

Parents' Awareness of Children's Suicide Attempts

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In independent psychiatric interviews with 175 children and their mothers, either the mother or the child reported that 13 (7%) of the children had made a suicide attempt. Eight of the 13 children reported attempts that were not reported by their mothers.

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Suicide is the third leading cause of death among adolescents; only accidents and homicide cause more deaths in this age group. The suicide rate for 15- to 24-year-olds more than doubled in the past 30 years (1). A history of previous attempts has been associated with completed suicides (1).

Information on the history of suicidal behavior can be useful for identifying persons at risk. Historically, clinicians have depended on parents to identify psychiatric symptoms in their children. More recent studies, however, show that parents may underreport the degree and nature of their children's psychiatric symptoms. These findings, reported independently by several investigators, raise questions about the primary

use of parents as informants about psychiatric disorders in their children (2).

In this paper we will present data from interviews with children and their mothers on the history of suicide attempts in the children. Our major finding is that more than half the mothers of adolescents who reported that they had made a suicide attempt did not know about their child's suicide attempt.

METHOD

The children in this study were a subset of 220 children at high or low risk for psychiatric disorder by virtue of the presence or absence of major depression in their parents. Information about the child from direct interviews with the mother about the child and interviews with the child directly were available for 175 of these children, 81 boys and 94 girls, who make up the study group for this report. The children were 6 to 23 years old at initial interview. Details of the method are presented elsewhere (3).

The assessment instruments for each child included the Children's Global Assessment Scale (4) and the Schedule for Affective Disorders and Schizophrenia for School-Age Children—Epidemiology Version (KIDDISADS-E) (5). The Children's Global Assessment Scale, an adaptation of the Global Assessment Scale for adults, is a unidimensional rating scale for evaluating social and psychological functioning during a specific time period on a scale from 1 to 100. Scores above 70 indicate good functioning. The KIDDISADS-E probes for the presence or absence of suicidal behavior and/or ideation, both currently and in the past. Intentionality is scored on a 4-point scale ranging from 1 (low intent) to 4 (serious intent).

The child and the child's mother were interviewed separately with the KIDDISADS-E. A child psychiatrist, blind to parental diagnosis, used all available information to make a best estimate DSM-III diagnosis of the child (6). The kappa coefficient, an index of

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Dr. Walker died in 1988. He conducted this study for his medical school thesis while at Yale University; Dr. Weissman was his thesis advisor. This paper was planned with Dr. Walker during his terminal illness when he was a psychiatric resident at Yale University and was completed by Drs. Moreau and Weissman on his behalf following his death.

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TABLE 1. Characteristics of 175 Children Who Did or Did Not Attempt Suicide and Agreement Between Mothers and Children on Whether the Attempt Had Occurred

Group	Number of Boys	Number of Girls	Age at First Suicide Attempt (years)	Mean Children's Global Assessment Scale Score	Mean Number of Suicide Attempts	Number of Mothers Who Had Made Suicide Attempts
Children who did not attempt suicide	78	84	—	69.3	—	13
Children who did attempt suicide						
Mother and child agreed that suicide attempt had been made	2	2	17.2	47.2	1.2	1
Mother and child disagreed on whether suicide attempt had been made	1	8	14.0	46.7	2.8	1

chance-corrected agreement (7), was calculated to assess agreement between mother and child on report of suicide attempts, and McNemar's chi-square was calculated to determine whether rates of suicide attempts reported by mother and child differed significantly (7).

RESULTS

At least one lifetime suicide attempt was reported by either the mother or the child for 13 (7%) of the 175 children, three boys and 10 girls. Two of the mothers had two children each who had made suicide attempts. In both cases the mother reported the suicide attempt of one child but not of the other child. Because the interviews of the mother about the child were conducted separately for each child and the interviewer was blind to information obtained from the child, no explanation for this discrepancy was reported.

Agreement between mother and child on the child's suicide attempt was fair ($\kappa=0.45$). Twelve children reported suicide attempts. Mothers reported that five of the children had made suicide attempts. There was agreement between mother and child for four of the children. Eight of the 13 children who attempted suicide, therefore, reported attempts not reported by the mother, and one mother reported an attempt not reported by the child. A significant association was found between informants (mother versus child reports of suicide attempts) (McNemar's $\chi^2=4.00$, $df=1$, $p<0.05$). The most frequent methods of attempt were drug ingestion and wrist cutting. Eleven of the 13 children who had attempted suicide had at least one parent who was depressed.

