

Suicidal Ideation

Is your child talking about dying?



Is your child:

- Expressing hopelessness and despair?
- Talking about death, dying or other morbid topics?
- Making extreme statements, including, “I hate myself,” “I want to kill myself,” “I shouldn't even be alive,” and/or “You wish I were dead?”
- Saying negative things that seem to come out of nowhere?
- Having reactions emotionally that are not fitting with the situation?
- Often feeling sad or melancholic?
- Appearing lonely or withdrawn?
- Recently becoming sullen and quiet?
- Giving away possessions?
- Writing suicide notes?

LET'S TALK ABOUT IT

A child may make extreme statements, like the following examples: “I hate myself,” “I hate this family,” “I hate you,” or, “I wish I were dead.” He or she may react more extremely or negatively than other children. It may take him a long time to overcome small bumps in the road like a defeat at the soccer game or not being invited to a

birthday party. Children with these issues make small problems into big problems. They overreact. They may seek revenge if another child hurts them or has 'wronged them' in some way. Sometimes, these extreme reactions lead to comments like, "I want to kill myself." Alternately, your generally happy child may have recently taken a turn for the worse.

He may be sullen, sad, or lonely. You may feel like your daughter always has the blues. Your child may suddenly withdraw from sports or other previously pleasurable activities. Your child may display warning signs like giving away possessions or making a statement like, "You won't see me tomorrow."

CLINICAL DESCRIPTION

Clinically, challenges here could be related to major depression or suicidal ideation. Depression is a diagnosis that includes pervasive sadness or loss of interest in activities your child used to enjoy. Serotonin levels on the brain can cause depression, and these symptoms can be inherited through genetic predisposition. Situational variables can also impact depression. Depressed individuals may become suicidal, so it is important to take these statements seriously and hear them from your child instead of saying "no you don't." Challenges with [Emotion Regulation](#) can contribute to depression. Children who are quick to become very frustrated and who struggle to regulate emotions may make a lot of extreme statements. Sometimes, these statements may be an extreme way of saying "I'm sad."

These challenges could be related to a mood disorder. Depressed mood could be related to challenges in reading non-verbal cues, meaning body language and facial expression. Consider your child's ability to read and relate to other children and to take the perspective of others. Sometimes children think they are being teased, left out, bullied, etc., when it is not actually the case. Some children may feel rejected when, actually, others like them. Peer rejection, even if it is perceived and not real, puts children at a huge risk for self-harm. Coming to understand social dynamics and peer relationships more can help in this sort of situation.

Extreme emotional statements could be related to [General Anxiety](#) and the inability to handle the slightest imperfection. Anxious children can be very hard on themselves. They may tend toward perseverative thinking and present with slow processing speed, and they may have poor confidence and self-esteem. These children would benefit from a more realistic way of perceiving the world and understanding that no one is perfect. Suicidal statements could be related to a [Behaving challenge](#) with the intent of getting a reaction and a desire to express the level of pain and discomfort a child may be feeling. Perhaps he or she is not developing a plan for suicide but rather making a cry for help.

Sadness could be related to [Learning challenges](#), such as dyslexia or dysgraphia, which may lead to lowered self-esteem and eventually depression. Children spend a lot of time in school, and school-related challenges can drastically impact self-esteem if a

child does not readily have other areas of strength like art, athletics, or leadership to lean on in establishing a strong sense of self. Low self-esteem and depression contribute to suicidal ideation and increased suicide risk. No matter what you suspect the underlying cause or feeling is, suicidal statements must be taken seriously.

WHAT TO DO IF YOUR CHILD MAY BE SUICIDAL

If you have any concerns about suicidal ideation in your child, seek psychotherapy from a psychologist or counselor immediately. Make sure your child knows you are there to listen and provide support. Suggestions are provided below.

DO:

DO: *Be responsive to concerns:* Let your child know that you understand how he or she is feeling and that you will be there for support. Listen, listen, listen. It is your job to hear your child out without judgment and without dismissing concerns. Suicide is a leading cause of death among teenagers. Allow your child a safe place to share, and make sure your child knows you will stand by him or her until things get better.

DO: *Provide supervision:* Potentially suicidal children should not be alone. Stay close by and be ready to help your child when needed. Remove any weapons or dangerous items from your home, or place them in a safe under lock and key with no access for your child.

DO: *Find a therapist:* Now is a time when you will need help for your child. Even if past therapists have not been a good fit, keep trying. Most licensed clinicians, including Licensed Professional Counselors, Licensed Clinical Social Workers, Marriage and Family Therapists, Psychologists, and Psychotherapists, can treat depression symptoms. Searching for a therapist also shows your child that you are working hard to make things better.

DO: *Make plans:* At first, it is important just to *get through today and tomorrow*. Help your child problem solve any immediate situations. Ask questions like, ‘what should we do when we see that person tomorrow?’ Or, how will you deal with it that this math assignment is late?’ And then follow up with a positive plan.

