

# Forum Feature

By Joanne M. Lozar Glenn



# Suicide Prevention: The Moment You Save a Life

Maybe you've heard students talking about the Netflix series *13 Reasons Why*, the story of a high school student who dies by suicide. Maybe you recall last summer's news about the suicides of Kate Spade and Anthony Bourdain.

Despite media coverage of deaths from suicide, there is still a strong taboo against talking about it. As is often the case, silence leads, if not to ignorance, then to imperfect understanding. There are, in fact, a lot of myths tucked into what we think we understand about suicide. Here are five of the most common:

- That everyone who dies by it is depressed (false)
- That people who attempt suicide are fully intent on dying (false)
- That most suicides occur without warning (false)
- That adolescent suicides are usually impulsive (false)
- That mentioning suicide to a person increases their risk of self-harm (false)

What is not a myth—what is actually all too true—is that suicide is the second leading cause of death among young people aged 10–24 (and the 10th leading cause of death among all Americans [National Institute for Mental Health, 2018]); that more people die from suicide than from homicide (Centers for Disease Control and Prevention, 2017); and that suicide rates have increased significantly across most states from 1999 to 2016 (CDC, 2018). This increase has prompted the CDC to call suicide prevention a public health issue.

Recognizing the importance of this issue, the NBEA Convention Program Directors asked Kris Hallstrom, manager of The Boys Town National Hotline (Omaha, NE), to present a session on teenage suicide prevention at the 2018 convention in Baltimore. In her opening remarks, Hallstrom asked the audience how many of them had been touched by suicide. A majority of participants held up their hands.

Hence, this article, to raise awareness and inform action strategies relevant to suicide prevention. Here, experts who've studied teen suicide and worked with those affected by it, and business educators who've had personal and/or professional experience with teens who have attempted suicide or died from it, share their perspectives.

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*“The more we use language that is destigmatizing, the more suicidal people will reach out for help.”*

—Jennifer Wright-Berryman, University of Cincinnati (UC) College of Allied Health Sciences School of Social Work

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## Primer: Attention to Language

The language used to talk about suicide has been changing. It used to be common to say a person “committed suicide.” Experts now caution against using that language. It’s offensive to survivors, because the word “committed” connotes criminal activity. Using it further stigmatizes the issue.

“Historically, suicide’s been criminalized,” said Jennifer Wright-Berryman, an assistant professor at the University of Cincinnati (UC) College of Allied Health Sciences School of Social Work. “It was disciplined in church or faith-based organizations. The law and churches considered it a crime or the ultimate sin. Ideologies are shifting, and language needs to shift, too. The more we use language that is destigmatizing, the more suicidal people will reach out for help.”

## A pain that can’t be quieted

Data that show the scope of any public health issue (see infographic, p. 27) tell only part of the story. The other part of the story is a human one.

“Suicide is about an unrelenting pain within that can’t be quieted,” said Edy Nathan, a New York City-based licensed therapist and author of the book *It’s Grief: The Dance of Self-Discovery Through Trauma and Loss*. “For some teens the only way to find peace and relief from the consistent turmoil, isolation, and desperation is to end their lives. They believe their suicide would be better for their family. They say ‘the demons within’ them won’t shut down and allow them to think of any other alternatives.”

This pain does not automatically mean the teen is mentally ill. The pain can originate from profound loneliness, Nathan said, or even situational “overwhelm,” in which a number of stressors pile up on a child who doesn’t have the skills to cope with them. For example, bullying or being ghosted by friends can cause intense stress for a child who doesn’t believe anyone

## In their own words: Two business educators share their personal stories

### We have to admit it...

My daughter's depression and anxiety started when she was 10 and hit full force at 16. We had no idea. Her school counselor told us. She felt our daughter needed help beyond what the counselor could provide.

