

SUICIDE IN CHILDREN AND ADOLESCENTS

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Introduction

The death of a child is heart breaking for everyone affected, but when a child dies by suicide, it brings a while different level of grief, pain and anguish to those who cared about the child.

Suicide among young people is a serious problem and deserves the attention of parents and others who live and work with children and young people. The majority of children and adolescents who attempt suicide have a significant mental health disorder, usually depression.

As children grow into teenagers, it becomes even more challenging for parents and caregivers to know what they are thinking and feeling. It is important to be able to distinguish the normal ups and downs and adolescent development from something more serious, like depression and thoughts of suicide. When parents and caregivers know the factors that cause or increase the risk of depression or suicide, they are in a better position to identify situations that could put their children at risk.

Although it is estimated that in 2012 over 800,000 suicide deaths occurred worldwide (WHO, 2014), it remains a sensitive and often taboo topic in many societies and this number is likely to be an underreported representation of the true number of deaths due to suicide. For every suicide, there is also many more suicide attempts. Suicide accounts for 50% of all violent deaths in males, and 70% of violent deaths in females. Suicide rates are highest among persons aged 70 years and older for males and females, although in some countries suicide is highest among young people aged between 15 and 29 years of age.

Teenagers typically experience normal fluctuations in their mood as they learn cope with a host of pressures, ranging from the physical changes of puberty to understanding themselves and knowing where they fit into the world. Depression is however more serious than normal moodiness; it can be more severe and also persist over a longer period of time. Depression affects every aspect of a young person's functioning and if left untreated can become debilitating.

Causes of Suicide

Everyone experiences the normal stresses of everyday life, but that does not normally lead people to become so overwhelmed that they consider suicide. While people may feel intense emotions in response to what happens in their lives, including sadness, anxiety, anger or hopelessness – these do not normally trigger thoughts of suicide. Research shows that approximately 90%¹ of people who have died by suicide were suffering from a mental health illness at the time. The most common mental illness reported was depression and substance abuse.

It is important to understand that every person is a unique individual and has a unique set of relationships and circumstances that make up their life experiences.

Risk factors

Risk factors act cumulatively to increase a person's vulnerability to suicidal behaviour, but this is a complex process and the mere presence of risk factors alone does not mean that an individual will attempt suicide, just like the absence of identifiable risk factors is not sufficient to rule out the possibility of suicide. Risk factors can be categorised into three spheres, namely (1) those associated with the health system and society at large, (2) the community and relationships and (3) individual risk factors. Some risk factors cut across the macro, mezzo and micro spheres, but are categorised here simply to demonstrate that suicide is not only an individual issue.

The identification of risk factors can be useful in making us aware of the possibility of suicidal behaviours when applied to groups of the population in general, but it has limitations when applied to the individual. Shea (2011) states that any individual may distort the significance of a relatively small stressor into a lethal stressor – so the absence of the risk factors below does not necessarily mean that an individual will not decide to suicide. It is important to consider each individual's circumstances as a unique situation.

Most people do not consider suicide in response to a single, catastrophic stressor. It is rather the stress of living with oneself that more often leads to despair. Suicide remains a conscious choice, and although some may arrive at this decision very quickly, for most individuals it is the result of a process of carefully weighing the pros and cons of the situation and the possibility of suicide.

The health system and society

- Difficulty in accessing health care and receiving the care needed
- Easy availability of the means of suicide
- Inappropriately sensationalised media reporting that increases the risk of “copycat” suicidal behaviour

¹ Suicide in teens and children, symptoms and causes

- Stigma against people who seek help for suicidal behaviours

Community and relationships

- War and disaster
- Discrimination
- Low socio-economic status and poverty
- A sense of isolation
- Abuse and trauma
- Violence

Individual

- Previous suicide attempts
- Mental illness or disorders or psychiatric diagnosis, especially depression
- Harmful use of alcohol
- Significant or multiple losses, e.g. financial loss, loss of employment, loss of loved ones
- Chronic pain
- Serious physical illness or terminal illness
- Family history of suicide or exposure to suicide
- Poor coping skills
- Sexual orientation issues
- Exposure to the suicide of other people
- Feelings of hopelessness and helplessness
- Neurobiological dysfunction
- History of physical or sexual abuse
- Aggressive behaviour or impulsivity
- Lack of social support or social isolation
- Access to ways of harming oneself, e.g. guns, medications
- Victim of bullying or other forms of victimisation
- Feelings of hopelessness or helplessness

