



TEN THINGS EVERYONE SHOULD KNOW ABOUT MENTAL HEALTH, SUICIDE, AND HAPPINESS

John Sommers-Flanagan, Ph.D.
Center for the Advancement
of Positive Education
University of Montana

For free resources:

<https://johnsommersflanagan.com/>

<https://montanahappinessproject.com/>

GRATITUDE



- Thanks to **Brenda and the Jeremy Bullock Memorial Trust** for organizing and the invite.
- **Thanks** to all the scientists . . .
- Thanks to the **CAPE team**
- Thanks for **being YOU** and being here





PREPARATION

Trigger Warnings

- I will be talking about **suicide and mental health**
- I will be talking about **happiness**
- I will be saying **contrary** things


Research on trigger warnings

Strength-warning

Learning Objectives

1. You come with **YOUR** knowledge, experience, and expectations – You come with **YOUR WHY** and **PURPOSE**
2. I offer **ideas** and we exchange experiences – along a **wild ride**
3. You take **what fits for you** and do what you need to remember to apply it to yourself and in your work
4. Maybe you **gain new perspectives** on mental health, suicide, and happiness





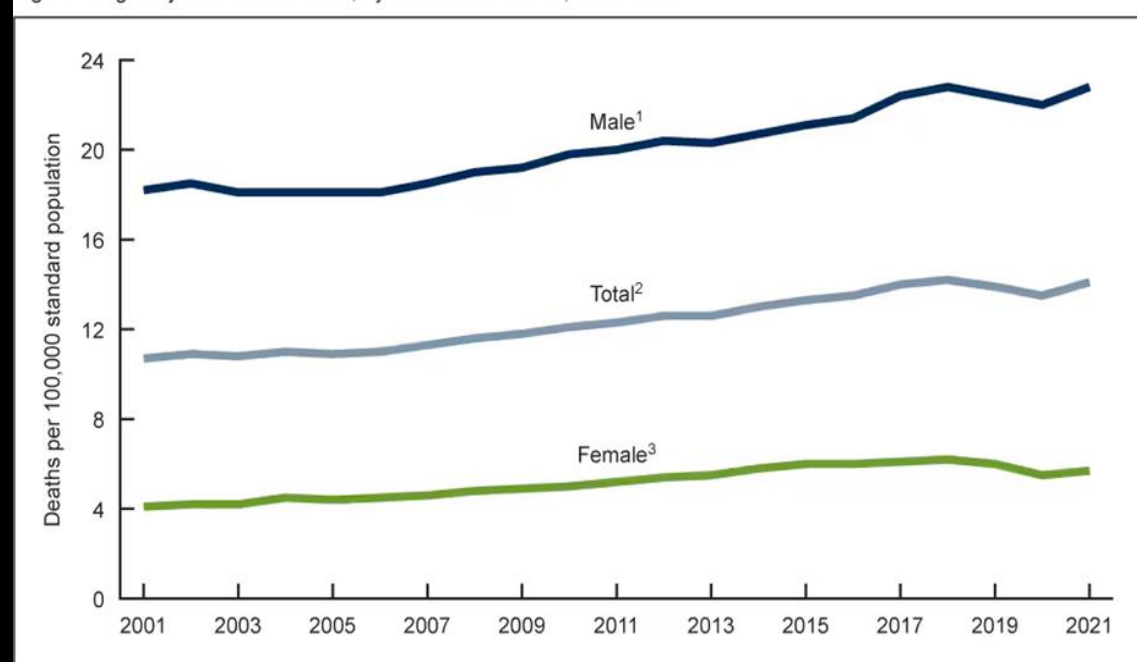
#1 – SUICIDE, MENTAL HEALTH, AND HAPPINESS ARE WICKED PROBLEMS

1. **NOT** LINEAR
2. MULTIDIMENSIONAL, **MULTIPLE INDIVIDUAL, GROUP, AND CULTURAL PERSPECTIVES,** FORMULATIONS, AND EMOTIONAL REACTIONS
3. NOT TESTABLE; EFFORTS TO SOLVE CAN BACKFIRE [**HAPPINESS PARTY EXAMPLE**]

WICKED PROBLEMS ARE WHY...

