

Speaker 1 ([00:27](#)):

The

Speaker 2 ([00:32](#)):

Today we are joined by two guests who discuss the subject of college age males and suicide. We'll answer a number of questions, including how prevalent college male suicide is and what caregivers should know about it. Our first guest is Michael Zibilich. Over the last four years, Michael has spoken about suicide awareness to thousands of university students throughout the United States. His message is simple: in the fight against suicide, all of us must consider ourselves as first responders in our own lives and in the lives of those we know and love. Michael is a commercial real estate executive who resides with his wife, Gayle, in Atlanta, Georgia. Tragically, on April 21st, 2012, they lost their only child, Michael Keller Zibilich, a second semester, Sigma Kappa freshman at LSU, to suicide. Our second guest is Mark Hilinski. The Hilinski's Hope foundation was founded by Mark and Kim Hilinski to honor the life of their son Tyler who died by suicide January 16th, 2018. Tyler was an amazing son, kind brother to his siblings, Kelly and Ryan and a starting quarterback for Washington state university. He was the most loving person you could ever meet. Hilinski's Hope mission remains scaling mental wellness programs for student athletes, raising mental health awareness and eradicating stigma. They have spoken at over 85 universities, colleges and high schools around the country, sharing Tyler's story and helping those suffering in silence get the help they need. They are the proud recipient of the 2020 ESPN Stewart Scott Inspire Award and the National Charity Partner of the 2021 NCAA final four. The ESPN E 60 film Hilinski's Hope won the sport Emmy for the best documentary short form. Mark joins us today as they prepare for the second annual college football mental health week. This October 2nd to ninth, 2021, he is here to share the story of their beautiful son, Tyler, with the hope that those hearing it will understand the prevalence of mental illness and the unfortunate truth that many are affected daily by these struggles. While difficult, Hilinski's Hope is taking the lead by fighting against the stigma associated with mental illness and promoting suicide prevention.

Speaker 2 ([02:39](#)):

My warm welcome to both of you and my condolences for your loss.

Speaker 3 ([02:44](#)):

Thank You very much.

New Speaker ([02:46](#)):

Michael, can you start us off by talking about your experience and what this has moved you to do?

Speaker 3 ([02:52](#)):

Keller was, uh, Gayle and I's only son, an incredible gift from God. Great young man, a tremendous athlete, greatest combination of strength and kindness of anyone that I've ever met. Was always looking out for the disadvantaged. Again, a competitive athlete, expert kayaker, extremely well adjusted. Went to his dream school. LSU joined the Sigma Chi fraternity was immediately elected president of the pledges and was elected also as the only freshman on the inter fraternity council. He was just a natural born leader that attracted people. Had a great first year at LSU, joined the United States Marine Corps, platoon leaders class, and was almost ready to finish that year. We were coming to Louisiana to go to a wedding and he was gonna join us. We spoke to him both that evening before and morning, he promised his mother the first two dances at the, the wedding reception that night.

Speaker 3 ([03:56](#)):

And two hours later, we were tragically and catastrophically informed of, of his death. Obviously his death thrust us into a land that we had no perception of, no understanding of Gayle and I's, you know, exposure to suicide was almost minuscule. We knew about it through books, movies. We really had never been touched by it personally, obviously it galvanized us to try to find out as much as possible about what happened both to him and how could this situation develop in otherwise healthy human beings. So we initially started the Sigma Chi foundation and joined with Keller Zibilich Foundation, joined with the Sigma Chi foundation to bring awareness to college campuses. That foundation also funded the first ever fraternal organization. Keller Zibilich lifeline, which we initiated in 2013 that morphed into a program, an educational program at Sigma Chi called Strong Arms, whereby each Sigma Chi young man that enters the fraternity is required to take a mental health awareness, very professionally designed course to make them aware of the challenges and opportunities for help that, uh, were available at universities.

Speaker 3 ([05:18](#)):

And we're very happy to have played a part of that. At the same time, I started speaking nationally for Sigma Chi and then ultimately with Active Minds, which is the, you know, predominant student to student organization in America, talking about suicide awareness and prevention. They have over 800 campuses that are represented. In late 2019 Gayle and I were privileged to participate in a feature film that had Keller's story as one of the four main storylines. It was a Hollywood shot movie and ended up being a wonderful experience. And that movie has been shown nationally. And we have also joined with Active Minds, the organization that I speak for to show it at on college campuses across the country.

