

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

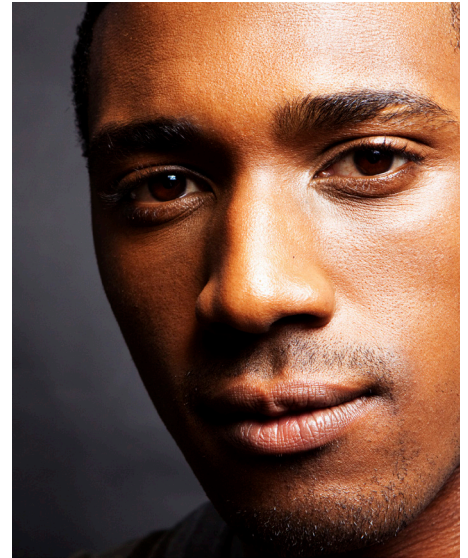
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“For more information on refugees and suicide, see [Refugee Health Technical Assistance Center](#)”