

Warning Signs for Potential Suicide

- previous attempts (single biggest indicator of a completed suicide to come)
- giving clues (90% of kids who suicide give many clues)
- make poor choices about safety (no seat belts, no condoms)
- hospitalized (especially for consequence of living dangerously, for depression or other mental health issues)
- long-term depression
- pre-occupation with death
- listening to depressive or violent music
- writes of these themes
- self-mutilation
- frequent crying spells
- withdrawn behaviors
- change in peer group
- rebellious
- increase in acting out behaviors
- loss of interest in usual activities
- talk about death
- may have experienced many losses within a short time
- hopeless/powerless/out of control language
- recent suicide of another
- increased physical symptoms
- giving away belongings
- no hope for future, no plans
- fatigue – loss of energy
- blames self for parents' divorce, a death, some event
- loss of hygiene, tidiness, organization
- changes in long-established patterns
 - they may be hoping someone will notice
 - may be having difficulty in concentration, thinking
- changes in eating, sleeping patterns
- sudden cheerfulness or peacefulness after long depression
 - decision may have been made
 - child has a new sense of power and control
- sudden focus on everyone but themselves
 - may be an attempt to distract attention away from themselves
- setbacks after slow or extended recovery
- radical change in personality
- talking about funerals, death
- trouble concentrating
- closure of friendships, relationships
- move into a "more troubled" peer group
- increased drug / alcohol abuse (self-medicating against the pain)
- promiscuity
- increased risk-taking
- suicidal attempts

Often these kids feel both exceptional and isolated.

Messages they may give to others:

"I can't go on."

"I hate my life."

"I'm tired."

"I'm bored."

"You'll regret it when I'm gone."

"I have to do this on my own."

"You won't be seeing me around anymore."

"I'm going to kill myself."

"I wish I could just go to sleep and never wake up."

"I feel like I could just kill myself."



MYTHS and TRUTHS

Myth -People who talk about suicide want attention and won't do it.

Truth -*Most people who commit suicide have made comments or gestures that are indicators of their plan/thoughts.*

Myth - Most suicides occur late at night.

Truth-*They occur at all times, but are more frequent in late afternoon and early evening, more in fall and winter.*

Myth -Once their mind is made up, they can't be stopped.

Truth-*Usually they want a way out of their pain. Interventions (professional) can most often prevent an adolescent suicide.*

Myth-After an attempt, adolescents won't try again.

Truth-*Highest single predictor of a suicide is a past attempt.*

Truth-*Highest time of repeat is at one-year anniversary or within two years, triggered by additional pressures/specific event.*

Truth-*Time of greatest risk is two weeks after a successful intervention.*

Myth-Talking about suicide will put the idea into their minds.

Truth-*Bringing up the topic indicates your willingness to talk and creates a sense of safety.*

Truth-*Often it brings relief that someone has noticed their plight.*

Myth -Suicide is an inherited problem.

Truth-*No, but modeling that behavior increases risk (a parent suicide increases risk that children will).*

SOME THOUGHTS ABOUT SUICIDE

- No one person or event can cause a suicide, and no one person can prevent one.
- The tendency to blame is related to an incredible need to understand **why**. Although understandable, blame is not helpful to yourself or others.
- Suicide is more about thinking errors than emotions. Remember that traditional counseling and parenting techniques won't work. Get trained, expert help.
- Being direct in confronting/talking about suicide is effective. Hinting, probing, advising, ignoring and judging aren't.
- Suicide is brought on by multi-dimensional problems over time. The recovery process is lengthy and involves whole families and outside support systems.
- Anger, guilt and feeling terribly hurt are common reactions to suicide. Recovery is often helped by joining with others who have also experienced a suicide.
- Children in families with suicides need extra special support and are often "forgotten grievers". Outside support is helpful -- families can rarely grieve and support their children enough at the same time.
- Listen to people in grief/pain. Don't advise, don't say you understand, don't give platitudes. Just be willing to listen.
- Bring up the subject with family members. Helpful phrases might be, "I'm feeling so badly for you I just don't know what to say." "I'm so sorry this happened to you." "What is the most painful part?" "What could I do for you right now?"

If you are concerned that someone is at immediate risk of suicide, call mental health, your local hospital or 911 to get support. Don't try to handle it alone!

High risk groups:

- anyone with multiple losses (divorce, death, accident, other)
- Native Americans
- gays/lesbians, youth in sexual identity crisis
- history of suicide in the family
- past suicide attempt (**this is the biggest single indicator**)

