

Children and Youth with Thoughts of Suicide: Guide for Parents and Caregivers



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Summary: When individuals are overwhelmed, whether by life stresses, or by conditions such as depression, they may turn to suicide as a way of coping. And although it is scary, the good news is that ultimately the person is trying to cope. Family and friends are absolutely critical, and can offer support in many ways, such as by spending time with the person, listening and validating the person, and helping ensure that the person seek professional help.

What is Suicide?

Suicide is the act of ending one's life. People can get thoughts about committing suicide for many reasons, such as when a person is under so many stresses that they become overwhelmed and cannot cope.

Typical stresses may include:

- Home stress, such as conflict/disagreements with mother, father, siblings...
- School stress such as problems with friends, schoolwork, teachers, bullies...
- Work stress such as problems with co-workers, bosses, workload...
- Other problems such as depression, anxiety, substance use

People can feel suicidal when they feel 1) disconnected from other people, 2) helpless to deal with their stress, and/or 3) hopeless that their stress will improve.

Thus, one way to help a young person who is feeling suicidal is to help 1) them feel connected again, and/or 2) overcome helplessness by giving them a sense of control, and/or 3) give them a sense of hope.

Warning Signs for Suicide

The following is a list of signs that may indicate someone is thinking about suicide. If your child exhibits only one or two things on this list, then it is probably not a big concern, but you would be much more worried if your child exhibits several of these warning signs:

- Your child expresses feelings of worthlessness, such as, "I'm no good to anybody."
- Your child talks about suicide and about what it would be like if things end. He or she may make comments such as, "When I'm gone ..." or ask questions such as, "What would it be like if I wasn't around?"
- Your child becomes preoccupied with giving away or distributing his/her possessions.
- Your child shows hopelessness about the future, saying things such as, "What's the use?"

If You Are Worried Your Child May be Feeling Suicidal

Talk to your loved one openly about suicide. Do not be afraid to ask.

You might gently lead into things by asking some general questions:

E.g. You might start by saying, "How are you doing?", and then remember to give your loved one a chance to respond!

You might then express your concerns, e.g. you might say "I love and I'm worried about you these days."

You might then ask, "It seems like things have been stressful for you lately."

A nice gentle way to bring up the topic of suicide is then to say, "Does it ever get so stressful that you think life isn't worth living?"

If your child says yes, then you might proceed to ask, "Do you get any thoughts of doing something to end your life?"

If your child says YES to this, then seek immediate professional help.

This may include:

- **Calling 911**
- **Calling a telephone crisis line**
- **Calling a friend or doctor**

And even if your child says "no" when you directly ask about thoughts of suicide, trust your instincts. If you are worried your child is in immediate danger of ending his/her life, then get help.

Ways to Support Someone Who is Passively Suicidal

If your child is not actively suicidal, but is nonetheless still having thoughts that life is not worth living, here are some possible things you might do:

First of all, seek professional help. Be a support, but remember that you are not a counsellor/therapist.

Listen and validate what your loved one is saying.

- Thank the other person for sharing with you. "I didn't know you feeling so bad... Thanks for telling me."
- Empathize, which means that you agree and acknowledge how bad the person feels, e.g. "Yeah, I can see that would be very difficult."

Don't say things such as "You shouldn't be feeling this way" or "You should count yourself lucky" because that may make the person feel guilty, and less likely to open up to you.

- Don't invalidate or judge the other person for how they are feeling, *even if you yourself wouldn't feel the same way*. Don't say things such as... "How can you possibly feel this way? After all that we've done for you? Is this the way you repay us? How can you do this to us?" Such blame will most likely make your child feel worse, making it less likely that s/he will confide in you. And worse, in some cases such statements will only confirm to the child that s/he is a burden, increasing the risk of suicide.
- Give hope. "This is going to get better. Things were better in the past; we'll get it back to how it was when things were better."
- Tell the person they are not alone. "We're in this one together; we're going to help you get over this."
- Offer your support, e.g. "How can I support you? How can I help you get over this?"
- Help the person with problem-solving. People often think about suicide when they are overwhelmed by stress. And even if those stresses don't directly cause a person to feel suicidal, the stress nonetheless doesn't help. Things you might say to help problem-solving include:
 - "Sometimes people think of hurting themselves when they're under stress or trying to deal with some problem"

- "What's the stress that your dealing with?"
- "Is there some particular problem that you're trying to deal with?"
- "I'm here for you and want to help you work through this..."

If you discover your relative after a suicide attempt:

1. Call 911 (or an ambulance) immediately.
2. If you know first aid, administer it immediately.
3. Phone someone to go with you to the hospital; or to stay with you at home.
4. After you come home from the hospital, do not try to handle things alone. Have other relatives or friends to talk to, and consider contacting a support group, or counselor/therapist for yourself as well.

