

## Transcript | Help, Hope & Action: Children, teens and young adults panel

*A solo piano plays as a collage of pictures featuring people talking with therapists and in support groups is displayed on screen. Then, a purple and teal screen swipes over to a title page featuring a white background. Centering the screen, a teal and purple ribbon featuring two hands gripping at its center. Text appears beside it.*

ONSCREEN TEXT: Help,  
Hope &  
Action

*Beneath this, more text appears within two teal lines.*

ONSCREEN TEXT: SUICIDE PREVENTION  
TOWN HALL

*Four logos run along the bottom of the screen: Health Plan of Nevada, the u-shaped UnitedHealthcare logo, OPTUM, and American Foundation for Suicide Prevention.*

ONSCREEN TEXT: HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

ONSCREEN TEXT: United  
Healthcare

ONSCREEN TEXT: OPTUM™

ONSCREEN TEXT: American  
Foundation  
for Suicide  
Prevention  
Nevada

*The music fades. A man in a blazer sits onstage amongst a panel in a lecture hall. Text appears in the bottom left corner of the screen as he speaks.*

ONSCREEN TEXT: Kendall Tenney  
Moderator, 10E Media

KENDALL: Hello. Welcome to "Help, Hope and Action. A Suicide Prevention Town Hall." I'm Kendall Tenney. We appreciate you joining us today. We are here in the Chairman's Auditorium on the campus of Health Plan of Nevada, Las Vegas. And over the next couple of hours, I'm gonna have up on stage with me three expert panels. And we're gonna be talking about how depression, anxiety, hopelessness, and

isolation can overwhelm a lot of people and what can be done. What tools are out there? How we can help such individuals, and how we can help ourselves should we find ourselves in that situation. We'll discuss a wide range of reasons why kids, young adults, seniors, veterans, and minorities experience mental health challenges with suicidal ideation. We'll also discuss the best communication and intervention techniques and what's being done in our local communities and our state to support those who are at risk.

*The title page appears onscreen again as Kendall lists the co-sponsors.*

KENDALL: Our co-sponsors for today's event include Health Plan of Nevada, UnitedHealthcare, Optum, and the American Foundation for Suicide Prevention. So let's get started.

*The crowd in the auditorium is shown, followed by a wide shot showing Kendall sitting beside three guest panelists.*

KENDALL: Our first panel is going to focus on suicide risk in children, teens, and young adults. So I'd like to introduce each of them. First, we have Emma White. In 2010, Emma was 15 years old and at that time experiencing suicidal depression after being bullied at school and online, she made a plan to end her life.

*Text appears at the bottom left of the screen as Emma sits on the panel.*

ONSCREEN TEXT:       Emma White  
                                  Author & Advocate, Life is Worth it

KENDALL: Thankfully, she altered that plan and instead has become an author and an advocate for prevention through education with her organization, Life is Worth It. Please welcome Emma White.

*A still image shows the cover of Emma's book, "It's not OK, but it will be." Then, Emma waves as the audience applauds.*

KENDALL: Also joining us today is Martha Thomas.

*Text appears at the bottom left of the screen as Martha sits on the panel.*

ONSCREEN TEXT:       Martha Thomas  
                                  Teacher & Co-Founder, The Defensive Line

KENDALL: Martha has been a middle school teacher for more than three decades. She is also Chief Education Officer and co-founder of The Defensive Line. It's a nonprofit dedicated to providing suicide prevention resources to schools with a focus on supporting youth of color.

*Martha smiles and the audience applauds.*

KENDALL: Joining us remotely from New Jersey is Solomon Thomas, Martha's son.

*A still image shows a man taking a selfie with three others, including Martha. Text runs along the bottom of the screen.*

ONSCREEN TEXT:       Solomon Thomas  
                                  NFL Player & Co-Founder, The Defensive Line

*Another photo shows Solomon posing in front of the San Francisco 49ers logo with his mom and three others. Kendall continues to speak.*

KENDALL: Now Solomon may be a familiar name to some in here, because he is an NFL defensive lineman. He's been with the San Francisco 49ers, with the Las Vegas Raiders, and this year, he will be playing for the New York J-E-T-S Jets. In 2018, Solomon lost his beloved sister, Ella, to suicide.

*A photo shows Solomon grinning as his sister smiles and hugs him from behind.*

KENDALL: He and his parents turned their grief into action through the founding of The Defensive Line. So please welcome remotely Solomon Thomas.

*The audience applauds.*

KENDALL: And finally, we welcome Dr. Debra Katz.

*Text appears at the bottom left of the screen as Debra sits on the panel.*

ONSCREEN TEXT:           Dr. Debra Katz  
                                  National Medical Director, Optum Behavioral Health

KENDALL: She is the senior medical director of behavioral health at Optum. She brings 35 years of experience as a board-certified child and adolescent psychiatrist who specializes in behavioral health conditions with youth and individuals with serious mental illness with a special focus on marginalized and minority populations. Please give a welcome to Dr. Debra Katz.

*She smiles and the audience applauds.*

KENDALL: Thank you so much for being here. Really appreciate it. Let's begin by looking at the current statistics, and they are sobering. In Nevada alone, suicide is the second leading cause of death in 10- to 34-year-olds.

