

# Health Enews



## What Parents Need to Know About Increasing Suicide Rates in Children and Teens.

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In a study published by *Pediatrics*, data was taken from 31 children's hospitals around the country and the percentage of emergency room visits related to suicidal thoughts or attempts have more than doubled over an 8-year period. Nearly two-thirds of suicide encounters involved girls, with the highest among 15 - 17 year olds, followed by 12 - 14 year olds. Rates have increased for both boys and girls but the increase was greater in girls. Researchers also noticed an increase in rates related to the season; rates were higher during the fall and the spring with rates lowest in the summer. Dr. Plemmons of Monroe Carell Jr. Children's Hospital hypothesized that the increase was likely related to the school year. With school back in session in the Fall, cliques are forming and cyberbullying increases.

Sadly, reports indicate that suicide is the third leading cause of death amongst adolescents in the United States, behind motor vehicle accidents and homicides, according to data from the Center for Disease Control and Prevention. Among 10 – 14 year olds, it is now tied for first.

### Warning signs that a teen might be suicidal:

- Withdrawing from social contact
- Change in routine, including eating or sleeping patterns
- Doing risky or self-destructive things
- Developing personality changes or being severely anxious or agitated
- Talking or writing about suicide—for example, making statements such as “I’m going to kill myself,” or “I won’t be a problem much longer”
- Feeling trapped or hopeless about a situation
- Giving away belongings when there is no other logical explanation for why this is being done
- Having mood swings



## What steps can you take to protect your teen:

- **Immediately address depression or anxiety.** Don't wait for your teen to come to you. If your teen is sad, anxious, or appears to be struggling—ask what's wrong and offer to help. If you think your teen might be thinking about suicide, talk to him or her immediately. Don't be afraid to use the word "suicide." Talking about suicide won't plant ideas in your teen's head. Ask your teen about his or her feelings and listen; don't dismiss his or her problems. Instead, reassure your teen of your love and remind him or her that they can work through whatever is going on—and that you're willing to help.
- **Seek medical help for your teen.** Ask your teen's doctor to guide you. Teens who are feeling suicidal need to see a psychiatrist or psychologist experienced in diagnosing and treating children with mental health problems. If you feel like your teen isn't feeling better or getting the proper treatment, seek a second opinion.
- **Pay attention.** If your teen is thinking about suicide, he or she may likely be displaying warning signs. Listen to what your child is saying and watch how he or she is acting. **Never** shrug off threats of suicide as a teen melodrama. If your teen has a plan on how to commit suicide, that would warrant **immediate** medical intervention.
- **Discourage isolation.** Encourage your teen to spend time with supportive friends and family.
- **Encourage a healthy lifestyle.** Help your teen eat well, exercise, and get regular sleep.
- **Support a treatment plan.** If your teen is undergoing treatment for suicidal behavior, remind him or her that it might take time to feel better. Some antidepressants can take from 6-8 weeks to be fully effective.
- **Safely store firearms, alcohol, and medications.** Access to means can play a role if a teen is already suicidal.

***If your teen is in immediate danger, call 911. Additionally, the National Suicide Prevention Line at 1-800-273-TALK (8255) can be a helpful resource.***

## YOUR ROADMAP FOR

AFTER AN  
ATTEMPT

## FIRST 24 - 48 HOURS

The entire family will be in shock and may feel many emotions, such as anger, shame, and guilt.

It's a good idea to get referrals for counseling for you and the rest of family including your loved one too. Also check with your insurance to see if they'll cover cleaning costs if needed.

## COMING HOME

If possible, be part of the discharge process so you'll know what medication is needed and when (if any), upcoming doctor appointments, and if a discharge plan has been created.

## FOLLOW UP

Ideally, an appointment with a mental health professional was scheduled when your loved one was discharged. If not, it's important to find a therapist and make an appointment as soon as possible since it may take days to weeks to get an appointment.

## FIRST YEAR

While the attempt survivor will remain at elevated risk for another attempt for a year, each month that passes where they (and the family) are in recovery, the risk decreases.

A **suicide attempt** is traumatic and life-changing. Here's a brief guide for what to expect afterwards.

## EMERGENCY ROOM

The attempt survivor will be undergo a mental health consultation. Depending on the severity of their attempt, they may have to stay at the hospital or put on a 72-hour observation hold, or even discharged to your care.

## FIRST WEEK

You may be able to visit or call your loved one to check on them. If not, ask your loved one to sign a release of information form so you can find out how (s)he is doing.

## SAFETY

Keeping your loved one safe will be a priority. Remove all guns and/or ammunition and restrict access to lethal means as much as possible, including medication. Consider working together to create a *Safety Plan*.

## 30 - 90 DAYS

During this time it's important to establish effective communication within the family and with your loved one. You'll want to know when they're OK and when to intervene. You and the attempt survivor need to find out their "triggers" and how to help them. Plus you'll want to make sure the rest of the family is coping well too.

You and your family can go on to live a healthy, happy life!

# AFTER AN ATTEMPT RESOURCES

NATIONAL SUICIDE  
PREVENTION  
LIFELINE

NATIONAL

SUICIDE  
PREVENTION  
LIFELINE™

1-800-273-TALK (8255)

suicidepreventionlifeline.org

CRISIS TEXT  
LINE

CRISIS TEXT LINE |



Text HOME to  
741741

LIFELINEFORATTEMPT  
SURVIVORS.ORG

## WITH HELP COMES HOPE

support for persons living with suicidal thoughts and suicide attempts

For Survivors - For Friends & Family - For Clinicians - Therapist & Support Group Finder - Videos - Timeline

For Friends & Family

Visit  
[heidibryan.com/resources](http://heidibryan.com/resources)  
for more information

# After a Suicide: Do's and Don'ts For Family Members and Friends

## DO'S

**DO** let your genuine concern and caring show.

**DO** be available...to listen, to help with the other bereaved persons, or whatever else seems needed at the time.

**DO** say you are sorry about what has happened to their loved one and about their pain.

**DO** encourage them to be patient with themselves, not to expect too much of themselves and not to impose any "Shoulds" on themselves.

**DO** allow them to talk about the special, endearing qualities of the loved one they've lost.

**DO** give special attention to the loved one's relatives and friends at the funeral and in the months to come (They are hurt and confused and in need of attention).

**DO** reassure them that they did everything that they could, and whatever else you know to be True and Positive.

## DON'TS

**DON'T** let your own sense of helplessness keep you from reaching out to a bereaved person.

**DON'T** avoid them because you are uncomfortable (Being avoided by friends adds pain to an already intolerable painful experience).

**DON'T** say you know how they feel.

**DON'T** say "You ought to be feeling better by now" or anything else which implies a judgment about their feelings.

**DON'T** tell them what they should feel or do.

**DON'T** change the subject when they mention their dead loved one.

**DON'T** avoid mentioning the loved one's name out of fear or reminding them of their pain. (They haven't forgotten it).

**DON'T** try to find something positive i.e. a moral lesson, close family ties, etc. about the loved one's death.

**DON'T** make any comments which in any way suggest that the care at home, in the emergency room, hospital, or wherever was inadequate. (bereaved persons are plagued by feelings of doubt and guilt without any help from their family and friends).