



Suicide in Children and Teens

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Suicides among young people continue to be a serious problem. Suicide is the second leading cause of death for children, adolescents, and young adults age 15-to-24-year-olds.

The majority of children and adolescents who attempt suicide have a significant mental health disorder, usually depression.

Among younger children, suicide attempts are often impulsive. They may be associated with feelings of sadness, confusion, anger, or problems with attention and hyperactivity.

Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. For some teens, suicide may appear to be a solution to their problems.

Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his or her illness recognized and diagnosed, and appropriately treated with a comprehensive treatment plan.

Thoughts about suicide and suicide attempts are often associated with depression. In addition to depression, other risk factors include:

- family history of suicide attempts
- exposure to violence
- impulsivity
- aggressive or disruptive behavior
- access to firearms
- bullying
- feelings of hopelessness or helplessness
- acute loss or rejection

Children and adolescents thinking about suicide may make openly suicidal statements or comments such as, "I wish I was dead," or "I won't be a problem for you much longer." Other warning signs associated with suicide can include:

- changes in eating or sleeping habits
- frequent or pervasive sadness
- withdrawal from friends, family, and regular activities
- frequent complaints about physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc.
- decline in the quality of schoolwork
- preoccupation with death and dying

Young people who are thinking about suicide may also stop planning for or talking about the future. They may begin to give away important possessions.

People often feel uncomfortable talking about suicide. However, asking your child or adolescent whether he or she is depressed or thinking about suicide can be helpful. Specific examples of such questions include:

- Are you feeling sad or depressed?
- Are you thinking about hurting or killing yourself?
- Have you ever thought about hurting or killing yourself?

Rather than putting thoughts in your child's head, these questions can provide assurance that somebody cares and will give your child the chance to talk about problems.

Parents, teachers, and friends should always err on the side of caution and safety. Any child or adolescent with suicidal thoughts or plans should be evaluated immediately by a trained and qualified mental health professional.

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