For example, “I will pick you up right after school, we can talk to the math teacher about that assignment, and then stop and check out that art studio on the way home.”

Then, *make plans for the week*. An upcoming appointment with a therapist can provide hope. A movie date can be a great way for your child to get his or her mind off of problems.

Finally, *make longer term plans*. Help your child envision a day when things will be better. Planning out a trip, a party, a sleepover, or family outing may help your child find the motivation to keep going.

DO: Get your child involved: If your child has an interest outside of school, now is a great time to foster that interest. Look for art classes or drama class. Providing opportunities for self-expression and identity development can be a great way to guard against depression. Extracurricular activities like chess club, key club, card club, choir, band, Lego club, and coding club can provide opportunities to form connections in the community. Even one strong community connection can foster resiliency and can provide a sense of hope to your child.

Do NOT:

Do NOT: Assume he or she is crying wolf. Some kids make threats of suicide often. Unfortunately, these frequent threats do not reduce the risk that a child will go through with a suicide. Rather, it is just the opposite. Kids who threaten suicide often are more likely to act on those plans. If you are concerned that your child is manipulating you with these statements, seek support from a psychologist. However, it is important to take all threats seriously, no matter how frequently occurring.

Do NOT: Expect that bringing it up makes it so. Some parents are concerned that asking the mere question, “are you thinking of killing yourself” makes it more likely. To the contrary, children who are able to express concerns to a loved one and to receive consistent care tend to feel relieved and comforted, which can reduce the risk of suicide. If these talks are uncomfortable or unsuccessful, often a School Counselor or School Psychologist can provide a Suicide Risk Assessment and can offer help at school.

Do NOT: Ignore warning signs. If your child is sad or melancholic, he or she may be thinking of suicide. Giving away possessions, withdrawing from sports or extracurricular activities, suicide notes, and statements like, “well, I won’t be there tomorrow” are all serious signs. Membership in a marginalized group may also increase risk. These groups might include the following: children with disabilities, children of racial or ethnic minority groups, children who are questioning gender or sexual orientation, and/or children who have experienced a recent loss or loss of social status.

Do NOT: Lose hope. Many children become depressed and may contemplate suicide. Remember that even one person providing consistent support can be a strong resiliency factor for kids. Remind your child to think in terms of specific situations, rather than in terms of global factors. For example, ‘this was just a bad test. I am generally doing okay in math.’ Think in terms of temporary rather than permanent factors. ‘I had a tough week with that one friend. Generally, I have nice friends and feel okay most days.’

Do NOT: Allow access to lethal means. If your child is contemplating suicide, it is exceedingly important to make your house safe. Remove or safely secure all weapons or unsafe items. If you have guns in your home, make certain that they are locked up and that your child has no ability to access them. If you have immediate risk, think your child has a plan, or have worries about safety, **call 911 or visit the nearest emergency**

room. You or your child may also call: [National Suicide Prevention Lifeline Phone Number at 1-800-273-8255](tel:1-800-273-8255).

SIMILAR SYMPTOMS

If your child is struggling with a similar problem, not directly addressed in this section, see the list below for links to information about other related symptom areas.

- [Rigid behavior](#): some children who are inflexible or perfectionistic may struggle with depression or suicidal ideation
- [Perseveration](#): some children who 'can't let things go' may struggle with depression or suicidal ideation
- [Emotion regulation](#): some children who are unable to manage strong emotions may struggle with depression or suicidal ideation
- [Mood swings](#): some children who have extreme ups and downs of emotion may struggle with depression or suicidal ideation
- [Depression](#): some children who feel sad often, have a sense of hopelessness, or a loss of pleasure in life, may struggle with suicidal ideation

POTENTIAL DISABILITIES

*Children who have significant problems in this area **may** have any of the following potential disabilities. *Note, this information does **not** serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.*

- [Depression](#): depressed mood, or, in children, irritability that is pervasive; decreased interest or pleasure in activities that used to be enjoyable
- [Bipolar Disorder](#): depressed mood, alternating with periods of elevated mood, pressured speech, impulsivity; in children, cycles tends to blend together
- [Autism Spectrum](#): anxiety around peer interaction, trouble reading others' cues
- [Dyslexia, Dysgraphia or Dyscalculia \(Educationally Identified Disabilities\)](#): deficits in learning can impact self-esteem
- [Attachment Disorder \(Trauma and Attachment Disorders\)](#): sadness and extreme behaviors that stem from challenges in attachment to primary caregivers (death of a parent, abuse in the home)

