

# Suicidal Thinking and Threats: Helping Handout for Home

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## INTRODUCTION

Suicide is a leading cause of death among adolescents, and suicidal thoughts and behaviors are common (Kann et al., 2016). Parents and other caregivers should be prepared to respond to youth who have thoughts of ending their own lives. *If you are currently dealing with a suicidal child or adolescent*, consider contacting the National Suicide Prevention Lifeline at 1-800-273-TALK or the CrisisText Line, which can be accessed by texting “HOME” to 741741. If you think your child is at immediate risk of suicide, call 911 immediately for help.

## WHAT TO CONSIDER WHEN SELECTING INTERVENTIONS

Mental illness and suicide are powerfully related, and people with suicidal thoughts almost always need some mental health counseling. However, not every child or adolescent who has suicidal thoughts, and who makes a suicide threat, needs the same level of intervention. Although some need to be immediately hospitalized, others can have their needs met on an outpatient basis. It is important to select the appropriate level of intervention for the young person who has suicidal thoughts, who has made a suicide threat, or who is displaying suicidal behavior (Brock & Reeves, 2017).

### Developmental Level

Although suicidal thinking is observed among younger children, suicide deaths under 9 years of age are rare (Centers for Disease Control and Prevention [CDC], 2016). Being very young lowers the risk of suicide. Possible explanations for the lower rates of suicide deaths among children, compared with adolescents,

include children having lower rates of mental illness, lower suicidal intent, and limited ability to plan and carry out suicide. However, though a suicide death is unlikely, it is still possible. Thus, the young child with suicidal thoughts typically needs immediate mental health counseling support. This is particularly true for children with attention deficit hyperactivity disorder who are having significant relationship problems with families and friends (Sheftall et al., 2016).

### Risk Factors

A number of different illnesses, emotional states, events, and life circumstances are associated with suicidal behavior. Risk factors increase the odds of suicidal thinking and behavior, and the greater the number of these factors, the greater the risk for suicide. The following list summarizes these factors for both children and adolescents (Brock & Reeves, 2018):

- History of suicidal thinking or behavior
- Self-injury (“cutting”)
- Mental illness
- Feelings of being worthless, helpless, and hopeless
- Victim of abuse
- Family conflict and poor relationship with parents
- Family history of suicide
- Involvement in bullying (either being a bully or having been bullied)
- Conflict with friends and loss of important relationships
- Close friends who are or were suicidal or who died by suicide

Although no one risk factor, or set of risk factors, perfectly predicts suicide, the strongest predictor of

suicide is prior suicidal behavior (Chang, Gitlin, & Patel, 2011).

### Warning Signs

Statements, actions, feelings, and appearances suggesting that your child is suicidal are referred to as suicide warning signs. Suicide deaths rarely occur without some kind of warning (Moussas et al., 2009). These signs include the following (Brock & Reeves, 2017):

- Direct verbal threats (“I am going to kill myself.”)
- Indirect verbal threats (“I wish I could fall asleep and never wake up,” or “You won't have me to worry about any more.”)
- Sudden or dramatic change in mood (i.e., the youth who was very sad and who becomes very happy)
- Anxiety and agitation, reckless behavior, rage and uncontrolled anger, desire for revenge
- Increased alcohol or drug use
- Giving away of prized possessions
- Withdrawal from friends, family, and activities
- Refusal of help or belief that there is no help for them
- Expression of death or suicide themes in writings, in art, or via social media
- Disturbed sleep, decline in appearance and hygiene
- Decline in academic performance

The presence of suicide risk factors, and especially suicide warning signs, indicates the need for a suicide risk assessment. Such assessments help to determine the presence of suicidal thoughts and assess the likelihood of suicidal behavior. Assessing the risk of a child or adolescent engaging in a suicidal behavior requires professional training and skill. There is no exact combination of risk factors and warning signs that perfectly predicts suicidal behavior (Bernert, Hom, & Roberts, 2014). So whenever the factors and signs listed above are present, it is always best to enlist the assistance of a mental health professional. Your school psychologist can recommend services that will help to assess and respond to suicidal thinking. However, although schools play an important part in responding to the child or adolescent with suicidal thoughts, schools are typically not able to adequately address suicide risk alone. Because the school is not a 24/7 resource, and the child or adolescent with suicidal thinking is an around-the-clock concern, parents should be prepared to activate recommended community-based resources.

