



The Bridge

A Pathway of Hope, Knowledge, Awareness, and Empowerment

Vol I 2019

July/Aug

In Issue 3:

How Strong Is the Link Between Bullying and Suicide?

There are countless stories about bullied teens taking their own lives. Clearly, there is a link between bullying and suicide. But is it as simple as – bullying causes kids to commit suicide?

Most mental health experts would argue that claiming bullying is the only cause of suicide is much too simplistic. Bullying aggravates depression and increases suicide risk and the seriousness of the issue shouldn't be minimized. But, failing to look at the other contributing factors related to suicide is a mistake. Suicide is a complex issue that also is impacted by depression, feelings of hopelessness, lack of self-esteem, family-life issues and more.

Still, because bullying can be a catalyst for suicide, its significance should not be overlooked. When kids who are already at risk for suicide due to depression or other mental health issues are bullied, the results can be disastrous. Even relatively well-adjusted kids that are bullied can become depressed and contemplate suicide. So the possibility of suicide must be considered when a child is bullied.

What Do the Statistics Say?

- Nearly one-quarter of tenth graders who reported being bullied also reported having made a suicide attempt in the past 12 months, according to a Washington State Healthy Youth Survey.
- Half of the 12th graders who reported being bullied also reported feeling sad and hopeless almost every day for two weeks in a row, according to the Washington State Healthy Youth Survey.
- Among 15- to 24-year-olds, suicide is one of the leading causes of death, according to Suicide Awareness Voices for Education. Additionally, 16 percent of students consider suicide; 13 percent create a plan, and 8 percent have made a serious attempt.
- Cyberbullying caused kids to consider suicide more than traditional bullying according to a study in *JAMA Pediatrics*.

What Can Parents Do?

Know the signs of bullying. One of the best ways to spot bullying in your children's lives is watching their moods. If they are suddenly anxious, stressed or indicating that they hate school, take notice. Also, pay attention if they say that there's a lot of drama at school or that they have no friends. Other signs of bullying include complaining of headaches and stomachaches, skipping school, losing possessions and slipping grades.

Know the signs of depression. Symptoms like dropping grades, losing interest in favorite activities, withdrawing socially and sleeping more or less than normal are all signs that a person may be depressed. Unexplained excessive crying also indicates that depression may be a problem. Being excessively angry also can be a sign of depression.

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Mission:

We exist to be proactive in the fight to end suicide by providing assistance and networking throughout the continuum of prevention, intervention and post-vention. We feel called to undertake this challenge and we will accomplish this with partners who share our vision and passion for helping to end these preventable deaths and the striking pain they leave behind.

Contact Us:

Telephone 601-573-4195

115 Homestead Drive

Madison, MS 39110

Web Site

Endingsuicides.org

Email

mates@endingsuicides.org

National Suicide Prevention Lifeline

1-800-273-8255

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cont. Bullying

Know the signs of suicide. People who are contemplating suicide may become moody, appear hopeless and experience changes in personality. Sometimes suicidal people will cut off contact with other people and lose interest in activities. Or, they may start to clean out things, throwing or giving away once treasured items. They also might visit old friends and make the rounds to family members. If you notice any signs of suicidal thoughts, you need to question what is going on. Don't delay in taking action.

Help your child overcome bullying. One of the best ways to help your child overcome bullying is to make sure your child is comfortable talking with you. You also should make a commitment to help them resolve the issue. Follow up with the school until the issue is addressed. The process of overcoming bullying is long. So you need to be committed to the process. There will be good days and bad days. But make sure your child has access to the resources he needs to talk about his feelings and cope with what is happening. Also, be sure to stay in close contact with school personnel. Bullying often escalates over time and often doesn't disappear without consistent intervention.

Have your child assessed and treated for depression. Anytime you suspect that your child is depressed or considering suicide, it is best to have him assessed by his doctor or mental health professional. Getting treatment for depression is the best option for recovery. Even if you do not think your child is depressed, you may want to talk to a healthcare professional. Bullying has significant consequences and if it is ongoing can have a lasting impact.