- ✓ **Everything** is worse
- ✓ GAD, Panic, MDD, PTSD, ADHD, SUDs, narcissism, etc.
- ✓ **Trigger warnings backfire**
- ✓ Suicide is up 40-80% over 20 years . . . Despite big efforts (**National and Tribal** strategies; 2001/2017)

Figure 1. Age-adjusted suicide rates, by sex: United States, 2001–2021



¹No statistically significant trend from 2001 through 2006; significant increasing trend from 2006 to 2018; no statistically significant trend from 2018 through 2021, $p < 0.05$. The rate in 2021 was significantly higher than the rate in 2020, $p < 0.05$.

²No statistically significant trend from 2001 through 2006; significant increasing trend from 2006 to 2018, with different rates of change over time; no statistically significant trend from 2018 through 2021, $p < 0.05$. The rate in 2021 was significantly higher than the rate in 2020, $p < 0.05$.

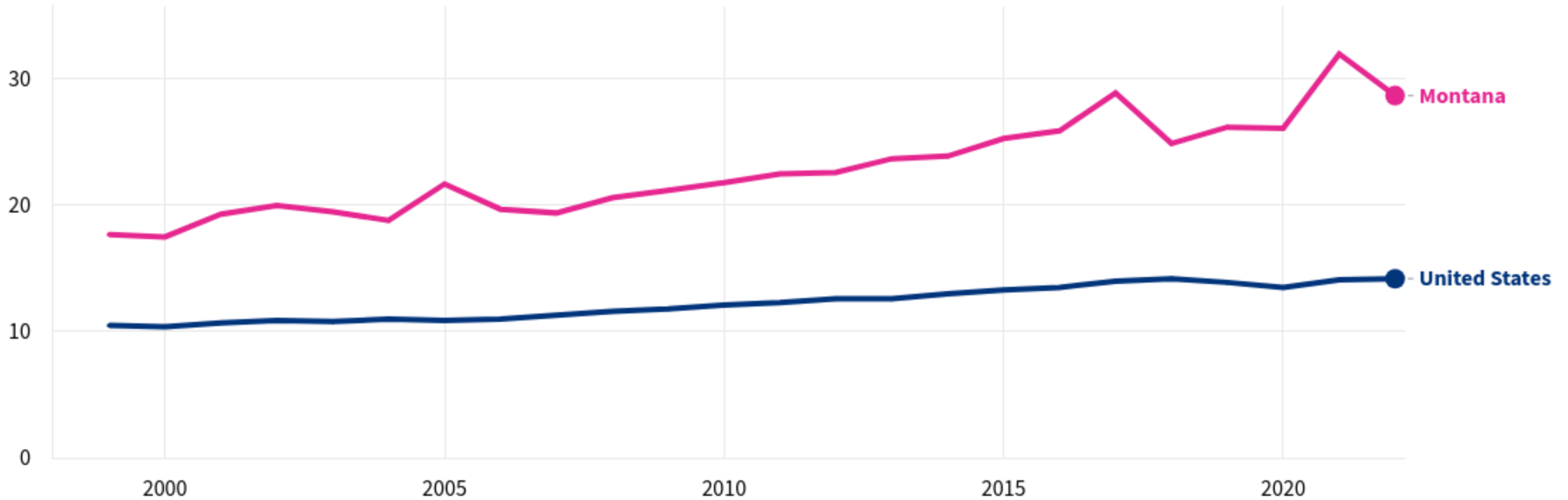
³Significant increasing trend from 2001 to 2017; significant decreasing trend from 2017 through 2021, $p < 0.05$. The rate in 2021 was significantly higher than the rate in 2020, $p < 0.05$.

NOTES: Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Age-adjusted death rates are calculated using the direct method and the 2000 U.S. standard population. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db464-tables.pdf#1>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

The suicide rate in Montana has increased by 43.5% over the past 20 years.

Age-adjusted deaths per 100,000 people



Source: National Center for Health Statistics

USA FACTS

#2 – We're Not Good at Predicting Suicide


- Imagine **Washington Grizzly Stadium** on **1/1/25** – Capacity 25K
- It's filled with **Montanans**
- By Dec 31, **7 or 8 of those 25K Montanans** will die by suicide.
- **Your job:** Identify and intervene to **prevent suicide?**



Predicting Suicide II

- We could **screen for** depression and suicidal ideation
- With **depression**, we might cut our number from 25K to about 10K (but **which 7 or 8 of the 10K?**)
- If we screen for **suicidal ideation**, we'll cut our numbers to about 8K (but **which 7-8 of the 8K?**)





