
A SUICIDE PREVENTION
TOOLKIT

Children and suicide



centre for
suicide prevention



IN THIS TOOLKIT

What to expect

Statistics

*Are children really at
risk for suicide?*

Warning signs

*How to talk to children
about suicide*

Risk factors

Protective factors

*How can suicide in
children be prevented?*

Resources

References

Statistics show that there are very few suicides of children. While this is positive, child suicide deaths are often officially reported as accidents or unintentional deaths so they are likely under-reported (Gray et al., 2014). Although child suicide deaths are statistically rare, some children do attempt suicide (Whalen et al., 2017).

If children with thoughts of suicide are not treated when they are young, their risk of suicide increases as they get older. It is important to identify children thinking about suicide as early as possible so they can receive treatment for mental health concerns (Wyman et al., 2009; Herba et al., 2007).

What to expect

This resource is a brief introduction to the topic of children and suicide.

You will learn about statistics, warning signs for suicide, why children may think about suicide, and how these suicides can be prevented. You will also learn how to have a conversation with a child you're worried about.

If you know someone who is actively thinking about suicide and immediately at risk, or if you're thinking about suicide, call your local crisis line.

In Canada, call **1-833-456-4566**.

Statistics

IN CANADA IN 2018,
THERE WERE

46

RECORDED SUICIDES OF
CHILDREN AGED 1-14:
22 MALES AND 24 FEMALES
(Statistics Canada, 2019).

IN 2018, SUICIDE WAS THE LEADING
CAUSE OF DEATH AMONG CHILDREN
AGED 10-14 IN CANADA, AHEAD OF
UNINTENTIONAL INJURIES AND
CANCER (Statistics Canada, 2019).

IN ALBERTA IN 2017,

584

CHILDREN UNDER AGE 14
VISITED HOSPITAL EMERGENCY
ROOMS FOR SUICIDE ATTEMPTS
AND SELF-INFLICTED INJURY
(C.Agborsangaya, Epidemiologist,
Alberta Health Services, personal
communication February 18, 2020).

THE OCCURRENCE OF
CHILD SUICIDE IN THE
US AND CANADA ARE
COMPARABLE. IN THE
US IN 2016 (WITH TEN
TIMES THE POPULATION
OF CANADA), THERE
WERE 436 SUICIDES OF
CHILDREN AGED 14
AND UNDER (Centers for
Disease Control and
Prevention, 2016).

IN CANADA, IN 2016,
THERE WERE

48

SUICIDES FOR THOSE
UNDER 15 (Statistics
Canada, 2019).

Are children *really* at risk of suicide?

Many people believe that children do not have the developmental maturity to act on suicidal thoughts as they have an incomplete concept of death.

However, research shows that by around age 9, many children do have a thorough understanding of both death and suicide (Tishler, 2007; Whalen et al., 2017; Shirley, 2020).

Regardless of whether they understand the consequences of their actions, children may consider death as an option to end their emotional pain without fully understanding the finality of their actions (Tishler, 2007).



Warning signs

People thinking about suicide typically exhibit warning signs – any significant change in behaviour may be a warning sign. Warning signs in children can look like:

CHANGE IN USUAL BEHAVIOUR

- Neglecting personal interests or previously enjoyed activities
- Dreaming or worrying about death
- Increasing problems at school, or problems occurring for the first time

(Centre for Suicide Prevention (CSP), 2008, pp. 3, 114-116)

RISK-TAKING

- Running into the street
- Climbing buildings or tall trees
- Ingesting inedible material

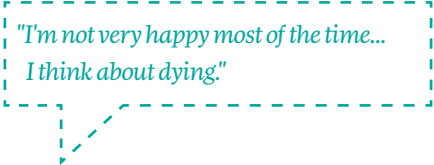
(Finzi et al., 2001)

MULTIPLE SYMPTOMS OF DEPRESSION

- Experiencing long-term sadness and/or frequent crying
- Developing difficulties concentrating in school
- Losing interest in previously enjoyed activities or lacking energy to participate

- Having insomnia or frequent nightmares
- Routinely not answering questions, or long delays in answering
- Complaining of physical aches and pains not linked to verified illness
- Experiencing anxiety and multiple fears or phobias

CONVERSATION THAT INDICATES SUICIDAL THOUGHTS OR PLANS



*"I'm not very happy most of the time...
I think about dying."*



*"I think mom left because of me...it
would be better if I wasn't here."*



"I hate my life. I want to go away."

