

## Maryland School Mental Health Alliance\*

### *Suicide in Children and Adolescents Information for School Clinicians*

#### Definition

Suicide is the act of taking one's own life. Suicide is the third leading cause of death among youth ages 15-24 and it accounts for 12.3% of all deaths among 15-24 year olds. Approximately 11 young people between the ages of 15-24 die every day by suicide and for every completed suicide by a youth, it is estimated that 100 to 200 attempts are made. Specifically, in 2005 in Maryland, there were 86 deaths attributed to suicide among persons aged 10-25 years old.

#### Why do we care?

Health care professionals are not only here to help suicidal youth recover after an attempt or a threat, but they also play an important role in preventing suicide or suicidal thoughts from happening in the first place. It is important that health care professionals educate the public so that adults who are in contact with suicidal children/adolescents can identify the warning signs and risks associated with suicide and get the child the help that he/she needs.

#### *Warning Signs:*

- Depressed mood
- Frequent episodes of running away or being incarcerated
- Family loss or instability, significant problems with parent
- Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- Withdrawal from friends and family
- Difficulties in dealing with sexual orientation
- No longer interested in or enjoying activities that once were pleasurable
- Unplanned pregnancy
- Impulsive, aggressive behavior, frequent expressions of rage.
- Alcohol and/or drug abuse
- Engaging in high risk behaviors (e.g., fire-setting, involvement in cults/gangs, cruelty to animals).
- Social isolation and poor self-esteem.
- Witnessing or being exposed to family violence or abuse.
- Having a relative who committed or attempted suicide.
- Being preoccupied with themes and acts of violence in TV shows, movies, music, magazines, comics, books, video games, and internet sites.
- Giving away meaningful belongings.

#### *Risk Factors:*

- **Individual factors** (e.g., difficult temperament as an infant, low intelligence, hyperactivity, impulsivity, and attention problems)
- **Home factors** (e.g., lack of parental emotional support and involvement, little parental monitoring of activities, and harsh and inconsistent discipline).

- **Peer factors** (e.g., peer rejection in childhood or friendships with antisocial peers during the teenage years).
- **School factors** (e.g., poor school achievement and school failure)
- **Community and societal factors** (e.g., poverty, joblessness, discrimination, societal acceptance of aggression, exposure to violence in the community or media, and easy availability of drugs, alcohol and firearms in the neighborhood).

### What can we do about it?

#### *Responding to a suicidal child:*

- **Be aware of the warning signs and risk factors** (listed above).
- **Directly ask about suicidal thoughts, actions, and plans.** Try to determine whether the adolescent has the means (e.g., whether he/she has access to a weapon or lethal medications), the intent (e.g., whether he/she has a specific time and place in mind; seriousness of threat), and method (e.g., plan of action; how they plan on doing it) to carry out a suicide plan. Adolescents with a well-thought-out plan that includes method, place, time, and clear intent are at high risk.
- **Immediate mental health evaluation is necessary** for any child or adolescent who has a plan or who is at risk for suicide, and also describes suicidal thoughts. If you believe once you have completed your own evaluation that more intensive services are needed, you should help to coordinate a transfer to an emergency room. If the child has an outside provider, it is important to include that person in the plan.
- **Although confidentiality is important in adolescent health care, for adolescents at risk to themselves or others, confidentiality must be breached.** Health care providers need to inform the appropriate persons (e.g., parents, principals, teachers) when they believe a child or adolescent is at risk of suicide. Parents should be explicitly told to remove firearms and lethal medications from the household.
- **A safety contract/crisis plan should be developed.** Set up a safety contract that consists of what should occur if the child has suicidal thoughts, who he/she can go to for help, and other contacts (e.g., calling 911) if he/she has these thoughts outside the counseling setting or if no one is around who can help. Make sure that the parent and the contacts chosen by the child are aware of the contract and what their role is in helping the child.
- **If the child appears to be in imminent danger, do not leave the child alone.** If the child is stable, continue to meet with the child on a regular basis. Offer hope, promote catharsis, reconnect/mobilize a support system, help the client to cope, set routines, and promote the protective factors in the child's life.
- **Get assistance if needed.** Some crises might be more extreme than originally anticipated. If you need assistance, take the time to consult with colleagues and to ask for help if it is needed.

#### *Preventing Suicide:*

- **Properly inform school staff of the warning signs and risk factors of suicide** and have them report any signs right away.

- **Serve as a resource for parents, teachers, school personnel, clergy, and community groups** that work with youth about the issues of adolescent suicide, sharing information about warning signs and risk factors for suicide. Also discuss with parents the risk of firearms and lethal medications kept in the home as specifically related to adolescent suicide.
- **Routinely screen youth**, asking questions about depression, suicidal thoughts, and other risk factors associated with suicide. Also ask whether firearms and/or lethal medications are kept in the home.
- **Become familiar with community, state, and national resources that are concerned with youth suicide**, including mental health agencies, family and children's services, crisis hotlines, and crisis intervention centers.

### **Helpful Forms and Handouts:**

- **American Academy of Child and Adolescent Psychiatry**
  - Suicide Prevention and Youth: Saving Lives  
<http://www.aacap.org/galleries/LegislativeAction/SuicideH.PDF>
- **National Association of School Psychologists:**
  - Preventing Suicide: Information for Families and Caregivers.  
<http://www.nasponline.org/publications/cq/cq354suicide.aspx>
- **Youth Suicide Prevention Program:**
  - Information for Parents  
<http://www.yspp.org/publicAwareness/parents/parentAwareness.htm>

### **Resources:**

- **American Foundation for Suicide Prevention:** <http://www.afsp.org>
- **National Center for Injury Prevention and Control:**  
<http://www.cdc.gov/ncipc/factsheets/suifacts.htm>
- **National Strategy for Suicide Prevention (NSSP) in Maryland:**  
<http://mentalhealth.samhsa.gov/suicideprevention/stateprograms/Maryland.asp>
- **National Youth Violence Prevention Resource Center:**  
<http://www.safeyouth.org/scripts/faq/respdepress.asp>
- **Preventing Suicide Network:** <http://www.preventingsuicide.com/onlinetools.asp>
- **Suicide Awareness\Voices of Education (SA\VE):** <http://www.save.org/>
- **Suicide Guidelines for School Personnel:** <http://www.maine.gov/suicide/about/>
- **Suicide Information & Education Centre (SIEC):** <http://www.suicideinfo.ca/>
- **Suicide Prevention Resource Center: Maryland State Page:** [Suicide Prevention Resource Center \(SPRC\): Redirect](#)
- **Suicide reference library:** <http://www.suicidereferencelibrary.com>
- **The Maryland Suicide Prevention Model:**  
[http://www.sprc.org/stateinformation/PDF/stateplans/plan\\_md.pdf](http://www.sprc.org/stateinformation/PDF/stateplans/plan_md.pdf)
- **Youth Suicide Prevention Guide:** <http://theguide.fmhi.usf.edu/>

*\*Developed by the Center for School Mental Health (<http://csmh.umaryland.edu>) in collaboration with the Maryland School Mental Health Alliance.*