10 Signs of Depression in Younger Children That May Lead to Suicide

1. Unexplained fears
2. Being very angry and irritable most of the time and/or having temper tantrum
3. Doing the same thing over and over (OCD)
4. Attacking people, themselves, or animals
5. Frequent nightmares
6. Setting fires
7. Unable to sit still or concentrate
8. Change in school work
9. Hearing voices (schizophrenia- rare)
10. Lack of empathy or caring about others
Assessing Suicidal Ideation:

Important Questions to Ask

- Do you feel safe?
- Do you feel lonely/isolated/alienated?
- Do you have a support system?
- Do you feel helpless/hopeless/worthless?
- Do you have a suicide plan? How? When? Where? Do you have access to the means to carry out your plan?
- Do you believe the method to kill yourself will result in your death?
- Have you had suicidal thoughts/plans/Attempts previously?
- Is there a history of suicide among family members or close friends?
- What is your view of death?
- Do you currently enjoy the things you usually enjoy (e.g., friends, hobbies, eating)?
- Have you recently experienced changes in your eating and sleeping?
- Do you find your emotions difficult to handle (e.g., sadness/anger/fear)?
- Do you notice a decrease in your energy lately?
- How long have you felt this way?
- Are you using drugs or alcohol to help make yourself feel better?
Can you contract not to hurt yourself for a specific period of time?
CRISIS LINES
AVAILABLE IN OUR COMMUNITY

National Suicide Hotline 1 800 SUICIDE or 1 800-784-2433
National Suicide Hotline 1 800 273-TALK or 1 800-273-8255
National Crisis Line for COPS- 1 800-copline or 1 800-267-5463

Broward - First Call for Help
All populations 2-1-1 OR (954) 537-0011
Teen Hotline (954) 567-8336
Teen Tapes (954) 309-0490

Children's Mental Health Line Referrals (954) 525-4636

Miami Dade Switchboard of Miami
All Populations (305) 358-4357
Teens (305) 377- TEEN (8336)
(305) 377- TALK (8255)

Palm Beach - The Center for Information & Crisis Services
All Populations 2-1-1 OR 1 (561) 383-1111

Florida Initiative for Suicide Prevention, Inc.
2645 Executive Park Drive
Weston, Florida 33331
Ph: (954) 384-0344  Fax: (954) 384-7988
fisp@earthlink.net  www.fisponline.org
GRIEF AND THE MOURNING PROCESS

THE PHASES OF GRIEF

Many people refer to the “stages” or “phases” of grief. It may be helpful to be aware of these identified phases or common aspects of grief. It is also important to know there is no right or wrong way to grieve. You may go back and forth between phases, experiencing more than one at a time, or even skip one all together. All feelings are normal even if they seem “crazy”.

- **Shock** is the first stage of numbness, disbelief and unreality.
- **Denial** is thoughts or words such as, “I don’t believe it – It can’t be!”
- **Bargaining** involves making promises such as, “I’ll be so good if only I can awaken to find this hasn’t happened” or “I’ll do all the right things if only…”
- **Guilt** is a hard stage and difficult to deal with alone. This is a normal feeling characterized by statements such as, “If only I had … If only I had not…” done or said or though something. Guilt may ultimately be resolved by understand that all of us are human beings who give the best and worst of ourselves to others. What they do with what we give is their responsibility.
- **Anger** is another very difficult phase, but it may seem necessary in order to face reality and get beyond the loss. We all must heal in our own way and anger is a normal stage alone the way. However, you may feel guilty because you are angry at the person who died or because your life is continuing while his or hers is not. If you don’t feel anger, don’t manufacture it!
- **Depression** may come and go and be different each time in length and/or intensity. Give yourself time to heal
- **Resignation** means you finally believe the reality of the death.
- **Acceptance and Hope** come with you final understand that you will never be the same, but you can go on to have meaning and purpose in your life.

FOUR TASKS OF GRIEF

Here are four steps toward surviving tragedy and loss:

- **Tell the Story:** Talk about what has happened until it becomes real. Talk to caring family and friends, attend a support group, begin individual work with a mental health professional, but find a way to speak about the person who died and bow the death has impacted your life and family. Tell the story until you don’t need to tell it anymore. Chances are, you will be close to acceptance at that point.
- **Express the Emotions:** Grief is filled with conflicting tidal waves of emotion. Just when you think you’ve accepted the death, disbelief may sweep over you again. You may feel intense anger along with equally intense feeling of love and loss. Or, in the midst of crying about the person’s death, a sense of unreality may surface again. No matter what the range of emotions, all are to be expected during grief. It is crucial to get the emotions outside of yourself. “Stuffed” feeling can build and build and become overwhelming. Scream, cry, write, draw, punch a punching bag, tell an empathetic someone, take a walk, do SOMETHING to express what you feel.
- **Make Meaning from the Loss:** Nothing can make what has happened “okay”. Life is turned upside down and changed forever. However, you can determine that something good and reasonable will come out of the unreasonable tragedy that you are experiencing. At some point, you may be able to
accept the reality that your loved one’s entire life was not defined by his or her last decision – to die. Nothing can take away the good thing the person accomplished. When you are ready you may reach out to others with similar experiences…or set up a scholarship or other appropriate memorial in the person’s name…or work in some capacity to better the lives of others. There are many, many ways to make meaning from tragedy.

