

## Starting the Conversation

Talking with your child about suicide is as important as talking about drugs and alcohol and safe driving. However, it can be difficult to bring up this subject with your child. Below are tips for talking with your child about suicide.

1. **Pick a good time.** You want your child's full attention, so choose a time when there are minimal distractions and a reasonable degree of privacy.
2. **Be conversational.** Remember that your goal is to have a conversation with your child, not deliver a lecture. It always helps to have a "reference point"—such as an event or a news story or the school's *Lifelines* classes—to start the conversation. ("I was reading in the newspaper that the rate of suicide for teens has increased . . ." or "I noticed on the school's Web site that the school is having a suicide prevention workshop for the teachers . . .")
3. **Be honest.** If this is a hard subject for you to talk about, acknowledge it. ("You know, I never thought I'd be talking with you about suicide. It's a topic I've never been really comfortable with . . .") By acknowledging your discomfort, you give your child permission to acknowledge his or her discomfort, too.
4. **Be direct.** Ask open-ended questions to clarify your child's responses. ("Tell me how you feel talking about suicide." "What do you think about suicide?" "What have you learned about suicide in school?")
5. **Listen to what your child has to say.** You've brought up the topic. You're interested in his or her responses, so simply listen to your child's answers. Don't interrupt or interject your opinion unless asked.
6. **If you hear something that worries you, ask for more information.** ("You say that one of your friends has talked about suicide. Tell me more.")
7. **Open the door to revisit the conversation.** Suicide isn't a one-time discussion topic. Once you've made it okay to talk about, it should be easier to bring up again. If you've heard something that concerns you, make sure to ask about it again.

## Addressing Worrisome Behaviors

As parents, your role in suicide prevention is crucial. You know your child's moods and behaviors better than anyone else. If certain behaviors concern you, it's important to take these worries seriously. Here are guidelines to follow when addressing worrisome behaviors with your child:

- **Don't worry about overreacting.** Sit with your child and let him or her know about your concerns. ("You said something that worries me." or "You don't seem to be yourself lately.")
- **Be specific about your concerns.** ("I've noticed you aren't spending as much time with your friends and you seem annoyed when they call you." or "You spend hours doing your homework, but every time I check on you, you're just staring into space." or "Your teacher called and said you're failing English because you're late to class almost every day.")
- **Expect your child to discount your concerns.** ("All the kids are having trouble getting homework finished." or "My friends are annoying." or "That teacher fails everybody.") Explain that you're not concerned about everybody in the class. You are concerned about your child. Be prepared to offer more than one example; the more evidence you have, the harder it will be for your child to minimize your examples.
- **If your child says anything that even hints at thoughts of suicide, ask about it.** For example, statements like "Sometimes I'm not sure life is worth living." or "I just can't take it much more." *must* be explored further! *You cannot plant the idea of suicide in your child's mind by asking about it!* In asking about thoughts of suicide, you open up the lines of communication as well as introduce the idea of help-seeking behavior by asking to hear more about your child's distressing thoughts.
- **Act immediately if you have concerns about suicide.** Get your child to a mental health professional as soon as possible for an evaluation. There are several ways to do this. Refer to the list of local resources you received from the school.
- **Whatever resource you choose, indicate the urgency of the situation.** Make sure to use the phrase "at risk for suicide." ("I'm concerned that my son may be at risk for suicide and I'd like to schedule an evaluation as soon as possible.") Although the evaluation might determine that your child is not at immediate risk for suicide, this is an assessment you'd like to have made quickly, and it is a decision that is best left to a trained mental health professional.

## What Can Parents Do?

Parents can become informed about the warning signs of suicide that they may see in their teens or their teens' friends. These are general signs that a teen may be troubled. There is no list of definite, specific signs that a teen may be thinking about hurting himself or herself. Parents should not hesitate to err in the direction of over- versus underreacting. Warning signs are listed on the FACTS sheet you received.

In addition to these warning signs, parents should monitor teens' computers to see if they are accessing or developing Web sites with themes of death or destruction.