Don't ignore threats of suicide. Although not every child will threaten suicide before actually doing it, some do. So take notice anytime someone mentions taking his or her own life. Even if the person threatening suicide has no intention of following through, this is a very real cry for help and should never be ignored. Allow your child the opportunity to talk with a counselor and avoid leaving him alone for long periods of time.

By Sherri Gordon | Updated June 18, 2019

<https://www.verywellfamily.com/how-strong-is-the-link-between-bullying-and-suicide-460620>

Charlotte's Story by Kim Greer

Jan 12, 1992: a day I will never forget. My only sister Charlotte took her life.

Rewind: In the early 1980s, she started having depression. She was 17, and I was 5. One episode I will never forget.... I was the last child picked up from daycare. Unusual. I was scared. I feared something was wrong. It bothered me so much that I asked the teacher where my parents were "They will be here," she said. I don't even recall who picked me up. My mom was in the hospital with my sister who attempted suicide for the first time. Pills. I was left to my father and brother that night. My brother was 13. My dad, alcoholic and all, was drinking. My brother was doing his best to be there for me emotionally.

From that day on, the rest of life was dysfunctional. My mom neglected me a lot because my sister was always making trouble. I raised myself really. I remember the alone feeling. Things were more serious than I knew.

Charlotte was diagnosed as schizophrenic. One or even two more episodes to attempt to take her life over the next decade would happen. I feel like she was misdiagnosed and was really bipolar. The stigma of mental illness made my brother and me embarrassed. I was resentful, felt short-changed. I loved her, but why? Please stop doing this to our family! Off and on medications, changes; it was pure hell.

Well, when she turned 25, something finally good came from this chaotic life. She became pregnant with my most adorable nephew in the world, Allen. That pregnancy had ups and downs. He entered my world on July 2, 1987. I was overjoyed. He was healthy Truly a blessing.

Enter: postpartum depression. Hospitalized for six weeks. I spent my summer as a 14-year old mother instead of being with my friends. It was worth it because I adored Allen. I was the main caregiver

of a newborn.

The next four years continued in chaos. My brother and I felt the stigma.

Oh, and Allen's father, absent. My dad was Allen's "father."

I was so tired of the attention she got. I started acting out and became pregnant myself at 17. I was actually glad. It meant I was leaving the chaos Little did I know....

In December of 1991, my sister had to go for inpatient treatment—just one of the many times—not knowing that it would be the last time.

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cont. Charlotte's Story

Then, on January 11, 1992, my sister called me. She was in an unusually good mood. She sounded better than she had in years. It left me puzzled. The call was the last one I would ever get from her. I won't go into specifics, but the next day, she died from a gunshot wound to the head. I was mad; I felt cheated; I felt all kinds of emotions. Grief was not the first one; shock was the first. I had just talked with her. Now I never would again.

The ones who take their lives are in the heat of the moment, in my opinion. Permanent solution to a tempo-

rary problem. They don't understand how their survivors live with so much grief and conflicting emotions. It's been 28 years since Charlotte's death but seems like yesterday to me. The song "Tears in Heaven" by Eric Clapton was popular then. I call it my song because it relates to my sister and me.

KEEP HOPE!! Ditch the stigma! Get help! Don't leave your loved ones behind. And, loved ones, don't be like I was. Be there for your sick family member. Don't shy away because of the stigma of mental illness. Stick by

your loved one who is ill; they need you the most now, more than they ever did. They have feelings, and ignoring those feelings hurts them deeply. If you don't know what to say, just stay with them. This way you know, if they tragically end their lives, you were there and did your part for them!

Sincerely,
Kim

A promising new clue to prevent teen suicide: empower adults who care

Teens were hospitalized for suicide. Researchers then asked them to think about the adults who cared about them.

Teen suicides have been growing more common, and no one really knows why — or how to stop it.