*A purple bar headlines the top of the screen. White text appears within it.*

ONSCREEN TEXT:           Latest Statistics on Youth and Teen Suicide

*Text appears on a white background beneath the header.*

ONSCREEN TEXT:           In Nevada, suicide is the second leading cause of death in 10 - to 34-year-olds.

ONSCREEN TEXT:           Death by suicide increased by more than 57% in 10 - to 24-year-olds in the decade between 2008 to 2018.

ONSCREEN TEXT:           More than 77,000 physicians and 200 children's hospitals have declared a national state of emergency in child and adolescent mental health.

ONSCREEN TEXT:           33% high school students report persistent sadness or hopelessness and 17% report making a suicide plan.

KENDALL: Now this is before the pandemic that these stats that we're going to be discussing came out. And death by suicide had increased more than 57% in 10- to 24-year-olds. That was between 2007 and 2018. More than 77,000 physicians and 200 children's hospitals have declared a national state of emergency in child and adolescent mental health. 33% of high school students report persistent sadness or hopelessness, and 17% of youth report making a suicide plan. Dr. Katz, let's start by talking to you. Those stats really are sobering. What are the reasons behind them?

ONSCREEN TEXT: Dr. Debra Katz

National Medical Director, Optum Behavioral Health

DR. KATZ: I think you have to start by looking at normal development, okay? Adolescence is a tumultuous time whether you have a mental health problem or whether you're having a normative, you know, existence and not having any stressors. Youth are changing. They're going through puberty. Their body's changing. Their mind is changing. They're faced with things that they've never faced before. And as they try to develop into being their own individual versus being an extension of their parents, they wanna push the parents away. It's a time of separation in what we call "individuation." Meaning they're gonna develop their own person. So that superimposed on top of the stresses of school, the stresses of maybe family discord, trauma, violence--I could go on and on. The life of a teenager, the life of a young adolescent going all the way up to 24 is very stressful right now. I think one of the things that we like to talk about now that was actually very different than when I was a teenager is the contribution of social media. TikTok, YouTube. In two seconds, somebody sees a picture or a meme or a representation of what someone creates to represent themselves. So, when you do selfies or pictures anywhere, you're trying to--perhaps an adolescent is showing what they want to be. And that can be very upsetting to other teenagers that don't have the same self-esteem or aren't feeling very comfortable in their own skin. So that kind of situation, including as you'll hear from Emma, and it sounds like I would imagine other individuals have experienced bullying and isolation. Kids can be really mean when they're in middle school and during adolescence. And put all of that together, pre-pandemic, and now you have the pandemic. And what happens? All these youth who are trying to become their individuals, depend on their social circles are now forced to stay home, not be on athletic teams, not socialized in faith-based organizations, Girl Scouts. They have to be isolated. They have to do remote schooling. So, they're all alone. All they have is that social media connection, which even compounds the anxiety and the depression. So, I mean, there's a lot that puts them at risk. Never mind that many of the mental health challenges we face, mental health illness like depression and anxiety, start in your teenage years. So, you know, put that on top of it, including let's not forget the contributions of experimentation with marijuana, drugs, and alcohol. So, you put that all together with a pandemic, and we had a perfect storm.

KENDALL: Yeah.

DR. KATZ: And I think that's really what's contributed to where we're at right now.

KENDALL: It was already difficult for teenagers. You were a teenager pre-TikTok and all that stuff, Emma, But you had those very understandable and similar struggles. Tell us a little bit about your situation.

ONSCREEN TEXT: Emma White

Author & Advocate, Life is Worth it

EMMA: Yeah. So, I was 15 years old when I started getting bullied at school, stalked, harassed on social media. And like you said, that was pre-TikTok. So, it was more like Facebook and Snapchat had just become a thing. And there wasn't any understanding of how to have digital wellness, right? It was all just kind of happening so fast. So, when I started getting bullied online, I had no idea what to do about it, because I felt like I had no control. And that spiraled into getting bullied in person and didn't know what to do about that, and feeling like I'm the only person in the world that's struggling with this. So – which we know isn't true but felt like that. So, because of that, it spiraled into me feeling anxious and not knowing who to talk to, not feeling like I could talk to anybody, which then moved into depression, which I struggled with for four months. And then it moved into making a plan to take my life, because I had no idea. I just didn't know what to do. So thankfully, that didn't happen, 'cause I'm sitting here today. But looking at the warning signs that I was exhibiting, I lost a lot of weight, because the anxiety made me feel like I couldn't eat. So, I lost 20 pounds in a month. So that's a huge warning sign. Just not wanting to participate in things that I typically did. I was an athlete, played basketball and volleyball. Had no interest in going to practice. Didn't want to play. Didn't care. So those were some really big warning signs. And the warning signs are different for everybody, but in my situation, that's what it was. So, in looking at what parents can be looking for, we're really looking at that abnormal behavior and something that seems out of character is huge when looking at warning signs.

KENDALL: Yeah. And I think as a parent, that is the fear that we won't pick up on warning signs that may in retrospect be apparent. But at the time, may go over our head, because teenagers are teenagers, right? They're grumpy, and they're not easy sometimes. And it would be hard to understand that. What do you think, Martha, about that? The recognition of signs, that has to be so difficult.

