

Preventing youth suicide - what parents want to know

As parents, you want guidance in answering some of the tougher questions.

We've compiled information and resources to help you with some of the most common we have been asked.

TALKING ABOUT SUICIDE



1. How do we talk about suicide with our children? Start by asking them what they do know about it, including what they've seen or heard on social media and if they or their friends have had thoughts and/or attempts. If they've experienced a loss due to suicide you can start by sharing your own reactions to normalize talking about this topic. Shock and confusion are typical reactions. Validate by saying, "When something like this happens it can be hard to know how you feel." Mostly, just listen. Convey empathy. Be prepared to hear a yes if they have had thoughts of suicide. Let your child know that they matter, that you are a team, that you will always listen, and that no matter how distraught they may feel, there are always options. Reach out to friends, the school and professionals with training in suicide. It's safe to assume that grief associated with suicide can be messy and complicated. With suicide being the second leading cause of death among 10-24 year olds, much of society still operates under misinformation, taboo and negative perceptions. Many people are still reluctant to even say the word suicide - fearful that it will somehow put the idea in someone's head. This is simply not true. Here are resources to help you and your child navigate this territory: [When A Child's Friend Dies By Suicide - SPTS](#) / [Children, Teens and Suicide Loss - AFSP](#) / [The Dougy Center](#) / [Returning to School After a Suicide Loss: For Teens - AFSP](#) / [Talking to Your Kid About Suicide - SPTS](#) / [Risk Factors and Warning Signs - AFSP](#) / [Eluna Network](#)

2. How do we talk with our children about their mental health? Mental health disorders are the most common diseases of childhood. Just as you would talk about your family's physical or spiritual health, talking about mental health deserves equal attention and should be part of ongoing discussions. Ignoring possible signs during these formative years can be costly. Approximately 50% of chronic mental health conditions begin by age 14 and 75% begin by age 24. (Kessler, 2005). The average delay between when symptoms first appear and intervention is 8-10 years. Over one-third (37%) of students with a mental health condition age 14-21 and older who are served by special education drop out - the highest dropout rate of any disability group. (U.S. Department of Education - 2014). Mental health problems are a common factor in suicides and they tend to run in families, so even though talking with your teen can be awkward and at times difficult, these conversations are critical. [5 Tips for Talking to Your Teenager About Mental Health](#) / Consider taking the [Youth Mental Health First Aid Training](#), a global curriculum designed for teachers, parents and physicians. [Schools & Mental Health: When the Parent Has to Take Over - NPR](#) / [Navigating a Mental Health Crisis - NAMI](#) / [44 Books about Children's Mental Health](#)

3. How do we talk about underage drinking? This is another important discussion to have with your child. [Talk. They Hear You](#) is a campaign to reduce underage drinking among 9-15 year olds. Download the free app which features an interactive simulation that helps you learn the do's and don'ts of talking to kids about underage drinking using avatars. [Make a Difference: Talk to Your Child About Alcohol - Parents Booklet](#) / [What You Can Do To Prevent Your Child From Drinking - SAMHSA](#) / [College Drinking Fact Sheet - NIAAA](#) / [Underage and College Drinking - NCADD](#).

4. Using the term "commit suicide" contributes to shame/disgrace/humiliation but don't we want a negative connotation? People who are considering suicide are already in a negative mindset, so using language associated with shame, disgrace and humiliation contributes to and reinforces feelings of worthlessness and burdensomeness. A message of hope and help is the best approach we can offer to someone who is experiencing this level of pain.

5. What is my other option if asking directly about suicide is too difficult? If for any reason you don't feel that you can ask, find someone who has a close relationship with your child that can step in.

6. Is it OK to call another parent to voice our concerns about their child? Yes! What typically keeps people from speaking up is the fear of not being believed, discounted, judged and/or being the target of someone's misplaced anger. After all, what if it's not true? Parents who've lost a child to suicide say, "If someone had told me - my child might still be alive." Always let your voice be heard. In addition, always notify someone in the counseling center at your child's school so that staff can follow up with that child.