People with anxiety and depression hide it because it's still a "shameful" thing to have. One of my daughter's expressions was "You have to fake it to make it." She would fake being happy every day. But what she really felt was that she got up every morning and had to run a marathon, then do it all over again the next day. She couldn't admit it to us because knowing she came from a good family and that everyone loved her yet she still felt so bad made it all worse.

She attempted suicide three times. There are no treatment facilities for people her age here in Vermont, so a psychiatrist recommended one that treats adults. It was not the right place for her. We took her home, got her on medication, didn't leave her alone. She said she didn't want to kill herself or die but that there was something in her brain saying *do it, do it, you're not worth it, do it*.

When she was able to go back to school, she felt trapped on an island. We wanted her to come home to rest between classes but the school wouldn't allow it. We asked, *If our daughter had cancer would we be in the same situation?* They said *No*. They were not accepting reality. If you can't see it, it doesn't exist.

will understand or help them find relief. Choosing suicide becomes the only way for the pain to stop.

"As we understand teen suicide more, we realize it's the result of a loss of the battle with severe emotional pain and despair," Wright-Berryman said. "They've lost the strength to hold on any longer."

Young people can be at risk of suicide whether or not they have a mental illness diagnosis, she noted. "If we focus solely on mental health conditions we're still going to miss kids who are at risk," she said. "Teens need to be viewed through a community or public health lens and receive universal suicide prevention programming. We need to reach out to every child, not just those in high-risk categories [such as bullied, abused, or LGBTQI]."

Wright-Berryman studies suicidology, evaluating the effectiveness of suicide prevention programs. She cited Hope

The support we got from friends and my place of employment—the principal and administrator said family comes first—was a huge relief. There's no way you can go through this alone. In hindsight we should have gone through counseling ourselves. The aftermath is a long process.

After graduation, my daughter took a gap year and did a lot of counseling and a lot of reading. She also kept a journal and talked with kids her age who had experienced depression and anxiety and had gotten better. She needed that light, she said, because you don't understand it unless you go through it. Even being her mom—I can see what it did to my daughter but I still don't know that that feels like.

Now I look at my students and wonder which one of them is hiding, which one is putting on the show. I've changed how I interact. I understand the pressure of sitting in class all day, the need to regroup, so I'm not big on homework because I don't know what's going on in their lives once they leave here.

I've had one student who attempted suicide. If there are others I don't know about it, because of federal law. I wish everyone knew you don't have to hide it. We have to admit it so we can start dealing with it and helping.

—Bonnie L. Gadapee, U-32 High School, Montpelier, VT

Squad, a program that equips students to do intentional outreach to their peers (see "Resources" for URL), as one way of multiplying the "eyes and ears" available to notice when students might be sinking into "overwhelmingness" and get them to a trusted adult for help.

### Paying close attention

Because it's a myth that most suicides happen without warning and/or are the result of "typical" teenage impulsivity, a key part of suicide prevention is being alert to warning signs (see infographic) that a student might be considering taking their own life. Teachers are in a key position to notice these signs.

Generally speaking, being alert involves knowing what's "normal" for a particular student, and noticing when that student is acting out of character. Students need someone

### Trust your gut to keep your kids safe...

My son started using drugs when he was 11 and attempted suicide multiple times between 11 and 20. Things seemed to take a nose dive when he was in middle school and our family was going through a rough patch—there was a divorce, there were custody issues, there was blaming. I took it all on myself. I finally got lots of therapy and realized I was doing everything I could do with the knowledge I had at the time. My son is now 26 and doing much better. He's also very open about all of it and so I'm able to share with my students his and my experience during those 9 years. It's gotten some students to open up to me.

Once, in the third or fourth year of my 21-year teaching career, after a workshop for teachers and students on self-esteem and suicide, a student gave me a slip of paper that said *My friend's going to kill herself this weekend*. It was right before Thanksgiving. I didn't know the friend—she was at a different school—so I was panicking, making phone calls to get hold of people who could deal with it. Monday my student came into class smiling and saying *Thank you, she's safe!*

And once, four or five years ago on the morning of graduation, we got word that one of our freshmen had killed himself. We were all floored. He was beyond active in sports and school events. You wouldn't think that [would happen to] someone who was so involved, but

it brought home the point that you never know what someone's feeling, what they're going through.

