

Natalie Scanlon, Ph.D.

What signs can parents look for to know if their child may be contemplating suicide?

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There are many signs many potential signs for suicidality. So some of the more obvious ones are, if children begin talking about it, or some may draw about it, or write notes or other things about it, those are some of the more overt signs that we should be concerned and start to ask questions. And then I would say, if you noticed any change in a child's sort of normal baseline functioning, if they go from being more of an extroverted social kid, to more isolated and introverted, that could be a warning sign. If you notice changes in academic performance, or eating or sleeping. If you notice any reckless or risky behavior, especially substance use, that can be a warning sign. And then certainly, if there are losses, if there are big changes, losses, breakups that happen, we know that those are risk factors for children. Some children, if they're thinking about suicide, may also start to give away belongings, that can be a sign that they're thinking about it. And then finally, two of the big ones that we know about are if kiddos start to talk about feeling hopeless about their future, or a sense of being a burden to other people. Those are kind of red flags that go up in our minds as professionals that somebody might be contemplating suicide.

What can parents do to prevent their child from attempting suicide?

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One of the most important things that I think caregiver or anybody in a child's life, or a teenager's life can do is to ask, so if you start to notice any of those risk factors are warning signs for suicide, to initiate a conversation with the person about it. And a lot of people have hesitancy about it about that, because they don't know what to say. Or they think that if they mentioned suicide, it will plant a seed for that person who's already struggling. And we actually know from a lot of data, that you won't do any harm by asking somebody about suicide, you will open the door to honest conversation maybe about suicide or just about them struggling in general. So I would say as far as prevention goes, ask, initiate a conversation. If there is some suicidality happening, devise some safety plans and make sure to restrict access to lethal harmful means in the home. And a lot of people think about firearms for that. But also be thinking about medications, prescription or over the counter, alcohol or other substances, sharp objects in the home, all of that can really build in some time and space between thinking about suicide, and actually completing suicide.

What resources are available?

2:48

So there are some national resources for youth struggling with suicide, as well as the local resources here in West Texas. So nationally, we always talk about the 988 number, which is sort of the 911 equivalent for mental health crises. Of course, folks can call 911. If you're in the moment and worried imminently about somebody safety, and 988 is the number that is available. 24/7. It's free, it's confidential, you can text it, you can call it and somebody will help you through that mental health crisis over the phone or via text. Other general resources or

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ways to help I would say are short, preventative interventions such as QPR, which some people may have heard of, QPR stands for Question, Persuade and Refer. So if you're a school counselor, primary care physician, you may come across youth or others who are suffering with suicidality. That's a great program to get trained in because you know the questions you can ask the ways you can persuade them away from suicide, and then who to refer to. Here in West Texas, and of course, anywhere you can always go to your local emergency department if you're imminently struggling with suicidality. And here in West Texas, we have a really helpful telehealth program called CATR TCHAT stands for the campus alliance for telehealth resources. And it's a program where the state has partnered with independent school districts to essentially triage mental health concerns by caregivers, by students, by school personnel, such that students can get connected to a virtual psychiatrist, psychologist or counselor through the schools. So be on the lookout for any CATR TCHAT resources in your school. And then higher levels of care. outpatient therapy can be wonderful once a week, once every two weeks. Sometimes youth struggling with suicide need a higher level of care. So something like a partial hospitalization program, PHP, an intensive outpatient program and IOP and those services are included in the new relational health center here in West Texas. The first of its kind for youth who need that level of care. From there if people need more of an inpatient experience or residential treatment experience, those are available within our state and within our country. All of which can be life saving for people struggling with suicide.

Anything else to add?

5:21

The final thing I would add is when we talk about suicide, we talk about three main things, plans, desire to die and access to means. So if you or somebody you know is struggling with suicide, be on the lookout for do they have a specific plan? Do they have ways to act upon that plan? Do they have the means to hurt themselves? And do they have a desire to die and if those things are there, we know that the risk is high and we know that we have to intervene.