

Suicide Prevention

THE FOLLOWING INFORMATION FOR PARENTS IS FROM A CONSULTING CLINICAL PSYCHOLOGIST TO USE AS A RESOURCE

You may be afraid to talk to your child about suicide. Fear of mentioning suicide keeps most of us as parents from talking to our children. Discussing the reality that has touched our community will not plant the idea in their head, it will open the lines of communication surrounding a very painful event that has so sadly transpired involving their peers. Acknowledging this tragic reality is the only way to stop the painful secrets some of our students hold. Discussing suicide is the first step to prevention.

The Society for the Prevention of Teen Suicide, Inc (www.sptsusa.org) recommends the following:

- Think about what you want to say ahead of time and rehearse a script if necessary. It always helps to have a reference point: (“I received a notice of some students who have had suicidal thinking and attempts”)
- Be honest. If this is a hard subject for you to talk about, admit it! (“You know, I never thought this was something I’d be talking with you about, but I think it’s really important”). By acknowledging your discomfort, you give your child permission to acknowledge his/her discomfort, too.
- Ask for your child’s response. Be direct! (“What do you think about suicide?”; “Is it something that any of your friends talk about?”; “The statistics make it sound pretty common. Have you ever thought about it? What about your friends?”)
- Listen to what your child has to say. You’ve asked the questions, so simply consider your child’s answers. If you hear something that worries you, be honest about that too. “What you’re telling me has really gotten my attention.”
- Don’t overreact or under react. Overreaction will close off any future communication on the subject. Under reacting, especially in relation to suicide, is often just a way to make ourselves feel better. ANY thoughts or talk of suicide (“I felt that way awhile ago but don’t any more”) should ALWAYS be revisited. Remember that suicide is an attempt to solve a problem that seems impossible to solve in any other way. Ask about the problem that created the suicidal thoughts.

While there is no exhaustive list of signs to look for, here are some suggested commonalities among suicidal teens:

Suicide Warning Signs

- **Suicide notes.** These are a very real sign of danger and should be taken seriously.
- **Threats.** Threats may be direct statements (“I want to die.” “I am going to kill myself”) or, unfortunately, indirect comments (“The world would be better without me”, “Nobody will miss

me anyway”). Among teenagers, indirect clues could be offered through joking or through comments in school assignments, particularly creative writing or artwork. Younger children and those who may have some delays in their development may not be able to express their feelings in words, but may provide indirect clues in the form of acting-out, violent behavior, often with threatening or suicidal comments.

- **Previous attempts.** If a child or teenager has attempted suicide in the past, there is a greater likelihood that he or she will try again. Be very observant of any friends who have tried suicide before.
- **Depression** (helplessness/hopelessness). When symptoms of depression include strong thoughts of helplessness and hopelessness, a child or adolescent is possibly at greater risk for suicide. Watch out for behaviors or comments that indicate that your friend is feeling overwhelmed by sadness or pessimistic views of their future.
- **“Masked” depression.** Sometimes risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse. While your friend does not act “depressed,” their behavior suggests that they are not concerned about their own safety.
- **Final arrangements.** This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals or pictures.
- **Efforts to hurt oneself.** Self-injury behaviors are warning signs for young children as well as teenagers. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/marketing the body.
- **Inability to concentrate or think clearly.** Such problems may be reflected in classroom behavior, homework habits, academic performance, household chores, even conversation. If your child starts skipping classes, getting poor grades, acting up in class, forgetting or poorly performing chores around the house or talking in a way that suggests they are having trouble concentrating, these might be signs of stress and risk for suicide.
- **Changes in physical habits and appearance.** Changes include inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance or hygiene.
- **Sudden changes in personality, friends, behaviors.** Parents, teachers and friends are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from friends and family, skipping school or classes, loss of involvement in activities that were once important, and avoiding friends.
- **Death and suicidal themes.** These might appear in classroom drawings, work samples, journals or homework.
- **Plan/method/access.** A suicidal child or adolescent may show an increased interest in guns and other weapons, may seem to have increased access to guns, pills, etc., and/or may talk about or hint at a suicide plan. The greater the planning, the greater the potential for suicide.

Do not take any of your concerns lightly.

Contact one of the following immediately should you have any concerns, big or small:

**1-800-SUICIDE
(1-800-784-2433)**

**1-800-273-TALK
(1-800-273-8255)**

[Mental Health America of Boone County](#)

**Emergency/Crisis Services
Suicide & Referral Lines
24 hours / 7 days
765-366-1050
765-894-6769**

**St. Vincent's Stress Center
(317) 338-4800
24 hours a day
7 days/week
Triage services available**

<http://www.sptsusa.org/parents/>