7. Is there a better time of day / type of interaction where asking these questions can be more productive? Parenting experts agree - engaging with your teen can be frustrating. Start by looking at the times they are most likely to chat with you, even if it's small talk. Use open-ended questions like "What was the best/most interesting thing about school today?" Teens who feel they have a say in family decisions are more likely to feel connected and bonded. Set aside quality vs quantity time, then stick to it. This includes eating together, hiking/walking, driving them places, volunteering, and bedtime check-ins. They are much more likely to talk if you simply listen, keep your own emotions in check, and skip the lecture/advice unless it's being requested. The most common complaint from teens? "My parents don't listen." [50 Fun Questions to Get Your Kid Talking - Parents Magazine / Help! My Teen Stopped Talking to Me - Child Mind Institute](#)

8. How can we help our children when they are helping a friend in a crisis? Peers helping peers is such a powerful social asset. Having a trusted friend to turn to is vital in helping reduce feelings such as isolation, humiliation and anger which are common warning signs associated with suicide. Maintaining healthy boundaries is equally important. We learn these at an early age, mostly by observing the people closest to us. Young people are good at detecting hypocrisy, so take an honest look at how your own boundaries reflect the values you are trying to instill in your child(ren). Notice if your child is acting more tired or irritated than usual. This could be a sign of overextending themselves, spending too much time with friends/social media or an emerging mental health problem. Either way, your child needs you to be ready to listen, modeling healthy habits yourself, and seeking out professional help if concerning patterns persist. Remind them that they are not responsible for taking on other people's stress and that under no circumstance are they responsible for someone else's actions. They should know to always come to a trusted adult immediately when they learn about a peer who may be considering suicide.

9. How do you get a child to open up if they say they're not considering suicide - yet you can definitely feel a wall? First, always trust your gut. A parent's intuition is a VERY reliable barometer - even when evidence/behaviors may say otherwise. Open and consistent invitations to chat and do things together work well. Ironically, as teens push away from you in order to develop their own identity, one of their biggest complaints is "my parents don't have time for me." Try scheduling "talk time" so that your child knows they have access to, uninterrupted time alone to talk about anything. If don't see any time for this, you may need to revisit current schedules and priorities. Talk time may not be fully utilized when first initiated, so anticipating this ahead of time can help reduce common feelings of frustration, impotence or disappointment before they take a stronger hold. Teens are good observers. If they feel your frustrations etc. it may reinforce their own feelings of having the upper hand. The bottom line is that forcing anyone to talk, especially a teen simply doesn't work. Use open-ended questions to help facilitate this ongoing precious connection. (see the link in Q7 "*What Parents Want to Know*" handout)

10. Is it okay to process current societal concerns as a family if a child has expressed suicidal ideation? These concerns are real and while they don't need to be entirely ignored, they should always be balanced with consistent messages of hope. We live in a very stress-filled world, yet we also exist at a time where one's individual and collective voice can and is making a significant impact.

11. Is it helpful for parents to talk to their child about their own feelings and experiences? If it's done quickly, as in a few brief sentences, it can help a child feel less alone. It can also convey in that teachable moment the value of authenticity. Keep in mind that your child may not be able to interpret your disclosure as being closely connected with their own personal experience. The danger is in its overreliance and misalignment with whose needs are really being met. As interesting as you may be, they really don't care to hear repeated renditions of your life. Self-disclosure should not be your first go to, but for our younger generation, authenticity is so important for them to learn - especially our young boys. Having access to and management of a full range of emotions is essential to our ability to navigate life and experience satisfaction and joy. Place the emphasis on modeling empathy, curiosity, and non-judgmental observation. Then, self-disclosure can function at its best - by allowing it to happen naturally.

SCHOOL ENVIRONMENT



1. Why don't schools talk to students after a death by suicide when students are already talking about it? Suicide prevention protocols ask that schools first verify the wishes of the family before communicating with staff and students. Honoring a family's wishes, cultural beliefs and where they are in the grief process should be respected. Situational circumstances can also shape how communication protocols are determined. Either way, crisis resources for parents and students can still be made available. With the passing of [HB 1336 - 2013-14](#), more staff are now receiving gatekeeper training on suicide recognition and response. They are not trained however, in leading conversations about suicide in the classroom. In the initial aftermath, schools are asked to invite students who are not able to go through a normal school day to sign in to a designated safe room where they can process their grief with counselors and other students. If you ever feel that you or your student(s) were not adequately informed or given crisis resources, please contact your school administrator and share your concerns. [The Mental Health Crisis In Our Schools - NPR](#) / [Here's How Schools Can Support Students' Mental Health - NPR](#).

