

## Panelist Questions & Responses

### 1. Please speak of the importance of getting help early when there is emotional distress?

In any type of distress, it is important to look at when to help. There are three different stages: prevention, intervention, and postvention. Unfortunately, a lot of the interactions with trained mental health/medical professionals occur during the intervention and postvention phases. Intervention and postvention help comes in when someone has already or is currently in an emotional crisis. In some cases, the crisis may not have escalated as much if the person was receiving preventative services.

Prevention can look like many different things: Education on the topic, building up coping skills of an individual, social skills or other therapeutic groups, monthly check in with a therapist, regular checkups with a doctor, etc. Prevention work is so important in mental health because the median age of onset for mental illness in America is 14 years old ([Statistics from Mental Health of America](#)). The earlier a person gets help the better their outcomes can be.

### 2. John, can you speak about faith experience & your suicide journey?

John responded, "At the time of my suicidal ideation I was attending church, but not with a strong involvement. Because I did not have a solid focus on my relationship with the God of my understanding, I drifted into despair over some major, life challenges, such difficulties in my second marriage. Today I have a solid commitment to a Spiritual life, and that depth of despair has no place in my heart."

### 3. How do I connect with others that are considering suicide or have lost someone to suicide?

Connection is one of the most important protective factors for someone thinking about suicide. This does not have to look like a gigantic gesture, it can simply be checking in with someone. It is important that when you check in with someone, you come into the conversation with a non-judgmental view point and take a less talkative role. Most people contemplating suicide want someone to take notice that something is wrong. A conversation can start with an acknowledgement that they don't seem like their typical self and an open-ended question. It could look like, "Hey, I've noticed you've been crying in the bathroom a few days this week. How is everything going?" It is also important to ask directly about a person's suicidal thoughts ("Have you been thinking about suicide?" or "Have you been thinking about killing yourself?"). If at any point you feel overwhelmed in the conversation get a trusted adult involved. If you are the trusted adult, call a trained professional (therapist, counselor, or hotline). The San Mateo County Crisis line is (650) 579-0350.

For someone who has lost a loved one to suicide, you can connect with them how you would connect with another person in mourning. You may see some differences due to the nature of the death (i.e. some religions view suicide as the ultimate sin- this can create anger and confusion on where their loved one "will go" when they died). One

thing to keep in mind is that people who lose someone close to them to suicide are more likely to die by suicide themselves.

**4. What are some of the best ways to reach out to young children and all adolescents (teenagers especially) to erase the stigma of mental health?**

Normalizing through education! Most young people will encounter mental health challenges at one point or another- either themselves or someone close to them. A lot of times, we as a society make mental illness a “scary” thing or something that happens to other people, not us. Providing age appropriate education on mental health and coping skills can normalize the topic to youth. For example, a teen may not know that anxiety can have somatic symptoms (things you feel in your body- upset stomach, headaches, etc), by arming them with this information, they may be able to get help earlier on instead of assuming their ailments are just physical.

**5. Ali/Karina, how do we make things better to prevent suicide prevention for young adults?**

Karina responded, “First, our children's basic needs must always be met. My mind comes first to the fact that Bay Area families need affordable housing; consistent access to food, shelter, and health care is imperative to emotional well-being for everyone regardless of age. Additionally, we need to start teaching our children and teens about emotional wellness! Not just one presentation or class period, but multiple years of education. Emotional health is just as important as physical health! We must start to prioritize education on topics such as healthy relationships, helpful coping strategies, depression, anxiety, self-harm, and suicide.”

**6. If my daughter 9 years old has anger issues and feelings of loneliness is it ok to talk about this topic with her?**

The short answer is yes. How you discuss it with her will depend on your child's capability to process topics like this. If your child is a reader, there are many great books out there (picture and non) that explore all kinds of emotions and our reactions to them. One thing that could be beneficial is creating an open space and dialogue for your child to speak about these topics. If that is not already part of your relationship you may want to have a dedicated amount of time each week so that your child will know what to expect.

**7. Do suicide attempts happens more often for males or females? Why?**

Suicide attempts happen more frequently with females. Adult women are 1.2x more likely to attempt than their male counterparts. High school girls attempt twice as often as high school boys (11.6% v 5.5%). One potential reason for this is that women feel more open to disclosing their attempts than men due to societal stigma about men and emotions. Another reason could be when you look at the gender that completes suicide more frequently it is men (3.53X more). This is partially due to the means that a man or women choose. Women typically choose less lethal means (poisoning, cutting) while men typically use more lethal means (firearms, suffocation) ([Statistics from American Foundation for Suicide Prevention](#)).

