

CRY FOR HELP: Can Children Elementary-Age and Younger Really Be Suicidal?

Well Aware™



ROBERT

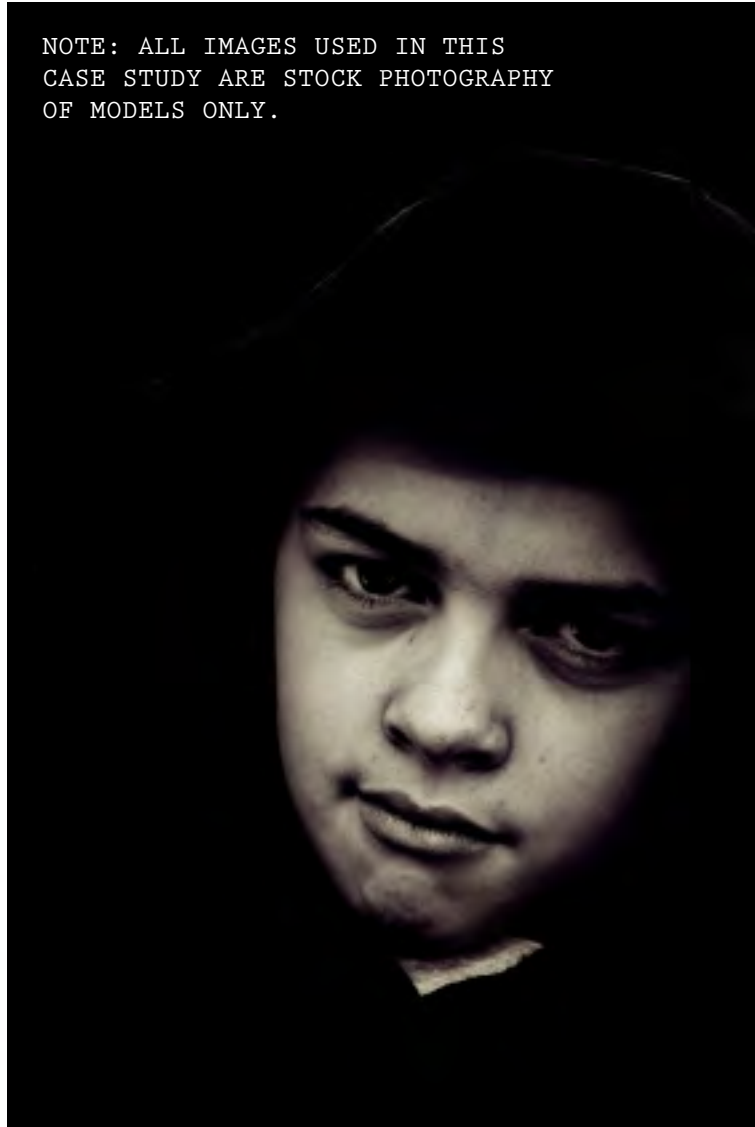
THE STORY OF A SUICIDAL 10-YEAR OLD

YOUR TALKBACK

What kinds of things happen to an elementary-age child that would cause the kind of mental pressure for them to even consider suicidal thoughts?



NOTE: ALL IMAGES USED IN THIS CASE STUDY ARE STOCK PHOTOGRAPHY OF MODELS ONLY.



AGE 4

Physically healthy and intellectually advanced.

Parents reported he was always a sensitive and difficult child.

Since Robert was 4 years old, he experienced numerous environmental stresses.

At this time his mother was hospitalized for four months with a fever of unknown origin.

SOURCE OF THIS CASE STUDY: REDUCING ENVIRONMENTAL STRESS FOR A SUICIDAL TEN-YEAR-OLD, PFEFFER CR, TREATMENT PLANNING, HOSPITAL AND COMMUNITY PSYCHIATRY, JANUARY 1987.



AGE 6

His parents separated after a great deal of animosity, including numerous physical altercations.

