

**Sno-Isle Libraries  
Issues That Matter Forum, "Teen Suicide"  
Recorded Jul. 13, 2016, Mukilteo, Washington  
Video transcript**

**00:00:00 - 00:00:27** [Music and Credits]

**00:00:27** *MODERATOR (MAYOR JENNIFER GREGERSON)*

I'm pleased and honored that Mukilteo could host this important conversation. As a lifelong Mukilteo resident, I grew up here, I went to school here, and I've seen how much our community has changed. But as we've grown and changed, at our core, Mukilteo still has a small-town feel. Neighbors looking out for neighbors, meeting people you know on the street or at the grocery store. It's part of that charm of living in this community. But, even in our small town, some of our young people are struggling with big issues: substance abuse, untreated or undiagnosed mental health conditions, and in the most extreme cases, suicide.

As mayor, I receive daily reports from our police department on the calls and the cases that they work on. It's one of my responsibilities. It's one that came, um, sort of, one of my experiences those first few weeks as mayor. I don't think I really understood what that meant, having this window into the challenges that our community faces. We hear about some events, but our police officers and our firefighters, they have a different understanding of the challenges that our community faces and what that looks like every day. And so, the most heartbreaking of those, of course, are the ones that involve children, and the worst are when we lose those children to suicide.

I wanted to also take a little moment to recognize our officers. Of course, they're sitting in the back. I won't make them stand up, but maybe our chief will stand up -- And just thank them for their service to our community.

[APPLAUSE]

So, our topic tonight, teen suicide -- the evidence is clear when we prevent that and save lives, that really is an important thing for a community to focus on, and it requires a community-wide effort. It requires us to pull that issue out of the shadows and confront it head on. And we know from the experts that talking about suicide prevention doesn't encourage more suicide, but by sharing ways to prevent it, we can save lives instead. And, so, it's so important for you to be here, and I know the panelists, and myself, and Sno-Isle are so thankful that you're here with us on a beautiful summer sunny day, acknowledging the importance of this conversation.

The final point that I want to emphasize is that for every young person who dies by suicide, there are many more who have attempted it and many, many more who are struggling with untreated or undiagnosed mental health conditions. We want to ensure that our efforts aren't so narrowly targeted that we miss that whole spectrum of need in our community.

And I believe that we can't have a conversation about suicide without also talking about sensible gun policies that can prevent child access to firearms and save lives as well. There's been legislation in Olympia to prevent the access of -- by children to guns, and I'm proud that our local lawmakers, Senator Lee, representatives Peterson and Ortiz-Self all support it. But as

a community, it's important that we raise awareness and demand that that legislation pass.

So, thank you for coming, and thank you for participating, and thank you for being willing to join as a community to prevent suicide and to protect our kids.

So, I'm honored to be here, and I'm going to walk us into the first part of our program. So, we have four amazing panelists. So, I'll introduce shortly, and we'll hear from each of them. And then we'll have some time for questions and discussion.

So, first, a few housekeeping items. In case of an emergency, there's exits at the back and on both sides of the room, so take a note of the one that's closest to you. The restrooms are located out the doors to your left, my right, and across the lobby. Make sure that you please silence or mute your cell phone. And if you get a call, step outside to answer it, if it can't wait. And if you can, also please refrain from side conversations during the program that might disturb others. We'll have that time for questions and answers later on in the program. If you plan to take photos, make sure your flash is off.

And another note: our Sno-Isle Library staff are doing their best to communicate about tonight's event, including taking photos and video, live streaming to Facebook, live tweeting comments and photos. If you want to engage in that too, there's the hashtag that's on the wall. It's #snoisleitm, or, you know, if you want to check out those comments when you go home, you can search that. And all of that, including many resources that are available, are posted at Sno-Isle.org. And now, we will get into our program.

So, our panelists are Wendy Burchill, the Healthy Community Specialist from Snohomish Health District, Rena Fitzgerald, Crisis Chat Senior Program Manager from Volunteers of America, Western Washington and Liza Patchen-Short, Children's Mental Health Liaison with Snohomish County Human Services, and then Riley Kizziar, a 2016 Kamiak High School graduate. We're going to start with Wendy's. We're going to hear a statement from each of our panelists and then take questions. And, so, Wendy, why don't you come on up?

[APPLAUSE]

**00:06:10**      **WENDY BURCHILL**

Thank you. I'm not used to using notes, so I apologize, but I'm on a time limit, so this will --

**00:06:16**      **UNIDENTIFIED FEMALE**

Could you get closer to the mic?

**00:06:18**      **WENDY BURCHILL**

Oop. Is that a little better? I'll try to talk a little louder.

So, yes, I'm Wendy Burchill. I'm from the Snohomish Health District, and I'm a healthy community specialist, working on suicide prevention and youth abuse prevention. And I want to thank you for giving me this opportunity to share the public health perspective about suicide.

As Jennifer mentioned, suicide touches all of us, and I suspect that most of us know family members, friends, or coworkers, or neighbors who have attempted or even completed a suicide.

We have experienced the direct emotional trauma, but whether we know a suicide victim or not, the entire community suffers. We invest in people, we connect with them, we educate them. We train them so that we can depend on them to become productive members of society. The deaths of children and young adults are especially costly, emotionally and economically.

As a public health professional, a member of the Mukilteo Youth Coalition -- who, many of them are here today, and as a parent and a Mukilteo parent at that, my job is to learn about my community, and to understand the most appropriate treatment and prevention methods, and then to provide the best guidance. Although this forum discusses youth and young adults, I want to acknowledge that suicide is a very broad issue, and it affects all ages. I don't believe we can solve the problem by limiting our attention to just one group. Our solutions must reach out to all groups if we are to be successful with any one group.

I'm a numbers person, so: big picture. Here's what we know. In 2014, there were 42,773 suicides in the United States. That's more than 100 suicides per day, making suicide the tenth leading cause of death overall and the second leading cause of death among young persons, younger than age 35. Far more Americans die of suicide than of motor vehicle crashes. In 2014, 127 Snohomish County residents took their own lives. Forty died in motor vehicle crashes. The suicide rate in Snohomish County is higher than that national and state rates, making it the seventh leading cause of death. And suicide rates have increased over the past decade, so we know this is a serious issue.

Specifically, we know that females are more likely to attempt suicide, but males are more likely to die, because they are more likely to use a firearm. Suicide rates increase with age. In 2014, the rate was highest among men, 45 to 65 years old, and young men, 15 to 24, have the second highest rates. Suicide rates are highest among Native Americans and whites. The communities to the east, along Highway 2, have the highest rates in the county. This picture differs a little bit when we look at local hospitalization rates for suicide attempts, which are highest for young women, ages 15 to 24 year olds. This, again, reflects the grim reality: that men tend to choose a firearm, where women tend to choose less lethal methods.

Now, let's focus on youth. In 2015, 11 Snohomish County youth, ages 12 to 18, died by suicide. The most commonly used means were firearms and hanging. These suicides occurred across the county, across all socioeconomic sectors. In reviews of these deaths, we found some common factors. Many of these were high-achieving youth with relationship struggles, easy access to firearms, histories of depression and self harm, such as cutting, and lack of crisis resolution skills.

Suicide is the last step in a process that starts with someone feeling severe emotional pain. We have evidence that many of our youth are vulnerable. We regularly survey 6th, 8th and 10th -- 6th, 8th, 10th and 12th grades about health issues, and that's through the Healthy Youth Survey, which many of you may be familiar with. In 2014, one in five Snohomish County high school students reported that they had considered suicide in the previous year. Many reported that they went as far as to plan an attempt. Nearly one in ten reported that they actually did attempt suicide. The warning signs are there. More than one third of high school students reported being severely depressed. More than one in four feel that they do not have an adult to turn to when they feel sad or hopeless.