ONSCREEN TEXT: Martha Thomas

Teacher & Co-Founder, The Defensive Line

MARTHA: It's extremely difficult. But the number one thing I would say in order to know the difference between the warning signs and normal teen behavior is to ask. Ask if they're at risk. Ask if they're thinking about suicide. Don't be afraid to say that.

KENDALL: Let's talk to your son. Solomon, welcome first of all. It's good to have you with us. And we're so sorry about your sister's loss. The loss of your sister I should say. Can you tell us a little bit about Ella and also, what advice you have for siblings who want to make sure their brother or sister isn't going through similar struggles?

*Solomon appears at the panel projected onto a screen. His video feed encompasses the whole screen as he speaks, along with pictures of Ella.*

ONSCREEN TEXT: Solomon Thomas

NFL Player & Co-Founder, The Defensive Line

SOLOMON: Yes, sir. Yeah. Thank you for having me today. It's honor to be on this panel and to be with you all today. Yeah, my sister Ella, you know, she was everything to me, which was my big sister, my protector. She taught me everything. You know, I was a weird little kid. You know, I didn't really know how to communicate with people. I didn't know how to make friends, know how to dance, talk to girls, any of that. And she taught me how to do everything. You know, she had this big, huge heart and just

gave out so much love. She loved everyone around her. She loved people that she didn't know. She loved people she just met. You know, she loved people who didn't deserve her love. You know, that's just who Ella was. She just had this loving heart. You know, Ella's best friend, you know, Bennett from high school, describes her as a human narrator. Because Ella could bring in together any group of people, whether it was the jocks, the nerds, the dance crew, the band. She could bring 'em all together and make them feel like they all belong together. Ella had this special power to make people feel so important. Like, if you're in the room with Ella with as many people who are in the room today, you would be able to think you're the only person in the room with Ella. She just made you feel so validated and loved. When Ella struggled, you know, she was diagnosed with depression diagnosis with anxiety. You know, and she struggled. And she was open about her struggles. You know, she was vulnerable. If people asked how Ella was doing it, she would tell them, "Hey, you know, I'm struggling. I'm pretty anxious today. You know, I'm sad. You know, I don't feel well." And that would kind of push people away. And that would kind of make Ella kind of suppress her emotions, not talk about them as much, and make her feel more alone. You know, Ella was ahead of her time with her vulnerability and ahead of her time with the type of strength she had. And I feel like that hurt Ella a lot, 'cause the stigma that she lived in back then. You know, so unfortunately, you know, Ella died by suicide in 2018. And you know, as a brother, that's, you know, the hardest thing in the world to lose, you know, the person closest to you. Lost my sister, you know, a person who was my protector, but a person who I wanted to dedicate my life to, to protect, and dedicate my life to to make sure she got better. And to lose her was the hardest thing in my life. And, you know, the advice I would tell siblings is similar to what my mom said is, you know, ask the question. You know, ask how they're doing. Ask, you know--ask them. Let them--and ask about like, "Are you thinking about suicide? Are you having these thoughts?" And as a sibling, I think it's important to know like, "Hey, like, listen. Like, I'm your brother, I'm your best friend, but I'm also a safe place for you. I can talk. I can talk to you. I can listen. I could be there for you in any way you need me to. And, you know, I'm here for you." And I think it's important and powerful to tell someone how bad you want them here and how bad you need them here. So, you know, I wish I could go back and tell Ella, like, how bad I need her here every day and, you know, how much, you know, I want her and how much she's loved and how much she should be here every day. You know, so that's just some advice, you know, and a little bit about my sister.

KENDALL: It's powerful too. And I have such admiration for you and Emma and Martha who have taken grave situations and turned them around, and you are now working with the nonprofit, The Defensive Line, brings suicide prevention resources to teachers and coaches and schools. Martha, you're a middle school teacher. So, you see kids all the time who may be exhibiting similar signs.

ONSCREEN TEXT: Martha Thomas

Teacher & Co-Founder, The Defensive Line

MARTHA: Yeah. So, I do, and I'm very forthright with my students. And I also am well aware of our school's protocol and who I need to refer them to. And to make sure I'm always telling someone else, I'm acknowledging that something's going on, that something's off with a student. You know, I'll say, "Hey, you don't seem like yourself today." You know, most kids will say, "Hey, I'm fine. I'm fine." And I'll be like, "But something's going on. It's different. Is it at home? Is it at school?" You know, and give them the chance to talk. But to make sure, you know, to check with other teachers, "Are you seeing the same thing?" And to make sure the counselors and the assistant principals know the concern as well.

KENDALL: And there is an increase apparently in suicides among different cultures and races. How does that play into this?

MARTHA: Well, it plays into our organization, because as the suicide rates for youth of color are rising, resources aren't there in communities of color. And so they're not as many resources. And so we're trying to help provide those to, you know, teachers and coaches in schools.

KENDALL: And you mentioned a big part of that is starting conversations.

MARTHA: Yes.

KENDALL: That's a big thing for you as well, Emma. How do you start those conversations though? I think a lot of people have a concern that bringing up the topic might exacerbate the problem.

