

**Sno-Isle Libraries
Issues That Matter Forum, "Teen Suicide"
Recorded Jul. 21, 2016, Oak Harbor Library, Washington
Video transcript**

00:00:00 - 00:00:06 [Indistinct chatter]

00:00:06 *KENDRA TRACHTA*

All right, good evening. There, heh. Thank you so much for joining us this evening for a painful but very important conversation. My name is Kendra Trachta. I'm deputy director for Sno-Isle Libraries. And in the time I've been with Sno-Isle Libraries, I have seen a lot of change. But what I have not seen change is Sno-Isle's dedication to our community, our dedication to bringing people together to learn and discuss important topics, and our dedication to being true partners with all of you and everyone in our communities.

Not only do we provide this service and create these connections in all of our 21 community libraries, but we work with different agencies, different, um... other organizations in order to always be strengthening our society. And our Issues That Matter is part of that effort.

In the past, this series, which is designed to bring us together, has taken on drugs, gun violence, and bullying. This fall, we will be discussing the issue of homelessness. We could not deliver programs like this without the support of the Sno-Isle Libraries Foundation. So please join me in thanking the Foundation for their support of this program.

[APPLAUSE]

And now I would like to introduce a woman who is as committed as Sno-Isle is to serving the Whidbey Island community. She serves on the board of the Sno-Isle Libraries Foundation. She's vice president of the Sno-Isle Libraries' Board of Trustees. And she has volunteered with the Friends of the Langley Library, the Whidbey Island Writers Conference, and is a mentor to local youth. Please join me in welcoming Marti Anamosa.

[APPLAUSE]

I'll let you come; it's tricky.

00:02:55 *MARTI ANAMOSA*

Good evening everyone. On behalf of the Board of Trustees and the library staff and the participants here tonight, I want to welcome you to this Issues That Matter program, which is going to delve into some issues surrounding teen suicide. I'm honored to be here representing both the Sno-Isle Libraries Foundation and the Sno-Isle Libraries because in working together, these two organizations can bring really important and interesting programs to our communities across Island and Snohomish County.

The mission of Sno-Isle Libraries is to be a community doorway to reading resources and lifelong learning and a center for people, ideas, and culture. Over the past decade, Sno-Isle Libraries has particularly taken a lead role in our communities in convening audiences for

discussions just like this one on important issues, and our Foundation provides the critical resources, i.e. money, needed to put on programs like this. I'd like to take this opportunity to thank any -- there are some in the audience, I know -- donors to our Foundation, and I want to thank you for your commitment to Sno-Isle Libraries, to the Foundation, and to this program tonight.

Now I'd like to introduce Sarri Gilman, our moderator for the evening. Sarri is an author, she is a psychotherapist, she's a Whidbey Island resident, and the video of her presentation at Sno-Isle Libraries' TEDx event from last fall has been viewed over 25,000 times on YouTube. Sarri?

[APPLAUSE]

00:04:34 **SARRI GILMAN (MODERATOR)**

Thank you Kendra and Marti and thanks for all of you for coming this evening. Some of what you're gonna hear tonight may be very difficult, and it may bring up some feelings of grief and sadness. We know that some of you in this room may have lost someone very close, and some of you may have considered suicide. Please take time to take care of yourself this evening, and if you feel a bit overwhelmed, please be sure to talk to one of us after the session or to somebody in your immediate circle. And you can also call the Care Crisis Line if you feel you need somebody to talk to, and their number -- there are cards for them in the back of the room, but their number is 1-800-584-3578. You may also take time afterwards to journal if you feel there are a lot of feelings coming up because there may be a lot of things brought up to the surface this evening.

Before I introduce our panelists, let's take care of just a few basic housekeeping things. In case of emergency, there are exits in the back of the room and on the side here. The restrooms are right outside the door. Please silence or mute your phones. Now would be a good time to do that. If you do get a call and you need to take it, please step out of the room before you start talking on your phone. We'd really appreciate that. Please refrain from side conversations while we're up here this evening 'cause there will be time for questions from the audience and we really want to be able to hear what you're saying. If you plan to take photos, please make sure the flash is off. Sno-Isle Libraries staff members will be doing the best they can to communicate some of what's happening in the room tonight. They're going to be live streaming to Facebook, and I don't even know how they do that, OK?

[LAUGHTER]

And they're gonna be live tweeting with comments and photos and again, I have no concept. But all of this, including many resources that are available, are gonna be posted on sno-isle.org, so if you want to go there and kind of read the feed later and remind yourself through some of the information that was shared, feel free to go there.

And now I'm gonna introduce our panelists. And we are waiting for one of our panelists, Megan. Well, we're not gonna wait, I mean, we're gonna go, but when Megan gets here, Megan's gonna join us.

So, uh, Megan is Miss Washington High School America 2016, and she is a Monroe High School student. And next we have Rena Fitzgerald. She's the Crisis Chat Senior Program Manager with Volunteers of America of Western Washington. And then we have Charlene Ray, and Charlene is a Mental Health Supervisor, School Based Mental Health Program

Coordinator for Island County Human Services. And then we have at the end there, Catherine VanWetter, University of Washington and Island County Health Department.

Our format tonight is pretty simple. We're gonna hear a statement from each of our panelists. They're each gonna come up and spend about eight minutes sharing some information. And then we're gonna take questions from the audience. So, Rena, let's get started with you.

00:08:30 ***RENA FITZGERALD***

So as mentioned, I am a Senior Program Manager for the Crisis Chat, which is part of the Crisis Line. And the Crisis Line, though it is located in Everett, does serve Island County and has served Island County for the entire time I've been associated with the Crisis Line, which has been 20 years, so a long relationship with speaking to people on the Island.

I'm gonna go over just some things that I think are really important for people to know about suicide prevention. I'll probably run out of time. This is my fourth time. Maybe I'll actually make it to the end, we'll see.

So, one of the most important things to do if you think that someone you know might be thinking about suicide is to just ask them. There's a very common myth that if I ask them, I put the idea into their head, and that is just not true. If you're getting that vibe off of someone that they're in distress to the point that they might be thinking about suicide, then they probably already have the idea. And if they don't, it's a great opportunity for them to learn that you're a safe person to talk to, should they ever get the idea to kill themselves.

A really easy way for most people to feel comfortable asking the question is to follow a basic framework that runs like this: "Sometimes when people lose their girlfriend, they think about suicide. Are you thinking about killing yourself?" Or another version of that would be: "You look really down today. Sometimes when people are feeling sad, they think about killing themselves. Have you had any thoughts like that?" Makes the person asking more comfortable and it makes it easier for the person being asked to tell the truth in their answer.

Another thing that's incredibly important to do is to restrict the means, and I'm just gonna share an example from my life. My son has experienced a suicide cluster at his high school. Actually, Snohomish County is in the midst of a youth suicide cluster right now, and my son was at school during that. So while he was going through his personal crisis, we removed all of the knives from our kitchen. We took his sword collection and removed it. We took all of the medications and supplements anywhere in the home and removed them. If you don't know if something you have is dangerous, you can call Poison Control to find out.