Suicide is a public health issue. The public health approach keeps an eye on populations, rather than on individuals, and aims to prevent, rather than to cure. Public health emphasizes shared responsibility, rather than blame. This approach aims to create systems where it is more difficult

to make mistakes and where potential mistakes do not lead to serious injury. Above all, the public health approach considers all possible interventions and engages the community to solve complex problems, such as suicide.

And, I suspect you agree that the community has to be involved, because that's why you're all here tonight. I personally believe we can prevent suicides. It's been identified as one of the Public Health Advisory Council's top three health issues for the community to address. The community-wide approaches have been outlined in our Community Health Improvement Plan. And there's much happening already, but there needs to be more.

First, we need a much greater focus on mental health. Community capacity is not sufficient to serve all who need mental health services. We need to expand access to assure that anyone in need can be seen quickly. We need to overcome the stigma surrounding mental health. We need broad community awareness about mental health so that all of us can recognize and help those at risk for suicide. A tool for all is to take a mental health first aid course. It's just like regular first aid, but it teaches you the signs and symptoms of mental health issues and what to do if someone you know is in a mental health crisis.

We also need to build resilience among our youth. This starts with creating nurturing environments and providing security and stimulation, but more importantly, offers strong, positive relations with trusted adults who will listen to them without judgment. For those young people who face adverse child experiences, such as abuse, neglect, loss or other trauma, we need safety nets that can provide safe spaces for children to rebuild their confidence in adult mentors. Schools have an important role here. How to recognize trauma, which can affect student performance and then helping at-risk students to overcome the trauma through approaches that seek accountability, rather than to punish.

Given that nearly half of all local youth suicides involve firearms, we must also look for effective strategies to address youth access to firearms. For example, to address every type of gun violence, we need strategies to assure that guns are securely stored and that guns have features to reduce theft, misuse and unintentional discharge. Effective evidence-based programs already exist, such as the Lock It Up Program. And we need to promote smart technologies that use fingerprint sensors and other biometric features to recognize an authorized user.

Suicides, unfortunately, are not inevitable, and the solution is not simple. It will take comprehensive approaches, and all of us to get involved. Thank you.

[APPLAUSE]

**00:14:36**      ***MODERATOR***

Thank you Wendy. I think -- thank you for sharing some really sobering statistics that help frame this challenge and this issue.

Next, we're going to hear from Liza from Snohomish County. Come on up.

[APPLAUSE]

**00:14:57**      ***LIZA PATCHEN-SHORT***

Thank you. My name is Liza Patchen-Short, and I work at Snohomish County as the children's

mental health liaison. In my role, I help families access mental health services for youth and help reduce the mental health stigma by providing trainings and being a resource in our community around mental wellness. We've heard from Wendy at the Health District about what's happening in our county. And I'm going to discuss the mental health side of suicide, which includes some information about the teenage brain, risks and warning signs, and what you can do as a parent community member or concerned individual.

As you heard, in Snohomish County, our youth suicide rate is higher than our state and national averages. In Mukilteo, most of you know, we've had a high number of suicides, and this is quite concerning. Most youth who die from a suicide have mental or emotional needs, most commonly, depression. What I'm hearing from schools and other community agencies, are that kids are overwhelmingly feeling depressed and anxious. This stems from too much pressure, not fitting in, being bullied, not feeling supported, and the list goes on and on. The stats are nearly that 30% of Snohomish County students are being -- are feeling depressed.

It's important to note that the suicide risks are higher in depressed individuals who feel hopeless about the future, those who have been discharged from a hospital, those who have a family history of suicide, and those who have had a suicide attempt in the past. Teenage years are difficult -- for today -- they have been for many, many years, but today, there seems to be more social, and family and economic pressures. There's also trauma, both acute and chronic which can lead to emotional pain and hopelessness.

What we know about the teenage years is that the teenage brain is still developing, and it's not completely developed 'til around age 26. The frontal cortex, or the executive functioning is still growing when the teens are in middle school and high school. What that means is that kids are not able to make great decisions in the best case scenario. Then mix anger, anxiety, fear, trauma, and the reptilian brain takes over and moves into fight or flight.

This is a primitive response. When the brain is in this mode, the cortisol and adrenaline are pumping through a teen's body which makes it very hard for them to make good decisions. It's important to note.

So what are the suicide risk factors and warning signs? Suicide risk factors vary with age, gender and ethnic groups. They may occur in a combination or change over time. Some important risk factors are depression or other mental disorders, substance abuse, a prior suicide attempt, family history of suicide, access to firearms, harming one's self, like cutting, and exposure to suicide behaviors of others.

Some warning signs of suicide is those threats of suicide. Someone saying something indirectly or directly. Verbal hints like, "I'm not going to be around much longer." "It's hopeless; I'm feeling hopeless," obsessions with death, an overwhelming sense of shame, guilt or rejection, putting affairs in order, for example, like throwing things away or giving away favorite possessions, sudden cheerfulness after a period of depression, dramatic change in personality or appearance, irritability, changes in eating and sleeping behaviors or patterns, and changes in school performance.

It's critical to talk to the youth about depression and warning signs that you are noticing. Depression is a biological issue, like cancer or diabetes. We should be careful not to see this as manipulation or attention seeking. In my professional opinion, there's an overall lack of awareness of mental health for youth and understanding depression, anxiety, fear, sadness and loss. For teens, normal development is individuation, raging hormones and their easiest emotion

to access is anger. Anger is a secondary emotion. The primary being loss, fear, hurt and sadness.

The most effective way to respond is with a supportive response. We want to keep the kids communicating. When kids are angry, see that as a sign of engagement. When kids are screaming and shouting, as my kids have, they're really saying, "I need you. Please help me." So it's really important as adults that we see that as a time that we breathe, stop, listen, make sure that we understand that it's not about us, and engage with our teens. Responses like, "Wow, it seems like this is really hard. You seem sad. Tell me more how I can support you," are great ways to help.

The goal, again, is not to take it personally. Breathe before you respond, and realize the anger is not about you. Saying less, listening more, and walking alongside, are great strategies. Overall wellness is what we strive for, for our youth.

One critical component is resilience, or the ability to bounce back from adverse conditions. The research tells us that having one supportive person in a kid's life makes all the difference. This could be a coach, a scout leader, a neighbor, a bus driver. Don't underestimate your influence with youth. This drives down to the point that when you notice a youth's behavior changing, and you see them worried, ask them. Ask them how they're doing. If your gut tells you that they might be hurting themselves, ask. You will never, never plant the idea.

There are ways to reduce suicide risks, for example, therapy. There are individual families, support groups for peers, that are very effective and offer many modalities that can help support and treat youth. If not in a crisis, and you need mental health services, look on the back of your insurance card to locate the direct number to call a provider that best fits you. You have some brochures on your seats on how to access the mental health services in Snohomish County, if you're interested, so I hope that's helpful. Thank you.

[APPLAUSE]

**00:22:36**      ***MODERATOR***

Thank you Liza. I really appreciate your words, and, um, kind of allows me to take a step back and think about my -- I don't have kids, but I certainly interact with -- with teenagers and youth in a lot of different ways, and I'm sure that's true -- we have a pretty diverse audience. Some of you are probably parents. Some of you are closer to being teenagers. Some of you might be grandparents or just community members that -- and all of us, you know, have those opportunities to either make a good impact, or -- or none, or a bad impact in some ways.

