Take care

Parent’s guide for understanding suicide

Resources for Living®
Did you know suicide is the second leading cause of death for those between the ages of 10 and 24? More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, combined. And four out of five teens who attempt suicide give clear warning signs.

What can you do as a parent? What if your child threatens suicide? And what you should you do if your child seems sad?

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Is this adolescence or something else?
Teenagers are tough. They go through major changes physically, emotionally and mentally. These changes can be confusing to parents and caregivers.

What to expect
Teens are getting ready for adulthood. And that means they need to start breaking free from parents. So it’s completely normal for teens to spend less time with their parents and more time with their friends. They’re likely to reject your advice and attention. But they also want you there, just in case.

The teenage brain is also going through some major changes. So you may notice that teens:
• See themselves as invincible
• Have poor impulse control
• Experience mood swings
• Seem irritable
• Overreact to situations

Is it depression?
With all these mood swings and emotional changes, it’s hard to know when there’s a problem. But when teenagers get depressed, you may notice that they:
• Withdraw from everyone (family AND friends)
• Have mood swings that last more than a few days
• Appear sad or anxious all the time
• Have trouble with more than one area of life (school, work and friends)
• Seem to experience no pleasure
• Have major changes in behavior, sleep or appetite

Depression may look a little different for teenage girls and boys. Girls are more likely to cry and withdraw. But boys are more likely to act out, take risks and use drugs and alcohol.

Are they looking for attention?

Teens can be dramatic. And they may not be very good at talking about their feelings. They might say things like, “I wish I’d never been born!” or “I want to die!” or “I should just kill myself!” It’s possible they don’t mean it. And it’s possible they’re seeking attention.

In cases like these, you want to give your child what he or she needs – attention. Don’t worry about rewarding “bad behavior.” Remember, many teens who attempt suicide make statements like these. Take all threats seriously. Remember to stay calm. Many teens aren’t good at reading others’ emotions. And they might get defensive if they think you’re upset. Sit down with your child and talk about what’s going on. You might say:

• “I’m very concerned about what you just said”
• “I take suicide threats seriously”
• “Are you thinking about killing yourself?”
• “I love you and I don’t want anything to happen to you”
• “If you need to express frustration, there are other ways to do it”

Teens might be looking for attention when they say things like this. But they still might be signaling that they need your help. Try to find out what’s bothering them. Talk to them about healthy ways of expressing themselves and coping with feelings. You’ll build trust and teach important skills at the same time.

What to do if your teenaged child may be depressed

If you think your teen is depressed, be sure to seek help. You can contact your doctor or mental health professional. They’ll help you and your teen work through what’s going on.
Self-harm and suicide

Self-harm can be very confusing. After all, why would someone hurt themselves on purpose? Many people group self-harm and suicide together. But they’re actually very different.

What is self-harm?
People who harm themselves use it as a way to cope with their upset feelings. By hurting themselves, they experience temporary relief from their emotional pain. Self-harm may include:

• Cutting
• Scratching
• Burning
• Carving
• Hitting, punching or head banging

Why do people harm themselves?
Most people hate pain and getting hurt. So it can be confusing to hear about others injuring themselves on purpose. Why do they do it?
Scientists have learned there are two small parts of the brain that deal with pain. These areas experience both physical and emotional pain. So when a person self-harms, there’s a brief peak in physical pain but then it goes down. When it does so, it also reduces the emotional pain, providing relief to the person.¹
Self-harm can release endorphins, which give the person a “high.” The self-injury may also be an attempt to:²

• Distract from painful feelings
• Create a sense of control
• Feel something when they are otherwise emotionally “empty” or “numb”
• Punish themselves

Suicide vs. self-harm
In both cases of suicide and self-harm, people are experiencing emotional pain. But the intent is different. People who attempt suicide do so to escape pain and suffering. They are trying to end their lives. People who self-harm are trying to cope with life.

Responding to self-harm
If you learn your child is hurting him or herself, connect with a doctor or therapist right away. You may be upset, but avoid yelling at or threatening your child. And be patient. Treatment can take time.

Understanding and helping

Know the signs
Most young people who attempt suicide give warning signs. Take these signs seriously. It could save a life. Here are some common signals that someone is thinking about suicide:

• Talking about death or suicide
• Lacking interest in the future
• Dropping out of activities
• Withdrawing from family or friends
• Giving away prized possessions
• Taking risks
• Saying goodbye like he or she won’t see you again

Risk factors
Some people are at a greater risk for suicide. For example, youth who are gay, lesbian, transgender or questioning (LGBTQ), are at increased risk when they’re exposed to anti-gay messages. Risk is also increased when these factors are present:

• Access to guns or pills
• Drug and alcohol use
• Previous suicide attempts
• Feeling alone
• Feeling angry
• Trauma and neglect
• Loss of a parent or parental fighting
• Exposure to bullying
• Family history of suicide

What can you do if you’re concerned about your child
It’s hard to hurt. It’s hard to see someone you love hurting. Professionals, like therapists, are trained to deal with suicide. But most people have no training and don’t know what to do when someone threatens suicide or self harm. You don’t have to fix the problem on your own.