It is important to understand that suicide is a **crisis in communication**. When you sense that your teen is troubled, what will probably help the most is to have already established helpful patterns of communication. Here are ways to establish and maintain communication between you and your teen:

### 1. Create occasions for communication.

- No TV during dinner.
- At times, no radio in the car.
- Do chores together.
- Stop by just before bedtime—teens are more relaxed and less guarded at this time.
- Share information about your day and feelings. (Often parents don't engage in small talk with their kids. Instead most of their communication consists of questions and "tidying up" kids' behavior.)
- Find common interests/activities.

### 2. When you talk with your teen:

- Really listen.
- Try to understand his or her viewpoint first, before trying to provide an alternate viewpoint.
- Accept your teen's feelings and concerns rather than evaluate. (Avoid statements such as "You shouldn't get upset over that!" and "If you had made a decision earlier, this wouldn't have happened!")
- Don't minimize. (Avoid statements such as "Everyone feels that way." and "Don't let little things like that get to you.")
- Recall that your teen sees his or her experience as unique. Acknowledge this and then let him or her know that others may have also struggled with these concerns.

## Frequently Asked Questions about Youth Suicide

**Q: Will talking about suicide give people the idea to do it? Could we do more harm than good?**

**A:** Talking about suicide does not cause suicide to occur. In fact, it can be an excellent prevention tool. People who are not suicidal reject the idea, while people who may be thinking about suicide usually welcome the chance to talk about it. Often they are relieved because they feel that someone else recognizes their pain. Talking breaks the secrecy that surrounds suicidal behavior, and lets people know that help is available. By not talking about suicide, we increase the isolation and despair of individuals thinking about it.

**Q: What causes suicide?**

**A:** Suicidal behavior is one of the most complicated of human behaviors. This question cannot be answered briefly. There is no research that shows that a particular set of risk factors can accurately predict the likelihood of imminent danger of suicide for a specific individual. It is fair to say that suicidal people are experiencing varying degrees of external stressors, internal conflict, and neurobiological dysfunction and that these factors contribute to their state of mind. Depression, anxiety, conduct disorders, and substance abuse all contribute to the possibility of suicide, but they do not cause suicide. A “final straw” for suicide is usually the last thing that a person who kills himself or herself is thinking about, and many left behind want to blame that person or event, but the final straw was NOT the cause of the suicide. Many people who kill themselves had no final straw that others could see. The reasons behind a suicide often remain a mystery.

**Q: Doesn't suicide happen mostly in troubled individuals who come from difficult family situations?**

**A:** NO. It is really important to understand that suicidal behavior occurs in all socioeconomic groups. People of all ages, races, faiths, and cultures die by suicide, as do individuals from all walks of life and all income levels. Popular, well-connected people who seem to have everything going for them and those who are less well off both die by suicide. Suicidal youth come from all kinds of families—rich and poor, happy and sad, two-parent and single-parent. To suggest that suicidal youth come only from “bad,” “sick,” or “neglectful” families is like saying that only these kids get cancer. Historically, our culture has blamed the families of people who die by suicide and this behavior must stop. Suicide can happen in any family. We all must work together to identify and prevent suicidal behavior.

**Q: Don't most suicides happen without any warning signs?**

**A:** There are almost always warning signs, but unless we know what they are, they can be very difficult to recognize. That is why suicide prevention education is so important. Research has demonstrated that in over 80 percent of deaths by suicide, a warning sign or signs were given.

**Q: Are people who talk about or attempt suicide just trying to get attention?**

**A:** People who talk about or attempt suicide need immediate attention. They are trying to call attention to their extreme emotional pain. Many believe that we should ignore these "cries for help" and "attention-seeking behaviors" because the attention will only encourage the behaviors. Suicidal individuals are trying to get attention the same way people shout if they are drowning or are injured.

**Q: Is suicide preventable?**

**A:** Yes, suicide may often be prevented. Many people believe that if someone is suicidal, there is nothing that anyone can do to stop them from killing themselves. Some also believe that those who don't kill themselves on the first attempt will keep trying until they die. The truth is that most young people face a suicidal crisis only once in a lifetime. A suicidal crisis is usually very brief, lasting from a few hours to a few days. With intervention and help, future attempts may be prevented. Experience and wisdom are gained in solving problems in other ways. While suicide is not always prevented, suicide prevention is ALWAYS worth trying.

