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

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Summary: Modern society can be stressful and disconnecting, and as a result, some children and youth may have thoughts about suicide, i.e. thoughts about ending their lives. The good news is that there are many things that caregivers can do to support their children and youth thinking about suicide. This includes getting professional help, as well as listening, accepting and validating how your loved one feels, as well as coming up with a plan to reconnect them to people and activities that bring purpose, belonging, hope and meaning.

What is Suicide?

Suicide is the act of ending one's life. It is unfortunate, but modern society tends to be stressful and disconnecting, and as a result, some children and youth may think about ending their lives. People may suicidal when they feel disconnected from people or activities that give a sense of belonging, purpose, hope and meaning.
Stresses can contribute, such as:

- School stress such as problems with friends, schoolwork, teachers, bullies.
- Home stress, such as conflict or disagreements with family members.
- Work stresses such as problems with co-workers, bosses, workload.
- Modern society, with the way that screens, technology and other factors tend to disconnect people from human connection, sleep and other essentials;
- Other problems such as depression, anxiety, substance use.

The good news is that there are many ways to help young people who are feeling suicidal, by helping them reconnect to people and activities that give belonging, purpose, hope and meaning.

Warning Signs for Suicide

The following is a list of signs that may indicate someone is thinking about suicide. Its normal for many people to have one or two of these signs from time to time, but having many of these would be a reason to seek help:

- 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 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?"

Ways to Support Your Loved One

The good news is that there are many ways you can support your loved one.

Do's

- Do let your loved one know that you are concerned.
    - Express your concerns:"You don't seem yourself lately -- I'm worried about you. How have you been feeling these days?”
- Do ask about suicide if you are concerned. You might say:
    - “Does it ever get so bad life doesn’t feel worth living?”
    - “Would you ever do anything to end your life?”
    - “Would you be able to tell us if you feel like doing something?”
- Do stay calm and be soothing (as opposed to getting upset and scared).
- Do ask your loved one how you can support them.
    - "I'm here. How can I support you?"
    - If your loved one says "I don't know", then give them options, e.g. 1) listening; 2) simply being with them; 3) distracting them with an activity, 4) giving them space and checking in later, etc.
- Does your loved one want to talk?
    - Emotional support: “Do you want to talk? I’m here to listen.”
    - Do listen longer than usual while your loved one is talking, without interrupting.
    - Don’t jump in
    - Validate and accept that your loved one is struggling: “Thank you for letting me know that you’ve been feeling this way.”
    - Do empathize, e.g. “Yes, I can appreciate that would be difficult.”
    - Do empathize your connection and give hope: “You’re not alone. I’m here with you. We’ll get through this together.”
- Do ask before giving advice.
    - Ask: “Would you like some advice?”
    - If your child says no, then don’t give unwanted advice. You may be tempted to want to give advice, e.g. “You should eat better and get more exercise”, but if your child is not ready for advice, it is better to wait until they are ready as opposed to giving unwanted advice.
- Do give other options if your loved one doesn’t want to talk
    - “Thanks for letting me know you don’t want to talk about it right now. How can I support you?”
    - Distraction: “Do you want to go for a walk? Watch a show? Bake some cookies?” etc.
    - Physical comfort: “Can I give you a hug? Want a blanket?”
- Do respect that many times, children and youth want space.
    - “Thanks for letting me know you want some space. I’ll check on you in a bit. I’m here when you need me.”
- Do ask about possible stressors that might be contributing.
    - People often think about suicide when they are overwhelmed by stress, such as stresses at school, home or relationships. You might say:
    - "Everyone has stress, or things that bug them. Like things at school, or home. What stresses that your dealing with?"
    - Do talk about possible ways to address stresses at home, school, when your child is open to it.

Don’ts

- Don't say things such as "You shouldn't be feeling this way" or "You should count yourself lucky" or “you should be over that by now”
- 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.

- Don't be afraid to ask. Asking does not make people suicidal.
- Don’t belittle or minimize their concerns
- Don't try to make your loved one feel guilty, or make it about you
    - E.g. Don’t say, “How can you feel suicidal with everything we’ve done for you?”
    - E.g. Don’t say “I don’t understand how you can feel this way -- life was so much harder when I was a child”

Providing a Safe Home for a Person 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 or weapons in the home. Remove any firearms 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/ProzacTM Fluvoxamine/LuvxTM, Sertraline/ZoloftTM, Paroxetine/PaxilTM, Citalopram/CelexaTM) are significantly safer than the older medications, even in overdose. Nonetheless, it is still best to lock them up anyways. This includes medications prescribed for other family members.
- 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 (TylenolTM), acetylsalicylic acid (AspirinTM, 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 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).