While an awareness of these risk factors may sensitise us to the possibility of suicide, it may also blind us to the possibility of suicide for people where these risk factors are not evident. Shea (2011) warns that people don't kill themselves because statistics suggest that they should. People consider suicide because of psychological pain, and each person is unique. Statistical information, such as the risk factors identified here, are useful when referring to large populations, but are at its weakest when applied to individuals. An individual can present with very few risk factors, but may still make a decision to die by suicide. Similarly some people may have an enormous number of

risk factors, but if that person does not want to kill himself or herself, no suicide will occur. The decision to kill oneself is made after a complex and stressful weighing of the pros and cons by reflective people who would not choose death as the answer if life provided better solutions.

Protective factors

Protective factors reduce the risk of suicide and counter the extreme stress of life events, but they do not negate the risk of suicide:

- Support from family, friends and other significant relationships
- Religious, cultural and ethnic beliefs
- Community involvement
- A satisfying social life
- Social integration, e.g. through employment, constructive use of leisure time
- Access to mental health care and services

Children's Understanding of Death and Suicide

Children know what suicide is at a surprisingly young age. While children aged 6 may not be familiar with the word "suicide", most first graders understand what "killing oneself" means. Most third graders have talked about suicide with peers or seen it on TV or overhead adults talking about it. Most of them can describe one or more ways of doing it. Children's understanding of death and suicide increase with age.

News > South Africa > Wcape

Bullied girl hangs herself

WESTERN CAPE / 3 March 2017, 1:17pm
Venecia Valentine



A Grade 7 pupil at Hyacinth Primary has committed suicide after she was apparently bullied.

Cape Town – A 12-year-old girl has committed suicide after she was apparently bullied at school.

Gay teen, only 13, commits suicide after years of homophobic bullying

RIP Tyrone Unsworth



Tyrone Unsworth dies at just 13 years old

25 November 2016 | by Joe Morgan

Recommend 27K Tweet G+ 11

A gay teen was bullied so horribly, and for so long, he took his own life. He was just 13.

Tyrone Unsworth, a year seven student in Brisbane, Australia, was the target of relentless



The South African Anti Bullying Forum shared ATTN's post.

17 August 2016

attn: ATTN:

16 August 2016

Like Page

No child should have to go through this.



Transgender boy, 16, commits suicide after years of bullying

His name was Ash



Ash Haffner stepped into incoming traffic

2 March 2015 | by Darren Wee

Recommend 9.9K Tweet G+ 4

A 16-year-old transgender boy from North Carolina has taken his life after enduring years of bullying.



The South African Anti Bullying Forum via Gay Star News

5 August 2015



Gay teen attempts suicide after being covered with red paint by bullies

South African teen said 'it became too much to bear'

GAYSTARNEWS.COM | BY GAY STAR NEWS



The South African Anti Bullying Forum via George Takei

10 December 2014



Bullied To Death: 12-Year-Old Male Cheerleader Commits Suicide Because Of Classmates

Last year, middle schooler Ronin Shimizu (pictured) did a very brave thing: He signed up to be the only boy on his school's cheerleading team. According to sources,...

QUEERTY.COM

Warning Signs

There is a difference between risk factors and warning signs. Risk factors apply to everyone; the more risk factors present, the greater the risk that a person (any person) may be vulnerable to thoughts of suicide. Warning signs are specific to an individual and is an indication that this individual is at risk for suicide.

Important warning signs include the following:

- Making suicidal statements
- Being preoccupied with death; talking about death or writing or drawing themes related to death and dying
- Giving away personal belongings
- Withdrawing from friends and family
- Aggressive or hostile behaviour
- Neglecting personal appearance
- Running away from home
- Risk-taking behaviour, including sexual promiscuity or having regular accidents
- A change in personality
- Substance abuse
- Problems with concentration
- Saying things like “I wish I was dead”, “There is no way out”, “I wish I could disappear forever”, “If I died people would love me more”
- Joking about suicide
- Not caring about activities that used to matter

For children all of the above, plus

- Changes in eating or sleeping patterns
- Frequent and pervasive sadness
- Frequent complaints about physical symptoms related to emotions, such as stomachaches, headaches, fatigue, etc.
- Decline in quality of school work
- Preoccupation with death and dying

