# 205-the-myths-and-reality-of-preventing-youth-suicide

■ Mon, Oct 03, 2022 11:56AM ■ 31:09

#### **SUMMARY KEYWORDS**

people, suicide, young, suicidality, jed, suicide attempts, brady, firearms, talk, develop, experiencing, podcast, access, thinking, pandemic, adults, crisis, suicidal thoughts, suicide rates, services

#### **SPEAKERS**

Dr. Laura Erickson-Schroth, JJ Janflone, Kelly Sampson



#### JJ Janflone 00:09

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Everybody, welcome back to another episode of Red, Blue, and Brady. I'm one of your hosts JJ.

Kelly Sampson 00:43
And I'm your other host, Kelly.



And today we're here with our final episode for Suicide Prevention Month. Although of course, Red, Blue, and Brady will continue to address unfortunately, the topics of suicidality and firearm suicide as this continues to be a massive issue facing the United States.

Kelly Sampson 01:01

Yeah, and I think one of the things you'll learn from this episode is that talking about it actually has a big impact in and of itself.



Oh, that point was made I think phenomenally by our guest today. Dr. Laura Erickson-Shcroff of The Jed Foundation, an organization entirely devoted to addressing mental health and suicidality amongst our nation's children and teens.

Dr. Laura Erickson-Schroth 01:25

My name is Dr. Laura Erickson-Schroth. I'm a psychiatrist and the Chief Medical Officer at The Jed Foundation, which is a national nonprofit that protects emotional health and prevent suicide in teens and young adults. I work clinically at Hetrick-Martin Institute for LGBTQ youth, and I also worked during the pandemic in psychiatric emergency rooms in New York City.

JJ Janflone 01:49

Well, that's a whole podcast to dig into.

Dr. Laura Erickson-Schroth 01:52 Yes, it is.

JJ Janflone 01:54

I think though, since we're digging directly into the work that you and Jed do today, I wonder, can we just start with you letting our listeners now a little bit about Jed?

Dr. Laura Erickson-Schroth 02:02

So Jed was founded by a couple, Phil and Donna Satow, who lost their son, whose name was Jed, to suicide while he was in college. So they started the organization initially to help other parents and schools to navigate mental health and suicide prevention on campuses. And so our flagship program is Jed Campus, where we have been going in to colleges with a four year program, where we assess and then help them to strengthen their mental health and suicide prevention programs on campus. And we also recently a couple of years ago, started working with high schools.

Kelly Sampson 02:45

Amazing. And I'm wondering if you could talk a little bit about what are the issues that young people are dealing with when it comes to mental health? And what are adults getting wrong about young people's mental health?

#### Dr. Laura Erickson-Schroth 02:59

Yeah, I think it's a really hard confluence of events right now for young people. And I would say the two things that I think about the most are, one, that young people are aware of and grappling with issues that I think a lot of adults don't realize that they're thinking about. Young people have access to news and to social media that gives them information about what's going on around the world. And they're thinking about things, even existential issues like the climate crisis, they're thinking about things they see in the news, like wars around the world. And they're thinking about social and political issues that are affecting all of us and that adults are thinking about, things like racial inequality in our country. And this is at a time when they really have much less access to social community and connection than other generations had, especially in person. And so I think that confluence of events is really affecting young people.

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#### JJ Janflone 03:55

And I think too, when I think about stressors in general, kids and teens are now going back to school, and they're dealing with life post-pandemic, which, you know, I think everyone on this call, I, we don't really have a frame of reference with, right, of being out of school and doing virtual school for two years.

## Dr. Laura Erickson-Schroth 04:12

You know, I think we do have a taste of it, though. One of the things that I've noticed, most recently with the young people that I work with is that they were having a really tough time during the pandemic, of course, because they were socially isolated, feeling alone, disconnected. But now they're being asked, after two years of not practicing any social skills, to go back into those situations. And I'm seeing you too sort of nodding. I mean, we, I think we all feel like that. You know, it's the first time you talk to someone after not talking with anyone for a little while. It feels a little weird, and you have to get used to it. And for young people it was that happened at a very important time in their lives. And so what I'm seeing actually, in my practice, is that a lot of young people are very anxious, they're starting to have panic attacks that they didn't have before thinking about going back to in-person settings, starting to develop some of them, agoraphobia, where they are afraid to leave the house because they're afraid that they'll get so anxious, they'll have a panic attack. And so we're seeing the after effects of the pandemic. And I think it's primarily coming out as anxiety.

