

# Childhood Suicide: Learning to Assess Risk

It is hard to imagine a child taking his or her life. Many individuals do not want to accept that a child killing himself or herself is a possibility. Others might dismiss a child's suicidal comments, assuming a child would not have the means to carry out such an act. On the contrary, research shows most six to twelve year-old children who commit suicide do so by methods such as jumping from heights, drowning, stabbing, running in front of vehicles, hanging themselves, or using fire. Statistics show that 200 children younger than fourteen commit suicide each year, and almost 4,000 suicides are committed per year within the fifteen to twenty-four year-old age group.

Although these statistics are alarming, it is critical to know that eighty percent of individuals give some form of warning prior to suicide. This is where parents, foster parents, and mental health workers play an essential role. If these individuals can learn to recognize warning signs, depressive symptoms, and suicidal ideation, then they can provide necessary support to a child in his or her time of crisis. Remember most suicidal individuals are undecided about whether to continue to live or end their lives.

## Emotional Warning Signs

- Depressed and sad
- Mood change
- Tearful
- Sullen
- Quiet/Withdrawn
- Agitated
- Feelings of hopelessness, worthlessness, self-hate
- Sudden cheerfulness after period of depression

## Behavioral Warning Signs

- Sudden change in behavior
- Inability to concentrate
- Giving away of possessions
- Drug/alcohol abuse
- Saying goodbye to family and friends
- Writing good-bye letters
- Artwork, pretend play, or peer play involving consistent themes of death, violence, loss and lasts for an extended period of time

## Physical Warning Signs

- Loss of interest in appearance
- Loss of interest in friends or activities
- Loss of energy
- Poor sleeping habits (excessive or deficient)
- Dramatic changes in eating patterns
- Significant weight gain or loss

## Verbal Warning Signs

- Obsessive talk about death (such as several times per day)
- No longer communicating effectively with others
- Speaks of not being here in the future
  - "They'd be better off without me."
  - "You won't have to worry about me much longer."
- Absence of any future in conversation
- Asks questions about dying

- Talks openly about suicide
- Talks of gender, sexuality, or cultural conflicts
  - "I don't know who I am."
  - "I'm different and don't fit in anywhere."
- Statements of worthlessness
- Language of hopelessness and despair
  - "I can't go on anymore."
  - "I want it to end."
  - "I don't see any way out of this situation."

If you suspect a child has suicidal tendencies, confront the child with your thoughts and feelings. You will not put thoughts of suicide into a child's mind by talking about suicide honestly and straightforwardly. By asking about suicidal ideation, you may provide an opening and opportunity for the child to discuss their troublesome thoughts and feelings.

If a child reports thoughts of suicide, ask about whether they have a plan for killing his or herself. A child who has thought of a plan for suicide is at serious risk of attempting or completing the suicidal act. The more detailed the plan, plausibility of the plan, and access to necessary materials, then the greater the risk of suicide. Even if a plan has not been stated, any child experiencing suicidal thoughts or other warning signs should be assessed by a professional.

Never ignore continued hints, threats, or comments a child makes about wanting to kill him or herself. It is certainly possible that these comments may be attention seeking behavior; nevertheless, a child who uses these verbalizations to get attention is in need of intervention.

When parenting or working with a depressed child, it is important to understand that the months following severe depression or suicidal ideation are the most critical. A sudden recovery after depression may be a warning signal that means the child has made a decision to end his or her life. A depressed child is most vulnerable when he or she has more energy to act on negative thoughts and feelings. In addition, recent studies have found that children taking antidepressant medications, especially those considered SSRI's (i.e. Paxil, Prozac, Zoloft), should be assessed regularly for suicidal ideation and intent. As parents and mental health workers, we are in a position to notice changes and recognize warning signs from our children. These assessment skills, along with our openness to discuss suicide with children may make the difference in a child being able to receive the help he or she needs.

*Article by Tracy Krebs, MSW, LSW, Youth and Family Therapist*

#### **Resources**

Thompson, Rudolph, & Henderson (2004). *Counseling Children*, 6th edition. Brooks/Cole- Thomson Learning: California.

Wilmhurst, Linda (2004). *Child and Adolescent Psychopathology*. Sage Publications: California

**Need Crisis Information Line Website:** [http://www.needcrisis.bc.ca/html/suicide/suicide\\_behavior.htm](http://www.needcrisis.bc.ca/html/suicide/suicide_behavior.htm)