2. Should schools say the word "suicide" or "event" in an aftermath? If the family does not wish to call it a suicide, then the term "sudden death" can be used.

3. If thoughts of suicide are common in youth - then why is it wrong to talk about the details of how someone died? How we talk about and report suicide can have a strong influence on behavior. Talking about the method may satisfy our curiosity but these details should never be discussed openly with children. The risk of copycat suicides increase when someone's story explicitly describes the method, sensationalizes or glamorizes. When we emphasize mental health awareness, empathy, safe storage of medications and firearms and providing resources, we foster a climate where people feel safe, supported, and know that help is available. Creating an open environment where your child can feel safe to share their thoughts vs discussing the method is the best approach. [When A Child's Friend Dies By Suicide - SPTS](#) / [Children, Teens and Suicide Loss - AFSP](#) / [The Dougy Center](#).

4. What can I do about bullying/harassment and/or discrimination?

Bullying/harassment and discrimination can affect anyone and have been shown to increase the risk of mental health problems and suicide. They are also linked to substance abuse, decrease in academic achievement and school drop out. If you feel that your child is experiencing these at school always speak with an administrator to share your concerns. Schools must follow policies/procedures for ensuring a safe environment. Listening and talking with your child can also build a strong foundation. Help boost their confidence with strategies that help them feel supported whether your child is the instigator, witness, recipient or combination. The free [Know Bullying App - SAMHSA](#) gives you a way to "check in," by asking about school, friends, and any challenges they face with simple conversation starters. [Bullying & Suicide - CDC](#) / [Stop Bullying.gov](#) / [Talk to Your Kids About Race](#)

IDENTITY & EXPERIENCE

5. LGBTQ+ youth are at higher risk for suicide. How do I have this conversation with my child and what are the resources?

Youth who are questioning their gender and/or their identity cannot always rely on having a positive environment in which to explore and thrive. Many non-heterosexual youth will experience negative health and life outcomes. It is important that parents know of resources to support their own child or child's friend group. [Supportive Families - Healthy Children](#) / [Facts for LGBT Youth & Their Parents](#) / [Trevor Project](#) / [Lesbian, Gay, Bisexual & Transgender Health](#) / [Bullying & Harassment Toolkit - OSPI](#) / [LGBT Youth - CDC](#) / [LGBT Resources for Youth - CDC](#) / [Transgender Persons - CDC](#) / [Transgender Health Program - Apple Health](#) / [Trans Lifeline](#) / [It Gets Better](#) / [Talking About Suicide & LGBTQ Populations](#)

6. Native Americans are among the highest risk group for suicide. What resources can I share with my child and community?

[Healthy Native Youth](#) / [WeRNative - Ask Auntie & Resources](#) / [Center for Native American Youth](#) / [AI/AN Resources - SAMHSA](#)



CRISIS RESPONSE

Crisis Line	<ul style="list-style-type: none"> • Suicide assessment • Safety planning • Connecting to resources 	School Counselor	<ul style="list-style-type: none"> • Initial suicide assessment • Safety planning / Support • Accommodations
Emergency Dept	<ul style="list-style-type: none"> • Check your health plan • Secure setting / Diagnosis / Safety planning • Follow up with any recommendations 	Therapist	<ul style="list-style-type: none"> • Check your health plan • Assessment / Diagnosis / Safety planning • Collaborative treatment goals
Physician	<ul style="list-style-type: none"> • Full history - Rule out medical complications • Diagnosis • Regular check ups 	Community	<ul style="list-style-type: none"> • Faith-based youth groups / Tribal elders • Friends / Support groups • Non-judgmental support

When faced with a crisis, remember that every situation will be unique. What's important to remember is that you don't have to face this situation alone. Knowing what resources are available is key. Support can come from a wide variety of sources, so be sure to consider in advance as many as possible.