Speaker 4 ([06:08](#)):

When I hear Michael, I think it, our stories as being, you know, they're nearly identical, right? You there's some important details in there, but I hadn't heard it that way, Michael, so my condolences and congratulations on making a life out of it. So Hilinski's Hope was formed after my son, Tyler, died by suicide in 2018 and sort of the short version of this, you know, like all parent, you're really excited when you're kids start to grow up and move on and make new friends and so forth. And Tyler was the middle of three kids of my three kids, all boys, all quarterbacks, surprisingly, and Tyler was just the happiest. He was our B type personality. You know, he was the one that would calm everybody down, bring everybody together. They're pretty competitive group. And like, like Michael said, we had no clue about suicide because it hadn't impacted our family.

Speaker 4 ([07:07](#)):

And I think, you know, Dennis, we've talked about this before. I can promise I would be one of the parents listening to me and I would have all the reasons that it wouldn't happen or affect our family. And so I'm here today to tell you that it does affect people in our cases, it affects us out of the blue, right? Nobody was worried about this. It seems like, at least for Tyler, there was no cry for help. There was no, you know, request for services or to talk to somebody. And we've spent the last, uh, three years really trying to uncover as much as we can about this, because I think the unknown is what really scares people and frightens other people. And I think it's important to tell these stories transparently so people can get in our shoes and walk around a little bit.

Speaker 4 ([07:55](#)):

You don't ever want anybody to have that experience, but if it does nothing else, it brings awareness to the fact that this could impact your family. And from two people that have experienced this, I can for sure tell you that I would be listening to me very skeptically, but I assure you if you met Keller, if you met Tyler, you would understand really the amount of effort and love put in to these charities and the work that we're doing. So that's how we got into bringing Hilinski's Hope to campus. And the shortest version of that is, is this. We do something we call a Tyler talk. There's a lot of folks out there that have had struggled with mental health issues, with suicidal ideation that are still here to talk about their experiences and like Hayden Hurst in the NFL and others that you're all very familiar with, but he's not here to tell his side of the story.

Speaker 4 ([08:47](#)):

So we're trying to do that for him. And through that process of talking candidly and openly about what happened to Tyler, we do about an hour long presentation, and we've done about a hundred of them now across the country as obviously the last year or so by zoom. A lot of that. But the idea is to share that story, and then we've built something called Hilinski's Hope game plan, which is research based, research informed material and assets that we leave behind, that we can offer to the schools to help them really define their mental health program. And there's been tremendous amount of feedback. We just launched that last year in October, we also have a podcast called United wherever you get your podcast, who we've met so many wonderful people. Josie Nicholson is our host. She is the director of sports psychology, and Dr. Nicholson's done about 60 or 70 podcast episodes that have been really well received.

Speaker 4 ([09:43](#)):

And then lastly, we're pushing through this year, we created last year, something called college football, mental health week. That ends with the international mental health day in October last year, it was October 10th, this year, the ninth. And so that week between what we do is we offer all of our student athlete schools that play football to where, you know, the lime green sticker to put three fingers up in the air. And the third quarter, we give them video assets to play during the game at halftime to explain some of this stuff and generally encourage the campus to create their own programming during that week for all the sports. And so we're really excited. We're we did 17 schools last year, got about 140 million impressions, the coverage of that. And we're up to, you know, 35 or 40 schools already this year. We hope to get nearly 50. You hear football a lot. Football is just the vehicle to reach all of our students. We're most familiar with that sport, but by no means, do we think the only people suffering are football players? So our program is for all student athletes, we've met with Greek life teams across the country and spoken at their national, you know, event two years ago. And so I'm thrilled to represent Hilinski's Hope on this podcast today.

Speaker 2 ([10:57](#)):

Well, congratulations to both of you for the important work that you do. One of the questions that I'm sure listeners are asking is how prevalent mental health issues are for college age individuals, particularly college males.

Speaker 4 ([11:12](#)):

Sure. You know, in our Tyler talk, I tell this quick story that, uh, um, we didn't know what to do. You're lost in your own grief. You've got two other kids that are in their own. And we were uncertain about, you know, what had happened obviously, and we're digging through all this. One of the most

memorable tweets I saw after Tyler died was from Luke Faulk, which Luke was the quarterback that Tyler backed up most of the time at Washington state. And he had moved on after the bowl game, after Tyler died and he gave just one statistic and it was that 25% of all students in college, four or five years will experience a diagnosable condition of mental health issues. So depression, anxiety, bipolar, psychotic episode, et cetera. And that this is the second leading cause of death for that group, you know, 15 to 25.

