

# YOUTH



## Suicide Prevention Guide

By Angela Legh  
Author of the Bella Santini Chronicles

**There is no single cause for suicide.** However, there are risk factors which can increase the likelihood of a person making a suicide attempt. Fortunately, there are warning signs which can help you know when to intervene to help your child.

Having open communication with your child is a great starting point. When a parent can be vulnerable and share their childhood concerns and fears with their child, it creates a connection. Your vulnerability opens the child to deeper conversations.

The information in this ebook is offered with the intent of providing information. This material is from open-source information from The American Academy of Child and Adolescent Psychology, The Substance Abuse and Mental Health Services Agency, and the Centers for Disease Control.

This information is not a comprehensive document about the nature of suicide, nor is it designed to prevent suicide. Instead, the information herein provides information so you, a parent or concerned person, may be aware of suicidal behavior and tendencies. In addition, the information herein may help you offer the potentially suicidal person guidance, assistance, and help.

Anyone can get immediate help by calling the suicide prevention hotline. At the end of this booklet is a list the suicide hotline numbers for many countries. The information contained herein is believed to up-to-date as of the date of compilation.

## **Suicide**

- Among younger children, suicide attempts are often impulsive. Suicide attempts may be associated with feelings of sadness, confusion, and anger. There may also be problems with attention and hyperactivity or myriad other issues.
- Among teenagers, feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss may be associated with suicide attempts. For some teens, suicide may appear to be a solution to their problems.

Children experience emotional bumps and bruises as they grow. Every child is unique and special, and sometimes they encounter emotions, feelings, or behavior, which causes problems in their lives and the lives of those around them. Families often worry when their child has difficulty coping with things, feels sad, has difficulty sleeping, gets involved with drugs, or can't get along with family or friends.



Depression and suicidal feelings are treatable mental conditions. A mental disorder may result from a chemical imbalance, misfiring synapses, environmental factors, or myriad other reasons. The child, or adolescent, needs to have their parents willing to discuss their concerns, listen, and seek help when indicated.

## **Ask Questions and Listen**

Talk openly and honestly about suicide. Do not be afraid to use the word "suicide." Actively listen, and make sure your child feels understood. Be aware of your language and the perspective you bring

to the situation. Avoid words of accusation or blame. Instead, listen to their concerns and take them seriously. Have an open mind. Your job is to **listen** and talk about the feelings which may be contributing to your child's distress.

Some examples of what you can say:

- "Are you feeling sad or depressed?"
- "Please tell me what I can do to help."
- "I'm here to support you, not judge you."
- "I'm sorry I didn't realize you are in such pain."
- "I am here for you whenever you want to talk."
- "Are you thinking about hurting or killing yourself?"
- "Have you ever thought about hurting or killing yourself?"

### **Potential Warning Signs of Suicide**



Depression or feelings of despair are frequently associated with suicide or suicidal attempts. Children exposed to the following may be at risk for suicide:

- Bullying
- Exposure to violence
- Prior suicide attempts
- Acute loss or rejection
- Impulsive, reckless tendencies
- Access to firearms or other lethal means
- Feelings of hopelessness or helplessness
- Aggressive, violent, or disruptive behavior
- Social isolation, loneliness, feeling a burden to others
- Family history of suicide attempts, trauma, physical or sexual abuse
- Mental disorders, substance dependence, eating or conduct disorders

Children and adolescents thinking about suicide may make openly suicidal statements such as, "I

wish I were dead,” or “I won’t be a problem for you much longer.”