## RECOMMENDATIONS FOR THE HOME

Parents should be proactive and directly address the factors that increase the risk of suicide. The following recommendations can help to prevent suicidal thinking and behaviors (Brock & Reeves, 2017).

1. **Promote mental health in your family.** Address your own emotional challenges and ensure that your child gets the mental health supports he or she needs. Your school psychologist will have resources for supporting mental health.
2. **Maintain a positive relationship with your child.** Strive to have a healthy open relationship and, if needed, consider family therapy to improve parent-child communication. It is especially important to maintain good communication as your child enters adolescence. Although adolescents want to become independent, they continue to require guidance and rely on their parents to help manage new emotions and challenges.
3. **Promote positive problem-solving and coping skills.** Help your children verbalize the challenges they are facing and identify healthy ways to cope. For example, help your children to specifically identify the problems they may be having with friends and then help them to identify a range of solutions.
4. **Support your child's connections with positive and healthy peer groups and with other adult caregivers.** These connections should include the adults your child interacts with at school. Strive to increase your child's connectedness with school through positive relationships with teachers and active engagement in extracurricular activities. Strong social support reduces the risk of suicide.
5. **Ensure that the school psychologist at your child's school is aware of any suicide risk factors or warning signs.** This information will be treated as confidential. However, with your permission, any degree of suicide risk is typically shared with your child's teachers (and other adults such as coaches), so they can monitor your child and help to make sure your child is safe.
6. **Conduct a basic risk assessment.** Although it is recommended that a mental health professional conduct a suicide risk assessment, such assistance might not always be accessible. Consequently, it is helpful for parents and other caregivers to have some basic understanding of suicide risk

assessment and intervention (Brock & Reeves, 2017), such as the following:

- ***Begin with clear and nonjudgmental questioning to find out whether your child has suicidal thoughts.*** Use understandable, age-appropriate language. For example, with younger children you might ask about “hurting or killing yourself,” but with older children and teens you might use the word “suicide.” Questions to ask include the following:

- “Have you ever wished you could go to sleep and not wake up again?”
- “Is dying something you've thought a lot about recently?”
- “Have things reached the point that you've thought of killing yourself?”
- “Sometimes when kids have had your experiences and are feeling as you do now, they have thoughts of killing themselves. Is suicide something you are thinking about?”

Questions to avoid include the following:

- “You're not thinking of killing yourself, are you?”
- “You aren't going to do something dumb, are you?”

Such questions could be viewed as judgmental and may discourage your child from being honest.

- ***If your child acknowledges having suicidal thoughts, try to get a sense of the seriousness of the situation by asking about a suicide plan.*** Parents should ask their children direct questions about how they plan to kill themselves, how prepared they are, and how soon they plan to die by suicide. More specifically, you might ask your child the following (referring in detail to the parts of the plan):

- “Have you thought about how you would kill yourself [make yourself die from suicide]?”
- “Do you have, or can you get, whatever you would need to carry out the suicide plan?”
- “When are you planning to carry out your suicide plan?”

**7. *Take appropriate action to keep your child safe.***

- When danger appears to be immediate, call 911. If your child's answers suggest that the risk of a suicidal behavior is immediate—your

child has the means of carrying out the threatened suicide in their possession and refuses to give it up—then call 911 right away. *Do NOT leave your child alone, even for a moment, until their safety is made certain.*

- If there does not appear to be a risk of suicidal behavior occurring right away, arrange for a more thorough risk assessment. *Do NOT leave your child alone.* Stay with the child constantly, and without exception, until a mental health professional is able to conduct a more detailed risk assessment. A hospital emergency room or a community mental health center will likely have the crisis intervention counselors capable of completing the suicide risk assessment.
- Remove any firearms or other weapons from your home, as well as any drugs or other substances that could be used to die by suicide. Firearms are an especially deadly suicide method. When a person uses a firearm in an attempt to die by suicide, death results 85% of the time (compared with a fatality rate of 3% following a drug overdose; Drexler, 2017). Removing firearms from your home is an especially important suicide prevention measure when your child is dealing with mental illness or experiencing a psychological crisis. Because children and adolescents can be impulsive, removing firearms and weapons from your home is crucial, even when you don't believe there is an immediate risk of suicidal behavior.

- 8. *Secure ongoing supports for yourself and your family.*** Parents who are healthy and connected to their children will be most successful in protecting them from suicide. Given that the problems associated with suicidal thinking are not likely to magically disappear and will generate significant parental stress, it is important for parents of youth with any degree of suicidality to find ways to take care of themselves and their other family members. This may include getting counseling support for themselves.