ONSCREEN TEXT: Emma White

Author & Advocate, Life is Worth it

EMMA: Right. And that is a common misconception that people think about suicide. If they ask, "Are you thinking about suicide?" That it will give them the idea, or that it's contagious. And it's not. Talking about suicide does not give the idea to somebody. And we have to have those conversations to really understand where somebody is at. So, when we're looking at starting that conversation, I just always say to just be vulnerable and to really care and listen. Because a lot of times that's what kids are lacking. Is they're lacking somebody who genuinely cares or will listen without judgment. So, it can be difficult to start the conversation, but I just encourage people to jump in just as they do with their physical health. And I think a lot of parents feel like they can talk about their physical health, you know, more than mental health, but we really wanna talk about it on the same level. We're talking about, "Are you feeling sick? Do you have a sore throat? Are you feeling sad? Are you feeling happy? What are those?" So, I think that if we can look at it on that perspective, it becomes a little easier to have the conversation.

KENDALL: And, Dr. Katz, when the topic is broached, are people generally appreciative that it is even if they are not struggling?

ONSCREEN TEXT: Dr. Debra Katz

National Medical Director, Optum Behavioral Health

DR. KATZ: Absolutely. I think what Emma said is really true. People wanna be listened to, but the most important thing about being listened to is the thing that you said afterwards is without judgment. Adolescents always feel--teenagers and kids always feel like your parents are judging you. You're not good enough in your parents' eyes. You've let them down, because you didn't get the A versus the B, etc. A parent's role is really to listen and to guide and almost accept what your child is telling you and help them navigate the road. Not say, "That's wrong, and you shouldn't be doing that." That's some of the worst things you can say to a child or an adolescent. And I think the truth is that even as adolescents try to separate and become their own person, who do they first go to? Their parents. They don't lose some of that relationship where they go to their friends. And I think that the most important thing that you can do is create that safe space for conversation. And I often tell parents, "Talk about your own experiences." There's nothing like disarming a conversation when you tell your kid, "You know, when I was in high school, I tried marijuana." "Oh, my." And they look at you. "That couldn't be." "And when I

did, this is my experience. And this is what happened." You can't imagine the good faith and the good communication that will come out of that with your child. So instead of seeing you as this, you know, perfect person, they can see you as vulnerable. They can see you having your flaws and your challenges. We all get sad. We all are anxious. We all get depressed.

KENDALL: Solomon, because of your nonprofit, the Defensive Line, because of everything you've been through, do you find it easier now to broach the topic with people?

ONSCREEN TEXT:           Solomon Thomas  
                                  NFL Player & Co-Founder, The Defensive Line

SOLOMON: Yeah. You know, it's easier for me, you know, because I've been in this work for about, you know, three, four years now. And I've been talking, and I've been vulnerable. I've kind of put my whole life out there on the internet and on the line, and in front of big companies, big teams, you know, big people. And, you know, so it is easier for me to be vulnerable. But, you know, I think, you know, there's a big misconception about vulnerability. You know, people think that, you know, when they're vulnerable like that, that they're weak, that, you know, it's like a sign of weakness, or, you know, they're being sensitive, or soft. And it is so the opposite. You know, being vulnerable is such a sign of strength. You know, telling someone how you're really doing and how you're really feeling, you know, that takes a lot of courage and a lot of effort. It's not easy to look at someone and be like, "Hey, you know, I'm really struggling today. You know, I'm hurting, and I'm having a weird day. I just feel weird." Like, that's really hard. You know, when I was struggling, when I was at my worst and going through my dark days and not wanting to be on this earth, like, I would just tell people it's like, "Hey, I'm good. Like, I'm fine." Like, 'cause it was easy to do. It was easy to lie to people. But being vulnerable, like, when I started opening up and going to therapy and talking about how I was feeling, that was hard. Like, it brought tears out. It brought emotions out. It brought trauma out. Like, it was a lot. And I think people need to understand how powerful and how strong vulnerability is. Those three- to five-minute conversations you can have, you know, on a train ride, on a bus ride, if you're vulnerable in those moments, like you can really change someone's life. You know, you can ask someone a question that can really alter their day and alter their life. You know, I've had many of those conversations just in passing people. You know, people know my story. People know, you know, what I've been through, and they say something vulnerable, and I'm vulnerable right back with them. And I can just see light come outta their face and light come outta my face. It lifts my heart. You know, so I think it's huge, you know, to understand, like, how important vulnerability is and how it can really change people.

KENDALL: Martha, did you find something similar that you became more vulnerable as a result of the tragedy?

ONSCREEN TEXT:           Martha Thomas  
                                  Teacher & Co-Founder, The Defensive Line

MARTHA: Yes. Because, you know, we experienced a lot of people who didn't wanna talk about it after Ella died and would never mention the word suicide, didn't want to say Ella's name. And it became, you know, our mission to say her name and to talk about it. Simply because if we had known more, we could have helped her more. Might it have changed everything? It might have. We don't know. But we can

sure do our best to make sure more people are educated about the signs and symptoms and what can be done, so it doesn't happen to anyone else.

KENDALL: I think you brought up something that's really important. Dr. Katz, I wanna touch on that before our next official question. And that is for those--you're not always able to catch the signs. And I speak from my experience. I lost a cousin when I was in high school, and I know on a much different level I'm sure, but on a level I was asking myself, "What did I not see? What could I have done?" How do you avoid the pitfalls that could potentially come with that? And I wanna ask you maybe first, Martha. How did you avoid the pitfalls that could come with that?