So, next, we will hear from Rena. If you'd like, come on up.

[APPLAUSE]

**00:23:27**      ***RENA FITZGERALD***

And as was mentioned earlier, I manage an online suicide prevention service at Volunteers of America. And the majority of our clients are youth. So, I'm hearing directly from kids in our community and communities across the nation about what it is that is troubling to them.

I tried to select the things that I feel you should all learn today, but there are so many more.

Asking the question, as we've heard a couple of times. Asking people if they're thinking about suicide does not make them suicidal. It actually gives them permission to have a safe conversation about ideas that they already have. The most comfortable way for most people to ask about suicide is to put it in a way that normalizes it for you the asker and for the person to answer you honestly.

So, an example of what that looks like: "You look really down today. Sometimes when people are feeling sad, they think about killing themselves. Have you had any thoughts like that?" Another example would be, "You seem really anxious. A lot of people think about suicide when they are feeling this anxious. Have you had any thoughts of killing yourself?" That framework is available to all of you in a three-hour class called "Safe Talk." I put information on the handout I left on your seats, on the back, about different educational opportunities for you.

Another very, very important thing is restricting the means. An example of what this can look like, I'm going to take from my own personal life. My son was a student at Kamiak High school during the two November suicides, and it induced a significant trauma for him. So, during that time, we locked up any guns that were remaining in the house into a place that was not inside the house, so there was no way he could access them. We removed all of the knives from the kitchen, which, yes, you can survive without your kitchen knives available. We secured his sword collection. We removed all medications or supplements that could pose an overdose risk. If you're not sure about something that's in your home, you can call Poison Control and find out from them. Think about anything that could be used to tie around the neck and remove or reduce access to it. That's just one example of what a typical family like mine can accomplish to keep the person you are concerned about safe.

It's also important to understand the role that impulsivity plays. We often think that the impulsive part is the death itself, the act of killing oneself, but really, impulsivity revolves around once the person has made the decision. They have been thinking about this, struggling through it in a state of ambivalence, for quite a while before they make the decision. It's at the moment they make the decision that impulsivity becomes dangerous. The Suicide Prevention Resource Center in their CALM training, give the statistic that 25% of teens who survived an attempt reported making the attempt less than five minutes after deciding to kill themselves. And while we may not be able to prevent every suicide attempt, we can make it really hard for people to die from them.

Focus on safety when you're talking to someone that you know is struggling with thoughts of suicide. What does the person feel that they need to have happen to stay safe? Sometimes people resist our first efforts of, "You need to go to the hospital." "You need to go to the doctor." "You need to go to the therapist," and that's very common. So, ask them what do they feel needs to happen right now, for the next 24 hours, to stay safe? And then help them actualize that plan, whatever it is.

There are phone apps, and I put the ones that I like the best, also on that sheet I left at your seats. You can tell the person about the phone apps. You can help them load one and help them fill out all of the informational boxes or whatever they have for that particular app. An example of one is My Three. So you would help them select three people in their community who they know they can rely on for support, 24/7. And then there are all different kinds of features in the different apps to also help the person stay safe. A little mini safety plan. Get them help.

Family and friends of the person that you're worried about, need to be involved. You can call the crisis line 24/7 to consult with a mental health professional. Sometimes when people are

calling the -- are thinking about calling the crisis line, one of the things that holds them back is they think that our crisis line is staffed with volunteers, and it's not. So, you truly can consult with a mental health professional. Everyone who answers that line is a master-level clinician.

The other thing that will hold people back from contacting the crisis line is they have a belief that they have to be in a suicidal crisis in order to make that call, and you do not. We would love to speak with people long before their crisis evolves to the place where they're thinking about killing themselves. When youth ask you for help, give it to them.

Kind of going along with what Liza said: don't assume it is attention-seeking behavior. Children, teenagers, really can be depressed and/or anxious. They can have a genetic predisposition to have depression or anxiety. So you could be a fantastic parent and still have a child who is legitimately depressed or suffering from an anxiety disorder. A lot of times as parents, we assume that it is a reflection on us and we must have failed in some way and that can hold us back from getting help for our child. And we really need to consider depression, and anxiety, and all the other disorders that make suicide more likely to happen, as any other health condition. Treat it the same way you would if you were told that they thought they had the flu or if they looked, to you, like they might have a virus. Take them to their family physician to get checked out. Find out what's going on, what's causing the symptoms that they're having.

Something we can do at the community level is change the language we use to talk about suicide. We can stop using language that promotes stigma. We can stop saying, "commit suicide" and "my family member committed suicide." The words "commit" make it sound like they have committed a crime. People don't commit cancer; they die from it; they're a victim of it. We need to adopt the same kind of language around suicide and refer to the people as "dying by suicide" or "thinking about killing themselves," not about committing heinous acts.

Something we can all do is volunteer in our communities. We have great school opportunities. There are youth groups and all kinds of other places where you can volunteer to interact with children. As it was said earlier, many of the youth report that they do not feel that they have a caring adult in their life that they can get support from, and that's something that almost every single one of us can do is volunteer somewhere where we can be a caring adult influence on our youth.

And I know that I am getting the zero time sign, which this, I will tell you, is the closest I've got to finished, so far, in the three panels. But the last thing is just don't underestimate the relationship and power of bullying with suicide. Thanks.

[APPLAUSE]

**00:31:52**      ***MODERATOR***

Thank you. Thank you Rena. Really excellent specific tools for us to take away, and, I think, a really important reminder that language matters.

So, our last speaker is Riley, if you want to come on up.

[APPLAUSE]

**00:32:16**      ***RILEY KIZZIAR***

Hi everybody, my name is Riley Kizziar, and I just graduated from Kamiak this year.

So, I'll start by letting you know about me. I've lived in Mukilteo for the majority -- or, excuse me, for all of my life. And I've been in the Mukilteo School District for the majority of my education, and I've really enjoyed it here. But something I never expected to see was suicide. I understood what it was and what the definition was, but never imagined that I would see its effects in my own life, in our communities lives, and friends lives.

So with that said, I'm not an expert like these awesome people, but I do know what it felt like to see people go through that, and to know people myself who have struggled with it. So when it started happening at Kamiak in our community, it was a huge shock to most of us -- or to all of us, excuse me. And something that was going through my head and my friends' minds was just, "How could this happen here?" All of a sudden, there were these walls broken down that showed people weren't okay. And, um, there was just a huge vulnerability all of the sudden that, you know, people weren't doing well. Like I said, the walls came down.

So looking back and standing up here, it's hard to explain and represent all the students and all the experiences and perspectives I've heard. But some of the things I remember was just confusion, even anger, and of course, just this deep sorrow for losing our friends, our families. And, um, since then, we've improved a lot which is really amazing. I've seen in my own school we have specialists in there, and our counselors have been, um, trained better now to deal with stuff like that. Teachers, and of course the Crisis Line. I know of people who've used it, and it's really effective.

But with that said, and why I'm here tonight is because it's still an issue, and I can testify to that. I personally have people in my life who struggle with mental illness, with suicidal thoughts and attempts. Somebody told me that after four months, I was the only person who knew that they attempted, and that's not okay. It's -- this isn't about blaming anybody, but just to show it's still an issue, and we all have a responsibility to fix it -- suicide and its influencers, you know, mental illness or bullying, low self-worth, bad home lives. That stuff still affects kids every single day. Just because we don't see it doesn't mean it's not there.

So what I've really just discovered over my last few years experiencing all of this and seeing people deal with it is that it's ultimately about somebody stepping in. Um, I agree that we need more awareness and to continue to talk about suicide and what leads to it, because it is preventable. We might not be able to fix everybody's individual health conditions or home lives, but giving them a positive way to deal with that is so important.