## **RECOMMENDED RESOURCES**

### **Websites**

<https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>

The National Institute of Mental Health Suicide Prevention webpage includes information on

suicide signs, symptoms, and warning signs as well as guidance on responding to the person in crisis.

<https://suicidepreventionlifeline.org>

The National Suicide Prevention Lifeline webpage includes information about this free and confidential emotional support resource for anyone in a suicidal crisis or emotional distress. Call 1-800-273-TALK for immediate 24/7 crisis intervention support.

<http://www.sprc.org/sites/default/files/resource-program/Families.pdf>

Suicide Prevention Resources for Parents/Guardians/Families provides a selection of websites and online information sheets with suicide prevention resources for parents, caregivers, and other family members. The website provides guidance on talking with your child if you think he or she may be at risk for suicide and how to cope with a suicide attempt or death. A few of the resources also discuss how you can take action at the school and community levels to prevent suicide.

<http://www.suicidology.org/resources/recommended-reading>

The American Association of Suicidology lists recommended reading. Although the books are intended for the mental health professional, you will also find resources for the general public.

## Books

Joiner, T. (2005). *Why people die by suicide*. Boston, MA: Harvard University Press.

Accessible to the person with little or no knowledge of suicide, this book provides a framework for understanding why a person might choose to die by suicide.

Joiner, T. (2010). *Myths about suicide*. Boston, MA: Harvard University Press.

This book is designed to address common myths about suicide and strives to get readers to better understand suicidal behavior.

## Related Helping Handouts

Depression: Helping Handout for Home  
Depression: Helping Handout for School

Nonsuicidal Self-Injury: Helping Handout for Home  
Nonsuicidal Self-Injury: Helping Handout for School  
Suicidal Thinking and Threats: Helping Handout for School

## REFERENCES

- Bernert, R. A., Hom, M. A., & Roberts, L. W. (2014). A review of multidisciplinary clinical practice guidelines in suicide prevention: Toward an emerging standard in suicide risk assessment and management, training and practice. *Academic Psychiatry, 38*, 585–592. doi:10.1007/s40596-014-0180-1
- Brock, S. E., & Reeves, M. A. (2018). School suicide risk assessment. *Contemporary School Psychology, 22*, 174–185. doi:10.1007/s40688-017-0157-7
- Centers for Disease Control and Prevention (CDC). (2016). *Fatal injury reports*. [Injury Prevention & Control: Data & Statistics (WISQARS™)]. Retrieved from [https://www.cdc.gov/injury/wisqars/fatal\\_injury\\_reports.html](https://www.cdc.gov/injury/wisqars/fatal_injury_reports.html)
- Chang, B., Gitlin, D., & Patel, R. (2011, September). The depressed patient and suicidal patient in the emergency department: Evidence-based management and treatment strategies. *Emergency Medicine Practice, 13*(9), 1–23. Retrieved from [http://www.ebmedicine.net/topics.php?paction=showTopic&topic\\_id=275](http://www.ebmedicine.net/topics.php?paction=showTopic&topic_id=275)
- Drexler, M. (2017). Guns and suicide: The hidden toll. *Harvard Public Health: Magazine of the Harvard T. H. Chan School of Public Health*. Boston, MA: Harvard T. H. Chan School of Public Health. Retrieved from [https://www.hsph.harvard.edu/magazine/magazine\\_article/guns-suicide/](https://www.hsph.harvard.edu/magazine/magazine_article/guns-suicide/)
- Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Hawkins, J., ... Zaza, S. (2016, June). Youth risk behavior surveillance—United States, 2015. *Morbidity and Mortality Weekly Report, 65*(6), 1–174. Retrieved from [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506\\_updated.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf)
- Moussas, G., Tournikioti, K., Tselebis, A., Rizos, E., Bratis, D., & Vasila-Demi, K. (2009). Suicide attempts in the general hospital and warning signs. *Psychiatriki, 20*, 153–161. Retrieved from [http://www.psych.gr/index.php?option=com\\_content&view=article&id=230&Itemid=85&lang=en](http://www.psych.gr/index.php?option=com_content&view=article&id=230&Itemid=85&lang=en)
- Sheftall, A. H., Asti, L., Horowitz, L. M., Felts, A., Fontanella, C. A., Campo, J. V., & Bridge, J. A. (2016). Suicide in elementary school-aged

children and early adolescents. *Pediatrics*, 138(4), 1–10. Retrieved from <http://proxy.lib.csus.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2016-52354-001>

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