MARTHA: First of all, many of Ella's friends afterwards came and told us different things. And if we had known all those things together, it would've been easier to help her. And I mean, certainly it's hard to avoid the pitfalls, right? You know, and hard to get swirled into that. And so, you know, you really have to pull yourself out of it and catch yourself when you're getting into that mess.

KENDALL: Yeah, it is. I'm sure it's a quagmire that could just be a vortex. Dr Katz?

ONSCREEN TEXT: Dr. Debra Katz

National Medical Director, Optum Behavioral Health

DR. KATZ: Yeah. I mean, there are many, many warning signs. But you have to be sensitized to look for them. And I think sometimes parents, many of us are parents in this room, you don't wanna see the bad stuff. You just wanna see all the good stuff that your kid or their siblings are doing. So you have to pay attention, and you have to create that safe space for the conversation. Is to let, you know, your child and your partner, spouse, to be able to be able to talk about the hard things. You've gotta watch their sleep. You've gotta watch how their appetite--Emma, you said you lost 20 pounds in a month. You have to watch, "Are they still involved in activities that they like?" All of a sudden, if they're starting to even more socially isolate, not wanting to be on the volleyball, the basketball, or the football team, then not really wanting to socialize with other kids. They stay in their room more. They are more emotionally volatile. They get angry really quickly, get agitated. And if they start to--if you notice they're giving possessions away or if they're starting to talk about firearms, that is a big warning sign. Most kids who die by guns are not really by violent crimes, by accidents that happen and death by suicide. So, I think really we have to be very aware of that. And the same thing about medications and pills. Making sure that they don't have the lethal means and access to those things. And it's all about conversing without judgment. If I can't be more redundant about anything, everything I'm gonna talk about is without judgment. You may think it in your own head, but to give the person, to give them permission to talk freely is to be without judgment.

ONSCREEN TEXT: Emma White

Author & Advocate, Life is Worth it

EMMA: I think too also is when we're talking about having the conversation is I think a lot of people feel like if they ask that question, then they're required to have the answer and to fix it. And as a parent, it's probably really common where you ask that question, and you might not have the answer. And so I think it's really important just to stress that, again, that listening without judgment, you're not required

to fix it all in one day, one hour, one moment. It's really just about being able to understand what's going on, so that you can connect to somebody who might be able to have further answers.

KENDALL: That's an excellent point. And an "aha" moment for me as a parent is I was thinking, how do you differentiate between a solemn teenager, which is every teenager quite often and a teenager who is really going through very, very difficult times. And to your points, it is talk, it is ask the questions, and listen.

MARTHA: And without judgment.

KENDALL: Right, which is apparent. Yeah.

ONSCREEN TEXT: Martha Thomas  
Teacher & Co-Founder, The Defensive Line

MARTHA: And it's hard, but I also would like to say that, you know, if you're observing some behaviors, jot 'em down. Jot 'em, because with kids and especially kids that you're too close to, like your own kids, they sneak up on you. You know, and you you're like, "Wait. They're sleeping more. Oh, yeah. I noticed that two weeks ago too." You know that it just helps you with a little bit of a frame of reference.

KENDALL: That makes sense.

DR. KATZ: I'd like to add one thing.

KENDALL: Yeah.

ONSCREEN TEXT: Dr. Debra Katz  
National Medical Director, Optum Behavioral Health

DR. KATZ: It's gonna sound counter intuitive, but I want parents to know your kids' friends. Because one of the things, Martha, you said is that Ella's friends came and talked to you afterwards. Know who your kids are friends with. Know what they're doing socially. Make relationships with those kids so that they're comfortable enough to even set the situation when they're over or they're socializing. Say, "Hey, if anything's ever going on, I'm a safe space to come and talk to. You know, if anything is worrisome." I mean, that takes practice. 'Cause, you know, the kids are, "We don't talk to the parent." They wanna go straight up to the room with their friends. But know who they are. Know what social media they're using. Know who they're conversing with. I mean, many times when a lot of adolescents get in trouble whether they're in chat rooms, whether looking at pornography, whether they're, you know, sharing on site about bullying, the parents don't know about it. So, I mean, it's not to be over their shoulders 24/7 but to get a general feeling, so you can establish that trusting relationship. To know if your kid's in trouble that you can be there to help them.

KENDALL: That's a really good point. Solomon, you were nodding your head when we were talking about knowing your child, or in this case, your siblings' friends. Why did that ring true for you?

ONSCREEN TEXT: Solomon Thomas  
NFL Player & Co-Founder, The Defensive Line

SOLOMON: I've been nodding my head with everything. Everyone's been saying, you know, so much amazing things. And I really resonated, you know, when you guys were talking about, you know, just listening. And, you know, with everyone, like, kind of is afraid of talking and engage in these conversations, because they want to know the answers. They wanna--everyone wants to fix everyone. They wanna fix things. And, you know, that's one thing like why I didn't talk a lot in the beginning too. 'Cause, like, I know my parents had similar feelings. I know Ella's friends had similar feelings from losing her, and people just wanted to say something to make me feel better. I didn't really necessarily want to feel better. I just wanted to feel heard. I wanted to not feel alone in my pain, not to feel alone in my struggles. And that's why I tell people when people come to me and they'll ask, "Hey, what do I say? How do I help my friend out? She said, 'This.' My cousin, 'Said this.'" I, like, just listen to them. Like, hear them and make sure they feel heard. Because if they talk and they don't feel like you're in the conversation or you're just trying to fix them, they're not gonna feel that safe place. And so, I really just resonated with that. I thought that was huge.

