Concerns Important to Parents After Their Child’s Suicide Attempt: An Interdisciplinary and International Collaboration

Kari Lynne Hickey, PhD, RN\(^1\)
Jeanette Rossetti, EdD, MS, RN\(^1\)
Kathleen Musker, PhD, RN\(^1\)
Siobhan Smyth, PhD\(^2\)

\(^1\)School of Nursing, Northern Illinois University, DeKalb, IL, USA
\(^2\)School of Nursing and Midwifery, National University of Ireland, Galway School of Nursing and Midwifery, Galway, Ireland

**Purpose:** Little is known of the needs of parents after their child has made suicide attempt. The goal of this research study was to create and pilot an acceptable and effective survey to parents whose child has made a suicide attempt so that their needs and concerns are known.

Suicide affects all age groups and is the second leading cause of death globally of 15-29 year olds. In the United States, suicide is the third leading cause of death for people ages 15-24 and results in 4600 lives lost each year. Nationwide, 7.4% of students had actually attempted suicide one or more times in 2017. Depending on where one lives, the numbers could be higher. Further analyses of state and large urban school district data indicated that across 38 states, the overall prevalence of having attempted suicide ranged from 5.4% to 16.8% (median: 9.3%). While these rates are alarming, suicide is a serious problem in Europe; currently, Ireland has the fourth highest rate of suicide amongst teenagers in Europe with suicides accounting for 24.4% (n=79) of all adolescent deaths in 2017.

**Methods:** The Social-Ecological Model was used as a framework to better understand the problem of adolescent suicide from the parent perspective. Working in a community based participatory research model, nurse researchers collaborated with interdisciplinary staff at a rural community based mental health facility in the United States to create and pilot the survey tool with content and practice experts validating the survey questions. Nurse researchers traveled to the site to develop the questionnaire and data collection process. Interdisciplinary staff were instrumental in designing best method to collect this sensitive data from participants. Case managers introduced the study to potential participants during a regularly scheduled home visit. In order to be eligible, participants had to be over the age of 18, be the natural or guardian parent of a child who had made a suicide attempt in the past year, and speak and read English. In addition, case managers identified families who were no longer in the crisis stage after the suicide attempt. Participants were given an envelope with the paper survey and asked to complete the survey while the case manager completed their visit with the child. After the visit was completed, the case manager took the sealed envelope and placed it in the locked box supplied by the nurse researchers. The nurse researcher traveled to the community based mental health agency to collect completed surveys. Once data was collected and analyzed by two nurse researchers, we returned to discuss and share findings with the interdisciplinary staff. In order to obtain a global perspective on the problem of adolescent suicide, nurse researchers in the United States contacted a nurse colleague in Ireland to discuss this global problem.

**Results:** Five parents completed the pilot survey. Results showed that parents have unmet needs after their child’s suicide attempt; reporting the need to ensure safety for their child and the need for understanding how to help their child. Parents stated interest in attending a focus group to discuss their needs and noted transportation and childcare being primary barriers to attending a focus group. Results from this research will inform focus groups of parents whose child has made suicide attempt.

**Conclusion:**
Suicide has historically been thought of as an individual experience; however it also impacts families, communities and society at large. Youth suicide attempts affect not only the child, but also have damaging effects on peers, families, and communities. While any life lost is tragic, deaths from youth suicide are only one piece of the problem; more youth survive a suicide attempt than actually complete the act. Although some people may perceive suicide as the act of a troubled person, it is a complex outcome that is influenced by many factors. Individual characteristics may be important, but so are relationships with family, peers, and others, and influences from the broader social, cultural, economic, and physical environments. According to the Centers for Disease Control, the long-term goal of public health is to reduce the risk of suicidal behavior by addressing factors at several levels (individual, family, community, and societal levels).

It is clear from this pilot study that parents are fearful of another suicide attempt and are seeking help. One important risk factor for completed suicide is a previous suicide attempt. After a suicide attempt, much attention is given to the child to ensure safety and prevent another attempt. However, understanding the concerns and needs of the parents may also prove useful in supporting the child’s treatment. Nurses and other health professionals working in adolescent mental health would benefit from understanding parent needs in order to provide effective family centered treatment.

Title:
Concerns Important to Parents After Their Child's Suicide Attempt: An Interdisciplinary and International Collaboration

Keywords:
Adolescent, Parents and Suicide

References:


Abstract Summary:

Adolescent suicide is an international public health problem. This presentation will report a community based participatory research study on the needs and concerns of parents whose adolescent child had made a suicide attempt. Perspectives on parent and adolescent suicide research from the United States and Ireland will be presented.

