

## Suicide Awareness and Prevention Tip Sheet

September is National Suicide Prevention Month, which provides the opportunity to become more aware of how we can help prevent suicide among the children and youth we serve. Although suicide is the second leading cause of death among children, teens and young adults ages 5 – 25,<sup>1</sup> it is often preventable. Knowing how to identify warning signs and understanding how to help children and teens in crisis can save lives.

Children and teens in foster care have experienced trauma and risk factors that make them more likely to think about, attempt and die by suicide. In fact, children and teens in foster care are two and a half times more likely to have seriously considered suicide and almost four times more likely to have attempted suicide than other youth.<sup>2</sup>

Often times, Volunteer Child Advocates (VCAs) are the most stable person in a child's life and know how that child is doing in multiple settings like home and school. Reducing risk factors and increasing protective factors, and knowing the warning signs and what to do if concerned about a child are crucial to helping prevent and responding to suicide attempts.

### ❖ Key Risk Factors

Risk factors are characteristics of a person or his or her environment that increase the likelihood that they will die by suicide.<sup>3</sup> Some children and teens are at higher risk for thoughts and attempts of suicide, especially children and youth in foster care. Risk factors associated with suicide among children and youth are summarized below.<sup>4 5</sup>

- Trauma
- Poor coping skills and poor self-esteem
- Family conflict and dysfunction
- A recent or serious loss
- A mental health disorder, particularly a mood disorder such as depression
- Prior suicide attempts, parental/sibling history of suicide
- Alcohol and other substance use disorders, parental mental illness or substance abuse
- Struggling with sexual orientation and gender identify – rejection and stigma
- Self-injury – indication of harmful coping strategies
- Bullying, being bullied
- Access to lethal means

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<sup>1</sup> Amer. Academy of Child and Adolescent Psychiatry:

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Teen-Suicide-010.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx)

<sup>2</sup> Suicide Prevention Resource Center: <http://www.sprc.org/sites/default/files/resource-program/Fostercare.pdf>

<sup>3</sup> Suicide Prevention Resource Center: <https://www.sprc.org/about-suicide/risk-protective-factors>

<sup>4</sup> Child Mind Institute: <https://childmind.org/suicideprevention/>

<sup>5</sup> Healthychild.org: [http://www.mhawisconsin.org/Data/Sites/1/media/impact-of-suicide-2016/out-of-folder-4---preventing-suicidal-behavior-among-youth-in-foster-care-\(foster-parent\).pdf](http://www.mhawisconsin.org/Data/Sites/1/media/impact-of-suicide-2016/out-of-folder-4---preventing-suicidal-behavior-among-youth-in-foster-care-(foster-parent).pdf)

- Exposure to suicide or suicidal behaviors within one's family or peer group, or through media - known as "suicide contagion" <sup>6</sup>

#### Additional Considerations

- **Foster Care**  
Children and youth in foster care are separated from parents, siblings and their support system. They may experience further maltreatment in care and frequent placement changes, resulting in the inability to make and maintain friends and establish natural supports. These experiences of loss, isolation, and lack of social support are all risk factors for suicide. <sup>7</sup>
- **Gender Differences**  
Historically, females have been more likely to attempt suicide by less lethal means, such as poisoning, while boys were more likely to use more lethal means like firearms. This explains why suicide attempts are higher among girls and death by suicide is higher among boys. <sup>8</sup>

A recent study looked to suicide rates among U.S. youth aged 10-19 years from 1975 through 2016 and found that rates of female suicides by hanging or suffocation are approaching those of males. Researchers are unsure why this trend is occurring, but consider the rise in anxiety and depression among girls and young women as a possible factor. <sup>9</sup>

- **Psychotropic Medications**  
In 2004, the U.S. Federal Drug Administration (FDA) issued a warning that children and adolescents taking antidepressant medications might experience increased suicidal thoughts and behaviors and directed manufacturers of all antidepressant drugs to include a warning on the label. Antidepressants may increase suicidal thoughts during the first few months of treatment. <sup>10</sup>  
  
The FDA also requested that these manufacturers develop a Patient Medication Guide to advise patients of the risk, precautions and warning signs of increased suicidal thoughts or behaviors. A link to this FDA Patient Medication Guide is included in the *Resources* section at the end of this document.

#### ❖ **Key Protective Factors**

Protective factors are personal or environmental characteristics that help protect people from suicide. Major protective factors for suicide include: <sup>11</sup>

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<sup>6</sup> Dept. Health and Human Services (HHS): <https://www.hhs.gov/answers/mental-health-and-substance-abuse/what-does-suicide-contagion-mean/index.html>

<sup>7</sup> Suicide Prevention Resource Center: <http://www.sprc.org/sites/default/files/resource-program/Fostercare.pdf>

<sup>8</sup> Time: <https://time.com/5590344/youth-suicide-rates/>

<sup>9</sup> Time: <https://time.com/5590344/youth-suicide-rates/>

<sup>10</sup> FDA Patient Medication Guide (antidepressants and increased suicide risk in children/youth): <https://www.fda.gov/media/72995/download>

<sup>11</sup> Suicide Prevention Resource Center: <http://www.sprc.org/sites/default/files/resource-program/Fostercare.pdf>

- Effective behavioral health care
- Connectedness to helpful friends, a supportive family, caring adults, community, and social institutions (safe schools)
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Strong self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- Engaged and supportive foster caregivers. Feeling connected with parents or caregivers may be the most influential protective factor for youth.