I can testify that when you're younger, sometimes all you can see are your problems, and when you remove a support system with that, that creates a downward spiral really quickly. So, you know, we need that conversation. We need more resources adding to what we already have.

I had another friend who was struggling with thoughts about committing suicide and, you know, I offered, "I'll stay up with you, and I'll talk with you. I'll go talk to somebody with you," but even myself, I didn't know who that could be, outside of two or three options. So, adding to that, continuing to talk is so important.

And, like I said, we all have a responsibility in it. To our leaders, we have to have resources brought in. To parents, grandparents, if you see your kids struggling, you need to step in and ask what's going on, while maintaining that respect. And then, you know, students, friends. If you

see somebody struggling, you have to step in too. And I've been there. I know it's scary to think that one of your friends is feeling that way, but that's where you have to stand and, um, just stay with them. And you can ask for help too. Um, and to people who might be struggling with it, or who have, that's why we're doing this -- to heal and get better.

So, just in conclusion, we all have a part in this, and it's been a really tragic thing that's happened in our community, but we're still trying to heal and bring hope. So, thank you.

[APPLAUSE]

**00:37:37**      ***MODERATOR***

Thank you so much Riley. I think you're a great presenter and a great speaker. And I think it's a good -- it's really a reminder to all of us in the audience, all of the adults here, of our common responsibility to be involved. Because that's such a huge weight for you to have, you know, been that resource for your friends and been involved in those conversations. We all, we need to be there too, because that's a big thing to take on as a high schooler.

So, now we would like to hear your questions from the audience for our panelists. So if you have a question, please raise your hand. I'll call on you, and we'll make sure we get to just as many of you as we can. We have a microphone, so, make sure to wait for that microphone to get to you, and then speak directly into the top of the microphone if you can. So, any questions to start us off? All right, great, yes?

**00:38:43**      ***AUDIENCE MEMBER***

So, I'm new to this area, and I'd like to find out what the schools are doing for any anti-bullying education. Um, and also -- that's one question, and the second question is -- I've not heard anything here about the LGBT community, and it's got the highest rate of suicides, and if there's any GSA organizations in the schools or any programs other than Trevor, which is a national -- but I mean local. So, that's my question.

**00:39:23**      ***MODERATOR***

Do any of you feel prepared to answer the question about anti-bullying education in the schools? Wendy?

**00:39:31**      ***WENDY BURCHILL***

I know, actually, part of the community plan that I mentioned when I was talking is we're trying to get a baseline for what schools are doing in the community, in the county. I've -- one of Rena's staff is actually helping me with that project. Some have bullying curriculum, which usually consists of a -- an assembly, which we actually know now is not a best practice. Um, so we're trying to move away from that and encourage them to actually adopt suicide prevention curriculum in their schools. There's some legislation that's recently passed that's asking school staff to be educated in suicide prevention. Um, so that's hopeful. Right now, we're trying to gather that information, because we would like to know, so we know where to go from there, so that it's consistent across our community.

As far as the LGBT issue, I actually work with a group in Snohomish County, and it's called The Globe, and it's specifically for LGBT youth that meets every Wednesday in Everett. I can talk to

you afterwards, if you like. Um, a fantastic group. Fifty to sixty youth every week attend. And you're right; they do have a high suicide rates. In our county, we haven't seen that number, but it is true nationally, for sure.

**00:41:06**      ***LIZA PATCHEN-SHORT***

I would also say that most schools have specific groups for the GLBTQ community, and there's also PFLAG for parents, which is quite active. In addition, one of the initiatives or things we are working on, through the county and through our community, through the Wellness Committee at Snohomish County, is we're going to be helping Snohomish County schools address trauma and look at, not what's wrong with our kids, but what's been going on with our kids and help them try to figure out, you know, discipline issues, changing those, but generally more relationships with kids so they're not -- when they're angry, we ask them what's going on, versus sending them to the principals. So that's a strategy that we're working on right now.

**00:42:00**      ***RENA FITZGERALD***

And also we have an online chat program through our Crisis Line. So there is something local besides Trevor project. It's just not a specialty. But we work very hard to make sure that our staff are trained, and we actually have a lot of individuals on staff who identify within the various communities through the LGBTQIA populations, and they have certainly been invaluable in helping raise our awareness around language and pronouns and all kinds of things that make us more effective. Because in the chat format, we actually do get a high amount of individuals who are identifying that persecution, basically, is a huge factor and why suicide has become an option for them.

**00:42:56**      ***MODERATOR***

I know when I was at Kamiak, there was a GSA group. I assume, Riley, that that's still the case.

**00:43:03**      ***RILEY KIZZIAR***

Yeah, there is a GSA club at our school. I think it's QSA now. But, they actually had a big part in our MLK assembly this year, and they did a lot about educating our class, our school, about their community and things, so that was important.

**00:43:21**      ***MODERATOR***

Great, I thought I would also point out that there are three school board members in the audience, and so, I know that they take this issue really seriously, and they are listening and engaged in the topic. Your question was a really good example of a concise, specific question, and so I'm looking for another one from our audience, yes? And then we'll go to you Max right over here.

**00:43:53**      ***AUDIENCE MEMBER***

I'm Carolyn Hetherwick Goza with NAMI, the National Alliance on Mental Illness, and we teach a class for parents of youth and adolescents that is national, um, and twice a year. And this past year, we taught 90 of the teachers, and instructors, and paras and all in the Mukilteo School District this class, and had a very good response with that. And then, we also offer the free monthly -- first Tuesday of every month class for parents and caregivers of those diagnosed or

exhibiting symptoms of mental health issues, and it meets at First Presbyterian Church in Everett, directly across from the courthouse. We've been doing this for seven years, and we average 15 to 17 every week. And, um, these are graduates and parents that are interested, and it's always kind of like a first step, and then we give them resources from there.

**00:45:05**      ***MODERATOR***

Thank you. Max, I think I saw your hand next, and then other hands while we're transitioning here. Yes, you will be next.

**00:45:13**      ***AUDIENCE MEMBER (MAX)***

Thank you. Being a former Kamiak student myself, I've had two friends who have committed -- or, excuse me, have died of suicide, who were Kamiak students as well, and I've also had suicidal ideation. I've attempted before, so I've got the context there. From what I've experienced in my history, it's, it's traumatizing to, you know, hear your friends and hear loss. And I've also had a family member I've lost to suicide. I'm just curious on what it looks like on your respective areas on what takes place after a suicide. As much as we would love to spend tons of energy, time and people power to prevent it as best we can, what does it look like afterwards and to educating, to engaging, so that we -- so the community has that context to learn from it and to grow from it?

**00:46:11**      ***MODERATOR***

Well, I'll start and say, Max, that you're an awesome person, and, so, I'm glad you've moved on from that, because you have so many great things ahead of you.

**00:46:23**      ***LIZA PATCHEN-SHORT***

I'm a part of the Marysville Coalition. I'm just thinking about, sort of, some stuff that they have there. You know, I know one of the pieces that's really critical is for kids -- if it's, you know, if -- let's just say there's a kid who's committed -- who has died by suicide. It's really important for kids to determine a process in which they want to, to -- what am I trying to say? You know, to... It's important for them to figure out -- like in Marysville, they planted tulips -- for them to be a part of the process. And, of course, there has to be pieces of -- you know, you don't want this to be a contagion piece, but -- and you have to contain it, but it's critical that kids are a part of the process and that people are talking about it.

