

# SUICIDAL THINKING AND THREATS: HELPING HANDOUT FOR THE HOME

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Suicide is a leading cause of death among adolescents, and suicidal thoughts and behaviors are common (Kann et al., 2016). Parents and other caregivers should be prepared to respond to youth who have thoughts of ending their own lives.

## WHAT SHOULD BE CONSIDERED WHEN SELECTING INTERVENTIONS?

Mental illness and suicide are powerfully related (Beckman et al., 2016) and the person with suicidal thoughts virtually always needs some mental health counseling. However, not every child or adolescent who has suicidal thoughts, and who makes a suicide threat, needs to be provided the same level of intervention. While some need to be immediately hospitalized, others can have their needs met on an outpatient basis. It is important to select the appropriate level of intervention for a student with suicidal thoughts, who has made a suicide threat, and/or who is displaying suicidal behavior.

### Developmental Level

While suicidal thinking has been observed among younger children, suicide deaths under the age of nine years of age are rare (CDC, 2016). Being very young can be considered a protective factor (meaning it can reduce the risk of suicide). However, even though a suicide death is unlikely, immediate support for the young child with suicidal thoughts is needed. Given the association between suicide and mental illness, a referral for mental health counseling is always needed whenever a young child has suicidal thoughts.

### Risk Factors

Risk factors increase the odds of suicide, and the greater the number of these factors the greater the risk for suicide. There are a number of different illnesses, emotional states, events, and life circumstances associated with suicidal behavior. Table 1 summarizes these risk factors for both children and adolescents. While no one risk factor, or set of risk factors, perfectly predicts suicide, the strongest predictor of suicide is a prior suicidal behavior (Chang, Gitlin, & Patel, 2011).

Table 1  
*Risk Factors for Suicidal Behavior Among Children and Adolescents*

<i>Risk Factor Category</i>	<i>Children</i>	<i>Adolescents</i>
Personal	Mental illness (e.g., depression, ADHD); feelings of worthlessness and hopelessness; high negativity; low self-esteem	Hopelessness, mental illness (e.g. depression, PTSD); dissatisfaction with weight
Family	Family conflict, parental mental illness	Poor parental relationship(s)
Social	Bullying victim, negative peer pressure, perception of poor school performance	Interpersonal conflict, bullying victim, bully perpetrator, or bully/victim, loss of relationship
History	Prior suicide thoughts or behaviors; child abuse, neglect, or exploitation; prior suicide attempts by family members	Prior suicide attempts, prior attempts by family members or friends; substance abuse; having run away, sexual abuse, non-suicidal self-injury

**Note.** Adapted from Brock & Reeves (2017).

## Warning Signs

Statements, actions, feelings, and appearances suggesting a child or adolescent is suicidal are referred to as suicide warning signs. Suicide deaths rarely occur without some kind of warning (Moussas et al., 2009), and these signs include (Brock & Reeves, 2017):

- Direct verbal threats (“I am going to kill myself”)
- Indirect verbal threats (“I wish I could fall asleep and never wake up,” or “You won’t have me to worry about any more”)
- Sudden/dramatic change in mood
- Anxiety and agitation; reckless behavior; rage and uncontrolled anger; wanting revenge
- Increased alcohol/drug use
- Giving away prized possessions
- Withdrawing from friends, family, and activities
- Refusing help, and/or believing that there is no help for them
- Expressing death/suicide themes in writings, art, or via social media
- Disturbed sleep; decline in appearance and hygiene

The presence of suicide risk factors, and especially suicide warning signs, indicates the need for a suicide risk assessment. Such assessment helps to determine the presence of suicidal thoughts and the risk of a suicidal behavior. Assessing the risk of a child or adolescent engaging in a suicidal behavior is not an exact science and requires significant clinical professional judgement. There is no exact combination of risk factors and warning signs that perfectly predicts suicidal behavior (Bernert, Hom, & Roberts, 2014). So, whenever these factors and signs are present, it is always preferable to enlist the assistance of a mental health professional. However, given that such assistance might not always be immediately accessible, parents and other caregivers should have some basic understanding of suicide risk assessment and intervention.