Predicting Suicide III



- But, if we dismiss the people who screen negative, we'll miss about **½ of those who will die by suicide because they won't report SI or depression**
- If we screen for **so-called "Mental Illness"** we'll do even worse

Predicting Suicide IV

- “The majority of patients who die by suicide screen negative for suicidal ideation. If you are a MH professional/agency who uses decision trees that designate negative screens as ‘low risk,’ you should consider discontinuing that practice. This is especially applicable to clinicians/agencies that use the C-SSRS’s red/orange/yellow scoring system. The C-SSRS will ‘miss’ most patients who kill themselves.” [False negatives]
 - **Craig Bryan, Ph.D., Feb 7, 2024** – LinkedIn post

rethinking suicide

WHY PREVENTION
FAILS, AND HOW
WE CAN DO BETTER

CRAIG J. BRYAN

#3 – We're ALSO Not Good at Preventing Suicide

- ▶ Here's a **Typical*** Suicide Prevention Message
- ▶ Suicide rates for at-risk youth can be **substantially reduced** by:
 - ▶ **Knowing the signs.** Four out of five suicide deaths are preceded by warning signs such as suicidal threats, previous suicide attempts, preoccupation or obsession with death, depression, and final arrangements.
- ▶ *From:
<https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen-suicide/state/MT>



#4 – Suicidal Ideation is not an Illness, Mental Disorder, Sin (or even a good predictor of suicide)



Suicidal ideation is usually a response to a difficult life situation or high personal distress (or both)

People who are suicidal are often smart, sensitive, and feel trapped or hopeless

#4A – Suicidal Ideation is a Natural Human Response to Severe Emotional Pain



It's a natural response to disturbing, painful, stressful circumstances, over which we feel little control.

Think historical trauma, systemic oppression, and discrimination.

High rates of SI means people are **living lives of internal/external despair and feeling hopeless.**

The Wickedness of the Problem

- ▶ From 1999-2022 we did **more suicide prevention than ever before** (National Strategy, 2001; 2012; 2024).
- ▶ **Suicide rates went up every year except two. . .**
Usually by 2-3% each year. **Per capita up 40%**
- ▶ Which years did they go down? [**Wicked Problem**]
- ▶ The raw number of suicides have **increased about 60%**.

Time Out for Reflection

- ▶ Why am I saying these things? How is this related to increasing safety and developing solutions for suicide, mental health, and happiness?
- ▶ We should **DO EVERYTHING WE CAN** to prevent suicide . . . AND
- ▶ We also should be **REALISTIC** . . .
- ▶ If we assume suicide is predictable and preventable . . . We will feel **EVEN MORE GUILTY** when people die by suicide

