

TEEN SUICIDE PREVENTION: Frequently Asked Questions

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Question: Is it possible to predict suicide?

Answer: At the current time there is no definitive measure to predict suicide or suicidal behavior. Researchers have identified factors that are associated with higher risk for suicide. These include mental illness, previous suicide attempts, family stress and dysfunction, family history of suicide, physical or sexual abuse, family violence, traumatic death of a loved one, and impulsive or aggressive tendencies. Alcohol and substance abuse can contribute to suicidal behavior. Substance abuse can be common among teens prone to be impulsive, and among those who engage in many types of high risk behaviors that result in self-harm. In addition to being depressed, those who are dependent on substances are also likely to have social problems. Suicide is a relatively rare event and it is therefore difficult to predict which persons with these risk factors will ultimately commit suicide.

Q: What are the most common warning signs that somebody is seriously considering suicide?

A: The most common signs that somebody may be at risk for suicide are:

- A previous suicide attempt
- Talking about being dead or wishing they were dead, how others would be happier if he/she were dead or how much better off others will be when he/she is gone.
- Repeatedly engaging in very risky or dangerous thrill-seeking behavior.
- Extreme mood swings; very depressed episodes followed by happy episodes with no clear reason for the change.
- Refusal to accept praise or compliments
- Regular expressions of worthlessness, helplessness, sadness and/or loneliness.
- Drastic changes in habits, friends, or appearance, i.e.; new friends, skipping school, dropping out of favorite activities, and no longer caring about appearance or cleanliness.
- Changes in weight, sleeping habits, and physical activity.
- Withdrawing from friends, family, or activities that once gave the person pleasure or a sense of identity.
- A sudden, unexpected and tragic event or the anniversary of such an event accompanied by an uncharacteristic withdrawal and/or depression.
- "Getting the house in order" – e.g., giving away cherished belongings to close friends.

Q: In regard to warning signs, what time frame do these changes in behaviors typically present themselves?

A: Typically, warning signs represent a change that takes place gradually over a few weeks or months although they can also occur suddenly in response to an upsetting event. If the behavior change lasts for more than two weeks, it is advisable to consult with a professional for guidance about how to help the teen.

It's important to notice **any** changes in what is normal for your child. If the changes continue for a week or more, it is time to start a conversation WITHOUT judgment. If the teen refuses to talk, they can be given a choice of who they will talk to. Coming right out and asking directly "Are you having any thoughts about suicide?" is okay. Many teens and adults have thoughts about not wanting to live anymore. The danger is when this thought persists for more than 4-5 days, AND when the person has a plan or the means to carry out a suicide. If they have a plan, they need to be screened and possibly hospitalized.

Q: What can be done about suicides that do not have any of the "obvious" warning signs?

A: The best prevention is for a teenager to have open communication with a caring adult who can listen without judgment to the concerns of the teen. Despite this, sometimes teens are unable to let someone know how much distress they feel. Some of the preventive actions that parents can take are to limit their teenager's access to guns, knives, alcohol, prescription pills and illegal drugs. Other steps parents can take is to know who their child's friends are and to networking with the other parents on a regular basis. Do not be afraid to keep track of your child's whereabouts and communications. They may complain about their privacy, but it is the parents' job to keep their child safe.

Q: Does suicide does tend to run in families?

A: It has not been definitively proven that there is a direct genetic component involved in suicidal thinking and attempts. What is known is that mental illness runs in families, and mental illness increases the likelihood of suicide attempts. If an adolescent shows signs of suicidal thinking and the family has a history of mental illness, especially clinical depression, there is increased reason for concern.

Q: At what age should education about suicide prevention start?

A: Young children up to age 11 can benefit from learning how to identify their feelings and where to go for help when they feel bad. The risk of suicidal thoughts and behavior increases in adolescence and young adulthood so education about warning signs for themselves and their friends is especially important for youth from age 11 through 18 and their parents.

Q: Are teens who have previously attempted suicide at highest risk for suicide completion?

A: No. While a previous suicide attempt does increase the likelihood of a future attempt being successfully completed, the majority of successful suicides are first-time attempts.

Q: Are teen suicides and suicide attempts clustered?

A: When one teen decides that suicide is a solution to his or her pain, other teens may be influenced to follow suit. Studies have indicated that the more desperate and hopeless a particular teen community feels about its situation, the more likely members of the community are to influence each other's suicidal thinking and action. Following exposure to suicide or suicidal behaviors within one's family or peer group, suicide risk can be minimized by having family members, friends, peers, and colleagues of the victim evaluated by a mental health professional. Persons deemed at risk for suicide should then be referred for additional mental health services.

Q: Do all suicidal people talk about killing themselves before they try to do it?

A: No. While it is very common for suicidal people to tell someone what they are planning, it is possible for somebody to be thinking about suicide without telling a soul. In the absence of other warning signs, a suicide threat is not even considered the most

credible indicator of suicide risk, but any talk of suicide should be brought to the attention of people who can intervene: parents, teachers, school counselors, social workers, even the police.

Q: Are all suicide threats real or is it usually just a cry for attention?

A: While many teens threaten suicide to get attention, it is impossible to make that definitive determination. A suicide threat must be taken seriously. If you hear someone is considering suicide, be it directly or through the rumor mill, make sure you alert a trusted adult who is able to better assess the situation: a parent, teacher, school counselor, pediatrician or member of the clergy is a good choice.

Q: How do I know when to take a friend's suicide threat seriously?