**00:47:15**      ***RENA FITZGERALD***

And I think it's really important that we have conversations about the normal reaction to losing someone to suicide. It is probably the most painful way to lose someone because of all of the guilt that goes with it of wondering, "Why didn't I see something; why didn't I do something? Could I have prevented this? Could I have done something different?" So, there is an elevated risk for suicide among people who lose someone that they have known or loved.

We've -- I mean, we've seen the impact that it had in our school communities, even with students who didn't really know the students who died. It, it very hugely impacted their mental health in a negative way. And, so, I think we need to really support people who have lost someone. And there are support groups in the community. But, I just think it's really important that we acknowledge how painful that is, and the reason that people kill themselves is to escape

emotional pain. It's not event driven. It's to make the pain stop.

And so we really need to focus our efforts on postvention, and I know there are postvention toolkits out there for schools from places like the Suicide Prevention Resource Center and American Foundation for Suicide Prevention. So they are available, and we need to just make sure we are accessing them.

**00:48:56**      ***MODERATOR***

I had saw your hand, and then we'll go to you and then back there.

**00:49:01**      ***AUDIENCE MEMBER***

Hi, my name is Alejandra Pidato, and I'm originally from Texas, been here five years. And I just want to say thank you all so much for doing this, because it's about time. I mean, I think this is something that should be discussed, not thrown under the rug and pretend it didn't happen.

But what I did want to share was, um... So, my son lost two friends, death by suicide, and we don't -- he's in middle school, so that is extremely hard and to this day it is. So, he is seeing someone for that. His friends always keep coming to him for advice, or when they need somebody, or they'll come to my home, and I'll let them stay there for a while. But is -- here in Washington State, if a child goes to a counselor and has these ideas, or thinks of it, or anything of that, does the counselor, "A," report it, like to DSHS or to the parent? Like, what steps are taken, as far as that in middle school?

**00:50:17**      ***RENA FITZGERALD***

To my knowledge, um, everything would be kept confidential if the child is 13 or older, except for issues of harm. That has to be reported. And I don't work in a school, so I can't say exactly what their policy is. I know for us, when we're talking to youth, it's not an automatic report to Child Protective Services because a youth is talking to us about thoughts of suicide. There would -- there would need to be more than, than just thoughts of suicide to warrant making the report. Um, but I do believe that in the school they would involve the parent, and if there's someone in the audience from the schools who can correct me if I'm wrong, I would encourage you to do so. But yeah, in Washington State, 13 is the age of consent for mental health treatment, so most of what they would talk about would be kept confidential, except for that. Harming themselves or others, yes.

**00:51:21**      ***MODERATOR***

Did you want to respond to the schools and -- and then --

**00:51:26**      ***WENDY BURCHILL***

I just wanted to add to what Rena said, in that that actually has been an identified gap at the Health District when we review childhood suicides, um, is that -- and it's very frustrating. So there's a gap in that -- the, the student is receiving all the services that they should be receiving, but then there's no communication with the schools, which is where they're at most of the time. So then an instance happens, and the school says, "We had no idea this child was struggling." So, those, those are policy pieces that we really need to work on as a community. You know,

HIPAA is involved in that. But, it becomes a barrier when you're talking about our children's safety, so --

**00:52:14**      ***AUDIENCE MEMBER***

Good evening. I worked as an intervention specialist with Seattle Public Schools for a number of years, so, I came across a lot of things. Kids writing notes about, "I want to kill myself." Coming into my office, "I want to kill myself." And I believe, working in the schools, you are a mandated reporter, meaning: if you hear something, see something, say something.

I had one young man who had written a note. The teacher came immediately to me. I went immediately to the principal, and we took the child home. I went, school security went, and the school counselor went. And we spoke to the parents about what our concerns were. He was -- he wasn't expelled, but he left school, but he was able to get into a special program to work with him.

I had another occasion where another student had said in class, "I want to kill myself," and was cutting and what have you. And two young men came into my office and they literally lifted me out of my chair. And I looked at them like, "Are you crazy?" and they said, "We're not going to leave your office until you take care of it." I went in, I spoke with the student, removed her from the classroom.

So, I spoke with her mom later, and I happened to know her mother from the community. And her mother blew me off, "Oh girl, you know," and I said, "No, girl," okay? I said, "If I know and she says something and she does something, you can sue me and the school district and that will not happen." And she did get some help, and she's doing very well right now.

So, as a school community, when things get presented to us, we are mandated reporters. And if you don't feel comfortable, then you go to your principal or whomever. But if they say it, even if it's a joke, it might not be. And we're here for them. Thank you.

**00:54:36**      ***MODERATOR***

Thanks, let's see, right up here, and then there, and then you'll be after that.

**00:54:42**      ***AUDIENCE MEMBER***

My name's Amy Dennis. I work with Kinship Caregivers in Snohomish County. A lot of grandparents raising their grandkids. Um, and my question really is around supports for parents and relative caregivers on the preventative side of this. What resources -- what preventative resources are available to them that I as a professional can tap into? A lot of kids that are living with their relatives: Auntie, Uncle, Grandma, Grandpa, Great Grandma, Great Grandpa -- they have high ACE scores. They come from very traumatic backgrounds. There may be significant mental illness or behavioral issues, and Grandma and Grandpa are tired. They're really tired. So, what can -- what can we offer them, and what, um -- I guess, what's the ongoing conversation around that?

**00:55:44**      ***LIZA PATCHEN-SHORT***

That's a great question. Um, without going into all the resources, that's a part of my job, is to help providers like yourself, counselors I talk with, about finding the right resources in our

community around mental health. So, I'd be happy to talk with you afterwards, or, from that brochure, you can call me. There are many resources, and there are gaps, I have to say, unfortunately, but I would be happy to talk with you about that. It's a great question.

And define ACEs, for those of the crowd that don't know what that stands for. ACEs is Adverse Childhood Experiences. So there is a list of -- there's a quiz you can actually take, the Adverse Childhood Experience Quiz. And there's ten questions on there that talks about, "Have you ever had a family member, been in jail? Have you ever been sexually abused?" The questions go on and on. And, if you have, you know, you add up those points and, um, it sort of tells you how many -- how much trauma you've had. And it's safe to say that most of us have had some trauma. Some have had more than others. It certainly affects -- can affect health. Can affect a lot of things in one's life.

**00:57:05**      **WENDY BURCHILL**

If you want to know a little more about ACEs, the Health District produced an ACEs report for Snohomish County, and I brought some copies of that out on the resource table. It gives data about ACEs in our county and actually describes what they are.

**00:57:23**      **MODERATOR**

All right, great. So, right back there, and then here, and then we'll go to you two. So, yes. There we go.

**00:57:33**      **AUDIENCE MEMBER**

Okay, my name is Gretchen, and I want to thank you, um, I forget your name. Okay, you used a beautiful word, which was to be "with" someone, and so, that was lovely to hear, because I think that's what we all have to do when all the questions or the linear things are said, if we're not with somebody, it doesn't mean the same thing. So, thank you.

But my question was about those, those things that pertain to suicide. The last thing was something to do with problem solving. What was the name you gave that? They had poor -- something or other skills.

**00:58:14**      **WENDY BURCHILL**

Crisis resolution skills. Which, again, is probably related to the development of -- well, appropriate development of -- adolescents don't technically -- typically have good crisis resolution skills, but it's something we can work on.

**00:58:28**      **AUDIENCE MEMBER (GRETCHEN)**

So what do you do in the schools? What are we doing as a community, because it kind of pertains to the "with," because, um, I think if people don't feel people are with them, it's more of a crisis. But what's being done about that particular piece of it?