rethinking suicide

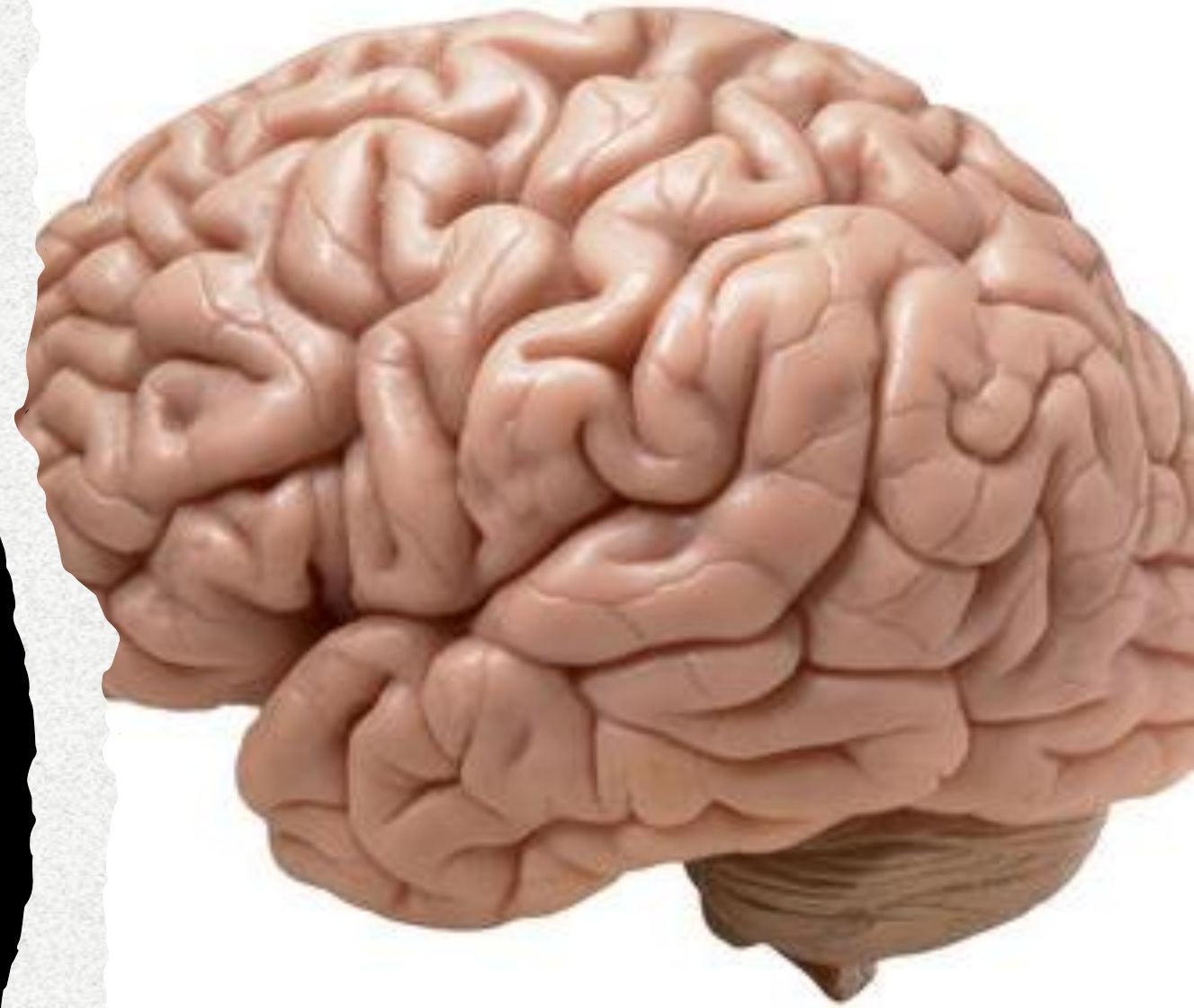
WHY PREVENTION
FAILS, AND HOW
WE CAN DO BETTER

CRAIG J. BRYAN

5. Three Ways Your Amazing Brain Works

The Science

Activity – Mindful moments



5A. Confirmation Bias



We find

what we

look for

We Overfocus on What's Wrong with Us [Children and Teens are Especially Vulnerable]



- Medical student disease
- Mental health student disease
- TikTok
- Kenneth and Mamie Clark

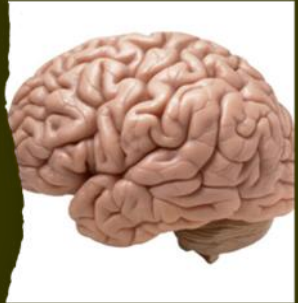


○What We Pay Attention to Grows



-
- 15-20% of youth are depressed.
 - Are you depressed yet?
 - How about now?
 - Maybe you're depressed now?
 - Let's keep checking because you may notice depression symptoms and then you'll be depressed
 - 80-85% of youth are NOT depressed!

