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Characterizing Adolescent Disclosures of Suicidal Thoughts and Behavior to Parents

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Abstract

Purpose: Suicidal ideation and suicidal behavior (SI/SB) are prevalent among adolescents. Treatment of SI/SB in adolescents relies on their disclosure, yet there is limited research on adolescent SI/SB disclosure experiences. Understanding who they disclose to and how they experience their parent(s) responses to their disclosures is important, as parents are often involved in adolescent mental health treatment.

Methods: The present study characterized adolescent SI/SB disclosures in a sample of psychiatrically hospitalized adolescents, examining to whom they disclosed SI/SB, perceived parental responses to SI/SB disclosures, and what they would prefer their parents did differently in response to SI/SB disclosures.

Results: Results indicate over 50% of youth disclosed their SI/SB directly to their parent and approximately 15-20% of youth did not disclose their SI/SB to anyone prior to psychiatric hospitalization. Perceived parent responses to disclosures varied, including both validating and invalidating responses.

Discussion: Findings have important implications for supporting parents and adolescents in discussing SI/SB.

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Introduction

Suicidal ideation and suicidal behavior (SI/SB) are prevalent among adolescents in the US[1–3]. Treatment of SI/SB in adolescents requires SI/SB disclosure, however, research on disclosure experiences from adolescents' perspectives is limited. One study found Turkish high school students disclosed SI to friends more often than parents or family[4]. Similarly, in our prior work conducted in a sample of adolescents with mental health treatment histories, adolescents most frequently endorsed disclosing SI/SB to friends compared to parents, medical providers, or other adults[5]. Moreover, adolescents frequently endorsed family-focused barriers to their disclosure of SI/SB, including fear of caregivers/parents (hereafter referred to as parents) finding out about their SI/SB and concern about worrying their parents if they learned of their SI/SB[5]. Related research examining adolescent disclosure of other risk behaviors shows adolescents are less likely to disclose behaviors if their parent may be informed[6,7].

Given parents are tasked with monitoring their child's SI/SB risk[8], particularly after an acute mental health event, understanding adolescents' experiences disclosing to their parents is of particular importance. Evidence-based clinical guidelines for how to navigate such disclosures are needed to help parents most effectively respond to their child's SI/SB disclosures. Learning from adolescents' lived experience of SI/SB disclosures can inform empirical approaches to intervention, including gatekeeper trainings and family-based interventions, to ensure youth are supported when disclosing. Further, SI/SB disclosures from adolescents may lead to psychiatric hospitalization as an effort to mitigate short-term risk. Thus, research to understand SI/SB disclosures among psychiatrically hospitalized youth, particularly in the parent-child context, is of clinical and scientific importance.

The current preliminary study seeks to address this need and characterize adolescent experiences of SI/SB disclosures, with a focus on their experiences disclosing to parents. Among a sample of psychiatrically hospitalized adolescents, we examined (1) to whom adolescents disclosed SI/SB prior to hospitalization, and how their parents learned about their SI/SB, (2) how adolescents perceived their parents' responses to their SI/SB disclosure, and (3) adolescents' ideas about how their parents could respond to SI/SB disclosures more effectively.

Methods

Participants.

Youth (N=108; ages 12-17; M_{age} = 14.50, SD = 1.50; 74.1% female; 47.2% girls; 72% white; 14% Hispanic, Latinx, or other ethnicity; 59% LGBTQ+) admitted to a psychiatric hospital completed self-report surveys. Participant demographics are consistent with the greater Nashville Metropolitan area with regard to race and ethnicity and with prior adolescent inpatient samples with regard to gender and sexual orientation[9]. Use of these de-identified data was approved by the Vanderbilt University Medical Center Institutional Review Board.

Clinical characteristics.

Adolescents completed the Suicidal Ideation Questionnaire Jr. (SIQ-Jr.[10]; α=.95), Patient Health Questionnaire-9 (PHQ-9[11]; α=.89), and Generalized Anxiety Disorder-7 (GAD-7[12]; α=.88).

Disclosures of SI/SB.

Adolescents completed a measure developed by the authors for this study. Items assessed if the adolescent had directly or indirectly disclosed SI/SB to key people in their lives, and how adolescents perceived their parents' responses to their disclosures (See Appendix A). Reliability for items assessing perceived parental responses to disclosure (10 items) was α= .81.

Results

Adolescent SI severity, depressive, and anxiety symptom scores at admission were clinically elevated, consistent with similar samples[9]. Sample clinical characteristics are detailed Table 1A.

SI/SB disclosure.

Rates of SI/SB disclosure are presented in Table 1. Prior to hospital admission, 14.1% of youth did not disclose their SI and 20.4% did not disclose their SB to anyone. Participants most frequently disclosed SI directly to their parents and friends, followed by their therapists and psychiatrists. Participants most frequently directly disclosed SB to parents and friends, followed by a sibling or disclosing online. Notably, over 50% of adolescents did not directly disclose SI/SB to their parents prior to hospitalization. When adolescents did not disclose SI/SB directly to parents, their parents most often found out from another adult, by observing evidence of SI/SB (e.g., a note, marks on their body), or by another way not listed in the survey (e.g., police, school, finding the adolescent engaging in self-harm).

Perceived parental responses to disclosure.

Participants' ratings of their parents' responses to their SI/SB disclosure are reported in Table 2. On average, adolescents perceived that their parents experienced very high levels of anxiety, followed by moderate to high levels of sadness, anger, and shock.