**00:58:46**      **WENDY BURCHILL**

At this point, nothing that I'm aware of.

**00:58:49**      ***AUDIENCE MEMBER (GRETCHEN)***

Do you think something should be done?

**00:58:51**      ***WENDY BURCHILL***

Absolutely.

**00:58:53**      ***AUDIENCE MEMBER (GRETCHEN)***

Yeah, me too.

**00:58:56**      ***RENA FITZGERALD***

At Crisis Center conferences, that is a very common topic at the table is -- everybody's saying, "What are the high schools doing about suicide prevention?" and the conversation really needs to be, "What are kids learning in kindergarten about coping skills?"

**00:59:13**      ***AUDIENCE MEMBER***

I can answer a little bit about that. I work in an elementary school office for the Mukilteo School District, and our psychological team, our counselors, are amazing people. They have, probably, 15-plus years or more of experience, and they are reaching these kids. Um, what I was going to say about the crisis skills. There are social groups going on that the psychologist will pull kids out. They'll have these talks about how to manage things. It starts there. But, um, yeah, it goes way beyond that scope, and that's when the parents and administration gets involved.

**00:59:49**      ***LIZA PATCHEN-SHORT***

I think as a society, we don't talk about emotions too much. You know, we're -- the spectrum from sadness to elation is a normal spectrum, and we don't talk about our feelings too much. So, to encourage how our feelings -- and to talk about it in a deeper way with our kids from when they're really young is a good start as well.

**01:00:13**      ***MODERATOR***

So, right over here in the second row with the awesome hat.

**01:00:20**      ***AUDIENCE MEMBER***

I'm glad I wore this hat. Hi, I'm Madison. I, um, am a survivor of self harm and three suicide attempts, and this is, like, my life's work, and my goal and my purpose to, like, bring attention, and so I'm so glad that this opportunity arose, especially when I'm in town, because I'm in school in Olympia. I dedicate my entire university career to this topic.

Anyways, um, being a survivor, the most helpful things, for me, have been validation of my pain. So, even something as simple as you hear someone talk about their problems of youth, and you just say, "Dude, that sucks," and mean it, because it does. That's, like, the most helpful thing, just validating that their emotions are valid, like, um, and secondly, not feeling alone and isolated in the pain, because when I found friends or other people that have gone through similar

things and have experienced similar emotions as I have, it made me feel good, validated, better.

Anyways, I was wondering what kind of platforms do you think could be implemented or that are implemented right now that could make youth feel, like, a part of something and not feel so alone with their intense emotions? If that makes sense.

**01:01:39**      **WENDY BURCHILL**

We were just saying that's a hard question.

[LAUGHTER]

Um, I think it goes back to -- again, data tells us that being connected to a caring adult -- and it sounds so simple, but it goes so far, and a lot of people, I think, in their homes feel like they're connected to their youth, but maybe not in the way that youth want to be connected to their families. Or maybe there's barriers there because there's other abuse, or drugs, or alcohol in the home.

So that's why we'd like -- we're trying to make a shift toward more compassionate schools, more compassionate systems, to where the bus driver reaches out to the kids every day, or the lunch person reaches out to the kids every day. Because it could just be that comment that, "Yeah, you have a really cool hat on," and that could -- that could, you know, really save that kid that day.

So we can't underestimate the contacts that we have with youth, whether they are our own, or our neighbors, or just our students in our classroom. Um, what those small things mean to those kids who may be hurting. And a lot of times, we can't tell that they're hurting. I know a lot of the kids -- like I mentioned in our reviews, they're very -- they're high-functioning youth that you would be very surprised are struggling. So, having that connection to an adult that they feel that they can trust that won't judge, but rather validate their feelings, is really, really important. How we get there, or do better at it, is something I think we need to work on.

**01:03:27**      **MODERATOR**

All right, we had two questions over here, so we'll go to you, and then you, and then you and back there. Right there, yes, her, yes. She's next, I decided.

**01:03:41**      **AUDIENCE MEMBER**

Hi, my name is Crystal, and I just wanted to thank you guys, really, for being here. I appreciate it, and for everyone in the community.

I'm a tutor, and I'm a professional tutor. I've tutored a lot of kids from the area from Jackson High, Bothell High, Kamiak, and a lot of my students are very high achievers. They have a lot of pressure, and they knew a lot of the students who had died by suicide. And, so we took some time out to talk about it, and I found out a lot of them, like Riley was saying, were really frustrated. There were a lot of emotions, and anger, and, you know, I encourage them, or I asked the question, you know, "What are the schools doing?" and I encouraged them to call for a forum like this. And I know one of them did and kind of got involved, so I appreciate that this is happening in opening this up.

But, I was also wondering what, what efforts can be made in the schools to kind of connect with the students and really engage them in the process of building community or addressing these questions? You know, because a few of the students were, um, inspired. They thought they might want to start a group and just start talking. Have the students talk about what had created it and what could be done. I know a lot of them were really overwhelmed with grief and sadness in their loss, so I don't know if that ever got underway. But, I don't -- I was just wondering if there's being anything done in the schools or within the community that we can do to really engage them and be active, like you were saying, in that process, and get their input in what might be needed.

**01:05:18**      ***MODERATOR***

So, what are some best practices of things that we could be doing or that you'd be excited to see happening in our schools?

**01:05:26**      ***RENA FITZGERALD***

I would be -- I think that the schools are exploring their options, and I'm sure that they have implemented things that we don't know about, which is why we're in the process of contacting them to find out what they are doing. But, I think we put a lot of pressure on our schools to do our jobs as parents and community members. We also expect kids to be able to get really good SAT scores, and pass all the state exams, and get into the best universities in our nation.

Um, so I do think that there are things that can be done in the school, and there are things that are being done in schools, and there are tool kits out there for schools. But, I would like to see more emphasis put on what we can do with our own children. I know a lot of parents who believe that good parenting is that you have your children enrolled in eight extra-curricular activities and three foreign language classes, and they spend all of their time driving their children around until they are old enough to drive themselves around. And I don't know that there's a lot of meaningful connected conversations and relationship happening in that family system. We are -- we have created this very high-pressured lifestyle for our community, for ourselves, for our nation. I don't necessarily think we can stop that. I, I would venture to guess that I could not convince one person in this room to give away their smart phone. Um, so I think we really need to focus, not just on what the schools can do, but what we can do in our families so that our children and our teens feel like they can tell us what's going on.

One of the things that I learned in the chat program, that surprised me, is how many youth report that they are not telling their parents the feelings that they're having, the problems that they're having, because they don't want to contribute to the pressure that their parents are under. They recognize that their parents are stressed to the maximum, and they already feel like a burden, and they don't want to become more of a burden on their families. So, that's kind of my personal opinion and my professional opinion, to a certain degree, based on what I'm seeing and what I'm hearing from youth.

**01:07:59**      ***MODERATOR***

Other thoughts? No? Okay, just behind her and then to you.

**01:08:08**      ***AUDIENCE MEMBER***

Hi, I'm Allie. I came here as part of a school assignment, but I'm getting so much more out of this than I thought, so I really appreciate all you guys talking. There's some research out there that connects affiliation to religious, um, organizations and decreased risk of suicide and decreased incidence of suicide.

My question is: how do you guys see involvement of local religious organizations and local churches in the schools, and how open are the schools if there's such an initiative from the local religious community?

**01:08:54**      **WENDY BURCHILL**

Um, I think a big part of that data that's saying that it's a protective factor is that they actually have a sense of community, whether it be a religious organization, or a scouting organization, or -- they're a member of a community, and I think that is the important part. Um, as far as having that connection to the schools, I'm not -- I'm not clear if that's there or if that's something they would welcome.