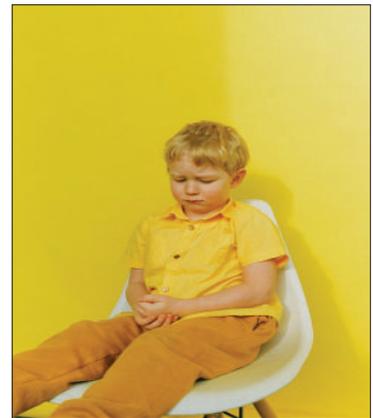
Other warning signs associated with suicide can include:

- Frequent or pervasive sadness
- Preoccupation with death and dying
- Changes in eating or sleeping habits
- A decline in the quality of schoolwork
- Withdrawal from friends, family, and regular activities
- Frequent complaints about physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc.

Young people who are thinking about suicide may also stop planning for, or talking about, the future. They may begin to give away important possessions.

**Warning signs which may indicate urgent suicidality:**

- Giving away possessions.
- Saying goodbye to friends and family.
- Engaging in self-harm or non-suicidal self-injury
- Looking for ways to kill oneself; seeking access to pills, weapons, or other means.
- Talking about wanting to hurt or kill oneself, especially with a plan for doing so.



If someone is displaying any of the above warning signs and you have concerns they may attempt suicide, get help immediately!

According to the Substance Abuse and Mental Health Services Agency, the above warning signs indicating **urgent suicidality** requires the following actions:

- Do not leave the person alone.
- Tell a family member or friend. Don’t try to handle the situation alone.
- If your loved one is amenable and not trying to actively harm themselves, you can bring them to the emergency room.
- Report your loved one is actively suicidal.

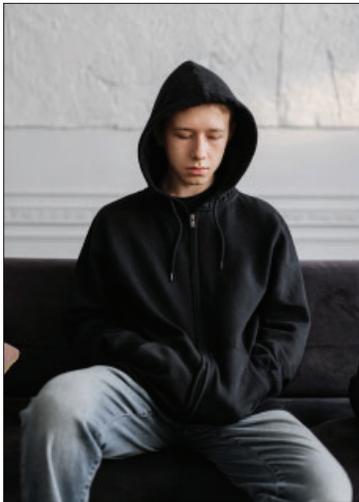
Every emergency room is equipped to evaluate a suicidal individual and/or will connect you with

needed resources. This is only an option if you believe your loved one **will not try to get out** of the vehicle, in which case, calling 911 is the safest option.

There are myriad causes for depression, ranging from stress to nutrition. Depression may be evident when children are under stress or after losing someone close to them. Bullying can be a risk factor, as well as spending a lot of time using social media. Depression can run in families. Having other conditions such as attentional problems, learning issues, conduct, or anxiety disorders, also puts children at higher risk for depression.

Sometimes parents are not sure if their child is depressed. If you suspect your child has depression, ask them how they feel and if anything is bothering them. Be open to speaking with a professional. Be an advocate for your child.

### **What can you do to protect your child?**



There are individual characteristics which can emotionally strengthen a child. You can also participate in community activities, which may help protect people from suicidal thoughts and behavior. Unfortunately, there is not as much research about protective factors as there is about risk factors. However, identifying and understanding the protective factors are very important.

Protective factors listed by the professional include:

- Coping and problem-solving skills
- Supportive relationships with care providers
- Limit access to lethal means among people at risk
- Connection to friends, family, and community support
- Skills for facing painful feelings from a space of neutrality
- Availability of access to physical and mental health care

The American Academy of Child and Adolescent Psychology, The Substance Abuse and Mental Health Services Agency, and the Centers for Disease Control documents, do not specify how to build resilience or problem-solving skills.

To serve parents, Angela Legh, the compiler of this information, has included her knowledge of the protective factors listed above. However, she makes no representation about the effectiveness of the skills; they are included as a guideline. Parents seeking further information on building protective factors are advised to consult with a mental health professional.

## Coping and problem-solving skills

Curiosity is a valuable tool for both coping with feelings and problem-solving. Asking the right questions is critical. Ask questions which empower and provide options. "How can I?" "I wonder if . . .?" "What is the next step?" These types of questions lead to solutions.