**Q: Why is there so much concern about youth suicide? It's a rare event, after all.**

**A:** Suicide is a rare event. However, people of all ages kill themselves and we need to be concerned about all of them. There are traumatic effects for families, friends, and community members when any person dies by suicide. It is particularly tragic when a young person's life is cut short. There are many reasons to focus on preventing youth suicide. Suicide is the third-leading cause of death among youth between the ages of fifteen and twenty-four. The younger the age of the person who dies by suicide, the greater the number of years of potential life lost.

Suicidal behavior among young people is a much larger public health concern than what is represented in death statistics. Compared to suicidal behavior among older people, suicidal behavior among young people is more likely to result in an emergency department or hospital visit. Also, if we appropriately and adequately address children and youth at risk, suicide attempts and completions among adults may be decreased.

**Q: What is meant by "suicide contagion" or "copycat suicide"?**

**A:** These words describe a process by which exposure to suicide or suicidal behavior of one or more persons influences others who are already troubled and thinking about it to attempt

and/or die by suicide. Sensationalized and repetitive media coverage of suicide has been associated with a statistically significant excess of suicide, particularly among adolescents. Several well-publicized “suicide clusters” have occurred. While there is no precise definition of a “cluster,” it is fair to say that it needs to be considered when more suicides than would be statistically expected happen within a particular geographic area or within a given time frame. The individuals who die may or may not have known each other, but somehow they may identify with each other. Often there are similarities in the manner of death. While one person’s death is not the cause of another’s, there may be shared vulnerabilities.

**Q: What is a suicide pact?**

**A:** A suicide pact describes the suicides of two or more individuals (close friends, lovers, etc.) that are the result of an agreed-on plan to complete a self-destructive act. The plan may be to die together or separately, but closely timed. Suicide pacts are a very real part of suicidology, and historically have been presented in fiction as well as fact. After any suicide attempt or death, it is important to question whether anyone else knew about these plans to try to determine if there is any kind of a pact.

**Q: Are gay and lesbian youth at high risk for suicide?**

**A:** Research studies vary greatly in their estimates of gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth who die by suicide. Recent analyses of research indicate that even though adolescents who report same-sex romantic attractions or relationships are at two to three times the risk for suicide attempts, the overwhelming majority of these youth report no suicidality at all. The risk factors of discrimination, victimization, bullying, and so forth, whether gay or straight, no matter what race or ethnicity, are important to consider in suicide prevention. Further research needs to be done on the risk factors as well as the unique strengths that characterize the lives of sexual minority adolescents and young adults.

**Q: Isn’t it up to mental health experts to figure out how to manage youth who want to kill themselves?**

**A:** Mental health workers are a key resource in responding to suicidal youth. They are trained to provide therapy and/or manage crises. It is important, however, to realize that anyone can learn how to intervene in suicidal behavior in basic, life-saving ways. It is up to all of us to become educated about suicide, get involved in community prevention efforts, and learn how to access help for someone who is feeling suicidal.

**Q: Are some car crashes really suicides?**

**A:** It isn’t known how many, but it has been estimated that perhaps 30 percent of single-occupant fatal car crashes are suicides. These cases usually involve a car that hits a fixed object with no evidence of skidding, braking, or other evasive actions. Alcohol and drugs may

or may not be involved. Actual “autocides” are when the driver leaves a note indicating that he or she used a vehicle as a means to die. On rare occasions, more than one person may be in the vehicle.

**Q: What is the connection between self-harm and suicide attempts?**

**A:** Self-harm is defined as a deliberate and usually repetitive destruction or alteration of one’s own body tissue, without suicidal intent. Other terms used to describe this behavior include cutting, self-injury, self-mutilation, self-inflicted violence, and auto-aggression. It appears that self-harm and suicidal behavior both occur in all gender, racial, education, sexual preference, and socioeconomic groups. Another commonality is that self-harm and suicidal behaviors are being seen in younger and younger individuals.