KENDALL: Yeah, the theme I'm hearing is isolation is what a lot of people were feeling. That's what you were describing, Emma, as well. And there's a particular group that is at risk for suicide, teens and young adults who identify as LGBTQ+.

ONSCREEN TEXT: 40% of LGBTQ+ youth have seriously considered attempting suicide in the past year.

KENDALL: Current statistics show they are 40%--or that 40% of them have seriously considered attempting suicide in the last year. That's amazing. What do we need to know, Dr. Katz, about their particular challenges?

ONSCREEN TEXT: Dr. Debra Katz

National Medical Director, Optum Behavioral Health

DR. KATZ: I do a lot of work with this community and really trying to remove the barriers. The number one thing is stigma. Listen to the news. Listen to what's going on in your states, the country, the kind of discrimination that people who identify in the LGBTQ+ population. They feel it every day. Even when, like, a trans person wants someone to refer to them and they wanna be referred to the pronouns of say he, him, and they. And oh, people balk at that. So, it's disrespectful to that individual. You do not have to agree with someone else's perspective on their choices. But the number one thing is you have to respect the skin that they exist in. And there is so much stigma and so much discrimination, and bullying, you know, is horrible in this community. And just the simple things of I could tell story after story about the teenagers at school and the teenagers--how about a trans kid wanting to use a bathroom and everybody arguing about what bathroom to use? Or wanting to go to a doctor and talk about hormones, because they wanna suppress puberty, or they wanna, you know, start to transition and the doctor's judgmental. And, "Oh, I don't believe in that." They have no access to healthcare. If you talk to--they have access to healthcare, but there are a lot of barriers. So, it's the stigma, discrimination, bullying, and it's really people aren't educated. And people aren't accepting of the differences. And I think we need to do a much better job at educating ourselves, educating our families, educating our legislators, educating our teachers and our schools, to be able to create again, what we've been talking about, those safe environments. Also, please note that when you talk about trauma, it's a big issue in not just the LGBTQ+ but of people of color, okay? And the adverse childhood experiences that occurred because of the

trauma that they can--you know, a lot of these kids and adults have been bullied, have had physical violence, sexual violence. I mean, these are serious things that really impact their trajectory. High rates of suicide. High rates of depression, anxiety. High rates of substance use disorder. Also, high rates of them not accessing healthcare, because they've felt that they've never been able to go to a doctor or anybody who they could be themselves with them.

KENDALL: How do we counter? And I don't want at all this to delve into a political conversation. But obviously there's some polarization when it comes to this issue. How do we make sure that the young people or individuals who are impacted by this do not feel targeted? Because that stuff is gonna continue. That debate will continue one way or the other.

ONSCREEN TEXT: Martha Thomas

Teacher & Co-Founder, The Defensive Line

MARTHA: One of the things we can do for youth of color, for LGBTQ+ is when we hear a microaggression against them, we can also provide a micro-affirmation. We're not gonna stop all the aggression, but we can be part of the solution to make them feel heard, to make them feel recognized, to acknowledge that we've heard something going on. Whether it's something simple like recognizing someone's name or making fun of someone's hair. Ella used to be told, "Oh, yeah, you're cute for a black girl." Like, that's a microaggression.

KENDALL: Yeah.

MARTHA: Or an aggression.

ONSCREEN TEXT: Dr. Debra Katz

National Medical Director, Optum Behavioral Health

DR. KATZ: It's an aggression. It's again being respectful. And education, education, education. I can't--you know, that's a lot of the work that The Defensive Line I really applaud you and the work that your whole family's doing. Because, you know, ignorance is often the root cause of stigma and discrimination. People don't know. People don't understand cultural differences. People don't appreciate people's choices. And I think if we--and if you--just like you said, Martha, if you can stand up for someone who's maybe bullying, don't be silent. Stand up and show your respect and model for them, so that they can be empowered to stand up for themselves.

KENDALL: We could do a –

DR. KATZ: And I think we can really change things.

KENDALL: Yeah. We could do a whole discussion, and I would love to at some point on empathy, and why that's so critical to this conversation. But this is about hope as well. And you guys have brought that up many times. And resiliency is so important. It's a way we can empower youth or anyone who is struggling with these thoughts. Let's start with you, Solomon. How do we empower youth to be resilient?

