

Holding on to Hope

Facing the Facts on Suicide – What Do You Need to Know?

Suicide is a major public health concern, second only to unintentional injury as the leading cause of death in children and teens. Suicide rates among this population have been steadily increasing in recent years. The increase has been observed across different racial and ethnic groups, socioeconomic statuses and geographic regions. Recognizing signs of suicidal behavior, which can also indicate depression, is crucial. Below are some signs to be mindful of:

- Changes in eating and sleeping habits
- Loss of interest in usual activities
- Withdrawal from friends and family members
- Acting-out behaviors and running away
- Alcohol and drug use
- Neglecting one's personal appearance
- Unnecessary risk-taking
- Obsession with death and dying

The causes of suicide among children and teens are complex and may involve a combination of individual, interpersonal or societal factors. As such, addressing this issue requires a multidisciplinary approach that involves parents, educators, mental health professionals, policymakers and community members. According to U.S.-focused research, there are several risk factors that, if an occurrence is present in a child or teen's life, could increase the risk of suicide:

- Mental health disorders (including depression, anxiety, bipolar disorder and schizophrenia)
- Substance abuse
- Exposure to trauma, abuse, neglect and/or violence
- Bullying and cyberbullying
- Other situations that lead to social isolation, low self-esteem and loss of hope

Talking with Your Children and Teens About Suicide Could Be Life Saving

Suicide or suicidal thoughts can be a heavy topic of discussion so remember to approach all conversations about suicide or thoughts of self-harm* with empathy, active listening and an open mind. It is important to create a safe and non-judgmental space for children and teens to express their thoughts or feelings about suicide. Structured conversations can begin with a list of questions to support the facilitation of ongoing conversations with your child(ren). Below we offer a few to help you get started. Once you have a starter list of questions formed to guide your conversation, consider ways to weave age-appropriate play or personal stories into the conversation to lift the mood. Finally, be sure to create a sense of calm to alleviate any stress or anxiety your child or teen may feel while sharing. Ultimately, the goal of the conversations would be to build trust and rapport



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so that when thoughts of suicide or self-harm occur, your child or teen has at least one trusted adult to turn to for support.

- Is social media a place where you feel stressed or carefree?
- What does the word “suicide” mean to you?
- Do you know anyone who has struggled with feeling sad? How does that make you feel?
- What do you think causes someone to think about suicide?
- Have you ever experienced a time when you felt hopeless? Can you draw or act it out?



To learn more about where to go for behavioral health treatment/resources, reach out to your Primary Care Physician (PCP). If you do not have a PCP, you may call the Customer Service number on your BCBSIL member ID card or log on to Blue Access for MembersSM (BAMSM) bcbsil.com and use the Provider Finder. This fast, easy-to-use tool improves members’ experience when searching for in-network health care providers. You may also contact **Magellan EAP** for suicide intervention, counseling or support. To educate yourself, review this **Virtual Suicide Awareness slide deck** by Cook County Health for local resources.

What Community Stakeholders Can Do

Relationships that support the healthy development of children and teens extend beyond the home into the school and social settings. Teachers, coaches, mentors, afterschool providers, parent teacher organizations (PTOs), tutors and others with a trusted connection to the child can also be a safety net against suicide. Below is a list of intervention ideas for brainstorming with your with community partners to help develop custom solutions:

- Promote mental health and well-being at all ages
- Lead early identification programs for mental health conditions
- Host education programs on the harms of drug use and substance abuse
- Create support groups or referral lists for professionals that provide trauma-informed care
- Implement of policies and programs that promote mental health
- Launch student-led, parent-supported anti-bullying campaigns and initiatives
- Post up visible signs in community and school spaces for suicide prevention hotlines
- Establish office hours for school-based mental health services

The highest suicide rates documented have been among people aged 15-19 years and males are more likely to die by suicide than females. Additionally, suicide rates vary by race and ethnicity, with American Indian/ Alaska Native youth having the highest rates, followed by white and Hispanic youth. Interventions for suicide prevention among children and teens also need to be culturally sensitive and tailored to the specific needs of diverse communities. Beyond that, interventions need to be developmentally appropriate with consideration of the differences between children and teens.

***NOTE:** If you or someone you know is in immediate danger of self-harm or suicide, seek help from a medical professional or emergency services immediately. The **National Suicide Prevention Lifeline** can be reached at **(800) 273-TALK (8255)**. You may also call or text **9-8-8** to reach the **988 Suicide and Crisis Lifeline**. Always dial **9-1-1** in the case of a medical emergency.