Remember Those Three Science-Based Ideas



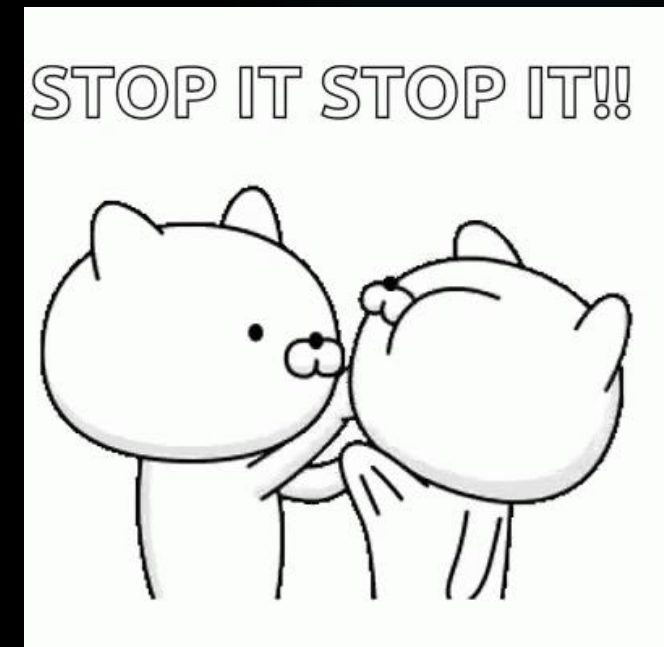
QUIZ

1 2 3

#6: We're Better at Growing (+) Behaviors than Shrinking (-) Behaviors

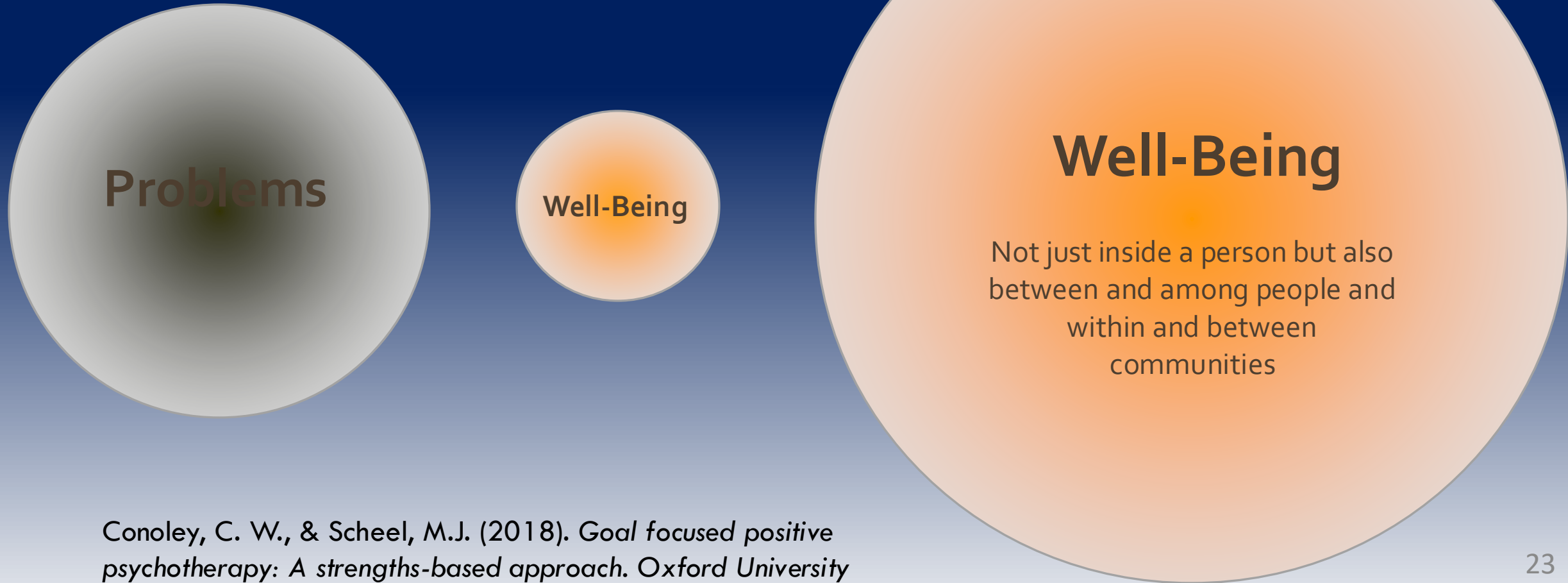
- ▶ Negative behaviors and problems are VERY difficult to stop [**“Just chill”**]
- ▶ **Growing positive behaviors and crowding out negative behaviors** works better than trying to get people to stop the negative

Stop It!
Just Stop
It!



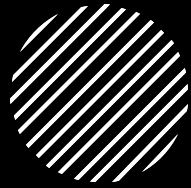
How Positive Psychotherapy Works

What Shall We Grow?



Conoley, C. W., & Scheel, M.J. (2018). *Goal focused positive psychotherapy: A strengths-based approach*. Oxford University Press.

Maybe we
should focus
on happiness?



#7 – Nope. Thinking too much about whether we're happy has a backward effect

- Are **YOU** happy?
- Preoccupation with whether you're happy will, in most cases, **make you feel worse**

#8 – White Cultural Solutions

- ▶ Will not necessarily translate across cultures
- ▶ Besides, when it comes to “Wicked Problems,” White cultural solutions don’t even work for White people.
- ▶ What to do?



