

Is Your Child at Risk for Suicide?

STATISTICS

*Suicide is the third leading cause of death among teens in the USA.

*Over 12 children die every day in the USA from suicide.

*North Carolina loses over 130 youth each year to suicide.

*More than 1 in 10 High School students have attempted to die by suicide

*On average, WCPSS loses 2 students yearly to suicide

Risk Factors:

Depression, bi-polar, or other mental illness
Significant loss, such as divorce, death, loss of health, suicide

The breakup of a relationship
Pressure to succeed in school, sports, etc.

Family problems (domestic violence)

Low self-esteem

A history of sexual, physical, emotional, or verbal abuse

Problems with peers

Family history of suicidal behaviors

Someone close to the individual has died by suicide

High risk behaviors (self-injury)

MYTH: Young people who talk about suicide never attempt or complete suicide.

FALSE: Talking about suicide can be a plea for help or a warning that they are thinking about suicide.

MYTH: Talking or asking your child about suicide will increase the chance that they will make an attempt.

FALSE: Talking increases communication and allows the child to discuss their fears and concerns.

MYTH: Most suicides happen without warning.

FALSE: It is more likely that the warning signs were not recognized,.

MYTH: All people who die by suicide are depressed.

FALSE: Most completed suicides are connected to a form of mental illness (most common is depression), however, sometimes it can be a reaction to an event.

WARNING SIGNS:

*Verbal or written threats of suicide

*Recent suicide/death of a friend or relative

*Changes in personality

*Previous suicide attempts

*Sleep disturbances

*Depression or other forms of mental illness

*Changes in eating habits

*Drop in school performance

*Use of drugs or alcohol

*Self-Injury (High Risk Behaviors)

*Giving away possessions

*Feelings of hopelessness or helplessness

*Themes of suicide, death, or depression in essays or artwork

*Withdrawal family, friends, or prior interests

**For Emergency Medical Treatment :
Dial 911 or go to your local hospital**

WHAT TO DO:

- *Listen and express concern in a non-judgmental way
- *Trust your suspicions that your child may be in danger
- *Take action-Get them connected to a professional
- *Ask questions openly ("Do you have a plan to hurt yourself? Will you talk to someone who can help?")
- *Show you care, stay calm and remove all potential methods for suicide such as guns, pills, etc.
- *Take all threats seriously
- *Stay with your child,-Don't leave them alone

WHAT NOT TO DO:

- *Do not ignore or dismiss what your child is telling you
- *Do not keep the threat a secret
- *Do not think they are too young to act on their threats or thoughts
- *Do not leave them alone
- *Do not act shocked or judgmental
- *Do not try and be a therapist-Get professional help

Don't wait... time plays an important role in saving a life. Below are local and national resources on depression and suicide prevention:

Hopeline

Over the phone crisis counseling and suicide intervention
24 Hour Crisis Line: (919) 231-4525

Holly Hill Hospital

Emergency mental health services
Telephone: (919) 250-7000 (24 hours)

UNC Crisis and Assessment

Emergency mental health services (located in Chapel Hill)
The crisis service number is (919) 966-4131

Strategic Behavioral Center (ages 12-17)

Emergency mental health services
Emergency Number: (919) 800-4400 (24 hours)

UNC Crisis and Assessment At WakeBrook

Emergency mental health services (located in Raleigh)
Emergency Number: (919) 250-1260 (24 hours)

National Suicide Hotline (24 hours)

1-800-SUICIDE

Lifeline (24 hours) 1-800-273-8255

Alliance Behavioral Health

Mental Health options
Number: (919) 651-8500 (8:30-5:15 M-F)

After Hours:

Therapeutic Alternatives, Inc.
Mobile Crisis Service for adults and children
24 hour Crisis Line;
Phone: 1-877-626-1772
Mobile Unit 919-799-0701

American Association of Suicidology:

www.suicidology.org

American Foundation for Suicide Prevention: www.afsp.org

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