Speaker 4 ([12:08](#)):

And they're all varying around that age, but our young people and it hit me so hard because you can do a lot of stuff with statistics, but we know the kids are young. They don't have disease process like, you know, us older guys do. And to know that that's the second leading cause for whatever reason that shook us even further, like how did we not know that part of it, you know, to be more in tune with it. And I think all we've experienced Dennis going forward is the depth and the range of mental health issues on college campuses. And yet they're really some of the more treatable conditions. We continue our work on the awareness campaign and the stigma reduction as well as the programming, because you have to have both, if the kids are aren't willing to look for help or reach out to get help all the resources in the world, aren't gonna make him or her well. So we think that's incredibly important. And I think that's what sticks out to me, Dennis.

New Speaker ([13:03](#)):

Michael, your thoughts?

Speaker 3 ([13:05](#)):

I was flabbergasted. We both were, you know, to realize that over 1200 young men and women succumb to this terrible affliction each year, and unfortunately as well, it's a very, very predominantly male oriented situation. 80% of the suicides, you know, are male oriented. Although females attempt suicide at a level about three to four times as much. So we were shocked to learn how prevalent it was, both in high school and in college. And frankly, we were extremely dismayed. Uh, you know, we're going back now nine and a half years when Keller passed how very little at that time exposure it was getting. Stigma's always been a part of suicide, you know, and that goes back for centuries. And that stigma still exists to this day. Although I think what we have seen in going around American college campuses and high schools, et cetera, a gradual opening up and an ability to talk about this more freely.

Speaker 3 ([14:09](#)):

The thing that I think that really frankly has to happen is this has got to be promoted much more significantly on the entire college level environment. You know, you have good athletic teams, not just because you have a good athletic director, but because you have a president of the organization who understands the overall benefits of having a great program. You know, I think this starts at the head of, of colleges and universities, and it's gotta sift its way through all of the teachers, the administrators, student housing, fraternal organizations, Greek life, et cetera. And that's something that I think is finally starting to filter down a little bit. This is gonna have to be a unified effort. And you know, something that, you know, Mark said a little bit earlier that really, really caught my attention unless they ask for help, they can't be helped. And to ask for help, they have to know that help is available. They have to be exposed to that. And college and universities can't just check a box and say, we had the mental health speaker come in, or we've got a one 800 line that you should call. This is something that has to

permeate, you know, college and high school campuses a lot more than it is right now. If we're gonna see any change at all in what's really happening.

New Speaker ([15:28](#)):

So can you talk about how you begin the conversation in your talks with fraternities and young men? How do you begin the conversation, particularly in light of the fact that young males typically have difficulty talking about their feelings?

Speaker 3 ([15:46](#)):

I try to impress upon these young men, you know, three main factors, mental health, health, absolutely positively for everyone. Number two, it is not a sign of weakness to reach out and ask for help. And most importantly, number three, most mental health challenges can be effectively controlled and can change. So those three things I want to emphasize, you know, when I stand up and speak, and then I tell the story through the prism of Keller, what type of young man, he was just like the type of young man. I understand Tyler was the face of suicide is not a convoluted face. It is not an ugly face. The face of suicide are normal young men and women, very well adjusted young men. And I try to emphasize most significantly that this can happen to anyone at any point in any time you can be overwhelmed by a mental, psychological, emotional situation.

Speaker 3 ([16:47](#)):

Suicide many times is of course, you know, involves a depression and anxiety over periods of time. But there are also incredibly significant, particularly in, in the age group we're talking about, you know, occurrences that happen very, very quickly. You know, a very traumatic emotional event, a psychological event, physical event can trigger this. So we try to try to emphasize that the face of suicide is the people that are in the room with you. The people that you live with, the people that you're on the team with the people that you go to class with, and we try to make them aware, number one, their own self-awareness to try to understand when they're not feeling well, that they need to reach out. Number two, we try to make, as you said, in the introduction, Dennis, we try to make each one of them, a first responder and the people that they know and love, you know, Keller had an opportunity, you know, the night before he died to have his life saved several young people in the room with him who knew him extremely well.

