

Foster Care Providers: Helping Youth at Risk for Suicide



This information sheet addresses suicide prevention among youth in foster care. It is written for professionals and volunteers who interact with foster children or work with their caregivers.

Every year in the United States, more than 4,800 children, teens, and young adults ages 0–24 die by suicide (CDC, 2010). Approximately 175,800 others are treated in emergency departments for injuries from self-harm (CDC, 2012). Although suicide can occur in any family, youth in foster care are at higher risk for attempting or seriously considering suicide (Pilowsky & Wu, 2006).

Fortunately, there are steps that foster caregivers can take to identify and get help for youth who are at risk. Many young people who are thinking of killing themselves show warning signs. Knowing the warning signs and risk factors can help foster caregivers intervene and get the young person connected with assistance. Foster caregivers can also help address underlying mental health issues and strengthen the factors that protect against suicide.

Suicidal Behavior and Youth in Foster Care

Most youth who die by suicide have a mental disorder, such as depression, or a substance use disorder. Youth in foster care are more likely to have a mental disorder or substance use disorder than those who were never in foster care (Pilowsky & Wu, 2006; Pecora et al., 2009). They are also about two and a half times more likely to have seriously considered suicide and almost four times more likely to have attempted suicide than other youth (Pilowsky & Wu, 2006).

Many youth are placed in foster care because they have experienced trauma, abuse, and/or neglect by their families. According to one study, 54 percent of foster children had been sexually abused before they were placed with foster families, while another 28 percent had been physically abused or neglected (Pecora et al., 2005). Their families may have been affected by violence, mental disorders, and/or substance abuse. Another study found that having adverse childhood experiences, including emotional, physical, or sexual abuse, increased the risk of suicide attempts by two to five times (Dube et al., 2001).

Once in foster care, youth may struggle with separation from their parents and other caregivers, further maltreatment in care, and frequent moves. Almost all children in foster care, whether or not they come from families who have abused or neglected them, experience a deep sense of loss and sometimes shame when placed in foster care. In addition to losing their families, frequent moves mean that they often lose their other natural support systems, including their friends, school, and neighbors. They may find themselves in a completely new environment with few established supports. These experiences of loss, isolation, and lack of social support are all risk factors for suicide.

Warning Signs of Suicide



It is important that foster caregivers and other people in support roles are familiar with the following warning signs of suicide and know how to help.

Some behaviors may mean a person is at immediate risk for suicide. These three should prompt action right away:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

If the child is in imminent danger of suicide, the foster caregiver should stay with him or her until help has been obtained. The child needs to be kept safe until a mental health professional can conduct an assessment. If there is immediate potential for self-harm, 911 should be called. While this step can be difficult for the caregiver and frightening for the child, it may be necessary to ensure the child's safety. The caregiver should go with the child to a hospital emergency department.

It may also help to call the National Suicide Prevention Lifeline (see box). Trained staff provide crisis counseling, suicide intervention, and information about local resources to suicidal youth and adults as well as support to family and friends who are concerned.

Other behaviors may also indicate a serious risk for suicide—especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

NATIONAL SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

- Open 24 hours, toll-free, confidential
- Available in English and Spanish
- For a wallet-sized card with the warning signs of suicide, go to: <http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

(Adapted from National Suicide Prevention Lifeline, [n.d.])

It may be difficult for foster caregivers to distinguish between warning signs of suicide and a child's emotional reaction to being placed in foster care. The unfamiliarity of a new living situation as well as the uncertainty of the future can affect a child's moods, schoolwork, and relationships. It is important, however, to pay attention to and try to explore any indication that something is bothering a child. These warning signs can be used as a starting point to talk with the foster child about what he or she is feeling. Foster caregivers should regularly report their observations of their foster child's moods and behaviors to the child's social worker or a staff member at the foster care agency.

Risk for and Protection against Suicide

Youth with more risk factors and fewer protective factors are more likely to attempt or die by suicide than other children. Understanding a foster child's risk and protective factors can help determine whether there is a need to contact a mental health professional for a full assessment.



Protective factors are characteristics and conditions that reduce the likelihood of suicide. Strong self-esteem, a supportive family, caring adults, safe schools, and helpful friends are protective factors that can help youth through the challenges of adolescence and buffer them against the impact of risk factors. Foster caregivers can play a key role in ensuring their foster child's well-being by listening to him or her, being emotionally supportive, having fun together, and getting health and mental health care if needed. Feeling connected with parents or caregivers may be the most influential protective factor for youth.