The ability to shift perspectives can make a massive difference in one's reactivity. Our perspectives are an amalgamation of what we were told as children, decisions we made based on issues we faced, and many other inputs from our lives. The Talmud states, "We don't see the world as it is; we see it as we are."

We have the choice of what perspective we embrace. Teach your children to ask, "Is this perspective beneficial to me?" If it is not beneficial, the child can choose a perspective which empowers them to replace their former perspective.

## Skills for facing painful feelings from a space of neutrality

There are not many studies which speak to the value of facing our painful feelings. The avoidance of feeling has been passed down from parents to children for generations. Underneath many societal ills such as substance abuse, self-harming, and suicide lies the inability of individuals to cope with difficult or painful feelings.

Unfortunately, in our childhood, we were not taught the secret to dissipate overwhelming feelings. The secret is to allow your feelings to flow. When a person can witness and experience their feelings without engaging or escaping them, the energy behind the feeling will flow . . . the feeling will dissipate. Thus, being energy neutral to our feelings is a key to emotional self-mastery.

To be energy neutral to feelings is to be **aware** of the presence of a feeling, to notice it, and to **acknowledge** you are feeling the feeling. As a witness, notice how the feeling moves in and around you. **Accept** that it is OK for you to have this feeling. This neutrality and acceptance of a feeling can keep the feeling from being stuck.

## Connections to friends, family, and community support

Relationships and connections to friends and family are the true wealth of life. Open communication is the key to good relationships. Teaching your children how to communicate with both adults and children gives them the tools to succeed in life.



Connectedness with friends and family decreases isolation and encourages adaptive coping behaviors. In addition, connectedness develops a sense of belonging, personal value, and self-worth, which fosters resilience in the face of adversity. Encourage face-to-face activities to build connectedness. Social media has a function, but it does not replace face-to-face connections.

Your child may be encouraged to find a community organization that he/she/they are interested in, where they can grow relationships with like-minded people. If your child is introverted and reluctant

to make new friendships, allow them to be who they are, and work with them to strengthen the relationships they have.

## **Supportive relationships with care providers and availability of physical and mental health care**

Children thrive when they are raised in a supportive environment. Caregivers parents, grandparents, or others can find myriad organizations to support them in creating a safe environment for the children. The Parent's Resources tab on Angela Legh's website contains programs for conscious parenting and other resources. <https://angelalegh.com/resources-for-parents>



It is normal for concerned parents to feel scared, confused, or angry. If you find it difficult to determine whether your family member is at risk of suicide, seek help—do not wait. Families and friends play a crucial role in suicide prevention.

A person who is displaying warning signs of suicide, and/or attempts suicide, should always be evaluated by a mental health professional as soon as possible. Untreated underlying mental illnesses can lead to suicidal thoughts. Therefore, it is essential to get appropriate treatment for underlying issues. You can help your loved one contact their primary care physician to arrange a mental health screening and evaluation. You can also find a licensed mental health professional who is trained in suicide prevention and evidence-based treatments.

## **Questions to ask Providers or the Treatment Team**

As part of your loved one's care, you may meet many different providers through acute crisis care and follow-up. Be prepared to ask your questions repetitively to different people at each step; the answers may change based on the provider's role. Remember, you are a crucial part of your loved one's care, so feel confident to ask any of the treatment team questions. Don't feel rushed. Don't be embarrassed if you don't understand. **It is your right to ask questions of your providers and even to challenge their decisions.**

Below are questions which can be used in various treatment settings, from an outpatient primary care visit to an inpatient psychiatric facility.

- What is your role in my loved one's care?
- Can you explain how you are making decisions about my family member's care or treatment?
- What does the treatment plan entail for my loved one? How will they be monitored, how will you measure treatment effectiveness, and what is the length of stay?
- Can you review the details of the discharge plan? For example, what type of providers and treatments are planned, and what exactly will occur at follow-up appointments?
- What types of treatments and interventions will they receive, and what is the evidence for that treatment? What are the risks and benefits of each one?