Transition from the Physical Presence of the Person to the New Relationship: While missing the physical presence of a loved one in our lives may continue well into the future, it is possible to transition into acceptance of the person’s nonphysical presence. What can that relationship be? For some, it is memories and love carried in our hearts. No one can take away our memories and as long as we treasure love for the person who has died they are not forgotten. The new relationship may be spiritual or in some other way in keeping with religious beliefs.
Infants/Pre-verbal Toddlers:

- **Decrease in activity level**
  Infants who were attempting to roll over, crawl, and walk prior to the traumatic event may stop attempting movement. This is typically temporary and after some time will begin those attempts for movement again. However, it is important to offer infants/toddlers the opportunity for those attempts at movement. Also, be sure to continue to play and encourage, but not coerce, those attempts at movement.

- **Decrease in appetite**
  Due to change in routine and caregiver, infants are often unsure of their environment and while they are becoming familiar with their new routine they often are irritable and will not eat as much. There may also be a weight loss. If the infant’s decrease in feedings and weight loss continues for several weeks, it is important to have a check-up with the child’s family doctor or pediatrician. However, typically the infant/toddler will adjust and begin eating the same amounts as before the trauma.

- **Increase in irritability and/or change in personality**
  Caregivers often report that children in this age range typically experience irritability, primarily because of a change in their daily routine. In general, when there is a change in any child’s routine, there will be some amount of stress, which will cause irritability and/or a change in personality. However, once the child becomes adjusted to his/her new schedule, they typically return to the infant you knew prior to the trauma.

- **Sleeplessness**
  Once again a change in routine will also affect sleeping patterns. The infant must again learn to trust their caregiver. So, be sure to provide him/her the individual attention s/he needs. This may include sleeping in the room or being present while they fall asleep. We do NOT recommend that caregivers allow infants and toddlers to sleep in the adult bed with caregivers. There are several safety concerns and an increased risk for accidents coinciding with infants sleeping beside adults. The sleeplessness should deplete over time as well.

** Toddlers, Preschool, and School Age **

- **Decrease or increase in appetite**
  Eating “comfort foods” is an appropriate response to any type of stress in adults and children. Many children challenge their caregivers by demanding to eat the same types of foods for every meal. This is a child’s attempt to restore a sense of power and safety after experiencing a powerless situation. It is acceptable to allow the child to eat “comfort foods” during this time. Caregivers may choose to compromise with children, in that children can eat their “comfort foods” as long as they also eat healthy foods. This will ensure that the child is receiving the nutrients they need for extra energy. It is typically a short-term coping mechanism for every human and will dissipate after a couple weeks.

- **Severe increase in activity level**
  You may observe in children, typically males, an increased activity or hyperactivity. Many traumatized or grieving children are misdiagnosed with Attention Deficit/Hyperactivity Disorder (ADHD). However, for traumatized children this is once again an attempt to gain control over their already powerless situation. Children also cope with fears, anger, and intense emotions in the physical sense versus verbalizing their fears, anger, and emotions. This is a healthy, normal response to a traumatic event.

- **Severe decrease in social activities**
  You may observe that children who were once very active in school or social activities becoming withdrawn and quiet. These children are choosing to cope by processing this experience individually before processing with family and friends. It is wise to let this child process alone, without pressuring him/her to “talk about” the death.
• **Hyper vigilance**  
  Children will often participate in attention seeking behaviors that may or may not be harmful to self or others. As an educator, you have to be sure the safety of other students and staff is kept at all times. Therefore, if a suspension is needed, view it as a “teachable moment”. During your parent-teacher/administrator meeting have the social worker or counselor educate the child, parents, teacher, and administrators about typical grief responses to death visible in children. Adults surrounding this child may be unaware that this behavior is related to any type of loss. As a parent, you must attempt to communicate consequences to behaviors. If your child’s behavior continues seek professional help in efforts to restore that child’s sense of safety and power.

• **Dreams and nightmares**  
  Children directly exposed to a traumatic event, such as a shooting, domestic violence, car fatality, or witnessing a classmate’s death, are likely to have intrusive nightmares. However, children who experience a death of loved one may also have vivid dreams about the loved one. Do NOT assume that their dream was scary. Simply ask your child to describe the dream or nightmare. Be sure to process those dreams and nightmares with your child. If they refuse to talk about the dream, simply offer your support and encourage them to talk to peers if they feel comfortable. Always, ask children what ways you can help them to feel safe. This might include a spray bottle of “magic disappearing potion” or a flashlight. To reduce dreams it is important to provide an environment for your child that is peaceful, cozy, and safe. You can do this by playing calming music before bedtime, reading calming books before bedtime, and allowing children to sleep where they feel safe, which may include the closet, couch, and floor.

