



# The Reality of Mental Health with CRPS: The Scary but Necessary Conversation

CRPS takes a massive toll on mental health and increases the risk for many mental health conditions. Studies show anywhere from 50-80% of people with CRPS have thoughts of suicide.<sup>[1][2]</sup> Letting negative thoughts take over, mixed with thinking the worst case scenario, and the unrelenting pain, can cause depression. This is shown to be like nothing experienced by anyone else or even people with other pain disorders, which reinforces the thoughts that suicide is the only option.<sup>[3]</sup> With proper treatment from a health care team made up of different specialties, these risks can be reduced

## What Increases Risk

- Chronic, unrelenting pain
- Isolation (missing school, extracurriculars, and social activities)
- Changes in body image and functioning
- Feeling misunderstood, dismissed, or hopeless
- Sleep disruption or fatigue
- co-occurring mental health conditions

## When to Seek Help

Call 911 or go to the nearest ER if your child:

- Has a specific **plan** for suicide
- Has **access** to what's needed to do it
- Expresses an **intent** to do it

Use crisis supports for situations with no immediate danger including:

- **Crisis Textline:** text START or HELLO to 741741
  - 24/7 text message support for those in crisis
  - Crisistextline.org
- **National Suicide Prevention Lifeline:** Call 988
  - 24/7 free and confidential support and crisis resources
- **Teen Line:** 1-800-852-8336 or Text TEEN to 839863
  - Teen Line's highly trained teen listeners provide support, resources and hope to any teen who is struggling.

**Have a plan and make sure everyone  
is on board and knows what to do.**

## Warning Signs to Watch For

These signs don't always mean someone is suicidal and are normal on some level, but they are important to take seriously:

- Talking or joking about death/suicide
- Withdrawing from friends, family, or favorite activities
- Sudden mood changes like irritability, sadness, or numbness
- Giving away items, saying goodbye, or how much they love you
- A drop in school performance or motivation
- Talking about feeling like a burden
- Self-harm behaviors (cutting, burning, etc.)
- Increased risk-taking or reckless behavior
- **Randomly becoming happy or at peace**

## What NOT to Do When Talking About It

- Don't minimize or dismiss their pain
  - Don't say "It's not that bad" or "Just push through it"
  - Try "I believe you. I'm here to help you get through this."
- Avoid shaming or guilt-tripping
  - Don't say "But think of the good things that happened"
  - Try "We love you and want to understand better"
- Don't avoid the topic of suicide
- Don't overreact or show panic when they open up
  - avoid anger or breaking down
  - Try "Thank you for telling me. We'll get through this."
- Don't assume they're just being dramatic
- Avoid blaming the child for their feeling or behavior

1. Jeong, S., An, J., & Cho, S. (2021). Role of affective instability on suicidal risk in complex regional pain syndrome: a diary approach (preliminary report). *The Korean journal of pain*, 34(1), 94–105. <https://doi.org/10.3344/kjp.2021.34.1.94>

2. Lee, D. H., Noh, E. C., Kim, Y. C., Hwang, J. Y., Kim, S. N., Jang, J. H., Byun, M. S., & Kang, D. H. (2014). Risk Factors for Suicidal Ideation among Patients with Complex Regional Pain Syndrome. *Psychiatry investigation*, 11(1), 32–38. <https://doi.org/10.4306/pi.2014.11.1.32>

3. Park, H. Y., Jang, Y. E., Oh, S., & Lee, P. B. (2020). Psychological Characteristics in Patients with Chronic Complex Regional Pain Syndrome: Comparisons with Patients with Major Depressive Disorder and Other Types of Chronic Pain. *Journal of pain research*, 13, 389–398. <https://doi.org/10.2147/JPR.S230394>