Situations that may increase the chances of suicidal thoughts in children and teens include:

- Depression or other mental health problems, e.g. bipolar disorder
- A parent with depression or substance abuse problems
- Previous suicide attempts
- A friend, peer, family member or hero who recently died by suicide
- Disruptive or abusive family circumstances

- A history of being bullied

Situations that may trigger a suicide attempt in children and teens include:

- Possession or purchase of a weapon, pills or other means of inflicting self-harm (e.g. also possession of razor blades)
- Drug or alcohol use (increases impulsivity)
- Witnessing the suicide of a family member
- Problems at school, such as falling grades, failing a grade, disruptive behaviour or frequent absences
- Loss of a parent or close family member through death or divorce
- Legal or discipline problems
- Uncertainty surrounding sexual orientation and rejection by others

Depression

Signs of depression which can lead to suicidal behaviour include the following:

- Feeling sad, empty or tearful most of the time, almost every day
- Loss of interest in activities that were enjoyed in the past
- Changes in eating and sleeping habits
- Difficulty thinking and concentrating
- Continued boredom or restlessness
- Complaints of physical symptoms like headaches, stomachaches or fatigue
- Feelings of guilt
- Feelings of hopelessness or helplessness

Myths About Suicide

These are some common myths about suicide:

- People who talk about suicide will not harm themselves because they just want attention: FALSE. Most people who attempt or complete suicide have at some stage communicated their intention to someone.
- Suicide is impulsive and happens without warning. FALSE. Although for some a decision of suicide may appear to be made impulsively, most individuals ponder this dilemma for a while before making a decision. This is evidenced by that fact that most suicidal individuals have communicated their intention to someone around them at some stage.
- Suicidal individuals really want to die and are determined to kill themselves. FALSE. The fact that suicidal individuals will often communicate their intention to someone else is evidence of their ambivalence and inner conflict. They are still seeking answers to their problem at this stage.

- When an individual shows improvement or survives a suicide they are out of danger. FALSE. During the initial improvement after a suicide attempt the individual may be particularly fragile and still at risk for suicide.
- Suicide is hereditary. FALSE. Although a family history of suicide is a risk factor, no suicide can be linked to heredity.
- Individuals who attempt suicide have mental disorders. FALSE. Individuals with mental disorders such as depression, schizophrenia or substance abuse may be at a higher risk for suicide behaviour, but for most people suicide is a choice made after careful consideration.
- If you talk to someone about suicide, you give them the idea to complete a suicide. FALSE. Enquiring from someone if they are thinking about suicide does not encourage them in any way to attempt suicide; in fact, open enquiry about suicide ideas provide validation of the individuals emotional state and this is a necessary component of reducing suicide behaviour. Furthermore, the idea of suicide is no secret and reports of suicide can be found everywhere in the media including films, video games, television series and music lyrics. In fact, creating an atmosphere where suicide can be discussed openly and without judgement provides the individual with an opportunity to break their silence on the topic.
- Suicide only happens to other people. FALSE. Suicide happens to all kinds of people and is found in all kinds of social systems and families.
- Once a person has tried to commit suicide, they will never try again. FALSE. Suicide attempts are a critical predictor of future suicide attempts.
- Children do not commit suicide since they do not understand the finality of death and are incapable of engaging in a suicidal act. FALSE. Children can and do commit suicide and any gesture, at any age, should be taken seriously.

One important myth that bears singling out is that the individual who talks about suicide ideas is merely attempting to manipulate others into receiving sympathy.

How to Respond to Someone who is Suicidal

Stay calm

- Notice your own thoughts and feelings
- Take a moment to prepare
- Be clear with yourself about your responsibility

Connect

- People in crisis are disconnected from their own internal resources as well as supportive connections

- Establishing rapport – making a connection – is central to any further intervention

Listen – here and now

- Let the client do the talking – you can learn nothing new while you are talking
- Keep the focus on the present and avoid “getting stuck” in the past
- Listen for strengths and resources, but be careful not to trivialise

Safety

- Your own safety comes first – do not place yourself at risk
- Physical safety is a prerequisite for emotional safety and for any meaningful discussion to take place

Get help

- Do not work alone – get help as soon as possible
- In a counselling situation where the immediate crisis is resolved, obtain supervision or consultation

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