So I'm mindful of things like how my students walk into the classroom. They might come in with their heads down or rest their head on the desk. I've learned not to assume they're doing it out of defiance. Instead of saying *Get your head up*, I walk over and say what I see. Yesterday a kid acted out of character, was disrespectful, and walked out of class three times. I sent word to my disciplinarian saying *I think [what he's doing] is bigger than just writing him up. You tell me. Figure it out and let me know if I need to write him up*. Later, the kid broke down and confided in me. I was right.

Now I'm pulled into meetings to talk with other parents of kids going through things like this and who say “you don't understand.” The only thing we as teachers can do is be open and honest with our kids. If we're not honest, they won't be honest—and being honest is the only way we'll find these kids [who need help].

You have to trust your gut and do what you have to do to keep your kids safe. My son and I have been able to make something positive [out of what happened to us], and that's a plus.

—Christine Dare, Woodbury Junior-Senior High School, Woodbury, N.J.

to notice, Hallstrom said, because “they want help, but they don't know how to ask.”

“The 13minutes.org website offers a wealth of information on warning signs, including real-life examples of what it may look like in a loved one,” said Julia Hebenstreit, executive director of the Kim Foundation in Omaha, NE (see “Business Spotlight,” p. 32). “A lot of these come down to changes in patterns of behavior that show up in all areas of their life including school/work, home, or their social life. These could include withdrawing, changes in sleeping/eating habits, sudden risky behavior, or giving away possessions.”

Sometimes a warning sign might be themes that show up in student artwork or in writing assignments, she added. “They don't have to be suicide-specific, but [about] death in general, especially if it was not a theme before. If there's no evidence of a reason for [any of these] changes, it's worth a conversation.”

### Checking in

Having that conversation can be a delicate situation. “If kids feel cornered, they're not going to tell you anything,” Nathan said. “The thing about checking in—it can't be just one time. You have to [have found] ways to show up casually, to build that relationship. Kids require a warm-up.”

That warm up might be a regular practice of saying “Hey, good to see you today,” when you see them in the hall, she explained, or complimenting them on the play they made on the basketball court, or giving them a specific piece of praise related to one of their school projects. “It's indirect,” Edy said, “yet it actually serves you in a better way for that direct inquiry.”

And if you don't have that relationship, or if you're not certain you can be the “safe place” for that student, what then?

“Be honest with yourself,” said Julie Jakopic, a former director of volunteers and program director for a crisis hotline and now president of iLead Strategies (Alexandria, VA). Then ask yourself which teacher *is* the person who can be that safe place, who can sit with that “pain that can’t be quieted,” and connect the student with that teacher.

Many times students who contemplate suicide will say they feel invisible. “A child’s life can change immensely when someone shows up and lets them know they’re seen,” Nathan said.

### Connecting them to help

If, after having that conversation, you have serious concerns about the student being at risk of suicide, then ask if the student has a plan and the means to carry it out—two of the most serious indicators of a potential suicide event, according to Boys Town’s Hallstrom. Contrary to popular wisdom that talking about suicide will only plant ideas in someone’s head, she said that such a conversation can be a relief, a way to let out the pressure that’s been building.

Then it’s important to pass on that knowledge to parents and to appropriate resources, such as the national suicide lifeline (1-800- 273.TALK [8255]) and other professionals. “I can see where it might be easy for teachers to think ‘This child’s confiding in me and I don’t want to harm a relationship,’” Hallstrom said. “But if a child’s at that [danger] point, if the child’s having thoughts of suicide, people need to know.” “People” includes parents, so they can put away any dangerous means and gather help so that the child is not left alone. “There need to be people wrapped around a child, almost like a safety net, so the child doesn’t follow through,” she said.

