

FIT from the Neck UP: A Mental Health Resource Guide

Helping San Antonio parents and school personnel supporting youth mental and behavioral health





Acknowledgements

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Introduction

This document was developed to provide mental health and suicide prevention resources with a focus on educating teachers, administrators, parents and guardians, to increase access to mental health resources, reduce stigma, build resiliency, and develop empathy to improve the mental health and well-being in our schools.

Protecting the health and well-being of students is in line with school mandates and is imperative for all professionals working with youth. It is hoped that this resource guide will be helpful to schools and other organizations working with youth. By educating teachers, administrators, parents and guardians to recognize the signs and symptoms of mental health conditions, sharing resources designed to improve youth mental and behavioral health, this resource guide will be a useful component of school and community-based youth health and wellness initiatives.



The goals of this resource guide are:

- To increase understanding of mental health conditions and the treatment of mental health conditions in youth and young adults.
- To increase understanding of the problem of youth suicide, the risk factors that can lead to suicide, and the treatment and prevention of suicidal behavior in youth and young adults.
- To increase knowledge of mental health conditions, risk factors and warning signs for suicide, so that teachers, administrators, parents, guardians, and adults who work with youth and young adults are better prepared to identify and refer students who may be at risk.

The topics covered in this resource guide are:

- The problem of youth and young adult suicide
- The role of teachers, administrators, parents and guardians in suicide prevention
- Mental health conditions and other suicide risk factors
- The role of schools in suicide prevention

As emphasized in the National Strategy for Suicide Prevention, preventing suicide depends not only on suicide prevention policies, but also on a public health approach.[1] This approach promotes a wellness culture that encompasses multiple dimensions, including social and mental health, and the participation of families and communities. Therefore, this resource guide is intended to be paired with other mental health and suicide prevention efforts that support the emotional and behavioral well-being of youth.

Texas Education Code

Superintendents and school officials should refer to the Texas Education Code for more information on what is required in Texas on mental health and suicide prevention. For more information visit the <u>Texas Education Agency (TEA) Texas School Mental Health and Behavioral Health Website</u> and the Texas Education Code (TEC) – Mental Health Promotion and Intervention, Substance Abuse Prevention, Intervention, and Suicide Prevention <u>TEC 38.351</u> » H.B. <u>18</u>, Sec. 1.21.

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Understanding Suicide

Suicide is a serious public health problem and leading cause of death for youth in the United States.

Suicide Rates

In 2019, 47,511 Americans died by suicide making suicide the 10th leading cause of death with a suicide rate of 13.93 per 100,000 population.[2] Among youth ages 10-24, the suicide rate was 10.22 per 100,000 population with 6,388 reported suicide death (13.66% of all suicide reported in the U.S. for 2019).[2] *See Figure 1: U.S. Suicide Rates, 2009 to 2019 in Appendix B*.

Suicide is the second leading cause of death for youth ages 10 to 24.[2] While suicide under the age of 10 is quite rare, suicide rates increase more dramatically during adolescence and early adulthood than during any other stage of the life cycle. That said, suicide rates for adolescents and young adults are significantly lower than those for people in the midlife and elder age groups. See Figure 2: U.S. Suicide Rates by Age, 2019 in Appendix B.

In 2019, the suicide rate among youth less than 15 years old was 0.90 per 100,000 individuals while the suicide rate among individuals ages 15 to 24 years was 13.95 per 100,000 individuals.[2] See <u>Figure 3: Suicide Rates by Age Ranges, 2009 to 2019</u> in <u>Appendix B</u>.

Testimonials from Families Impacted by Suicide

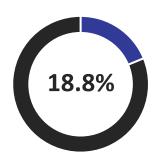
Through powerful testimonials parents, siblings, peers, teachers, and school counselors will share insights and experience with the grief and suicide loss. We thank everyone for your courage and strength.

