

HOW DO WE TALK TO CHILDREN ABOUT SUICIDE?

Talking to children about suicide can be challenging, but it is important. The language we use makes a difference—when talking to children or adults. Stay away from the term “committed suicide,” and use “died by suicide” instead. The word “commit” suggests those who die by suicide have committed a sin or a crime. We don’t want to blame or stigmatize our loved one. Rather, we recognize that some mental illnesses cause people to harm themselves and keep them from being able to see the value and possibilities of their own life.

The language we use when talking with children about someone who is experiencing suicidal thoughts or who has died by suicide helps them make sense of experiences that are scary, confusing, and potentially life changing. If we don’t give them information and language, children will fill in their own answers, often with incorrect ideas or assumptions, and feelings of guilt. As with any other important question a child asks, we should offer them honest and developmentally appropriate answers and give them the time and resources to process the information.

We can talk about mental health (some people say brain health) in the same way we would talk about physical health (heart, lungs, stomach): with facts and empathy. At the same time, children need ways to express their feelings—through talking, writing, drawing, or playing. Connecting them with other children who have had similar experiences (grief groups or groups for family members caring for a person with mental illness) can reduce their sense of isolation and help them make sense of their experiences.



Dougy Center: The National Grief Center for Children and Families offers an excellent resource for supporting children and teens after a loved one dies by suicide:

[Dougy.org](https://www.dougy.org) - Supporting Children
and Teens After a Suicide