#8a – Leveraging Indigenous Resilience

➤ A Lakota elder, James Clairmont:



FIREKEEPER
ALLIANCE

➤ The closest translation of “**resilience**” is a sacred word that means “resistance” . . . resisting bad thoughts, bad behaviors. We accept what life gives us, good and bad, as gifts from the Creator. We try to get through hard times, stressful times, with a good heart. The gift [of adversity] is the lesson we learn from overcoming it.

Breaking Clairmont's Comment Down

- Resisting bad thoughts and behaviors (**CBT**)
- We accept what life gives us, good and bad, as gifts from the Creator. (**Mindfulness**)
- We try to get through hard times, stressful times, with a good heart. (**Optimism and positivity**)
- The gift [of adversity] is the lesson we learn from overcoming it. (**Learning from experience; what can I learn from this?; good learning days😊**)





Firekeeper and Fire In The Mountains Collaboration

We've partnered with the Fire in the Mountains festival in our mission to reduce suicidal distress in Indian Country. We've already established critical programming and support efforts in Browning, MT and we've only just begun.

We love heavy metal and hardcore, and we believe heavy music has the power to connect us while providing unique coping potential. Our favorite musical styles also offers opportunities to process difficult life experiences.

Because of our alignment, FITM has graciously offered The Firekeeper Alliance the opportunity to curate a special set at Fire in the Mountains '25 with one of our favorite bands of all time; a band that espouses our mission and represents what we're all about.

The Firekeeper Alliance Presents CONVERGE at Fire in the Mountains - 2025.

Leveraging Cultural and Intercultural Strengths

#9: Christopher
Peterson

Other People
Matter

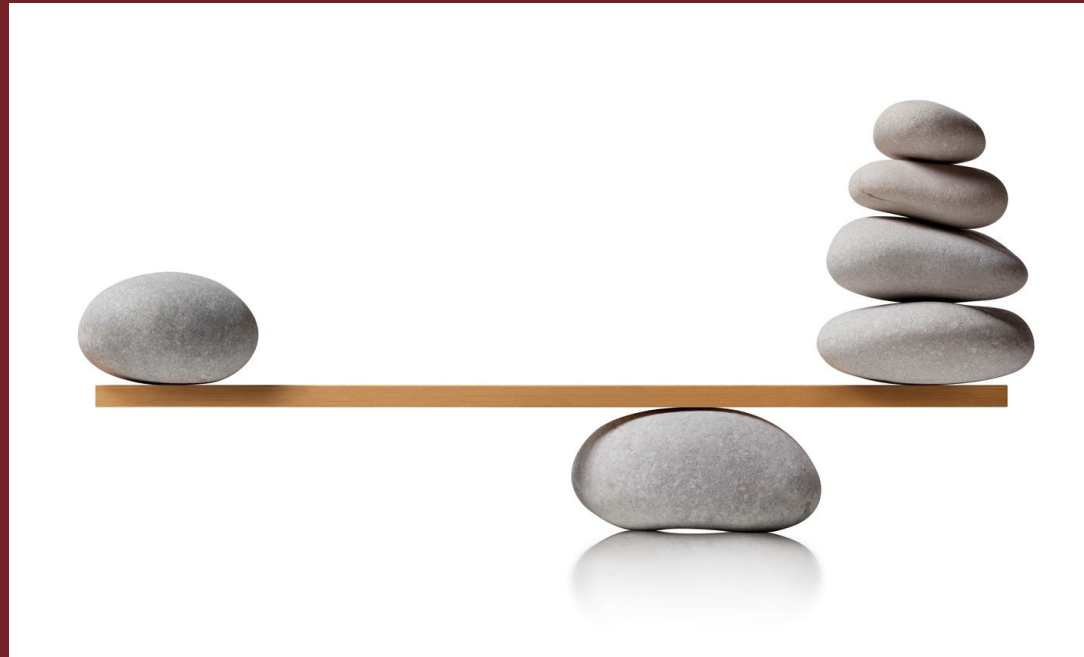
And . . .



#10 – LET'S REALLY FOCUS ON MENTAL HEALTH

What's Wrong with You?

- Diagnosis
- Go deep
- Deal with pain, trauma, social injustice



What's Right with You?

