness or helplessness
- acute loss or rejection

When to help?

Immediately, Directly, Personally

Directly, the number one reason people don't get help is they say "no one asked." Just ask directly if something seems different, they may be offended, or they may come back and be honest.

- Are you feeling sad or depressed?
- Are you thinking about hurting or killing yourself?
- Have you ever thought about hurting or killing yourself?

Personally: by this I mean I am going to take action, If things are bad enough I am going to refer them to a professional or a help hotline but I am still going to follow up.

Promise to contact
(they will have someone to call when they have trouble)

Promise to connect (not being alone)

Professional Reference (a promise and check up to go see a professional)

Personally Monitored
(they are forced to not be alone)

Ongoing Professional Monitor (contact other professional or ER)

Passing Thoughts (I hope Jesus comes soon)

X

Dwelling Thoughts (ongoing things)	X	X			
Plans (to commit suicide)	X	X	X		
Means (acquiring the plans)	X	X	X	X	
Action (of any kind—even not serious)	X	X	X	X	X

What they need?

From a secular perspective:	From a Christian perspective:
<ul style="list-style-type: none"> • TO FEEL • An outlet • To feel valued • To have a REAL sense of control • Validity, support and autonomy • Help developing healthy coping strategies 	<ul style="list-style-type: none"> • to feel • to connect with God as primary outlet in prayer • To understand their identity and endless value in Christ • To believe in God's control • Validity, support and autonomy • Help developing healthy coping strategies