Speaker 3 ([17:49](#)):

He was not on drugs or alcohol. His behavior changed dramatically as a result of a rather significant romantic relationship with his girlfriend. If people were afraid and ready to some were ready to call and ask for help, others said, no, this is Keller Zibilich. He's always the strongest guy in the room. We got to let it go. And that silence, although, you know, I don't blame anybody in that room at all. I mean, this is not a blame game situation is, but we try to give the young men and women that we speak to the tools to see that if someone is in real distress, you know, that they need to be the conduit that have them talk about it and they need to be the conduit. If it's extreme to try to get them help, it's much better the risk of friendship and save a life than to remain silent.

Speaker 4 ([18:40](#)):

Ours is, is similar. And I want to just add to your comment about the male and female differences, because it, you know, as you do your own research, you come across some strange, unusual research, that points stuff out. But in Tyler's case, one of the things that we like to do when we talk about this

stuff is we always tell everybody, first of all, we're sharing experiences. We're not the mental health practitioners. We're not here to, to give you the very specific things to do. We have experts that do that, and we have expert speakers we're and from Behind Happy Faces does a great job of connecting with these guys. But the messages that we're trying to send out are nearly similar, right? One is we're up here and sort of bearing our souls to you guys with the hope that if you see the pain, you see the struggle in one family, that's known to you through the football world. Maybe you can see that in your own community and your own families on your own team. It should be as normal as talking about orthopedic injuries. Since we're talking to a lot of student athletes, we like to use those kind of comparative discussions or leave them with those thought you would never be. I would hope you'd never be embarrassed to tell your team or your coaches or your staff that you have cancer. You've been diagnosed with cancer. You would have the biggest rally from your teammates and your coaches and so forth to help you get well, get you all the treatment you need. And you could go right down the line, ACL injuries, orthopedic injuries, that kind of stuff. Why isn't it the same here? Our favorite thing to tell anybody is if you only met him, you would totally get why this is devastating on a whole different level, because it wasn't somebody trying to get help.

Speaker 4 ([20:19](#)):

It was somebody that left under the burden of not wanting to be a burden to others. And so just, I wanna throw this out. Tyler died by firearm suicide. He never owned a gun. He never fired a gun. And he went out with some teammates that weekend threw a bunch of clay pigeons in the air, shot him out. And in the bag of guns was in AR 15, that Tyler, somehow you gotta understand Tyler never stole a piece of cheese. You know, this is outside of his experiences. And yet he managed to take off with an AR 15 and the ammunition needed to end his life, but didn't do it until three days later. And I won't go into the long part of the story, but here's the important part in the research that we found and like, Michael, we don't blame anybody. Do we wish they had trigger, locked the gun and put it under locking key?

Speaker 4 ([21:11](#)):

Absolutely. Do we hope and wish and pray that if it ever happens again, people are out, you know, saying a missing AR 15 and ammunition is not a good thing, guys, we gotta find it. We can't just chalk it up to, well, we put it somewhere. We don't remember where, and there's some feedback that said, well, if Tyler didn't die by firearm, he would've died a different way. And all of that is speculation, but here's what the research says about firearm suicide for this group. If they can't, if the gun misfires, if they don't get ahold of it, if they can't put it together, right? The research shows that young men, 15 to 25 don't find an alternate suicide path. And whether that has to do with the impulsivity of it in our case, Tyler was holding onto the weapon that ended his life for three days.

Speaker 4 ([21:57](#)):

And you know, what was that struggle like to come home every day, knowing the reason you brought it here. And so we shared those pieces because at each stage there's places for people to have been more aware and to have maybe intervened, right? So we wanna do two things. In our case, we're saying Tyler didn't have the capacity to ask for help, whether it was from stigma or whether it was from, you know, lack of knowledge, whether it was embarrassment or whatever. We have to be able to focus on teammates, coaches and staff to help make sure that we're identifying those. And Dennis, I thought Michael said something really important. We end the, these talks with telling the students, if you are the one that somebody comes up to and says, God, dude, I love you. I'm worried about you. I'm not letting go until we get to the bottom of this.

Speaker 4 ([22:48](#)):

If you are that I just be so glad that somebody loves you enough to try to help. And if you don't need the help be graceful about it, right? So we're trying to encourage this atmosphere of everybody checking on each other, but not to the point, you know, it's hourly or they're totally responsible for everybody else, but rather just this more comfortable atmosphere of talking about it, like you would talk about a disease process or an orthopedic injury. The feedback from that has gotten people to open up a little bit. Now whether the coaches feel that way or their parents feel that way, there's a lot of work left to do, but that's the message we're trying to bring to the guys that we're talking to. And that's generally young men and women in this 15 to 25 age bracket.