1. Can I leave a person with thoughts of suicide alone or should I stay with them? In situations where they admit to current thoughts with an immediate plan of suicide, always use a warm handoff. That means you never leave them alone. You would stay with them until you find help and you would begin the conversation with crisis specialists to help ease this person into the assessment process. Keep in mind - even if a person has told you they will not follow through with their plans, they can still change their mind. Call the [National Suicide Prevention Lifeline](https://www.suicidepreventionlifeline.org/) 1-800-273-8255 about any situation, especially where monitoring may be needed and/or assistance regarding next steps.

2. Are hospitals, emergency rooms and police up to the challenge? Do they know what to do? The role of emergency facilities is to provide immediate safety, structure, assessment/diagnosis and referrals for follow-up care. Admission itself can take several hours including being told to go to another facility - long enough for some people to change their mind so they can be released and return home. Depending on the length of stay and facility, there can be a wide range of time spent with professional staff and treatment activities. Following through with any recommendations for ongoing care is where the real work begins. Training for law enforcement staff is not consistent, even though they deal with twice as many suicides as homicides and are among the high risk groups for dying by suicide themselves.

3. Is it OK to say "I'm concerned about you" if they are already considering suicide? It is always OK to express your concern. It shows that you care. This is an important component for connecting with someone in distress.

4. Is saying the word "suicide" safe to say to someone who is already seeing this as a possible solution? Many, but not all suicides can be prevented. Attempt survivors will be the first to say that even though they had their plan formed and were serious about following through, they did not want to die. At some point, suicide became a "logical" solution to ending unbearable pain. This reasoning can be difficult to understand if you've never experienced it. As Kevin Hines says in his video, [I Lumped Off the Golden Gate Bridge](https://www.youtube.com/watch?v=UjUjUjUjUjUj) - if one person had come up to me and asked me what was wrong or even smiled I told myself I wouldn't jump.

5. If a child is self-harming are they more likely to consider suicide? Until recently, no consistency or rigor in how self-injury was defined and measured has been available. Most studies have found that self-injury is often used as a means of avoiding suicide. That being said, teens who are self-injurious should always be assessed for suicidality. Non-suicidal self-injury may be best understood as a symptom of distress that, if unresolved, may lead to suicidal behavior. Find out more from Cornell's research program. [15 Misconceptions about Self Harm - Cornell](#) / [Information for parents - Cornell Research Program on Self-Injury](#) / [Understanding Self-Injury/ Self-Harm - Teen Mental Health](#) / [Understanding Self-Harm - NAMI](#)

6. If someone really wants to end their pain and plans to die by suicide, won't they just "auto-pilot" any direct questions we ask? Pain, pleasure and the will to live are powerful components hardwired into our brains. Our very existence as a species depends on it. Even while people are strongly considering suicide, they can also be feeling ambivalent. As much as they are seeking escape from the pain, they can still be holding on to the possibility that things may get better. A flicker of hope. That's where we come in.

MEDIA TOOLS & GUIDELINES



1. What do we do if someone posts concerning content over social media? First, send a private message expressing your care and concern. If this doesn't reduce your worry, then use the anonymous reporting tools that most social media sites now have available. Search: Support on Social Media – Lifeline to get a full list of social media websites and their reporting directions. Facebook and Instagram have the capacity to initiate active help if needed. You never know when you might need to take these steps. Read more about how you can help in these situations. [How to Help a Suicidal Person on Facebook](#) / [What should I do if someone posts something about suicide](#) / [Worried about Someone on Social Media - Helping Casey](#) / [Help A Friend In Need: Guide for Facebook & Instagram - JED](#) / [Suicide Prevention App - MY3](#) / [Media Reporting Toolkit - AAS](#) / [Social Media Toolkit - SAMHSA & NSPL](#)

2. Can asking someone if they are having thoughts of suicide over social media backfire? Conversations about suicide on social media should always be private vs public, but experts agree - not asking is far more dangerous. Asking directly and with compassion is always the recommended approach. People who have attempted suicide and survived say that being able to talk openly about suicide provided them such relief. So many have carried this burden alone which can be quite painful. Suicide is most often a result of several complicated factors often accompanied by stress, mental health and/or substance abuse problems. [What to Know When Asking About Suicidal Thoughts - Psychology Today](#) / [BBC - Future - Does discussing suicide make people feel more suicidal?](#)