Another thing that we didn't do at our house but that people need to think about is to remove things that could easily be tied around the neck. I know that that sounds daunting, but just keep it in mind if you should ever face a situation like this.

It's really important to understand the role that impulsivity plays. We have a wrong idea about that in relationship to suicide. We think that people just all of a sudden decide to kill themselves because we might not have known that they were thinking about it. But in reality, they have been thinking about it. Where impulsivity comes into play is the moment they make the decision. They've been living in a state of ambivalence about whether or not they should go through with it. They make the decision, and it's in those next few minutes that about 25% of teens report they actually make the attempt. So if we restrict means, so that in those few

minutes after they've made the decision, they cannot grab a gun off of a table, they're far more likely to survive.

Focus on safety, as we've been talking about with means restriction, but sometimes we talk to people and they say that they are having thoughts of suicide and no, they don't want to call the Crisis Line and no, they don't want to tell their school counselor or talk to their parents or do any of the other things that we might think of. So a good thing to do in that situation is ask them what they feel needs to happen right now. "What do you need right now or for the next 24 hours to keep yourself safe?" And then help work with them for whatever it is that they have come up with.

There are also phone apps that you can get for free from Google and Apple. One of the handouts on your seats has a list of the apps that I like the best, but there are other ones. So you can definitely search the apps and help the person you're worried about load one and help them fill it out, fill out the fields for it.

The Crisis Line is a great resource for you if you are concerned about someone. If you're -- this is a v-- you know, this is a really, really difficult thing to have to face on your own. You don't have to face it on your own. Our staff are there 24/7. And though it's at Volunteers of America, the people answering the Crisis Line are not volunteers. They're all Master's-level mental health professionals. So you can truly consult with them. And you do not have to be suicidal and the person you're worried about does not have to be suicidal to do that. It could be any mental health issue or concern that you have about them and you're just not sure what you're seeing means or what your options are. They're very happy to talk with you about that.

Something that's really important with our kids is when they ask us for help that we take them seriously, that we give them help, we don't assume that they're just attention seeking or trying to manipulate us. We don't take the attitude of "What could you possibly have to be depressed about or anxious about? I'm the one who pays for everything. What do you have -- you just have to go to school." Don't take that approach. If they're asking you for help, give it to them. Take them to see their family doctor, get them in to see a counselor. Have them come onto the Crisis Chat. Whatever they're willing to do in that moment, take them seriously and talk with them about it, and stay calm while you do that. And trust me, it's not as easy as I just made it sound, but it's important to be calm so that they feel safe talking to you.

Something we can do in our communities is change the language that we use. We have the habit of using phrases like "commit suicide," and the word "commit" is really something that makes people feel like criminals. People don't commit cancer, they die from cancer. So instead of saying that people commit suicide, we can say that they die by suicide, so that over time, as we -- and it's a habit; I mean, it still pops out of my mouth once in a while. But over time, if that disappears from our communities, we will have more people feeling comfortable talking about suicide.

We also really strongly encourage people to use the word "suicide." If that's what you're talking about, use the word. When you say, "Are you thinking about hurting yourself?", it's not clear to the person exactly what we mean. And the people that we talk to in our service, they oftentimes tell us that they are using different self-harm techniques as a way of delaying the impulse and urge that they feel to make a suicide attempt. So those two things can be very related, but if we're talking about suicide, it's important that we use the word.

I have time to finish; it's amazing.

Something you can do in your community also that would be really helpful to youth is to volunteer wherever they accept community volunteers. We can't assume that all of the teens and kids in our communities have a caring, supportive adult at home. And so if we have the time at all, which most of us do in some capacity, we can be that person for kids. Contact your local school or Boys & Girls Club or whatever organizations you have here.

And the last thing I just wanted to mention is how important it is to recognize the relationship between bullying and suicide. And I know that the Library has hosted forums on bullying, but don't think that it's a finished problem. It's still an ongoing problem.

00:16:53 ***MODERATOR***

Thank you, Rena. Charlene?

00:17:02 ***CHARLENE RAY***

Good evening. I'm Charlene Ray, as introduced. I've -- Island County resident for 22 years and have worked with adolescents and youth suicide for over 35 years now. So I feel like, um, this is a big part of my life, and I understand that people come to talks like this for really important reasons. This is not the kind of thing that you'd come to because, um, you just want to go out and learn something usually. There's some personal way that this has touched your life. So I really want to be sensitive to that, and why we're having this conversation all over, and -- but particularly tonight in Island County.

So one of the things that you may or may not be aware of is that we do a healthy youth survey in our schools. That happens every couple years, and we ask our 6th, 8th, 10th, and 12th graders to take a survey. And it assesses all sorts of different health concerns, including questions about safety and bullying and depression and suicide. And what we have learned over the last couple surveys is that we are above the state average in Island County in the contemplation of suicide. And we're -- in fact, we're 3.5% above the state average in 6th graders contemplating suicide. And that's pretty young children when we think about that. Our 10th graders also have a higher suicide contemplation by 2.3%. So -- and it's steady but still increasing.

So we want to ask -- I always want to ask the question of why is this so, right? And many of you probably have that on your minds. Why? And there's -- you know, we could talk all night about various different reasons. You know, are there things that are -- is life just more difficult for teenagers? Is -- are there things happening in families that are more stressful, economic conditions, and other related topics like homelessness, and yes, we would say yes, yes, yes to all of those things. But one of the things that, um... because, maybe, a product of all those things is the lack of hope among teens.

I supervise a school-based mental health program. We have this mental health program in all four school districts in Island County, so Oak Harbor, Coupeville, South Whidbey, and Camano-Stanwood. We have mental health counselors, licensed mental health counselors, who work with students individually, groups, families, and do education, prevention. In all of our schools we have a suicide prevention curriculum, which I think is important for you to know. If you're wondering what are we doing, that's one thing that we are doing. And we offer that curriculum to students in health classes and we offer it to staff for recognizing signs and symptoms and doing what we can to try to prevent, by pointing out these different signs and symptoms, but also talking with everyone about: What do youth need to have hope these days?

So talking with, you know, talking with the teachers and talking with the youth themselves and asking them, "What is it that you need?"

We know that simple things can make a big difference in the lives of youth. And sometimes it's, um, what was already been referred to is when they ask for help, to give them help. And when they are -- if you notice that someone looks down or upset or their behavior has changed, to take note of that and to ask about it, to not be afraid to ask about these things.

So, some of the -- I do want to talk about the warning signs just a bit because those are the things to look for to ask about. And those are, um, personality changes, behavior changes, a loss of interest in activities that they used to enjoy, could be a loss of energy, change in appetite, change in sleep, withdrawal, neglecting themselves, sadness, indifference, could be drug and alcohol use is related, extreme anxiety or panic, aggressive and defiant behavior. So you can see there's a lot of things that -- "Well, that could be anxiety, that could be depression, that --" but if that's a sudden change, lots of times we're looking for things that are a sudden change, something different, and we really want to make sure we're asking about it.

