



## Suicide.

It's one of those things we don't want to talk about. But talking about it is also the key to prevention. The more you know, the better off you and yours will be. Far from the history of taboo and myth, suicide is more common than we want to admit.

## What can you do to protect your child?

If your child begins showing signs of depression, don't ignore it. If your child talks about wanting to die, **absolutely do not ignore it**. Don't buy into those old myths that say it's just a way of getting attention, and that it's harmless. It's not.

And besides, **do you really want to take that risk?**

We understand that you might want to just pretend like your child never said that. That's a normal reaction, but it's not a good idea. If your child has thoughts about dying or ending his/her/their own life (suicidal ideation), you need to find out more about how they are feeling. Suicidal ideation can occur at any age, and it is an important sign that something bigger might be at play. Remember, keeping your child safe is your primary responsibility as a parent.

Depression may affect your child's academic achievement or job, personal friendships, and family relationships. It can manifest as anger, cutting (self-harm), perpetual sleepiness, perpetual sleeplessness, drug use, poor hygiene, overeating, undereating, or any number of other behaviors.

What you need to be aware of is **a change in behavior**. If your child does something you think is out of character or not part of their normal pattern of behavior, you need to start paying attention. Don't be afraid to ask if something's wrong. They may not tell you, but keep your eye out for escalation or more behavior that seems odd.

The most important thing is to open the door to communication. Don't pressure them into talking, or insist they talk if they aren't ready. Just let them know that you're there and ready to listen. And of course, remind them of how much you love them – not only in word, but in deed. Read on about the warning signs of depression, and how to talk to your child's doctor.

**SUICIDE** is the second leading cause of death in people ages 10 to 34.

**#2**

More people die by suicide than die by homicide.

**But suicide can be prevented.**

Start by initiating a conversation with your child. Communication is key to prevention.

Make sure you provide understanding and support. Ask questions in a calm, caring voice and above all, listen.

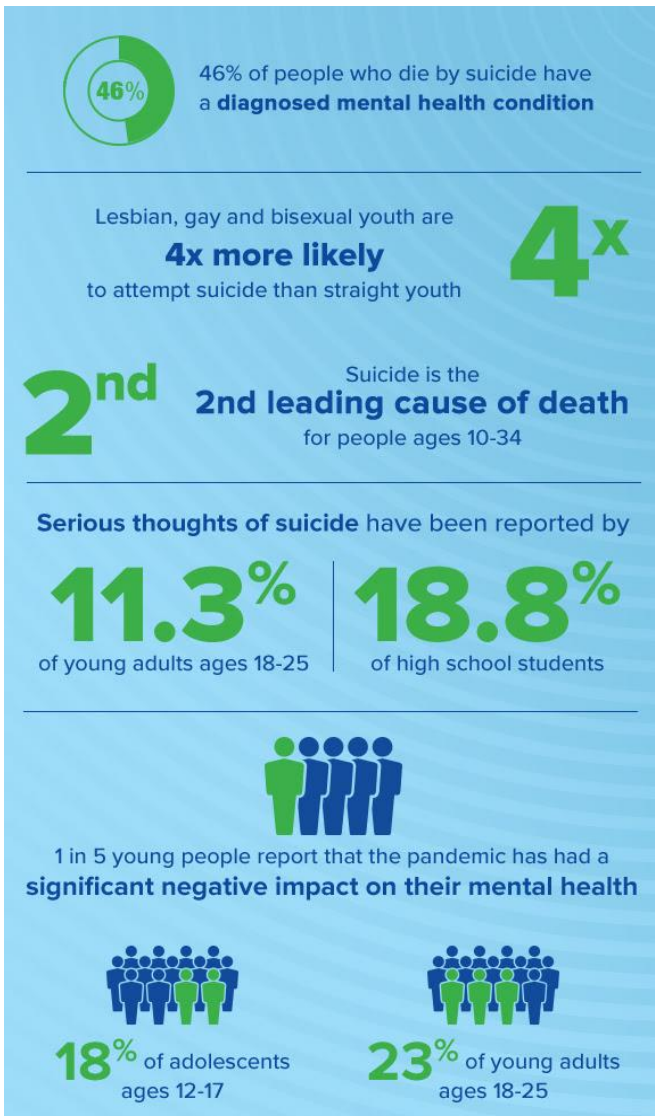


If you -- or your child -- believe it's an emergency, don't hesitate. At a minimum, have your child dial 988 and if you feel that their life is in imminent danger or they try to act on their suicidal thoughts, get your child to the nearest hospital right away.

Dial 911 and ask for an ambulance – you need a medical professional, not law enforcement.

By providing support, communicating and listening, you can save a child's life.