Speaker 2 ([23:34](#)):

Can you talk a little bit about generational differences and whether younger men tend to be more open to the messages that you're giving.

New Speaker ([23:42](#)):

The general view is that sort of the older you are, the more, you know, these, uh, stigmas are ingrained, you know, suicide at one point was illegal. You could be punished after death for taking your own life. The Catholic church viewed suicide as a mortal sin. There's a lot of pressure. Things have changed kind of in our society, that enables us. I think you can't look much further than social media and the support overwhelms the negativity that comes through. And I believe that, you know, the group we're talking to now is as comfortable as they've ever been. They got a long way to go, but having different avenues to share their experiences and to talk to people that might be going through the same thing in a way that they're comfortable with, which oftentimes starts with social media. As we talk to teams and teammates and their unusual, you know, sort of life experience where they have to go stay in a hotel with the team, we have slightly different sort of conversations with them about what they can look for and how they might be able to intervene.

Speaker 4 ([24:44](#)):

I would add it was our sort of belief, the generational changes or their sort of experiences would influence how they looked at student athlete, mental health, but yet guys like coach Nick Saban, you know, who's in his seventies now is one of the stronger advocates has been part of our program and been great to work with. And yet we've met coaches on the rise, you know, 45 to 50 year old coaches that just think it's a toughness issue, and kids need to overcome. Our kids are coddled too, too much. They're given too much. So you have these varying differences and they don't seem to follow the logical, the younger, stronger, they, they are the better they can react. So I sort of point that out. Obviously we're only talking about 15 to 25 year olds in the high school and collegiate space of athletics, but you have a very wide path, which believe it or not to us, that kind of gives us hope, right.

Speaker 4 ([25:41](#)):

That different pieces of each of those generations can show that they're okay to change. I think the effort we're making is to identify them, replicate what's making it work for them and share that again. Right. So a lot of the times when we I'm sure for Michael as well, Hey, we were just at Clemson, you know, and now we're heading out to a division three school in California. We can bring the comments and we can share those comments. And I think that gives the athletes a feeling like we're talking to all of their peers, right at school, on teams and so forth. I think the generational issues are still there, but not

as widely as we thought. And it gives us great hope that we can reach all of them with the right messaging.

Speaker 2 ([26:25](#)):

Michael, could you comment on generational change in Greek life?

Speaker 3 ([26:30](#)):

When we started this program with Sigma Chi in 2014, at that particular time, there was no Greek life to our knowledge organization in the country that had a formal program in which, you know, the paternal organization addressed mental health awareness and, you know, particularly anything to do with suicide awareness. So it was a sea change step to establish lifeline, which basically, you know, dealt with a one 800 number and, you know, and every one of you should have it. It was a very preliminary move. We decided that that had to move to a much more significant level and had to involve both education on a much more elaborate basis. So I think that the leadership of Sigma Chi has embraced this rather significantly and, you know, has, I think finally realized that this is, uh, something that has to be a widespread and consistent message to all the young men in the fraternal organization. So I think, you know, on a generational basis, things are changing right now and there's an acute understanding that our message has to be developed and given to the students on a consistent basis and has to be reinforced with them, you know, educationally as well as people coming and speaking to them.

Speaker 2 ([27:57](#)):

Mark, can you talk about the, the physical components of mental health issues, particularly in regard to the role of concussion?

Speaker 4 ([28:04](#)):

There's a couple things as it relates to Tyler, Tyler was diagnosed postmortem with CTE stage one, and that came not as a surprise so much, but the way it affected this was different. My wife Kim grabbed onto that and said, this is what happened. Tyler had CTE and that affected his decision making at the end. Sadly, there's a lot of consternation around CTE. Nobody, obviously nobody wants to have it TA proteins, you know, that are the cause of so many problems for the people that have CTE. But in that research, there's some research that suggests that from the time of the concussive event that caused the concussion and it likely started the CTE growth, the protein growth that stage one suffers. There's a period of time between one and a hundred days. But it's usually at that a hundred day, mark, that suicide impulsivity or suicidal thoughts and ideation are the strongest.