And we have counselors in the schools and we have counselors in the community. It -- sometimes it's: what do we do and where do we go? So when we have sch-- in the schools, there is help, and most students are becoming more aware that that's an option for them. But you can always call, and I work for Island County Human Services, if you have a concern. We talk to people every day who are concerned about citizens in the county for various reasons. When school's in session, I pretty much talk to the counselors. Several times a week we have someone who's considering suicide in one of our schools, and our protocol is to call the supervisor to talk about that, so I get those calls, so I get a pretty good idea of what is happening and we take a team approach to try to problem-solve and help this young person.

But back to the subject of hope. Um, you know, sometimes it is the simple things. And I like to tell stories that, um -- so we can realize that we can do things that are very simple, like smiling at someone. There -- you know, that someone who looks down and depressed in the lunchroom, or on the street, and we smile. And don't underestimate that 'cause I have a brilliant story of, um, a young person who was quite depressed and suicidal, actually contemplating suicide that day, had the means on them, and someone on the street just noticed this young person and said, "Hey, how are you doing? You look a little down," you know? And to that teenager, nobody had cared about -- nobody had cared about them, but that made all the difference. They went for a cup of coffee, and then the teenager revealed, "I was about to kill myself when you asked how I was doing." And that led to them call-- going to the school and getting some help, and then this person, um... it made a big difference in this teen's life.

And that's the way we also have to look at this situation that we're in is one person at a time, that if we -- we can't look at -- if we look the big picture, we're all gonna be overwhelmed and hopeless, but if we look at it as the person in front of us, the teenager in front of us, and we talk with them, and we really listen to them, you have no idea what a difference that makes.

So I feel that in Island County, we have, um... you know, we have a lot of students contemplating suicide. We haven't had a lot of youth actually committing suicide. We've had a few, but as many as you might imagine. So I think that the little things make a difference. And I see that I've only got 30 seconds left, and obviously I could talk to you all night, but, um, I'll just leave you with that for now, just to pay attention to the little things and really listen to young people, um, when they talk to you about needing help.

00:25:03 ***MODERATOR***

Thank you, Charlene. Catherine?

00:25:15 ***CATHERINE VANWETTER***

Good evening. My name is Catherine VanWetter and I contract with the University of Washington in a nonprofit organization called In The Forefront. In The Forefront was established back in 2011 when the originator of it, Jenn Stuber, lost her husband to suicide. And so the work -- excuse me, the work that we do -- and it's wrapping up everything that people have talked about here -- is education, training, empowerment. And not only do we work with students, adolescents, teenagers, we also work with elder and middle-age people. So part of what we're doing here on Island is not coming in to take over Island, to say what we have to offer is what you need. Rather, we're coming in to collaborate and we're coming in as partners.

Earlier I was introduced as being part of public health, and actually I am partnering with ment-- with the public health. So I'm not an employee of mental heal-- or the public health, we're coming together and partnering. And what I found living on Island, I've only been here for two and a half years, that community is imperative and that this is an issue that we all need to face.

As difficult as it is to talk about suicide, the potential of someone taking their life is very real. I know in my own personal life, my father had -- took his life. He was medically compromised. I've had colleagues who have lost children. I've had dear friends who have died by suicide. And so for me, this is my personal mission in ways to be out and educate and wrap ourselves around those who have lost their way.

In The Forefront also works in policy and legislature. We, back in January, went down and had lunch with the governor, and I met with representatives of Island County to talk about what the needs were. As mentioned, we have one of the largest suicide rates here on Island, and I know we're speaking of adolescents but the stats that I've been given are more for the military. We're the second highest suicide rate here in the state of Washington. And so In The Forefront was granted three grants for three counties: one is Okanagan, whose suicide rate is a little bit higher than us, Island County, and also Stevens. And so part of what we're doing is going out into the community. And when we went down to speak with the governor, what they -- the House, Senate, what they were passing was the bill to lock up firearms and also pharmaceuticals within homes. And that can seem quite daunting because how do you mandate something like this? And part of what it is is through education. So when people purchase guns, it's not taking people's guns away. Rather, it's putting them in safe places. And so when people go to purchase guns, then they learn safe care of where to put their guns. In pharmaceuticals, when they receive their meds, they learn where to keep them in places where people will not be able to get ahold of them.

So again, it's about talking about an issue that is difficult. I've had the opportunity to deal with a lot of clergy, so I'll be working with clergy on Island as well as different organizations who are interested in being trained because, again, it's a community issue. It's not individualized. And as was said, sometimes we never know what a smile will do or someone actually reaching out.

And that reminds me of a story of a man that jumped off the Golden Gate Bridge. And as he was -- before he did that, all he wanted was to connect to one person. One person, just to know that his voice could be heard, that he could be seen. And a woman did approach him, but the only reason why she approached him was 'cause she wanted a picture being there on the bridge.

So he took her picture and then jumped. And he was one of the lucky ones that survived because what I've heard from others who have been survivors, it's when they let go, they recognize that they made a huge mistake.

So again, how do we learn to demythify suicidal ideation? How do we learn to talk about what's important? And so through the trainings we have, one of the trainings is called SafeTALK. It's a three and a half hour training, and it's available to anyone who's interested in educating themselves. It's wonderful common sense. Often it's inviting yourself into someone's world just for a moment and to deeply listen. I know for myself, the more that I've worked with suicidal folks, the easier it is to talk about it. And it's not that it's a piece of cake. Rather, being able to actually say the word "suicide" doesn't feel so daunting.

And so the invitation to all of you, if you're interested, is to please come and talk to me or someone here on the panel about ways that you can become active participants, 'cause we never know when it could be a loved one. We never know when it could be ourselves and the neighbor down the street. So again, awareness is all that we need. Thank you.

00:31:04 ***MODERATOR***

Thank you, Catherine.

So, has Megan walked in yet? No? OK, just signal me when she does.

Now we are going to turn it to you guys to be able to ask questions. And how this works is, just please raise your hand. Someone is going to bring a mike to you. Mike holders, we've got two of them. And we just ask that you stand when you ask your question so that we can see and hear you real clearly, and then our panelists will answer your question.

As they're thinking about their questions, Rena, you mentioned a suicide cluster in a school. Could you tell the audience what that is?

00:31:56 ***RENA FITZGERALD***

I don't have it memorized, but I think the CDC, the Center for Disease C-- they define it as, um, a group of suicides that happen within a period of time. So what's happened in Snohomish County is the 2014-15 school year, we lost 13 kids as young as middle school. I don't know the number for this current school year that just finished, but I believe -- I mean, I know it's lower, which is good, but I believe it's gonna be somewhere around 6 to 8, but I'm just kind of pulling that out of my head, which is an unreliable source of information.

But a cluster is a group that happen within a period of time, not like eternity, but I mean, for example, what happened at my son's school, we lost two kids in two weeks. And that was a month after the Marysville school shooting. Um, and you know, we lost a kid every month of that school year. And some months, like that one, we lost more than one. So that would meet that definition for a cluster.

00:33:08 ***MODERATOR***

OK, thank you. Do we have questions for our panelists?

00:33:19 ***AUDIENCE MEMBER #1***

I'm just curious with the, um, group of kids here in -- is it Oak Harbor or just Whidbey Island that there is a higher percentage? Anyway, my question is if they have really looked into maybe the, um... there are so many kids that are in and out with the military families and it's pretty hard to feel like you belong when you're always the new kid in the new community.

