

# Study examines emotional regulation, family history as risk factors for suicidal behavior

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Suicide is the second leading cause of death for persons ages 10-24. And according to the Centers for Disease Control and Prevention (CDC), youth suicide rates have nearly tripled from 2007 to 2017. Understanding risk factors in younger children can increase the likelihood of a child receiving behavioral health services in a timely fashion and can contribute to the development of interventions dedicated to preventing a first suicide attempt in at-risk youth.

A parental history of [suicidal behavior](#) has been shown to increase the odds of a [youth](#) suicide attempt 4-6 times, even after controlling for mental health disorders in youth associated with suicidal [behavior](#) (e.g., major depressive disorder). Additionally, emotional regulation, or how [children](#) understand, respond to and control their emotions, is strongly associated with various [risk factors](#) for youth suicide attempts. Research examining the intersection of these two risk factors, however, is limited.

In a recent study, researchers at Nationwide Children's Hospital examined the intersection of these two risk factors, parental history of suicidal

behavior and emotion regulation, in children 6-9 years of age. The study, published in *Child Psychiatry & Human Development*, suggests youth with a parental history of a suicide attempt experienced more stressful life events and more emotion dysregulation compared to youth without a parental history of suicidal behavior. These risks have been associated with suicidal behavior in adolescents and adults.

"The epidemiology of suicide has changed over time and rates are increasing," said Arielle Sheftall, Ph.D., principal investigator with the Center for Suicide Prevention and Research in the Abigail Wexner Research Institute at Nationwide Children's and first author of the paper. "Studies like this allow us to start identifying some of the factors that might be associated with these changes in the rate of youth suicide and suicidal behavior. By identifying the areas of risk, we're able to create and test interventions—with the goal of reducing suicide deaths among the most vulnerable."

During the study, mothers and their children were asked to report on lifetime and past-month suicidal ideation and attempts, significant events that took place in the child's life in the past year, and their child's emotion regulation skills. The study examined 21 children, ages 6-9 years old, with and without a parental history of suicidal behavior across three appointments, with 100% of participants retained for a 6-month phone interview and 90.5% for a 1-year follow-up appointment.

Results from this study suggest early intervention in childhood to provide emotion regulation strategies and increase resiliency in at-risk youth may decrease the likelihood of the development of risk factors associated with future suicidal behaviors. Future research incorporating both mothers and fathers and observational measures of [emotional regulation](#), rather than self-report measures, will be valuable in examining these findings further.

"Our study highlights young children with a parental history may benefit from interventions that build upon emotion regulation skills and strategies," said Dr. Sheftall. "Providing these skills early in childhood, even in children at high risk for future suicidal behavior could make a big difference and save a child's life."

"Something else that is vital in fighting against youth suicide and suicidal behavior is knowing the [warning signs](#)," explained Dr. Sheftall. "Our past research indicates factors prior to suicide death in children differ compared to adolescents who died by [suicide](#), and the warning signs in young children are also somewhat different. If a child is making suicidal statements, has been unhappy for an extended period, is withdrawing from friends or school activities, is giving away their possessions to others, or being increasingly aggressive or irritable, these are clear signs that something is wrong, a conversation is needed, and seeking out mental health care, especially if suicidal statements are being made, is necessary."

"Finally, there is hope," said Dr. Sheftall. "If a child gets the help they need, learns the skills necessary to combat the suicidal thoughts they are experiencing, and knows there is someone available to help them through the tough times, children can bounce back and get better. Having suicidal thoughts is very common, but there are ways to fight against them, and building youth up and supporting them is one of the ways we can all do so."

**More information:** Arielle H. Sheftall et al, Emotion Regulation in Elementary School-Aged Children with a Maternal History of Suicidal Behavior: A Pilot Study, *Child Psychiatry & Human Development* (2020). [DOI: 10.1007/s10578-020-01010-8](#)

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