Teachers do not have to do a formal assessment to suggest a proper referral for counseling and psychological services, noted Wilson Hurley, a licensed social worker in direct practice who is also an adjunct professor in the social work department at George Mason University (GMU) in Fairfax, VA. “Anything more than a referral could get a teacher into a difficult situation,” he said. “If a teacher tries to take on the role of assessment and intervention, it puts them deeply into a situation. If something goes wrong, there could be liability or guilt.” He recommended that teachers be familiar with and follow the school’s protocol.

Teachers can also benefit from suicide prevention training which, according to the American Foundation for Suicide Prevention (N.d.), is required in more than half

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*“A child’s life can change immensely when someone shows up and lets them know they’re seen.”*

—Edy Nathan, licensed therapist and author

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of all U.S. states. The Foundation has compiled a set of recommendations rooted in best practices, the *Model School District Policy on Suicide Prevention* (see “Resources”), to complement state law requirements and help schools achieve an inclusive, comprehensive suicide prevention plan.

### Importance of a safety plan

Hallstrom noted that research supports having students create a safety plan even *before* they’re in crisis, so that when they’re upset they have a plan of action they can take. “To raise healthy children, we need to empower them to handle problems on their own,” she said.

She recommended the plan include

1. Identifying triggers that put them in turmoil
2. Listing coping skills they can use to take their mind off that turmoil
3. Identifying people they can talk to about what’s bothering them
4. Identifying what they can do to make the environment safe
5. Listing social settings they can go to instead of isolating themselves

A crisis hotline or suicide lifeline is another safety resource. A hotline staff person will often develop a contract with a caller to not take action for a period of time and to agree to reach out to a specific person before taking any action, Julie Jakopic added.

“The conversation will be driven by the teenager, who will probably be asked questions about whether they have a plan and how serious they are about it, and if there are any adults in their life the student can talk to,” she said. “Most hotlines are staffed by paraprofessionals who offer a nonjudgmental supportive ear and who are willing to listen to and engage with wherever the students are. Letting people be where they are is the only way they get somewhere else.”

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45K suicides annually

1 suicide every 13 minutes

2nd leading cause of death ages 10-34

30% rise in suicide rates since 1999

54% did not have a known mental health condition

No #1 single cause

## Know the warning signs

- Feeling like a burden
- Being isolated
- Increased anxiety or agitation
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means (e.g., a firearm or pills)
- Increased anger or rage
- Dangerous, risky, or self-harmful behavior

- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Threatening suicide, and/or talking or posting about wanting to die
- Giving away personal possessions
- Sudden calmness after a period of depression, moodiness, mood swings

## How to help

- **Ask:** "Are you thinking about killing yourself?" Asking reduces rather than increases suicides or suicidal thoughts.
- **Keep them safe:** Reduce the person's access to highly lethal items or places.
- **Be there:** Listen. Do not leave the person alone.
- **Help them connect:** Save the National Suicide Prevention Lifeline's number in your phone: 1-800-273-TALK (8255).
- **Stay connected:** Suicide deaths go down when someone follows up.

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Centers for Disease Control and Prevention. <https://www.cdc.gov/vitalsigns/suicide/>

National Institute of Mental Health. <https://www.nimh.nih.gov/news/science-news/2018/suicide-how-you-can-make-a-difference.shtml> and <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

Web MD. <https://www.webmd.com/mental-health/recognizing-suicidal-behavior#1>



## Resources

### Awareness Programs

Aplacetobeva.org (music and expressive arts therapy)

ChallengeDay.org (programs for building compassion and empathy)

HopeSquad.com (school-wide awareness and peer-based intentional outreach and support)

### Awareness, Intervention, and Postvention

13minutes (13minutes.org)

American Foundation for the Prevention of Suicide (afsp.org)

Befrienders.org (resources, including a search box for finding international suicide helplines; <https://www.befrienders.org/directory>)

Boys Town Hotline (<https://www.boystown.org/hotline/Pages/default.aspx> and <https://www.boystown.org/parenting/article/Pages/suicide-concerns.aspx>)