Speaker 4 ([29:06](#)):

Now we just found out there's a company that I'm working with in a different area in the brain concussion research side, they just got approved for finding CTE in the living. If you don't know that's the case today, a lot of people think they have it, nobody can test for it. So we're making progress there. We're getting more of that information. Once, you know, you have it, two things can happen. One, we can do better research, right? So we know who has it even before treatment plans are developed. In Tyler's case, he had a horrific collision at the Arizona game and died 101 days later, it's hard not to look at that on a one-off basis and say, there's something going on here that nobody can understand yet, but we think it has a tremendous impact. So taking that information, we don't think ending all of concussive sports for all the kids is the way to make them safer.

Speaker 4 ([29:59](#)):

But we do think that concussion treatment, observation, new technology, that's available to determine when they've reached baseline again. So they can safely go back into their sport. That's a huge issue. And it's nearly the same sort of stigma. You're tough if you get your bell rung and run right back in, you know, there's something cool about that or great that or leadership oriented about that. That's true of maybe, you know, strained, orthopedic injuries or, you know, bad wing, you know, your shoulder bothering you. I get all those. And I agree with all of them. The problem is we know so little about how CTE affects the mind that we have to do a much better job of monitoring. Not only can concussions and their recovery, but sort of the long term health impact on our student athletes. And without getting into that whole pitch, there are technology now that will help us do it.

Speaker 4 ([30:51](#)):

So I didn't know that Tyler never sought help for a concussion, never went into concussion protocol, never had a coach talk to him, but yet after he died, the kid that hit him called us and wanted to apologize, right? We've watched the hit a thousand times. I was at the game, tough, hit football, hit, not his fault, tried to do everything we could to make him feel, not responsible because he's the one that reached out to us. But I think it tells me that our student athletes are way smarter than we give him credit for a lot of times. And they're nervous about this. This has been reflected in this data we collect after our Tyler talks. And so we wanna share that with them and do the same thing. So we share that part of the story. And I think that sort of speaks for itself there

Speaker 2 ([31:36](#)):

Since our audience is parents and other caregivers. Can you talk for a moment about what can parents do, which should they do? What kinds of things should they look for Michael?

Speaker 3 ([31:48](#)):

You know, what would we do differently? Well, it goes back to what we talk about in, you know, in our talks or I initially get into it. I, and I think my wife and the parents that we've talked to are trying to be in a position to tell people that they need to do a little bit more preparation with regard to the challenges that are gonna, you know, occur to a young man or a young woman that go to college. You know, we get their bank accounts set up, we do all those other things, their clothes set their room up, et cetera. And, you know, I think we feel that they've done well in grade school. Well, in high school, it's just a natural adjustment. I think we've gotta spend some time and emphasize to them that you're living away from home is gonna be a little bit of a challenge.

Speaker 3 ([32:38](#)):

Your support systems are not gonna be, you know, near you. You need to be aware of those things. And even though you're moving into a much more independent phase, please be aware of how you're feeling and be able to reach out. And I would make, you know, and I think Gayle would say the same thing too. We would be much more attuned of understanding what resources are at the college there that our child was gonna be going to and, you know, make them aware if they're having a challenge or problem that those resources are available and that they should reach out. You know, obviously, you know, we are there for them, but to reach out for those resources as well, there's no perfect way to do this. It was frankly the last thing on our mind to think that this incredibly strong <laugh>, you know, natural born leader, whatever, you know, experience any problem. And that's a naivete that, you know, frankly, I feel very badly about and not preparing him for, you know, some challenges that, you know,

may occur when he goes to school. So it's much more of at least it talking openly about the stress and the anxiety that could be involved in going away into a new environment and making sure that they understand those resources so that they can help themselves

Speaker 4 ([34:00](#)):

I have three things when we get that question and, and you're right, Michael people stick around for the end of the thing to ask that question either live or they come up to us, you know, after speaking and when there's parents here, and this includes by the way, some of the most impacted impactful talks we've given occurred when we met with the football team coaches, right, 40 guys, the toughest guys in a room and they're brought to their knees and then we get taken to their offices and they wanna share personal experiences. And our feedback is always the same. Like share it with the team. We know what it's like, share it with the team, show your vulnerability show that you can still be successful, you know, hard charging the toughest guy on the field, but concerned enough about your mental health. We try to explain that if you can do that, you know, your kids have a much better chance of probably talking to you about it.