ONSCREEN TEXT: Solomon Thomas

NFL Player & Co-Founder, The Defensive Line

SOLOMON: You know, to empower youth to be resilient, I think it's to honor their feelings, honor their emotions. You know, we're in--you know, we kind of grew up--my generation and above grew up in this mentality of mental health where, you know, "Hey, rub some dirt in it. Hey, get over it. Hey, mental health is just a feeling. Some emotion. You know, it will move on." And which is so not the truth. You know, mental health, you know, depression, anxiety, you know, they are mental illnesses where you're not getting the right chemistry to your brain. It is a scientific disease just like cancer. It's like diabetes. And to make sure people understand that and to people--so they feel that empathy. They feel like, "Hey, like, people are understanding what I'm going through. People are understanding the struggles I'm going through." So they don't have to go through the stigma. You know, the stigma is what kept me from talking for a long time before Ella died. You know, it kept me from talking about me being suicidal for the longest time especially as a man in the NFL. You know, to find ways to erase that stigma and let people know, "Hey, it's okay not to be okay. You know, the human life is really hard. We go through so many emotions." You know, we're in the social media age of the world where it's, like, all good, good, good, good, good, good. And that's not life is. Life is about ups and downs, about the adversity. And so, if we can teach people to really know that it's okay to feel sad, it's okay to feel awkward, angry, weird, depressed, anxious. Like, these are feelings we're gonna feel throughout the experience. So, to let people honor them and validate them, that will really empower our youth. And just to make them feel like, you know, they're understood that they're not alone in this battle against depression. That they're not alone in this battle against bipolar disorder. That they're not alone this battle against schizophrenia. Like, to make sure that they understand that, "Hey, like, I'm not alone in this battle and that there's help. And that there's a light in this dark town that I'm going through." I feel like these are ways that we can empower our youth by just having them feel heard, loved, understood, know that there's help, know that, you know, vulnerability is a strength, knowing that getting help is a strength, knowing that being empathetic and checking on your people and loving your people and respecting your people is a strength. I think that is a huge way we can empower our youth.

KENDALL: I absolutely love that. And as we near the completion of this initial discussion, let's continue to talk about resiliency and how to empower the youth. Emma.

ONSCREEN TEXT: Emma White

Author & Advocate, Life is Worth it

EMMA: Yeah. I would say a really important factor is that we show kids how to be resilient by how we react. So, with parents or caregivers or other people that are in kids' lives, they model that for them. And an example is I worked with a youth who was acting out on social media and bullying other people. And when we got into a conversation, she said that she had seen her mom on Facebook arguing with people about something, and she took that. So, I think that we--and I'm not a parent, but I do know that as an adult, I can model those behaviors for myself. And it shows other young people how to interact with people in their community. And back to that respect piece is showing people respect, regardless, I think is huge. But resilience for sure is a learned skill.

KENDALL: Yeah.

EMMA: We are not born being resilient. It comes through trials, and we can model that.

KENDALL: Modeling resiliency is beautiful. Martha.

MARTHA: I'd say, let your kids fail and don't pick 'em back up, but show them how to get up.

KENDALL: Not always easy though, as a parent.

MARTHA: No.

KENDALL: Right? I mean our tendency is –

MARTHA: Not at all.

KENDALL: I know we just wanna go and help 'em, right?

MARTHA: It's hard, but we have to do it. Otherwise, they can't learn on their own.

KENDALL: Yeah.

DR. KATZ: But I also wanna add one thing. That to be able to model that resiliency, parents and caregivers need to take care of themselves. That we all struggle with mental health wellness and maybe with mental health illness. We have got to spend the time to be, "You don't do as I say. Do as I do." Model for them. Show them what it means to exercise, to breathe, to ask, to talk about your feelings. Life has been really hard the last few years, and parents have struggled, whether it be unemployment, homelessness, food insecurity. I could go on and on with all the social determinants. Well, that affects how they parent. And they haven't been always the best role models for their kids, because they didn't have the resources themselves. So we really have to work on helping our parents and caregivers look in the mirror and try to be vulnerable and take care of themselves, so they can better parent or model for their kids.

KENDALL: I absolutely have loved this discussion. And I so appreciate the input each one of you has given here that I think will help a lot of people. Either parents, people who are friends with someone, or someone who is going through this themselves. So, thank you for being vulnerable and for talking about resiliency and for being here today. Let's thank our guest.

*The audience applauds. Dr. Katz waves.*

DR. KATZ: Bye Solomon. Nice to meet you, Solomon.

KENDALL: Yeah, Solomon, that was fantastic.

SOLOMON: Nice to meet you, everyone.

KENDALL: You're gonna turn this Cowboys fan into a Jets fan.

SOLOMON: I hope so. I hope so.

KENDALL: Wanna remind you if you are in a crisis, there are ways to get help. You can call 1-800-273-TALK or text 741741. Or there's a brand-new number that's easier to remember. And that is the new national crisis number. It is 988. So rather than calling 911, it's simply 988. Those are three ways that you can get the help you need. And those numbers will put you in touch directly with a crisis counselor 24 hours a day, seven days a week. And we will be sharing that information again later as we continue our discussions. In a moment, we are gonna share some other important resources, some phone numbers, some websites that hopefully will continue to give us the tools needed to help kids and others

who are in need. But first, a personal message about the importance of mental health awareness from magicians Penn and Teller.

*Wearing suits, Penn and Teller stand before a red velvet curtain.*

PENN: My name is Penn Jillette. With my partner Teller, we're Penn and Teller. We're magicians. I'm a father. I'm a husband. You know, if someone that we loved in our family had cancer or heart disease or anything like that, we would not wait to get treatment. And we have to do the same thing with mental health. We must make mental health a priority. And that's why things like the "Suicide Prevention Town Hall" are so, so important. Please let's make mental health a priority.