00:33:51 ***CHARLENE RAY***

I can say something about that. So the healthy youth survey is the three school districts on Whidbey Island, so those statistics are for those three. I don't have the information that separates out kids who are in the military. I do -- all I would have is anecdotal information about the -- from my counselors who work in the Oak Harbor schools and Coupeville schools. There are students who are in the Coupeville schools also. And I can't say that that -- can't make a direct correlation that that affects their suicidal ideation. I can say that there are obvious challenges with things like moving frequently, deployment cycle. You know, we just educate our staff. We work with the military and educate our staff so that they can work with young people when issues come up. But I'm not, um...I don't have any specific statistics of the impact of that on the suicide rate.

00:34:59 ***MODERATOR***

Do we have another question?

00:35:08 ***AUDIENCE MEMBER #2***

I'm just curious, when you hear about teen suicide, like on the news, the ones that make the news are the kids who have been bullied. And, um, is it so difficult to initiate a no-bullying policy in schools? I'm surprised every school doesn't have one. Has there been any insight into that?

00:35:28 ***CATHERINE VANWETTER***

I think one of the issues with that is that bullying no longer is just within school property. Because of social media, cell phone, etc., etc., it often is a 24/7 thing. So part of it, again, is, you know, how do we educate families to recognize the signs of someone that is being bullied, and look for some of the signs and symptoms of a child that is starting to shut down, isolate, or changing, so...

00:35:57 ***RENA FITZGERALD***

And I'd just like to add to that. I think that there is a state law about bullying curriculum and it is in all of the schools. That being said, there is -- it's...it's still a huge issue, and I think social media is part of it. In private conversations that I've been having with other people in mental health, we talk -- we've talked privately 'cause it's a hard topic to bring up in communities, but there's a lot of bullying that's become kind of institutionalized into different aspects of our communities and in society. A lot of parents believe that their child has to be bullied by the band director or the football coach or the Little League person in order to be a winner.

And so I think we need to look at where else besides peer-to-peer bullying, where else is it happening in our communities? Where is it happening where adults are bullying kids? And that's something that I don't think we've really talked about very much. And I hear parents on the

sidelines saying, "I don't like the way they're talking to our kids right now." But those very same parents are afraid to talk about that, besides to each other, because the public perception is, "Well, you want your kid to be a winner, don't you?" So I think that's part of the problem. That's just kind of my personal opinion.

00:37:29 **CHARLENE RAY**

And I'll just add a couple things. Those are really good points, and we have seen an increase in cyberbullying. That's been one of the most difficult things that we deal with in the schools, and the control of it is really challenging 'cause, um, as Catherine mentioned, a lot of it happens outside of the... outside of the school, you know, on the cell phone, on Facebook, on Twitter, on all the different things that our young people are using. Most of the schools, um, I would -- actually I would say all of the schools have some way that they're addressing bullying. If they're not addressing it directly as a bullying curriculum, they're talking about acceptance. They're teaching children at the elementary school level empathy skills and also working on, um, teaching communication skills, relationship skills.

Those are the ways in which they're working on preventing what might happen later with bullying. And I am aware that all the schools have some version of that -- of a program like that. It gets complicated because of all these other factors too, and certainly adults and families and communities. It's something that -- where we all have to work on the way we are with each other, really.

00:38:53 **MODERATOR**

We have another.

00:38:58 **AUDIENCE MEMBER #3**

I hope you understand me. I work in school district seventeen years in a high school. I am retired military. I took a class running away children here in the library one day because my son is run away, and also was -- committed suicide. My son is John. And, uh, one thing I -- my wife, she's always crying in the shower room. We don't know, but my wife and me, we got plenty of time to my children.

And also, as a Christian, I always helped them with prayer and go to Sunday School when they are young until they -- but still, they -- the trials in our life is there.

This is the question. How do you teach a father that they put a lot of time to their children? My son rebuked me one day and he told me, "Dad, "you don't have any time to me." And I asked of my son, "I'm sorry, son." My son right now is a pastor, counselor, psychologist, marriage counselor in Liberty University. He helps troubled kids. And that's the question: how do you help the father put time to their children? Because the father is the head of the family. Because the father, they always working, working. The mother, working. Then the kids is coming home. Shhh, there's nothing. They don't have any time. Then when they got problem, bullying, or loneliness, sadness, desperation, the parents are on their own. But what they do? Thank you.

00:41:37 **MODERATOR**

Thank you.

00:41:43 ***CHARLENE RAY***

I'd sort of like to let your question hang in the air a little bit, right? How do we teach a father to spend time, right, to spend time with their children? And I would broaden it to say father, mother, family members, to really take the time to pay attention, to listen to one another.

One of the things we talk about with parents is we call attention to how much we're multitasking. So your child comes to talk to you and you're on the phone and you're, you know, you're texting on your own cell phone and you're do-- and you're making dinner and you're -- and there isn't that kind of attention, like, it's just you and your child, focused on one another. And children of all ages, even the teenagers who say, you know, "Get out, get away," you know, they need that. They long for that. They want nothing more than to know that they're the most important being, person, in their parents' life.

So really what you're doing is, you're asking a question that I don't know that we have the answer for, right? How do we teach that? We teach it by example. You're teaching -- you teach it by example. We teach it by talking about it. We teach about -- by talking about what happens when we don't do it.

But I think you're really getting at something that's very important, which is the time that we spend with our children. Families -- a lot of what we do with parents is talk to them about spending time. I mean, that's probably the number one intervention that we talk about when there's problems in a family. We ask about how much time, like really quality time, do you spend with one another, where you turn off electronics, TV, all of that, and you just focus on each other? It makes a huge difference when you do that.

00:43:52 ***AUDIENCE MEMBER #3***

I purchased this book. It's almost perfect book for raising kid. I got two daughter and son. They got their own children. They read that two times. My daughter scared that I'm scared with my two daughter that they reach teenager. Well, I told them, "Get ready!"

[LAUGHTER]

00:44:23 ***MODERATOR***

You know, it would be wonderful to also, at the end tonight, please tell one of the librarians in the back of the room the name of the book so they can put it on the Sno-Isle site.

And your other comment that I think really needs to be highlighted is that in my previous days, I used to run Cocoon House, which is a teen shelter, and one of the things I saw that you just mentioned was sometimes a spiritual connection means a great deal to a young person when they feel very alone. And we often kind of underestimate that and I think you brought that up and that was a really important point.

The mike isn't working, I'm sorry. There we go, OK.

So that is another really important thing, and especially for a person that feels very isolated, I've seen spiritual connection make a huge difference.

Welcome, Megan. We're taking questions from the audience. And I know we have somebody in

the back of the room that had their hand up. Are we -- got the mike there?

00:45:31 **AUDIENCE MEMBER #4**

Yeah, can you talk a little bit about the role of depression? Not the "my girlfriend dumped me," but the kind that doesn't go away in teens? Is it prevalent? Do teachers know about it? etc.