# 1

#### JJ Janflone 05:23

I wonder if you think playing into that anxiety, too, might be kids are hearing about mass shootings, homicide rates are on the rise, the economy is falling apart. You know, it just seems like we're putting a lot of things kind of into this backpack that kids have to carry around at a time that they're physically and mentally developing.

## Dr. Laura Erickson-Schroth 05:40

Absolutely, I think they're carrying a lot of what I would call, again, existential crisis with them. And to put that on young people and not provide them the community and the tools that they

need to deal with those things is why they're ending up in this situation that they're in. Certainly mass shootings, school shootings have been increasing, we're seeing that, and young people are developing anxiety about going to school, and then when they're at school, they're hyper vigilant, and they're not really able to enjoy the benefits of what we'd hoped would be a safe environment for them to learn and to make connections with other young people. I think that, you know, we've put them in, unfortunately, in a position, that's very hard to get out of without supports, and those supports are real community connection.

## Dr. Laura Erickson-Schroth 06:31

One of the things that I talk about with adults is modeling for young people,how to sort of deal with emotions and difficult things, talking about this as much as possible, talking about their own emotions, what they're dealing with, showing that they become emotional, and at times feel overwhelmed, and talking to young people about what they do when they're in those kinds of situations so that young people can learn positive coping skills that older people use. You know, maybe sometimes you show young people, when I feel really upset, I need to get it all out by exercising, or I need to spend time with, you know, community, I need to purposefully reach out to people in my life, I need to go to therapy myself to talk about it. These are all really, really important conversations to have with young people. And I think talking about, you know, school shootings and homicide and talking specifically about suicide with young people, they already know about it, and we have to be open.

# JJ Janflone 07:35

And so on that note, I wonder, are there differences when we're talking about youth and teen suicidality that is different from when we're talking about sort of suicidality or crisis, mental health crisis moments for adults?

# Dr. Laura Erickson-Schroth 07:49

There are a lot of things that adults are dealing with that young people are also dealing with, but there are some really important key differences. One is that young people are at a time in their lives, when they're really trying to figure out who they are, what their identities are, where they fit in, who they want to be as they grow older. And so they're thinking about really important sort of life-changing issues.

# Dr. Laura Erickson-Schroth 08:13

And this is at a time when their brains are not fully formed, actually. So, you know, I don't know if you've talked about this on the podcast before, but, you know, their frontal lobes are not completely sort of finished developing until they're about 25. And our frontal lobes help us to sort of deal with emotion and planning and thinking ahead. So young people are more impulsive, they have more labile mood changes often. And they also have less life experiences and fewer resources. So they're facing mental health challenges and suicidality in a different way. And I would say, most importantly, is impulsivity. Because young people, you know, as compared to older people, are more likely to act impulsively. And that includes when they have

suicide attempts. So for every suicide attempt that a young person has, about one in 100, they die by suicide, versus older people, it's about one in four, older people are more likely to plan out suicide attempts, which I think gives us a real opportunity with young people. If we can get to them at the moment where they might be thinking about suicide, we can intervene, and we can help provide them resources and set them on a track to be more successful.

# Kelly Sampson 09:39

And we just explained sort of the differences in suicidality between older people and younger people, but within the scope of younger people, are there differences in how suicidality manifests between gender or class or race?

## Dr. Laura Erickson-Schroth 09:55

Absolutely. So yeah, there are differences in gender, in sexual orientation, gender identity, in race, in rural versus urban communities. To start with gender, young boys and young men are more likely to die by suicide than girls and young women. Actually girls and young women are more likely to attempt suicide, but boys and young men typically pick more lethal means like firearms, though this is changing and the gap between girls and boys is closing. And that's mostly because girls are choosing more lethal means when they attempt suicide. In terms of LGBTQ young people, you know, there are various studies, but they pretty consistently show about three times the rate of suicidal thoughts and suicide attempts versus their straight peers. And then there are racial differences. So American Indian, Alaskan native and multiracial young people are more at risk for suicidal thoughts and suicide attempts. And suicide rates are rising the fastest among Black youth, especially, especially Black girls. And then the rural urbandivide, rural youth are about two times as likely to die by suicide compared with urban youth. And that's multifactorial, but one of the really important factors is firearms, because rural youth are more likely to have access to and use guns in suicide attempts.

# IJ Janflone 11:29

Why do you think the rates are there when it comes to suicidality? Is it just access to services that folks who are kind of in these impacted groups tend to not have the same access to services that other folks do?