(CSP, 2008, pp. 3, 114-116)

How to talk to a child about suicide

When talking to a child about suicide:

- Be sensitive to the child's mood at the beginning of the conversation and notice any changes during the conversation
- Speak slowly, avoid rushing the conversation
- Be aware of their body language as well as what they're saying
- Maintain an open, non-judgmental tone
- Use clear, direct language

If a child you know is showing warning signs, or you're just generally worried about them, have a conversation.

- Before starting the conversation, decide what role you will play with this child. Will you offer ongoing support? Will you need to tell their caregiver or connect them with supports such as a school counsellor? You can enlist others to help, including your local crisis centre.
 - Mention your concerns. "I noticed the other day you said you don't want to be here because your mom doesn't live at home anymore. It seems like life is hard for you right now. Are you okay?"
 - Listen to their response for expressions of hopelessness, blame, or despair, "It's my fault that mom left home" or "No... I'm not really okay..."
-

-
- You don't have to offer solutions. Just listen. If you're concerned after hearing their response, explore further. Ask them about their situation or feelings. Then, if you're still worried they might be thinking about suicide, ask them directly, "Did you ever feel so upset you wanted to die?" or "Do you think about hurting or killing yourself?" (CSP, 2008, p.35).
 - If a child does express thoughts of suicide, let their caregivers know and ensure that child is connected to treatment supports. This could be a family member, friend or a crisis centre. Your local crisis line number (in Canada, **1-833-456-4566**).



ACUTE WARNING SIGNS

Some warning signs require more immediate action than others. If you notice a child exhibiting the following warning signs, call the local crisis line, and, if appropriate, alert the child's caregiver. If you think the risk of suicide is imminent ensure the child is not left alone – stay with them until they are with a mental health care provider, caregiver, or other contact:

- Talking about wanting to die or kill oneself; and
- Looking for a way to kill oneself or already having a plan (American Association of Suicidology, 2018).

To learn more about how to help a child who is thinking about suicide, consider taking a workshop, such as the half-day *Tattered Teddies: Preventing suicide in children* or *Little Cub: Preventing suicide in Indigenous children* workshops. To learn more about suicide intervention, take the two-day *ASIST: Applied Suicide Intervention Skills Training*. Learn more at suicideinfo.ca/workshops.

Risk factors



Certain factors can place people at a higher risk for suicide than others. These are some risk factors that affect children particularly:

- Family history of suicide, depression, or substance use
- Previous suicide attempts
- Untreated depression, anxiety, or other mental illness
- Incomplete comprehension of death: if a child doesn't understand the consequences of their actions, they may be more likely to take deadly risks, such as running into traffic, for example
- Self-harm such as repetitively picking wounds, sticking pins into skin, biting fingernails to cause bleeding or pain, self-hitting
- Access to means of suicide such as firearms or prescription drugs
- Learning difficulties or lack of success in school (child may believe they are a failure)
- Exposure to physical, emotional, or sexual trauma
- Unstable home environment resulting from situations such as divorce, frequent moves, or multiple caregivers (child may blame themselves for their circumstances)
- Negative school experiences such as bullying
- Significant recent losses such as the death of a parent, close friend, or pet

(CSP, 2008, pp. 64-79; Tishler, 2007; Whalen et al., 2017; Sheftall et al., 2016.)

Protective factors



Certain factors or circumstances can guard a person against thinking about suicide and increase their resiliency. These are some protective factors that can build resiliency in children:

- Positive relationships such as with family, teachers, coaches, foster parents, peers
 - Positive self-esteem and self-worth
 - A hopeful view of the future
 - Effective problem solving and coping skills
 - Safe and secure home environment
 - Positive school experience
 - Ability to communicate their needs, feelings, and thoughts to others
 - Positive life experiences
 - Success at school, sports, or arts activities
 - Involvement in faith/religious communities (CSP, 2008, pp. 48-57)
-

How can suicide in children be prevented?

Positive relationships in a child's life play a significant role in promoting their mental health and building resilience: they foster self-esteem, competence, and an ability to respond to life's challenges. Anyone who is in a child's life can work to build resilience in that child.



