



Amitabh Mohan, Chief Editor

PREFACE

Dear Readers,

Suicides among children and adolescence have made headlines again and again in recent years and caused great concern in our society. With the advent of pro-suicide online games and websites, there is an increasing risk of suicide among our children. Most often people do not realize that suicide is a major problem in children but there is a lot of evidence which shows that it is extremely serious.

Death is a taboo subject in our society and we are not willing to talk about it until it happens. As parents and teachers, it is important for us to identify the several risk factors and signs for suicide in children and teens and thus play our part in preventing suicidal tendencies in children. In this article, we bring to you the several warning signs of suicidal tendencies in children, how to identify them and thereby prevent children from committing activities of self harm.

THANK YOU !!

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Suicide: A Shadow on Tender Minds

Suicidal tendency in children and adolescents is a grim fact that needs to be duly addressed. Teen suicide is the third leading cause of death in adolescents. The incidence of suicide attempts reaches a peak during the mid-adolescent years, and mortality from suicide, which increases steadily through the teens. But statistics reveal that suicidal tendency is found in children between 9-12 years of age and also children of even 5 years of age have tried and committed suicide. The figures indicate that suicidal tendency is more common in boys than girls. Another important thing we must keep in mind is that for each complete act of suicide, there are about 100 attempts.



In order to understand this tendency, let us focus on the common risk factors leading to suicide:

Depression, bipolar disorder and acute anxiety, all of which come under mood disorders are considered to be the biggest risk factors leading to suicide. It has been noticed that in young children somatic complaints such as headache and stomach aches, withdrawn and sad appearance and poor self-esteem are actually universal symptoms of depression. Sometimes severe psychomotor retardation, delusion, a sense of hopelessness, irritable mood, insomnia, diminished ability to concentrate can also accompany with suicidal ideation. Children's moods especially vulnerable to the influences of social stressors such as chronic family disorder, abused or neglected and academic failure. Among younger children, a conflict either between them and their parents, or between the parents, as frequently happens in a separation or divorce, can lead to suicide.

Depressed adolescents may become inattentive to personal appearance, develop increased sensitivity to rejection by peers and romantic relationships. Their onset may be insidious and remain unidentified until significant impairment in peer relationships, deterioration in academic function or withdrawal activities emerge. Feelings of restlessness, irritability, aggression, reluctance to cooperate in family ventures and withdraw from social activities are also often seen in adolescents as significant signs of suicidal tendency.

Some time as adults we have misconceptions about the fact that young children do not understand about suicide or self killing. This is completely a myth as Brian Mishara interviewed 65 elementary school children (grades 1-5, ages 6-12), to see what they understand about death and suicide. By third grade, all but one child understood the word "suicide"—they'd talked about it with peers or seen it on TV or overheard adults talking about it. All of the kids who knew about killing oneself or suicide were also able to describe one or more ways of doing it. Mishara's interviews showed that children's understanding of death and suicide increased with age.



Words Worth

Laliophobia or Lalophobia, is the irrational and persistent fear of speaking or talking. People with this fear worry about speaking because they fear they may fumble over their words, forget their words, stutter, or babble. The origin of the word 'lal' is Greek meaning 'speech' and the word 'phobia' comes from the Greek word 'phóbos' meaning 'fear.' This fear could have been brought about by a traumatic experience in the past such as having to talk in public and making a mistake in pronunciation or was not able to convey what he or she was supposed to say and was humiliated in the process. Others might have been conditioned by their peers or friends that speaking in public is a really scary thing and they develop the phobia themselves. Laliophobia is a social anxiety disorder and affects men and women equally. Often start in childhood or adolescence and may be accompanied by other anxiety disorders or depression. In extreme cases, indirect exposures can be as remote as overhearing a reference in conversation, seeing something in the news, on TV, or in the movies also induce fear.

Symptoms

Extreme Anxiety, Dread
Shortness of Breath
Rapid Breathing
Heart Palpitations
Excessive Sweating
Nausea
Dry Mouth
Confusion /
Inability to Articulate Clearly
Lack of Focus
Irritability
Shaking
Feelings of Powerlessness,
Feelings of Losing Control,
Avoidance Behavior,
Headaches

Myths About Suicide

Misconception	Reality
<ul style="list-style-type: none"> Those who talk about suicide are “all talk” and won’t complete suicide. Those who have attempted suicide really wanted to die. Asking someone if they are thinking about suicide will only give them “ideas.” Those who have attempted suicide are at very low risk of actually completing suicide. If someone says that he or she is suicidal, telling him or her to “do it” will snap them out of it. Most suicides occur with little or no warning. Improvement following a suicidal crisis means that the suicidal risk is over. Non-fatal acts are only attention-getting behaviors or only attempts to be manipulative. Once a person is suicidal, he or she will be suicidal forever 	<ul style="list-style-type: none"> Talking about suicide is a warning sign and many who talk about it do complete suicide. Suicidal people only want to be pain-free and would go on if their pain could be ended. We can often only be sure by asking and this shows that you care. Previous attempts are a risk factor for actually completing suicide. This may be the single worst thing that anyone can do. Never say “go ahead and do it.” Most people mention what they are feeling and what’s drawing them toward suicide. Many suicides occur following “improvement”. Suicidal feelings can return For some people, suicidal behaviors are serious cries for help from others. Most suicidal crises are limited in terms of time, and will pass if help is provided.