National Suicide Prevention Lifeline (<https://suicidepreventionlifeline.org/>)

Suicide Prevention Resource Center (<https://www.sprc.org/>)

The Jed Foundation (<https://www.jedfoundation.org/>)

The Kim Foundation (<http://www.thekimfoundation.org/>)

The Trevor Project (dedicated to LGBTQ youth; <https://www.thetrevorproject.org/get-help-now/>)

## Model School Policy on Suicide Prevention

The American Foundation for Suicide Prevention together with the American School Counselor Association, the National Association of School Psychologists, and The Trevor Project have compiled a document of specific, actionable steps to support school personnel; sample language for student handbooks; suggestions for involving parents and guardians in suicide prevention; and guidance for addressing in-school suicide attempts. You can download this policy at the following link:

<https://afsp.org/our-work/education/model-school-policy-suicide-prevention/>

## Statistics and Information

Centers for Disease Control and Prevention (CDC; <https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/SuicideYouth.html>)

Substance Abuse and Mental Health Services Administration (SAMHSA; <https://www.samhsa.gov/>)

## Using social media for prevention

You can help someone who is expressing thoughts of suicide on your social media sites. Here's how:

- Post a message encouraging them to call **Suicide Lifeline**: 800-273.TALK (8255).
- Go to your respective social media account's **Help Center**, and search on "**report suicidal content**." There you will find links to such headings as "privacy and safety," "safety and security," "self-harm," etc. with information on how to get help. Facebook, Twitter, Instagram, Tumblr, and YouTube all have this content and can send a message with the Lifeline number to the individual's account.
- Alternatively, use a **web search engine** like Google to search "**report suicidal content on [name of social media platform]**." This is probably the easiest and most direct route to the help you need.

If the person is in immediate danger, notify the police or a trusted adult to summon aid.

## Prevention

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*“If you are helping, take time to do your own healing. Take a walk, create art, cook a meal, dance it out, get hugs, whatever helps you take care of you.”*

—Julie Jakopic, former program director for a crisis hotline

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### Aftermath 1: Transitioning into school after a suicide attempt

After a student attempts suicide, re-acclimation to school can be a very volatile time: The student is likely still fragile, missing schoolwork will be piling up, and the stigma of what happened will need to be addressed. “Schools will want to see that the transition back is as seamless as possible,” UC’s Wright-Berryman said. “Building a compassionate reception so the student is not feeling overwhelmed will be important.”

Respecting confidentiality is also crucial. Talk about how re-entry will be handled, and get input from everyone involved, particularly the student.

“We start out the day with a meeting between a trusted adult [for example, parents or guardians] and the child,” said Mark Schwartz, lead counselor at Commack Middle School (Dix Hills, NY). “We talk about what the day is going to be like and address any concerns. Then we have a separate meeting with the teachers. We share concerns [but emphasize wanting to] keep things as normal as possible. We want school to be a safe place with not a lot of pressure.”

Schwartz also asks for releases so that he can consult outside therapists if needed, and counselors check on transitioning students almost daily to keep in touch.

### Aftermath 2: Postvention (after a completed suicide)

Though the goal of intervention is to keep students alive, the truth is that not all suicides are preventable. “Unfortunately very often people who complete suicides are very careful not to tell anyone [they were planning to kill themselves],” GMU’s Hurley said. “Letting people outside them know can be an obstacle.”

This may be especially true of students who are isolated, Nathan explained. “Once suicidal thinking starts, you almost

have a relationship with it,” she said. “It’s safe. It creates a boundary, a wall. It’s secret, and it belongs to you. You think, *I’m going to be able to get out of this and find peace, where things will be better.* And there can also be a desire to be seen, which might not be conscious.”

