

Suicide: Identifying High Risk Children & Adolescents



The majority of children and adolescents who are suicidal have clinical depression alone or in conjunction with an anxiety disorder, attention deficit disorder, bipolar illness (manic depression), or child-onset schizophrenia. Every child's personality, biological makeup, and environment are unique. Both depression and suicidal ideation in children are complex issues that involve a myriad of factors, which may come together to form what is the terrible tragedy of childhood suicide. Every suicide is different, but if we educate ourselves on the symptoms of depression and the warning signs of suicide, we stand a good chance of not only increasing the quality of life for our young people, but also possibly keeping them alive.

Watch for symptoms of depression and anxiety along with:

Verbal Clues - Suicide

I shouldn't be here.
I'm going to runaway.
I wish I were dead.
I'm going to kill myself.
I wish I could disappear forever.
If a person did this or that.....would he/she die?
The voices tell me to kill myself.
Maybe if I died, people would love me more.
I want to see what it feels like to die.

Behavioral Clues – Suicide

Talking or joking about suicide.
Giving possessions away.
Preoccupation with death/violence; TV, movies, drawings, books, at play, music.
Risky behavior; jumping from high places, running into traffic, self-cutting.
Having several accidents resulting in injury; "close calls" or "brushes with death."
Obsession with guns and knives.
Previous suicidal thoughts or attempts.

Children & adolescents with depression who may be at high risk for suicide include those who:

- Are preoccupied with death, not understanding its permanency.
- Believe a person goes to a better place after dying or can come alive after dying.
- Are impulsive (act w/out realizing the consequences of their actions).
- Have no sense of fear or danger.
- Have perfectionistic tendencies.
- Truly feel that it would be better for everyone if they were dead.
- Believe that if they could join a loved one who died, they would then be rid of their pain and be at peace.
- Speak of death in a positive way rather than negative; think that death might be pleasant.
- Have parents or relatives who have attempted suicide (modeling behaviors/genetic factors involved here).
- Are hopeless; feeling that things will never get better, that they will never feel better.

***Healthy children who speak of death or seem to be preoccupied with it after losing a friend or loved one, but have a clear understanding that death is final and who are not impulsive are at a very low risk for suicidal behavior.**

Typically, when children are asked about their own death, most often state that it would happen due to old age or getting sick when they're old. Many suicidal children believe that when others die, the death is final, but that if they die, their death is reversible. Vulnerable children and adolescents who may be under stress (whether it's internal or external) may have a change in their perceptions of and feelings about death.

During an attempt or a “suicide attack” some children and adolescents:

- Don't know why they are doing it, but feel unable to stop.
- Don't remember the attempt at all.
- Felt as if they were in a trance.
- Thought they would be rescued.
- Cannot verbalize their feelings, so their pain comes out in their actions.
- Have increased impulsiveness and impaired judgement, perceptions, and cognitive skills.

ASKING THE SUICIDE QUESTION

Do you ever have thoughts of hurting yourself?

Do you ever feel so badly that you have thoughts of dying?

Do you ever wish you could runaway or disappear?

Do you ever wish you could go to sleep and not wake up?

Do you ever have scary dreams about dying?

Treatment might include:

1. **Depression Inventory Scales, Suicidal Risk Assessments, Suicidal Intent Scales, Degree of Hopelessness Scales, Diagnostic Interview Questionnaires.**
2. **Psychotherapy:**
 - Cognitive Therapy – teaches more positive thinking, coping skills and problem-solving
 - Interpersonal Therapy – might teach children how to make friends
 - Group Therapy – with others of similar age that have a depressive illness
 - Family Therapy – works with the entire family and discusses various family dynamics
 - Various supports at school
3. **Various forms of play therapy, relaxation therapy, biofeedback, visualization**
4. **Antidepressant medications, stimulants, also some types of alternative medicine**
5. **Hospitalization**

HOW TO HELP

- ❖ Educate yourself on childhood & adolescent depressive illnesses and suicide.
- ❖ Tell children that they can feel better, that suicidal thoughts are only temporary and that there are people who want to help them.
- ❖ Remember that talk of suicide or suicidal hints or threats should always be taken seriously and responded to immediately.
- ❖ Know that early intervention is the key to successful treatment for children who suffer from depressive illnesses.
- ❖ Understand that treatment should be a team-approach including parents, relatives, caregivers, school personnel, psychotherapist, child psychiatrist, friends, neighbors and other significant people in the child's life.

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