- Kathy Johnson, Crisis Intervention School Counselor; Watch the testimonial video
- Robert Lemke, DDS; Watch the testimonial video
- Isabel-Basaldu-Prado, MD; Watch the testimonial video
- Rylee Prado, SACS (Class of 2021);
 Watch the testimonial video
- Nisha Narpaul, Mental Health
 Advocate; Watch the testimonial video
- Carrie Turner-Gray, D.Mgt., M.B.A.,
 M.Ed.; Watch the testimonial video

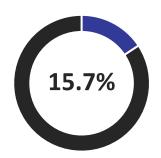
Suicidal Ideation, Plans, and Suicide Attempts

The <u>National Youth Risk Behavior Survey (YRBS)</u> monitors health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The survey is conducted every two years during the spring semester and provides data representative of 9th-12th grade students in public and private schools throughout the United States.

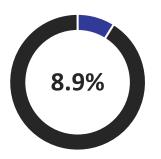
In the most recent YRBS report on 2019 data, 18.8% of youth in grades 9-12 reported seriously considering attempting suicide and 15.7% made a plan to attempt suicide in the past year.[3] Furthermore, 8.9% reported having made a suicide attempt in the past year, and approximately 2.5% reported making a suicide attempt that had to be treated by a doctor or nurse.[3]



Seriously considered attempting suicide in the previous year.



Reported having made a plan for suicide attempt in the previous year.



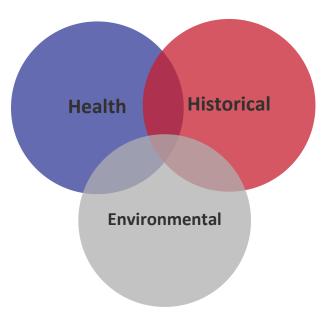
Reported having made a suicide attempt in the previous year.

Suicide Risk Factors

There is no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. It is important that those working with students familiarize themselves with risk factors and warning signs for suicide.

<u>Risk factors</u> are characteristics or conditions that increase the chance that a person may try to take their life. Risk factors can converge at different times in life and increase a person's risk for suicidal behavior. The main risk factors can be grouped into **three categories**:

- Health Factors, including biological and psychological aspects of a person's health. This includes the presence of a mental health condition.
- Historical Factors, or things that happened in the person's or family's past history; and
- Environmental Factors, including societal and cultural factors, access to lethal means, as well as individual life events.



Health Factors: About Mental Health

A key **health risk factor** for suicide in youth is a mental health condition, especially when undetected. This section provides an overview of the most frequently occurring mental health conditions and those that are often associated with youth suicide. Understanding mental health conditions can help adults who work with teens more readily identify students whose behavior suggests they may be suffering from a condition that can lead to suicide. Suicide risk in teens is most clearly linked to mental health conditions, which can co-occur together, increasing risk further.

Common mental health conditions include:

- Major Depression or Major Depressive Disorder
- Conduct Disorder
- Substance Use Disorders
- Eating Disorders
- Generalized Anxiety Disorder
- Schizophrenia
- Bipolar Disorder

Environmental Factors: About Bullying

Teens and young adults who report being bullied, as well as those who report to bullying others, have been found to have significantly higher rates of depression, suicidal ideation, and suicidal behaviors than students who do not report experiences with bullying. These problems appear to be particularly likely to occur among youth who are both a victim and a perpetrator of bullying. Some studies have found suicidal ideation and behavior to be particularly frequent among female students who are involved in bullying, whether as a victim, a perpetrator or both. In some teens, depression and/or other suicide risk factors may precede or lead to bullying. Preexisting risk may help to explain why some youth who are involved in bullying engage in suicidal behavior while others do not. In all cases, persistent bullying has a significant negative impact on the mental health of youth, and systematic interventions are needed to reduce bullying behavior in school and treat mental health conditions.



Although an untreated or ineffectively treated mental health disorder is the single largest factor associated with suicide and suicide deaths, stressful life events may act as a trigger for suicidal behavior in some teens and young adults. Such events may include recurrent physical or sexual abuse; death of a parent or close relative; prolonged, serious family conflict; a traumatic break-up with a boyfriend or girlfriend; school failures or other major disappointments; and

persistent bullying, harassment, or victimization by peers. In assessing the impact of stressful life events on teen suicide, it should be kept in mind that the large majority of youth who experience stressful life events do not become suicidal. In some, however, the normal feelings of sadness, grief or humiliation that result from upsetting life experiences can precipitate depression, anxiety, or another mental health condition, which in turn increases suicide risk. It should also be kept in mind that mental health concerns can precipitate stressful events, as in the case of school failures that result from an inability to concentrate due to depression or anxiety.

