

It's Everybody's Business

How Reno Is Helping Prevent Suicide



A special advertising supplement

NEVADA AND SUICIDE

#6

Nevada has the 6th highest suicide rate in the nation.

65+

Nevada seniors over 65 have the second highest suicide rate in the country, almost double the national average for the same age group.

MORE NEVADANS DIE BY SUICIDE

than by homicide, HIV/AIDS or automobile accidents.

Suicide is the second leading cause of death for our youth, age 15-24.



15-24

24%

VETERANS

comprise an estimated 24% of all completed suicides in Nevada.

Female Nevada veterans are **3 TIMES MORE LIKELY** to die by suicide than the general Nevada female population.



SOURCE: WISQARS 2013 fatal injury data

Reno Is Starting a Conversation About Suicide Prevention

Educators, parents and health care workers addressing mental health issues in the community

BY BETHANY HOPKINS

If there is one thing health care professionals wish people knew about depression, it's that no one has to struggle with it alone.

"If you don't tell us, we don't know," says Dr. Eithne-Marie Barton of the Community Health Alliance (CHA). "It's OK to talk about it."

Suicide is not always an easy subject to discuss. But in the Reno area, doctors, counselors, educators and community partners are finding ways to get the community talking about it — in schools, college campuses and doctor's offices.

The more we talk about suicide and mental health, the more awareness there is of what to do when we see the signs, in others or ourselves. Knowledge can lead to action, and many organizations in the Reno area have implemented programs that are making strides in preventing suicide.

The first step is recognizing the warning signs of suicide risk (see page 5). That's why Washoe County School District screens students starting in middle school. In partnership with The Children's Cabinet, their Signs of Suicide program identifies at-risk students.

"A universal mental health screener is a way that parents can receive information on the mental health of their child," says Katherine Loudon, the district's director of counseling. Children's "mental hygiene" is as important as dental hygiene, she adds.

District teachers are also trained in suicide prevention, as oftentimes they are the first to notice students who need intervention. Teen students are taught to respond to the signs with the ACT technique: acknowledge there is a problem, let the person know you care, and tell a trusted adult. Thanks to this training, Loudon says, "there are lots of success stories."

At the University of Nevada, Reno, Licensed Clinical Psychologist Jacqueline Pistorello is working to erase the stigma of mental illness for college students.

"Having thoughts about wanting to die is not actually that uncommon," Pistorello says. But when a person starts making specific plans, the risk becomes greater.

Listening to a person who expresses suicidal thoughts is key, she adds. Don't dismiss them, but don't start problem solving either.

Many experts recognize that faith can improve mental health, and Reno-area religious organizations are ready to help.

"For many years, faith partners have played an integral part within their communities helping with health and social problems, including suicide," says Gwen Taylor, executive director of The Northern Nevada Faith Based Coalition for Healthy Families (NNFBCFHF), which connects residents to faith-based organizations in their community, depending on religious preference.

"Having an entry point for that conversation is crucial. A lot of times it's hidden until it's too late."