7. Keep a close eye on your loved one

- Ask them to keep their bedroom door open.
- Encourage them to spend more time in the family space.
- Be careful to give them the space they need when they are in a common area.
- The hope is that family activity can be a distraction.

- The hope is to find the right balance between keeping a close eye on your loved one without being too intrusive.

8. Use your security system

- If you have a security system, you can activate it when you need to in order to alert you if your loved one attempts to leave the home, such as at night time when you are asleep.

Is your older child or adolescent fighting back against some of the above precautions?

- If so, then let them know about your concerns, i.e. wanting to keep them safe.
- Ask them what are their concerns about the precaution, e.g. an older child might want more privacy in their room, especially from siblings.
- See if there can be a middle ground, e.g. that perhaps parents can let them close their door, as long as they can demonstrate they can stay safe.

It is natural that over time, as the child's mental health improves, that parents will relax some of the above precautions.

Create a Safety Plan

When things are calm, it can be helpful to think about what types of stresses may trigger your loved one, and how one might support your loved one through distraction or coping strategies.
Here is an example of a Safety Plan that can be printed out and filled out.
Link: https://www.ementalhealth.ca/index.php?m=article&ID=50966

High Risk Periods

Sometimes people feel more overwhelmed and unsafe during certain high risk periods. It might be holidays, anniversaries (of a loss or breakup), or times when close supports are away,
Do's

- Do be extra cautious and check in regularly with your loved one.
- Do take your loved one with you if you have to go out. If your loved one refuses to come and you can't persuade them, then ask a friend or neighbour to check in if you have to go out.

Dont's

- Don't leave him/her alone for long periods.

When to Seek Professional Help

Is your child saying that they get thoughts that life isn't worth living, but doesn't have any immediate plans? (i.e. passive suicidal ideation)

- If so, then seek professional help:
    - Contact a local mental health agency to set up an appointment.
    - Call a telephone crisis or distress line, and ask where to find mental health help and supports.
    - Visit a mental health walk-in clinic.
    - Set up an appointment to see the family physician or pediatrician.

Is your child expressing that they have made plans to end their life, and they are going to carry this out in the near future? (i.e. active suicidal ideation) Or do you have worries that your child is in immediate danger?

- If so, then
    - Make sure someone stays with your child at all times for the time being; call family, friends or neighbours if you need to.

- Seek immediate professional help:
  - Call a telephone crisis or distress line.
  - Visit a mental health walk-in clinic.
  - Bring your loved one to the local Emergency Department.
  - Call 911 for police or ambulance, if you feel immediate intervention is required to keep your child safe.

Have You Found Your Loved One After a Suicide Attempt?

Sometimes despite our best efforts, people may still end up attempting to end their lives, such as:

- Overdosing on medications: Signs that someone might have overdosed include being very drowsy, or confused for no obvious reason.
- Attempting to hang themselves.

Should this happen:

- Call 911 (or an ambulance) immediately.
- Remove them from any danger, e.g. remove any ropes if they have attempted hanging.
- If you know first aid, administer it immediately.
- Phone someone to go with you to the hospital; or to stay with you at home.

Key Medical Information

In case you ever need to go to hospital, it is good to make a list of key information ahead of time; it is not good to be looking for phone numbers and information while rushing to go to the hospital.

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

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

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

Medications that my loved one uses, including dosages

Pharmacy and phone number that my loved one uses

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.)

Are there 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?

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

Additional Comments for Action Plan

Going to the Hospital with Your Child? Things You Might Want to Know

Sometimes it is necessary to go to the hospital with your loved one, such as following a crisis at home, such as an episode where your child has tried to harm themselves, or is saying they are going to end their life immediately. Consider the following:

- If possible, try to have other family and friends accompany you as well. This way, one adult can focus on driving, and the other adult(s) can sit with your loved ones, ideally in the back of the car.

My loved one is refusing to go. What now?

- If you physically cannot force your child (e.g. adolescent) to go, see if there is another friend, family member or relative that can help convince him/her to go to the hospital.
- Consider giving choices such as "Will you go to the hospital with me, or would you prefer that John comes along too?"

At the emergency department:

- Speak directly with the doctor, social worker or nurse. Let them know about your concerns.
- Is the hospital wanting to discharge your loved one home?
    - Most of the time nowadays, people are not admitted to hospital, even for suicidal ideation, but rather a follow-up and treatment plan is set up. However, if the hospital is wanting to discharge your loved one, and you feel strongly that your loved one should be admitted, you can tell them 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.

Self-Care

Supporting a loved one with suicidal ideation can be extremely stressful.

Do make sure you have your own support network, such as family and friends, a support group, or counselor/therapist for yourself. As the expression goes, do make sure you put on your oxygen mask too.

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

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Disclaimer

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