Suicide Warning Signs

Suicide warning signs are observable signs that someone may be at imminent risk for attempting suicide.

Talk

If a person talks about:

- Killing themselves
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Listen for statements such as:

"I should just kill myself"

"I've got no reason to live"

"Everyone would be better off without me"

"There's no way out of this"

"I can't live like this anymore"

"I can't take this pain anymore"

Behavior

Behaviors that may signal risk, especially if related to a painful event, loss, or change:

- Increasing use of alcohol or drugs
- Looking for a way to end their life, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends, going silent on social media
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Increasing aggressive behavior

Teens in distress can develop insomnia or can sleep more, appearing to hibernate; a sudden change in either direction is something to take notice of. In addition, increased aggression or picking fights is another warning sign that is often missed – if a teen who is normally easy going and peaceful suddenly becomes aggressive and/or violent, it is time to take notice.

Mood

People who are considering suicide often display one or more of the following moods:

- Depressed
- Loss of interest
- Rage or irritability
- Humiliation
- Anxious
- Sudden unexplained happiness

Sometimes the best indication that someone could be at risk for suicide is a sudden change in their mood. A depressed mood, and feelings of anguish and despair are extremely private, internal experiences. What gets expressed outwardly can be dependent on the individual, with some individuals wearing their emotions on their sleeve, and others keeping emotions fairly hidden from view. This is the reason paying attention to even subtle but distinct behavioral changes that represent a departure from the person's "usual self" is part of the education involved in suicide prevention. Look for behavior changes outside of the norm for that individual.

And this is a way to understand the common misunderstanding about suicide being caused by a single event or loss, or the main focus being on external events.

Helping Students: The Role of Schools in Youth Mental Health and Suicide Prevention

Because teens and young adults spend such a large part of their day in school, teachers, school nurses, psychologists, social workers, counselors, school resource officers and other personnel who interact regularly with students are in an ideal position to identify those who may be at risk for suicide — provided, of course, that they know what to look for. The identification and referral of at-risk students for a mental health assessment and evaluation can be the first step in helping these students overcome a possible debilitating and even life-threatening illness.

The school environment provides valuable opportunities for teachers and other personnel to observe students' behavior and notice changes that may signal a problem requiring treatment by a trained mental health professional. To maximize recognition and referral of students with mental health disorders, all school personnel who interact regularly with students should become familiar with the ways in which depression and other mental health disorders can be expressed in adolescents.



Identify students whose behavior suggests the presence of a mental health condition



Express concern



Refer the student to a mental health professional for evaluation and treatment

The Teacher's Role

It is important to remember that it is not the teacher's responsibility to counsel at-risk students but merely to identify and to refer these students to the appropriate helping resource, as directed by the school's policy or

protocol. Most often, schools instruct teachers to relay concerns about individual students to a counselor, a school nurse, or another support person in the school. In some cases, teachers may be encouraged to talk directly to a student's parent or guardian about changes in behavior that may suggest a problem. It is recommended that all teachers and other personnel to obtain a copy of their school's policy or protocol for referring students deemed to need mental health services, and make sure that they understand the recommended procedures.



Identifying Students Who May Need Mental Health Support

Signs of mental health conditions in teens are often misinterpreted as normal adolescent mood swings, laziness, poor attitude, or immaturity. To maximize recognition and referral of students with mental health conditions, all school personnel who interact regularly with students should become familiar with the ways in which depression and other mental health disorders can be expressed in adolescents.

