Talking with Your Child about Suicide

Every parent would like to believe that suicide is not relevant to them or their family or friends. Unfortunately, it's very relevant for all of us. Suicide is the third-leading cause of death for youths aged fifteen to nineteen, and the second-leading cause of death for college-aged students. Even more disturbing are national surveys that tell us that in any given year, approximately 20 percent of high school students admit to thinking about suicide and 8.5 percent acknowledge actually making an attempt. The unfortunate truth is that suicide can happen to *any* kid in *any* family at *any* time!

So how do you deal with this reality? Once you acknowledge that suicide is as much a risk for your child as not wearing a seat belt while driving, using alcohol or drugs, or engaging in risky sexual behavior, you've taken the first step in youth suicide prevention. You talk to your children about these other behaviors that can put them at personal risk, and suicide is no different. It's something you *can* and *should* talk about with your children.

Contrary to myth, talking about suicide *cannot* plant the idea in someone's head. It actually can open up communication about a topic that is often kept a secret. Secrets that are exposed to the rational light of day are often less powerful and scary, and they can be addressed. This conversation also gives your child permission to bring up the subject again in the future.

If it isn't prompted by something your child is saying or doing that worries you, approach this topic in the same way as other subjects that are important to you but that you realize may or may not be important to your child:

- Timing is everything! Pick a time when you have the best chance of getting your child's attention. Sometimes a car ride, for example, assures you of a captive, attentive audience. Or a suicide that has received media attention can provide the perfect opportunity to bring up the topic.
- 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 was reading in the paper that youth suicide has been increasing . . ." or "I saw that your school is having a program for the teachers on suicide prevention."
- 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 or 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?" or "The statistics make suicide 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 and I want to ask you some more questions about it so I can understand it better, okay?")

- Don't overreact. ("I can't believe you would ever consider such a thing! This is the most upsetting, worst thing I've ever heard!") Overreaction is pretty much guaranteed to close off any future communication on the subject.
- Underreacting is just as unproductive. ("You can't really mean that. You're just being dramatic. Your life is fine.") Parental underreaction is often a way to deal with our disbelief that we were unaware that our child could be feeling so much distress. What your child hears when you say something dismissive is "I don't believe you—you can't be feeling that bad!" Another conversation stopper.
- 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. This can make it easier to bring up again in the future. ("I wanted to ask you again about that situation you were telling me about")
- Any thoughts or talk of suicide, even if your child puts them in the past tense ("I felt that way a while ago but don't any more."), should *always* be revisited.

In addition, here are possible warning signs that should get your immediate attention. They are organized around the word "FACTS" to make them easier to remember.

Feelings that seem intense or get your attention because they're different from the way your child was in the past, like irritability or anger, anxiety, sadness, hopelessness, or loss of interest

Actions, especially things like risky behaviors, withdrawing from activities, sports, or friendships, or using alcohol or drugs

Changes in appearance, behavior, sleeping or eating habits, moods, texting behaviors with friends—anything that catches your attention and seems out of the ordinary for your child

Threats or statements that convey a sense of hopelessness, worthlessness, or preoccupation with death ("Life doesn't seem worth it sometimes"; "I wish I were dead"; "Heaven's got to be better than this.")

Situations that can serve as "trigger points" for suicidal behaviors. These include things like loss or death, getting in trouble at home, in school, or with the law; or impending changes for which your child feels scared or unprepared.

If you notice any of these warning signs, have a conversation with your child *immediately* about your concerns. Follow the above guidelines, don't be afraid to ask the hard questions, and really listen to the answers. Even if the answers are reassuring, that is, your child denies suicidal thoughts or feelings, you may want to suggest a consultation with a mental health professional just to be on the safe side. And continue to keep your eyes open. Even if your child gets into counseling, you want to stay on top of how your child is feeling. Educate

And don't ever forget that your support, concern, and love can be important ingredients in					
the suicide prevention equation for your child!					
Гhis handout is p	– rovided courtesy of the	Society for the Preve	ntion of Teen Suicide,	www.sptsusa.org.	