Here are some sobering statistics. Between 2009 and 2017, the number of high schoolers who contemplated suicide reportedly increased by 25 percent. Deaths by suicide among teens increased by 33 percent in that time period as well. Suicide is now the second leading cause of death among teens after accidents (traffic, poisoning, drownings, etc). But don't be mistaken: Teen suicide is still rare. Just 10 out of 100,000 teens ages 15 through 19 die this way. But even a single death is one too many.

Researchers have been working for decades on interventions to decrease the rate of suicides among teens (as well as among adults). It's hard. For one, many people who died by suicide never got mental health treatment at all. And the ones that did, well, there's very limited evidence on what works.

In fact, according to the authors of a new paper in *JAMA Psychiatry* I read recently, "To our knowledge, no other intervention for suicidal adolescents has been associated with reduced mortality." That line stopped me cold. There's nothing that's

been scientifically proven to save lives when it comes to suicidal teens, except what they discovered in this paper?

I called up Cheryl King, who's been studying youth suicide prevention for the past 30 years at the University of Michigan and was the lead author on the new *JAMA Psychiatry* paper.

King explained that the paper revisits a clinical trial she and colleagues conducted more than a decade ago. In the trial, half of 448 teens who were admitted to a psychiatric hospital for suicidality were asked to select up to four adults in their lives to receive continuing education and suicide prevention. Simply put: The adults were getting education and support, so they could better support the teen.

The results, which were first published in 2009, were modest. There were small, temporary reductions in suicidal thoughts among the teens in the treatment group, who were more likely to stick to their follow-up therapy. "It wasn't a big effect, but just somewhat more likely," King stresses.

But interest in the trial persisted. So King took advantage of a sabbatical, and she and her colleagues tried to see how many of their participants — those who received the treatment, and those who did not — died 11 to 14 years later.

There were 13 deaths among the control group participants (most died of drug

overdoses — it's unclear if they were intentional or not). But among those who elected adults to help them, there were just two. The most conservative interpretation of the data suggests a 50 percent reduction in death among the treatment group.

"If you can come up with a treatment where you had 50 percent less mortality with a treatment, that is actually huge, if that were to replicate," King says. But still: How can this small, preliminary study be *it*? This is the only intervention — or at least the only intervention known to its authors, or to the editors of *JAMA Psychiatry* — to show that more lives, post-hospitalization, can be saved?

The numbers in the study are just too small for a strong conclusion. It needs to be retested, with a larger sample and across more hospitals, she stressed. It's not a miracle yet. But it is a promising glimmer of hope that a simple education program can save lives. But the background to it, I fear, is just as important. Why isn't there good data on saving lives? It's not that psychiatry has no evidence-based treatments to offer these teens

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cont. Prevent Teen Suicide

Over time, psychiatrists have found various treatments, medicines, and therapies that have been shown to help reduce suicidal ideation, and even suicide attempts (including limiting access to lethal means). And these are hugely important outcomes.

But actual death outcomes aren't often studied — and suicidal teens aren't typically tracked into adulthood. “The issue is we haven't studied mortality,” King says. “So I couldn't say there is no intervention that doesn't [save lives] — we just don't know if any of them do.”

One reason why is that it takes a long time to study mortality.

Even among the highest-risk teens, “suicide is relatively rare,” as Kathryn Gordon, a clinical psychologist and researcher who recently left her academic job for a private practice, tells me in an email. In 2017, the Centers for Disease Control and Prevention reported there were 2,877 deaths by suicide among those ages 13 through 19 across the whole country.

“Often intervention research will instead focus on suicide attempts and suicidal desire — useful outcomes, but not the most crucial ones to establish that an intervention saves lives,” Gordon says. And it's just hard to study something that is rare. Making things harder: Studies aren't typically funded long enough for mortality data to accrue in a statistically meaningful way.

