A Dilemma in Suicide Prevention: Parents are Unaware of Their Teens' Suicidal Thoughts

Behavioral Health

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The Centers for Disease Control and Prevention recently uncovered that an alarming *18 percent* of high school students nationwide have had serious thoughts of committing suicide, or suicidal ideation, in the past year. Suicidal ideation is a risk factor for a host of negative developmental outcomes, the most serious of which is a future suicide attempt. Yet, most teens experiencing suicidal thoughts do not receive treatment. Parents are "gatekeepers" for teens' access to mental health services but, unfortunately, evidence suggests that parents are often unaware that their adolescent is having suicidal ideation.

We have personally encountered parental unawareness of adolescents' suicidal thoughts in both our research and clinical work. We recently conducted the largest study to date on this issue using data from the Philadelphia Neurodevelopmental Cohort, a collaborative effort between Penn Medicine and Children's Hospital of Philadelphia (CHOP). We had more than 5,000 families from the greater Philadelphia area complete a clinical interview and asked both adolescents and parents to report whether the adolescent had ever had thoughts of killing himself/herself. Among the adolescents who reported suicidal ideation, one out of every two parents was unaware that their adolescent had ever had thoughts of committing suicide.

In my (Rhonda's) clinical practice, I often encounter parents who are unaware of their teens' suicidal thoughts. I approach this situation delicately, but directly. My teen patients give me several reasons for not disclosing their suicidal thoughts to their parents. Some teens are afraid of how their parents will react; others want to avoid being taken to the crisis center, emergency room, or a psychiatric hospital. Still others just do not feel

comfortable sharing this information with their parents. Even given these concerns, in planning for the safety of teens who have suicidal thoughts I strive to create a plan where teens can use parents as a resource to aid them when they are in distress. I think it is critical for parents to be one of the social supports that teens go to when they are thinking about killing themselves; they can help adolescents in ways like using coping skills learned in behavioral health treatment to address triggers of suicidal thoughts. As a psychologist, I encourage parents to check in with their teens about suicidal ideation. If parents are concerned about teens acting on these thoughts, we identify immediate steps such as going to a crisis center, emergency room or behavioral health clinic to see a provider.

It is important to think about teens not disclosing their suicidal thoughts to their parents in the context of adolescence. During this period in their lives, adolescents are trying to develop autonomy to differentiate themselves from their parents and develop their own identity and independence. This means that adolescents are likely relying less on their parents in some aspects of their lives, which is normal and expected.

Building Safety Nets for At-Risk Teens

Knowing that half of teens are not telling their parents when they have suicidal thoughts and that it is normative for teens not to share all aspects of their lives with their parents, how do we provide safety nets for these teens who are struggling with suicidal thoughts?

Engage the community

We think that increased community awareness about suicide risks and signs – especially for those people who regularly interact with teens, such as school personnel, clergy, and extracurricular activities program leaders – is critical. It is also important to utilize teens themselves as support networks for their peers and to encourage them to elicit help from adults when they become aware of a friend who is at risk for suicide. We have the tools, such as mental health first aid trainings, to help these trusted adults and young people become advocates for at-risk teens.

Educate primary care physicians

There's a number of things that primary care physicians can do to help build safety nets. These physicians could inquire during health visits about suicidal ideation with questions around if the teens are having wishes for death, thoughts of killing themselves, or are doing self-harm behaviors, such as cutting. Some primary care physicians have started formally screening adolescents for depression, and many of these screening tools include a question about suicidal ideation, which could serve as a trigger for further inquiry. Primary care physicians may also observe physical signs of self-harm, such as healed cuts and burns. Finally, primary care physicians should be aware of any previous suicide attempts by their teen patients as this will be a risk factor for future suicidal thoughts and behaviors.

In order to prevent teen suicide, we need to identify those who are having suicidal ideation early before they act upon their thoughts. But, as we've just discussed, it takes a community to provide a safety net for these at-risk youth once we've found them. During Global Teen Health Week and beyond, the development of these safety nets is one of the most important conversations we should be having.