**Talking about Mental Health and Suicide with Your Child**

##

Signs of Suicide (SOS) Program Goals:

* **Decrease** suicide and attempts by increasing knowledge and adaptive attitudes about depression
* **Encourage** individual help-seeking and help-seeking on behalf of a friend or peer
* **Reduce** stigma: mental illness, like physical illness, requires treatment
* **Engage** parents, guardians and school staff as partners in prevention through gatekeeper education

One of the most enduring myths surrounding suicide is that talking about it will persuade, or force the idea, when in fact it is just the opposite. There have been numerous studies refuting this myth indicating that talking about suicide within the context of a supportive and caring relationship is not harmful. It opens up a difficult, albeit, necessary dialogue.

* Go to a comfortable place (e.g. sit on the couch, take a walk, go on a drive together)
* Pay close attention
* Expand their thinking by asking hard questions
* *Show* youth how to ask for help when they need it
* Learn from youth - they have a lot to teach us

*It’s normal to feel nervous or uncomfortable. Before starting a conversation, take a few deep breaths and give yourself enough time to process your own emotions.*

**“What Is Suicide?”**

Example Response:

* *Suicide is the act of killing yourself so that your body won’t work anymore. People who kill themselves often do so because they are suffering from an illness in their brain that affects the way they think and feel. Because of this illness they can’t think clearly and feel very sad. Sometimes they feel hopeless that things will never get better and that life is not worth living. They may feel there is no other way to solve their problems or to end the pain they are feeling, and may not know there is help available.”*

##

## **Ages 3 to 6**

## If a young child asks about suicide, keep it simple and developmentally appropriate. Deliver information in “bite-size” pieces and with minimal details. Be clear and concise.

##  Suicide: “When a person makes their body stop working”

## “Sometimes people can have illnesses that make their brain sick. Sometimes the brain gets sick - just like a body can.”

This age group tends to ask repetitive questions which may be difficult to answer in the moment. It’s okay to say, “I don’t know that answer. But let’s ask someone who might know.” Young children often express themselves through play, so providing creative and physical outlets is helpful. Lastly, take the time (on more than one occasion) to ask your child who they would talk to about “big feelings,” or when they felt scared, overwhelmed, etc. Reassure them they are loved and safe.

## **Ages 7 to 11**

Younger children need to know less, but as they grow and mature, they will be interested in gathering more information and details. Just as with children up to age 6, for children ages 7 to 11, it’s still important for parents/guardians to highlight the relationship between mental illness and suicide. Remember, there is no one cause for suicide, so try to avoid singling out any one person or event. You can also emphasize that suicide is a relatively rare event and that many people struggling with mental illness and negative life events do not die by suicide. A “good rule of thumb” with any potentially upsetting topic is to provide short, honest answers. Check in regarding any follow-up questions. Reassure them they are loved and that there are people in their life who care for them. Expand their web of support, referencing other helpful and trusting adults they can talk to (e.g. other family members, social worker, counselor, doctor, etc.). Maintain familiar routines and address questions regarding concerns for personal safety. Lastly, you may elect to highlight the brave and inspiring efforts of those who care about suicide prevention and keeping people safe and supported (e.g. American Foundation for Suicide Prevention “Out of the Darkness” Walks, support groups, etc.)

Examples:

* Suicide: “He caused his own death. This is called suicide.”
* “She died by suicide. That means that she killed herself. It can be difficult to understand why someone would end their own life. But just as people get sick in their bodies, they can get sick in their brain. We call this depression. They may feel hopeless, lonely, or that things won’t ever get better for them. Sometimes when people feel this way, they think about killing themselves. Many people who are sick with depression can get better, but sometimes the brain is too sick.”

**Ages 12-17**

As a parent/guardian you can be more concrete and detailed in your responses. Let your teen decide how much they want to know and at what time. At this developmental stage, teens can think more abstractly. They move towards wanting to identify with peers, and their quest for self-identity grows stronger. (Reference points explained under age group, 7-11.)

* Suicide: “They died by suicide, they killed themselves.”

**When Your Child Asks WHY Someone Might Contemplate Suicide**

A common question that often comes up when talking to children and teens about suicide is *why* someone would want to end their life. A few key points to consider:

* “While we may never know why **[NAME]** ended **[HIS/HER/THEIR]** life, we do know that there is rarely just one cause or reason. In many cases, a mental health condition is part of it, and not everyone with a mental illness gets the help they deserve. It’s really important to reach out for help when you’re not feeling well, physically or mentally. Suicide should not have to be an option for anyone.”
* “Sometimes when people are depressed, or struggling with another type of mental illness, they feel hopeless about the future. They are not thinking clearly, and not acting like themselves. When someone is feeling this hopeless or sad, they may think no one loves or cares about them, even though this is not true. It’s important to remember no matter how bad things can seem, there is someone that can help.”

## **What to Do**

## If you are concerned about your child's behavior, it is important to get appropriate care. You should:

## Talk to your child's doctor, school nurse, or another health care provider and seek further information about the behaviors or symptoms that worry you

## Ask your child's primary care physician if your child needs further evaluation by a specialist with experience in child behavioral problems

## Ask if your child's specialist is experienced in treating the problems you are observing

## Talk to your medical provider about any medication and treatment plans

**Other Questions Your Children May Ask:**

*I don’t understand why [name] killed themselves. How could someone so happy die by suicide?*

* “Someone might be good at hiding their suffering and pain. Even someone who seems to be happy on the outside can be unhappy on the inside. That’s why it’s always important to check-in with all of our loved ones.”

*Is it anyone's fault?*

* “Blaming others for a suicide is not fair. Doing that can hurt another person very deeply.”
* “The death is not anyone’s fault. Remember, suicide is not caused by any one event or situation. It is usually the result of mental health problems and other factors.”

*Will I die by suicide?*

* “Suicide is not something you can “catch” like the flu or a cold.”
* “Just because someone in your family struggled with depression and/or died by suicide, that doesn’t mean you will.”

**Checking-in with Your Child:**

##

## Try leading with these questions:

* Can you tell me more about what is happening? How you are feeling?
* Have you had feelings like this in the past?
* How are you feeling differently now, versus a few weeks ago?
* I'm here to listen. How can I help you feel better? What do you need from me?
* Do you want to talk to someone else about your feelings and what you’re experiencing?
* I want you to know I am here for you and that you don’t have to ever suffer in silence.

**When Talking About Mental Health with Your Child:**

* Communicate in a straightforward manner
* Speak at a level that is appropriate to a child or adolescent's age and development level (e.g. preschool children need fewer details than teenagers)
* Discuss the topic when your child feels comfortable to do so
* Watch for reactions during the discussion and slow down or hold back if your child becomes confused or looks upset
* Listen openly and let your child tell you about his or her feelings and worries

**References**:

[***www.mentalhealth.gov/talk/parents-caregivers***](http://www.mentalhealth.gov/talk/parents-caregivers)

[***www.elunanetwork.org/resources***](http://www.elunanetwork.org/resources)

“Talking with Children About Suicide and Violent Deaths.” (Common Ground Grief Center; The Elizabeth Hospice)

- The Dougy Center, The National Center for Grieving Children & Families

- Sesame Street Workshop's When Families Grieve

**Books:**

*After a Suicide: A Workbook for Grieving Kids*