While difficult to distinguish from a suicide attempt, it is important to understand that the person who engages in self-harming behavior does not intend to die as a result of his or her actions. The behavior is used to gain relief from intense emotions, to calm and soothe. It is possible for self-harm to result in accidental death and it is also possible for suicidal and self-harming behaviors to co-exist in one person.

## Warning Signs of Suicide

Listen and look for these warning signs for suicidal behavior. Warning signs are the earliest detectable signs that indicate heightened risk for suicide *in the near term* (i.e., within minutes, hours, or days), as opposed to risk factors that suggest longer-term risk (i.e., a year to a lifetime). Note that aside from direct statements or behaviors threatening suicide, it is often a constellation of signs that raises concern, rather than one or two symptoms alone. The following signs are presented in a hierarchical manner, organized by degree of risk, and were developed by an expert working group convened by the American Association of Suicidology.

### **Warning Signs for Suicide and Corresponding Actions\***

**Call 9-1-1 or seek immediate help** from a mental health provider when you hear or see any of these behaviors:

- Someone threatening to hurt or kill himself, or talking of wanting to hurt or kill himself
- Someone looking for ways to kill herself by seeking access to firearms, available pills, or other means
- Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for a referral should you witness, hear, or see someone exhibiting one or more of these behaviors:

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there's no way out
- Withdrawing from friends, family, and society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life

\* Adapted by the Maine Youth Suicide Prevention Program from a Suicide Prevention Resource Center document accessed at [www.sprc.org](http://www.sprc.org).



## FACTS

Warning signs of suicide can be organized around the word “FACTS”.



### FEELINGS

- Hopelessness: feeling like things are bad and won't get any better
- Fear of losing control, going crazy, harming himself/herself or others
- Helplessness: a belief that there's nothing that can be done to make life better
- Worthlessness: feeling like an awful person and that people would be better off if he/she were dead
- Hating himself/herself, feeling guilty or ashamed
- Being extremely sad and lonely
- Feeling anxious, worried, or angry all the time

### ACTIONS

- Drug or alcohol abuse
- Talking or writing about death or destruction
- Aggression: getting into fights or having arguments with other people
- Recklessness: doing risky or dangerous things

## **CHANGES**

- Personality: behaving like a different person, becoming withdrawn, tired all the time, not caring about anything, or becoming more talkative or outgoing
- Behavior: can't concentrate on school or regular tasks
- Sleeping pattern: sleeping all the time or not being able to sleep at all, or waking up in the middle of the night or early in the morning and not being able to get back to sleep
- Eating habits: loss of appetite and/or overeating and gaining weight
- Losing interest in friends, hobbies, and appearance or in activities or sports previously enjoyed
- Sudden improvement after a period of being down or withdrawn