Educating Students about Mental Health Conditions



Health education that addresses the importance of mental health, and educates on the challenges of mental health concerns, will help youth feel more comfortable seeking help, improve academic performance, social connectedness, and save lives. Part of this education should include helping students to identify risk and protective factors and how to look for suicide warning signs in themselves and others. Educating students on mental health conditions and how to have a conversation about when they may be having a problem, can be an excellent way to help

students understand mental health concerns and put words around what they may be feeling, or observing in a friend. Programs that engage peer leaders can help students understand that they don't need to be an expert to recognize when someone needs help, how to listen and stay connected, and how to reach out to a trusted adult.

Educating Parents and Guardians about Mental Health and Suicide Risk

Schools are also in a position to help parents enhance their knowledge about mental health conditions and other factors that put youth at risk for suicide, available treatments and suicide prevention strategies and resources. Providing parents with information about suicide risk factors and warning signs, how to respond when their child is at risk, and awareness about where to go for help.

Resources for Parents, Guardians, Teachers, and School Administrators

Video Trainings

Calming the Anxious Child

Develop an understanding of anxiety and useful tools to assist a child who is struggling with anxiety. Presentation is applicable for any helping family/caregiver, teacher, or counselor. Provided by Laurel Ridge Treatment Center and presented by Ellen Wunder, LMSW. Watch the video training.

Mindfulness & Me

Develop an understanding of mindfulness skills and reliable application of skills throughout the day, during work, school, and home life. A guided relaxation meditation follows the presentation for use to improve rest and relaxation. Presentation is applicable for any helping family/caregiver, teacher, or counselor. Provided by Laurel Ridge Treatment Center and presented by Valerie Moczygemba, M.A., LPC and Lesa McFadden, RN, BSN, MS. Watch the video training.

Project Restore

The Texas Education Agency (TEA) launched Project Restore and a trauma-informed training video series designed to address the extraordinary and unprecedented needs and connect school personnel to relevant science and strategies that can help to address their own emotional needs as well the needs of their students and colleagues. This series will help educators create an environment that jump starts teaching and learning and drives student achievement. Access the training.

Trauma Informed Care In a School Setting: An Introduction to Trust-Based Relational Intervention

Develop an understanding of trauma and how it impacts children. Learn how to understand behaviors in relation to trauma to develop a trauma informed care approach. Presentation is applicable for any helping family/caregiver, teacher, or counselor. Provided by Concentric Counseling and Coaching, PLLC and presented by Angela M Botello, LCSW-S and Collin A Krejci, LPC-S, NCC, CATP, MT-BC. Watch the video training.

Understanding & Developing Empathy

Brené Brown on Empathy vs Sympathy

Dr. Brené Brown, LMSW is a research professor at the University of Houston where she holds the Huffington Foundation Endowed Chair at The Graduate College of Social Work. Brené is also a visiting professor in management at The University of Texas at Austin McCombs School of Business. Watch the video.

Mental Health and Suicide Prevention Information for Parents, Guardians, Teachers and School Personnel

Prioritizing Mental Health During Back to School: A Discussion for K-12 Parents/Guardians, Educators and Staff

This panel discussion explores ways to prioritize the mental health of ourselves and our children when navigating return to school. Panelists include representatives from the American Foundation for Suicide Prevention, the American School Counselor Association, and the National Parent Teachers Association. Watch the webinar.

Teens and suicide: What parents should know

Parents should approach suicide prevention in the same way they approach other safety or health issues for their children. Parents can educate themselves, by learning what puts kids at greatest risk for suicide – and what protects them most strongly. <u>Learn more about teens and suicide</u>.

Suicide Research Videos

Created by the American Foundation for Suicide Prevention (AFSP), access videos from some of the world's leading suicide prevention researchers. Access the *Learning More About Suicide: Video Series*.

- Don't Be Afraid to Ask; Lisa Horowitz, Ph.D., MPH; Watch the video
- Social Media and Suicide; Helen Christensen, Ph.D.; Watch the video
- The Family as a Seatbelt; Joan Asarnow, Ph.D.; Watch the video
- What Children Want from Their Parents; Joan Asarnow, Ph.D.; Watch the video

Mental Health and Suicide Prevention Programs

Lifeguard Workshop Program

Developed by The Trevor Project, the Lifeguard Workshop video training and curriculum is a free learning tool designed for educators, school counselors, school nurses, and other adults working with youth. <u>Learn more about the Lifeguard Workshop</u>.

