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Experiences and Needs of Parents after Their Child's Suicide Attempt

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Abstract

The purpose of this literature review is to examine parents’ needs and experiences after their child committed a suicide attempt. According to the National Institute of Mental Health (2017), a suicide attempt is when a person injures herself or himself in order to kill herself or himself, but the actions do not result in death. The American Foundation of Suicide Prevention (2018) has analyzed the data and concluded that in 2015, 8.6% of adolescents in grades 9-12 reported having made at least one suicide attempt in the past 12 months. Most of the time in the situation of a child’s suicide attempt, the child receives help and care, but the parents are left out. However, parents play a crucial role in their children’s lives, and often feel responsible for their actions and behaviors. Thus, they experience a full range of emotions during their child’s suicide attempt. Among them are feelings such as shame, and stigma (Asare-Doku, Osafo, & Akotia, 2017), anger, panic, hopelessness, distress (Buus, Caspersen, Hansen, Stenager, & Fleischer, 2014), guilt, anxiety, shock, and disbelief (Ferrey et al., 2016). With this being said, the family of the child who has made a suicide attempt is also in need of help. Parents do not always receive the care and attention they need while handling the situation with their child. As Russell (2017) noted, this deficit is occurring due to lack of knowledge regarding adolescent suicide attempts.

Keywords: adolescents, parents’ experiences, parents’ needs, suicide attempt.
Experiences and Needs of Parents after Their Child’s Suicide Attempt

Suicide is a serious public health problem. Each year, around 4,600 deaths among people from 10 to 24 years old result from suicide (Centers for Disease Control and Prevention [CDC], 2017). This issue also exists in the adolescent population. The amount of suicide among young people has tripled since the 1940s (CDC, 2017). Around 157,000 young people from 10 to 24 years old are treated in the Emergency Department (ED) from suicide attempts (CDC, 2017). Around 16% of high school students in the United States reported that they have seriously considered suicide, another 3% stated that they created a plan, and 8% confessed that they committed a suicide attempt in the last 12 months (CDC, 2017). The CDC (2017) lists risk factors that may lead adolescents to commit suicide or a suicide attempt, among them are previous suicide attempt, family history of suicide, history of depression or other mental health problems, drug and alcohol use, and easy access to lethal means.

The literature discusses how to provide help and support to the survivors of suicide. However, there is little known about help and support that is provided to parents during this catastrophic event in their lives. Parents are the one who care for their children the most. It is hard for them to open up and start communicating to other people about what has happened and what they felt at the moment, and what they will feel in a couple of hours, days, weeks, months, or years. Parents usually do not think about themselves after their child has committed a suicide attempt, but they think about the well-being of their loved one and how to support and keep him or her safe (Green-Palmer et al., 2015; Hickey, Rosetti, Strom, & Bryant, 2015). However, in the long run, parents also need help and support, so they can continue to care for their children in a healthy and productive way. That is why it is important for healthcare providers to be able to provide competent and timely help and support for parents. In order to be knowledgeable on this
topic, healthcare providers need to have enough adequate and appropriate information about the issue.

**Emotions and Feelings Experienced by Parents**

Parents experience a wide range of emotions and feelings when it comes to their child’s suicide attempt. The initial feelings of the parents are anger, fear, shame, shock, and disbelief (Asare-Doku, Osafo, & Akotia, 2017; Ferrey et al., 2016). However, mothers whose children made a more lethal suicide attempt felt less angry than mothers whose children made less lethal attempts (Green-Palmer et al., 2015). This may be because these mothers started to think about and take their child’s attempt more seriously than the mothers whose children committed less lethal attempts. They started to understand that they may really lose their child. Later, parents’ reactions include stress, anxiety, feelings of guilt, and social isolation (Asare-Doku et al., 2017; Ferrey et al., 2016). Other feelings that parents have experienced are denial, emotional dilemmas, lack of confidence in themselves, and lack of support (Byrne et al., 2008; McDonald, O’Brien, & Jackson, 2007; Russel, 2017). Parents felt that they were not competent in their parenting style (Byrne et al., 2008; Russel, 2017). They began to think about where they missed the warning signs and whom to blame, or who is responsible for this catastrophic event (McDonald et al., 2007; Russel, 2017).

