

Your Child Has Thought About Ending Their Life – What's Next?

If you learn your child has been thinking of suicide, you may feel shocked, numb, afraid or confused. You may think to yourself, "How can I help my child?" and "How do I keep my child safe?"

Here are some things to remember during this stressful time:

- You are not alone.
 - About 17 percent of high school students report having seriously considered suicide in the past year. Twelve percent of children age 6 to 12 have thoughts about suicide.
- Thinking about suicide does not mean that you or your child has done anything wrong.
 - Thoughts of suicide are often related to illnesses such as depression and anxiety. These can improve with mental health treatment.
- Check in regularly with your child and ask directly about suicidal thoughts. Listening to your child (even if you do nothing else) is the best way to increase their comfort in expressing upsetting thoughts and feelings.
 - Discuss changes that you have noticed and why it concerns you.
 - Ask your child directly, "Have you been thinking about killing yourself?"
 - Do not try to "solve" your child's issues. Show compassion and support.
 - Let them know that you will be there for them. Give them time to manage intensely painful emotions.
- Try to stay calm. Getting support from a mental health professional can help your child. It can give you a sense of hope.
- Work with mental health professionals to develop a safety plan. Some important pieces of a safety plan:
 - Your child should have a list of trusted adults to contact for when they are in crisis.
 - Keep crisis hotline and text line numbers in easy to find places (e.g., phone, refrigerator).
 - Prompt your child to practice coping skills.

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When your child needs a hospital, every day.

- o Lock up or remove items in your home that could prove deadly, especially if your child has considered them as a way to end their life. This includes prescription and over-the-counter medicines, alcohol, cleaning supplies, sharp objects, belts, cords, ropes, and especially, guns and bullets.
 - o In a crisis, constant, direct supervision of your child may be needed to keep them safe.
 - o Consider using phone apps and other technology to make safety plans easy to access. Safety plans should be shared with trusted adults and updated if risk factors change.
- **You are in charge of who receives or shares your child's medical information.**
 - o Think about letting a small group of supportive adults across different settings share information by signing releases of information.
 - o This group of supportive adults may include teachers, school counselors, mental health therapists, doctors and family members.
- **If you have depression or anxiety yourself, be aware that your child's mental health concerns may raise your level of distress. If your child thinks about suicide often, it is common to become frustrated and feel worn out. You may find it harder to be supportive and patient.**
 - o It can be helpful for parents to get counseling for themselves to manage difficult emotions and to be in a position to provide effective care.
 - o You do not have to go through this alone.
 - o All thoughts of suicide, statements about death or dying, or behaviors taken to injure oneself or to end one's life should be taken seriously.
- **Here are some additional helpful resources:**
 - o The Center for Suicide Prevention and Research website includes tips and blogs that support caregivers: NationwideChildrens.org/Suicide-Research
 - o Franklin County Crisis Hotline for youth (under 18): (614) 722-1800
 - o Crisis text support: Text "4HOPE" to 741-741
 - o Helpful suicide prevention and safety planning apps: MY3, Mood Tools



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