AT HOME

Parents and other family members, as well as teachers, coaches, and anyone else who is influential in a child's life, can take action to build resilience in that child by:

- actively listening, understanding, and validating what they say
- teaching a child that mistakes and problems are opportunities to learn new skills
- identifying and affirming a child's strengths
- encouraging children to ask for help when it's needed

(CSP, 2008, pp. 90-91)

AT SCHOOL

Teachers, school counsellors, coaches, and school administrators can all play a role in fostering resilience in children by:

- providing safe, structured, and predictable schedules and routines
- increasing children's sense of control
- increasing children's confidence and experience of success by setting achievable goals
- teaching positive behaviours
- ensuring the appropriate response is taken following the suicide death of a student
- implementing suicide prevention programs

(CSP, 2008, pp. 95-97; American Foundation for Suicide Prevention & Suicide Prevention Resource Center, 2018)

Suicide prevention programming in schools is effective when it includes:

- mental health promotion that emphasizes strengths-based activities, resilience and help-seeking



- meaningful student engagement that gives them a sense of belonging and purpose
- training teachers and staff to identify thoughts of suicide in children through gatekeeper training such as *ASIST: Applied Suicide Intervention Skills Training*
- easy and apparent access to mental health support at school
- focused and coordinated care following suicide attempts or behaviours that result in hospitalization

(School Mental Health Ontario, 2019)

REFERENCES

American Association of Suicidology. (2018). *Know the Warning Signs of Suicide*. Retrieved from bit.ly/3dU1YN3

American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools (2nd ed.)*. Waltham, MA: Education Development Center.

Centre for Suicide Prevention. (2008). *Tattered Teddies: An interactive handbook about the awareness and prevention of suicide in children*. Calgary: Centre for Suicide Prevention.

Centers for Disease Control and Prevention. (2016). *Leading causes of death*. Retrieved from bit.ly/37kjfN6

Finzi, R., Ram, A., Shnit, D., Har-Even, D., Tyano, S., & Weizman, A. (2001). Depressive symptoms and suicidality in physically abused children. *American Journal of Orthopsychiatry*, 71(1), 98-107.

Gray, D., Coon, H., McGlade, E., Callor, W., Byrd, J., Viskochil, J., Bakian, A., Yurgelun-Todd, D., Grey, T. & McMahon, W. (2014).

Comparative analysis of suicide, accidental and undetermined cause of death classification. *Suicide and Life-Threatening Behaviors*, 44(3), 304-316.

Herba, C., Ferdinand, R., van der Ende, J., & Verhulst, F. (2007).

Long-term associations of childhood suicide ideation. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(11), 1473-1481.

School Mental Health Ontario. (2019). *School Mental Health ASSIST: Life Promotion and Suicide Prevention Framework*. Author. Retrieved from bit.ly/3cOW26M

Sheftall, A. H., Asti, L., Horowitz, L. M., Felts, A., Fontanella, C. A., Campo, J. V., & Bridge, J. A. (2016). Suicide in elementary school-aged children and early adolescents. *Pediatrics*, 138(4), e20160436.

Shirley, K. (2020). Reported trends in suicidality in children 10 and younger. *Journal of Mental Health Counseling*, 42(1), 47-62.

Statistics Canada. (2019). Table 13-10-0392-01 *Deaths and age-specific mortality rates, by selected grouped causes, Canada, annual* [CANSIM Database]. Retrieved February 12, 2020 from bit.ly/3duZTpZ

Centers for Disease Control and Prevention. (2016). *Leading causes of death*. Retrieved from bit.ly/37kjfN6

Tishler, C., Reiss, N. & Rhodes, A. (2007). Suicidal behavior in children younger than twelve: A diagnostic challenge for emergency department personnel. *Academic Emergency Medicine*, 14(9), 810-818.

Whalen, D., Luby, J. & Barch, D. (2017). Highlighting risk of suicide from a developmental perspective. *Clinical Psychology Science and Practice*, DOI: 10.1111/cpsp.12229.

Wyman, P., Gauderi, P., Schemeelk-Cone, K., Cross, W., Hendricks Brown, C., Sworts, L., West, J., Burke, K. & Nathan, J. (2009). Emotional triggers and psychopathology associated with suicidal ideation in young urban children with elevated aggressive-disruptive behavior. *Journal of Abnormal Child Psychology*, 37(7), 917-928.

RESOURCES

Tattered Teddies Handbook

An Interactive Handbook about the Awareness and Prevention of Suicide in Children.

Tattered Teddies – Preventing suicide in children workshop

This half-day workshop examines warning signs in a child and intervention strategies.

Little Cub – Preventing suicide in Indigenous children workshop

Little Cub is a one-day, discussion-based workshop examining suicide in Indigenous children and communities.

Reaching Young People

An UK site for ages 6-8 that offers support for children and teaches coping skills for healthy living.

We are the Centre for
Suicide Prevention, a branch
of the Canadian Mental
Health Association. For
35+ years we have been
equipping Canadians with
knowledge and skills to
respond to people at risk
of suicide.

We educate for life.



Canadian Mental
Health Association
Mental health for all

Centre for Suicide Prevention
T 403 245 3900
csp@suicideinfo.ca

suicideinfo.ca
@cspyyc