NCTSN The National Child Traumatic Stress Network

Understanding Child Suicide:
FOR MILITARY PARENTS

As a military family, you and your children have many unique and positive qualities, including grit, strength, and determination. These qualities can help you adjust to the intense and, at times, complex nature of military life and culture. Although military youth are raised in a culture of strength and resilience, it is important to know that military-connected youth are sometimes at risk for mental health difficulties, including suicidal thoughts and behaviors. In a 2014 study, youth with a deployed parent reported increased risk of feeling suicidal, sad, hopeless, or depressed.[1] This fact sheet provides practical information to help guide you in asking questions and starting up conversations with your child who may be experiencing suicidal thoughts or behaviors. The fact sheet also presents additional resources for immediate and longer-term assistance.

SUICIDE AND MILITARY YOUTH

According to the Centers for Disease Control and Prevention (CDC), suicide, although rare, was the second leading cause of death for all youth aged 10-24 years in 2018.[2] About seventeen percent of American high school students reported seriously thinking about suicide and 13.6% reported making a plan to attempt suicide in the past year.[3]"

"Traumatic stress and other mental health difficulties can be related to suicidal thoughts and behaviors. Like their civilian peers, military-connected youth may experience mental health issues in addition to unique military-related stressors (e.g., parental deployment, separation) that, for some youth, could potentially be perceived as traumatic depending on a number of factors (e.g., the child's interpretation of event). Sometimes these experiences can overwhelm your child's ability to cope in a safe and healthy way."

TALKING WITH YOUR CHILD ABOUT SUICIDE

Thoughts of suicide are sometimes experienced by youth who are feeling distress. You play an important role in helping your child address these thoughts and emotions by providing opportunities and opening the door for difficult conversations.

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Understandably you might be nervous to talk about such sensitive topics for a number of reasons. Talking about suicide can be stressful for parents. Some parents worry that talking about suicide may put the idea in their child's head. Asking about suicide does not put the idea in someone's head. In fact, talking about suicide can provide relief, connection and an opening to further conversations about whether or not they are experiencing suicidal thoughts or behaviors. Knowing they can talk to you about hard things can be incredibly helpful.

Youth today are exposed to the topic of suicide through reports of celebrity suicide, themes of suicide on television, and social media. Youth can also be exposed to suicide in school, in the community, or through discussions with peers. Youth might be hesitant to talk about suicide for a variety of reasons. Even if they want to, it could be difficult for them to talk to you because they may fear that they are burdening or overwhelming you, especially during times of stress. In addition, your child might hesitate to talk to you if they believe that you may overreact, become distressed, or may not take their comments seriously. They might feel that they are opening up a "Pandora's box" of issues and might want to avoid these discussions entirely.

To help encourage discussion about suicide, it is useful to present an open, nonjudgmental, and calm atmosphere. It is important for you to have regular discussions with your child about all aspects of their life to better understand who they are and how they cope with their different emotions. This will allow you to better model positive coping strategies during situations your child finds difficult. These regular conversations also make it easier to check-in with your child, especially if they are having mental health difficulties, including suicidal thoughts and behaviors. By providing a safe, stable, and nurturing relationship along with many opportunities for open communication, you can potentially decrease the risk of mental health challenges, including suicidal thoughts.

Here are some things that you can say to your child to begin discussions about their feelings or thoughts about suicide, as well as other mental health related issues:

- I want you to know that you can tell me anything you are feeling or thinking. Growing up can be difficult, and I want to be here for you no matter how hard the topic feels.
- I might have feelings about what you are saying to me, but I really want to try to understand what you are going through.
- Talking about what you are feeling can help you feel better. I would love to hear what's been going on in your life.
- I know you have been through many difficult experiences. It can be helpful to talk about what you have been going through in order to feel better. Can you share with me what has been happening for you? What's been going on?
- I know that sometimes kids (or teens) can feel like life is a lot to deal with. How have you been feeling? Do you feel like you are dealing with a lot right now? What are some of those things?
- Do you ever think about hurting yourself? Do you ever think about killing yourself? Have you had any thoughts like this?
- Please let me know the next time you are having these thoughts. I am always here for you. I really care about you and it is really important for me to hear what you are going through.
- If you feel like hurting yourself, please let me know anytime, okay?