Dr. Eithne-Marie Barton
Community Health Alliance

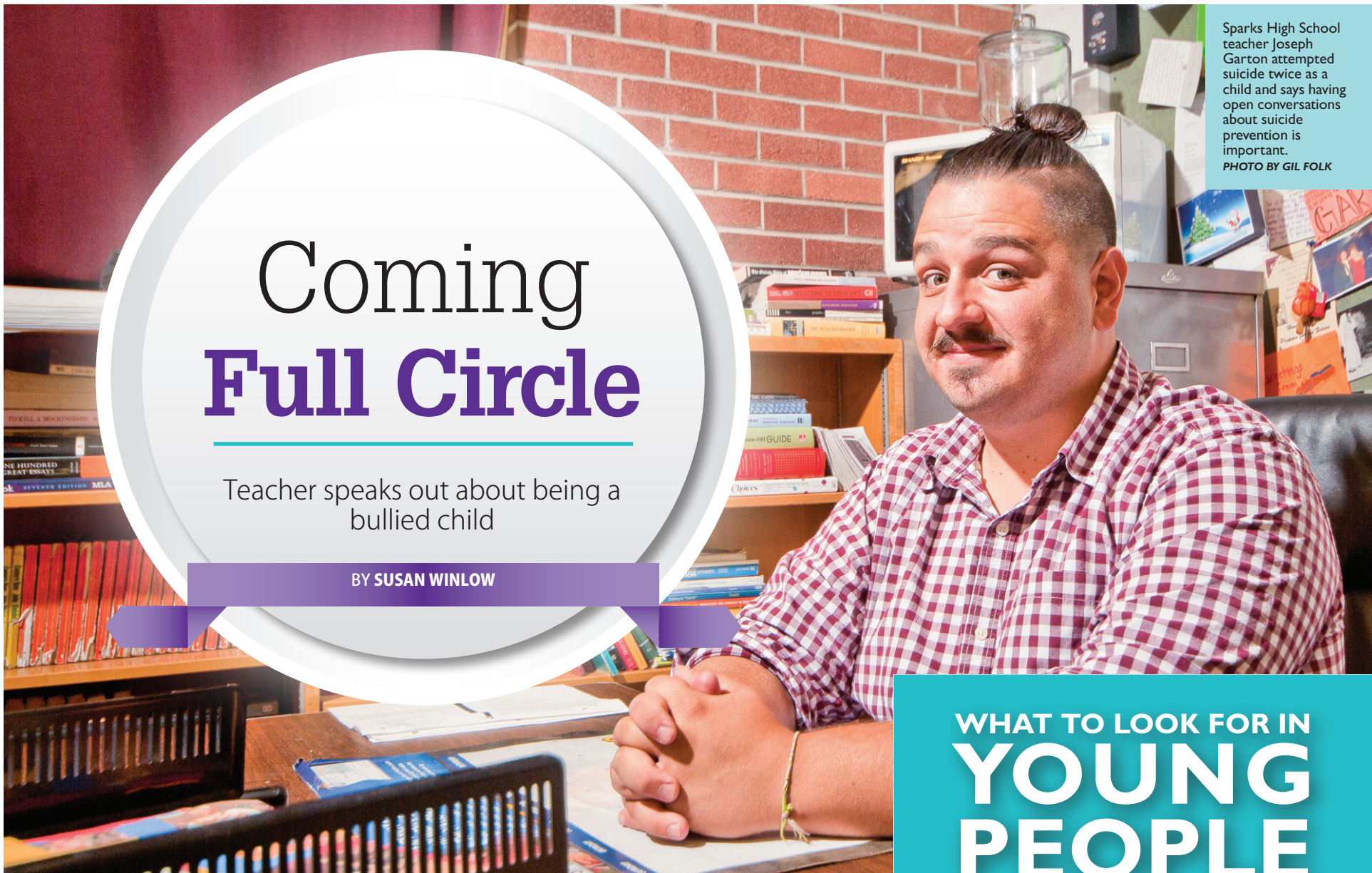


In the medical realm, doctors work to catch signs of depression when patients come in for routine visits. That's part of Barton's job at CHA, which serves low-income and underinsured patients.

"As a primary care physician, you're sort of the first line. You're helping to identify when a patient is in crisis," she says. Barton finds that patients will often share more on a written form than they will say aloud.

"Having an entry point for that conversation is crucial," she explains. "A lot of times it's hidden until it's too late."

Talking about it is the key. Suicide is everybody's business, and everyone can be part of the solution.



Sparks High School teacher Joseph Garton attempted suicide twice as a child and says having open conversations about suicide prevention is important.
PHOTO BY GIL FOLK

Coming Full Circle

Teacher speaks out about being a bullied child

BY SUSAN WINLOW

WHAT TO LOOK FOR IN YOUNG PEOPLE

Half of adult mental disorders begin by age 14. Here are factors that increase the risk for mental illness as well as behaviors to look for.