In 2017, the National Institutes of Health spent \$37 million on research grants for suicide prevention. That's trivial when you compare it to the \$6.6 billion it spent on cancer research. Out of 295 disease research areas the NIH funds, in 2018, suicide prevention ranked 206. Research on West Nile virus — which kills around 137 a year — is ranked higher. “In mental health, our studies tend to be funded for studies with smaller sample sizes, and the funding generally goes for four to five years,” King says. That's not enough time to assess mortality. She and her colleagues were able to do a reanalysis of the original study by looking at national death records and cross-referencing their participant files. But that's not the same as tracking a group for 10 years and revalu-

ating them on a larger variety of outcomes.

Why this simple education program could save lives

So why were King's most recent findings in *JAMA Psychiatry* so promising? It's because they suggest that teens who elected adults to receive education and support were more likely to be alive 11 to 14 years later.

Gordon, who was not involved in the *JAMA Psychiatry* paper, says these findings are important, rare, and hopeful. It's an intervention that's not especially expensive and seems to have some effect on mortality, she noted.

But why might it work?

King developed the intervention after working with a lot of suicidal teens, and observing that they weren't getting enough support when they transitioned out of the hospital. When they're inpatients at the hospital, they get 24/7 care. “And suddenly,” when they are discharged, “they are supposed to go back to school and wait for their first weekly appointment,” King says. That transition is really hard, and can bring them back to a dark place. “I developed this out of wanting to build a supportive bridge for them.”

It's key, King says, that the intervention targeted the adults around the teens — the ones providing support. She had the teens nominate up to four so it wasn't just their parents charged with looking out for them. The teens were encouraged to nominate other family members, educators, or people in the community. They just had to be people that the teens knew cared about them.

The adults were educated in how to talk to suicidal teens and how to make sure they're adhering to treatment. After an in-person training, the adults got support over the phone for a few months to help them work through the challenges of helping a teen in trouble.

King suspects what makes the intervention effective is that the kids were the ones to nominate the adults. Perhaps that makes them think about the connections they have with others — and opens a door to strengthening them.

The intervention also instigates the adults — not all of whom are the child's parents — to be more proactive. “The truth is it's

not very easy for adults to go there, to reach out, to talk to and try to help suicidal teens,” King says. “We were always reassuring that their role was just to be a caring person, and they weren't responsible for whatever choices the teen made.”

The trial was conducted in the early 2000s through 2008, and the results published in 2009. Again, the results were modest. The intervention didn't seem to cause harm, which is an important hurdle to clear in all clinical trial research. The teens were only tracked for a year. During the first six weeks, it appears the teens who nominated adults had fewer suicidal thoughts. But then that improvement disappeared by the end of the year.

But what happened from there on out, to make these kids less likely to die a decade or more later?

It could be the teens felt more affirmation, and felt understood. It could be that they learned to talk with a caring adult and ask for help. It could be that they stuck to their treatment better when adults in their lives were more actively involved.

King doesn't know what the secret ingredient is. “Things can cascade” for teens, she says. Small choices about education, drug use, living situations, and romantic partners begin to accrue and set the course for our lives. And it's hard to say how exactly this intervention could tip the scales.

But King wants to find out, by conducting a larger study across a few locations in the country. Applying for the grants is “a very long process,” she says. Longer still is the time spent waiting to enroll patients, the time needed to train the adults, the time needed for data to roll in, and the time to count the outcomes at the end.

Again, if it's true that this intervention can save 50 percent more lives, it would be huge. Recall that 13 people in the control group in King's reanalysis died.

“Think of it in terms of individual youths' lives,” she says. “Six of them might have lived. This is just not that expensive of an intervention.”

