A GRASSROOTS PROGRAM FOR YOUTH SUICIDE PREVENTION

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ABSTRACT

Suicide is a major public health problem. It affects people of all ages. Youth, in particular, have a disturbingly high suicide rate. Suicide is the second leading cause of death for young people between the ages of 10 and 24 years and accounted for 5,178 deaths in this age group in 2012. The most common methods used in suicides are firearms (45%), suffocation (which may be in the form of hanging) (40%), and poisoning (8%). However, more young people survive suicide attempts than actually die from the attempt. A national survey of youth in both private and public schools, grades 9-12, found that 16% of students reported considering suicide. Thirteen percent reported having a plan for suicide, and 8% had a suicide attempt within the last 12 months preceding the survey. Suicide is not a comfortable topic. We have found that the more we talk about suicide, and research suicide, the more we can do to help prevent it. By opening up conversations about suicide, we aid in the prevention process and keep more of our young people alive.

INTRODUCTION

Suicide can be described as a major public health problem (1, 2). The “Stop Youth Suicide Campaign” is a grassroots program that began in October 2000 (3) as a campaign started by a coalition, which included thirty agencies in the Central Kentucky area (3). The coalition
included the Adolescent Medicine program at the University of Kentucky (leader of the coalition), the Coroner’s Office, the health department, several local media outlets, participants from the school system, parent groups and many others (3).

The goals of the program were: 1) To improve community awareness of the problem of youth suicide. 2) To assess the need in the community and basic knowledge on youth suicide. 3) To start a public education campaign targeting parents, teachers and everyone who has anything to do with teens. 4) To provide for improved education of medical care providers that deal with adolescents and to improve their knowledge and comfort level in screening and assessing for depression and suicide. 5) To provide around the clock, available help to any teenagers in the area who were suicidal or need help in that regard (3).

To accomplish these goals, the campaign started with a media press conference and an announcement by the mayor’s office in Lexington, KY which informed people in the local area about the program (3). The campaign then developed a website (www.stopyouthsuicide.com), which provides information on youth suicide, contact information for the campaign, and suicide hotline phone numbers (3). Anyone is able to contact the campaign in case help is needed (3). The campaign then produced a local video focusing on the stories of teenagers who had attempted suicide and survived, as well as the stories of their parents and peers (3). Experts in the video discussed understanding youth suicide and suicide prevention strategies (3).

**NEXT STEP**

The next step was to offer education to medical providers. This was done through numerous lectures and workshops. From October 2000 to December 2004, a total of 60 lectures and workshops and three full day conferences devoted to youth suicide prevention training to medical care providers of all levels (3).

The campaign has also participated in working with the state government and local agencies to build and establish a statewide youth suicide prevention program (3). In addition, the Stop Youth Suicide Campaign has participated in church and school activities in multiple visits to all area middle and high schools (3). Stop Youth Suicide continues this high level of commitment of providing education and awareness of prevention strategies to youth, parents, schools, community leaders, and the community at large.

**ANNUAL CONFERENCE**

The Stop Youth Suicide campaign and the Division of Adolescent Medicine at the University of Kentucky annually host a day-long conference called “Stop Youth Suicide.” The conference is open to the community as are all Stop Youth Suicide events. Conference attendees have included teens, parents, medical providers, mental health providers, religious leaders, teachers, and school guidance counselors. The conference is held in Lexington, Kentucky. During the morning of the conference, Stop Youth Suicide Founder, Hatim A Omar, MD typically gives an opening session describing youth suicide statistics and what we can do to aid in prevention. Following are various speakers on other topics of great
importance to youth including public health topics, and information about adolescent growth and development. The highlight for many who attend the conference is a teen panel which typically consists of 8-10 teens. The teens on the panel help the audience to see the world from their perspective and often have stories to share about challenges they have faced. The afternoon of the conference consists of various breakout sessions. Topics are all teen-relevant and include: substance abuse, eating disorders, cyberbullying, ADHD, ethical issues, and sexual abuse. At the end of the conference day, participants are encouraged to complete an evaluation form.

In 2014 an event specifically geared toward teens on the Thursday night before the Friday day-long conference was an exciting addition to the schedule. Approximately 40-50 teens as well as a handful of adults attended the event. The opening speaker was Doug Wain, founder of Youth Alert, a grassroots Violence Prevention program. According to a survey administered following this presentation, 100% of the audience surveyed said they agreed with the presentation (4). Eighty-three percent of the audience surveyed thought this one-hour condensed presentation would help stop someone from doing violence even if just a little (4).

