

Talking to Children About Suicide

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Suicide is not a comfortable topic. It is sobering, serious and saddening to talk about. But the factors involved in suicide and approaches to diminishing or preventing its occurrence must be openly talked about in responsible ways. Silence cannot prevent the problem of suicide – it only can make it worse. Understanding when, how, why and who should talk about suicide is important.

Basic Facts About Suicide

Simply defined, **suicide is the act of taking one's own life.**

Suicidal behavior is the end result of a complicated set of biological, psychological and social factors in a person's life. Is suicide in the U.S. a serious problem? Yes, considering the statistics related to suicide attempts and completions.

In the U.S., suicide ranked as the third leading cause of death for young people between the ages of 15 and 24 in 2003. Additionally, suicide is the sixth leading cause of death for children ages 5 to 14. Approximately 11 young people between the ages of 15 and 19 die every day in the U.S. as a result of suicide. Suicide rates among children and youth tend to increase significantly with age, with a suicide death rate of 1.3 per 100,000 among those ages 10 to 14, eight among ages 15 to 19 and 12 among ages 20 to 24.

When approaching the topic of suicide, distinguishing among suicidal ideation (thoughts about suicide), suicide attempts (efforts to injure oneself that can result in death) and completed suicide can be important. Having children or adolescents think about or discuss suicide is most common, and suicide attempts are much more common than completed suicides. Suicide rates for young people ages 10 to 24, both males and females, have declined gradually during the last decade (1995 to 2005) after a large increase from the 1950s to the 1980s.

Generally, the average person may have a difficult time comprehending the thoughts of a suicidal person. Small issues may seem a looming monster to a person contemplating suicide. If a child or adolescent is considering suicide, providing him or her with professional help is essential. Suicide cannot be dealt with inside a closed family unit. Improving the situation generally will take a family effort, and professional counseling and assistance.

Youth and Suicide Trends

Because of the seriousness of the problem of suicide in the U.S., adults and youth should be aware of trends related to suicide and be prepared to discuss them. The following key points are important:

- Research suggests that **most adolescent suicides occur after school hours in the teen's home**, and often are related to some kind of interpersonal conflict with others.
- **Adolescent females are twice as likely as males to consider suicide seriously** (21.3 percent to 12.8 percent) or **attempt suicide** (11.5 percent to 5.4 percent), with Hispanic females being most likely to attempt suicide among female adolescents.
- **Adolescent males are much more likely to complete suicide than females**, averaging more than five times the suicide rate of similar-age

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females. From 1981 to 2003, 84 percent of 10- to 24-year-olds who committed suicide were male.

- **American Indian and Alaskan native male adolescents have the highest suicide rates**, with rates 1.5 to 3 times higher than that of similar-age males in other ethnic groups.
- **Firearms were used** in over 50 percent of youth suicides in 2003 and typically are associated with lethal suicides, regardless of race or gender, accounting for nearly three of five completed suicides.
- **Depression and a combination of aggressive behavior and/or substance abuse or anxiety** are found in more than half of all youth who commit suicide.

Key Points of Discussion Regarding Suicide

Parents and other adults are critical in helping children and youth understand and deal with issues related to suicide and suicidal ideation. Several key points may be useful in considering discussion regarding suicide:

- **Acknowledge the serious nature of suicide as a public health issue and both a personal and national tragedy.** Suicide should not be sensationalized and it should not be normalized when it is discussed. Approaching it from a straightforward and fact-based perspective that emphasizes causes and consequences is most helpful.

- **Directly and sensitively discuss suicide as a problem issue in a responsible way and help individuals process their feelings.**

Approach the topic with the use of good information and available professional resources. Research has shown discussion of suicide with teens does not lead to any increased thinking about suicide or to suicidal behaviors. Responsible discussion can allow peers to identify others who may exhibit suicidal thinking or behaviors and give them support.

- **Identify clearly the factors that can make an individual more vulnerable to the risk of suicide.** The notion that a person who talks about suicide is unlikely to make an attempt at suicide is not true. Thoughts often lead to intentions and eventually to acts. Often a person who is vulnerable to the possibility of suicide does not have the emotional resources and support to cope with their challenges. Identifying and assisting individuals who are vulnerable is an important element of suicide prevention.
- **Take each person's feelings and actions regarding suicide seriously and assist individuals in getting support if needed.** Help children and youth realize that getting help from mental health professionals or other sources may be needed. Also, provide support, care and listening as needed to help individuals deal with personal challenges. Inform yourself and others about local and national resources you may access to assist someone.

