Deborah Deas, MD, MPH, on

Pearls

Detecting suicidal tendencies in school-age children

ost psychiatrists might not realize that suicide is a major problem among children, but the evidence shows that it is extremely serious. One study lists suicide as the third leading cause of death among children ages 10 through 14.¹

What are some clues to hidden suicidal tendencies in children? The following behaviors often overlap depressive symptoms:

- Social withdrawal, which typically manifests in the child's not wanting to participate in activities he or she once enjoyed;
- Lapse in personal hygiene;
- Sudden, unexpected change in personality;
- Oppositional behavior (e.g., running away from home, declining grades at school);
- Sleep disturbances.

A child might be suicidal even if he or she doesn't meet the criteria for depression. So it is important to recognize other risk factors:

- Family history of suicide or suicide attempts;
- Exposure to past violence, such as physical or sexual abuse;
- Alcohol and/or drug use;
- Aggressive, disruptive behavior;
- Extreme impulsivity;
- Non-aggressive conduct disorder, such as truancy, stealing, or disregard for authority.

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 the child to believe that he or she let the parents down. Offhand comments such as "I don't care anymore" or "I'd be better off dead," also should raise a red flag for both parents and physicians.

Death is a taboo subject in our society—we don't like to talk about it until it happens. If a child is at risk, it makes sense to confront the subject directly. Just ask the child, "Have you ever thought about hurting yourself?" or "Have you ever thought that life is no longer worth it?"

Finally, psychiatrists can pursue suicide prevention

among children by helping to educate referring family physicians and pediatricians. Since depression is by far the number one risk factor for suicide among the young, primary care physicians would be well advised to screen all younger patients for depression as part of their routine wellness checks. This step may prevent a child's disorder from reaching life-threatening proportions.

Reference

 Centers for Disease Control and Prevention. *Deaths: final data for 1997*, National Vital Statistic Rep 47 (19), 1999.



Dr. Deas is associate dean of the School of Medicine and associate professor of psychiatry, Medical University of South Carolina, Charleston, SC.