00:45:46 **CHARLENE RAY**

Want me to talk about that, or...? Um, so yes, you're talking more about, um, like clinical depression, where, um, and I would say that we -- it is -- we are seeing a lot of clinical depression and anxiety in children in much younger ages. I mean, we work with children in elementary schools. We do have children in elementary schools who are clinically depressed and who have already been diagnosed with anxiety disorders. We have -- every school year, we have children in elementary school who are talking about suicide. So it's, you know, it's just to let that sink in and think about is important, but, um...

We do counseling in the schools for children with depression. We connect them to community mental health resources and private therapists. We do a lot of connecting children and families where depression is, like -- really clinical depression, not just what you're talking about that is more of the -- what I would call, quote-unquote, the "normal" things that happen in adolescence, you know, where there are relationship issues, and even those require counseling of various sorts if the young person feels that they do. And that -- they drive the -- they drive that.

But, um -- I don't know if that answers your question, but we are definitely seeing more depression and anxiety than we have ever before.

00:47:19 **CATHERINE VANWETTER**

And part of it, um -- I think part of it is really witnessing when somebody is having a hard time rather than pushing it away or prescribing something. I feel that we live in a culture that puts a cover over emotions and somehow grief isn't normal. Or people, at times, have situational depression. Some people are highly, highly sensitive and take in the world in ways that we can't imagine.

And so again, it comes into, how do we listen deeply rather than running and diagnosing? I'm trained as a mental health clinician and I often am the last person to diagnose and the last person to give prescriptions because I want to get to the core of what's going on. And it's amazing when we can witness a child that may be living in a home where there's economic distress, there's marital distress, and they're wonderful observers and lousy interpreters. They pick up everything and often don't know where to put it. And because of the frontal lobe in the adolescent teen is not developed yet, it's blossoming and pruning itself, it's hard for them to make decisions.

And so again, setting up the environment for them where it's safe enough for them to talk whatever's on their heart. And if it is clinical depression, then get them the help they need, a good therapist, or someone who will witness what they're going through.

00:48:56 **AUDIENCE MEMBER #5**

Hi. I'm from Skagit County and on the board of the Skagit NAMI, which is National Association -- uh, National Alliance on Mental Illness. And I was an elementary school and a high school counselor for a lot of years, so I have been through some interventions and -- suicide interventions and suicides in the course of those years.

So, uh, there is a program in NAMI which has educators and family members who can come to schools to talk about the relationship between clinical depression and behavior. And that would also, um, overlap with recognizing, uh, suicidal ideation or whether someone is suicidal as, uh, a result of a clinical depression that they could actually get help for. So I just want to say that that exists. If you have a NAMI on Island County, there may be people, uh, trying to do that program also.

A lot of things to say in one question. One, I wanted to bring up a linguistic thing which is about the term "hanging out." A lot of people just say "hanging out." And I have a family member who has a mental illness who expressed to me one time that the phrase "hanging out" was very uncomfortable because she had actually lost people to suicide through hanging. And so when we just kind of casually talk about hanging out, I think it's good to use another phrase. Um, and that was something that I never had thought of in my own life before that was pointed out to me.

The question I had was about, uh, how suicidal thoughts might be used idiomatically in Twitter or texting. There's different words for depression, and do you -- do you know how youth are referring to suicide now? I'm sure that there's some cultural stuff going on that adults might not recognize.

00:51:11 **MEGAN LAPLANTE**

For Twitter and Internet and all that type of stuff, um, a lot of kids see the Kardashians and all that stuff and they think, "Oh, that's -- I want to be like that," or "I want to have that type of outfit," or "I want to be like that type of person on the Internet." And there's all these types of sorts of pages where they're like, oh, "couple goals" or something like that. And the kids think that they have to be like that in order to be popular, be that person that everybody wants to talk to. Um, for me personally, that's the way -- like, the way you are, that's you. You're different, you're special, you're unique. You don't have to be like that person on the Internet.

And kids say stuff on the Internet, saying, "Oh, go die in a hole" or something like that. I've met -- I've experienced that. Kids have told me that. And it's not OK and they think they can get away with it 'cause it's through social media or if they're in group chats, they think they can get away with it because I will never see this person, or I will never meet this person. But when kids get told that, it hurts a lot. It hurts, it really does. And I just...the social media, it's...it's really big, and that's why most of this is also happening too.

00:52:39 **RENA FITZGERALD**

I don't know what the phrases are that they're using, but I know that they're -- I've seen them. There are articles, so you could Google and get a list of the abbreviations or slang terms that kids are using to mask talking about cutting and suicide. I didn't come prepared for that but I know it's out there so you can find it.

00:53:01 ***MODERATOR***

I know you mentioned NAMI, and in the back of the room tonight, there's a whole bunch of pamphlets from NAMI and it explains what their resource is. It's a free resource, it's a national resource, it's a local resource, and it is tremendously helpful to everyone. So you can look through and see what they have.

I saw there was a question in the back. Thank you.

00:53:31 ***AUDIENCE MEMBER #6***

So you had mentioned earlier that if you feel there's a risk, removing the things that are obvious: pills, firearms, knives. Social media -- you already answered the question somewhat by leading by example: if I'm talking on a cell phone, asking my daughter what's wrong, I'm probably sending the wrong message. But nowadays if I see some of the issues where she's -- social media has been the cause, how do we remove that? Because I know that that certainly is not even remotely a -- it didn't feel like it was helping the situation by suggesting that maybe the cell phone might be causing some of the problems. Any answer on that?

00:54:15 ***RENA FITZGERALD***

I think that's a really important topic, 'cause it -- I mean, if your child is younger... I was the head chaperone for a middle school marching band for a year, and we went on an overnight trip, and most of the parents who expressed concerns about their 6th grader going to Idaho for the first time was because they were afraid they'd be texting all night long. And my personal thought was, "You're the parent. "Have T-Mobile turn their phone off at bedtime," you know? I mean, you have control over this. This should not be an issue.

But what about when they're a little bit older? I mean, I'm not gonna be taking my 18-year-old or 19-year-old or 17-year-old's phone away from them. One, they kind of need to have it because of the way we live now, the way we've structured society.

So you're right that social media is a huge part of the problem for our youth, and we're probably not going to be able to take phones and computers away from them, so what do we do about that? And I think what comes to my mind is having the conversations around it. We spend a huge amount of our time when we're working with youth validating and normalizing, helping them learn normal responses and feelings to the bad things that happen to them and around them, teaching them coping strategies, talking through the problem with them, you know, but in a collaborative way, not in a "this is what you need to do" way, but "what do you think would help? What do you think?" And then of course, 'cause you're having a conversation and you're listening to them, they're being heard, you can make suggestions. And hopefully they'll be interested in knowing how you would handle the problem.

You know, definitely if the kids are still in school and it's other people within the school community, then I would involve the school and let them know what's happening. There are all kinds of really good resources, websites, about bullying and what to do. But, you know, we're not gonna take their phones away from them. It's un-- even though that might be the best solution, it's an unrealistic solution.

So we need to find ways in our society, in our community, in our families, to teach people how to cope with this new thing we've brought into our world that is both a wonderful thing and a

dangerous thing.