More Than Sad: Suicide Prevention Education for Parents

Developed by the American Foundation for Suicide Prevention, this program teaches parents how to recognize signs of depression and other mental health problems, initiate a conversation about mental health with their child, and get help. <u>Learn more about More Than Sad for parents</u>.

More than Sad: Suicide Prevention Education for Teachers

Developed by the American Foundation for Suicide Prevention, this program teaches educators to recognize signs of mental health distress in students and refer them for help. The program complies with the requirements for teacher education suicide prevention training in many states. <u>Learn more about More Than Sad for teachers</u>.

Signs Matter: Early Detection – Online suicide prevention training for K-12 educators

Signs Matter was developed based on a combination of science and best practice. The program presents scientifically based information on a variety of topics related to youth suicide, alongside best practice recommendations drawn from experts in the mental health and education fields. Recommendations for school personnel roles, support, referrals, and interventions are drawn from best practices of educational and mental health experts. Developed by the American Foundation for Suicide Prevention, in partnership with Legal One and Rutgers University Behavioral Health Care, this program fulfills many states' requirements for educators to have two hours of instruction on suicide prevention and bullying. Learn more about Signs Matter.

SOS Signs of Suicide

SOS is an evidence-based youth suicide prevention program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression. Designed for grades 6-12, SOS teaches students how to identify signs of depression and suicide in themselves and their peers, while providing materials that train school professionals, parents, and communities to recognize at-risk students and take appropriate action. Available through MindWise Innovations, SOS offers programs for both High Schools and Middle Schools. Learn more about *SOS*.

Sources of Strength

Sources of Strength is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream approach for youth suicide prevention. This upstream model strengthens multiple sources of support (protective factors) around young individuals so that when times get hard they have strengths to rely on. Learn more about *Sources of Strength*.

Documentary and Curriculum

Redirecting Grief to Growth | A Trusted Space

As the nation navigates an unprecedented school year, this film and curriculum offers tools to mitigate the effects of grief, trauma, anxiety, and other emotional stressors affecting both students and teachers. <u>Learn</u> more about *A Trusted Space*.

Trauma Informed Care Certification

The Ecumenical Center Certification for Trauma Informed Organizations

Being a trauma informed organization means that people who have experienced trauma feel safe, confident and valued while interacting with your organization. <u>Become a trauma informed organization</u>.

Guidebooks and Toolkits

After a Suicide: A Toolkit for Schools

This document offers best practices and practical tools to help schools in the aftermath of a suicide. Developed by the American Foundation for Suicide Prevention, the Suicide Prevention Resource Center and the Education Development Center. <u>Download the document</u>.

Guidelines for Schools Responding to a Death by Suicide

Developed by the National Center for School Crisis and Bereavement, these guidelines are designed to help to help school administrators, teachers, and crisis team members respond to the needs of students and staff after a suicide has impacted the school environment as well as when an individual student's life may be impacted by a suicide within the family. Access the Guidelines.

Model School District Policy on Suicide Prevention (2nd edition)

This document gives educators and school administrators a comprehensive way to implement suicide prevention policies in their local community. <u>Learn more about the *Model School Policy*</u> and <u>download a copy of the document</u>.

Seize the Awkward

A partnership between the Ad Council, the American Foundation for Suicide Prevention, and The Jed Foundation, Seize the Awkward is a nationwide campaign that provides tools and guidance for teens and young adults on how to talk with friends about mental health and how to help those in need of support. <u>Access video</u> content, toolkits, and other resources.

Local Resources

San Antonio Community Resource Directory (SACRD)

SACRD is a directory of resources offered by congregations, nonprofit organizations, government agencies, and compassionate groups in and around San Antonio. <u>Access the directory</u>.

Fiesta Youth

Fiesta Youth serves LGBTQ+ teens, young adults, and their allies. Their goal is to empower youth to build a future where ALL people are accepted, affirmed, and loved as they are. They create spaces, events, trainings, and programming that aims to support youth and grow together as a community. <u>Connect with Fiesta Youth</u>.