Robert witnessed this family violence—a risk factor for childhood suicidal behavior.

Robert's father had been unemployed for a year and drank excessively.



AGE 7

Robert reacted to changes and criticism with anger.

For example, he became enraged when a male teacher disciplined him, and he hit the teacher.

This even precipitated the beginning of Robert attending outpatient psychotherapy.



AGE 8

Robert attended a nearby child psychiatry clinic twice a week from age 7 to 8, until his therapist left the clinic.

Thereafter, Robert refused to see a new therapist, saying no one else could help him.

Robert's parents divorced when he was almost 8 years old. His father remarried shortly after, began to work again, and controlled his drinking.



AGE 9

Robert's mother remarried when he was 9.

Robert's stepfather found it very difficult to cope with Robert's willfulness and anger.

When verbal efforts at discipline failed, his stepfather resorted to harsh corporal punishment, often with a belt.



CHILDREN MAY BE THINKING ABOUT OR PLANNING SUICIDE, YET NOT REVEAL THIS TO OTHERS UNTIL A CRISIS OCCURS. A SMILE ON THE OUTSIDE MAY BELIE WHAT AN AT-RISK CHILD IS CONTEMPLATING INSIDE.

AGE 9

When his mother talked moving to another town with her husband, Robert became increasingly despondent and began thinking about suicide as **“the best way out”** if his family moved.

He planned to see if things would work, but if not, he would **“take pills, get run over by a car, or jump out the school window.”**

He felt that he was isolated and that no one in the family could understand his feelings.

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AGE 10: Robert attempts to jump off the 20th floor balcony of his home

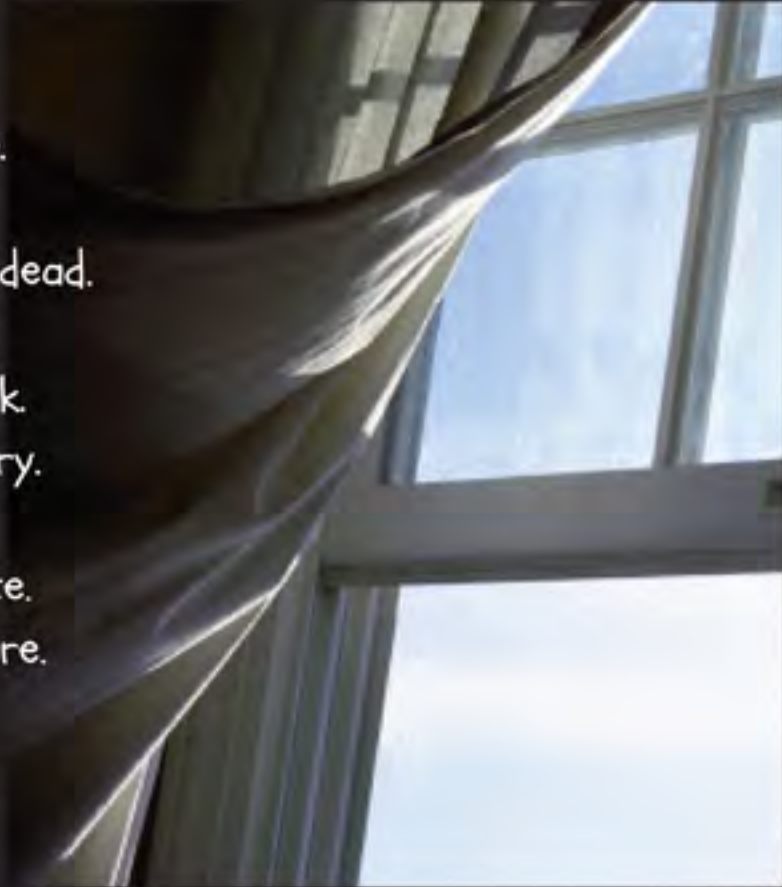
Please, mother,
let me go and jump.

It will be better if I'm dead.