00:56:48 ***MODERATOR***

For parents that want to have a phone timeout for their kid, that could be helpful for like 24 hours. And if a child is hospitalized or a teenager, they will take the phones. They will cut off all access to computers. That would never happen in a s-- in a prevention unit or a treatment unit in a hospital, and it is OK as a parent to say, "Let's do a timeout if you feel that what's happening on the phone "is dangerous to your kid," and work with them on those words, but you've gotta start kind of bringing those concepts in all along, that there are times when maybe everybody takes a timeout.

I saw a hand up. Let me just make sure everybody's getting a chance in the room first who haven't had turns. Go ahead.

00:57:42 ***AUDIENCE MEMBER #7***

Yes, thank you. We heard some statistics earlier. Can you give us a sense of what the historic trends have been for suicide among adolescents over time? Are we witnessing a quote-unquote "epidemic" in teen suicide attempts, or successful teen suicides, or have they been -- have they remained fairly constant, say, for the last 10, 20, 30 years? Thank you.

00:58:08 ***CATHERINE VANWETTER***

Well as a nation, it seems overall that teen suicide is going up. And there was a wonderful quote that if we ever want to know how our culture's doing, take a look at our youth. And they're like lightning rods. And so in other areas like the First Nation up in Canada, the adolescents are dying by suicide. A lot of our youth across the nation are as well. And who knows if it's -- a lot of it is due to the attention we're getting. These two will probably be able to answer that. But from watching the news and watching the statistics, it seems to be on the uprise.

00:58:48 ***CHARLENE RAY***

From the statistics that I have, I have some statistics here for Island County from the Public Health Department that we've used in presentations in this area of youth. These are stats, um, so, total suicides by age group for Island County residents, 2009 to 2013, gives you that four-year range. So in the 15-to-24-year-old range, it was 10, was the -- in the -- for the -- over the four years. I don't have the stats for, um -- since 2013. I don't know if, um, if we have them. There's some people in the room from the Public Health Department that might be able to answer that. But, um, that's the only age-related one that I have.

And we also have that more males than females, which is statistically, um, that way across the, you know, across the board in the US. And more -- and you know, then they break it down by community, and it's, you know, higher in North Whidbey than South Whidbey. But then the population is much higher in North Whidbey than South Whidbey. So, you know, some of it -- you have to take into consideration too the, um, the population. Those are the only stats I have with me, but I'm sure that there -- we could get more from the Public Health Department.

01:00:19 ***AUDIENCE MEMBER #8***

So we're speaking about statistics. Um, I wonder if you could reflect on what we we know, statistically, about the rate of suicide amongst gay, lesbian, bisexual, transgendered youth. Um, and by the way, it was mentioned about NAMI and there's some information back there. I'm with a group known as PFLAG, and, uh, there's some brochures back there also. Um, parents who are discovering that their kids have a different sexuality, uh, can get support from my PFLAG group. So if you could say something about that subject, and about the statistics.

01:01:11 ***CHARLENE RAY***

I don't have, um, specific statistics about that, um, community. I can tell you it's something I'm very familiar with in terms of working with LGBTQ youth, um, for a very long time and studying it more, um, nationally. And we do know that people in that community tend to have a higher rate of suicide, higher rate of depression, higher rate of suicide. There's a higher rate of bullying. Um, and you know, that's -- we do know that that's true.

We know that we have specific programs in our school districts, um, for that community of youth that, um, we haven't had in the past. You know, over the last few years, I think maybe five years, I can't -- I don't know the exact number of years that we've had gay-straight alliances and expanding groups to provide more support for young people who are questioning or who are identifying in that community. But, um, I think it is good for everyone to be aware that that -- that in general, across the nation, that population has a higher rate of depression and suicide.

01:02:29 ***MODERATOR***

Um, if you have more questions about statistics and data, Sno-Isle Libraries has an incredible research team. And librarians are very happy to research really any question for you and get those answers. So if you want more of that, please follow up with a librarian.

This man had his hand up for a while, thank you.

01:02:54 ***AUDIENCE MEMBER #9***

I'd like to make a comment in defense of this man and for others because I think there's more to this story. And one of them is the difficulty in recognizing--

01:03:06 ***AUDIENCE MEMBER #10***

Can you speak into the microphone, please?

01:03:08 ***AUDIENCE MEMBER #9***

Oh, I'm sorry. Is that better?

01:03:10 ***MULTIPLE AUDIENCE MEMBERS***

Yeah.

01:03:11 ***AUDIENCE MEMBER #9***

All right. I think the -- there's more to the story, and that... and that's the difficulty in recognizing when a situation is becoming critical. How do you recognize teens? Because, well, I've had my own children. They haven't committed suicide, but I know that there have been times when it's been difficult for me as a parent to recognize the stresses they were going through.

And we live in a very competitive society. And there's a lot of, uh, pressure that happens. Matter of fact, we almost worship competition. It's in our sports, it's in our daily life and it's in economics, it's job, um, and that sort of thing. So these pressures are enormous. How do you recognize -- this would be the question -- how do you recognize when these situations are becoming critical and need attention?

01:04:18 ***RENTA FITZGERALD***

I think it's important, um, to have -- to develop a relationship with your children from the time they're born where we talk. And we talk about our feelings, you know? We talk about what's going on in our worlds. And I can say as a parent, anything that's different, I ask about it. And then of course at our house there are certain -- you can't make, you know, comments like, "what did you do after band practice today?" "Oh, I laid on a bench and wondered if my hoodie string would hold me to a tree." We don't get to say things like that at our house and not expect to have a lengthy conversation afterwards.

Um, but just any change, anything that's different, I ask about it. And I don't make -- I don't make the assumption that it's something that's necessarily catastrophic or bad or going that direction, but just, "I noticed you seem more withdrawn today," or "I noticed that you're really excited today." Any change, whether it's good or bad or whatever, just to have the conversation that I've recognized, I've seen, that something is different with you. And, you know, what are you feeling, what are you experiencing right now? To just kind of have those conversations all along the way, um, can help us not miss things.

Because I think we do wait a lot of times until -- that things are catastrophic, you know? I hear a lot of people say, "Well, you know, I don't want to call the Crisis Line because I think you have to be suicidal to do that." And I think that's just a tendency we have in our society, is to wait until things are really bad. We're an intervention-driven group of people. We're not really very good at prevention. We intervene when things are really bad. We designate the extra funding that's come down from Medicaid expansion for the worst of the worst. We haven't really put that money into earlier phases of getting people help and treatment 'cause we only pay attention when things are really bad. And that's something that we can work on in our communities and families to make a change.

01:06:30 ***MODERATOR***

Thank you. Charlene?

01:06:31 ***CHARLENE RAY***

Yes, I wanted to make a comment. One of the things -- one part of your question that I think is really important to pull out is you talked about the competitive society that we have. And one of the things is that we can -- there's also a myth that the student who's -- the young person

who's suicidal is the one who's using drugs, the one who's failing all the classes, the one who's, um, you know, not doing well. And that may be true in many cases, but many students who contemplate suicide are highly competitive athletes, they're perfectionists, straight-A students, um, and many people in the schools are surprised when they come to my counselors and talk about how stressed they are, how intense their lives are, and, um, and that they're actually contemplating suicide.