- Are you prescribing medication as part of my loved one's treatment? How long until the medication works? What are the side effects?
- What can I do to be most helpful to my loved one's treatment, specifically regarding the safety and prevention plan?
- Who can I speak to if I have a concern about the services planned for my loved one?
- What does the safety plan look like, and can I have a copy?
- Who gets to see my loved one's medical records, charts, or documentation?
- What payment options are available for my loved one's care? Who decides which services are covered and which are not?
- Can you give me documentation I can pass on to my loved one's school or work to explain their absence?
- What should we look for after this, and when should we seek more help, such as contacting other local resources and providers?

### Limited access to lethal means among people at risk



Reducing access to lethal means of self-harm is a critical component of suicide prevention. Firearms and medications are two lethal means we can control.

- Temporarily store firearms with local law enforcement if allowed or keep guns under lock and key. Secure the key in a safe deposit box. Alternatively, you can store the key with a friend or family member outside the home.
- Ask family members to store medication safely and dispense it in safe quantities as needed.
- Access the lethal means website (<https://www.hsph.harvard.edu/means-matter/means-matter>) for more information on limiting access to lethal means.

Each child is unique. The parent who chooses to **listen** to their child based on **who the child is**, not whom the parent wants the child to be, will better connect with and better influence their child's decisions.

Seeing each child as an individual with unique gifts and challenges allows them to grow into their talents and find fulfillment in life.

In the Disney/Pixar film short, *Float*, we see the unintended consequences of a parent succumbing

to fear over what others think of his child. In a fearful state, the father tries desperately to change his son to fit within the “norm” of society. In so doing, he denies his son’s gifts and crushes his son’s happiness. We know he never intended to hurt his son, but his limited vision did not allow him to see his son’s issue as a gift. What if we saw differences as unique opportunities rather than something to fear?

### **Common Misconceptions about Suicide**

Suicide is a significant public health problem. It is the tenth leading cause of death in the United States, resulting in about one death every 11 minutes. According to the CDC Centers for Disease Control, as of 2019, suicide is the second leading cause of death for youths aged 10-24.

#### **Myth: Asking someone if they are suicidal may put the idea in their head.**

Asking a loved one about suicide will not make them suicidal. In fact, the person who may be thinking of suicide may feel relieved to be asked about it and grateful to have a safe place to share their thoughts.

#### **Myth: A mention of suicide is not serious enough to require help.**

When a friend or family member has thoughts about suicide, take their words seriously. When someone talks about hurting themselves, heed that as a warning sign. There are many treatment options available which are effective in reducing suicidal thoughts and behaviors.

#### **Myth: Treatments don’t work anyway.**

Many well-researched and effective therapies are available to help your loved one, including counseling, medications, and other treatments.

#### **Myth: People attempt suicide to gain sympathy.**

A suicide attempt needs to be taken seriously. It is not an attempt to gain sympathy from others but rather demonstrates significant distress and despair about life. If your loved one has attempted suicide, there is an increased risk they may make another attempt. People are said to be at the greatest risk for another suicide attempt or death by suicide within one year after the initial attempt.

### **Additional Crisis Resources from the agencies based in the U.S.**

**The Institute on Aging’s Friendship Line** is a crisis intervention hotline and a warmline for non-crisis emotional support calls for individuals 60 years and older and adults with disabilities. Dial 800.971.0016.

**Social Media Outreach.** If someone is posting suicidal messages on social media, file a report through the Social Media Outreach arm of the Suicide Prevention Lifeline. This organization has worked with social media providers for over ten years to establish recommended best practices in suicide prevention for social and digital media.

## **Organizations for Suicide Prevention, Children and Adolescents**

**The American Academy of Child and Adolescent Psychiatry** ([https://www.aacap.org/aacap/families\\_and\\_youth/resource\\_centers/Suicide\\_Resource\\_Center/Home.aspx](https://www.aacap.org/aacap/families_and_youth/resource_centers/Suicide_Resource_Center/Home.aspx)) has FAQs, resources, and guides for preventing suicide in children and adolescents. In addition to resources for caregivers and parents, they offer clinical resources.