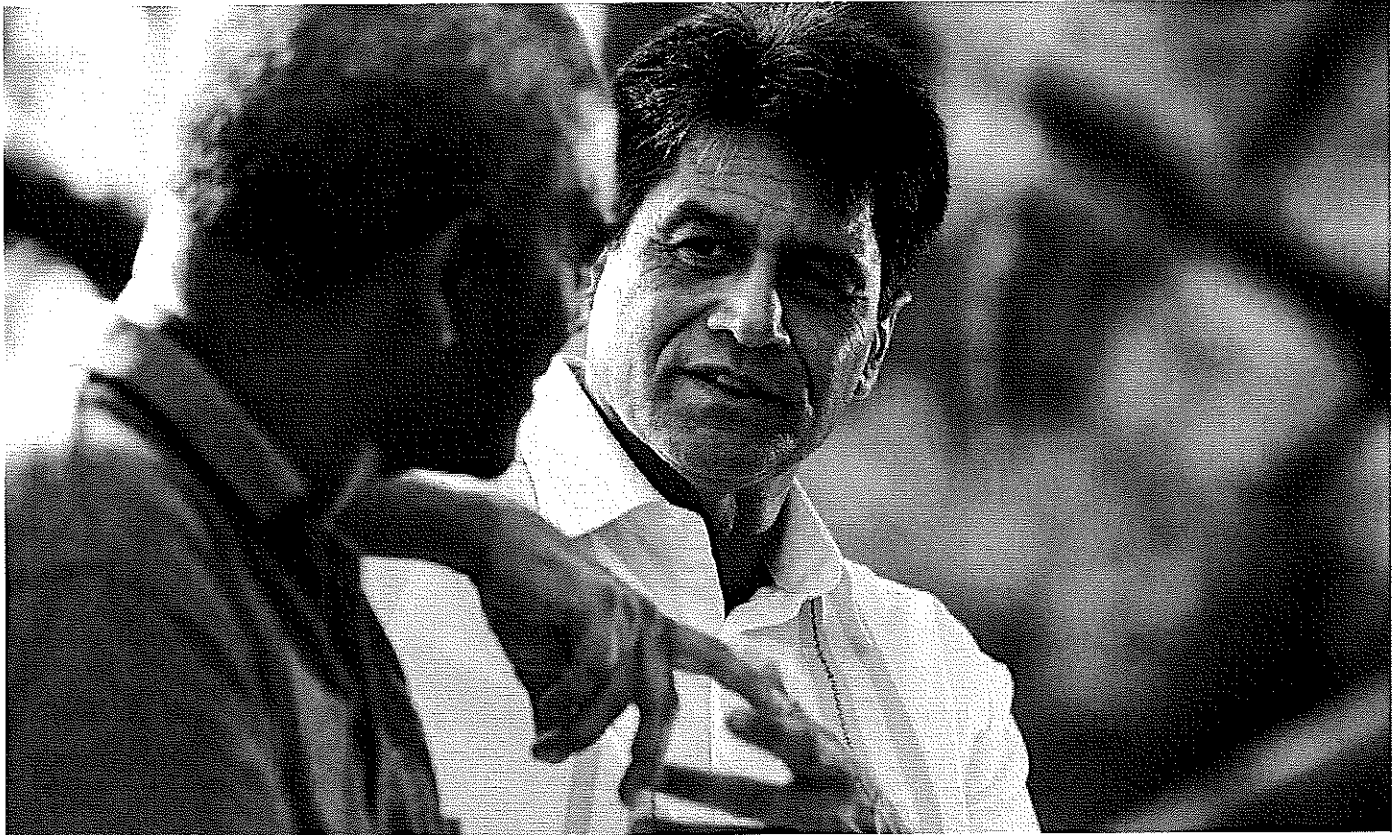
## **THREATS**

- Statements like "How long does it take to bleed to death?"
- Threats like "I won't be around much longer" or "Don't tell anyone else . . . you won't be my friend if you tell!"
- Plans like giving away favorite things, studying about ways to die, obtaining a weapon or a stash of pills: the risk is very high if a person has a plan and the way to do it.
- Suicide attempts like overdosing, wrist cutting

## **SITUATIONS**

- Getting into trouble at school, at home, or with the law
- Recent loss through death, divorce, or separation; the breakup of a relationship; losing an opportunity or a dream; losing self-esteem
- Changes in life that feel overwhelming
- Being exposed to suicide or the death of a peer under any circumstances

# ACE CARD



***A*SK FRIENDS AND FAMILY**

***C*ARE FOR FRIENDS AND FAMILY**

***E*SCORT FRIENDS AND FAMILY**

See Reverse for Questions that Can Save a Life

		In the Past Month	
<b>Answer Questions 1 and 2</b>		YES	NO
1) <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>			
2) <i>Have you actually had any thoughts about killing yourself?</i>			
<b>If YES to 2, answer questions 3, 4, 5 and 6</b> <b>If NO to 2, go directly to question 6</b>			
3) <i>Have you thought about how you might do this?</i>			
4) <i>Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</i>			
5) <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>			
<b>Always Ask Question 6</b>		In the Past 3 Months	
6) <i>Have you done anything, started to do anything, or prepared to do anything to end your life?</i>			
<small>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</small>			

Any YES must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible.

If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care.



**DON'T LEAVE THE PERSON ALONE.**

**STAY ENGAGED UNTIL YOU  
 MAKE A WARM HAND OFF TO  
 SOMEONE WHO CAN HELP.**



**THE COLUMBIA**  
**LIGHTHOUSE**  
**PROJECT**  
 IDENTIFY RISK. PREVENT SUICIDE.