

Times of Tragedy: Preventing Suicide in Troubled Children and Youth

Tips for Parents and Schools

National Association of School Psychologists

It has been well documented that children exposed to violence, life-threatening events or traumatic losses are at greater risk for depression, alcohol and substance abuse, and suicide. In the aftermath of tragedies such as the September 11 terrorist attacks, a school shooting, natural disaster, or even a personal crisis, students may display warning signs of suicidal behavior. Parents and school personnel should be particularly observant of children and youth who may be more vulnerable because of individual circumstances. This includes youngsters who have experienced a personal loss, abuse, or previous traumatic event or who suffer from depression or other mental illness. Youngsters who have these risk factors *and* who have been directly impacted by or witnessed another crisis are most vulnerable.

Although many suicidal children and adolescents do not self-refer, they do show warning signs to their peers, parents or trusted school personnel. Never ignore these signs. Suicide can be prevented with proper intervention. Warning signs may not appear during the immediate aftermath of a tragedy. Parents and school personnel must be good listeners and observers over the weeks to follow. Below are some guidelines for intervening with a suicidal student.

Warning Signs of Youth Suicide

1. ***Suicide notes.*** These are a very real sign of danger and should be taken seriously.
2. ***Threats.*** Threats may be direct ("I want to die." "I am going to kill myself") or, unfortunately, indirect ("The world would be better without me," "Nobody will miss me anyway"). In adolescence, indirect clues could be offered through joking or through references in school assignments, particularly creative writing or art pieces. Young children and those who view the world in more concrete terms may not be able to express their feelings in words, but may provide indirect clues in the form of acting-out, violent behavior, often accompanied by suicidal/homicidal threats.
3. ***Previous attempts.*** Often the best predictor of future behavior is past behavior, which can indicate a coping style.
4. ***Depression*** (helplessness/hopelessness). When symptoms of depression include pervasive thoughts of helplessness and hopelessness, a child or adolescent is conceivably at greater risk for suicide.
5. ***Masked depression.*** Risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse.
6. ***Final arrangements.*** This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals or pictures.
7. ***Efforts to hurt oneself.*** Self-mutilating behaviors occur among children as young as elementary school-age. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/markings the body.
8. ***Inability to concentrate or think rationally.*** Such problems may be reflected in children's classroom behavior, homework habits, academic performance, household chores, even conversation.
9. ***Changes in physical habits and appearance.*** Changes include inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance, hygiene, etc.
10. ***Sudden changes in personality, friends, behaviors.*** Parents, teachers and peers are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from normal relationships, increased absenteeism in school, loss of involvement in regular interests or activities, and social withdrawal and isolation.

11. *Death and suicidal themes.* These might appear in classroom drawings, work samples, journals or homework.
12. *Plan/method/access.* A suicidal child or adolescent may show an increased focus on guns and other weapons, increased access to guns, pills, etc., and/or may talk about or allude to a suicide plan. The greater the planning, the greater the potential.

Tips for Parents

1. *Know the warning signs!*
2. *Do not be afraid to talk to your child.* Talking to your children about suicide will not put thoughts into their head. In fact, all available evidence indicates that talking to your child lowers the risk of suicide. The message is, "Suicide is not an option, help is available."
3. *Suicide-proof your home.* Make the knives, pills and, above all, the firearms inaccessible.
4. *Utilize school and community resources.* This can include your guidance counselor, school psychologist, crisis intervention personnel, suicide prevention groups or hotlines, or private mental health professionals.
5. *Take immediate action.* If your child indicates he/she is contemplating suicide, or if your gut instinct tells you they might hurt themselves, get help. *Do not leave your child alone.* Even if he denies "meaning it," stay with him. Reassure him. Seek professional help. If necessary, drive your child to the hospital's emergency room to ensure that she is in a safe environment until a psychiatric evaluation can be completed.
6. *Listen to your child's friends.* They may give hints that they are worried about their friend but be uncomfortable telling you directly. Be open. Ask questions.

Where to Get More Information

American Association of Suicidology (303) 692-0285
www.suicidology.org/

National Association of School Psychologists (301) 657-0270
www.nasponline.org

Suicide Awareness/Voice of Education (SAVE)
www.save.org

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