Also, know that military and community mental health staff (e.g., social workers or counselors) as well as medical staff (e.g., pediatricians or primary care physicians) are highly trained to address issues of suicidal behavior in adults and children and should be consulted when your child has mentioned wanting to harm themselves or others. In times of crisis, please reach out to law enforcement, emergency medical teams, and suicide hotlines such as the National Suicide Prevention Lifeline at 1-800-273-TALK (www.suicidepreventionlifeline.org).

WARNING SIGNS THAT YOUR CHILD MAY BE SUICIDAL

There is not a single cause that leads to thoughts of suicide. As a parent or caregiver, you can help support your child who is having suicidal thoughts by knowing the warning signs, noticing a change in behavior, or the presence of new behaviors. Youth experiencing suicidal thoughts or behavior can exhibit warning signs through what they say, what they do, or how they feel. It is important to know that not all youth who experience suicidal thoughts show all of these signs. Your child may only show a sign or two. At the same time, not all youth who have one or more of these warning signs may be suicidal. As a parent or caregiver, you know your child best and are well equipped to notice when things are *different*. Be on the lookout for changes in your child, such as:

TALK	BEHAVIOR	MOOD
Threatening suicide directly ("I am going to kill myself")	Suicide notes and plans (including online postings)	Depressive symptoms, hopelessness, helplessness
Wanting to die ("I wish I could fall asleep and never wake up again")	Prior suicidal behavior	Shame
Having no reason to live	Withdrawing from activities and isolating from family and friends	Anxiety
Talking about being a burden	Increased use of alcohol or drugs	Loss of interest
Stating that they feel trapped	Increased sleep problems	Agitation and/or anger
Describing unbearable pain	Giving away possessions	
	Increased aggression	
	Prior suicidal behavior or self-harm	

* Adapted from the American Foundation for Suicide Prevention, https://afsp.org/about-suicide/risk-factors-and-warning-signs/

HELPFUL RESPONSES BY AGE GROUP

When children talk about suicide, your response will differ depending on their age.

Pre-School Aged Children. Children at this age typically do not have a full understanding of death or of suicide. However, exposure to suicide may happen through family, school, or the media. It is important for you to provide developmentally appropriate information in an open and honest way. Although children may have unrealistic thoughts about death and dying (e.g., "When is s/he coming back?"), offer concrete explanations about death as a permanent situation. Though sad and difficult, these discussions, addressed as a family unit, offer helpful opportunities for the

child to receive realistic information. The book *Why Would Someone Want to Die?* (https://www.amazon.com/Why-Would-Someone-Want-Die/dp/1931636435) may be a valuable resource for parents and caregivers talking with their preschool children about suicide. *Sesame Street* also has a grief toolkit (https://www.sesamestreet.org/toolkits/grief/) with quick facts and downloadable resources for young children.

Elementary School-Aged Children. Developmentally, school-age children's social relationships broaden to include friends, schoolmates, and teachers. However, you as a parent or caregiver still play a central role in their lives. While this age group does not often engage in suicidal behavior compared to older youth, they can still have suicidal thoughts and some children may even attempt suicide. Elementary aged children exposed to suicide or talking about suicide may not always have a full understanding of death. Sometimes younger youth talk about killing themselves because they do not feel they have other ways of telling adults how much hurt they are experiencing. Even so, you should know that children at this age can try to hurt themselves and even attempt suicide. When youth talk about suicide, it is important to monitor them more closely. You can take steps to make your home safer by restricting access to things that your child might use to hurt themselves including weapons, knives, medication (including over the counter medications), as well as ropes, extension cords, or other things a child might use for strangulation or hanging themselves. You should listen to your child and try to help them develop healthy ways to express distress and pain. For instance, you can model naming and understanding emotions. You might say to your elementary school-age child, "You sound like you are sad. Is that what you are feeling right now? I would love to know more about what is making you so sad."

Adolescents. Teenagers may have a harder time sharing their feelings and seeking help. Developmentally, teens often try to handle problems on their own or with their friends. They may even push you away to handle things in their own, individual way. Ask questions to discover these patterns of problem solving that your teen implements; ask questions about how they connect with friends about these problems. As a parent, it is important to monitor your teen's use of social media and peer relationships, as this is one way you may uncover mental health issues or suicidal thoughts or behavior. In these cases, it can be helpful to try to focus on creating a safe, trusting environment so your children are able to communicate about suicidal feelings and work with you and/or your therapist to address these issues.