By **Brian Resnick**

Feb 28, 2019, 9:10am EST

<https://www.vox.com/science-and-health/2019/2/28/18234667/teen-suicide-prevention>

Forgiveness by Marion Waterston

I guess I'll never know	And dreams those dreaded night-time visitors
All I want to know	Can come as friends
Or understand	
What can't be understood	Once again I smile at the innocence of children
But I believe it's time to forgive	The unabashed warmth of lovers
	The enthusiastic affection of dogs
Time to forgive you for leaving me	And although I do not see you my precious love
So abruptly and so painfully	You are with me
And time to forgive myself	
For talks we didn't have	So I guess I'll never know
Laughs we didn't share	All I want to know
Songs we didn't sing	Or understand
Foolishly I thought that time was on our side	What can't be understood
	But here in this quiet moment
Can it be that time now wishes to atone for this betrayal	It's time and I'm ready
For tears no longer flow like endless rivers	To forgive
Anger seems a wasted emotion	January 31, 2005
	http://www.suicidefindinghope.com/content/forgiveness-_poetry

Info about Author Marion Waterston

Marion Waterston survived the loss of two members of her family to suicide—her husband, Richard, a psychiatrist, forty-seven years of age, and her son Mark, a college student, nineteen years of age. Following the death of her husband, she helped found a group for widowed people in Rockland County, New York, and served as its first president for three years. After the death of her son, some sixteen years later, she joined a group specifically designed for those who had lost someone to suicide. Upon moving to Albuquerque in 1995, she joined "SOS" (Survivors of Suicide) and for the last few years has been president of that group. She states that she's been aware of certain differences in the way she grieved for her husband and then, her son. Some of these differences are expressed in her poetry.



Parents blindsided by daughter's tragic suicide hope her story helps save others

The home video (see website listed at end) will look so familiar to so many parents: a sweet little girl singing and dancing her way to her teen years, recognized for achievements outside the home and thoroughly cherished inside it.

But the full story of Alexandra Valoras' life is more terrifying than familiar. Just weeks after a family ski vacation, the 17-year-old high school junior, straight-A student, class officer and robotics whiz made her bed, tidied her room and walked to a highway overpass in Grafton, Massachusetts. She jumped off the edge. "I leaned over the embankment and looked down, and I saw her," said Dean Valoras, her father. "I was just hoping for warmth. Do you know what I mean? But there was no warmth, there was none. And all the cars kept driving by. My daughter's on the side of the road, nobody saw this. And she's cold."

On the overpass, Dean and his wife Alysia found two journals their daughter left behind.

"There was just so much joy in everything she did, and it doesn't match what was in that journal," Alysia Valoras said.

There were 200 pages of self-loathing and despair. She had written things like "you are broken," "you are a burden," "you are lazy" and "you're a failure."

It was such a sharp and confusing contrast to the girl they thought was their happy eldest child, who strummed her way through adolescence and still talked to her parents.

"It just doesn't seem possible. But it's what reality was. Because it's written right here," Dean Valoras said.

Teen suicide is now at a 40-year

high for young women Alexandra's age. It is now the second leading cause of death for 15 to 24 year olds of both sexes. That's why Dean and Alysia Valoras are speaking publicly about a pain that most would keep private, headlining suicide prevention walks and giving in-depth interviews about their daughter's death.

"The hurt, the sadness is evolving and now there's this thing called living, so that I am a good father, a good husband, and a good person," Dean Valoras said.

They hope that by sharing the story of their daughter, another family might be spared this trauma.

"There's a lot of other kids out there that are like her, that are high achievers, that are balancing a lot," said Alysia Valoras. "That's what makes her very relatable, and why maybe it's affecting people, and why they are listening, because I have a child like this too."

In her final journal entry, just hours before she killed herself, Alexandra wrote: "Don't blame yourselves for not seeing warning signs." In that pain is also what her parents hope to salvage from her death.

In June, the morning after The Boston Globe published a story about Alexandra's death, Dean and Alysia found a note on their doorstep: *What you have said in Alexandra's article truly changed my life, knowing that families are talking to their kids about their mental health.*

"It lets me know she didn't die in vain," Alysia said. "She's having such a huge impact, and that feels really good."