Speaker 4 ([34:52](#)):

The second is this is probably the tougher one, because it's more specific to us. I always tell the dads, especially that you gotta go with your gut in, on stuff. And in our case, Tyler was all those things. Just the most wonderful. I love all my kids, but I always look forward to seeing Tyler and two things that we also share is this, when Tyler first went up as a freshman, he called Kim one day and said, I don't know what's wrong with me. I'm this I'm that feel? You know, whatever. And Kim went with her experience. She said, oh baby, you're homesick. That's the level of, you know, homesick is one thing. Was he experiencing mental health issues at that time, given where we're at today, you could say maybe, you know, or more likely. And so, so five weeks before Tyler died, a lot of things happened.

Speaker 4 ([35:40](#)):

He was named the starter. He was starting his first game at the bowl game against Michigan state down in San Diego. And then he left that game after losing, he went with us to Cabo for a week. He was down. He was definitely, you know, you would colloquially call it depressed. He was down. And yet we had zero kind of understanding of what maybe he was going through, obviously. Right? So if you have a gut instinct, Tyler's text started getting shorter the way, you know, I left my phone in my car, sorry, kids do that all the time. My other kids do, but there was something that was going downhill or what he was getting worried about. And I talked to Kim and Kim said, Hey, don't make it about you. Tyler's okay. Don't make it about me. Meaning his communication with me was started getting more distant, you know, and it was changing.

Speaker 4 ([36:29](#)):

And I said, no, you're right. He is under a lot of pressure, stress, whatever. And what would I have done? Had I known that this was an issue, you know, you can always play hero and think you would've called the national guard and picked them up, you know, but that's unlikely to happen in our case. It would've unlikely happened, pay attention to those gut feelings. And I know that's really vague and that's, and again, not advice that you're getting from anybody that understands only his own source of pain, but follow that, cuz I think that's important. And then the last thing which may be more practical as parents, we make sure that they brush their teeth. As they're growing up, they bathe themselves, they take care of themselves, you teach them those things. And what do you do? You do preventative stuff. So they're

at the dentist once a year or however long, not because their teeth hurt, but because that's what you're do.

Speaker 4 ([37:18](#)):

And how do we do the same thing with mental health? How do we get checkups? How do we check in and talk about that part of our kids' lives? And it seems like, you know, we do all the other things. We prevent 'em from diseases and fix their broken bones and we gotta make mental health discussion and check ins be more obvious, right? We do. 'em a lot. We do. 'em consistently like we do everything else. My kids' teeth are really important, but my kids' mental health is probably more important. And I think that's a huge shift for most parents. Would've been for me. Obviously we encourage that to start sooner. So you don't have to be a hero when you ask for help, that shouldn't be the issue. It should be I need help because I'm thinking of hurt myself or somebody else.

Speaker 4 ([38:01](#)):

And I need to share that now, Michael and I both are in slightly different positions, but we didn't know our kids were struggling or suffering. And you could argue that it was impulsive based on the information that Michael provided Tyler's was impulsive in the sense that he couldn't get rid of the feeling when he had the opportunity, it still took him a little bit more time. And so that impulsivity sometimes can shift. As we understand it, go up and down. And Michael said, you know, in an hour's time, the last thing and this happened guys in the last three or four days, we have come to get information that Tyler did ask, actually reach out to somebody and explain that he didn't know what was happening to him. He was sick to his stomach. He was petrified for no reason. He loved his team and ended with, please don't tell my mom and dad, you see that, you know, just a couple days ago and we're trying to absorb all that. There's generally something, right. We've been talking for three years that there was nothing. This was something that somebody could have jumped in and helped. And so again, not to blame them or cast dispersion, anything. It's just, what can we do to make this better going forward for everybody else? And that's simply to educate them as well.

Speaker 2 ([39:17](#)):

Well, thank you both for joining us today and sharing your compelling stories with our listeners. Our listeners who want more information about suicide and college age males, please visit our website@wwwpartnershipformaleoyouth.org. We will find more information and resources again to both of you. Thank you very much. Thank

Speaker 3 ([39:35](#)):

You very, very much, Dennis. Thank

Speaker 4 ([39:37](#)):

You Mark Thanks Dennis. Michael. Good to talk with you.

Speaker 3 ([39:40](#)):

Yes, sir. Thank

Speaker 1 ([39:41](#)):

You. The, I.