3. How do we know our child is really trying to help a friend vs trying to get more screen time? A few things come to mind regarding the use of screen time. Spot checks, monitoring apps and clear guidelines about the privileges of having a phone are a few strategies parents find helpful. If a friend is truly in trouble, then an adult such as yourself should step in. It goes without saying, but teens can be very creative when it comes to getting their way. When these and other decisions start to impact their life in significant ways it may be time to talk about setting more limits. The teen brain is undergoing major construction. This critical stage of development includes learning how to set healthy boundaries, saying no and learning from their mistakes. Even though they may be pushing you away at times, they are observing your actions and behaviors very closely. Expect to see more of these skills included in the academic setting as decision-making and emotional problem-solving skills are now part of Washington State's requirement for social emotional learning. [Social and Emotional Learning \(SEL\) - OSPI](#) / [Why kids lie about screen time - SCREENAGERS](#) / [The Teen Brain: Still Under Construction - NIMH](#) / [The Teen Brain: 6 Things to Know](#)

4. What about all the exposure kids are taking in nowadays through social media, film etc? - Kids are exposed to a lot of media - much of it quite negative and in some cases more harmful than helpful. Netflix released a series based on a book by Jay Asher with the same title. There was a lot of concern about the series, which focused on the reasons why a lead character decided to take her life. For guidance on watching and discussing with your teen, check out these helpful resources from worldwide experts. [Preparing for 13 Reasons Why - Season 2](#) / [13 Reasons Why Toolkit](#) / [10 Great documentaries to watch as a family - Screenagers](#). New research presents compelling evidence that the more time teenagers spend on smartphones and other electronic screens, the more likely they are to feel depressed and think about or attempt suicide. [FSU Researcher finds link between Excessive Screen Time & Suicide - Thomas Joiner](#). [Suicide & Social Media Tipsheet - AAS](#)

5. Depression in adolescents and young adults is rising: are phones and social media to blame? Teens and college age adults are clearly facing issues other generations have not. Student loan debt, active shooter drills, climate change, political division and yes, the age of electronic devices to name just a few. While some researchers are making the connection to this electronic phenomenon, others are hesitant, insisting the explanations for higher rates of depression and suicide are more complex. [Depression and Smart Phones - USA Today](#) / [Depression, suicide rates highest in Mountain West states](#) / [Suicide prevention: Self-care tips, true stories on how survivors cope](#) / [Suicide prevention experts: What you say \(and don't say\) could save a person's life](#) / [Child suicides can be linked to bullying, but it's rarely the sole cause, mental health professionals say](#)



1. When it comes to lethal means, what steps can parents take for creating a safer home? A safer home secures all firearms in locked storage and makes sure that medications and medicines are also locked and/or in limited supply. Authorized access to these potentially lethal items is restricted to the owner or user and perhaps one additional adult. [Safer Homes, Suicide Aware](#) is a public health campaign focused on saving lives lost to suicide. The goal is to help you learn practical skills that will help change public behavior on locking and limiting unauthorized access to firearms and medications. Learn what steps you can take to make your home safer, starting now. [Take Back Your Meds](#) / [King County Secure Medicine Return](#)

2. What is the conversation we should be having on lethal means with the adults whose homes are child is visiting? Parents agree on many things - safety being one, but how a family defines safety will vary from home to home. We know that by having this crucial conversation lives will be saved. To help you with these important steps, try using the sample script below.

3. How can you keep a child safe from means that exist outside the home? There is no foolproof way to keep children safe from all of life's potential risks/dangers. Keeping the bonds strong (think opportunities, skills and recognition within each domain: school, family and community) while maintaining clear expectations provides children with a sense of autonomy (important in the teen years) along with a feeling of purpose/belonging.

Safe Homes - Example Script

My child's school has been working on suicide prevention. One of the things I've learned is how easy it is for someone to use common household items in their plan for suicide. We've taken steps in our own home to reduce access to medicines, medications, firearms and other items. We've been asking other parents in the homes where our child visits if they would be willing to do the same. Would you be willing to do that?

