



Suicide and Refugee Children and Adolescents

According to the CDC, suicide is the third leading cause of death among children and adolescents ages 10-14 within the United States. There is some evidence that rates of suicide vary among ethnic groups. Although there is little data available on the rate of suicide among refugee children and adolescents, these youth may be at particular risk given the prevalence of trauma exposure, stress, and mental health difficulties.

Refugee children and adolescents who experience suicidal ideation may not receive the help they need as many refugee families do not seek traditional mental health services and lack access to other sources of support. Being informed about risk and protective factors for suicide among refugees can help identify those in need of services at an earlier stage.

Risk and Protective Factors

Risk factors are characteristics that have been found to be associated with suicide. Not all children and adolescents with suicide risk factors will attempt suicide, but knowing these risk factors can help identify those in need of additional support and screening.

As children age into adolescence, the risk of suicide increases.

Protective factors are characteristics or experiences associated with youth who are less likely to engage in suicidal behavior. While refugee children and adolescents often display a tremendous amount of resilience despite their experiences, their resilience can be enhanced and their overall distress and risk for suicide can be decreased by these protective factors.

Talking with Children and Adolescents about Suicide

Clinicians should know and observe for signs of distress and risk factors in refugee children and adolescents and be ready to screen for suicidal thoughts or actions. Clinicians working in schools, medical facilities, or other community settings should advocate for system-wide implementation of screening of students or patients for trauma and suicidal thoughts or behavior. When screening refugee children and adolescents at risk for suicide, keep in mind the following guidelines:

- Consider the child's linguistic skills (seek translation services if needed)
- Consider the child's developmental level
- Build a rapport with the child
- Reassure the child he or she is not in trouble



Ask the child directly if he or she has ever had thoughts of hurting or killing him or herself. If a child or adolescent seems to be considering or is at risk for suicide, consider the following intervention guidelines:

- Talk to the child's parents about the concern
- Keep in mind cultural and religious beliefs when talking with parents
- Contact a local crisis team, emergency room, or urgent mental health or health provider who can assess the child immediately for suicide risk
- Assess the accessibility and lethality of the child's plan by directly asking how he or she would do it
- Assess the child's access to any means of hurting him or herself
- Talk with parents about preventing access to any means that are convenient or available
- Help the family access mental health resources
- Connect the family to cultural brokers and community interpreters as needed

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References

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“For more information on refugees and suicide, see [Refugee Health Technical Assistance Center](#)”