

Suicide Prevention Guide for Caregivers and Communities

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat 988lifeline.org

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This guide offers information and resources to help caregivers and community members be better prepared to prevent youth suicide. We will cover the warning signs, risk factors, and methods to best support youth struggling with suicidality. Often adults are desperate to help a child at-risk but don't know where to start. Unfortunately, in responding to their own feelings of fear and panic, adults can sometimes act in ways that are not beneficial to the child.

This guide addresses that problem by offering information about what to do and where to turn. **It's imperative to understand that we each play a vital role in suicide prevention:**

- Key Terms
- Dispelling Myths
- Risk Factors and Warning Signs
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Key Terms

Use of Language

This guide uses terminology that reflects the current state of suicide research. Language is powerful and words can construct a reality of hope and acceptance, or despair and disconnection. When discussing suicide, words can be a matter of life or death, so it is essential to be aware of what suicide-related words are preferred and/or problematic¹. Below is a summary of recommended language to use when communicating about suicide.

How to Talk About Suicide

Say This	Instead of This
Died by suicide	Committed suicide
Died by suicide/"took their own life"	Successful attempt/suicide
Suicide attempt/made attempt on their own life	Unsuccessful attempt
Person living with suicidal thoughts or behavior	Suicide ideator or attempter
Suicide	Completed suicide

Definition of Key Terms

Comprehensive suicide prevention plans: plans that use a multi-faceted approach to addressing the problem; for example, interventions target biopsychosocial, social, and environmental factors.

Died by suicide: the preferred terminology referring to an act of self-harm that results in the death of the individual (formerly referred to by the more stigmatizing term: “commit suicide” or “kill oneself”).

Protective factors: factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Self-harm/self-injury: the various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness.

Suicidal act (also referred to as suicide attempt): a potentially self-injurious behavior for which there is evidence that the person probably intended to kill themselves; a suicidal act may result in death, injuries, or no injuries.

Suicidal behavior: a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and suicide.

Suicidal ideation: self-reported thoughts of engaging in suicide-related behavior.

Suicidality: a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and suicide.

Suicide: death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person’s death.

Suicide attempt: a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill themselves; a suicide attempt may or may not result in injuries.

Suicide contagion: the phenomenon by which suicide and suicidal behavior is increased for some who are exposed to the suicide of others.

Suicide cluster: a group of suicides, suicide attempts, or self-harm events that occur closer together in time and space than would normally be expected in a given community.

Facts

Suicide is preventable.

Anyone can learn how to help a student who is at risk for suicide.

Suicide prevention is a shared and important responsibility among families and schools.

Adults must address their own fears related to suicide.

Mental health challenges in children and adolescents are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide.

Suicidal thoughts are common among teens and young adults. In 2020, suicide was the second leading cause of death among children ages 10-16. Youth suicidal ideation, suicide attempts, and death by suicide are all on the rise.

Reducing stigma and dismantling myths about suicide is essential in lowering suicide risk and promoting a culture that encourages mental health help-seeking.



Honest and caring conversations
about suicide *can save lives*

Dispelling Myths

Unfortunately, the topic of suicide holds a lot of stigma and is deeply rooted in fear and misconceptions. Below, we look to dispel some of the myths and provide helpful facts and suggestions.

Myth #1: Only youth who are depressed attempt suicide.

FACT: Many people who attempt suicide or who die by suicide do not have a clinical diagnosis for depression or any other mental health disorder. While there is a link that people who are diagnosed with depression may experience suicidal thoughts or attempts as part of their symptoms, not every person diagnosed with depression has suicidal thoughts or attempts suicide.

There is no single cause of suicide. Different **risk factors** may indicate an increased risk of suicide for someone—but someone without those risk factors may think about suicide and there are many reasons why someone might have these thoughts. Youth are in very influential, developmental phases and may be experiencing a range of pressures and stresses that overwhelm them and lead to suicidal thoughts. **Openly discussing feelings and understanding the challenges related to suicide is a vital part of prevention, as is helping in a crisis and creating a safety plan for healing.**

Myth # 2 Talking to youth about suicide will lead to and encourage suicide.

