Every parent would like to believe that suicide is not relevant to them or their family or friends. Unfortunately, it’s all too relevant for all of us. It’s the 3rd leading cause of death in adolescents and the 2nd for college aged students. Even more disturbing are national surveys that tell us that 16% of high school students admit to thinking about suicide and almost 8% acknowledge actually making an attempt. The unfortunate truth is that suicide can happen to ANY kid in ANY family at ANY time!

So how do you deal with this reality? Once you acknowledge that suicide is as much risk for your child as not wearing a seat belt while driving, or using alcohol or drugs, or engaging in risky sexual behavior, you’ve taken the first step in prevention. You talk to your children about these other behaviors which can put them at personal risk, and suicide is no different. It’s something you CAN and SHOULD talk about with your children!

Contrary to myth, talking about suicide CANNOT plant the idea in someone’s head! It actually can open up communication about a topic that is often kept a secret. And secrets that are exposed to the rational light of day often become less powerful and scary. You also give your child permission to bring up the subject again in the future.

If it isn’t prompted by something your kid is saying or doing that worries you, approach this topic in the same way as other subjects that are important to you, but may or may not be important to your child:

- Timing is everything! Pick a time when you have the best chance of getting your child’s attention. Sometimes a car ride, for example, assures you of a captive, attentive audience. Or a suicide that has received media attention can provide the perfect opportunity to bring up the topic.

- Think about what you want to say ahead of time and rehearse a script if necessary. It always helps to have a reference point: (“I was reading in the paper that youth suicide has been increasing...” or “I saw that your school is having a program for teachers on suicide prevention.”)

- Be honest. It this is a hard subject for you to talk about, admit it! (“You know, I never thought this was something I’d be talking with you about, but I think it’s really important”). By acknowledging your discomfort, you give your child permission to acknowledge his/her discomfort, too.

- Ask for your child’s response. Be direct! (“What do you think about suicide?”; “Is it something that any of your friends talk about?”; “The statistics make it sound pretty common. Have you ever thought about it? What about your friends?”)
- Listen to what your child has to say. You’ve asked the questions, so simply consider your child’s answers. If you hear something that worries you, be honest about that too. “What you’re telling me has really gotten my attention and I need to think about it some more. Let’s talk about this again, okay?”

- Don’t overreact or under react. Overreaction will close off any future communication on the subject. Under reacting, especially in relation to suicide, is often just a way to make ourselves feel better. ANY thoughts or talk of suicide (“I felt that way awhile ago but don’t any more”) should ALWAYS be revisited. Remember that suicide is an attempt to solve a problem that seems impossible to solve in any other way. Ask about the problem that created the suicidal thoughts. This can make it easier to bring up again in the future (“I wanted to ask you again about the situation you were telling me about...

Here are some possible warning signs that can be organized around the word “FACTS”:

**Feelings** that, again, seem different from the past, like hopelessness; fear of losing control; helplessness; worthlessness; feeling anxious, worried or angry often

**Actions** that are different from the way your child acted in the past, especially things like talking about death or suicide, taking dangerous risks, withdrawing from activities or sports or using alcohol or drugs

**Changes** in personality, behavior, sleeping patterns, eating habits; loss of interest in friends or activities or sudden improvement after a period of being down or withdrawn

**Threats** that convey a sense of hopelessness, worthlessness, or preoccupation with death (“Life doesn’t seem worth it sometimes”; “I wish I were dead”; “Heaven’s got to be better than this”); plans like giving away favorite things, studying ways to die, obtaining a weapon or stash of pills; suicide attempts like overdosing or cutting

**Situations** that can serve as “trigger points” for suicidal behaviors. These include things like loss or death; getting in trouble at home, in school or with the law; a break-up; or impending changes for which your child feels scared or unprepared

*If you notice any of these things in kids who have always been impulsive, made previous suicide attempts or threats or seem vulnerable in any way, you really should get consultation from a mental health professional.*