*Teller nods. A slide appears onscreen as instrumental acoustic guitar music plays.*

ONSCREEN TEXT: Crisis Resources

ONSCREEN TEXT: National Suicide Prevention Lifeline.

ONSCREEN TEXT: 24/7 Crisis Support · 1-800-273-TALK (8255) or 988  
3-digit phone number Introduced in July 2022

ONSCREEN TEXT: Spanish Language  
Suicide Prevention Hotline  
1-888-628-9454

ONSCREEN TEXT: [crisistextline.org](http://crisistextline.org)

ONSCREEN TEXT: Crisis Text Line · Text to 741741  
Online Chat · [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

*A QR code appears at the bottom left of the screen. A new slide appears.*

ONSCREEN TEXT: Resources for LGBTQ+ Community

ONSCREEN TEXT: LGBTQ Center of Southern Nevada  
1-702-733-9800  
[www.thecenterlv.org](http://www.thecenterlv.org)

ONSCREEN TEXT: The LGBT National Hotline  
1-888-843-4564  
[www.glbthotline.org/hotline.html](http://www.glbthotline.org/hotline.html)  
E-mail · [help@glbthotline.org](mailto:help@glbthotline.org)

ONSCREEN TEXT: Trevor Project  
1-866-488-7386

ONSCREEN TEXT: thetrevorproject.org

ONSCREEN TEXT: Crisis Text Line · Text to 678678

Online Chat · [www.thetrevorproject.org](http://www.thetrevorproject.org)

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ONSCREEN TEXT: Youth & Teen Resources

ONSCREEN TEXT: Teen Line

1-800-852-8336 (evenings only)

Text to 839863

Contact by Email at [www.teenline.org](http://www.teenline.org)

ONSCREEN TEXT: National Runaway Safe Line

(24/7 Crisis Connection)

1-800-RUNAWAY (786-2929)

ONSCREEN TEXT: [www.1800runaway.org](http://www.1800runaway.org)

ONSCREEN TEXT: Chat or connect via email at [www.1800runaway.org](http://www.1800runaway.org)

Resources available for youth and concerned adults

*A QR code appears onscreen. A new slide appears.*

ONSCREEN TEXT: Other Mental Health Resources

ONSCREEN TEXT: NAMI

ONSCREEN TEXT: National Alliance on Mental Illness (NAMI) Help Line

Monday thru Friday/10a.m. -10 p.m. Eastern

1-800-950-NAMI (6264)

ONSCREEN TEXT: [www.nami.org](http://www.nami.org)

ONSCREEN TEXT: Email · [helpline@nami.org](mailto:helpline@nami.org) [www.nami.org](http://www.nami.org)

Text "NAMI" to 741741 (24/7 confidential crisis counseling)

*A QR code appears at the bottom left of the screen. A new slide appears.*

ONSCREEN TEXT: Other Mental Health Resources

ONSCREEN TEXT: National Sexual Assault Hotline Rape Abuse

and Incest National Network

1-800-656-HOPE (4673)

24/7 Live Chat at: [www.rainn.org](http://www.rainn.org)

ONSCREEN TEXT: National Domestic Violence Hotline  
1-800-799-SAFE (7233) TTY 1-800-787-3224  
Crisis Text Line · Text to 88788

ONSCREEN TEXT: Online Chat · [www.thehotline.org](http://www.thehotline.org)

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ONSCREEN TEXT: Other Mental Health Resources

ONSCREEN TEXT: Substance Abuse and Mental Health  
Services Administration (SAMHSA)  
U.S. Department of Health & Human Services  
[www.samsha.gov](http://www.samsha.gov)

ONSCREEN TEXT: Disaster Distress Helpline  
Call or Text 1-800-985-5990, Press 2 for Spanish  
[www.DisasterDistress.samhsa.gov](http://www.DisasterDistress.samhsa.gov)

ONSCREEN TEXT: American Foundation for Suicide Prevention  
[afsp.org](http://afsp.org)  
[www.afsp.org](http://www.afsp.org)

*A QR code appears onscreen. A new slide appears.*

ONSCREEN TEXT: Educational Resources

ONSCREEN TEXT: Health Plan of Nevada  
[www.healthplanofnevada.com](http://www.healthplanofnevada.com)

ONSCREE TEXT: UnitedHealthcare  
[www.uhc.com](http://www.uhc.com)

ONSCREEN TEXT: Optum – Free Conversation Starter  
Cards for Parents/Caregivers  
[www.Optumconversation.com](http://www.Optumconversation.com)

ONSCREEN TEXT: [optumconversation.com](http://optumconversation.com)

*A QR code appears onscreen. A new slide appears.*

ONSCREEN TEXT: Mental Health Mobile Self-Help App

ONSCREEN TEXT: Sanvello  
FREE to Download  
(Premium Version requires a fee for non-UnitedHealthcare users)

ONSCREEN TEXT: Helps navigate difficult emotions with  
daily mood tracking, personalized progress trackers,  
personalized coaching, and community support.

ONSCREEN TEXT: [www.sanvello.com](http://www.sanvello.com)  
Download at the Apple App Store or through Google Play

*The music fades.*