

# Suicide Ideation

A young woman with long, dark, wavy hair is shown from the chest up. She is looking down and to the left with a sad, pensive expression. Her right hand is resting against her cheek, supporting her head. She is wearing a black, ribbed turtleneck sweater and blue denim jeans. The background is a blurred, light-colored surface, possibly concrete or stone.

Your child's mood swings  
could be something  
more serious.

Supporting Your Child

Myths about depression and suicide often separate people from the effective treatments now available and prevent people from supporting suicide prevention efforts.

## Myths About Depression and Suicide

**MYTH:** It's normal for teenagers to be moody; teens don't suffer from "real" depression.

**FACT:** Depression can affect people at any age or of any race, ethnicity, or economic group.

**MYTH:** Teens who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help.

**FACT:** Depression is not a weakness, but a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships.

**MYTH:** People who talk about suicide won't really do it.

**FACT:** Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats.



**MYTH:** Anyone who tries to kill themselves must be crazy.

**FACT:** Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed, or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

**MYTH:** If a person is determined to kill themselves, nothing is going to stop them.

**FACT:** Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

**MYTH:** Talking about suicide may give someone the idea.

**FACT:** You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true. Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do. There is no evidence that screening youth for suicide induces suicidal thinking or behavior.

## Warning Signs of Suicide

- Sleep or appetite increase/decrease
- Decrease in school or work performance
- Persistent sadness, anxiety, or agitation
- Difficulty concentrating on school, work, routine tasks.
- Drug or alcohol abuse
- Uncharacteristic aggression
- Withdrawal from friends, family, and activities
- Persistent, uncharacteristic anger, hostility, or irritability

- Risk taking
- Feelings of hopelessness or guilt
- Giving direct verbal cues, such as, “I wish I were dead” and “I’m going to end it all.”
- Expressing the belief that life is meaningless.
- Giving less direct verbal cues, such as “You will be better off without me,” “What’s the point of living?” “Soon you won’t have to worry about me,” and “Who cares if I’m dead, anyway?”
- Giving away prized possessions.
- Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn.
- Recent losses—death, relationship, status, self-esteem.
- Neglecting appearance and hygiene.
- Dropping out of school or social, athletic, and/or community activities.
- Obtaining a weapon (such as a firearm) or another means of hurting him or herself (such as prescription medications).

## **What do you do if someone has the warning signs of suicide? How do you help?**

- ACT!
- Do not be afraid to talk to them about suicide.
- Do not make any deals.
- Tell someone who can help.
- Know the warning signs.

# Suicide Risk Factors

The first step in preventing suicide is to identify and understand the risk factors. A risk factor is anything that increases the likelihood that persons will harm themselves. However, risk factors are not necessarily causes. Research has identified the following risk factors for suicide:

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide or child abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss or interpersonal conflict (problems with school or the law)
- Physical illness
- Easy access to lethal means, especially guns
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Incarceration or a pending disciplinary incident
- Exposure to the suicidal behavior of others
- History of physical and/or sexual abuse
- Possession of certain cultural and religious beliefs about suicide (e.g., believing that suicide is a noble resolution of a personal dilemma).



# Common Methods of Outcry

## Friends

- Social Media
- Text Messages
- Cell Phone

## School

- Counselor
- Nurse
- Coach
- Teacher

Teens may not confide in their parent/s.

If you become a confidant to a student who shows changes significant to indicate depression, you have support and expertise to turn to including your campus administration, campus counselor, SRO (School Resource Officer), and school nurse.



**FRISCO**  
INDEPENDENT SCHOOL DISTRICT

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