Jenna Day, Miss Kentucky 2013 was the second speaker. She gave an inspiring talk on self-image. She emphasized that we are more than what we look like on the outside and that we should not be hampered by the judgments of others. The final session of the evening was a panel which included two mental health professionals and Jenna Day. They passed on advice to the audience including not to “sweat the small things.” The setting was in a formal hotel conference room with dinner provided for all who attended. Concurrently, a session about the human papillomavirus was available for interested parents and adults. Multiple experts in the field were present at this well-received information session which also included dinner.

In addition, feedback from the annual Stop Youth Suicide Conference has been very positive (5). On the 2013 conference evaluation form, participants were asked about the most valuable aspects of the conference. A large number of participants found the teen panel to be the most valuable aspect of the conference (5). The teens always provide insightful and enlightening answers to audience questions that aide in understanding of life through a teen’s eyes in the current world. Other comments included “nice range of presentations and workshops” and “obvious caring attitude of speakers, organizers, and attendees” (5). A number of participants commented on Dr. Omar’s overview of teens and suicide, that it was the most valuable aspect of the conference (5). One participant commented, “I was startled by the suicide statistics! I think most of the audience was! Hearing from the youth themselves was great!” (5). While this is a sample of comments from one Stop Youth Suicide campaign event, these comments are similar to the evaluations the campaign's numerous events.

**SPREAD LOVE**

Another event that the Stop Youth Suicide campaign hosts is the Spread the Love-a-thon. February 2015 marked the 6th annual Spread the Love-a-thon event. The founder of this event is Leslie Aslam, MD who is currently a triple board resident at the University of Kentucky. The event is held immediately prior to Valentine’s Day. High school students from Fayette County as well as surrounding counties attend the event. During the Spread the Love-a-thon, students learn several facts about suicide. They then reach out to others via phone
calls, texts, emails, social media, or in person to make “life lines.” When they make a life line, they must tell the other person a few facts about suicide and give them three genuine complements. The atmosphere is very festive with Valentine’s decorations and donated pizza. The most recent event, in 2015, was the largest event since the Spread the Love-a-thon’s inception, with 165 teens attending. The teens sent out a total of 5,386 life lines. Many teens commented on how positive it was to hear the responses they got from those they reached out. The teens also report feeling good about reaching out to so many others in such a positive way.

MAKING A DIFFERENCE

The Stop Youth Suicide campaign currently meets monthly at a local mental health treatment facility. The board consists of mental health and medical providers as well as other interested individuals in the community. The campaign is non-profit and truly has the goal of increasing awareness about suicide and suicide prevention. The campaign continues to work toward this goal.

There is evidence that the Stop Youth Suicide campaign is making a difference. Overall, the known impact of the Stop Youth Suicide campaign since its inception on October 13, 2000 is that fourteen adolescent lives have been documented as saved through Stop Youth Suicide (6). The Stop Youth Suicide website (www.stopyouthsuicide.com) has received over 1000 emails and thousands of phone calls (6). Additional evidence of the impact of the Stop Youth Suicide campaign, along with other prevention programs in Kentucky, is in the improvement in suicide-related risk behaviors as evaluated by the Youth Risk Behavior Survey. A comparison of the survey in 2011 to 2013 reveals that attempted suicide was significantly lower for Kentucky high school students in 2013 (2.9%) compared to 2011(4.6%) (7, 8). Also, when comparing Kentucky to the United States in 2013, Kentucky high school students reported they were less likely than United States students to feel sad or hopeless (25.7% in Kentucky vs. 29.9% in United States) (8). Of course, there are a number of factors that these positive changes may be attributed to. In 2010, Kentucky’s governor signed Senate Bill 65 and House Bill 51 to mandate suicide prevention training for Kentucky’s high school students and staff. This was done in response to suicide being the leading cause of death among Kentuckians ages 15 to 19 years old.

Clearly, suicide is a major public health concern. However, it is exciting that there are substantial efforts to reduce and prevent suicide as it affects so many precious lives and families. In conclusion, because one individual may impact an unknown number of lives, the true positive impact of the Stop Youth Suicide campaign may never be known.

REFERENCES