• **Sleeplessness**  
  Children are simply fearful and afraid of what might happen next, causing intrusive nightmares leading to lack of sleep. These children may also begin sleeping in odd places, such as on your bedroom floor, in the closet, under the bed, or on the couch. These children are attempting to restore a sense of safety and control over their fears. Children may show this behavior for several months. As adults and caregivers it is essential that we show our support by making that a comforting place for that child. This may include allowing them to sleep in their favorite sleeping bag or bedroom comforter, having a dog or cat sleep beside them, or having a nearby light on throughout the night. Once the child observes that the adults around him/her believe in their “safety plan” the child has a restored sense of safety and will most likely return to their own beds.

• **Break down in communication (specifically in adolescents)**  
  Parents may notice a decrease in communication with their adolescent. Teenagers, specifically, will process their grief with people outside the traumatic event to protect those that they care about. We often refer to this as the “protection game.” Parents also want to protect their child from intense emotions and trauma-inducing incidents and therefore do not speak of the incident. Children do not want upset their parents either and protect them by not discussing the Incident. However, both children and parents still grieve, but by “protecting” each other they are forced to process their grief by themselves. It is okay for parents to share their own response to grief with their teenager and vice versa. However, some teens will still choose to process their emotions with peers or other adults, which is also healthy. Parents can still share their grief, but should not without a discussion. Teens who do not share their emotions with their parents are most likely processing their grief with peers and teachers. This is typical and healthy of adolescents.

**Points to Remember:**

• In all aged children it is essential that caregivers attempt to keep a child’s daily schedule as close to their own routine as possible. Children become easily agitated when they do not know what to expect next. If there is a change in their routine, let them know before it happens if at all possible. Communicating with children helps to restore their trust in you as a caregiver.

• Children grieve intermittently. Children’s grief is similar to a ping-pong ball; you never know which direction they are headed. Therefore, follow children where they lead you. Allow them to tell their story, on their terms, magically or seriously, let them lead!
Signs of Suicide
Verbal, Feelings, Behavioral, and Situational Clues

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Feelings</th>
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<tbody>
<tr>
<td>• &quot;I wish I was dead.&quot;</td>
<td>• Depression.</td>
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<tr>
<td>• &quot;You don't have to worry about me any</td>
<td>• Sadness.</td>
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<td>more.&quot;</td>
<td>• Loneliness.</td>
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<tr>
<td>• &quot;How do you leave your body to science?&quot;</td>
<td>• Extreme boredom.</td>
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<tr>
<td>• &quot;Why is there such unhappiness in life?&quot;</td>
<td>• Sudden happiness after long period of</td>
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<tr>
<td></td>
<td>depression.</td>
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<tr>
<th>Behaviors</th>
<th>Situations</th>
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<tr>
<td>• Previous suicide attempt.</td>
<td>• Recent suicide or death of a loved one</td>
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<tr>
<td>• Giving away prized possessions.</td>
<td>or someone close to person.</td>
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<td>• Arranging to donate organs.</td>
<td>• Being a victim of physical or sexual</td>
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<td>• Making a will.</td>
<td>abuse or rape.</td>
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<tr>
<td>• Alcohol or other drug use.</td>
<td>• Troubled family life.</td>
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<td>• Careless, risk-taking behavior.</td>
<td>• Social isolation, lack of close friends.</td>
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<td>• Withdrawal from family and friends.</td>
<td>• Recent loss of job, friendships.</td>
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<td>• Running away from home or responsibilities.</td>
<td>• Failing or dropping out of school,</td>
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<td>• Change in school or work performance.</td>
<td>losing job or divorce.</td>
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<td>• Extreme irritability, guilt, crying,</td>
<td>• Not making a team, getting a promotion</td>
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<td>inability to concentrate.</td>
<td>or membership in an organization.</td>
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<td>• Violent and rebellious behavior.</td>
<td>• Unwanted pregnancy or abortion, illness, or</td>
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<td>• Collecting pills, razor blades, knives,</td>
<td>accident and losing ability to</td>
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<td>ropes or firearms.</td>
<td>take care of self.</td>
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<td>• Being a &quot;perfectionist.&quot; Not living up to</td>
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<td>their standards or someone else’s</td>
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<td>expectations</td>
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2645 EXECUTIVE PARK DRIVE WESTON, FL PH: (954) 384-0344- FAX: (954) 384-7988
fisp@earthlink.net * www.fisponline.org