I won't have to think.
I won't have to worry.

There's a better place.
Maybe it's pretty there.

It'll be beautiful.



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6 WEEKS EARLIER: His mother noticed a **marked change** in his behavior

FAMILY MOVED AWAY FROM HIS DAD

RELUCTANT TO ATTEND HIS NEW SCHOOL

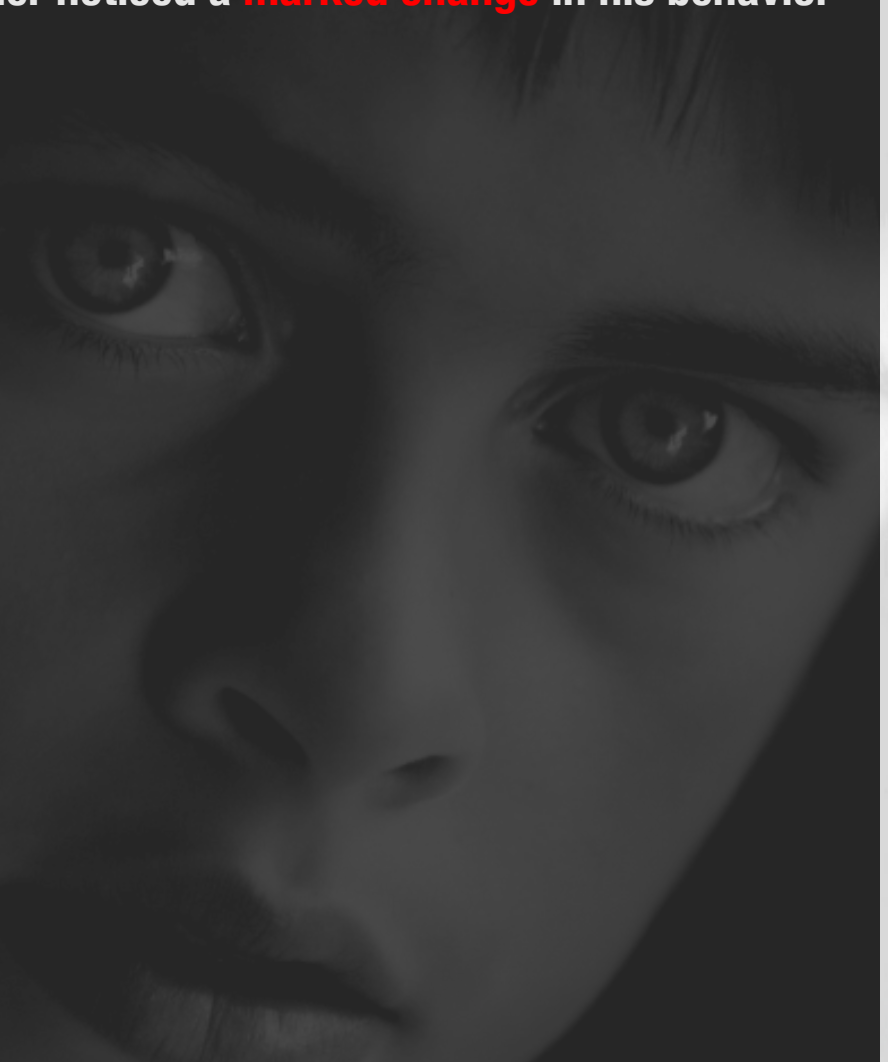
WAS ALARMED WHEN MOM TOOK PILLS

NUMEROUS AGGRESSIVE OUTBURSTS, TEARFUL

TROUBLE STAYING ASLEEP

VIOLENT FIGHT WITH BROTHER, HIT ON HEAD

TOLD HIS DAD HE'S HIT WITH BELT BY STEPDAD



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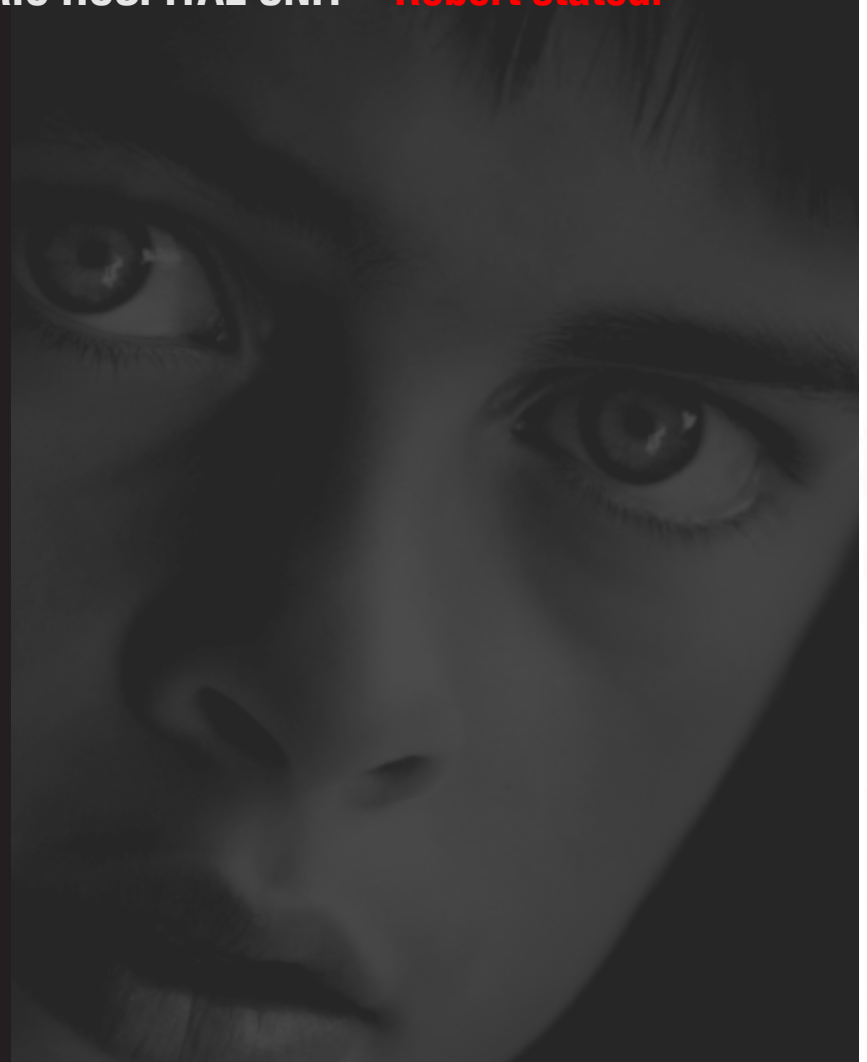
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IN A CHILD PSYCHIATRIC HOSPITAL UNIT—**Robert stated:**

I wanted to jump off
the balcony because
my mom and I were fighting
so much, and I wanted
to stop this.

I went too far, I guess.

I was very sad for
several days, and
angry since we moved.



Robert had been **seriously depressed**
for at least a year before
his hospitalization.

His diagnosis:

- >> **MAJOR DEPRESSIVE DISORDER**
- >> **OPPOSITIONAL DISORDER (single episode)**
- >> Psychosocial stressors: **SEVERE**
- >> Highest level of adaptive
functioning in past year: **FAIR**

YOUR TALKBACK

When young children are at risk for suicide, is it environmental or genetic? Can they be helped or cured? If so, how? And how do we convince parents their children need help?

Robert 's case illustrates that:

>> children can be **preoccupied with thoughts** of suicide for a **long time**

>> children have **distinct plans** for carrying out their suicidal wishes

YOUR TALKBACK

Are there specific signs to look for and what should be done about it? Often hospitals will send parents away as the individual child hasn't formed a plan. What can be done?