## ❖ **Warning Signs**

Some behaviors may mean a person is at **immediate risk** for suicide. These three should prompt action right away:<sup>12</sup>

- Talking about wanting to die or to kill oneself;
- Looking for a way to kill oneself, such as searching online or obtaining a gun; and
- Talking about feeling hopeless or having no reason to live

Other behaviors may also indicate a **serious risk** for suicide— especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

It may be difficult to distinguish between warning signs of suicide and a child’s emotional reaction to being placed in foster care or the impact of trauma, which can affect a child’s moods, behavior, schoolwork, and relationships. However, it is important to pay attention to and try to explore any indication that something is bothering a child. These warning signs can be used as a starting point to talk with the foster child about what he or she is feeling.<sup>13</sup>

## ❖ **What You Can Do**

Self-harm and suicide attempts should always be taken seriously. If you are concerned about a child, there are things you can do to help a child in emotional crisis who may be thinking about suicide.<sup>14 15</sup>

<sup>12</sup> Suicide Prevention Resource Center: <http://www.sprc.org/sites/default/files/resource-program/Fostercare.pdf>

<sup>13</sup> Suicide Prevention Resource Center: <http://www.sprc.org/sites/default/files/resource-program/Fostercare.pdf>

<sup>14</sup> Child Mind: <https://childmind.org/article/youre-worried-suicide/>

<sup>15</sup> Suicide Prevention Resource Center: <http://www.sprc.org/sites/default/files/resource-program/Fostercare.pdf>

1. Consider how to increase protective factors and reduce risk factors as you advocate for the best interest of the child.
2. Talk to the child about their feelings and if they are thinking about suicide, in an empathetic and non-judgmental manner. Asking a child if they are having thoughts of suicide will **not** increase the risk.
  - Indirect questions to start the conversation may include:
    - ✓ "Do you ever wish you could go to sleep and never wake up?"
    - ✓ "Sometimes when people feel sad, they think about hurting or killing themselves. Do you ever have thoughts like that?"
  - **IMPORTANT NOTE:** The VCA provides an opportunity for a child to disclose feelings and thoughts of suicide with someone they know and trust, which they may not have done otherwise. However, it is not the role of the VCA to assess the child's mental state or risk through detailed questioning. General questions like those above will provide enough information to guide next steps, such as those listed below.

If you are concerned about **immediate** risk of suicide:

- Stay with the child and keep them safe until help is obtained.
- Get help immediately from a mental health professional, a mobile crisis response team, law enforcement or an emergency room.
- If there is an immediate danger, call 911 and stay with the child until help arrives.

If you are concerned about **serious risk** of suicide:

- Immediately notify the child's treating mental health professionals (therapist, psychiatrist).
- Discuss your concerns with the child's caregiver, dependency case manager and others as appropriate to gather additional information and to make them aware.
- Advocate for immediate action to assist the child, to include an assessment by a mental health professional and a plan to keep the child safe. Discuss how best to do this with your assigned Child Advocacy Manager (CAM) if needed.
- Contact the National Suicide Prevention Lifeline at 1-800- 273-8255 to speak to a trained counselor for guidance on how to talk to youth and effective interventions.
- Stay engaged to advocate for needed services and stay in touch with the child and key individuals.

## ❖ Resources

1. Suicide Prevention Resource Center – Foster Care: <https://www.sprc.org/settings/foster-care>
2. Suicide Prevention Resource Center: <http://www.sprc.org/sites/default/files/resource-program/Fostercare.pdf>

3. Natl. Center for the Prevention of Youth Suicide: Preventing Suicidal Behavior Among Youth in Foster Care: [http://www.mhawisconsin.org/Data/Sites/1/media/impact-of-suicide-2016/out-of-folder-4---preventing-suicidal-behavior-among-youth-in-foster-care-\(foster-parent\).pdf](http://www.mhawisconsin.org/Data/Sites/1/media/impact-of-suicide-2016/out-of-folder-4---preventing-suicidal-behavior-among-youth-in-foster-care-(foster-parent).pdf)
4. Child Mind Institute: <https://childmind.org/article/teen-suicides-risk-factors/>
5. Healthy children.Org: <https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/Which-Kids-are-at-Highest-Risk-for-Suicide.aspx>
6. *Suicide Prevention Among Children in Foster Care*:  
[http://www.mhawisconsin.org/Data/Sites/1/media/impact-of-suicide-2016/out-of-folder-4---preventing-suicidal-behavior-among-youth-in-foster-care-\(foster-parent\).pdf](http://www.mhawisconsin.org/Data/Sites/1/media/impact-of-suicide-2016/out-of-folder-4---preventing-suicidal-behavior-among-youth-in-foster-care-(foster-parent).pdf)
7. The National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
8. Dept. Of Children and Families – Statewide Office of Suicide Prevention: Resources and 2018 Annual Report: <https://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/>
9. FDA Patient Medication Guide (antidepressants and increased suicide risk in children/youth): <https://www.fda.gov/media/72995/download>
10. Current data on suicide rates can be found at the following web links:
  - National data from the Center for Disease and Prevention (CDC): <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>
  - Florida Department of Health suicide death rates by Florida County: This tool allows you to search by age and trend data by county. <http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116>