RISK FACTORS

Familial: If others in the family have a mental illness, the child might as well

Trauma: Perceived trauma from the child's point of view such as divorce, death, injury, or something seen (such as a vehicle accident)

Abuse: Physical abuse, sexual abuse, neglect

Exposure to drugs/alcohol: Mother used prenatally, watching parents

Exposure to unhealthy relationships: Witnessing domestic violence

Parentification of children: Exposing children to adult issues such as using child as an adult confidant

BEHAVIORS

- Changes in attitude, behavior, shutting out parents
- Drastic changes in routine
- Lack of interest in activities previously enjoyed
- Loss of appetite
- Anger outburst, emotional swings
- Not paying attention, not focusing in school
- Falling grades
- Hostility toward others

WHAT TO DO

Tell someone. Parents should talk to their health care provider or school counselor. Asking for help is always the right thing to do.

Joseph Garton first attempted suicide when he was just 8 years old.

Taunted, teased and bullied as a child for being overweight and “different,” he says he was curious if he could do it and how it would feel.

“I remember my mom . . . picking me up and putting me back in bed,” says the now 29-year-old English teacher at Sparks High School of that cry in the night many years ago.

After that first attempt, no one talked about it again, Garton says.

These days Garton is open about his childhood trauma with his students because he says the dialogue is important. He also says that once the door to suicide is open, it doesn't close. But through therapy he's learned the life skills to make it a non-option.

“Once you've been dealt a suicide card, that card never goes away,” he says. “Whenever I'm faced with a hard decision or in a stressful situation, that card is there. What I've learned through therapy and support is how to turn that card around.”

But before he got to that point — with the bullying having escalated in middle school — Garton planned another suicide attempt at age 12 when a group of students beat him up after cutting a hole in the bottom of his backpack.

“That was the day I decided it wasn't worth it,” he says.

His parents thwarted his meticulous plan after they found his suicide note before he could complete the act, he says.

Garton's internal anguish was now out in the open. His parents took him to a psychologist who diagnosed him with clinical depression. Garton says this was the first time he felt safe talking to someone.

He called the process of removing himself from rock bottom a day-to-day venture of learning to forgive and focusing on the positive. He spent two years in therapy learning to cope and manage, but says it's still a work in progress.

“What I've learned through therapy and support is how to turn that [suicide] card around.”

Joseph Garton
Teacher, Sparks High School

He began to “find himself” at Sparks High School as a student. Now as a teacher at the same high school, he wants to see that dialogue about suicide and its prevention out in the open instead of swept away.

“It's had to almost, on some level, become an epidemic before we were willing to actually discuss it and have open conversations about suicide and suicide prevention,” he says.



MENTAL HEALTH — 101 —

Mental health experts Lynn Carver, LCSW and Dr. Duane Runyan of Willow Springs Center share how mental health impacts our lives



Lynn Carver



Dr. Duane Runyan

Q: What is mental health?

A: Mental health is measured by a person's ability to meet role obligations for work, family and community. The inability to do this may be a result of mental illness, a medical condition that affects a person's thinking, feeling, mood and ability to relate to others.

Q: Who can be affected by mental illness?

A: Mental illness affects people of all ages, ethnicities and income levels — anyone can be impacted. About one in four adults has a diagnosable mental illness at any given time. We know that heredity often plays a part and can predispose us to developing a mental illness. Environmental factors like abuse, neglect or traumatic experiences can also contribute to developing a mental illness, as can chronic stress and loss.

Q: How do people know when to seek help for themselves or loved ones?

A: Some symptoms include: inability to meet, or lack of interest in, role responsibilities (work/school/family); changes to appetite/sleep patterns; sudden weight changes; odd

behavior patterns; avoidance or lack of interest/enjoyment in previously enjoyed activities; hopelessness; self-harm; increase in any risky behavior; increase in alcohol use; drug use; mood changes that last more than two weeks.

Q: What positive actions can improve mental health?

A: A thorough evaluation by a mental health professional can help determine what specific steps are necessary to improve mental wellness. In addition to professional assistance, positive coping strategies, like exercise or participating in faith-based activities, can be helpful. Positive social interactions with supportive peers and adults (e.g. parent, uncle, teacher or coach) promote well-being, also.

Q: How can we end stigma surrounding mental health issues?