In the event of a completed suicide, Hurley recommended asking counseling staff to conduct a critical incident debriefing. “If the event affected the whole student body and everyone’s aware of it, talk with administrators and counseling staff about reaching out to students affected directly or indirectly,” he said. “Also be on the lookout for people who may have been triggered with similar thoughts or feelings. You will want to contain contagion if you can.”

If the event happened outside of student knowledge and it’s hard to guess who knows and who doesn’t, then he suggests moving forward and biding time. “If someone brings it up, then address it with them individually,” he said. “But if it’s something that clearly affects the class, the teacher will have to address it, because when students hear of a tragedy, it affects them deeply.”

Teachers and other adults involved with the student will also need postvention strategies, such as extreme self-care and possibly counseling, Jakopic said, to deal with the mix of emotions that swirl inside them after a suicide event. “Those who survive have at least three big emotional traumas to deal with—the loss of a death, the guilt they feel for not preventing it, and the rejection of the one who left.”

Through her own personal experience (she is open about having had family members die from suicide) and her professional work directing a crisis hotline, she has learned to acknowledge that we have limited control.

“The blame and guilt game we play is about a false sense of control,” she said. “If you are helping, take time to do your own healing. Take a walk, create art, cook a meal, dance it out, get hugs, whatever helps you take care of you.”

### Reinforcing protective factors, destigmatizing psychic pain

As important as it is to notice warning signs and access professional intervention, it’s also important to remember and reinforce protective factors against suicide: family stability, problem-solving skills, sense of self-worth, and connections to peers, adults, groups, schools, and cultural and spiritual beliefs, Hallstrom said.

Wright-Berryman also emphasizes supporting more research and treatment in the effort to address and destigmatize



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suicide. She hopes for a world “where psychic pain is viewed in the same way as physical pain is viewed and both hold the same importance in society and are addressed with the same level of urgency,” she said. “The more communities step up, the more individuals say I’m the one willing to be with you and work with you, the less shame there will be in sharing pain or being a burden to others.”

The message she wants to send? Never hesitate to ask the suicide question if you have a concern about a student. “You’ll feel the honesty of the answer in your gut,” she said. “Even if you stammer in asking the question, that could be the moment you save a life.” ■

### Note

<sup>1</sup> Until as recently as 1963, six states still considered attempted suicide a criminal act. (See <https://themighty.com/2015/07/why-you-shouldnt-say-committed-suicide/>)

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*Joanne Lozar Glenn (703-721-2088; [jlg@joannelozarglenn.com](mailto:jlg@joannelozarglenn.com)) is an Alexandria, Virginia-based professional writer, editor, and educator who specializes in education and healthcare.*



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## The Kim Foundation: Providing help, hope, and healing to lives touched by mental illness and suicide

When Larry Courtnage's daughter Kim died by suicide in 1986, he couldn't talk about her for decades. But he vowed to build awareness around the topic of suicide and the mental illness that led her to take her life. In 2001, the Courtnage family founded The Kim Foundation (Omaha, NE), so that no other family would have to undergo what his family encountered as they tried to get Kim effective treatment.

Today the Foundation is active in Nebraska policy, outreach, education, and funding of mental health care, advocating on behalf of those touched by mental illness and suicide.

"Suicide is one of the most preventable forms of death," said Julia Hebenstreit, executive director of the Kim Foundation (Omaha, NE), an organization dedicated to raising awareness that mental illness is treatable and that suicide can be prevented. "It's a matter of educating the community on the warning signs." If people at risk of ending their lives by suicide can be identified, she said, then they can be offered help—and supported through the crisis-intervention-medication and treatment-recovery pathway.

Ideally, then, there would be no suicides. "But realistically, we're a long way from that happening," Hebenstreit said.

And that is where the Foundation's work begins: educating communities about prevention strategies and how to have the conversation about suicide (because it can be difficult for many), as well as supporting survivors of those who have lost a loved one to suicide.




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*"Suicide is one of the most preventable forms of death."*

—Julia Hebenstreit, Executive Director, Kim Foundation (Omaha, NE)

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### Preventing suicides

The Kim Foundation works on two main fronts to educate communities about prevention strategies.