**01:09:28**      **LIZA PATCHEN-SHORT**

Yeah, I would say the same thing. I think the most important piece is if we're trying to build coping skills and build resilience for kids, which is the ability to bounce back from hard situations, is connecting kids to sports, to civic groups, to church groups, whatever, is important, and based on a kid's values is to increase supportive systems for children, youth, you know, adolescents. It's about providing a community. It's about providing a space where they can, you know, chill out. Where they aren't having to do anything.

It's sort of the whole balance for a kid, because it's -- you know, to reiterate what Rita was saying, you know, just having dinner hour is critical. And actually that refers to, if kids have dinner hour, they -- there's a higher percentage of kids going to college. It's about talking about what their life is like, and their feelings, and being connected as a family, and feeling self-efficacy, and self esteem, and all those important pieces that we want our kids to have, you know?

I also think that kids are so pressured right now, so, so pressured. So anything we can do as a community to bring it down and remember what our needs are -- is it our needs that our kid go to an Ivy League college? What are our needs? And to check in with ourselves about that, because I think we project so much on our kids where we can just increase, increase, increase, that they have to get great grades. They have to, you know, do all these amazing things, be on, select everything. It's a whole lot for a kid to handle in addition to just their own life of trying to fit in.

So, I think it's -- again, just to emphasize, it's critical that we check in with ourselves about what is ours and what we want for our kids.

**01:11:27**      **MODERATOR**

All right, so we have the front row. We have the brilliant orange jacket, the back row, and then over here in the yellow. Okay, go ahead.

**01:11:40**      ***AUDIENCE MEMBER***

Well, I have a fair amount of direct experience with these issues, and, um, I found that interacting with the system is quite frustrating. I think one significant source of risk, which isn't really brought out very much on this ACEs thing, although they do mention whether people are insulting you, putting you down, swearing at you -- a significant risk factor is emotional abuse at home. And particularly in broken families. And my own experience is that CPS is really not interested. They really can't help with that. The courts don't really touch it, and if you can see it happening, there's not much you can do to help your child.

My child attempted suicide last year. Uh, once seriously and then ended up in the hospital, and then the other time less seriously, but he was still trying. And he's now been diagnosed with major depression, PTSD, you know, the normal things that go with that. But I feel rather helpless to help him, because I, I can't remove the source of a lot of his stress in life. Um, and I actually don't feel -- I mean, he's seeing a psychologist and all the rest of it, but they kind of say there's not a lot they can do. Um, so --

**01:13:16**      ***LIZA PATCHEN-SHORT***

I guess what I think about is, I'm sorry. It sounds really difficult. I first want to say that to you. I don't know the source of who -- where that's coming from, whether that person can -- he cannot have that relationship. That's a piece of this. But, I think also is coping strategies of how to respond, and how to take care of oneself, and how to get boundaries -- you know, set up strong boundaries, and hopefully, you know, the support system that's working with him is helping that. Um, but I think that those pieces are really critical.

**01:13:52**      ***RENA FITZGERALD***

And I think you brought up another important issue that we need to talk about. We talk a lot about peer bullying, but we don't talk a lot about the bullying that happens in our communities from adults to our youth. And emotional abuse is a type of bullying. Um, and it is very difficult to have a child removed for emotional abuse, because it doesn't leave bruises and other evidence you can take photos of.

But I do think that is a very, very important thing that we need to address as a community, and if we can't take care of the problem in the legal system, what can we do to support the victims in our communities? And, you know, looking at where else in our youths' worlds are they subject to being bullied by other adults? And instead of being quiet about that when we see it happening, demand that it's addressed and stopped.

**01:14:54**      ***MODERATOR***

Thanks. So, we'll go back to -- she's on her way. And we had the back row, yellow.

**01:15:01**      ***AUDIENCE MEMBER***

Hi, my name is Sandy, and, um, I just kind of wanted to bring to the radar something that I didn't hear mentioned up there, just from my experience. I have a son, graduated six years ago and he was -- he's the kid that all the girls wanted to talk to. He's like -- he has an ear to, to help. And, so, my house was just a home where a lot of the kids would come, because they wanted to talk

or, you know, of what they were feeling. But for my son, when he was in the 7th grade, I remember going to the counselor and all these kids would talk to him and tell them his problems, their depressions and everything, and, um, to where my son was getting stressed out about just everything coming, but he still wanted to help. And he still does that today, and he's 25, and, so, my experience was, the kids that come to my house, they didn't have anybody else to talk to.

And, so I feel like as parents that have -- that are able to open up their home to these kids that want to talk, I think we are a big part of what needs to happen. One particular time, my son didn't want to go to school and, um -- and I talk to my kids all the time. I said, "You're going to school." I said, "You're not missing school." And he never gets out of hand or yells or anything like this. This particular day, he raised his voice and just, kind of, was just kind of forceful about it. And he finally told me he didn't want to go to school, because a girl called him and told him she was going to kill herself.

And so, back then, I didn't know where to go to, but I let him go sit with her, um, and talk with her, but the main -- the main trouble behind what he was dealing with that what I didn't hear up on the panel was that a lot of girls, 7th grade and even in high school, have lost their virginity and didn't want to -- and felt -- felt just awful about it to where it just kind of ripped them apart.

So, he dealt a lot with that, and I didn't hear that mentioned up there as far as, you know, that subject, because that takes a lot away from a female, and that's a lot that he's had to deal with. So, my house had become just a home where people can -- I mean, where the girls can kind of come through and talk. And some of them just needed a hug. So, you know, I think we need to focus on more parents probably getting involved. That's my experience.

**01:17:24**      ***RENA FITZGERALD***

Uh, you know, it certainly would fit into trauma, whether it's something that's recognized as a sexual assault by the larger society and community, or not. That can be a very traumatic experience for a young female, um, or a female of any age. And definitely we speak with a lot of youths who are the victims of sexual assault and, um, I think that's another great point to bring up in our communities is victim blaming and how we make it so hard for people to get the help that they need because of the second trauma we put them through in the process of getting that help. And, definitely, something that we can play a role in at the community level as you and your son have done.

**01:18:17**      ***MODERATOR***

All right, the back row.

**01:18:31**      ***AUDIENCE MEMBER***

Much of what I wanted to say has already been addressed in the last few minutes, but my comment had to do with -- that many of the kids that I know who have been very depressed and even a suicide that took place at Kamiak High -- not at Kamiak -- at Cascade High School this last year, I believe, were students who are of the high-achieving folks, and who, like you say, feel so much pressure and, um, I don't know what it is we can do as a culture and I know as a parent, I feel like I probably contributed to that. We expect a lot out of our students and for them to do their very best, but sometimes it's too much, and they don't know how to tell us that. And if

they're introverted, they don't talk about it. So, those are just things to be aware of.

And, um, it's just so hard to see when we don't know someone has died, and we don't know what, what the reasons were. And sometimes I think that's where it comes from, those expectations and those, um, that people -- I think when kids get to where they feel stuck is another part of the pain. They don't feel they have an out or a way to deal with it without, you know, disappointing themselves or other people.

One comment about the woman who mentioned how children who -- and youth who are involved in churches, it's a very big, helpful support system. I agree that it's the, the community support that's important. I believe churches are a big part of that, but be aware that there are many churches in our community who look at LGBT kids as an abomination, and this contributes to their difficulties, their depression and even sometimes suicide attempts. So, those of you who are members of churches, please think about that. It's a big deal, and I believe God loves everybody, no matter what.