- Focus on strengths
- Nurture and grow skills, strengths, and resources
- Externalize the problems (injustice is not what's wrong with you)

Final Quiz

1. MH+ are wicked problems
2. We're not good at predicting suicide
3. We're not good at preventing suicide
4. Suicidal ideation is neither an illness nor a sin; it's a natural human response to disturbing situations
5. Three big psych ideas: We find what we look for; we overfocus on what's wrong; what we pay attention to grows
6. We're better at growing positive behaviors than shrinking negative ones
7. Focusing too much on happiness backfires
8. White cultural solutions may not work [We should leverage Indigenous resilience]
9. "Other people matter"
10. Let's REALLY focus on mental health



GOAL

A hand is shown in the upper left, reaching towards the center. The background is a sunset over a body of water, with the sun low on the horizon and its light reflecting on the water's surface. The hand's reflection is visible in the water below. The text "WHAT DO YOU WANT TO REMEMBER?" is overlaid in the center.

WHAT DO YOU WANT TO REMEMBER?

Thanks for listening: YES!

Please take good care of yourselves!

Some resources . . .

John Sommers-Flanagan, Ph.D.

Department of Counseling

University of Montana

John.sf@mso.umt.edu or

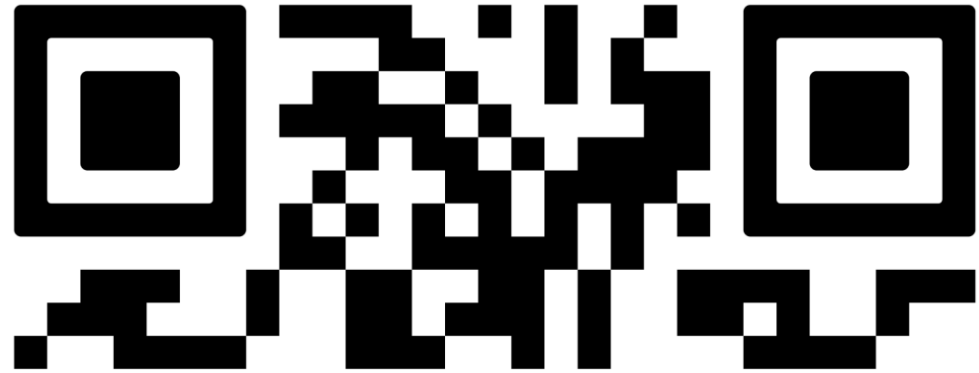
<https://johnsommersflanagan.com/> and

<https://montanahappinessproject.com/>

for resources

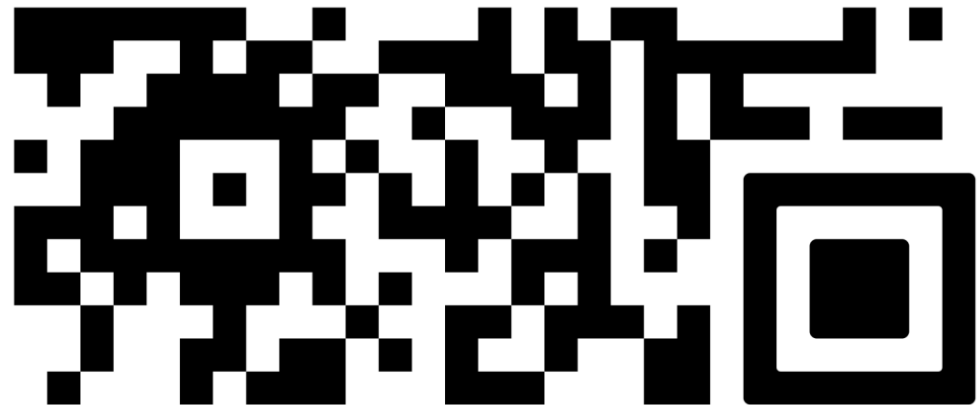


Use this QR
Code for
Feedback!



Jeremy Bullock

SAFE SCHOOLS SUMMIT



#11 – Bonus: What You Can Do

- **Break away** from the natural pull to negativity
- Approach everyone with **respect and empathy**
- Consider suicidality an **expression of pain**
- Emphasize **belongingness** and help people **feel useful**
- Remember: **Stress accumulates; opportunity ameliorates** (Garbarino, 1986) . . . Create opportunities!!
- **Intentionally track and orient** to the positive
- **Notice, create, and linger** on positive memories