A: Knowledge is key to erasing stigma. With mental illness, we tend to define people by one aspect of their health history and label them as "mentally ill" (if we are being nice). If we're not being nice, we call them crazy or other derogatory terms. People with mental illness are people first, with the same basic human needs, wants, fears, aspirations and worth as anyone else.

DEVELOPING RESILIENCY

Tips for parents BY MICHELLE CARL

How a child responds to losing the softball championship or preparing to take the behind-the-wheel driver's test is all about resiliency — the ability to overcome challenges.

"Everybody has stress in their life, and not all stress is bad. We can have positive responses to stress," says Marty Elquist, program director for Supporting Early Education and Development (SEED) at The Children's Cabinet, which provides support to parents and professionals in all areas of child development. "But for children that don't have the support and a positive foundation for social-emotional development on an ongoing

basis, they are less likely to develop resilience."

Elquist says the goal in developing resiliency is for the child's positive experiences to balance the negatives ones, like a see-saw at the playground. Children who are resilient can regulate their own behavior, meaning they use their own toolbox of skills (such as self-control, planning and coping) to deal with challenges. This ability can help protect children from being vulnerable to suicide.

Elquist says there are several things that can build resiliency in children, including:

Supportive relationships: The most important factor in developing resiliency is

having positive adult-child relationships. Even one person (a mom, dad, aunt, grandpa or coach) who provides a stable connection and responds to the child's needs can make a difference.

Developing competency: This is the child's belief that he can accomplish tasks and reach goals. To do this, focus on the strengths of the child ("You put your clothes on all by yourself") instead of focusing on what he does incorrectly ("Your shirt is on backwards"). Praise honestly and be specific.

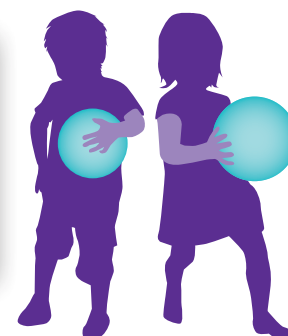
Giving them control: Letting your child choose the vegetable for dinner helps

him understand his choices have value and results. Point out the results of your child's choices ("You shared your toy with Joey, and now he's happy") to help connect the dots. Putting the child in control also means giving him space to make mistakes, which is another opportunity to build resiliency ("What can we try differently next time?").

Celebrating faith and culture: When your child sees his community, faith and culture represented in positive ways, that builds positive identity. A child can also draw on these sources for support when times get tough.



Marty Elquist



Suicide Is Preventable. How You Can Get Involved

Marlyn Scholl, a licensed clinical social worker and suicide behavior specialist with the Reno Department of Veterans Affairs, says that while there are many risk factors, there is no predetermined profile of what a suicidal person looks like. Even if someone has all of the risk factors, it doesn't mean he or she is at risk. Conversely, that person could have none of the risk factors and be contemplating suicide.

"Any one of us could be vulnerable to those risks at some point in our lives," Scholl says. "The best thing you can do is just be alert of the risk factors and warning signs, and be willing to get involved. That's the only way to know for sure."

Warning signs of suicide:

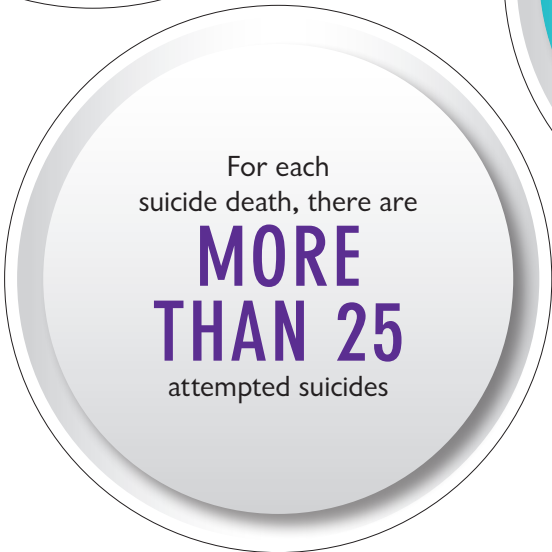
- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or reckless
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but don't necessarily mean a person is considering suicide.