Risk factors increase the likelihood of suicide. The following are the most common risk factors for foster children:

- **Depression.** Most people with depression do not attempt or die by suicide. However, depression significantly increases the risk for suicide deaths and attempts.
- **Previous suicide attempts.** A previous attempt is one of the strongest risk factors for suicide. Youth who have made previous suicide attempts should be carefully watched for recurring behaviors.
- **Other mental disorders,** especially mood disorders, substance use disorders, conduct disorders (especially aggressive behavior), and anxiety disorders (especially posttraumatic stress disorder).
- **Child abuse and neglect,** including emotional, physical, and sexual abuse.
- **Mental disorder or substance abuse in a parent or other household member.** This risk factor may lead to increased child abuse and neglect, trauma, and other family dysfunction.
- **Access to lethal means.** Lethal means are items that a person can use to end his or her life. They include firearms, prescription and over-the-counter medications, and alcohol. An at-risk youth with access to lethal means is at even greater risk for suicide. A youth in crisis can act impulsively, but if lethal means are not readily available, the delay created may allow the crisis to resolve itself. Reducing access to lethal means is an important strategy for foster caregivers to keep youth safe.
- **Self-injury.** Some youth injure themselves (e.g., by cutting or burning) to relieve intense feelings such as pain, anger, or tension. Self-injury is a sign that a young person needs help developing alternative ways for dealing with emotions. Learn more about self-injury at http://www.sprc.org/search/library/self-injury?filters=type%3Alibrary_resource.
- **Other risk-taking behaviors.** Risk-taking behaviors can be symptoms of emotional or social problems. Behaviors such as unprotected or promiscuous sex, drug or alcohol use, driving recklessly or without a license, petty theft, or vandalism can indicate that something deeper is wrong, especially if these behaviors begin suddenly or represent a change.

- **Losses.** If the foster child has recently experienced the loss of a relationship or a decrease in status (whether real or anticipated), he or she may have feelings of humiliation, shame, or despair, which can increase suicide risk. The loss of a friend, an expected poor grade at school, or getting into trouble with the law can feel earth-shattering to a young person.
- **Minority sexual orientation or gender identity.** Gay, lesbian, bisexual, and transgender youth are at higher risk for suicidal thoughts and attempts than their peers.
- **Bullying.** Youth who are bullied, as well as those who bully, are at increased risk for depression and suicidal thinking.

Responding to Suicide Risk and Promoting Mental Health



A foster caregiver may be reluctant to explore a foster child's emotional or behavioral issues. It is difficult to know where to draw the boundaries when caring for a child who is your responsibility but who may have been with you only a short time. Talking directly with the foster child, increasing family connectedness, getting access to effective care, providing supervision by caring adults, and restricting access to lethal means can help decrease the foster child's risk for suicide.

Foster caregivers should be encouraged to use the following strategies to reduce their child's risk of suicide and promote his or her mental health:

- Encourage your foster child to talk with you. Although many caregivers are afraid to ask their foster children if they have considered suicide or other self-destructive acts, asking youth if they have thought about suicide does **not** increase their risk. In fact, a child may feel relief and reassurance knowing that in this foster home it is okay to talk about these feelings. The caregiver's interest can counter the child's feeling that no one cares or understands.
- Remind your foster child that you or another caring adult will be there to listen when the child is ready to talk. A child might want to open up to you but be afraid to do so unless asked. He or she may feel threatened by your concern and may become upset or deny having problems.
- If you are concerned that your foster child may be considering suicide, ask some specific questions in a way that does not judge or threaten the child. You may want to be very direct and simply ask the question: "Are you thinking about killing yourself?" Or you can start the conversation indirectly by asking one of the following questions:
 - ◇ "Do you ever wish you could go to sleep and never wake up?"
 - ◇ "Sometimes when people feel sad, they think about hurting or killing themselves. Do you ever have thoughts like that?"

The caregiver's comfort level in talking with the foster child about suicide (and the child's willingness to talk with the caregiver about these issues) may depend on many issues: the foster caregiver's experience in that role, how long the child has been with the caregiver, the cultural background of the child's family, and whether the child is used to talking with adults about difficult topics.

Another factor unique to foster children is the possible fear that sharing their suicidal thoughts will result in being removed from the foster home. This may influence whether a foster child will admit to feeling

suicidal. It is important to let foster children know that they can talk with their caregiver about their problems and that the caregiver will make every effort to keep the child in the foster home.

Most individuals who are suicidal can safely stay in their homes or in a community setting and are not hospitalized. If foster caregivers work with the social worker or placement agency and a mental health professional to get a thorough assessment and follow-up plan, they are often able to keep the child in their home. Experiencing the disruption of another placement could increase the level of risk for the child.

If the caregiver feels that he or she cannot talk with the foster child about these issues or the child refuses to talk with the caregiver directly, the caregiver needs to find someone who can build the needed rapport. The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) is a good place to call for support. It is also important for the caregiver to know the policy of the foster care agency in regard to seeking emergency help, as well as the procedures for notifying the agency and the child's caseworker about an emergency.

Foster caregivers need to provide a safe environment for their foster child, especially if the child is in crisis or is emotionally distressed. This means reducing access to lethal means for suicide. Here are some ways to do that (HSPH, n.d.):

- Remove firearms from the home. Give them away or have a relative or friend (who is not accessible to the foster child) hold them for safekeeping.
- Lock up firearms and ammunition. If removal is not an option, the second best option is to store firearms in a gun-safe or tamper-proof storage box with the ammunition locked in a separate location, preferably not in the home.
- Keep medications secure. Depending on the age of the child, keep them out of reach or lock them up. Also, do not stockpile medications. Have only the amount needed at home.
- Keep alcohol out of reach and/or locked up. Only keep small quantities of alcohol at home. Excessive alcohol use can increase impulsivity and reduce an individual's ability to restrain from making a suicide attempt. It can also increase the lethality of a medication or drug overdose.