Ferrey et al. (2016) discussed about initial feelings that parents reported right after their child self-harmed. The CDC (2017) identifies self-harm or “self-directed violence as anything a person does intentionally that can cause injury to self, including death” (n.p.), which includes cutting and suicide. From this definition, it can be concluded that self-harm and suicide are closely related, and sometimes it is hard to distinguish the adolescent’s real intention. That is why self-harm literature is included in this literature review. Ferrey et al. (2016) outline such
parents' feelings as shock, anger, and disbelief as initial responses to the situation. Most of the parents in their study did not know that their children self-harmed. They were told by a third party. This brings even more anxiety to the situation, because parents did not know what was happening with their children living together with them under the same roof. Later on, parents described such feelings as stress, anxiety, guilt, and, in some cases, worsening symptoms of depression; and one older parent even reported the worsening of her physical condition. The parents experienced these later feelings after the first reaction of shock subsided and they gained touch with reality again. Another issue that the parents mentioned in this study was social isolation, where they were afraid to share with their family, relatives, or friends because of negative attitudes resulting from stigma.

Asare-Doku et al. (2017) and McDonald et al. (2007) analyzed shame experienced by the parents of adolescents who had committed suicide attempts and who self-harmed. The former study discussed adolescents from Ghana, a country in southern Africa, and the latter study is focused on adolescents in Australia. However, both of these studies have one thing in common: parents' feelings of shame. Part of the reason they felt shame towards the event is that parents (mostly mothers) did not recognize that their children were so deeply unhappy that they got to the point where they were able to hurt themselves (McDonald et al., 2007). It is very hard and debilitating for the family members to figure out that they were not able to notice that their children have been suffering and need help and support. The feelings of shame also discouraged parents from seeking help and support from healthcare providers, family, and friends (Asare-Doku et al., 2017; McDonald et al., 2007). This in turn caused feelings of guilt (McDonald et al., 2007). The parents felt guilty because they did not pay proper attention to their children's problems, but instead minimized or denied them (McDonald et al., 2007). However, there is a
difference in accepting and sharing the news of the suicide attempt related to the gender of the parent. Mothers were able to share with their siblings, rather than fathers, who preferred to leave the event in the immediate family, without sharing with brothers, sisters, parents, or other extended family members (Asare-Doku et al., 2017).

In both studies, stigma was found to be strongly associated with negative attitudes towards the event. “Stigma is when someone, or even you yourself, views a person in a negative way just because they have a mental health condition” (National Alliance on Mental Illness [NAMI], 2018, n.p.). Even today people are afraid of being “stigmatized,” because it creates a negative perception of the situation. The word “stigma” is mentioned in almost all articles that were used for this literature review. Asare-Doku et al. (2017) showed that perceptions of suicide or self-harm continue to be stigmatized and negative. Stigma is a very strong and intense negative feeling that almost all parents experience when their children commit a suicide attempt. Parents are afraid to share their experiences with other people as well as health care providers, because they do not feel safe and supported. On the contrary, they feel judged, blamed, incompetent, and stigmatized. This leaves parents without proper help and support, which later may lead to worsening conditions in the family as well as for parents themselves. Morgan et al. (2013) mentioned that poor social support and poor parental well-being were highly correlated with poor family communication, poorer parenting satisfaction, and greater number of difficulties for children. These findings lead to the conclusion that if parents do not receive proper and timely help and support, it may lead to more adolescents’ suicide attempts in the future, which in turn may cause more distress to the families. Parents may become isolated because of stigma (Buus, Caspersen, Hansen, Stenager, & Fleischer, 2014). They are afraid to share about what has happened, because they think that nobody will understand them, and so
nobody will help them. On the contrary, people will start to point fingers and blame them for what has happened (Cerel, Jordan, & Duberstein, 2008). Parents who feel “stigmatized” look at this catastrophic event as if it is an endless and vicious cycle without the possibility to break it. Parents feel trapped inside it and do not know how to escape. However, friends and relatives escape and avoid interaction with the survivor family, which shows negative perceptions of and stigma towards the event (Asare-Doku et al., 2017). Parents need support from their family and friends at this time, but they often just look away. This makes their pain even worse and may lead to worse outcomes for the families.

It is clearly seen that healthcare providers need to be able to provide competent care and support for the parents whose children commit suicide attempts. This literature review shows that the greatest barrier for seeking help is stigma. Parents do not feel comfortable, safe, and supported while sharing about their worst moments in their lives. Nurses are in the most appropriate position to talk to the parents about their feelings and fears and encourage them to share with healthcare providers so they can receive help. The whole healthcare system needs to work on education about suicide and self-harm. Healthcare professionals need to change the ways people look at these issues. Healthcare providers will need to show that people who committed suicide attempts or self-harm need immediate help, because they are going through some problems, instead of putting a label and stigma on them. This way more parents will seek help, which may help to prevent further attempts of suicide among adolescents, because a healthy family relationships is a protective factor.
References

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