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Youth Suicide: We Need to Address It

Suicide is the second leading cause of death in the United States for children ages 10-14 and the third leading cause of death for teens ages 15-19. Natalie Scanlon, Ph.D., a clinical psychologist in the Department of Psychiatry at Texas Tech Physicians, provided tips for keeping children safe.

Scanlon said there are many potential warning signs of suicidality and parents should keep an eye out for the following signs.

“If children begin talking about it, or some may draw about it or write notes, or other things, those are some of the more overt signs we should be concerned and start to ask questions,” Scanlon said. “If you notice any change in a child’s normal baseline functioning. If they go from being more of an extroverted social kid to more isolated and introverted, that can be a warning sign. If you notice changes in academic performance, eating or sleeping, reckless or risky behavior, that can be a warning sign.”

Other factors and warning signs that could signal a child might be contemplating suicide might not be so obvious to parents or caregivers.

“If there are big changes, losses, breakups that happen, we know that those are risk factors for children,” Scanlon said. “Some children, if they’re thinking about suicide, may also start to give away belongings. The two big ones that we know about are if kiddos start to talk about feeling hopeless about their future or a sense of being a burden to other people. Those are red flags that go up in our minds as professionals that somebody might be contemplating suicide.”

Scanlon advised that the best thing a parent can do if they notice these warning signs is to ask and initiate a conversation. She stressed that there is no harm in initiating a conversation about suicide.

“We actually know from a lot of data that you won’t do any harm by asking someone about suicide. You will open the door to honest conversation about suicide or just about

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your child struggling in general,” Scanlon said. As far as prevention goes, ask, initiate a conversation.”

Scanlon provided the following tips to parents and caregivers who know their child is struggling and might be contemplating suicide.

“If there is some suicidality happening, devise some safety plans and make sure to restrict access to lethal harmful means in the home,” Scanlon said. “A lot of people think about firearms for that, but also be thinking about medications, prescription or over-the-counter, alcohol, substances and sharp objects in the home. All of this can really build in time and space between thinking about suicide and actually completing suicide.”

Scanlon added that when suicide is discussed, focus on three items plans, desire to die and access to lethal or harmful means.

National, state and local resources exist for those struggling with suicidality or mental health. A mental health crisis helpline available 24/7 is 9-8-8. If a situation is dire and you fear for someone’s safety, then 9-1-1 is always an option. Taking someone to the local emergency department is another option if the situation becomes immediately dangerous.

Higher levels of care include a partial hospitalization program or an intensive outpatient therapy. If people need more of an inpatient or residential experience, those are available throughout the country.

Suicide needs to be addressed. If a child is in need, parents should look for services that will help that child and the family system supporting that child. Addressing the first signs as early as possible and providing the highest standard of care are key.