What to do:

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional



TALKING CAN SAVE A LIFE

If you are concerned about someone, talk to them in private. Listen to their story and let them know that you care about them. It might be uncomfortable, but you could save a life. Having a conversation will allow you to understand if the person is in immediate need and open the door to him or her getting help.



Stephanie Brown

Stephanie Brown is a board member of the Nevada Chapter of the American Foundation for Suicide Prevention, which provides educational tools on its website to increase public and professional awareness of suicide as a public health problem.

"Discussing suicide will open up the conversation and provide important information, such as access to lethal means, intent and whether or not that person has a plan," Brown says. "These are serious indicators that someone is in need of immediate treatment. The more direct the inquiry, the better. Listening, caring and getting that person to a mental health provider are key."

How to have a conversation about suicide:

- Be direct. Ask, "Are you thinking about killing yourself?"
- Assess lethal means. Does the person have access to weapons or prescription medication? If so, ask them if you can take it with you for safekeeping.
- Talking about suicide will not introduce the idea to the person in need. The most effective way to prevent suicide is to ask someone if they are thinking about taking their own life.
- Refrain from criticism or judgment. The most important thing you can do is listen to the person so they open up.
- Do not put yourself in danger. If you are worried about your safety, dial 911.

For more information on how to get the conversation started, visit www.afsp.org/preventing-suicide/talk-saves-lives.



Colleges use painting, puzzles, and other stress-reducing activities to educate students about their counseling services and destigmatize seeking help.
PHOTO BY GIL FOLK

WHY COLLEGE STUDENTS STRUGGLE

- **New environment:** College is radically different from high school and this is the first time many students have been away from home for an extended period.
- **Loss of social structure:** Some students are thousands of miles away from the family and friends they rely on for support.
- **Academic pressures:** The premium placed on good grades can make students feel inadequate if they perform poorly in their studies, especially among older students who return to college and already feel a bit out-of-place among the traditionally aged students.
- **Drugs and alcohol:** Away from their parents, many students face strong temptation to use, potentially leading to self-medication and addiction.
- **Unwillingness to share emotions:** The idea that college is supposed to be “the best time of your life” can make students reluctant to admit any negative thoughts, which if suppressed, can lead to depression and suicidal thinking.

Making Mental Health Services Less Scary

Innovative tactics seek to raise awareness and lower stigma on college campuses

BY JOHN FLYNN

Board games, puzzles, LEGOs and paint are the newest tools to prevent suicide. The University of Nevada, Reno, and Truckee Meadows Community College have made these activities part of their programming to destigmatize mental health counseling and make students more comfortable with speaking about troubling emotions.

“In our society there’s this idea that we can’t ask for help,” says Erin Frock, a counselor at TMCC. “So by being more active in the community we’re kind of taking away that stigma. We want students to see us as part of the campus.”

TMCC sets up wellness workshops in the middle of their student center, offering activities that reduce stress and build self-esteem. In a similar way, UNR’s Take 5 program includes individual consultations, workshops and stress-relief activities, made possible through a grant from the Berger North Foundation.

What do activities and games have to do with suicide prevention? The hope is that these low-pressure encounters with college mental health counselors will make students aware of

the university’s psychological services and more comfortable using them, says UNR’s Director of Counseling Services Dr. Cindy Marczynski.

“We think if we can get them to come in, we’ll be able to prevent suicides.”

Dr. Cindy Marczynski
University of Nevada, Reno

“Students will be more likely to use us because they’ve seen us, and they feel like we’re comfortable people who do other things besides just sitting there and scrutinizing them,” she says. UNR Counseling Services offers psychological services free of charge to UNR students.

During the transition to college, students lose their former social support, handle increased responsibility, and face greater temptation to use drugs or alcohol. At TMCC, Frock says many students who enter college later in life are

prone to insecurities about belonging on campus. Because of these difficulties, campus counselors do plenty of outreach so whenever students feel lost, they know there is somewhere to turn.