# Dr. Laura Erickson-Schroth 11:40

Certainly, I think that access to services plays a very important role. So when you talk about young people who are sort of the most affected by things, like you know, I know that you talk a lot on this podcast about gun violence, a lot of young people that are most affected by gun violence, or young people who are, you know, sort of lower socioeconomic status, often Black and Brown young people. And those are the people that are not able to access or not provided access to mental health services, the way that other young people might be. So if there's, for example, a school shooting at a particular school, in the suburbs, luckily, a lot of young people from that school are going to receive services and mental health resources when something

like that happens, but young people of color and living in cities who are experiencing every day violence are not necessarily going to be given the kind of access to those services that they need.

# Kelly Sampson 12:45

One of the tropes that comes up anytime we're talking about youth and mental health is the idea that kids are resilient, they're going to be okay, they're going to make it through. Could you talk about where that comes from? And how does that idea read to someone who actually works with youth?

# Dr. Laura Erickson-Schroth 13:04

Yeah, I mean, I would start off by saying that kids really are remarkable. I mean, I do think that resilience in young people is truly incredible. Sometimes I've seen young people who have gone through really, really difficult times, and done really well, in ways that you wouldn't necessarily think. At the same time, they are really affected by things that happen to them when they're young. And so a lot of the young people, for example, that I see at Hetrick-Martin have developed the kind of coping skills that I mentioned, things like dissociation, the main lashing out, difficulty with trust, that are actually resilient, and our coping skills, but really make it hard for them to function in the world as adults, and are things that they really want to work on, to be able to sort of, you know, live the kind of lives that they want to live as adults. So these kinds of things that happen to young people really do mark them, even though they are resilient.

# Dr. Laura Erickson-Schroth 14:10

And I would say that there are things that we can do to help young people to be more resilient. Things like, you know, studies have shown that having one supportive, caring, close adult in your childhood, it doesn't need to be a parent or, you know, another family member. Just one person can really change the course of a young person's life if they know that they have one person they can go to, even if there are lots and lots of other things going on in their life. Also, there's research especially among LGBTQ young people, that connecting them to a sense of, you know, where they fall in the world, that they are not necessarily experiencing the things that they're experiencing because they're different, but they're part of an oppressed group. They're part of a historical political group that has been experiencing these kinds of traumas for a long time, and that can band together and do work together, and giving young people that sort of understanding and helping them to see themselves as part of something that they can participate in that they can, you know, work to make change in and giving them opportunities to be mentors to other people can really help with resilience as well.

# JJ Janflone 15:28

One, that it seems when we're talking about just sort of the the experiences that folks have, we know that roughly three young people a day die in the U.S. due to suicide, and that includes with firearms, is this also to, you know, can we frame this as an access issue?

Dr. Laura Erickson-Schroth 15:44

Absolutely. So, like I said, rural youth are more at risk, and a lot of that has to do with, you know, access to means. So, you know, there are studies where they look at youth suicide rates and suicide rates in general, and suicide rates in general across the country generally line up with states with more access to lethal means, typically firearms. So the top few states with the highest gun owning rates are those where there are the highest suicide rates, and then the bottom 10 or so that have the least firearm owning rates have the lowest rates of suicide.

Kelly Sampson 16:25

There's an argument sometimes that it doesn't really matter about the method, if someone wants to hurt themselves, they're going to hurt themselves. So what would you say to someone who kind of says, why are we talking about firearms here? It doesn't, it's not gonna make a difference. If someone wants to hurt themselves, they're gonna do it.

Dr. Laura Erickson-Schroth 16:44

Yeah, I think there's a there's a really interesting study that I don't know if you've talked about yet on this podcast. But, in the 1980s, in D.C., there was a bridge called the Duke Ellington Memorial Bridge, that was the site of about half of suicides, bridge suicides, in D.C. And then in 1986, they put up safety rails like fencing on that bridge. And an interesting thing happened, which was that suicide rates by jumping from that particular bridge went down 90%, which we would expect, because we made it harder to do that. But that didn't increase the rate of suicides from other bridges in D.C. And it also didn't increase the rate of suicide attempts by other means. And so we know from multiple studies now, that method substitution is actually very rare. So when people choose a way that they're going to attempt suicide, if they don't have access to that means, they typically abandon the suicide attempt, at least for that moment, rather than switching to a different means. And this is really important for young people.

Dr. Laura Erickson-Schroth 17:55

So for all people, when we look at sort of how fast between thought and like decision to have a suicide attempt and action, it's about half for, you know, and I'm including everyone, not just young people, about half of people make a decision and act on it within 10 minutes. So it's often very fast. And it's even faster for young people. So young people are, you know, sort of immediately making a decision and acting on it. And because method substitution is rare, if they're not able to access the thing that they were going to use to harm themselves, often the emotions pass, and they're able to move on and look for help, get connected to services.