Health officials recommend that everyone familiarize themselves with the **warning signs of suicide**, which may include:

- A person thinking about or threatening suicide or seeking a way to kill himself/herself
- Increased substance abuse
- Feelings of purposelessness, anxiety, being trapped, or hopeless
- Social isolation and withdrawing from people and activities
- Expressing unusual anger, recklessness, or mood changes

Risk factors of suicide

- A history of mental health issues including depression, bipolar disorder and anxiety disorders
- Stressful life events
- Family history of suicide
- Childhood abuse or trauma

Visit the website of the **National Suicide Prevention Lifeline** for more information.

By **JIM AXELROD CBS NEWS**

September 25, 2018, 6:38 PM

<https://www.cbsnews.com/news/alexandra-valoras-parents-blindsided-by-daughters-tragic-suicide-hope-her-story-helps-save-others/>





MISSISSIPPI
ALLIANCE to
END SUICIDE

PROJECT LIGHT

Unmasking the Darkness

July 27th, 4PM - 7PM

@ Vertical Church, Gluckstadt Road, Madison, MS



Join us for an art fundraiser & FREE concert!



There is still time to DO-NATE YOUR ART for the fundraiser. Please contact us for more information. We need art by July 19. Thank you!

FEATURING MUSIC BY



CandyLee

For more information, call 601-573-4195 or email mates@endingsuicides.org

WEBSITE: endingsuicides.org |  Mississippi Alliance to End Suicide |  @msalliancetoendsuicide



Your Trusted Servants

President: Vickie Winslett

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Board Members:

Johnny Gilmore

Stephanie Raines

Joni Shaw

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Social Work Intern: Shannon Corl

Communications: Elizabeth Sikora

2019 Calendar of Events

Aug 6

Monthly Suicide Loss Survivors' Support Group
6:30 pm; For Madison location, please email
mates@endingsuicide.org

July 19

Donated artwork for fundraiser NEEDED

July 27

Project Light: Unmasking the Darkness

Art Auction and Concert Fundraiser

Vertical Church, Madison; 4pm-7pm

Featuring Given Grace and CandyLee (see p 7)

CandyLee & Given Grace

September

Lean on Me Music Fest

Featuring local band **Given Grace**;

Meridian; More info to come



Please share your personal stories of hope, knowledge, awareness, and empowerment. Also let us know what you would like to see in upcoming issues. Email to mates@endingsuicides.org

KNOW THE WARNING SIGNS:

- ◆ Talks about committing suicide
- ◆ Has trouble eating or sleeping
- ◆ Hopelessness
- ◆ Exhibits drastic changes in behavior
- ◆ Withdrawal/isolation from friends or social activities
- ◆ Loses interest in school, work or hobbies
- ◆ Prepares for death by writing a will and making final arrangements
- ◆ Gives away prized possessions
- ◆ Has attempted suicide before
- ◆ Takes unnecessary risks
- ◆ Recent trauma or life crisis
- ◆ Seems preoccupied with death and dying
- ◆ Loses interest in his or her personal appearance
- ◆ Sudden calmness

KNOW WHERE TO FIND HELP:

I want to commit suicide. I have a plan, and I don't think I can stop myself.

Call 911. Don't worry you will not be arrested. The 911 operator will get you the help you need.

I have no one to talk to about my feelings.

There is someone available to listen 24/7. Call the **National Suicide Prevention Lifeline at 800-273-8255**. They also have an online chat open all day, every day. You can also text CONNECT to 741741, and a trained crisis counselor at the **National Suicide Hotline** will text you back, to listen and help create a plan to keep you safe and alive.

I worry that my child may feel suicidal. Where can I find help?

The **Society for the Prevention of Teen Suicide** has an excellent online resource for parents who think their child may be at risk. You can also call the **National Suicide Prevention Lifeline at 800-273-8255** to find help in your area.



Please mail your **DONATIONS** to
Mississippi Alliance to End Suicide

115 Homestead Drive

Madison, MS 39110

MATES welcomes any donation amount.

MATES is a Non-Profit 501c3 organization that relies on donations to help end suicide in MS and, hopefully, worldwide.