## RECOMMENDATIONS FOR THE HOME

### Risk Assessment

1. Begin with clear and nonjudgmental questioning about whether the student has suicidal thoughts (American Psychiatric Association, 2010). Use language that is understandable to the student; with younger children you may say “hurting/killing” yourself, while with older children and teens you might use the word “suicide.” Include the following:
  - Have you ever wished you could go to sleep and not wake up again?
  - Is dying something you’ve thought a lot about recently?
  - Have things reached the point that you’ve thought of hurting yourself?
  - Sometimes when kids have had your experiences, and are feeling as you do now, they have thoughts of killing themselves. Is this something you are thinking about?
2. Avoid statements such as: “You are not thinking of killing yourself, are you?” Such questions could be viewed as judgmental and may discourage the child or adolescent from being honest.
3. If the child or adolescent acknowledges having suicidal thoughts, you need to get a sense for the seriousness of the situation by asking about a suicide plan. You should ask questions about *how*, *how prepared*, and *how soon* they plan to commit suicide. More specifically, it is important to ask:
  - “Have you thought about how you would kill yourself/make yourself die/commit suicide?”
  - “Do you have, or can you get, (whatever is needed to execute the suicide plan)?”
  - “When are you planning to (execute the stated suicide plan)?”
4. If the student’s answers suggest that the risk of a suicidal behavior is immediate (e.g., the student has the means of the threatened suicide in their possession and refuses to give it up), *then call 911 right away*.

5. If there does not appear to be risk of a suicidal behavior occurring in the present moment, then *do NOT leave the student alone*. Stay with the student constantly, and without exception, until a mental health professional is able to conduct a more detailed risk assessment. A hospital emergency room and/or a community mental health center will likely have the crisis intervention counselors capable of completing the suicide risk assessment.
6. Remove from the home any firearms or other weapons, as well as any drugs or other substances that could be used to die by suicide. Firearms are an especially deadly suicide method. When a person uses a firearm in an attempt to die by suicide, death is the result 85% of the time (compared to 3% of fatalities that follow a drug overdose; Drexler, 2017). Thus, removing firearms from the home is an especially effective suicide prevention measure. Doing so is especially important when there is a mentally ill child or adolescent in the home and/or there are persons in the home who are experiencing a psychological crisis.
7. Consider contacting other resources that can help with the suicidal crisis, including the National Suicide Prevention Lifeline at 1-800-273-TALK, the Crisis Text Line, which can be accessed by texting "HOME" to 741741, and in Napa County the Mobile Crisis Response Team at 415-473-6392 (after hours call 415-473-6666).

### **Prevention**

Mental wellness protects children and adolescents from suicide. Thus, actions taken to promote the mental health of children and adolescents is an essential suicide prevention action. However, even among persons with mental illness, having a good relationship with a mental health therapist is also protective. Additional factors that can prevent suicide include good problem solving and coping skills, and strong social supports (American Psychiatric Association, 2010). Finally, especially among adolescents, a feeling of having affinity with a parent or other primary caregiver is an important protective factor (Taliaferro & Muehlenkamp, 2013).

### **RECOMMENDED RESOURCES FOR THE HOME**

<https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>

The National Institute of Mental Health's Suicide Prevention webpage, which includes information on suicide signs, symptoms, and warning signs and guidance on responding to the person in crisis.

<https://suicidepreventionlifeline.org/>

The National Suicide Prevention Lifeline's webpage, which includes information about this free and confidential emotional support resource for persons in a suicidal crisis or emotional distress. Call 1-800-273-TALK for immediate 24/7 crisis intervention services.

<http://www.sprc.org/sites/default/files/resource-program/Families.pdf>

*Suicide Prevention Resources for Parents/Guardians/Families*. Provides a selection of websites and online information sheets with suicide prevention resources for parents, caregivers, and other family members. The resources provide guidance on talking with your child if you think he or she may be at risk for suicide and on coping with a suicide attempt or death. A few of the resources also discuss how you can take action at the school and community levels to prevent suicide.

<https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators>

Preventing Youth Suicide: Tips for Parents & Educators: A handout provided by the National Association of School Psychologists

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