Most first graders at least knew that dead people can’t come back to life and all second graders understood that everyone dies eventually. A study was conducted by Arielle Sheftall at The Research Institute at Nationwide Children’s Hospital on national data on children (ages 5 to 11) and young adolescents (ages 12 to 14) who died from suicide between the years 2003 and 2012. About one-third of both children and adolescents who died by suicide had mental health problems, but the two age groups differed in the type of disorder that was most prevalent. For the young children who died from suicide *and* had mental health issues, Attention Deficit Disorder was almost twice as common as Depression/Dysthymia (59% ADD/ADHD vs. 33% depression), but among the older kids, depression was about twice as common as ADHD (29% ADHD vs. 66% depression). This study also breaks the myth that suicide is always associated with depression. Above chart reveals some of such myths about suicide.

We as guardians and caregivers always want that our children remain safe and happy in their growing years but sometimes we misinterpret their needs which leads to the most awful consequences. We need to prepare ourselves to understand and fight with the troubled minds of these children and heal them forever to have a happy and healthy life.

Idea – *An idea that can change your teaching*

TEACHERS' WAY TO FIGHT CHILD SUICIDE

As teachers and second parents to the children and teens, it is important to learn about the factors that can put a young mind at risk for suicide as well as handling them during crisis. The more we know, the better we will be prepared to help them from self harm and life threatening situations.

1. Do not let depression or anxiety to grow.

Maybe child is merely having a bad day, but maybe it is something more if this mood has been going on for a couple of weeks. Depressed people often retreat into themselves, when secretly they are crying out to be rescued. Many times they are too embarrassed to reveal their unhappiness to others, including parents. Boys in particular may try to hide their emotions, in the misguided belief that it will display weakness. We should not wait for children or teens to come to us with their problems or concerns. We may become close to them be a friend and approach them so that they can open up to us. We can start it by asking indirect question such as *"You seem sad. Would you like to talk about it? Maybe I can help."*

2. Listen—even when the child is silent.

Not all, but most children who are having suicidal ideation express their troubled state of mind through troubled behaviors and actions. Studies have found that one trait common to families affected by a child suicide is poor communication between parents and child. We as the second most significant individual to a child's life, we have to develop an understanding of whether a child or an adolescent is susceptible to suicidal ideation by observing behavioral warning signs.

Warning Signs of Suicidal Tendencies in Children

- If we find suicide notes in and around the school or some one else reports such things, we always need to take them seriously. If a kid threatens that he might commit suicide, then also it is serious issue. If a child has a prior history of attempted suicide we have to be very cautious about his behavior.
- We need to keep in mind that if a child is already suffering from depression, due to any reason. Then he is already exposed to the most important risk. Notice whether the kid is continually expressing thoughts of dejection and disillusionment. Emotions of helplessness and hopelessness are primary signals towards depression.
- Preoccupation with death (e.g., recurring themes of death or self-destruction in artwork or written assignments). The child may show an increased interest in things or objects dealing with suicide or death. This might be a sudden curiosity towards guns and weapons, or even medical pills.
- Social withdrawal from family, friends, sports, social activities and beginning to be detached from everyone or not caring about activities that used to matter.
- Giving away possessions that is if the child is making final arrangements, like distributing or giving away his prized toys or stickers to friends or others.
- Risky behavior it is unnatural if the kid is engaging in behaviour where he deliberately hurts himself time and again.
- Notice if the kid is declining in school performance or increased absences from school or increased inability to think clearly and having drastic concentration problems.
- See if there is any sudden change in child's behavior such as increased irritability in mood changes in appetite or lack of energy.

3. Never neglect threats of suicide as typical students tantrum.

Any written or verbal statement of *"I want to die"* or *"I don't care anymore"* should be treated seriously. Often, children who attempt suicide had been telling their parents, friends or other close people repeatedly that they intended to kill themselves. Sometimes we wrongly believe in myths that people who openly threaten suicide do not really intend to take their own lives; but in lots cases that the threat is a desperate cry for help. When a child or teenager comments like - *"Nothing matters to me any more"*, *"Sometimes I wish I could just go to sleep and never wake up."*, *"Everyone would be better off without me."*, *"You won't have to worry about me much longer."* and admits to suicidal, we should not react with shock *"What are you, mad?!"* or disdain *"That's a ridiculous thing to say!"*, rather be willing to listen non judgmentally to

TEACHERS WAY TO FIGHT CHILD SUICIDE

what he or she is really saying and show empathy to the individual. We should immediately give attention and take action by seeking professional help right away:

4. Share the feelings.

Let the student know he or she is not alone and that everyone feels sad or depressed or anxious now and then, including parents or teachers. Without minimizing his anguish, we have to be reassuring that these bad times will not last forever.

5. Encourage child.

We have to encourage them not isolate themselves from family and friends. It is usually better to be around other people than to be alone. But one thing we have to keep in mind that we should not force them to any thing beyond their wish. We can involve them into physical activity as simple as walking or playing in field can put the brakes on mild to moderate depression. Exercise distracts people from their problems and makes them feel better about themselves.

6. Urge child not to demand too much of himself or herself.

Most importantly we as caregivers have to realize that, this is not the time to expect responsibilities and overwhelming performance from the child or teen. We can guide them to divide large tasks into smaller, more manageable ones whenever possible and participate in favorite, low-stress activities. Our goal is to rebuild confidence and self-esteem.

7. Seek professional help right away.

Finally and most importantly if child's behavior has concerns, we should not wait for parents to raise a concern. We can approach to the school counselor or immediately communicate with the parents to share our observations with them so that they can take the child to psychologist and administer different psychometric tests to indentify the cause of concern . We can also inform school administration about the behavioral concern of the child so that the school authority can also take necessary steps to prevent any mishaps.

"Dreamers are Believers, Believers are Achievers"

Amitabh Mohan



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