A: The best rule to follow is if a friend says that they are going to kill themselves you should take it seriously. Turn to a trusted adult who is in a position to get help for your friend if the threat is real. Obviously there are situations where somebody may say, "*I wish I was dead!*" and not mean it at all but it is better to be safe than sorry. No harm ever came from caring too much!

Q: What should I say to my suicidal friend?

A: Tell the friend that you care about them and that he or she is an important part of your life. Ask the friend to reach out for professional help. Don't leave the friend alone; get other friends involved if you must, and alert a parent, trusted adult or school official who is able to intervene and get the friend some professional help.

Q: What should I do to stop them?

A: Do not take it on yourself to talk your friend out of it. Just be there to help your friend through this troubling time. Stay until a parent, trusted adult or school official administrator is able to take control of the situation. If the threat is an obvious emergency or if your friend is in imminent danger call **911** right away.

Q: How do we encourage students to report signs of a problem without them feeling that they are snitching?

A: Teens talk about "the deadly secret" of being put in the position of having to keep a friend's confidence without "snitching". Explain that going to an adult when they have concerns for a friend's safety is not snitching, it's the mature and responsible thing to do. Choosing not to "snitch" could result in your child living with the thought that they should have told someone, but waited until it was too late! Tell your child that if they have concerns about a friend, you are willing to discuss their concerns before jumping in to take action.

Q: My friend is saying he/she wants to commit suicide after killing all the people who make him/her miserable, what should I do?

A: Do not take it on yourself to decide if your friend's threats are credible. This is a burden you need not bear. Let adults and trained professionals assess the situation and determine how valid the threat is and what should be done next. If you fear reprisal from your friend, make sure that you make this clear when reaching out for help. This is factor that should be considered by the school administrators and police.

Q: How can a parent handle emotional blackmail, e.g., when a child threatens suicide if not allowed to do a particular activity or attend an event?

A: Treat this behavior calmly, but take it seriously. Explain to your child that if he/she would consider suicide, then they have much more serious issue to deal with than going out with their friends. If your child is attempting to manipulate you, then he/she should confess fairly quickly. Tell your child that you will consider allowing the freedoms they are requesting when they can discuss them without manipulations at that level.

Q: How does a parent open up the conversation with a teen about depression, drug use and suicide?

A: Depending on your relationship with your particular child, kids can be quite resistant to bringing up anything serious or "touchy-feely" with their parents. The recent tragedies give you a doorway to enter into the conversation but that door won't stay open forever. Bring up this topic when you and your child are spending relaxing time together, away from homework and chores and other stressors. Speak about your own reactions and thoughts about recent events and ask your child what he/she sees, thinks, feels, and knows. Make it a conversation and NOT a lecture. If you sense your child shutting down in the conversation, just say you are really interested in hearing his/her thoughts and that you are open to going back to the subject any time they would like. This isn't a conversation a parent should push but is best brought up away from the heat of the moment and in a way that does not feel like it's coming out of context.

If your child does not back out of the threat, treat it as real and consider a trip to the Crisis Unit or call 911. You don't want to give in to a manipulation but you don't want to under-react to a potential real threat. Better safe than sorry. At the Crisis Unit, a professional will assess your child. Remember that teens tend to have poor impulse control and may act out a suicidal gesture, not really intending for it to succeed. Nevertheless, sometimes those gestures DO succeed.

Q: What assurances can you offer parents as they navigate these serious mental issues with their child? The fear of stigma often keeps parents from sharing information with teachers/school.

A: Confidentiality is definitely part of the relationship between a therapist and his/her clients. School staff members are also expected to maintain confidentiality about students and their family's issues. If your child is suffering from emotional issues, these are going to impact his/her school attendance/performance. Sharing what is going on may be the best approach. Otherwise, your child may be misunderstood and even penalized for things that may not be under his/her control. This is the time when you want to get as much support as you can for your child. Forge an alliance with school personnel who are most likely to come in contact with your child. Without revealing every detail, share with them that your child is experiencing some emotional challenges and you need the support of the people who care for him/her within the school.

Stigma is clearly an issue in our society. However, there is a lot more understanding and acceptance of mental health issues now than in the past. Withholding information for fear of stigma can ultimately be damaging to your child, and it also perpetuates the stigma.

Q: What can we do as a community when we see a child that needs help but we know the parental support is not as good as it could be?

A: Kids, and especially teenagers, can be responsive to a caring adult, even if that adult isn't their parent. Alert the school administrator to concerns about any child. They may be able to connect the student and family to a counselor at school. Under certain circumstances, teenagers may receive therapeutic services without parental consent. Consider if some adult (teacher, coach, minister) in the community has a good relationship with that child. Can that individual be supportive in a parental way without usurping the parent's authority? Even if it can't come from the parent, it's important for kids of all ages to have a connection to some responsible adult.

It may be that the parent could use some support as well. In this circumstance, consider if there is someone who can approach the parent with their concerns. It's not unusual for parents to want to minimize emotional issues with the hope (whether

conscious or unconscious) that their child will grow out of it. If your attempts to refer the child to school services or other community supports does not appear to have improved the situation, as a last resort, consider making a call to Children Family Services (415-473-7153) and let them know of your concerns about the child.

Q: How can stress be reduced for students with high academic expectations?

A: Acknowledge that there are many ways to be successful in the world. Even if students don't go to the best four-year college right after high school, they can still achieve their dreams. Going to a community college can eventually be the path to their goal of a four-year college. Teens need to slow down. Pressure and stress do not help any of us. Find out what a teen is really passionate about and encourage that positive activity. Students who get to do something they love to do will usually be better students. Remember that having a happy and healthy child is more important than where they receive a diploma.

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