The Foundation leads the "**13 Minutes Campaign**," a Nebraska-based partnership (13minutes.org) focused on suicide prevention with the goal of changing the statistics around suicide. The partnership's name comes from this statistic: On average, someone dies

from suicide every 13 minutes in the U.S. As part of this campaign, The Kim Foundation works with law enforcement to track suicide trends in various zip codes, as well as means used and age groups. Using that information, the Foundation targets its messaging (i.e., identifying warning signs, how to talk about suicide, and how to get help) to areas where these trends are identified.

Their efforts have created measurable results. "In 2017 we had 7 youth deaths from suicide between January 1 and September 15," Hebenstreit said. "In 2018 we have only lost two youth during that same time frame."

The Foundation also delivers "**A Voice for Hope and Healing**" presentations to organizations in the community. A free service, each presentation is custom-designed for the target organization and

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ranges from 30 minutes to a full day. The goal is to educate staff, students, and parents about mental health awareness, suicide prevention, mental health, and healthy coping mechanisms. It also includes information about the “13 Minutes Campaign.”

“Last year we gave 225 presentations and reached 17,000 people,” Hebenstreit said. At press time (October 2018), she estimated they’d close out the year by delivering another 225 presentations that would reach 25,000 people.

### Supporting survivors

When there is a death from suicide, the Foundation reaches out to survivors by leading a **LOSS (Local Outreach to Suicide Survivors) Team** ([lossteam.com](http://lossteam.com)). Based in the theory of a “circular” model of suicide reduction, the LOSS team is composed of a clinician and two survivors who meet with the newly bereaved to support them through the immediate crisis and its aftermath. By providing peer-based support, education, and counseling, survivors can shorten the time between the loss and when they find help to cope with their loss.

According to Hebenstreit, LOSS teams are active in 12 to 14 states and their services are free. “If a family receives [this kind of outreach], they will reach out for additional counseling much sooner—usually within the first two months,” she said. “If they do not receive a call-out, sometimes [that timeline becomes] 4 years.”

### Silencing stigma

Whether focused on prevention or support, the Foundation still finds the stigma surrounding suicide and mental health one of its greatest challenges.

On a national level, Hebenstreit said, more funding for research that includes

### FAST FACTS: The Kim Foundation

**Established:** 2001

**Headquarters:** Omaha, NE

**Tagline:** A supportive resource and compassionate voice for lives touched by mental illness and suicide

**Mission:** Raising awareness through outreach, education, and advocacy

**The team:** 4 staff who meet with the Board three to four times annually for strategic planning

**Kudos:** Moving the needle on suicide prevention with outreach and a resource-rich website

**Web:** [www.kimfoundation.org](http://www.kimfoundation.org)

brain mapping would help erase that stigma and shift society toward viewing mental health as having parity with physical health—because being able to see and understand data can change perceptions. Everyone understands a broken arm. A broken brain, not so much.

“Think back to AIDS and cancer,” she said. “We didn’t used to talk about [those diseases].” Now not talking about AIDS or cancer is unthinkable—and there are fundraising events to combat those illnesses.

“We’re really behind the curve when it comes to treating mental illness,” Hebenstreit said. “But each of us can play a role in decreasing the stigma and increasing awareness. Sometimes it’s as simple as the language we use—saying ‘died by suicide,’ for example, instead of ‘committed suicide.’”

The Foundation has recently taken over the state’s mental health initiative in the schools to continue its suicide prevention and awareness efforts. “This is a personal and passionate cause for the [founding] family,” she said, a cause best expressed in the closing words of

the video about the Foundation’s work: *...because with help comes hope, and with hope comes healing.* ■

Joanne Lozar Glenn  
(703-721-2088; [jlg@joanelozarglenn.com](mailto:jlg@joanelozarglenn.com))  
is an Alexandria, Virginia-based professional writer, editor, and educator who specializes in education and healthcare.



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