So when you said that about competition, I really wanted to bring that out, to just -- to remind us that all youth are at risk. And we want to pay attention to them and give them opportunities to talk about what's going on with them. And we -- so just because they're the straight-A students and the star athletes, they could actually be at more risk because of that level of stress.

01:07:45 **CATHERINE VANWETTER**

Part of it, part of -- I've heard that we have two ears and one mouth. Use it accordingly. And that we learn to really listen deeply to when someone is talking to us and look underneath what the words are. And validate whatever comes out of their mouth. You know, how many times do we hear parents say, "Oh, you're not hungry, you just ate," or "No, you're not feeling that way."

And this is when the kids often -- teens, I have two sons myself -- they often had a secret life of teens that I had no idea what was going on with them, but one thing we had was good communication. And there's ways to learn how to listen deeply and to also be a representative, an example, of how we want the world to be is through us being compassionate and kind and loving and listening to one another rather than trying to solve it.

01:08:38 **MODERATOR**

Um, Catherine, I wasn't sure that Charlene was actually done. Did you feel like you had more to say?

01:08:44 **CHARLENE RAY**

Yeah, I think it's... it'll probably come up again.

01:08:54 **KENDRA TRACHTA**

Thanks, Kyle. Um, Rena, you mentioned the hotlines, the apps, that people contemplating suicide could use to connect with someone. And you've also said that, um, we should ask people directly. Would someone at that level of despair, when they're thinking of killing themselves, be able to take the initiative to reach out or answer honestly? That's -- I'm looking for hope here. It seems that it would be so difficult for them to even say "Yes, I need help," if someone asked.

01:09:45 **RENA FITZGERALD**

Yeah, um, you know, based on what they're telling us, um, they often do reach out in some way. And I mean, every individual is unique. Some people, you know, they're -- if you've ever been to an ASIST training -- and I can't remember if this is in SafeTALK or not -- but talking about, um, the ambivalence between wanting to live and wanting to die. Sometimes the person themselves might not even be aware of the tiny little piece of them that still does want to live. And so we consider that is the piece of the person that drives

them to come to the chat or the hotline.

Um, I can tell you anecdotally from answering both of those lines that, um, the chat feels so much more anonymous to people that, um, they get there much faster. People might call the hotline, and unless the counselor asks them, they may or may not disclose whether or not they're having any thoughts of suicide. In the chats, people just tell you almost immediately. Um, and sometime-- you know, their perspective on that is different 'cause they're unique individuals. It could be like the Kevin Hines story, the person that was talked about earlier from standing on the bridge where he had, um, kind of had some magical thinking going on that day and made a deal with himself. "If one person asks me how I'm doing, that will be the sign that today is the day I'm not supposed to jump." And that did not happen, as we heard.

Um, so that -- you know, coming to the Crisis Line or the chat or answering someone's question, if, you know, if your aunt asks you, that might be that person's, you know, last sign to help in their decision-making process. As irrational as that might sound to you and me, it could be that. And we need to make sure that they have a safe place to go and have that conversation, whether it's through us asking them or just having these services out there and enough people knowing that they exist so that if they are in that place, they do have somewhere to go and someone to talk to. And so I would say that yes, they do come to us for help and answer the question.

01:12:17 ***MODERATOR***

Rena, you mentioned that irrational thinking, and I think that really ties to your question, sir, as another sign that parents can be aware of is when their kid is starting to say stuff that sounds very irrational, can sometimes be a sign that they are in a very dangerous place on the inside and not safe, and they may not be talking about killing themselves, but that irrationality, that not making sense, that saying bizarre things is actually a very serious sign to pay attention to and to get help.

I saw your hand up, sir. Go ahead.

01:13:02 ***AUDIENCE MEMBER #11***

So when I was a teen in, uh, in Oak Harbor School District, outside of the school district at the college, they had, uh, peer assistance training. And you guys say you have some sort of youth prevention classes. I'm just wondering if what I took is kind of what turned in to that later on, natural help or peer assistance training into, uh, youth prevention class or whatever. And do all students have to take that, or is it only like an elective class and a handful of people get it?

01:13:35 ***CHARLENE RAY***

Um, they -- there's still schools that have Natural Helpers, if that's what you did in, um -- when you were in school. Different school districts choose different programs, so that's one of them, you know, and they decide and we work with them in making the decision. Um, like for example in Oak Harbor, um, in the Oak Harbor High School, we have...we have the Signs of Suicide program that's taught in the schools, and there are group -- they're a group of students who are allies in that program. And they're -- the counselor that works for Island County, the school-based mental health counselor, works with a teacher, and they are the faculty advisors,

and they go to trainings with the youth. And then the young people are trained on signs and symptoms of suicide, to look for those and to also be identified as someone that you could come to to talk to, which is similar to like a Natural Helper. Um, yeah.

01:14:35 *AUDIENCE MEMBER #11*

Yeah, that sounds very similar.

01:14:36 *CHARLENE RAY*

And there are quite a few different programs that, um, that are out there now, that are in each school district. Um, we worked with Stanwood High School where they have, um, they had a suicide this past year. They're not technically in Island County. That's tricky 'cause Camano-Stanwood District is both Island and Snohomish County. But, uh, our Island County young people go to Stanwood High School, the ones that live on Camano Island, so we work with them, but, um... and they did... they did a different program, um, but all doing about the same thing and trying to get young people involved. And in those programs, not every young person is in the group. Those are -- they can self-select who wants to be in the group and have the training, but everyone has access to them. And then some of those young people in some of the schools do training for their peers in educating them on signs and symptoms.

01:15:33 *MODERATOR*

But you do also have licensed therapists in the schools too, right?

01:15:36 *CHARLENE RAY*

Yes, we have licensed therapists in all the schools.

01:15:43 *MODERATOR*

Back in the back of the room. No, I'm in the back of the room first, go ahead, and then you. We'll get to you right next.

01:15:49 *AUDIENCE MEMBER #12*

Hi, I guess I'm still trying to think about how I can, um... word my question or whatever, but I'm sitting here and I'm, like, listening to everybody and, you know, their comments and everything like that. And, uh, I guess my thing is, when you have these groups and everything, do you have, like, um, multiple, like, generations, if you get what I'm saying?

Because I'm listening, and I'm like, on the other side, you know, like when they talk about social media and everything like that, and like, at the moment, you know, I'm not that young, but I'm not that old at the same time. And I'm getting ready to have my, um, first child.

So, you know, it's a lot of good information even though it's gonna be down the line, you know, before they're a teenager, and it's like I, um... for instance, like, it's like I can answer... I feel like I could answer a lot of the questions that have been asked. Like, I'm military and, you know, I've been through that as far as like, uh, you know, how kids talk on, uh, the social media, on the Internet. It's...it's kind of like it's not just teens, you know? It goes to a certain, um, age group.

And it's like, um, I'm thinking about like when I was younger, and, um, um, I guess my parents kind of assumed that it was, you know, this teenage girl kind of going through the... the motions and everything like that. And I know it's not their fault that they thought that way but I know it's kind of generation to generation, they're raised different ways, and you know, everybody has their own story, but I feel like with different generations that come together, you have so much more input to try to understand, you know, the differences between everything.