**The American Foundation for Suicide Prevention** (<https://afsp.org/teens-and-suicide-what-parents-should-know>) offers resources for dealing with suicidal thoughts and urges in children and adolescents. In addition to explaining signs of risk for suicide and other behaviors to watch for, they offer several free guidebooks for parents, educators, and young people.

**The Jason Foundation** (<https://jasonfoundation.com>) is a nonprofit organization specializing in youth suicide prevention. In addition to teaching parents and educators the signs associated with suicide in young people, they also provide suicide prevention training and educational resources.

**The Jed Foundation** (<https://www.jedfoundation.org/what-we-do/colleges>) is a nonprofit organization focused on suicide prevention for teens and young adults. They partner with colleges nationwide to bolster their mental health resources. Additionally, they have a number of guides on how to help someone you are concerned about or yourself.

**Suicide Awareness Voices of Education SAVE** (<https://save.org>) has several guides for supporting children and adolescents who may be suicidal or recently lost a friend to suicide. Information is contained in downloadable guides.

## **Suicide Prevention, Mental Health, and Mental Illness**

**SAMHSA's Family Support Guide** (<https://www.samhsa.gov/families>) If you suspect a family member is living with a mental or substance use disorder, access this resource.

**SAMHSA's Conversation Guide** (<https://www.samhsa.gov/families>) Starting a talk about mental illness or substance use with a loved one is tricky. If you're unsure how to broach the subject, try these conversation starters.

**National Alliance on Mental Illness** (<https://www.nami.org/Your-Journey/Family-Members-and-Caregivers/Supporting-Recovery>) NAMI has a guide on how to support your loved ones as they deal with their suicidal thoughts. It covers everything from how to be there for them to what not to do.

**Depression and Bipolar Support Alliance** (<https://www.dbsalliance.org/support>) site provides support, hope, and inspiration to a loved one.

**The American Foundation for Suicide Prevention** (<https://afsp.org/get-help>) is a national organization that funds research into mental illness and raises awareness about suicide. They have information relevant to both a suicidal person and their loved one.

**American Association of Suicidology** (<https://suicidology.org/resources/suicide-attempt-survi->

vors) is a professional organization with an “Attempt Survivor/Lived Experience” division, where attempt survivors have a collective voice in the field of suicide prevention.

**Mental Health America** (<https://screening.mhanational.org/screening-tools>) is a national mental health nonprofit with over 200 local affiliates in the United States. Their work focuses on peer support, advocacy, education, and outreach. Resources include online screening tests for depression and other mental health issues.

**The National Action Alliance for Suicide Prevention** (<https://screening.mhanational.org/screening-tools>) is a public-private partnership that advances the National Strategy for Suicide Prevention. Their Suicide Attempt Survivors Task Force wrote *The Way Forward: Pathways to Hope, Recovery, and Wellness with Insights from Lived Experience*.

**SAMHSA’s SMI Adviser** (<https://smiadviser.org>) is a clinical support system for serious mental illness SMI. Its Individuals and Families section contains a list of free services from SAMHSA, including [findtreatment.gov](http://findtreatment.gov), the Behavioral Health Treatment Locator, the Early Serious Mental Illness Treatment Locator, the National Suicide Prevention Lifeline, and other resources.

**The Suicide Prevention Resource Center** (<https://www.sprc.org/comprehensive-approach/effective-care>) provides resources and training for suicide prevention. This includes in-person and online workshops, webinars, and other resources. Their website also lists state-level resources and contact information as well as effective prevention practices.

## Resources for Vulnerable Populations

**The Trevor Project** (<https://www.thetrevorproject.org>) provides crisis intervention and suicide prevention resources for LGBTQ young people.