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**8. What are some suggestions you have for talking about suicide and mental health with people who still attach a stigma to these issues?**

It can be very difficult to engage with people who have a stigma around suicide and mental health. The best way to talk with people who have these ideas is to normalize mental illness. Education is a huge piece in this. Sometimes just education will not sway someone who has had these beliefs for many years. In all topics that can be stigmatizing, the easiest way to have people shift their perspective is by making it personal. For example, most people have felt extremely sad at least once. You could start by asking the person to remember how that experience was for them and then relating that to someone who is experiencing depression (“Wow! It sounds like your break up was incredibly hard. I heard you say you couldn’t eat when the break up was fresh. Could you imagine how difficult it would be to feel like that every day for extended periods of time but with no apparent reason? That is how people with depression can feel”).

**9. How do the panelists with lived experience overcome the shame about having a mental illness enough to be able to talk about it publicly?**

People with lived experiences who choose to speak about it publicly typically do so because they want to help others and want to de-stigmatize whatever mental health challenge they are living with. As mentioned above, a personal connection to someone with lived experience can change a person’s perspective. Typically, people who can share their lived experience with others have been engaged in therapy and have most likely processed their own feelings (shame) and thoughts about their mental illness.

Karina responded, “I don’t know that I necessarily have overcome the shame. I am able to speak about this topic because I work around a bunch of amazing people who understand mental illness and encourage those with lived experience to be open. Being open about my story feels like an opportunity to teach others about emotional wellness and self-compassion. However, most of my friends and family do not know anything about my struggle with mental illness. It’s likely something I will never talk to them about.”

John responded, “Because I know the heartbreak and anguish of mental illness, I want to help lift others from its domination. Because I received help from my San Mateo County mental health clinic, most greatly from a Peer support individual, I am compelled to help others like me, by means of Peer support. Public speaking is necessary, and that outweighs any speck of shame.”

Yolanda responded, “Six years ago, I almost lost both of my children by a suicide attempt. I was so scared of losing my children and I felt alone to share our challenges with my family or friends because of the stigma in my community about mental health issues. These challenges encouraged me to educate myself to stay well to better take care of my children, to be a positive role model for them, and to advocate for reducing the stigma about mental health issues in my community. Now I am no longer in silence, because I believe in the value of peer education and advocacy to perform a more proactive role as leaders to reduce the stigma by engaging other peers, families, and our community. This will hopefully encourage folks dealing with suicidal thoughts to reach out for support. Now I continue my journey, moving my experience in a positive way as a facilitator for some workshops and courses about suicide prevention and mental health. I

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am also a member of various committees throughout the county, to bring more awareness about the mental health needs and to reduce the stigma in my community. I share my experience with other scared family members, and I believe I bring hope to them that recovery is possible knowing that I am blessed to see my children in recovery and thriving as young adults.”

**10. April, how do students know about you? How are they linked with you?**

April responded, “Each school has a school counseling and Wellness Program. They can come into our offices via drop in or appointment. Each school website has our information listed as well as contact info. Parents can also set an appointment or call. Parents should start with their school counselor if interested in Wellness support for their student.

We have many evening and weekend events as well as PTO and Other Parent Night events we are part of and encourage parents and students to attend and participate in.”

**11. What it's the best time or age to talk about this topic (suicide/mental health)?**

Like with any topic, it is how you present the material that matters. You can speak with any age about mental illness but what it will look like may vary drastically based on the person mental capacity (i.e. a five year old may be able to understand that they are sad their dog died but they may not be able to process aspects of it). Mental health education should be integrated as young as 3 years old. At that age, it would look more like identifying feelings and building empathy. As the student gets older more complex aspects of mental health can be integrated. Suicide is a emotionally charged topic no matter what age a person is. Younger children may not be able to fully comprehend what factors contribute to someone killing themselves, but they will still be able to grieve the loss of life. Unfortunately, adolescents will most likely encounter suicide in their life (if not personally, through media). It is important to be able to have open dialogues about suicide so to not continue to the cycle of stigma.