The four children whose mothers agreed with them about their suicide attempts were compared with the nine children whose mothers did not to determine predictors of agreement (see table 1). The ratio of girls to boys was higher among the children whose mothers disagreed about suicide attempts than among those whose mothers agreed (see table 1). The children

whose mothers did not agree about the suicide attempt reported a lower mean age at the time of the first attempt and twice the mean number of attempts as did the children whose mothers did agree about the suicide attempt (see table 1). Four of the mothers who disagreed with their children's reports of suicide were separated or divorced from the child's father; none of the mothers who agreed with their children's reports of suicide were separated or divorced. The current marital status of the mother did not distinguish the agreement group from the disagreement group. The rate of suicide among the mothers who agreed with their children's reports of suicide was twice as high as the rate among mothers who did not agree with their children's reports and three times as high as the rate among mothers of children who did not attempt suicide (see table 1).

The children who did not attempt suicide, those who did and whose mothers agreed, and those who did and whose mothers disagreed differed in Children's Global Assessment Scale scores and rates of psychiatric disorders. The children who had not attempted suicide were the least impaired according to their Children's Global Assessment Scale scores (see table 1) and had the least number of psychiatric disorders. The two groups of children who had attempted suicide were seriously impaired and had low Children's Global Assessment Scale scores that did not differ appreciably (see table 1). All of the children who had attempted suicide were diagnosed as having major depression at some point in their lives. The most common comorbid diagnoses were conduct and anxiety disorders and substance abuse. Five of the nine children whose mothers disagreed about the suicide attempt had a diagnosis of substance abuse, compared with one of the four children whose mothers agreed about the attempt and 16 (10%) of the 162 children who did not attempt suicide.

The children whose mothers disagreed about the suicide attempt were equally distributed along the 4-point scale of intentionality. Three of the four adolescents in

the group whose mothers agreed about the suicide scored in the definite intent range, and one scored in the minimal intent range. Mothers reported lower scores on intentionality than did their children. The following cases illustrate the nature of the attempts.

CASE REPORTS

Case 1. Karen, an 18-year-old girl whose parents were divorced, reported a major depression at the age of 17, following a therapeutic abortion. Karen's guilt over the abortion resulted in her taking an overdose of pain pills, which left her lethargic. She went to an emergency room and was released the same day. She described the attempt as serious in intent. Although Karen's mother reported her daughter's depression and suicidal ideation, she did not report the suicide attempt.

Case 2. Jane, who was 16 years at the time of interview, reported three major depressive episodes. The first occurred when she was 7 years old after her parents divorced; the second at age 11, when her mother remarried; and the third at age 14 after a miscarriage. During this last episode she impulsively cut her wrists at school but concealed the wound. Her mother was unaware of the cuts or the suicide attempts.

Case 3. Alice was 17 years old at the time of interview and lived with her parents. She reported having experienced a major depression when she was 14. She was impaired and missed school during this time. She cut her wrists on two separate occasions but wore long sleeves so that her mother would not notice the bandaged cuts. She described the cut on the first occasion as deep and painful, and she described her intent as serious. She repeatedly asked her parents for someone to talk to, but her request was denied. Alice's mother during the interview denied any symptoms of depression in her daughter.

DISCUSSION

There are two major findings of this study. First, the majority of mothers in this study group whose children reported suicide attempts were unaware of these sui-

cide attempts. Second, compared with the mothers and children who agreed with each other that a suicide attempt had been made, the mothers and children who did not agree that an attempt had been made were characterized by a younger age in the child at the first attempt, a greater mean number of lifetime attempts by the child, more serious intentionality in the child, separation or divorce from the child's father, and a higher rate of attempted suicide in the mothers.

These findings on suicide attempts are consistent with accumulating data suggesting that parents are often unaware of or underreport psychiatric disorders in their children (2). These findings can now be extended to suicide attempts. Suicidal behavior can be added to the list of other concealed behavior of adolescents (i.e., drug and alcohol use). This has obvious implications for determining accurate prevalence rates of suicidal behavior and assessing suicidal potential in an individual adolescent. Further studies using larger samples are required to confirm and expand these preliminary findings.

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