Providing a safe home for a person who is feeling suicidal

Whenever someone has thoughts about suicide, whether those thoughts are active or not, make your home a safer place by removing potential sources of harm:

1. Remove firearms and weapons

Make sure that there are no firearms, ammunition nor weapons in the home. Remove any fire arms from the home by giving to a trusted friend/neighbour, or by taking them to the local police station if no other options can be found.

2. Remove alcohol

Since alcohol affects rational thinking and lowers inhibitions, alcohol can be a risk factor for suicide. Hence, remove alcohol from the home or keep in small amounts only.

3. Medications

Prescription medications should be locked up. People who are depressed often overdose on the very medications that they are prescribed for depression. Fortunately, in general, newer medications prescribed for depression (such as Fluoxetine/Prozac™, Fluvoxamine/Luvx™, Sertraline/Zoloft™, Paroxetine/Paxil™, Citalopram/Celexa™) are significantly safer than the older medications, even in overdose. Nonetheless, it is still best to lock them up anyways.

Make sure that when prescriptions are filled, that you have safe amounts of medication on hand, which makes it harder to overdose. Ask the physician or pharmacist to dispense safe amounts.

Supervise your child when s/he takes medication(s).

Dispose of all unused or out-of-date medications, by taking them to the local pharmacy for disposal.

Lock up or get rid of over-the-counter medications such as acetaminophen (Tylenol™), acetylsalicylic acid (Aspirin™, or ASA). These medications can be dangerous in overdose, so it is safest to remove them from the home.

4. Remove any other means of suicide

Remove or lock up cords, ropes, sharp knives, or other obvious means of self-harm.

5. Car keys

Remove access to car keys as a car can be used to harm oneself

6. Lock up things in the car

If you don't have other options to lock up things, then firearms or medications can be locked in a car (preferably in the trunk)

High Risk Periods

During high risk periods (such as holidays, anniversaries, or times when close supports are away, be extra cautious and check in regularly with your loved one.

Do not leave him/her alone for long periods.

If you do have to go out, take your loved one with you.

If you have to go out, but your loved one is unable (unwilling) to come along, then you might try asking a friend/neighbour to be with them if you have to go out.

In addition, during an an emergency, you can always contact:

- 911
- A Crisis Hotline

Making an emergency action plan ahead of time is helpful and will reduce stress if it is ever needed. During a crisis is not the best time to be running around trying to find information or phone numbers.

My Crisis Plan

This is an example of a crisis plan where you can write down all the essential information that you need, should a crisis ever arise and you need to take your loved one to the hospital, for example.

Person(s) (and their phone numbers) that I can call day or night for support

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Names and Numbers for my loved one's health care professionals (such as doctors, therapists, others...)

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Hospital (name and phone number) that my loved one uses

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Medications that my loved one uses, including dosages

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Pharmacy and phone number that my loved one uses

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Helpful people that my child trusts in the event of an emergency (names and phone numbers) (For example, these would be helpful people that could help persuade him/her to get help, accompany you to the hospital, etc.)

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If you have young children that cannot be left alone at home: What child care could I use to take of those young children in case I had to accompany my child to the hospital?

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Name of Power of Attorney (if applicable) (consider a power of attorney if your child is aged 16 and above)

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Additional Comments for Action Plan

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Here are some additional things to know if you are going to the hospital emergency room (in response to suicidal or violent episodes):

- If possible, it is best to have your relative go to the hospital willingly, as opposed to forcing your relative to go.
- If your relative will not listen to you, ask someone else whom he or she trusts to convince him or her to go to the hospital.
- Try to offer your relative a sense of control, by giving limited choices, such as "Will you go to the hospital with me, or would you prefer to go with John?" This gives your relative more of a sense of being a part of the plan.
- At the emergency department, if your child is aged your child ask to speak directly with the that you speak directly with the doctor, social worker or nurse. Find out whether your relative will be admitted. If not, find out what follow-up treatment is recommended.
- If the hospital decides to discharge your relative home, but you feel that your relative should be admitted for his or her safety, you can tell the physician in charge that you do not feel that it is safe to take the person home. Recognize that mental health professionals in an emergency room deal with mental health crises regularly, so they may have a higher tolerance for mental health distress than you. Nonetheless, you can still ask the professional to explain to you why he or she feels that the decision is a safe one, and for advice on how to deal with things should your relative go home.

References

Depression & Bipolar Disorder: Family Psychoeducational Group Manual - Therapist Guide, by Christina Bartha, Kate Kitchen, Carol Parker and Cathy Thomson. Available from the Centre for Addiction and Mental Health

at http://www.camh.net/Publications/CAMH_Publications/depres_bipolar_fampsychoed.html

About this Document

Written by the eMentalHealth Team.

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