When you speak to your teen about suicidal thoughts and/or behavior, focus first on listening. It is natural and appropriate to express concern but also essential to remain as calm as possible. It is a normal reaction to try to encourage or support your teen by trying to talk them out of feeling suicidal, telling them they have much to live for, or suggesting that they cannot really mean what they're saying because of family, culture, or religious beliefs. However, this approach may cause your teen to feel like you are not taking their distress or pain seriously. You can better support your teen by listening, letting them know they are cared for, and trying to get them into therapy services as soon as possible.

If youth communicate an inability to keep themselves from acting on suicidal thoughts, it is important for you to reach out to a local emergency department, mobile crisis unit, or call 911. This is essential for an evaluation of the youth and until the situation resolves.

EVIDENCE-BASED TREATMENTS FOR SUICIDAL YOUTH: INFORMATION FOR PARENTS AND CAREGIVERS ABOUT TREATMENTS THAT WORK

Help is available. Consider talking to your child's pediatrician to ask for a mental health referral. Here are some components of evidence-based treatments to keep in mind when looking for a mental health professional:

- Includes family involvement
- Uses problem-solving skills
- Offers ways to help change negative thoughts
- Increases safe and healthy behaviors
- Promotes reasons for living
- Enhances resilience

The following website also has information about locating a provider: https://effectivechildtherapy.org/tips-tools/locate-a-psychologist-near-you/

Examples of Evidence-Based Approaches

Short-Term:

- Safety Acute (formerly known as the Family Intervention for Suicide Prevention) developed specifically for use with youth; and with an adaptation for use with youth with exposure to trauma
- Safety Planning Intervention

Long-Term:

- SAFETY Intervention: developed for youth with suicidal behaviors
- Dialectical Behavior Therapy for Adolescents
- Integrated CBT (I-CBT) for youth with both substance use problems and suicidal thoughts and behaviors

UNDERSTANDING HOW MILITARY CULTURE CAN HELP OR HINDER YOUR CHILD

Although being able to talk about suicide is important for all families, it is important to consider the suicidal risks specific to your family in relation to its military culture. Military families are extremely resilient. Military-connected youth have unique experiences, such as parental deployment, frequent relocations, and multiple transitions in schools and peer groups that occur from moving often. There are benefits to these unique experiences, including living in new places, learning flexibility, and experiencing increased self-worth and pride through being part of a military-connected family. These experiences may contribute to resilience among some youth, but for others, these experiences may be related to mental health difficulties such as depression or suicidal thoughts. It is important to recognize these difficulties and support your child or teen during these times.

Keep in mind, your child may be reluctant to seek support when they are upset or having thoughts about suicide. It is essential for you to understand that having thoughts of suicide is not a failure or indication of not being "strong enough." Instead, it provides an opportunity to connect and open up about pain, loss, and relationship struggles.

As a parent or caregiver, you can help your child by encouraging discussions about difficult emotions and coming up with solutions together that could help. A critical element to effective suicide prevention is explaining to your child that taking steps to talk about issues are a show of strength and resilience. It can help them feel as if their problems are not too big to handle, and even if they do feel too big, you can work together to try to solve them.

ADDRESSING YOUR NEEDS AT DIFFICULT TIMES

In addition to supporting your children when they are in a vulnerable place, you also need support as a parent or caregiver. When your child expresses suicidal thoughts or behaviors it can be scary, distressing, and potentially create a traumatic experience for the entire family. Trying to help your child cope may feel emotionally exhausting. You may struggle to understand why your child may feel the way they do or what you can do to keep them stable and safe.

Because of these concerns, reaching out for your own support can help maintain a healthy family system. It also models appropriate coping strategies.

Supportive self-care practices may include:

- Talking with a trusted friend, partner, or another adult you can confide in that can offer support
- Making time for yourself so that you can be more effective and present for your children
- Taking a breath or step back to gain perspective
- Seeking mental health support from a counselor or other mental health professional

References

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