Adolescents reported their parents were moderately helpful on average in response to their disclosure. Adolescents also endorsed experiencing some parent invalidation, including saying they were manipulative or wanted attention, guilting them, blaming themselves, ignoring them altogether, or being perceived as not caring about their SI/SB in response to their disclosure. On the contrary, adolescents endorsed experiencing moderate levels of parent validation, including understanding, support, and feeling loved.

When examining adolescents' open-ended responses describing what, if anything, they wanted their parents to do differently in response to SI/SB disclosures, six themes emerged. Responses revealed they wanted their parents to provide more emotional support/validation, engage in their own emotion regulation during the disclosure, and facilitate treatment

access. Some adolescents preferred their parents to do nothing in response to their SI/SB; alternatively, several youths were satisfied with their parents' reactions (see Table 2 and Appendix B).

Discussion

Adolescents most frequently disclosed SI/SB to parents and friends prior to psychiatric hospitalization. Over 50% of youth did not directly disclose SI/SB to their parents, with 15-20% not disclosing directly to *anyone* prior to hospitalization. Adolescents perceived their parents to experience high negative emotion in response to their disclosures and to respond with both validation and invalidation. The sample had significant gender and sexual orientation diversity, consistent with findings that sexual and gender minority youth are at elevated risk for suicide[13,14]. Limitations include the cross-sectional design and relying on adolescent self-report in a sample with limited diversity regarding sex, race, and ethnicity. Given this topic is underexplored, measurement development and rigorous psychometric testing is needed to determine the best approach to assessing SI/SB disclosures. Preliminary results highlight potential clinical targets to improve parent-child communication about SI/SB, including parent emotion regulation and validation skills. Results suggest providers may need to support parents who are on the receiving end of such disclosures. Findings demonstrate the need for rigorous research designed to better understand adolescent SI/SB disclosures and parental responses to such disclosures to inform clinical interventions in this population.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Implications and contribution:

The present study characterizes psychiatrically hospitalized adolescents' experiences disclosing suicidal ideation and behavior (SI/SB) to parents. Findings demonstrate relatively low rates of direct disclosure of SI/SB to parents and other adults. Results suggest families need support communicating about SI/SB, and parents may benefit from support in validation and emotion regulation.

Table 1.

Rates of SI and SA disclosure and mean scores of perceived parental reactions to disclosures.

Disclosure Rates	SI Disclosure (N = 85)	SA Disclosure (N = 54)
Direct Disclosure	**N (%)**	**N (%)**
Parent	38 (44.7%)	25 (46.3%)
Therapist	17 (20.0%)	5 (9.3%)
Psychiatrist	14 (16.5%)	4 (7.4%)
Pediatrician	8 (9.4%)	4 (7.4%)
School personnel	13 (15.3%)	4 (7.4%)
Other adult	6 (7.1%)	4 (7.4%)
Sibling	10 (11.8%)	9 (16.7%)
Friend	38 (44.7%)	21 (38.9%)
Acquaintance	4 (4.7%)	2 (3.7%)
Online	11 (12.9%)	6 (11.1%)
Other not listed here	8 (9.4%)	1 (1.9%)
Did not disclose directly	12 (14.1%)	11 (20.4%)
Indirect Disclosure to Parent		
Another adult told parent	15 (17.6%)	14 (25.9%)
Peer/friend told parent	2 (2.4%)	2 (3.7%)
Parent saw something on social media/online	0 (0.0%)	0 (0.0%)
Parent found evidence	9 (10.6%)	5 (9.3%)
Parent found out another way not listed here	23 (27.1%)	14 (25.9%)
Perceived parental responses[a]	**N = 108 (full sample)**	
Perceived parental emotional reactions (N = 85)	**M (SD)**	
Anxiety	4.08 (1.26)	
Sadness	3.98 (1.28)	
Anger	2.93 (1.70)	
Shock	2.93 (1.45)	
Perceived parent invalidation		
Manipulation	2.53 (1.70)	
Guilt	2.64 (1.71)	
Self-blame	2.20 (1.52)	
Ignored	2.07 (1.48)	
Didn’t care	1.86 (1.35)	
Perceived parental validation		
Emotional support	3.05 (1.53)	
Said they loved them	3.22 (1.52)	
Understanding	2.40 (1.47)	
Perceived parental helpfulness	3.02 (1.63)	

[a]Questions about parental responses to disclosure were rated on a Likert scale from 1 (not at all) to 5 (extremely).

Table 2.

Adolescent perceptions of what their parents could do differently in response to their SI/SB disclosures.

What do adolescents wish parents did differently in response to their SI/SB disclosure?	N (%) of responses in this category	Example responses
Provide emotional support/validation	24 (30.00%)	"Cared or made me feel loved" "Ask me if I was okay. Talk to me about it" "Tried to understand why I did it" "Stop invalidating my feelings"
Engage in their own emotion regulation	6 (7.50%)	"I wish they would have not been scared" "She cried and I didn't know how to handle that" "They were really shocked and kept asking me lots of questions, which made me uncomfortable"
Nothing/satisfied with how their parents responded	19 (23.75%)	"Nothing, she was so supportive" "Nothing, they handled my suicidal thoughts well" "Nothing, they did great"
Sought treatment for their child earlier or other types of treatment	10 (12.50%)	"I wish they had talked to me about getting help much sooner" "Not send me to the hospital" "Realized I've needed help for a long time"
Not do anything to support them/not interfere	11 (13.75%)	"I wish they would have done nothing" "I don't want them to care" "Let me run away"
Did not know what they would like their parent to do differently	10 (12.50%)	"No idea" "I honestly don't know"