

FAST FACTS: Suicide Prevention

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There are few losses as painful as the death of a child and few deaths are as difficult to understand and accept as a self-inflicted death. The ripple effects of an act such as this are widespread throughout the child's peers, adults in the child's life and the community as a whole.

Suicide accounts for more than 30,000 deaths per year in the United States- 2,000-3,000 of which are adolescents. Studies show that 1 in 5 students have seriously considered attempting suicide in the previous year (statistics from 1994-1997).

With the increase of media attention to youth suicides in recent years, it is important to raise awareness of the signs and symptoms of adolescents contemplating suicide, and know what resources to turn to when in need.

Types of Adolescents at Risk for Suicidal Behavior

- Depressed adolescent
- Substance-Abusing adolescent
- Borderline or schizotypal adolescent
- Antisocial, acting-out or conduct disordered adolescent
- Marginal, isolated loner
- Rigid, unofficial perfectionist
- Psychotic adolescent with behaviors governed by command hallucinations or intense panic in anticipation of self-perceived decompensation
- In-crisis adolescent whose stress-provoked behavior is driven by impulsivity and irrationality.

Common Characteristics of Potentially Suicidal Students

1. **Perception of unendurable and inescapable pain.** From the individual's point of view, there seems to be no way to cope with the pain outside of ending his/her life. The troubled adolescent is often alone or relies on relatively ineffective peer group from problem solving strategies.
2. **Hopelessness and helplessness regarding significant life situation.** When the pain is seen as unendurable and inescapable, the individual may feel overwhelmed and come to believe that no positive resolution to his or her problems is attainable.
3. **Ambivalence regarding suicide.** Students contemplating suicide are often ambivalent about wanting to live or die.
4. **Perception of suicide as a solution.** A cognitive perception of suicide as a solution that results in the ending of pain can appear as a reasonable alternative. Suicide is not conceived as an act that ends life, but rather one that ends pain.
5. **Physically/psychologically distancing self from others.** As suicide is more seriously considered, there is generally some attempt to inform others of this impending decision. At the same time, a progressive distancing from others occurs as people become less and less critical to the individual's perception of his or her existence.

Responding to a Suicidal Child

1. **Trust your suspicions.** If you are worried about a child, act to address your concerns rather than adopting a wait-and see policy.
2. **Communicate your concerns to the child.** Talking about the possibility of suicide will not push a non-suicidal child into self-destructive behavior. Avoiding talk may allow a suicidal child to continue in his/her perceived isolation and thereby energize suicidal thoughts.
3. **Avoid withdrawing or denial.** When thoughts of suicide are expressed, avoid withdrawing and denying feelings and intent, or responding in moralistic tones. Seek and accept all information the child is able and willing to provide.
4. **Stay in proximal contact.** If you think the possibility of suicide is imminent, do not leave the child alone. Ensure that adult supervision is maintained until the child's safety is assured.
5. **Get the child help.** Notify the child's parent if parent does not already know. If the child is in serious crisis, obtain emergency help. If not imminent, it is the parent's responsibility to get help for the child.
6. **Follow up.** Suicidal intent by a child is a crisis event that presents both danger and opportunity. When the danger subsides, the opportunity to explore and resolve the issues that caused the crises should not be missed.

WARNING SIGNS FROM THE AMERICAN PSYCHIATRIC ASSOCIATION:

- Withdrawal from friends and family
- Inability to concentrate
- Talk of suicide
- Dramatic change in personal appearance
- Expressions of hopelessness or excessive guilt
- Self-destructive behavior
- Preoccupation with death
- Bequeathing favorite possessions
- Impulsivity such as violent actions, rebellious behavior, or running away
- Inappropriate responses to praise or reward
- Frequent complaints of physical symptoms such as headaches and fatigue
- Verbal hints in statements such as "I won't be a problem for you much longer" or "I won't see you again"

RESOURCES:

Suicide Prevention Resource Center

<http://www.sprc.org/>

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

1-800-SUICIDE

LGBT Youth Suicide Hotline

Trevor Project

1-866-4-U-TREVOR

Crisis Line of Central Virginia

Teen Talk: 434-947-7277

All information on this FAST FACT sheet is attributed the Board of Education, Commonwealth of Virginia's Suicide Prevention Guidelines.