**SAMHSA’s To Live to See the Great Day That Dawns** (<https://store.samhsa.gov/product/To-Live-To-See-the-Great-Day-That-Dawns-Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480>) is a guide which addresses suicide within the American Indian and Alaskan Native communities. The guide lists available resources, unique challenges, and essential cultural factors to consider.

**Aging in Place** (<https://aginginplace.org/elderly-suicide-risks-detection-how-to-help>) has a guide on how to spot and prevent suicide among seniors. It includes common causes and signs of risk, as well as crisis treatment steps to take.

**The Department of Veterans Affairs** ([https://www.mentalhealth.va.gov/MENTALHEALTH/suicide\\_prevention/index.asp](https://www.mentalhealth.va.gov/MENTALHEALTH/suicide_prevention/index.asp)) offers numerous resources for veterans dealing with suicidal thoughts or urges.

**Make the Connection** (<https://www.maketheconnection.net>) has resources for veterans struggling with readjusting to civilian life, PTSD, depression, and suicide. It also features videos of veterans telling their own stories of mental health recovery.

### Suicide Prevention Hotlines Worldwide

Country	Emergency Number	Suicide Prevention Hotline
Algeria	34342 and 43	0021 3983 2000 58
Argentina	911	54-11 4758-2554
Armenia	911 and 112	2 538194
Australia	000	131114
Austria	112	142 Rat auf Draht 24/7 147 Youth
Bahamas	911	2 322-2763
Bangladesh	999	
Barbados	911	Samaritan Barbados 246 4299999
Belgium	112	Stichting Zelfmoordlijn 1813
Bolivia	911	3911270
Bosnia and Herzegovina		080 05 03 05
Botswana	911	3911270
Brazil	188	
Bulgaria	112	0035 9249 17 223
Canada	911	833 456 4566
China	110	800-810-1117
Colombia	100 57 5 372 27 27	57-1 323 24 25
Croatia	112	
Cyprus	112	8000 7773
Czech Republic	112	
Denmark	112	45 70 201 201
Egypt	122	
Estonia	112	37 26 558 088 ; in Russian 37 26 555 688
Finland	112	010 195 202
France	112	01 45 394 000
Germany	112	08 001 810 771
Ghana	999	2332 444 71279
Greece	1018	
Guyana	999	223-0001
Holland		09000767
Hong Kong	999	852 2382 0000
Hungary		116123
India		88 888 17 666
Indonesia	112	1-800-273-8255
Iran	110	1480
Ireland	112	44 08 457 909 090
Israel	100	1201

Italy	112	800 860 022
Jamaica		888 429 5273
Japan	110	81 03 52 869 090
Jordan	911	110
Latvia	113	371 67 222 922
Lebanon		1564
Liberia		6534 308
Luxembourg	112	352 45 45 45
Malaysia	999	06 2842500
Malta		179
Mauritius	112	230 800 93 93
Mexico	911	52 55 10 2550
Netherlands	112	900 0113
New Zealand	111	1737
Nigeria		23 4 8092 106 493
Norway	112	4781533300
Pakistan	115	
Philippines	911	028969191
Poland	112	5270000
Portugal	112	21.854.07.40 and 8.96.898.21.50
Romania	112	0800 801200
Russia	112	007 82 0257 7577
Saint Vincent and the Grenadines		9784 456 1044
Saudi Arabia	112	
Serbia		3 81 21-6623-393
Singapore	999	800 221 4444
Spain	112	91 4 590 050
South Africa	10111	05 14 44 5691
South Korea	112	02 7 158 600
Sri Lanka		011 057 2222 662
Sudan		249 11 555 253
Sweden	112	463 17 112 400
Switzerland	112	143
Thailand		02 713-6793
Tonga		23000
Trinidad and Tobago		868 645 2800
Turkey	112	
United Arab Emirates		800 46342
United Kingdom	112	0800 689 5652
United States	911	800.273.8255