Content Outline:

I. Introduction

A. Adolescent Suicide-While any life lost is tragic, deaths from youth suicide are only one piece of the problem; more youth survive a suicide attempt than actually complete the act.

B. Adolescent Suicide as a Global Public Health Problem-Suicide affects all age groups and is the second leading cause of death globally of 15-29 year olds

C. A risk factor for a suicide is a previous suicide attempt

II. Body

A. Need to examine parent experiences after a child's suicide attempt

1. Lack of literature on this phenomenon

a) Most research focuses on needs of child after they have made a suicide attempt

2. Family relationships can be a protective factor as well as an antagonist to the problem of adolescent suicide. Parents hold a gatekeeper role over child's medical/mental health care

a) Parents hold a gatekeeper role over child's medical/mental health care
b) Parent's often want to help but do not know what to do

B. Community based participatory research to better understand this problem

1. Work with multidisciplinary team

a) Case managers and social workers already have relationships with clients and families

b) They are experts in working with this population

c) Views of all disciplines created holistic vision of the research project

2. Use of Social Ecological Model to Guide this Research

a) Suicide has historically been thought of as an individual experience; however it also impacts families, communities and society at large. Youth suicide attempts affect not only the child, but also have damaging effects on peers, families, and communities.

b) Although some people may perceive suicide as the act of a troubled person, it is a complex outcome that is influenced by many factors. Individual characteristics may be important, but so are relationships with family, peers, and others, and influences from the broader social, cultural, economic, and physical environments.

C. Working Internationally to Better Understand Needs of Parents after a Child's Suicide Attempt

1. Adolescent suicide in the United States

a) Suicide is the third leading cause of death for people ages 15-24 and results in 4600 lives lost each year. Nationwide, 7.4% of students had actually attempted suicide one or more times in 2017. Depending on where one lives, the numbers could be higher. Further analyses of state and large urban school district data indicated that across 38 states, the overall prevalence of having attempted suicide ranged from 5.4% to 16.8% (median: 9.3%).

2. Adolescent Suicide in Ireland

a) Ireland has the fourth highest rate of suicide amongst teenagers in Europe with suicides accounting for 24.4% (n=79) of all adolescent deaths in 2017.

III. Conclusion

A. Five parents completed the pilot survey. Results showed that parents have unmet needs after their child’s suicide attempt; reporting the need to ensure safety for their child and the need for understanding how to help their child. From these results, it seems we are not connecting parents/families to effective supportive services after a suicide attempt.

B. Parents responded positively to this pilot survey and indicated they would participate in a focus group indicating transportation and child care as barriers to participation. Discussion of plans for continuation of this research with interdisciplinary team and internationally.

C. Discussion of benefits and barriers of international collaboration.

First Primary Presenting Author
Primary Presenting Author

Kari Lynne Hickey, PhD, RN
Northern Illinois University
School of Nursing
Associate Professor
DeKalb IL
USA

Author Summary: Kari Hickey is an associate professor and has been awarded 3 grants to examine this topic, presented 4 posters on the outcomes of this research and has published one data results article. She is a member of American Psychiatric Nurses Association and Sigma Theta Tau-Beta Omega chapter.

Second Secondary Presenting Author

Corresponding Secondary Presenting Author

Jeanette Rossetti, EdD, MS, RN
Northern Illinois University
School of Nursing
Professor
DeKalb IL
USA

Author Summary: Jeanette Rossetti, EdD, MS, RN is a Presidential Teaching Professor at Northern Illinois University, DeKalb, IL. She is a member of the Illinois Guardianship and Advocacy Commission, Human Rights Authority, Sigma Theta Tau International Honor Society, the American Psychiatric Nurses Association and Zeta Gamma Chapter of Phi Beta Delta. She was chosen as a mentor in the Nurse Faculty Mentored Leadership Development Program for Sigma Theta Tau International, and is an on-site reviewer for CCNE.

Third Secondary Presenting Author

Corresponding Secondary Presenting Author

Kathleen Musker, PhD, RN
Northern Illinois University
School of Nursing
Associate Professor
DeKalb IL
USA

Author Summary: Dr. Musker has been a nurse for over 40 years working in a variety of nursing settings, primarily psychiatric nursing. She is an associate professor of nursing at Northern Illinois University. Her research interests include patient rights and health promotion in families.

Fourth Author

Siobhan Smyth, PhD
National University of Ireland, Galway School of Nursing and Midwifery
School of Nursing and Midwifery
Lecturer and Programme Director
Author Summary: Siobhan Smyth has been a mental health nurse for 30 years and has been teaching mental health nursing for 15 years in the School of Nursing and Midwifery, National University of Ireland, Galway. Her main research interests are in the area of psychosocial interventions. She worked as a CNS in clinical practice.