PFLAG San Antonio

PFLAG is the first and largest organization for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people, their parents and families, and allies. With over 400 chapters and 200,000 members and supporters crossing multiple generations of families in major urban centers, small cities, and rural areas across America, PFLAG is committed to creating a world where diversity is celebrated and all people are respected, valued, and affirmed. Connect with PFLAG San Antonio.

Crisis and Support Services

Crisis Text Line

Text TALK to 741-741 to text with a trained crisis counselor for free, 24/7. Visit crisistextline.org.

National Suicide Prevention Lifeline

The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends and loved ones. Call 1-800-273-TALK (8255). Callers are routed to the closest possible crisis center in their area. Visit suicidepreventionlifeline.org.

The Trevor Project

TrevorLifeline: The only nationwide, 24/7 crisis and suicide prevention lifeline offering free and confidential counseling for LGBTQ youth, available at 1-866-488-7386.

TrevorChat: A free, confidential and secure instant messaging service that provides live help for LGBTQ youth by trained volunteers 24/7. <u>Visit thetrevorproject.org/help</u>.

TrevorText: Text "TREVOR" to 678-678. Standard text messaging rates apply. Available 24/7.

TrevorSpace: An online international peer-to-peer community for LGBTQ young people and their friends. <u>Visit thetrevorproject.org</u>

Appendix

Contributing Authors and Advisory Committee Members Bios

Andrea Bottiglieri

Andrea Bottiglieri works for the Mayor's Fitness Council and Metro Health as Full Council Coordinator and coordinates the nationally recognized Student Ambassador Program. To learn more about the Mayor's Fitness Council, please visit www.fitcitysa.com.

Mandy Tyler, M.Ed., RD, CSSD, LD, LAT

Mandy Tyler is a Registered and Licensed Dietitian and the current Chair of the San Antonio Mayor's Fitness Council. Mandy has been a long-standing member of the San Antonio Mayor's Fitness Council's Healthy Schools Committee and previously served as chair of this group. Mandy has over 10 years of experience working with coordinated school health through her work with the Education Service Center, Region 20. Mandy is passionate about promoting the health, physical, and mental well-being of all children.

Maggie G. Mortali, MPH

Maggie G. Mortali is a Senior Program Director and workplace mental health expert at the American Foundation for Suicide Prevention (AFSP). Since joining AFSP in 2011, Ms. Mortali established and now leads a department dedicated to AFSP's workplace initiatives, including the groundbreaking Interactive Screening Program (ISP), an online assessment tool that connects users to the appropriate mental health services. In this role, she has cultivated partnerships with large public and private sector employers, institutions of higher education, and law enforcement agencies to enhance their employee assistance programs (EAPs) and other mental health services. With over a decade of experience in the suicide prevention field, Ms. Mortali is a recognized thought leader in suicide prevention strategies, including the use of internet-based technologies to reach at-risk populations who are resistant to seeking help. She holds a master's degree in public health in Prevention Science from Emory University Rollins School of Public Health and a bachelor's degree in Psychology from the University of North Carolina Wilmington.

Mary Beth Fisk

Mary Beth Fisk has more than 30 years' experience in the nonprofit sector as a executive and community builder. Mary Beth is currently the CEO and Executive Director of The Ecumenical Center, a non-profit mental health, wellness and education provider.

Melinda G. Fierros, M.D.

Dr. Melinda G. Fierros, an Air Force Veteran and veteran spouse, was honored to provide 11 years of medical psychiatric service to her brothers and sisters in uniform and their families. She is a Board Certified Child, Adolescent, and Adult Psychiatrist, and she has been an Adjunct Faculty Member with the University of Texas Health Science Center San Antonio, through which she served as a teacher, supervisor and monitor to residents and medical students. Dr. Fierros has served in a variety of clinical and leadership roles throughout her Air Force Career. Dr. Fierros served as the Medical Director for the Military Family Clinic at Endeavors and the Clinic

Director for Pathfinders Counseling and Consulting. She is currently the President/CEO and Medical Director of her private practice, Total Insight Psychiatric Services, where she provides psychiatric services to children, adolescents, and adults in the community. She has served as the Bexar County Psychiatric Society's Councilor at Large, Vice President, and is currently the President-Elect. Dr. Fierros loves reading, baking, cooking, and being in the outdoors.