JJ Janflone 18:40

Well and I wonder too now, if we can talk about how this all impacts folks who maybe have complex trauma or compounding trauma, right, so folks who maybe are seeing, you know, daily

violence, maybe in their community, or they're dealing with domestic violence at home, you know, how does this all impact them when maybe they're going to school and having, and being confronted with like a lockdown drill or something like that?

# Dr. Laura Erickson-Schroth 19:00

Yeah. So young people that are experiencing the kind of everyday exposure to violence that you're talking about, will often develop symptoms of coming out of what we call complex trauma, resulting in complex PTSD. You know, originally post traumatic stress disorder as a diagnosis was created when we were talking about young people coming home from war, right. So these were typically young men in their late teens, early 20s, who, you know, had sort of regular childhoods, I'm sure some of them had really difficult childhoods, but when we think about it, we think about them as having sort of grown up in, you know, sort of regular households where they then went to war, and they were exposed to something that was really difficult. So seeing, you know, a buddy of their's die and there was nothing they could do about it. We typically thought of PTSD as being one event. So someone witnesses something really terrible or is a victim in some really terrible way as a one time event, and that caused symptoms that were pretty predictable. So that kind of thing causes nightmares, flashbacks, avoidance behaviors of anything sort of related to that thing that happened, hyper vigilance, kind of always looking around, increased startle response, you know, when you hear something loud.

# Dr. Laura Erickson-Schroth 20:27

But when we started to look at young people who had experienced backgrounds where they had been consistently exposed to chronic stressors and chronic trauma, their symptoms look very different as they get older. So they might have some of the traditional PTSD symptoms, like the nightmares and flashbacks, and hyper vigilance and avoidance, but they also have things like, you know, chronic dissociation, numbness, moods, instability, that can look like sometimes depression, but probably isn't, irritability, difficulty with trusting people and sort of interpersonal issues. Because they've been sort of exposed over time, for multiple years to those kinds of stressors and they've developed these sorts of coping skills. So if you are constantly as a young person in situations where adults are doing things where you can't trust them, you develop a difficulty trusting people and getting close to people. Or maybe you develop irritability to kind of like, keep people away from you. So these symptoms come out in very different ways.

# JJ Janflone 21:38

I think what always strikes me about firearms being introduced when someone's in a crisis is that, you know, if someone is engaging with less lethal means, there's a moment, maybe we can come back from that, but firearms are just so lethal that it's just that added level of danger.

# Dr. Laura Erickson-Schroth 21:54

Absolutely. And you're exactly right. So, you know, lethality with taking medications, or self harming like cutting is a lot lower. And we do have the time. And I think one statistic that really

is, you know, sort of uplifting for me is that 90% of people that have had a serious suicide attempt, don't go on to die by suicide. So most people who have had even a very serious suicide attempt actually go on to live very full lives and get connected to the care that they need.

Kelly Sampson 22:26

Along the lines of cutting down access, we know that among minors who died by suicide, 82% use a firearm that belonged to a family member, and 64% of those were unlocked. And so could you talk about the role that safe storage might be able to play in keeping us alive?

Dr. Laura Erickson-Schroth 22:45

Absolutely. So most suicides happen in the home. And so that's a place where a lot of young people, you know, obviously have access and find firearms. And there are, there is research that shows that for young people, when, you know, gun safety is taken seriously, they're much less likely to die by suicide. And there's also sort of larger levelstate by state research that shows that states that have more strict gun safety laws really decrease their suicide rates.

JJ Janflone 23:20

Well, and than for, if listeners are listening to this right now, and are worried, what are some things that they can do?

Dr. Laura Erickson-Schroth 23:26

Absolutely. So suicide is very difficult to predict, but we can recognize when people are in crisis, which may contribute to us understanding and getting young people into help. And some of the things that you can look out for are things like changes in behavior. So if you know who that person is, and how they normally function, are they doing things differently? Are they isolating more? Have they stopped spending time with the friends that they used to spend time with? Did they used to love playing a certain sport or being in the band at school or something like that? And they're, you know, not seemingly interested? Are they more irritable? Are they using substances more? Or has their substance use changed? Are they saying things to indicate that they might be feeling hopeless? Like, you know, I don't know if there's a point to things, or things like that? And then of course, there are ones that are, you know, even more alarming things, like making posts on social media, you know, telling people that there are things that they're actually thinking about doing.

Kelly Sampson 24:28

What, what can you do when you see the warning signs in someone you love or know or are just in orbit with?

