Don’t Forget the Caregiver
The Importance of Assessing Family Members After Suicide Attempts

I recently received a series of texts asking for help from friends whose child was in the emergency department (ED) being stabilized after a suicide attempt. They were numb, grief stricken, and at a loss. Staff gave them updates but were speaking in medical terms and processes they did not understand.

Providers involved in the care of children, adolescents, and adults with mental health issues are rightly focused on stabilizing those individuals. However, they should not forget the families and communities; they, too, are grieving with the toll of the often long-standing and debilitating illness. And in the case of one’s child, these feelings may be compounded by guilt, exhaustion, insecurity, and fear.

A child’s suicidal behavior does not harm the child alone. Parents and guardians are also impacted. Caregivers’ needs should also be considered during treatment. Often, caregivers know their child has behavioral needs but may instead be unaware of the depth of those needs (Jones et al., 2019). Caregivers may not recognize the full extent of the danger. They may interpret the signaling as age or developmentally expected behavior, or they may recognize the danger but have been unable to get help. These contexts may also overlap. Juxtaposed on that background and while in an acute care setting, such as the ED, parents have several conflicting duties. These guardians may be in shock from the incident. They may grieve for their child, yet at the same time are trying to be an advocate while interacting with a new service or set of providers. Parents are also key stakeholders in treatment planning (Cha et al., 2018).

My friends reached out to me because of my professional and personal experience. What did I do? I did nothing more than offer reassurance, clarify language and processes, and offer to get together for coffee. Later, they told me that this made a huge difference for them.

Reflecting on my own experience, I can see where I would have benefited from the same type of care. During the intake interview for my own family member who I stopped mid-attempt, I became completely overwhelmed. I had only witnessed suicide attempt as a provider—it was entirely different as a caregiver. I was in a new city and separated from my partner (who was out of town) and my child, who almost left this world permanently. A nurse’s concern was the balm I needed that day. He sat with me in the ED waiting room, patiently answering my questions. He prepared me for the days ahead and asked who I would be going home to and who could I call for support. Caring for myself was not even on my radar but I badly needed this type of care. The nurse’s compassionate advice is something I will always remember from one of the darkest hours of my family’s life.

Suicide is one of the leading causes of death among youth in the United States. Suicide has a multimodal and poorly understood etiology that has social, physiological, and environmental contributors (Janiri et al., 2020). Although all focus is and should be on stabilization of the child, the long-term well-being and care for the child includes supporting their traumatized family. Providers should remember that parents may have no additional support system. The ED may be in a city that is new to the family or located where the child attends college. In addition, the family may have no previous interaction with the mental health system and no context for choices or decision making. Therefore, implementation of trauma-informed care that is family centric can address these unmet needs (Marsac et al., 2016).

Trauma-informed care is exactly what I experienced; my friend, unfortunately, did not. A child’s suicide attempt is a trauma that influences the lives of the entire family. Health care providers who practice trauma-informed care include assessment and care of family members, which can make a huge difference in healing.

REFERENCES
Janiri, D., Doucet, G. E., Pompili, M., Sani, G., Luna, B., Brent, D. A., & Frangou,


Catherine G. Ling, PhD, FNP-BC, CNE, FAAN
FNP Track Coordinator
Wald Center Site Coordinator
Global Practicum Co-Coordinator
Johns Hopkins University School of Nursing
Baltimore, Maryland

The author has disclosed no potential conflicts, financial or otherwise.

doi:10.3928/02793695-20200513-02