Because, you know, you have teens and, um, you have parents. And you know, sometimes there's... there's an in-between where you can go to and be like, "Well..." and like I could say, you know, I've been through a lot, and I feel like I could answer a lot of questions.

So I guess that's kind of -- is, you know, what my question is. You know, do you have, like, a lot of different generations that come together and kind of explain their side or what they've been through, you know, in order to get more info about things?

01:18:05 ***MODERATOR***

Well, this is brilliant. We're gonna sign you up.

[LAUGHTER]

No, I am not kidding. You stay, because we're gonna do something with you.

01:18:13 ***CHARLENE RAY***

I was ready to get -- I'm ready to get your name to save for -- yes, because you know, in the best programs -- so I would say, just from the programs that I... that I'm supervising now, we try to bring that in as much as possible, and it really starts with someone like you who's interested or someone in the community who says, "I want to help out in some way." And then we try to bring that in because the best programs I've ever worked in have been programs where we have had the staff, the students, community members, we've had elders, we -- you know, don't get me started on the impact of not having elders involved in our -- in the raising of our young people 'cause that's really huge.

And so we'd bring elders into the school to share their wisdom, people who are a little bit older than they are, who just out of high school, that -- young adult, we'd have them come in and we'd have a lot of forums for discussion among -- intergenerational. Those are the best programs, and I'd really like to see more of that. So if you're interested in seeing that too, I will get your name. We'll make that happen.

01:19:26 ***MODERATOR***

You, sir.

01:19:27 ***AUDIENCE MEMBER #13***

Megan, I'd like to hear your perspective, your involvement, your story.

01:19:33 ***MODERATOR***

Thank you.

01:19:34 ***MEGAN LAPLANTE***

Do you mind if I...? I'm sorry I'm late, first of all. I was not expecting that at all.

One day in March last year, I was at our choir festival with my 8th grade choir. I got to spend downtime with my friends, one girl in particular. We planned to spend the night at each other's houses that coming weekend and we had an ex-- such a wonderful day and we sounded amazing.

The next morning when first period started, we were all sitting in the choir room, when a whole bunch of the teachers and administrators came into our class. My choir teacher was sitting at her desk looking really sad. We all thought they were gonna disband choir. They stumbled over their words and they started -- I mean, we slowly started hearing what they were saying. J, my 14-year-old friend, had taken her life the evening before, only a few hours before we were talking about hanging out.

I've never felt that kind of pain and I don't ever want to feel it again. No one should ever have to bear that. I knew that she was having a hard time at home and being teased at school, but who hasn't? I didn't know that she felt -- I didn't know that she didn't know that the hard times would pass. I kept feeling that we missed it, that all of us missed it. She'd talked to her friends and some of the teachers but we just didn't know how deeply she was hurt. I wish I could go back to that afternoon and hug her and make sure that she knew how much we loved her and that the pain would subside and the sun would shine again.

My hope now is to get the message out to -- especially to young people that we're are like clear - - we are like a clear blue sky. Clouds and depression may come and go. Sometimes they stick around for a storm, but eventually they will pass and the sun will shine again.

Sorry, I have to get my other notes out.

I am partnering with the B.R.A.V.E. Foundation, which is a bullying program, um, and I will still be working with the American Foundation for Suicide Prevention. Um, bullying sometimes can lead to suicide. Every 13.7 seconds, someone like my friend J dies in America from suicide. In addition to being respectful and valuing everyone, we need to build resilience and voice encouragement. B.R.A.V.E. is a bullying program: Be Respectful And Value Everyone, and I've been working with them and I've been working with the American Foundation... Foun-- Foundation.

And it's a shock to me that these kids feel like this. I -- when I found out that my friend died, I didn't know about a lot. I didn't know anything about what suicide was except the fact that you kill yourself. And the fact that we don't really learn this, it's not really smart. Um, we were in health class, we go over it. We will go over, "Yes, this is depression, "this is what happens, here is how you deal with it." We write the notes down; we pass the class. That's all what we're looking for.

Like you said, we don't -- we have a Monroe Youth Coalition, but we don't have people where they come to our schools and they talk about it. We learn how to pass our classes; that's pretty much it. And that -- I really think that needs to change, so... Thank you.

01:23:14 ***MODERATOR***

OK, we are -- I am really sorry, we are at the point where we are wrapping up for closing remarks from our panelists now, and they will be kind of staying after to -- I see there were a lot more hands. I am really sorry about that. Um, I'm gonna start on the end with Catherine and work our way up for a brief closing remark. Go ahead, Catherine.

01:23:43 ***CATHERINE VANWETTER***

I don't -- closing remark would be that it takes a community to come together and we're all the solution.

01:23:55 ***CHARLENE RAY***

Yeah, it -- I would just like to, um, offer gratitude for everyone who's here because it tells me that you're concerned, and... and that's what it takes, is the concern from us to work as a community.

And I would say the la-- the other thing that I -- don't underestimate the small things. You know, really paying attention and listening to each other and noticing when something is wrong and speaking up. It's really -- it's so powerful. Um, thank you.

01:24:30 ***RENA FITZGERALD***

We weren't prepared to make closing remarks. She popped this on us.

[LAUGHTER]

Um, but I just -- it can -- suicide can feel so hopeless and daunting, um, but I really think it's important for everyone to know that it is preventable and that we all can play a role in prevention. It sometimes doesn't feel like it because unfortunately what brings us to this conversation are the people we've already lost, and it can feel very contradictory: "Well, on the one hand you're telling us that, you know, we're losing more kids than we have in the past to suicide, and on the other hand you're telling us it's preventable."

It really is preventable, and one of the things I've learned in the recent past through a training through the Suicide Prevention Resource Center -- they have a training that's free online. It is for outpatient clinicians; I don't know how much the average person in the community would be interested in it, um, but it's about counseling for access to lethal means. And what I learned is just a different approach to the idea around attempts is we might not be able to prevent every attempt, but we can make it really hard for people to die from them.

And so that goes along -- I'm getting a questioning face over here -- That goes along with the whole idea of means restriction and teaching people proper safe handling of firearms and medications or any other thing that could be used, you know, putting up the barrier on the Golden Gate that's only taken hundreds and hundreds of suicides to come about. You know, just making it really hard for people to die from attempts, and just -- it really is preventable. And you are here, which is fantastic. Um, don't lose sight of the role that you can play in that in your community. Thank you.

01:26:31 ***MODERATOR***

Megan?

01:26:32 ***MEGAN LAPLANTE***

I would just like to say it was an honor and a privilege to represent the state of Washington in San Antonio, Texas. Thank you to Sno-Isle Libraries for having me here to talk about a discussion that is very, very huge. So thank you so much for having me here.

01:26:48 ***MODERATOR***

Thank you to all of our panelists. This thing is like...OK, there we go. Thank you to all of you for being here tonight, and um, there are evaluations on your chair. If you could fill them out... There's also information on sno-isle.org. If you want to find more information, there's a lot of information in the back of the room to take. And if you want to speak with any of our panelists after, um, they're here, and please call the Care Crisis Line if you are feeling really disturbed by this conversation this evening and you feel like you need someone to talk to. OK, thank you very much for joining us.

[APPLAUSE]

END OF RECORDING [01:27:41]