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## HEALTH & WELLNESS

# What Parents Can Do When Kids Have Suicidal Thoughts

New research is uncovering warning signs that might indicate whether a child is more likely to act on those thoughts

By [Andrea Petersen](#)

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Suicidal thoughts are increasingly common among teens, and cause for alarm among parents.

Most kids don't act on those thoughts, scientists say, but researchers are learning to better understand which youngsters are most at risk—and what parents can do to keep them safe.

New research links certain behaviors to an imminent risk of a child's suicide attempt, including a dramatic increase in the time spent at home and a sharp rise in the use of negative words in texts and social-media posts.

These findings are important as families, schools and therapists contend with a yearslong rise in suicidal thoughts and behaviors among teens and young adults, a trend that has grown during the pandemic.

### WSJ NEWSLETTER

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In a June 2020 survey, 25.5% of 18-to-24 year-olds said they had seriously considered suicide during the last 30 days, according to the Centers for Disease Control and Prevention. Mean weekly emergency-department visits for suspected suicide attempts rose 50.6% among 12-to-17-year-old girls in the month ended March 20, 2021, compared with the same period in 2019, according to CDC data. Among boys, those visits increased by 3.7%.

In 2019, 18.8% of high-school students said they seriously considered attempting suicide, while 15.7% made a suicide plan and 8.9% made an attempt, according to a separate CDC survey. By comparison, 13.8% of high-schoolers reported considering suicide attempts in 2009.

Parents can reduce their teens' risk of acting on suicidal thoughts, first by asking them openly about their feelings, psychologists say. There are strategies to make it more likely that a young person will answer honestly and guidance on what to do if your child says they are having suicidal thoughts.

## Warning signs

Researchers say factors that increase a teen's risk of suicide include mental-health issues, self-harm behaviors, a family history of suicide and especially a history of past suicidal behavior.

Depression, in particular, is linked to suicidal thinking. People with depression in combination with anxiety disorders, substance abuse and poor impulse control or aggressive behavior are more at risk of acting on those thoughts, says Matthew K. Nock, a professor of psychology at Harvard University.

About one-third of people who think about suicide will make an attempt, says Dr. Nock. The highest risk, he says, is within the first year of the onset of suicidal thoughts: More than 60% of first suicide attempts happen during this time.

Dr. Nock and colleagues are conducting a study following adolescents seen in emergency departments and psychiatric hospital units for suicidal thinking or suicide attempts. The teens rate the severity of their suicidal thoughts several times a day on a smartphone app. Patterns of suicidal thinking vary widely among study participants, and those with persistently strong thoughts of suicide have the highest risk of suicide attempts, according to preliminary data.

Warning signs to take seriously include increased alcohol or drug use, withdrawing from usual activities, changes in sleep patterns and other behavior shifts, says Christine Moutier, chief medical officer for the American Foundation for Suicide Prevention.

Preliminary results of another smartphone study with high-risk adolescents conducted by researchers from Columbia University,

the University of Pittsburgh and the University of Oregon have found an increase in the amount of time teens spend at home in the days and weeks before a suicide attempt, says Randy P. Auerbach, an associate professor in the division of child and adolescent psychiatry at Columbia University and a principal investigator of the study. Such changes could indicate that kids are pulling away from peers and socially isolating themselves because they feel they are a burden to others, he says.

The ongoing study found more use of negative emotional language in texts and social-media posts in the days and weeks before an attempt, too, Dr. Auerbach says.

Suicidal thoughts occur on a spectrum of severity, psychiatrists and psychologists say. At the low end are passive thoughts about death, “wishing you were not there, thinking that it would have been better off if you hadn’t been born,” says Adam Bryant Miller, a research clinical psychologist at the University of North Carolina at Chapel Hill.

More severe are active thoughts of suicide, considering a method and formulating a plan, says Jeffrey A. Bridge, director of the Center for Suicide Prevention and Research at Nationwide Children’s Hospital in Columbus, Ohio.

“We really begin to worry when there is intent and a plan,” Dr. Bridge says. His hospital recorded a 36% increase in emergency-department visits for suicidal thoughts and other psychiatric emergencies from 2020 to 2021.

For teens, problems in relationships such as a breakup, arguments with parents or conflicts with peers can trigger suicidal thoughts and attempts, says Regina Miranda, a Hunter College psychology professor studying patterns of suicidal thinking in high-risk adolescents.

“You don’t have the long view, the understanding that this will pass and tomorrow I might feel better,” notes Kathryn R. Cullen, associate professor and division director of child and adolescent mental health at the University of Minnesota.

## **What parents can do**

Having open conversations with teens about mental health and suicidal thoughts is among the most important things a parent can do, says Lisa Horowitz, a pediatric psychologist and senior associate scientist at the federal National Institute of Mental Health. These conversations are

especially critical if you are observing worrisome changes in your child's behavior or if they seem overwhelmed. It is a myth that talking about suicide can plant the idea in a child's head, she says.

"The opposite is true. The best way to keep a young person from killing themselves is asking them directly" about their thinking, says Dr. Horowitz. "Quite frequently they experience relief that they finally can tell someone," notes Dr. Miller.

Parents can share some of their own struggles and how they worked through them, says Dr. Moutier. Keep checking in with your child about mental health and potential suicidal thoughts.

"It's not a one and done thing," says Dr. Horowitz. "It's a conversation you're going to have many times."

If your child admits to having thoughts about death or suicide, parents shouldn't respond with panic, disappointment or dismissiveness, says Dr. Miller. Instead, he recommends validating a child's feelings and assuring them that you are there to help, saying, "We will make sure to get you help so you don't have to struggle with this alone," for example.

The treatment for suicidal thoughts and behaviors with the most scientific backing is dialectical behavior therapy, says Dr. Cullen. DBT teaches people skills for managing strong emotions. Clinicians can also use talk therapy and antidepressant medications to treat the underlying disorders that often accompany suicidal thoughts such as depression and anxiety disorders.

Teens with suicidal thoughts need a safety plan, says David Brent, academic chief of child and adolescent psychiatry at the University of Pittsburgh School of Medicine. A safety plan, usually developed in consultation with a therapist, is a set of strategies to resist suicidal urges. Actions could include drawing or listening to music when thoughts are less severe and calling a therapist or a crisis line when feelings are more intense, Dr. Brent says.

Families need to scan their homes and secure anything that could be potentially lethal, says NIMH's Dr. Horowitz. That includes locking up firearms, sharp knives and ropes as well as household cleaners and medications, including prescription drugs and over-the-counter medications like acetaminophen that can be deadly when taken in large amounts.

"In the same way you tell parents of toddlers to baby-proof their house,

when you have a teen that is having thoughts of suicide, you have to think in that mode,” Dr. Horowitz says. “Kids in an impulsive moment can take a bottle of Tylenol and die.”

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*Do you need help? The contact number for the National Suicide Prevention Lifeline is 1-800-273-8255.*

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**Write to Andrea Petersen at [andrea.petersen@wsj.com](mailto:andrea.petersen@wsj.com)**

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