



## **FAST FACTS: Suicide Support & Prevention**

**If you or a loved one are experiencing suicidal thoughts, please call the National Suicide Prevention Lifeline at 1-800-273-8255**

Adolescents are at higher risk for suicide attempts than other age groups. As of 2019, according to the National Institute of Mental Health (NIH) suicide is the second leading cause of death in the United States for ages 10 to 24. The risk of suicide is significantly higher for adopted teens. Past research from Sweden and the US, confirms that adoptees (including foster care youth), are three to four times more likely to attempt or complete a suicide than non-adopted people. This is due to a variety of risk factors (e.g., family history of suicide, history of maltreatment/abuse, history of mental health disorders including depression, isolation, or a feeling of being cut off from others, loss – to name a few). Notably, some of these factors are inherent in the institution of adoption itself when a child is separated from birth family and culture. Further, transracial placements, in which the child (ren) are of a different race than the adoptive/foster parents (who are primarily white) are common. These differences create additional complex layers due to America's history with systemic racism.

Adolescence is a period of change and emotional tumult with an influx of hormones and rapid brain and physical development, as well as expanding social interactions that form the basis of friendships, connection, and burgeoning identity. For adoptees, this stage of development is doubly impacted by surging feelings of anxiety, grief/loss, anger, sadness, and confusion about who they are and how they came to be in the world. Information is often missing about biological families and their medical history – including mental health, compounding the loss. Deep feelings of abandonment, being "othered", or rejection can cause a seemingly functional child to resort to self-harm (e.g., cutting, burning, hair-pulling, nail biting) to relieve these difficult emotions. Self-injurious behaviors can escalate into more intense suicidal thoughts and lethal behaviors if left unaddressed.

Adoptees and foster care youth need outlets to express or talk about how they are feeling, in supportive, non-judgmental spaces without fear of retaliation, being rejected or abandoned, or guilt or fear of causing their caregivers emotional harm. Adoptive and foster care parents can support their children by first attending to their own self-care; creating open dialogue and giving their children permission to have their feelings. This action on the part of parents validates and normalizes these experiences, without shame. If doing this on your own seems daunting, connect with other adoptive/foster care families, or reach out to professionals for extra support.

### **Adoptee & adoptive family community connections**

Creating a family through adoption is not the same as through birth. Babies and children are not blank slates, and we now know that "love alone" is not enough. Further, adoption is not a one-time event, but rather an experience that stretches across the lifespan of an adopted person. It is important to learn to



communicate openly about adoption and race, which normalizes the complex feelings that arise due to this unique experience. Find or create a community of adoptees/adoptive families to reduce isolation and increase connection.

**Korean adoption organizations and camps:**

<https://www.wearekaan.org/>

<https://www.wearekaan.org/organizations-and-camps>

**Latin American adoption:**

<https://lasemana.org/>

**Post-adoption (international, transracial adoption)**

<https://www.adopteebridge.org/>

<https://www.adopteehub.org>

**Support groups**

<https://www.mnadopt.org/support-groups/>

Pre-teens/Teens support: <https://www.adopteebridge.org/ourjourneys-ourfriends> Adult

transracial adoptee support: <https://www.adopteebridge.org/ourhistory> Adoptive family

support: <https://www.adopteebridge.org/ourfamily>

## **Seek adoption-competent, professional support**

A silver lining from the COVID-19 pandemic is that therapy is more accessible due to virtual, or "telehealth" sessions. Talking to an adoption-competent therapist can help you identify and process through the struggles that adoptees and adoptive families experience. Additionally, group therapy options may be

**US mental health professionals that identify as adoptees and work with adoptees/adoptive families:** <https://www.growbeyondwords.com/adoptee-therapist-directory/>

**MN ADOPT Therapist Directory**

<https://www.mnadopt.org/resources/therapists/>

**PACC Directory:**

<https://cascw.umn.edu/continuing-education/permanency-adoption-competency-certificatearchive/pacc-directory/>

**C.A.S.E./TAC Directory:**

<https://adoptionssupport.org/member-types/adoption-competent-professionals/>

## **Crisis resources for families & professionals**

If you are experiencing suicidal thoughts, and need immediate help go to your nearest hospital emergency room or call: 911

National Suicide Prevention Lifeline at 1-800-273-TALK (8255)

Mobile Crisis (Hennepin County): Adults 18+ (612) 596-1223, Children 17 & under (612) 348-2233 Anywhere in the State, Dial: \*\*CRISIS (\*\*274747)

Crisis Text Line: Text "MN" to 741741

The Trevor Project (LGBTQ+): 1-866-488-7386

Minnesota Farm & Rural Helpline: 1-833-600-2670

## **Suicide Prevention, Intervention, & Education:**

<https://www.nimh.nih.gov/health/statistics/suicide>

<https://www.cdc.gov/suicide/factors/index.html>

<https://namimn.org/education-and-public-awareness/suicide-prevention/>

<https://namimn.org/education-and-public-awareness/classes/suicide-prevention-classes/>

[https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP20-01-03-001.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-01-03-001.pdf)

<https://save.org/what-we-do/grief-support/>

## **Information presented by:**



**Nicole Sheppard, MA, LPCC** is a mindfulness-based psychotherapist based in Roseville, MN. She works at Mental Health Systems (MHS), specializing in Dialectical Behavioral Therapy (DBT). Nicole has clinical, research, and community development experience in transracial/international adoption, birth family search/reunion, suicide prevention, ethnic identity, mindfulness, trauma, and life transitions. Through the Korean Adoptees Ministry Center, she was the project manager of a Minnesota Department of Health-funded mental health and suicide assessment of the adult Korean adoptee community (2016-2020).

Nicole holds a master's degree in Counseling Psychology from the University of St. Thomas. She is also a graduate of the Permanency & Adoption Competency Certificate (PACC) training at the University of Minnesota, and Training for Adoption Competency (TAC) designed by the Center for Adoption Support and Education (C.A.S.E.)

To learn more about Foster Adopt Minnesota and our efforts to ensure each child will have a permanent family, call 612-861-7115 or visit [www.fosteradoptmn.org](http://www.fosteradoptmn.org).