FACT: There is a widespread stigma associated with suicide and as a result, many people are afraid to speak about it. Talking about suicide not only reduces the stigma, but also allows individuals to seek help, rethink their opinions, and share their story with others. We all need to talk more about suicide. Instead of “planting the idea,” asking in a caring way often reduces the student’s anxiety and offers you and others opportunities to deter suicidal behavior.

Myth # 3: Most youth who talk about suicide won’t follow through – it’s merely an attempt to get attention.

FACT: Suicide is the second leading cause of death among youth. Any threat of suicide is to be taken seriously as a communication by the youth for wanting and needing help. Most people who die by suicide have talked about or shown definite warning signs of their suicidal intentions.

Myth # 4: Suicide only occurs in one small segment of the student population.

FACT: Suicide occurs across social, economic, ethnic, and cultural boundaries.

Myth # 5: Suicides always happen in an impulsive moment

FACT: The idea that they come out of the blue may happen, but it’s quite rare. A small number of people, especially among youth, are not going to communicate their intent. But that’s the exception. They’re going to be mostly letting their friends know, dropping hints, posting about it in subtle ways on social media, telling teachers and coaches.

Risk Factors and Warning Signs

Adolescence is known as a time of uncertainty, rife with instability and struggle. It is common for youth to exhibit difficult behaviors, such as lashing out, isolating, or making risky decisions. But how do we know when difficult behavior indicates a serious mental health issue?

The most important thing you can do to support a loved one struggling is to learn to recognize what suicidal ideation is, what it looks like in youth, and how to intervene.

Knowing risk factors and warning signs can help signal when it's time to look more closely and ask a child about their experiences of the following:



- Loss of a loved one to death, divorce, deployment, deportation, or incarceration
- Changes in eating and sleeping habits
- Loss of interest in usual activities
- Withdrawal from friends and family members
- Alcohol and drug use
- Bullying (in person or online)
- Discrimination, rejection, or hostility due to gender identity or sexual orientation
- Racism and related inequities and stressors
- Family history of suicide or mental health difficulties
- Stigma
- Unnecessary risk taking
- Feeling like they are a burden to others
- Expressing hopelessness or a feeling of being trapped with no way out
- Easy access to firearms or other life-threatening tools and substances
- Witnessing or suffering violence or domestic abuse
- Financial instability that causes worry and insecurity
- Suicide in their school or friend group

Conversation

How Do I Start?

Starting the conversation is often the hardest part. It can be challenging to know how to approach your child, especially if they are feeling more irritable or disconnected. First and foremost, start the conversation early. We encourage caregivers to begin discussing the topic of suicide in middle school. If your child faces any of the previously listed risk factors, **ask your child directly if they are thinking about killing themselves.** This will not put the idea into their head or make it more likely that they will attempt suicide. It can be hard for a caregiver to understand why their child is considering suicide—even so, parents need to resist reacting with shock, denial, or skepticism.

How Can I Learn More About My Child's Experience?

To start gathering information, ask if they or any of their friends have thoughts about suicide. Gathering information allows caregivers to be on the same page as their children and correct any misinformation they might have heard. Most importantly, it's crucial to be calm and direct.

Look for opportunities to start a dialogue.

- *"I read some information from a newsletter at school about youth suicide."*
- *"I see your school is having a program for teachers/students on bullying and suicide prevention. Did you hear about that?"*

Don't be surprised if your child is quiet or turns away when you first raise the subject of mental health or suicide. Your willingness to talk directly and opening about suicide will allow your child to understand that it's something they can discuss without fear or worry.

What if I'm Concerned About My Child?

When looking for ways to start the conversation, take a direct and compassionate approach.

- *"I wanted to check in with you. Are you having thoughts of suicide?"*
- *"I've been noticing that you are not yourself lately. I'm concerned and hoping we could talk about what's been bothering you. Have you been thinking of killing yourself?"*

What if My Child Says They're Having Suicidal Thoughts?

When talking to your child about their suicidal thoughts, it is important to keep the conversation open.

- Remain non-judgemental

If you feel your child is in imminent danger, don't delay.

- Call Crisis and Suicide Lifeline: 988
- Text START to 741741
- Call 911
- Go to the nearest emergency room immediately

- Do not give advice (unless invited)
- Listen and ask questions
- Be patient and curious
- Do not react with surprise, anger, or disappointment
- Do not try to convince your child to feel something different than what they are feeling

Respond to your child with affirmation, empathy, and curiosity.