Foster caregivers can also learn more about preventing suicide by receiving training on how to recognize the signs of suicide and access support services or treatment for a foster child. The state child welfare agency, foster care organizations, or the state office on suicide prevention may be able to provide information about training on youth suicide prevention. For more information, see the links in the Resources section of this sheet. For state-specific contacts, go to <http://www.sprc.org/states/all/contacts>.

Getting Professional Help



The emotional problems associated with suicide require professional intervention. One of the most important things a foster caregiver can do for a foster child who is considering suicide is to get professional help. This may require overcoming the foster child's reluctance to go to a mental health practitioner. Foster caregivers may have to advocate with the child's caseworker to ensure that this help is found quickly and that a full risk assessment is done by a trained mental health professional.

To find mental health help in their local area, foster caregivers can contact their health insurance provider; the National Suicide Prevention Lifeline; local crisis and information hotlines; community mental health organizations; or the [Behavioral Health Treatment Services Locator](#), a national online directory of mental health and substance abuse services that can be searched by location and type of service.

Resources

Materials

National Center for the Prevention of Youth Suicide. (2012). Preventing suicidal behavior among youth in foster care. Washington, DC: American Association of Suicidology. Retrieved from http://www.suicidology.org/c/document_library/get_file?folderId=261&name=DLFE-557.pdf

Suicide Prevention Resource Center. (2013). Suicide prevention resources for parents/guardians/families. Waltham, MA: Education Development Center, Inc. Retrieved from <http://www.sprc.org/sites/sprc.org/files/Families.pdf>

Suicide Prevention Resource Center. (2013). Suicide prevention resources for teens. Waltham, MA: Education Development Center, Inc. Retrieved from <http://www.sprc.org/sites/sprc.org/files/Teens.pdf>

Organizations

American Academy of Pediatrics (AAP) – Healthy Foster Care America

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Health-Issues.aspx>

Healthy Foster Care America is an initiative of the AAP and its partners to improve the health and well-being of children and teens in foster care. This special section is designed to help foster children and caregivers learn about the health and mental health issues and needs of children and teens in foster care.

Casey Family Programs – Foster parent resources

<http://www.casey.org/Families/FosterParents/Resources.htm>

Casey Family Programs is the nation's largest operating foundation focused entirely on foster care. The website has information on mental health issues related to foster care.

Child Welfare Information Gateway

<http://www.childwelfare.gov>

This website provides access to information and resources to help protect children and strengthen families. It covers a wide range of topics including mental health issues and child abuse and neglect. It is a service of the Administration for Children and Families, U.S. Department of Health and Human Services.

Child Welfare League of America (CWLA)

<http://www.cwla.org/programs/bhd/mhdefault.htm>

Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. It offers information and resources on various topics, including mental health issues.

National Foster Parent Association

<http://nfpaonline.org/>

The National Foster Parent Association is a nonprofit organization established to meet the needs of foster families. Its website includes resources for foster parents and links to state foster care associations.

National Indian Child Welfare Association (NICWA)

<http://www.nicwa.org/resources/>

NICWA is dedicated to improving the lives of American Indian children and families, which includes addressing the issues of child abuse and neglect. Its publication *Ensuring the Seventh Generation: A Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs* is available at

<http://www.nicwa.org/YouthSuicidePreventionToolkit/documents/YSPToolkit.pdf>

References

Centers for Disease Control and Prevention (CDC). (2010). *Web-based injury statistics query and reporting system (WISQARS)*. Retrieved February 3, 2014, from <http://www.cdc.gov/injury/wisqars/fatal.html>

Centers for Disease Control and Prevention (CDC). (2012). *Web-based injury statistics query and reporting system (WISQARS)*. Retrieved February 3, 2014, from <http://www.cdc.gov/injury/wisqars/nonfatal.html>

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the Adverse Childhood Experiences Study. *Journal of the American Medical Association* 286(24), 3089–3096. Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=194504>

Harvard School of Public Health (HSPH). (n.d.). Means Matter website. Retrieved from <http://www.hsph.harvard.edu/means-matter/>

National Suicide Prevention Lifeline. (n.d.). *What are the warning signs for suicide?* Retrieved from <http://www.suicidepreventionlifeline.org/Learn/WarningSigns>

Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, A. C., English, D., . . . Holmes, K. (2005). *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs. Retrieved from http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf

Pecora, P. J., White, C. R., Jackson, L. J., & Wiggins, T. (2009). Mental health of current and former recipients of foster care: A review of recent studies in the USA. *Child & Family Social Work*, 14, 132–146. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2009.00618.x/abstract>

Pilowsky, D. J., & Wu, L. (2006). Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care, *Journal of Adolescent Health*, 38(4), 351–358. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1472845/>

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