Risk Factors and Warning Signs Related to Suicide Among Youth

Risk factors and warning signs may indicate youth who are more at risk for suicide than others. Issues linked to increased risk include:

- **Signs of significant depression**, including a persistent sad or anxious mood, decline in school performance, loss of interest in activities, or sleeping too much or too little
- **Previous suicide attempts**, which are strongly related to future risk of suicide
- **Anxiety disorders, obsessional behaviors or phobias** may link to mental health issues that could prompt suicide
- **Continuing sense of helplessness or hopelessness** about life and the future
- **Diminished problem-solving skills**
- **Thinking they lack control of life choices or have difficulty making decisions**
- **History of physical or sexual abuse**
- **Alcohol or substance abuse**
- **Knowledge of a suicide by a family member**, relative, close friend, etc.
- **Recent losses, such as the death of a family member or friend**, family divorce, relationship problem, loss of a job or other stressful experience
- **Unstable or emotionally challenging family environment**, including criticism or lack of support
- **Suicide notes or threats** in direct or indirect ways
- **Efforts to hurt oneself**, such as cutting, self-mutilation, etc.
- **Sudden changes in personality or behaviors**, such as skipping school, withdrawing from relationships, avoiding activities, etc.
- **Writing or thinking about death or suicidal themes** in drawings, homework, journals, blogs, e-mails, etc.
- **Planning methods or access related to suicide**, such as access to firearms or weapons, pills, creating a suicide plan, etc.

Talking to Young Children (ages 4 to 8)

When talking to young children from ages 4 to 8:

What to Say and Do

- Talk with young children about their feelings. Help them label their feelings so they will better understand and be more aware of what is going on inside them.

You might ask: “How are you feeling? Are you feeling sad or angry? Do you feel sad or angry only once in awhile or do you feel it a lot of the time?”

- Encourage young children to express their feelings. Talking to them helps to strengthen the connection between them and you. It also lets them know they can share feelings safely with adults they know. Teach that feelings of hurt and anger can be shared with others who can understand and give support.
- If a child does not seem to feel comfortable expressing feelings verbally, support other ways to express feelings, such as writing, drawing or being physically active. Give young children healthy ways to express themselves and work through feelings.
- Explain to young children that being sad from time to time is normal. Sadness is the emotion people feel in times of loss, disappointment or loneliness. Teach children that talking about feeling sad or angry, and even shedding tears or being upset, is OK. Be clear that they should talk to others or do something else when feeling sad, but should not seek to harm themselves in any way.
- Take steps to ensure that young children do not have easy access to materials they could use to harm themselves. Be certain knives, pills and particularly firearms are inaccessible to all children.
- Focus on active involvement with young children that provides them with a focus for their feelings and energies. Play games, participate in sports, visit playgrounds and do other activities together. Stay closely connected to them so you can intervene and provide support if necessary.

Talking to Adolescents (ages 9 to 13)

When talking to adolescents from ages 9 to 13:

What to Say and Do

- Be aware of depression and its symptoms in adolescent children. Depression often does not go away on its own and is linked to risk of suicide when it lasts for periods of two weeks or more. Talk with individuals who have knowledge of depression in children to further understand the symptoms and how to intervene.
- Adolescents have many stressors in their lives and sometimes consider suicide as an escape from their worries or feelings. Be aware of your adolescent’s stressors and talk with him or her about them. Let your child know you care and emphasize that “suicide is not an option; help is always available.” Suicide is a permanent choice.
- Assist adolescents so they don’t become overwhelmed with negative thoughts, which can lead to thoughts of suicide. Help them learn to manage negative thinking and challenge thoughts of hopelessness. If needed, treatment or therapy can help an adolescent deal with negative thoughts.
- Emphasize that alcohol and drugs are not a helpful source of escape from the stressors of an adolescent’s life. An adolescent who is suffering from depression and also turns to alcohol and drugs is at a greater risk of attempting suicide.
- Be attentive to risk factors in an adolescent’s life, as suicide is not always planned at younger ages. Recognizing the warning signs that might be leading to suicide is important.
- Encourage adolescents to talk about and express their feelings. Provide a listening ear and be a support so they can visit with you about how they feel. Adolescents deal much better with tough circumstances when they have at least one person who believes in them.