You may be scared for your child, but it’s important to speak up. Take a deep breath, stay calm and:

• Ask your loved one if he or she is suicidal — it won’t plant the idea and it opens up the conversation
• Take all threats seriously
• Call a suicide hotline to get advice
• Call us to get support
• Don’t leave a suicidal person alone
• Call 911

How to help

• Ask questions. Ask the person if he or she is thinking about death or hurting themselves.

• Encourage the person to get treatment. Know it’s not your job to take the place of a therapist.

• Offer to help the person take steps to get support. You can research treatment options or make calls.

• Remove dangerous items. If you can, try to remove things like knives, razors, guns or drugs from the person’s home.

• Do not make light of suicidal threats, use guilt trips or dare the person to commit suicide.
National resources

National Suicide Prevention Lifeline
Call 1-800-273-TALK (8255) for suicide prevention hotline.

American Association of Suicidology
Visit suicidology.org or call 202-237-2280 for information on current research, prevention, ways to help a suicidal person and surviving suicide. A list of crisis centers is also included.

American Foundation for Suicide Prevention
Visit afsp.org or call 1-888-333-AFSP (2377) for research, education and current statistics on suicide. The website offers links to other suicide and mental health sites.

Boys Town
Call the crisis hotline at 1-800-448-3000 (crisis hotline). For information about services, visit boystown.org. Boys Town is an organization that cares for troubled children — both boys and girls — and for families in crisis. Their hotline staff is trained to handle calls and questions about violence and suicide.

Centers for Disease Control and Prevention (National Center for Injury Prevention and Control – Division of Violence Prevention)
Visit cdc.gov for links to suicide statistics, the SafeUSA website, prevention and safety information. Or call 770-488-4362.

Mental Health First Aid
Do you want to learn more about stigma and how to respond to mental health problems? Similar to CPR and First Aid training, Mental Health First Aid helps people identify, understand and respond to mental health issues. You can find a local training at mentalhealthfirstaid.org.

National Alliance for the Mentally Ill (NAMI)
NAMI’s toll-free number, 1-800-950-NAMI (6264), provides information about family support and self-help groups. Their website, nami.org, includes general suicide information links.

The Jason Foundation
Go to jasonfoundation.com to find suicide prevention resources for teachers, parents and students.

Suicide Awareness-Voices of Education (SAVE)
SAVE’s website, save.org, provides suicide education, facts and statistics on suicide and depression. It links to information on warning signs of suicide and the role a friend or family member can play in helping a suicidal person.

QPR Institute for Businesses and Corporations
QPR Institute is centered on the “question, persuade, refer” strategy of suicide prevention training for gatekeepers, including workplace employees. The institute offers training and information materials tailored for a variety of organizations and workplace settings. Visit QPR’s website at qprinstitute.com.
We’re here to help

Suicide is a tragic and complex public health problem. Sadly, the rates of suicide are growing. Some of the risk factors include life events, depression, substance use and a family history of abuse.

If your child is thinking about suicide, it’s important to take action. Here are some resources and facts to help you deal with suicidal issues.

**Free counseling**

Talking about suicide and suicidal feelings can be very difficult. You can find confidential counseling. We can help you, your household members and your children, including those that don’t live with you up to the age of 26, cope with:

- Depression
- Stress management
- How to talk with those who are suicidal
- Coping with the death of a coworker or loved one
- And more

We are available 24 hours a day, 7 days a week.

**Resource materials**

Click an article title below to learn more on the topic.

- Facts about suicide
- Understanding depression
- Breaking the cycle of depression
- What to do if someone appears suicidal
- If you are thinking about suicide
- Understanding loss from suicide
- Grief after suicide

Call us whenever you need to. We’re here to help.
We're here to help. You can call us anytime. Confidential services are available 24 hours a day, 7 days a week.

The EAP is administered by Resources For Living, LLC.

All EAP calls are confidential, except as required by law. Information is not a substitute for diagnosis or treatment by a professional and is not meant to replace the advice of a professional. Please note that there may be many other explanations for any or all of the above delineated behaviors. This information is not intended to be an exhaustive list of all signs concerning warning signs of suicide and should not be used as a stand-alone instrument. Contact a professional with any questions or concerns about specific health care needs. This material is for informational purposes only. It contains only a partial, general description of programs and services and does not constitute a contract. EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Resources For Living. Resources For Living does not direct, manage, oversee or control the individual services provided by these persons and does not assume any responsibility or liability for the services they provide and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.