Melissa Galvan

Melissa Galvan is the Vice President of Education at KLRN. She has over 20 years of experience in Early Childhood Education and specializes in Project Implementation. She has previously worked with Early Head Start, Even Start, Montessori schools, therapeutic intervention programs and has had the privilege of working with bilingual families around the Southwest.

Mrudula Rao, MD

Mrudula Rao, MD, has been in the field of psychiatry for over 26 years and is an Adjunct Assistant Professor, Division of Psychiatry, at University of Texas Health Science Center, San Antonio, Texas. Dr. Rao is in private practice, specializing in the treatment of adult, adolescent, and child psychiatric disorders. She worked as a Psychiatrist at Jewish Family and Children Services and Center for Health Care Services. Dr. Rao is board certified in adult and child psychiatry. She works closely with school educators and has presented in various teachers' workshops. Dr. Rao is a member of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association Distinguished Fellow, Bexar County Medical Society, Bexar County Psychiatric Society, Texas Society of Psychiatric Physicians, Texas Society of Child and Adolescent Psychiatry, and Texas Medical Association. She holds officer positions in multiple non-profit and professional organizations. She is a past president of Bexar County of Psychiatric Society, founding president of American Foundation For Suicide Prevention South Texas Chapter, Volunteering Together for Service Chapter past Chair, Good Samaritan Community Center, past Board member, and Mayor's Fitness Council Executive Committee.

Rachel Salinas

Rachel Salinas is the Director of School Services at KLRN. She has a background in teaching and has taught a variety of subjects in Kindergarten through 12th grade since 2002.

Terri Mabrito, MA

Terri Mabrito is a mental health advocate and stigma buster who is constantly inspired by the journey of those working toward their unique mental wellness. She has worked for a variety of nonprofits, including Voices for Children and most recently as the Executive Director for the National Alliance on Mental Illness (NAMI) San Antonio. Terri supports the Alamo Area Teen Suicide Prevention Coalition and its Teen Advisory Board and serves on the executive committee of the Texas Suicide Prevention Collaborative.

Tony Martinez

Tony Martinez has spent more than 20 years working with nonprofits and healthcare organizations. Tony's early career was in hospital settings focusing on service standards and patient advocacy. He currently manages regional programs for the Ecumenical Center.

Tracy Reinen

Tracey Reinen is a Counseling Consultant at Education Service Center, Region 20. Tracy holds certification in elementary education grades 1-6 with a specialization in mathematics and school counseling pre-k through 12. Her professional interests include training in the areas of trauma informed care, bullying, ACEs, graduation requirements, and college, career, and military preparedness. Tracy is also a certified trainer in Youth Mental Health First Aid, Adult Mental Health First Aid, Adverse Childhood Experiences (ACEs), and is a Certified Trauma Practitioner in Education, as well as an As+K trainer.

Uchenna Umeh, MD

Dr. Uchenna Umeh or Dr. Lulu as her patients fondly call her is a Nigerian born board certified Pediatrician with nearly 30 years of clinical experience. She likes to call herself a "Momatrician" and a "Grand Doctor" to all her patients she has "adopted" along the way. She attended Ahmadu Bello University Hospital for medical school in Nigeria and obtained her pediatric residency training at Howard University Hospital in Washington D.C. Soon after completion she started her private practice in Lancaster, SC where she practiced for nearly 15 years. After joining the United States Air Force as a Lieutenant Colonel, Dr. Lulu moved to San Antonio, TX. While Active, she served as Commander at Maxwell AFB, and Medical Director at Lackland AFB. After completing her 4 year contract with the Air Force and receiving an honorable discharge, she worked with a large multispecialty group practice until September 2018. She has dedicated her life and her voice to creating awareness for mental health issues in children, teens and young adults, especially in the minority community. Currently, she is the Medical Director and CEO of Dr. Lulu's Youth Health Center, a pediatric practice focusing on at-risk youth aged 8-18 years with mental health and behavior issues.