“Anytime that you can insert hope into that dark path that suicide can take you on, there’s a chance,” Frock says. “No one really wants to die. They just want that emotional pain to go away and they don’t know any other way.”

Being able to talk through the situations that generate despair can instill hope and improve the ability to see more positive paths for life ahead.

“Nationwide, as well as on this campus, very few suicides happen to students who are in counseling,” Dr. Marczynski says. “So we think if we can get them to come in, we’ll be able to prevent suicides.”

Both college officials agree that the more comfortable students become with mental health services, the more likely they are to turn to counseling when they feel desperate and hopeless. And that will reduce suicides.

“If we take away the scariness, [we can] face it head on for what it is,” Frock says.

Anyone Can Help Save a Life

Mother says training can help raise awareness of suicide

BY AMANDA CARAWAY

After both her sons attempted suicide, Terri-Ann Parsons began looking for resources to help her identify the signs of internal struggle and better communicate with her children.

"The suicide attempts were a painful cry for help," Parsons says. "They didn't know what to do or who to talk to, and their lives felt way out of control. I had to help my boys understand that it isn't shameful to ask for help."

Parsons discovered the Applied Suicide Intervention Skills Training (ASIST) through the "Safe Talk" program at Truckee Meadows Community College. In the ASIST workshop, she and other participants discussed the unfair stigma surrounding suicide and learned how to talk to people who are considering suicide.

"Kids who live in good homes attempt suicide, too," Parsons says. "Anyone can feel overwhelmed and it's not necessarily the fault of the parent."

ASIST helped Parsons learn to get past the awkwardness of having that conversation and the fear of asking tough questions. She also learned what red flags to watch for and what statements could mean someone is considering suicide.

"Even if someone says something as simple as 'I am tired of this' or 'I want

this over,' you need to ask what they mean," she says.

Because of ASIST, Parsons is more willing to have difficult conversations with her children. She immediately asks what's going on if she sees anything out of the ordinary.

"Before, I might have just thought they were rebelling or sulking like teenagers do," Parsons says. "Now I ask what's going on."

Parsons' shared the information from the workshop with her other children and let them know it's normal to have suicidal thoughts. Now she feels confident her kids will talk to her and won't be afraid to tell her if they are thinking about suicide.

Today, both of her sons are doing well. Because of how much this program helped her family, Parsons decided to do the five-day program to become a trainer and help Truckee Meadows Community College offer even more ASIST workshops.

"I want to help alleviate the stigma attached to suicide by sharing my story with other parents," Parsons says. "I hope to see the topic of suicide become less taboo so we can have open discussions and help those in need."

"I want to help alleviate the stigma attached to suicide by sharing my story with other parents."

Terri-Ann Parsons
ASIST trainer



Terri-Ann Parsons turned to Applied Suicide Intervention Skills Training (ASIST) to help her deal with the suicide attempts of her two sons.

PHOTO BY ERIC MARKS

ASIST EMPOWERING PEOPLE TO TURN TOWARD LIFE

Anyone can gain the knowledge to help save a life. The Nevada Office of Suicide Prevention and Nevada Coalition for Suicide Prevention work together with Truckee Meadows Community College to offer Applied Suicide Intervention Skills Training (ASIST) in the community on a regular basis.

The purpose of the ASIST program is to help eliminate the stigma attached to suicide and educate people on how to prevent the immediate risk of suicide. Different levels of training are available and options include hour-long workshops, two-day workshops and the five-day intensive trainer sessions.

Those who attend learn to recognize help-seeking behaviors and how to provide life-saving actions until professional help is obtained. Participants learn to overcome the fear of starting a conversation about suicide by gaining the necessary tools and having a safe environment in which to practice. Everyone is welcome to participate. Continuing Education Units are available for certain Nevada boards. The cost varies, but scholarships are available from TMCC in partnership with the Garrett Lee Smith Grant from SAMHSA. **For additional information, call the Nevada Office of Suicide Prevention at 775-687-0856.**

Take Action

Suicide prevention is everybody's business. It doesn't impact one person's life — it impacts us all. Have the courage to take action!



