

Talking to Your Child About Suicide

Why is it so important to talk to your child about suicide?

Suicide is a large and growing public health problem. Suicide is one of the leading causes of death in the United States. More people die by suicide than traffic accidents. Suicide is responsible for more deaths than war, homicide, and natural disasters combined.

Suicide affects all ages. Suicide is a problem throughout the life span. It is the number one cause of death for teenage girls worldwide. Suicide is the second leading cause of death for people 10 to 34 years of age. Nearly one in ten high school students attempt suicide each year.

Common Myths:

“Asking a depressed person about suicide may put the idea in their heads.”

- Open discussion is welcomed. It can be very helpful.
- Asking does NOT suggest suicide. Asking does NOT make it more likely.

“There is no point in asking about suicidal thoughts. If someone is going to do it, they won’t tell you.”

- Many people will be honest when asked.
- Many people give hints to friends and family.
- Indecision, conflicting statements and behavior are common.

“Someone who makes suicidal threats won’t really do it. They are just looking for attention.”

- Those who talk about suicide or about wanting to die are most at risk of a real suicide attempt.
- Most people who die by suicide gave some sign or warning first.

How do you talk to your child about suicide?

Talking to Your Child About Suicide *continued...*

- The first step is awareness. You have to know when your child is in crisis. That's often not obvious. Many children suffer in silence.
- As a family member, you can make a difference by using the Columbia Protocol (or the Columbia-Suicide Severity Rating Scale (C-SSRS)). This can help determine when your child is at risk for suicide. It can direct you how to help.
- The C-SSRS asks three to six questions. The answers give enough information to figure out what the next steps are. The questions are written to make it easier for you to talk to your child who may be suicidal.
- Asking questions is a positive action. When we ask a child how they are doing, it shows that we care about them. This simple action promotes connectedness. This is an important factor that can reduce suicide risk.

By asking a few simple questions you could save your child's life!

Start the conversation now...

Columbia Suicide Severity Rating Score (CSSR-S)	Past Month
1. Have you wished you were dead or wished you could go to sleep and not wake up?	Yes or No
2. Have you had any thoughts about killing yourself?	Yes or No
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3. Have you thought about how you might do this?	Yes or No
4. Have you had any plan of acting on these thoughts of killing yourself? As opposed to you having the thoughts but you definitely would not act on them?	Yes or No If YES , high risk
5. Have you started to work out or worked out the details of how to kill yourself? Do you plan to carry this out?	Yes or No If YES , high risk
Always Ask Question 6:	

Talking to Your Child About Suicide *continued...*

<p>6. Have you done anything to end your life? Or started to do something to end your life? Or prepared to do something to end your life?</p> <p>Examples: collected pills, obtained a gun, gave away important items, wrote a suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself.</p>	<p><u>Lifetime:</u> Yes or No</p> <p><u>Past 3 Months:</u> Yes or No If YES, high risk</p>
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Any **YES** means that your child should get connected to mental health services by contacting CCHMC Psychiatric Intake Response Center at **513-636-4124**.

Any **YES** to questions 4, 5, or 6 means you should:

- Get help immediately by going to the emergency room.

OR

- Call the National Suicide Prevention Lifeline (Lifeline) at **1, 988** or **911** or text the **988** Suicide and Crisis Lifeline or reach out to

Both services are free and available 24 hours a day, seven days a week. All calls are confidential. The deaf and hard of hearing can contact the Lifeline via **TTY at Dial 711**, then **988**

- **Stay with them until they can be evaluated by a medical professional.**

Suicide is complicated and tragic, but it is often preventable. How do we help prevent suicide?

Talking to Your Child About Suicide *continued...*

We want to reduce risk factors. We want to increase factors that promote emotional strength and resiliency. These are called protective factors.

Risk Factors:

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt
- History of mental disorders, like clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (example: belief that suicide is noble resolution of a personal problem)
- Local groups of suicide
- Isolation, a feeling of being cut off from other people
- Problems getting mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to harmful things
- Unwillingness to seek help

Protective Factors:

- Easy access to support and services for mental health, physical health, and substance abuse disorders
- Family and community support (connectedness)
- Support from medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling arguments
- Cultural and religious beliefs that encourage survival

Talking to Your Child About Suicide *continued...*

Knowing the warning signs for suicide can also help save lives.

Warning Signs:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Making a plan or looking for a way to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain (emotional pain or physical pain)
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family

Additional Community Resources:

- Psychiatric Intake Response Center (PIRC): 513-636-4124
- Suicide and Crisis Lifeline: 988 call or text
- Suicide Prevention Apps: My3 or Wysa download from app store
- Emergency Services: 911