Valerie Moczygemba, M.A., LPC

Valerie Moczygemba obtained her Master's degree in Counseling and Guidance from Texas A&M San Antonio. She has held a professional role in the mental health community since 2008. Her passion for counseling developed through her work as an entrepreneur. Valerie has owned and operated Alamo Wellness Group, LLC since December of 2012. Her role as an administrator has afforded her insight and experience into working with a variety of clientele. Valerie serves children ages 12 and up, adolescents, and adults. She incorporates a variety of counseling theories such as Solution Focused, CBT, DBT, Narrative, and Existential therapy. Additionally, her techniques include art, music, and expression. Her specific areas of interests are mood disorders, substance use, and trauma. As a Licensed Professional Counselor Valerie assists individuals in continuing to learn and gain self-awareness to manage life's barriers and stressors.

Figures

Figure 1: U.S. Suicide Rates, 2009 to 2019

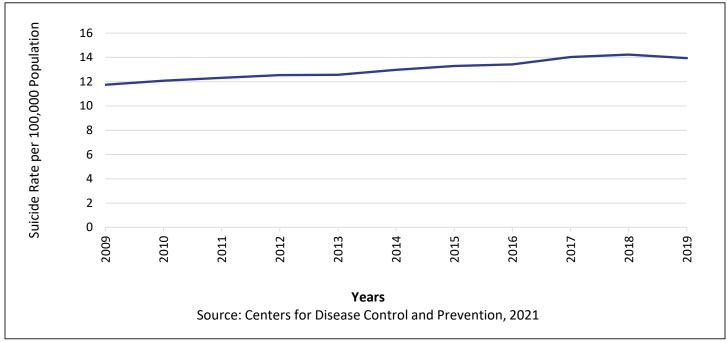


Figure 1 shows suicide rates for the United States from 2009 to 2019.

Figure 2: U.S. Suicide Rates by Age, 2019

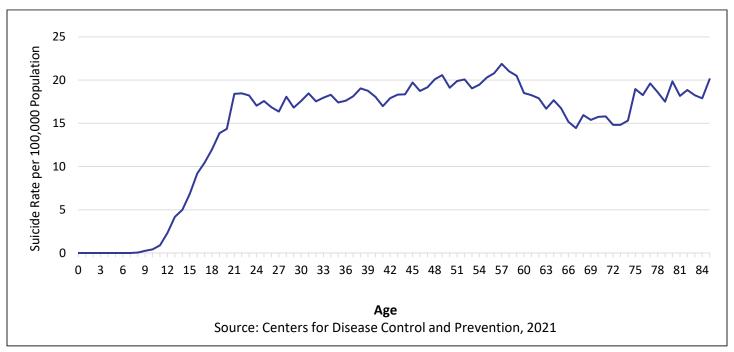


Figure 2 shows suicide rates by age for the United States in 2019.

25 Less than 15 Suicide rate per 100,000 Population 15 to 24 20 -25 to 34 15 -35 to 44 10 -45 to 54 5 55 to 64 -65 to 74 2019 2016 2009 2010 2012 2013 2014 2015 2017 2018 2011 -75 to 84

Figure 3: Suicide Rates by Age Ranges, 2009 to 2019

Figure 3 shows suicide rates by age ranges for the United States from 2009 to 2019.

Updates on Figures

The Centers for Disease Control and Prevention website (www.cdc.gov) provides suicide-related data. Particularly helpful sections of this website include the Injury Statistics Query and Reporting System (www.cdc.gov/injury/wisqars/) and the Youth Risk Behavior Survey (www.cdc.gov/HealthyYouth/yrbs/). The CDC updates this information on a regular basis so that the latest available figures can be easily accessed.

Years
Source: Centers for Disease Control and Prevention, 2021

References

- 1. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. [2012]. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS.
- 2. Centers for Disease Control and Prevention. [2019] Web-based Injury Statistics Query and Reporting System (WISQARS). Available at: www.cdc.gov/wisqars.
- 3. Centers for Disease Control and Prevention. [2019] Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs.

85 or older