Talking to Teens (ages 14 to 18)

When talking to teens from ages 14 to 18:

What to Say and Do

- Recognize the signs and symptoms of depression in teens. These may include feelings of sadness, excessive sleep or inability to sleep, weight loss or gain, physical and emotional fatigue, continuing anxiety, social withdrawal from friends or school, misuse of drugs or alcohol and related symptoms. Intervene and get professional help and resources if necessary.
- Ask teens about what they are feeling, thinking and doing. Open communication helps teens talk freely about their concerns and seek support. Make yourself available to talk with teens often. Avoid being critical or judgmental; listen, don’t immediately “fix” the problem.
- Provide support if a teen expresses thoughts related to suicide or shares stories of suicide attempts. Stay with him or her and seek additional help. Guide the teen to professional therapists who can give assistance.
- Listen to teens and pay attention to language related to hurting themselves or others, wanting to “go away” or “just die,” or similar ideas. Such expressions always should be taken seriously. Respond with support for the teen and access resources to provide further counseling or guidance.
- Encourage teens to be attentive to their peers and quickly report to a respected adult any threats, direct or indirect, that suggest the possibility of suicide. Teens often are aware of such threats among their peers before others and can serve to support peers and provide resources. Talk about the idea that being a true friend means not keeping secrets that could lead to someone being dead.

Helping Children Cope with Suicide Loss

A child or teenager may be faced with the loss of a friend, peer or family member by suicide at some point. Remember the following points:

- ✓ **Be open and communicate at a child's level of understanding.**
Suicide is a complicated form of death and requires honesty with children, but also restraint, depending on the level of understanding. Answer children's questions honestly. You often do not need to provide information beyond their questions.
- ✓ **Share your thoughts and feelings by letting them see your tears or help them know that expressing their sadness is OK.**
Allow children to express themselves and help them avoid or work through possible feelings of guilt.
- ✓ **Be honest with your children and give correct information in a loving, compassionate way.**
Explanations should be clear and direct.
- ✓ **Talk about the deceased family member or friend in sensitive ways.**
Do not completely avoid the topic but give permission to discuss the individual who has died.
- ✓ **Discuss better ways than suicide to handle problems that may occur.**
Emphasize the importance of working through feelings and seeking help from others. Children need to know that even if someone else commits suicide, they can choose to get help if needed.
- ✓ **Assist children and youth to process the shock and emotion they may feel when a suicide occurs.**
Suicide often is a shock to family members, friends and peers, and children and youth need to be listened to and allowed to grieve.
- ✓ **Allow children who have experienced such loss to connect through talking, writing a journal, prayer or meditation, looking at pictures or other means.**
Finding ways to remember the person in a positive manner is important to successful coping.

Recommended Resources

- **Suicide Hotlines** – Central phone number is 1-800-SUICIDE, and also lists state and local hotline numbers to call for help, including advice for those contemplating suicide.
Web site: <http://suicidehotlines.com>
- **American Association of Suicidology** –
Web site: www.suicidology.org
- **American Foundation for Suicide Prevention** – Web site: www.afsp.org
- **National Institute of Mental Health** – Web site: www.nimh.nih.gov
- **National Mental Health Association** – Web site: www.nmha.org
- **Suicide Prevention Resource Center** –
Web site: www.sprc.org
- **National Strategy for Suicide Prevention** – Web site: www.mentalhealth.samhsa.gov/suicideprevention

Books

- Cammarata, D. (2000). *Someone I Love Died by Suicide: A Story for Child Survivors and Those Who Care for Them*. Grief Guidance Inc.
- Kuklin, S. (1994). *After a Suicide: Young People Speak Up*. Putnam Publishing Group.
- Rubel, B. (2000). *But I Didn't Say Goodbye: For Parents and Professionals Helping Child Suicide Survivors*. Kendall Park, N.J.: Griefwork Center Inc.
- Slaby, A., and Garfinkle, L.F. (1995). *No One Saw My Pain: Why Teens Kill Themselves*. New York: W.W. Norton & Co.

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