HOTLINES

If someone is in risk of hurting themselves or others: 911

National Suicide Prevention Lifeline: 1-800-273-TALK (8255) - press 1 for veterans

Crisis Call Center: 775-784-8090 or text "LISTEN" to 839863

RESOURCES AND PARTNERS

This publication was produced in collaboration with:

VETERANS/MILITARY

Veterans Crisis Line: Available to veterans, active-duty military, and their family and friends who are in crisis. Call 1-800-273-8255 and press 1, chat online at veteranscrisisline.net, or send a text message to 838255.

Veterans Administration - Reno: Provides primary and secondary care to a large geographical area that includes 20 counties in northern Nevada and northeastern California. Call 775-786-7200 or visit www.reno.va.gov.

LGBTQ+

The Trevor Project: A judgement-free place to call, chat or text to find support for LGBTQ+ youth and allies. Call 866-488-7386 or visit thetrevorproject.org

SUICIDE PREVENTION

Nevada Office of Suicide Prevention: Exists to reduce the rates of suicide and suicidal acts in Nevada through statewide collaborative efforts to develop, implement and evaluate a state strategy that advances the goals and objectives of the National Strategy for Suicide Prevention. Call 775-687-0856 or visit suicideprevention.nv.gov.

Nevada Coalition of Suicide Prevention: Dedicated to partnering and collaborating with local and state individuals and organizations for the development and implementation of evidence-based suicide prevention, intervention, and postvention strategies and programs in the State of Nevada. Visit nvsuicideprevention.org.

NATIVE AMERICAN

Nevada Urban Indians: Promotes American Indian/Alaskan Native's culture, health and well-being. Call 775-788-7600 or visit nevadaurbanindians.org.

HEALTH CARE

Willow Springs Outpatient Center: Offers an array of services for adolescents and their families, including psychiatric evaluations, maintenance support and medication management, individual and family psychotherapy, Intensive Outpatient Program and In-home Psychosocial Rehabilitation (PSR). Call 800-448-9454 or visit willowspringscenter.com.

West Hills Hospital: Offers inpatient crisis stabilization and intensive outpatient treatment for mental health, substance abuse and co-occurring treatment. Call 775-323-0478 or visit westhillshospital.net.

Northern Nevada HOPES: A community health center in Reno that provides integrated medical and wellness services to the insured and uninsured in our community. Welcomes all individuals, wherever they are in life, and provides a safe and accepting place to access affordable, high-quality health care services. Call 775-786-4673 or visit nnhopes.org.

Community Health Alliance: Provides an extensive range of health care screening and prevention services, comprehensive primary care for all ages, pharmacy, dental services (preventive and treatment), management of chronic diseases, episodic illness care, outreach to and services for homeless individuals and families, and behavioral health care. Call 775-329-6300 or visit chanevada.org.

FAITH-BASED

The Northern Nevada Faith Based Coalition for Healthy Families: Connects people in distress to clergy or a religious leader and provides referrals and resources for all faiths and denominations. Call 775-786-5886.

COLLEGE

Truckee Meadows Community College: Counseling Center has trained and skilled counselors with whom you can discuss your concerns, questions and feelings in a comfortable and trusting environment. Call 775-673-7060 or visit tmcc.edu/counseling.

University of Nevada, Reno: Counseling Services help support and facilitate students' personal and academic success and development. Call 775-784-4648 or visit unr.edu/counseling.

CHILDREN/SCHOOLS

The Children's Cabinet: Exists to keep children safe and families together by providing services and resources to meet fundamental development, care, and learning needs. Call 775-856-6200 or visit childrenscabinet.org.

Washoe County School District: Provides support, referrals, resources and interventions to ensure that all students in the district remain on the pathway to graduation, college and highly-skilled careers. Call 775-348-0200 or visit washoeschools.net.

AYUDA EN ESPAÑOL

Red Nacional de Prevención del Suicidio: Cuando usted llama al numero 1-888-628-9454, le podrán dar información sobre recursos o servicios existentes en su comunidad que podrán prestarle ayuda después de la llamada.

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