## Dr. Laura Erickson-Schroth 24:36

So the first thing to do is to talk about it. You know, if you can set aside a little bit of time and space where, you know, there aren't distractions, phones are away, and the person is there in front of you and you can have a real conversation. I think people are afraid often to talk about suicide, and they might be afraid that if you bring it up, that's going to suggest it to someone or give them ideas. But actually research shows that bringing up suicide does not make people think about it, if they hadn't already been thinking about it, it doesn't give them ideas. Actually, it provides a sense of relief. And a lot of people have more help seeking behaviors after someone else brings up suicide if they've been thinking about it. So bring it up and point out specific things, especially with young people that you've noticed, because we all know that young people can say things like, I'm fine, everything's good, you know, they give you one word answers.

## Dr. Laura Erickson-Schroth 25:32

So bring up specific things that you've noticed things like, hey, I noticed that you used to, you know, be into going to orchestra with your friends, and you haven't been doing that, I noticed that your grades are dropping, or the you're not as interested in soccer, you know, what's going on? I'm curious to know what's going on with you. And listen to them without shutting down what they're trying to say without making statements like, it's going to be okay. It'll be all right. Because I think a lot of young people respond to those things with oh, I'm supposed to be tough. I'm supposed to, you know, say I'm okay, I'm fine. And then young people often don't want to talk right away, especially if you know, someone else has brought it up, and they haven't come to the adult with the issue. And so give them a little bit of time, but reminders that you're there, you know, if you want to talk about this again in the future, and then go back and check in with them a few days later, a week later, hey, I started that conversation with you. How are you feeling now? And then if young people do talk about having suicidal thoughts, you know, there's many services available.

- Dr. Laura Erickson-Schroth 26:41
  Oh, and what are some of those resources?
- Dr. Laura Erickson-Schroth 26:43

So on Jed's website, which is Jedfoundation.org, for September, which is Suicide Prevention Awareness Month, we have a campaign, "it's okay to say suicide." And we have lots of resources for both young people and parents and adults about how to talk about these issues and what you know, they should look out for. There's also a lot of videos of young people talking about their experiences with suicidal thoughts. And then, like I said, if there's a true, sort of like concern about a crisis, one of the places to reach out to is 988, which is the new suicide and crisis lifeline. An important thing to know, about 98 that I think a lot of people don't know, is that it isn't actually directly geolocated the way 911 is. So I think a lot of people are afraid that if they call 988, that immediately local authorities like police are going to be notified. But if someone's going through something, and they just really need someone to talk

to in that crisis, there's not a direct connection to local services unless they're specifically requested. And that only happens in about 2% of cases. And in over half of that 2%, it's because the caller themself wants to reach out to local services and wants that kind of help.

Kelly Sampson 28:01

That's huge. So thank you for sharing that and clarifying I think, hopefully, that will help people feel even more emboldened to seek that.

JJ Janflone 28:09

And absolutely, Dr. Laura, we will link to all of those resources, and more, from both you and Jed, and I highly recommend our listeners, check those out. Because this is just, it's so vital.

JJ Janflone 28:23

One, I now understand why Dr. Laura is their chief medical officer, because she was so good at breaking down these concepts. And I kind of felt like we were in therapy a little bit at certain points.

Kelly Sampson 28:34

Yeah, it was helpful, because, you know, having once been used to think through and remember that process.

JJ Janflone 28:40

Yeah, I mean, I think that's the thing, everybody, right, is either youth or once been youth, right? So you would think that we would be able to cover this stuff a little bit better.

Kelly Sampson 28:48 For sure.

JJ Janflone 28:49

One of the things that I'm taking away from this episode, kind of to that point, is that suicide is the third leading cause of death amongst young people between the ages of 15 to 19. And for that to be such a high, high number, you know what I mean? It that's wild to me that suicide continues to be such a misunderstood thing or such a taboo topic to discuss because if it were, you know, heart disease, as the number three cause of death, I think, you know, we'd be talking about it so much more, right?

# Kelly Sampson 29:19

Yeah, for sure. And to your point about taboos, I think one thing I just found so stunning, and I can't get over it, is the idea that if someone, if you see that someone is struggling or different, or whatever, the mere mention of suicide is not going to give them an idea or make them act on it. But what it can do is help create that conversation. Leave them the resources, I just find that so, I don't even have the words that, because I think that is like, that's at least one of my hidden fears sometimes is like, well, I don't want to, you know, create something that's not there. So that's definitely a takeaway forr me.

# JJ Janflone 30:03

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# Kelly Sampson 30:18

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