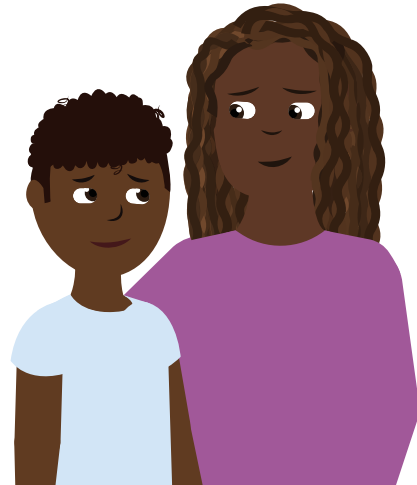
- *“It sounds like you’re in tremendous pain and you can’t see a way out right now.”*
- *“Maybe you’re wondering how life got this complicated and difficult.”*
- *“I want to hear more about what’s contributing to why you want to kill yourself.”*

How Do I Talk to My Child After Their Suicide Attempt?

This can be a very confusing and difficult time for everyone, especially if you were unaware that your child was struggling. It’s important that your child knows they are not in trouble. Offer messages that communicate love and support such as, *“I’m so glad you are safe. I love you very much and want to get you the support you need.”*

Talk with your child’s therapist about the best way to check in with your child on a regular basis. It is a difficult time to establish new communication habits, but we do recommend that you plan a regular check-in routine that your child will be comfortable with.

It is possible that your child will feel irritated and annoyed by your increased oversight. Adolescence is a time of testing limits and relishing increased independence. It can be a tricky balance to find as you cultivate safety and stability while allowing them to continue to foster natural desire for independence. Name the dynamic with your child – you want/need to keep them safe AND hope to avoid stepping on their toes. Open communication can help model difficult and honest conversations. Be curious with your child about what feels helpful and what does not, and accommodate their preferences as much as you safely can.



Safety in Our Homes

Reducing your child's access to highly lethal means is an important part of a comprehensive approach to suicide prevention. This conversation can often elicit confusion, fear, and denial. Remember that keeping your home safe can help save your child's life. Children and adolescents, whose brains are still developing, tend to be more impulsive than adults. A momentary decision to attempt suicide in a state of distress often leaves no change for rescue. Please monitor the following items, as recommended by the American Academy of Child and Adolescent Psychiatry.

Weapons

Research shows that having a gun or weapon in the home increases the risk of dying by suicide.

- Guns should be stored unloaded in a locked safe. Bullets should be also locked, but separately.
- Gun safe keys or combination to the lock should be kept only by the adults in the house.
- Consider purchasing trigger locks for guns.
- When children and teens go to friends or relatives' homes, ask about gun ownership and storage.
- Lock away knives, razor blades, and other sharp objects from children and teens.

Medications

- Keep all medications, both prescribed and non-prescribed (over the counter), in a locked box.
- An adult should hand out and control all prescribed and over the counter medications to children and adolescents.
- Ask the parents of your child's friends how their medications are stored in their home.

- Keep track of all bottles of medication as well as the number of pills in each container, including those prescribed as over the counter medications (pain relief, allergy pills, vitamins, and supplements, etc) for every person and any pets in the home.
- Dispose of all expired and no longer prescribed medications by bringing them to your local pharmacy or fire station.

Substances

- Keep track of bottles of alcohol or other substances that can be abused.
- Make sure to lock them away—it is not enough to put these items "out of reach."
- If marijuana is kept in the home, lock all forms in a lock box to which only adults in the house have the combination to.
- Talk with the parents of your child's friends about how they store alcohol or marijuana in the home.

Other Items

- Keep your vehicle keys with you at all times or consider locking them in a lock box when not in use.
- Lock all toxic household cleaners, pesticides, and industrial chemicals away.
- Consider limiting ropes, electrical wire, and long cords within the home or lock them away.
- Secure and lock high level windows and roof access.

Online Activities

- Researching methods of suicide
- Purchasing items that could be used for self-harm
- Spending time in chatrooms or social media sites dedicated to self-harm or suicide
- Receiving texts or direct messages from peers about suicide, calls for help or peer bullying

Where Do I Turn For Help?