**01:20:22**        ***MODERATOR***

Thanks. Um, over here, and then I saw your blue shirt; Richard and then you. I have to write all this down. Okay, you're next.

**01:20:38**        ***AUDIENCE MEMBER***

Hi, I had a question about when you -- the brain development of the 18 to 26 year old. What do you do when you have a adult child that you recognize mental health issues in? What are resources for parents to deal with that?

**01:21:01**        ***LIZA PATCHEN-SHORT***

That's a great question. It's different when there's an adult versus a kid, because an adult gets to make their own decisions. So, it's a struggle. Um, what I would say is trying to get people who support that adult and letting them know how much you care about them, and what you're seeing, and what you're scared of, and what resources are there, and how you can support them is what you hope to do.

It depends on the level. If they're in crisis or if they're going to hurt someone, that's a whole other situation because then you have the right to potentially detain them, but I'm assuming that you're just talking about needing supportive services. Yeah, they get to make the decision on their own whether they want it or not, and that's really painful at times. So, um, you know, taking it step by step, and I'm happy to talk to you more about that.

**01:21:55**        ***RENA FITZGERALD***

And I would just like to add to that. That's probably one of the most frustrating scenarios for navigating systems. And we do have a great resource right here in the room. NAMI, they provide wonderful resources for families. You know, you really need to make sure that you are being taken care of as well because of the high levels of frustration involved around that scenario of trying to get your adult child to get the help that they don't think they need or they don't want. Um, so definitely get resources for yourself so that you can be as empowered as -- and as healthy as possible to continue the struggle that it can be to get help for that individual.

**01:22:42**      ***LIZA PATCHEN-SHORT***

It's just a great modeling. Yeah, that's really important.

**01:22:47**      ***MODERATOR***

Okay, so I have questions from -- next is in the back row, and then we have Richard, and then you. Then -- how are we on time? Five minutes? Okay, so we'll take you guys, and then we'll see if we can take one more after that. So, go right ahead.

**01:23:03**      ***AUDIENCE MEMBER***

Hi, um, first of all, I would like to say I like what you said about keeping kids involved in activities, whether it be music or just things that they enjoy. I think that's really important.

And secondly, I had a question about if there's peer support groups inside of the schools -- other students that these kids can go to in times of need or students that reach out to other students that -- you know, maybe, like, it's the kid that's eating alone at lunch every day. You know, just things like that. Someone that's being bullied or someone that they can see might need help.

**01:23:38**      ***RILEY KIZZIAR***

In Kamiak, I know we started, two years ago, a group called Natural Helpers, and we're focused on being the bridge for those kids who need further help or just somebody to talk to. Our big focus has been listening. And they're continuing that next year. There's a few of us here, um, that will be taking over. And that's been really awesome. We did a documentary showing, too, called "Paper Tigers," and that was focused on at-risk teens, so we definitely have been doing a lot in the schools that are focused on reaching out to those kids who are feeling alone or just need somebody to talk to.

**01:24:19**      ***MODERATOR***

That's great. Uh, Richard? Third row there; so, yeah, there he is.

**01:24:26**      ***AUDIENCE MEMBER (RICHARD)***

Great, thank you. Um, I think part of my question was just answered. Sometimes I look at things from a different perspective, and I wanted to, first of all, say I'm really impressed by all the people who are here and how clearly we care about our children and our community. I really appreciate being here. And there's a lot of discussion about resources that are available, but one of the questions that just crossed my mind is, in terms of helping people access services, or reach out, or find resources that would be helpful to them, who's asking the kids what will work? What they want; how things can work better.

There was just mentioned peer groups. The process that you mentioned at Kamiak sound like excellent programs, but one of the best ways to help anyone get to, um, get connected is to ask them what they need, and what are the obstacles that are in their way. Because we have the resources, and the skills, and the experience to provide those, but we usually have to ask the people that we care about what would really work.

**01:25:43**      **MODERATOR**

Thanks, and then next right in front. So second row, on your side, again.

**01:25:53**      **AUDIENCE MEMBER**

I am a mental health counselor, and I work with the employee assistance program with one of our school districts so I see both kids -- I see families, I see teachers, I see people who work in the school district. And I was -- came across a book called a *Race To Nowhere*, if anybody's familiar with it, Vickie Abeles -- and she's now come out with *Beyond Measure*, and I would love to see the documentaries that she's put together come into the communities because the *Race to Nowhere* is about the problem and *Beyond Measure* is about the solutions to it, and it has to do with so many of the questions and things that people have brought up here.

**01:26:38**      **MODERATOR**

Thanks, are we -- do we need to close? We have time for one more. Yes, go ahead. Oh, but you have to wait for the microphone, just like at city council meetings.

[LAUGHTER]

**01:26:51**      **AUDIENCE MEMBER**

I just have to comment that the Washington Administrative Code 1 of the eligibility criterion for special education is emotional behavioral issues. And, um, we can do an IEP meeting at the schools. The schools don't like to pay for special ed people, but I have gone with at least 40, 50 of my parents to IEP meetings and especially the high achievers and the anxiety and depression -- most of the time females. Um, we can get them in special ed where we have the special ed teacher who can give them some personal attention, and then if the school district can't provide it, there is a schools that -- private schools that the school district would have to pay for that is meant for that. Overlake Specialty School is one of those, and we help the parents go through the process, and help the teens, and help hook them up. So, there is something in the schools that we can help them and give them some special attention.

**01:28:05**      **MODERATOR**

Thank you. So, it sounds like we've come to the end of our time. I'm not the boss. Do we have time for one more? Okay, I am the boss. We have time for one more. Go ahead.

[LAUGHTER]

Sorry that I missed you.

**01:28:28**      **AUDIENCE MEMBER**

I'm Dan. Daniel McMullen. Uh, it looks like we've been skirting the issue of how faith helps -- can help here. Robert Spencer did a recent -- did a -- with other people, did a study of over 2,000 people, and he found that those that had no faith were much more prone to suicide than those that did have faith. It seems -- and another thing that I think would be very good is show

some of the heroes of our -- of our -- that have built our society, because they went through problems like this, and they overcame them, and if the kids get to know about them then they can study them, look into them and look into the religious part which is forbidden in the Catholic -- in the public schools.

**01:29:33        *MODERATOR***

All right, thanks. Um, so now we have come to the end of our time. Um, we -- I want to make sure that you know that we have an opportunity to talk with our panelists and with each other. So, if you're like a lot of people and you don't want to ask a question in a large group with cameras on you, you have a chance to gather in the lobby, and also the Rosehill Room which is that little room that angles off from the lobby, and talk with the panelists. And those of you that asked about resources, you know, have a conversation with them about what's available.

So, if you are looking for more information beyond that after tonight, there's resources on the Sno-Isle Libraries website. It's [sno-isle.org](http://sno-isle.org); there's a hyphen in there. And the library system would appreciate any suggestions on how to improve Issues That Matter forums or ideas that you have for future topics.

So, if you haven't done it yet, there was a evaluation, I think, probably on your seat. It looks like it might be the purple sheet. So, make sure to complete that before you head out, and put those in the box that's by the door.

And then finally, join me in a round of applause -- applause for our panelists and to you, our audience.

[APPLAUSE]

We've heard such thoughtful questions and comments, and as the mayor of your community, I'm so appreciative that you took some time out to think about the members of our community that need our support, and to really get engaged on this issue. So, feel free to wander out to the lobby to chat so that our staff can take down all of the equipment. And thank you so much, and have a good night.

[APPLAUSE]

[Credits] to end

**END OF RECORDING [01:31:30]**