Source: National Association on Mental Illness (NAMI)

## Depression: Know the Warning Signs

If you're concerned about your child's mental health and the possibility of severe depression, here are the warning signs:

- Increasing disinterest in hobbies or other interests that they usually enjoy
- Withdrawing from or avoiding social situations, including the distancing from or loss of friendships
- So fatigued that personal hygiene is just too much effort, with several days or weeks of not bathing
- Excessive sleeping or the inability to sleep
- Feeling agitated and restless, including fidgeting and pacing back and forth
- Changes in appetite, exhibited by sudden weight gain or weight loss
- Increased irritability, including bursts of anger more often and more easily than usual
- Feelings of worthlessness and guilt, including obsessing over past events and "beating themselves up" over perceived mistakes
- Concentration and memory problems, including seemingly slower thoughts and speech
- Physical aches and pains, including unexplained headaches, stomach aches, or muscle pain

- And finally, suicidal thoughts or suicide attempts that signal a severe depressive episode and the need for intervention.

If your child seems to be exhibiting any of the above signs on a regular basis, it's time to start thinking about going to a mental health professional for help. We recommend that you begin by creating an emergency plan with your child, and have included step-by-step instructions at the end of this document as well as a form you can use to make that happen.

If your child already has frequent thoughts of suicide, suggest they **call 988** to talk to a trained mental health therapist the next time they feel that way. (The hotline is open 24 hours a day, 7 days a week.) If your child tries to take their own life, or tell you they have a plan to do so, get them to a hospital emergency room right away. (That's when you'll need that plan we mentioned earlier.)

At this point, if you haven't yet taken your child to a professional, now is the time to do so. Know that it sometimes takes months to get an appointment, so you should start looking for a professional early, when you first become concerned.

## Meeting with Your Child's Doctor

As you prepare for an appointment with your child's mental health professional, we recommend a few things to make your visit go more smoothly and to help your medical practitioner better understand your concerns:

- **Start a mood journal** that tracks your child's moods at least on a daily basis, and if they are having more pronounced mood swings, several times a day. This is something that you and your child can maintain together, or if your child is older, it's something that they may be able to manage on their own.
- You can also encourage your child to keep an art or traditional journal to record their feelings for the doctor. If your child isn't much of a writer, ask them to draw or sketch how they feel, or even write down songs that they are drawn to on those moody and difficult days.

A mood journal is an invaluable tool for when you meet with your medical provider because it gives them insightful access to dates and patterns of behavior that will not only help you remember the details, but will let the provider get a very good idea of what's been happening. You can find and download a simple mood tracker through a basic internet search, use a spiral notebook or type it out on your computer – but don't forget to take it with you to your appointment – it's important!

## Medical Mumbo Jumbo: Know the Right Terminology

Before you meet with your doctor, familiarize yourself with the right terminology to better understand doctor-speak.

**Atypical depression.** Also called depression with atypical features, this refers to a condition where a person's mood brightens in response to good news or positive events.

**Bipolar disorder.** A type of mood disorder that causes mood shifts and alterations in energy and activity levels.

**Diagnostic & Statistical Manual of Mental Disorders.** The handbook that classifies mental disorders that are diagnosed by physicians and mental health professionals.

**Major depressive disorder.** Also referred to as clinical depression, major depressive disorder is a significant mental health condition that impacts mood and behavior, as well as various physical functions such as appetite and sleep.

**Mood disorder.** A general term used to describe disturbances in mood or emotions that interfere with an individual's ability to function.

**Persistent Depressive Disorder.** Depression that lasts for 2 years or longer. It was previously referred to as dysthymia and chronic major depression.

**Psychotic depression.** Individuals have the same symptoms of major depression but also have psychotic symptoms, such as hallucinations, delusions, or paranoia.

**Seasonal affective disorder.** A form of depression most often associated with fewer hours of daylight in the far northern and southern latitudes from late fall to early spring.

**With anxious distress.** This specifier is used when anxiety is present and it impacts prognosis, treatment choices, and a patient's response to treatment.

**With mixed features.** This specifier can be present in bipolar and depressive disorders. It allows for the presence of manic symptoms as part of the depression diagnosis in patients who do not meet the full criteria for a manic episode.

You can find more psychiatric and related medical terms on the National Institute of Mental Health (NIMH) website at <https://www.nimh.nih.gov/health/topics/depression>.

## Talking with Your Child's Doctor or Therapist

Here are a few questions you can ask when you meet your child's doctor. If your child is 18 or older, you will either need power of attorney or their permission to attend the appointment, so be sure to talk with your child about this prior to the appointment.

The goal of the following questions is to make sure you understand your child's diagnosis. The better you understand the specifics of your child's illness, the more you will be able to help your child negotiate through treatment and recovery.