It can be hard for a parent or caregiver to understand why their child is considering suicide— even so, it is important to resist reacting with shock, denial, or skepticism. Having your child sent to a hospital for psychiatric evaluation can be an overwhelmingly stressful, confusing, and demanding experience. Caregivers may be trying to balance the needs of other children/family members and work commitments while desperately trying to figure out what’s happening with their child.

One question that families of hospitalized children struggle with is what to tell the school. Both youth and their families may worry about what other students and teachers will think and say upon their return. It is common to worry about being judged or labeled. TRAILS believes that by involving school personnel (i.e., administrators, school psychologists, school social workers, or school counselors) that parents and caregivers will be better positioned to access resources, collaborate with the school, and ensure that their child’s return to school is successful. It is also important to decrease stigma related to suicidality among youth. Discussing a student’s suicidal struggle in an open and honest way begins to dismantle misinformation and stigma related to suicide which in turn can help a student feel more at ease to talk.

Pursuing Therapy

To get a referral to a mental health professional, you can consult your child’s pediatrician or a school psychologist/social worker. It is important to choose a therapist that your child feels comfortable with.

Evidence-Based Therapies for Treating Suicide:

- [Collaborative Management and Assessment of Suicidality \(CAMS\)](#)
- [Cognitive Behavioral Therapy-Suicide Prevention \(CBT-SP\)](#)
- [Dialectical Behavior Therapy \(DBT\)](#)
- [Attachment Based Family Therapy \(ABFT\)](#)



Hotlines

Let your child know about the helplines, textlines and online chat support services available to them, which you can find at the end of this guide. Ask your child's care team for other resources you should know about.

Crisis & Suicide Lifeline 988

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7. The Lifeline consists of a national network of over 150 local crisis centers, combining custom local care and resources with national standards and best practices.

Crisis Text Line Text "HOME" or "Start" to 741 741

Crisis Text Line is a free, 24/7, confidential text message service for people in crisis.

Your Life Your Voice 1-800-448-3000

Your Life Your Voice is a website provided by the Boys Town National Hotline organization and provides youth and families the opportunity to ask their questions via phone, text, chat or email.

The Steve Fund Text STEVE to 741741

The Steve Fund is the nation's leading organization focused on supporting the mental health and emotional well-being of young people of color through the promotion of programs and strategies that build understanding and assistance for mental and emotional health.

The Trevor Project 1-866-488-7386

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

Trans Lifeline 877-565-8860

Trans Lifeline is a national trans-led organization dedicated to improving the quality of trans lives by responding to the critical needs of our community with direct service, material support, advocacy, and education.

Resources and Additional Support for Caregivers

[Family Acceptance Program](#) National research, education and training program that helps ethnically, racially, and religiously diverse families learn to support their LGBTQ children. FAP provides training for agencies, families, providers, and religious leaders on increasing family support to reduce risk for suicide, homelessness, and other serious health risks and using FAP's multilingual educational materials and family support framework.

[Jason Foundation Parent Resource Program](#) Basic information about suicide and how you as a parent or guardian can help prevent youth suicide. It also has a video of a parent and community seminar that includes basic information on suicide and provides awareness and suicide prevention strategies for parents and other adults.

[Society for the Prevention of Teen Suicide](#) Provides information to help you talk with your teens about suicide or the death of a friend by suicide and the video [Not My Kid: What Every Parent Should Know](#), which features eight parents from culturally diverse backgrounds asking two experts common questions about youth suicide.

[Teen Suicide Prevention](#) The Mayo Clinic offers a brief awareness video for parents.

[Taking a Child to the Emergency Room](#) Child Mind Institute provides a letter to parents and caregivers who've taken their child to the psychiatric emergency room.

[Blueprint for Youth Suicide Prevention](#) American Academy of Pediatrics for information about ways to prevent suicide in your community or school.

[ChatSafe](#) The #chatsafe guidelines provide tools and tips for young people to help them communicate safely online about suicide.

Citations

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The Importance of Hope and Being Seen

We are so grateful that you have taken the time to learn more about youth suicide. It is our hope that this information is practical and helpful. The information and guidance here is not a substitute for medical intervention and advice. **We want you to know that you are not alone in this journey.** Remember that strong bonds and a sense of connectedness with you, family, friends, teachers and coaches can help your child feel seen and cared for. A feeling of connectedness and seeing how much they are loved can help give your child the strength to take care of themselves and their mental health.