WHERE TO GO FOR HELP

If your child is struggling with this symptom to the point that it is getting in the way of his learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- [School counselor](#): to help your child at school and conduct a suicide assessment if necessary. Most school counselors are specially trained to respond and put measures in place to prevent suicide.
- [Psychotherapist or Play Therapist](#): to treat emotional symptoms
- [ABA Therapist](#): to treat behavior and social skills training
- [Psychologist or Neuropsychologist](#): to consider a full assessment to look at symptoms in mental health and/or behavioral context
- [Emergency Assistance](#) – parents or child can all 9-1-1 if you feel your child's safety or the safety of another is in jeopardy and seek immediate medical attention
- Suicide Prevention Lifeline: parents or child can call the Lifeline, which provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals
- Suicide Prevention Hotlines and Crisis Centers by state: parents or child can call other hotlines or walk into a crisis center: <http://www.suicide.org/suicide-hotlines.html>

These professionals may recommend the following tests for this symptom:

- [Roberts, BASC-3, Clinical Interview, RCMAS, CDI-2, Human Figure Drawing, Brief Projective Measures](#): emotional assessment (Neuropsychological or psychological evaluation)
- [WISC-V](#): cognitive assessment (Psychological, or School Psychological evaluation)
- [ADOS-2](#): social assessment: to consider whether challenges stem from social communication deficits
- [TOL-2, CTMT, WCST, TOVA](#): executive functioning assessment (Neuropsychological evaluation)

LEARN MORE

[1] National Suicide Prevention Lifeline Phone Number
1-800-273-8255 (TALK)

Find out more on: [Suicide Prevention Lifeline](#)

[2] Suicide Prevention Hotlines and Crisis Centers by state:
<http://www.suicide.org/suicide-hotlines.html>

Colorado:

Suicide Prevention Coalition of Colorado (SPCC)

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

1-844-493-8255 (TALK)

[3] Texting service for crisis: Text HELLO to 741741

[4] On Facebook, if a friend or family member posts suicidal content, use the 'help' feature to report it on facebook. On Twitter, alert Twitter to get help

[5] Anxiety & Depression Association of America & Suicide Awareness Voices of Education

ADAA: <https://adaa.org/>

SAVE: <https://save.org/>

[6] Depression resource for parents and teens:

http://www.yspp.org/downloads/resources/YSPP_depression_Final_low.pdf

[7] Workbooks and Gratitude Journals for teens:

Lisa M. Schab LCSW (2008) Beyond the Blues: A Workbook to Help Teens Overcome Depression (Teen Instant Help) Paperback – May 1, 2008

<https://www.amazon.com/Beyond-Blues-Workbook-Overcome-Depression/dp/1572246111/>

[8] Suicide Prevention Resource Center (July 2017)

[Suicide Prevention Resources for Teens](#)

Suicide Prevention Resource Center (September 2012)

[The Role of HS teachers in Preventing Suicide](#)

[9] Sendi, Kevin (2017). Signs of Depression in Children video

Signs of depression: <https://www.youtube.com/watch?v=u5sW4J78ZaA>

[10] Article: [How to help a friend who is suicidal](#)

For teens and older:

Molly Hahn (2013). *Buddha Doodles Gratitude Journal: Shining Your Light*

https://www.amazon.com/Buddha-Doodles-Gratitude-Journal-Shining/dp/0615905218/ref=sr_1_6?s=books&ie=UTF8&qid=1476758994&sr=1-6&keywords=gratitude+journal+for+kids

[Shining/dp/0615905218/ref=sr_1_6?s=books&ie=UTF8&qid=1476758994&sr=1-6&keywords=gratitude+journal+for+kids](#)

Paige Yelle (2015). *My Little Gratitude Journal (gold dots): An Interactive Book for HAPPINESS! Diary*

https://www.amazon.com/Little-Gratitude-Journal-gold-dots/dp/1519127138/ref=sr_1_13?s=books&ie=UTF8&qid=1476759364&sr=1-13&keywords=gratitude+journal+for+kids

Libbi Palmer PsyD (2012). *The PTSD Workbook for Teens: Simple, Effective Skills for Healing Trauma*

https://www.amazon.com/PTSD-Workbook-Teens-Effective-Healing/dp/1608823210/ref=sr_1_fkmr2_1?s=books&ie=UTF8&qid=1476759508&sr=1-1-fkmr2&keywords=gratitude+journal+for+teens+PTSD

For younger children:

Andrew Fusek Peters, Polly Peters & Karin Littlewood (Illustrator) (2015). *The Color Thief: A Family's Story of Depression*

https://www.amazon.com/gp/product/0807512737/ref=pd_sbs_14_2?ie=UTF8&psc=1&refRID=WXA8TKGW8RPSCB0A17QP

For parents:

Martin E. P. Seligman (2007). *The Optimistic Child: A Proven Program to Safeguard Children Against Depression and Build Lifelong Resilience*. Amazon:

https://www.amazon.com/Optimistic-Child-Safeguard-Depression-Resilience/dp/0618918094/ref=sr_1_1?ie=UTF8&qid=1475980449&sr=8-1&keywords=optimistic+child

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