### *Symptoms & Diagnosis*

- How will you determine my child's diagnosis?
- What symptoms brought you to that diagnosis?
- My child often complains of physical pain and discomfort. Is that related to the diagnosis?
- What kind of depression does my child have?
- Is there any further testing my child should undergo?

### *Causes & Risk Factors*

- Should I be concerned about any related medical conditions that might contribute to my child's mental health?
- Is depression hereditary?
- Are there changes I can make in our diet that would help?
- What about sleep patterns?
- My child is already on medication. Could that be contributing to his/her/their depression?
- Are there certain things my child should avoid or discontinue?

### *Treatment*

- Does my child need to see a psychiatrist or therapist?
- What about medication? How long will it take for my child to feel better?
- Are there side effects I should be aware of?
- Besides medication, what else can we do to manage my child's symptoms?
- Is there something you can prescribe to help my child sleep better?
- What about an alternative medicine approach? Is there something else we can try?
- Will my child's depression ever really go away?

### *Coping and Living*

- Will a diagnosis of depression affect my child's ability to get life insurance, join the military, or own a firearm?
- Should we tell my child's employer about this condition?
- Will my child's medication cause weight gain or other side effects?

After diagnosis and even during treatment, you child may continue to struggle with suicidal ideation or even make a plan to end their life. This is more likely if you are having trouble finding a medication that works and doesn't have strong side effects. If that is the case, you need a plan, so read on . . .

## How to Create a Suicide Safety Plan

Thoughts of suicide are not anyone's fault but should be "reframed" as a side effect of mental illness. Having a suicide safety plan in place is one tool that you can use to help your child cope with their bad feelings until circumstances change. It will also help calm your own stress, just by knowing you have something to fall back on should a crisis arise.

Although a Safety Plan contains a lot of information you both might already know, there are several advantages:

- If you aren't around when your child starts to have symptoms of a crisis, they have a written plan to help manage the situation and can use the contact numbers call someone if needed.
- If you're with your child when symptoms begin, you can use the list of warning signs to gauge the situation and know when and where to get help.
- When there's a crisis, some of us lose our cool, and when it's our child, that likelihood increases exponentially. If there's a lot going on and you're in a panic, you'll have important numbers to call at your fingertips.

Now let's get down to creating that plan! Your child should work with you and/or with someone they trust to create the plan. Don't be offended if they want to do it with someone else – you can offer to get the contact numbers together while someone else helps your child complete the plan.

### Warning Signs

This first step is to help you determine the intensity of the crisis as well as set a baseline for escalation. You should list the warning signs from the least intense to full-out "alarm bells." Brainstorming warning signs with others is a great idea. You'll want to include warning signs based on your child's internal feelings as well as indicators that you or their close friends might observe that your child may not be aware of. That's why it's best that a small team of loved ones work together on this step.

### Things That Calm Your Child

This list should be a combination of things that your child can implement alone – in case no one is around – and things that a second person can do to help. Maybe it's slow, mindful breathing, or playing relaxing music. Or maybe it's having their shoulders rubbed or watching a sun set or the ocean waves. Do NOT include alcohol or drugs on this list – that's counter-productive.

### Things to Live For

There are always things to live for, but when your child is in crisis they are in intense emotional pain, and they might not remember them, or may reject them as irrelevant. But if you tell them they have so much to give to the world, that so many people love them and will be sad if they leave, sometimes it will start as a tiny thought in the back of their mind and grow stronger and more meaningful. Optimally, things to live for will stop the negative thoughts, but that alone is not enough and is best when combined with calming techniques. At a minimum, it will buy some time until you can get medical help.

### Emergency Contacts

Write down the names and numbers of at least 2 friends and/or family your child can call to help. Be sure to write down the relationship to your child in case it's a neighbor or emergency personnel that arrives first. The doctors' numbers are there so that if they end up in the ER, that information is handy so the ER can coordinate your care. When you've finished the plan, but sure to post it somewhere it is easily found, and take a copy home with you for reference if you don't live in the same home.

# Suicide Safety Plan for:

(add your first and last name)

Fill this plan out with the help of someone you trust, and put it on your refrigerator door, bulletin board, or tape it to a door in your house where it can easily be found by both you or someone who can help.

## My Warning Signs

Here are some of the things that I might think or do that are early warning signs that I might be headed for trouble:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

## Ways to Calm Myself

Remind me that these things will help:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

## Who to Contact (family & friends)

Here are some people I trust that you can call:

|      |          |
|------|----------|
| name |          |
| tel  | relation |
| name |          |
| tel  | relation |

## Things to Live For

Here are some good things for me to live for. Remind me!

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

## My Doctor(s)

The doctors that know about my condition:

|      |      |
|------|------|
| name |      |
| tel  | type |
| name |      |
| tel  | type |

