



# Take care

**Mental health awareness guide**

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**Resources *for* Living<sup>®</sup>**





**Adolescence is an exciting time. But it can be challenging too. We know that teenage mental health and suicide are very real problems. So what can you do to support your child?**

This guidebook will provide you with tools to help you support your child's mental health.



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# Teen depression

## Is this adolescence or something else?

Teenagers go through major changes physically, emotionally and mentally. These changes can be confusing to parents and caregivers.

## What to expect

Teens are getting ready for adulthood. And that means they need to start breaking free from parents. So it's completely normal for teens to spend less time with their parents and more time with their friends. They may reject your advice and attention. But they also want you there, just in case.

You may notice that teens:

- See themselves as invincible
- Have poor impulse control
- Experience mood swings
- Seem irritable
- Overreact to situations

## Is it depression?

When you notice something is “off,” you may be tempted to chalk it up to adolescence. But you know your child and you can trust your gut. When teenagers get depressed, you may notice that they:

- Withdraw from family AND friends
- Are sad and irritable most of the day
- Appear sad or anxious all the time
- Have trouble with more than one area of life (school, work and friends)
- Stop enjoying things that used to make them happy
- Stop caring about the future
- Have major changes in behavior, sleep or appetite







## Are they looking for attention?

Teens are going through major changes emotionally, biologically, intellectually and socially. And they may not be very good at talking about their feelings. They might say things like, “I wish I’d never been born!” or “I want to die!” or “I should just kill myself!” It’s possible they don’t mean it. And it’s possible they’re seeking attention.

In cases like these, you want to give your child what they need — attention. Remember, many teens who attempt suicide make statements like these. Take all threats seriously.

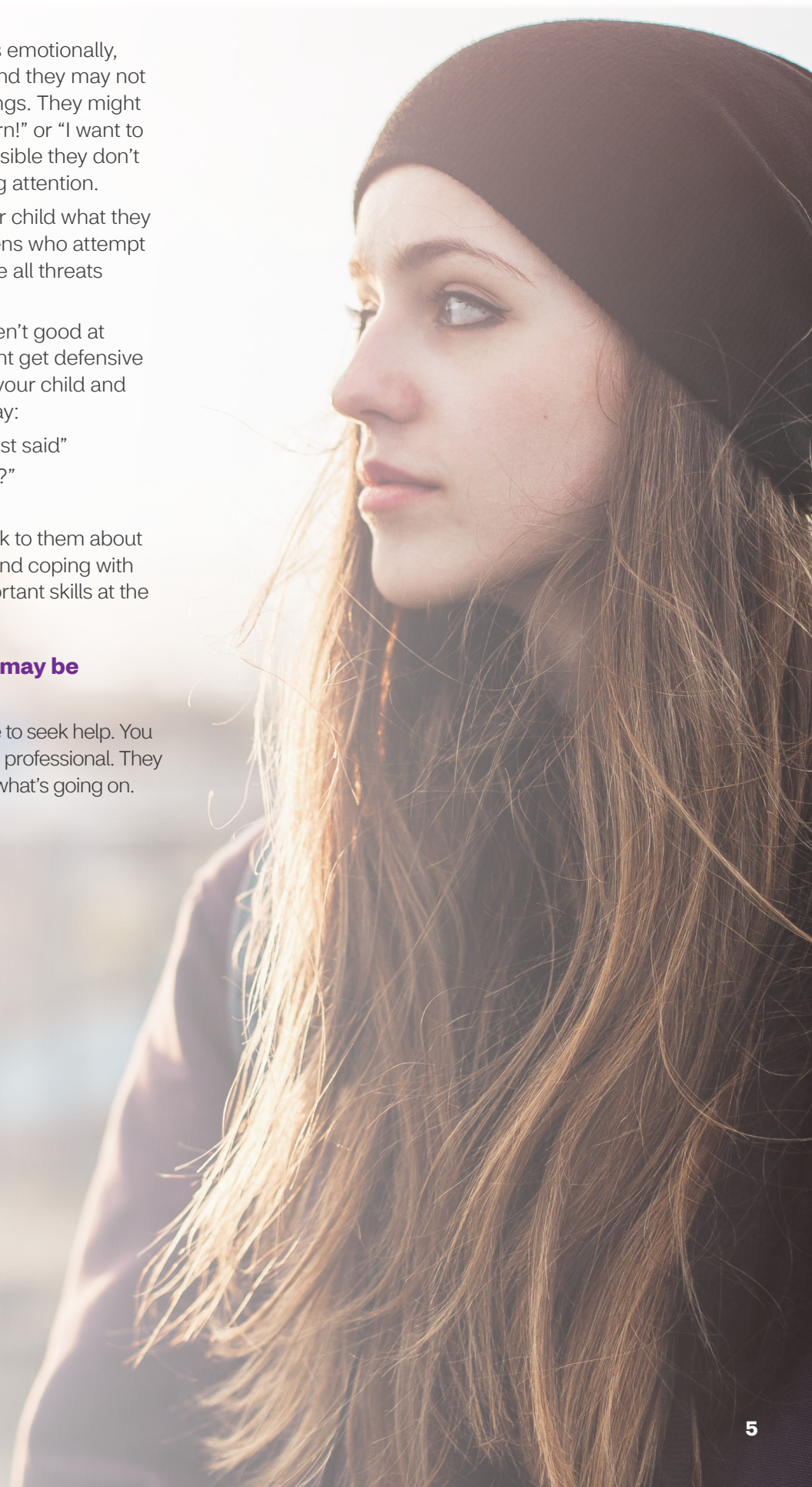
Remember to stay calm. Many teens aren’t good at reading others’ emotions. And they might get defensive if they think you’re upset. Sit down with your child and talk about what’s going on. You might say:

- “I’m very concerned about what you just said”
- “Are you thinking about killing yourself?”
- “I love you and I’m here for you.”

Try to find out what’s bothering them. Talk to them about healthy ways of expressing themselves and coping with feelings. You’ll build trust and teach important skills at the same time.

## What to do if your teenaged child may be depressed

If you think your teen is depressed, be sure to seek help. You can contact your doctor or a mental health professional. They can help you and your teen work through what’s going on.







# Self-harm

Self-harm can be very confusing. After all, why would someone hurt themselves on purpose? Many people think self-harm and suicide are the same thing. But they're actually very different.

## What is self-harm?

People who harm themselves use it as a way to cope with their upset feelings. By hurting themselves, they experience temporary relief from their emotional pain. Self-harm may include:

- Cutting
- Scratching
- Burning
- Carving
- Hitting, punching or head-banging

## Why do people harm themselves?

Most people hate pain and getting hurt. So it can be confusing to hear about others injuring themselves on purpose. Why do they do it?

Scientists have learned there are two small parts of the brain that deal with pain. These areas experience both physical and emotional pain. So when a person self-harms, there's a brief peak in physical pain but then it goes down. When it does so, it also reduces the emotional pain, providing relief to the person.

Self-harm can release endorphins, which give the person a "high." The self-injury may also be an attempt to:

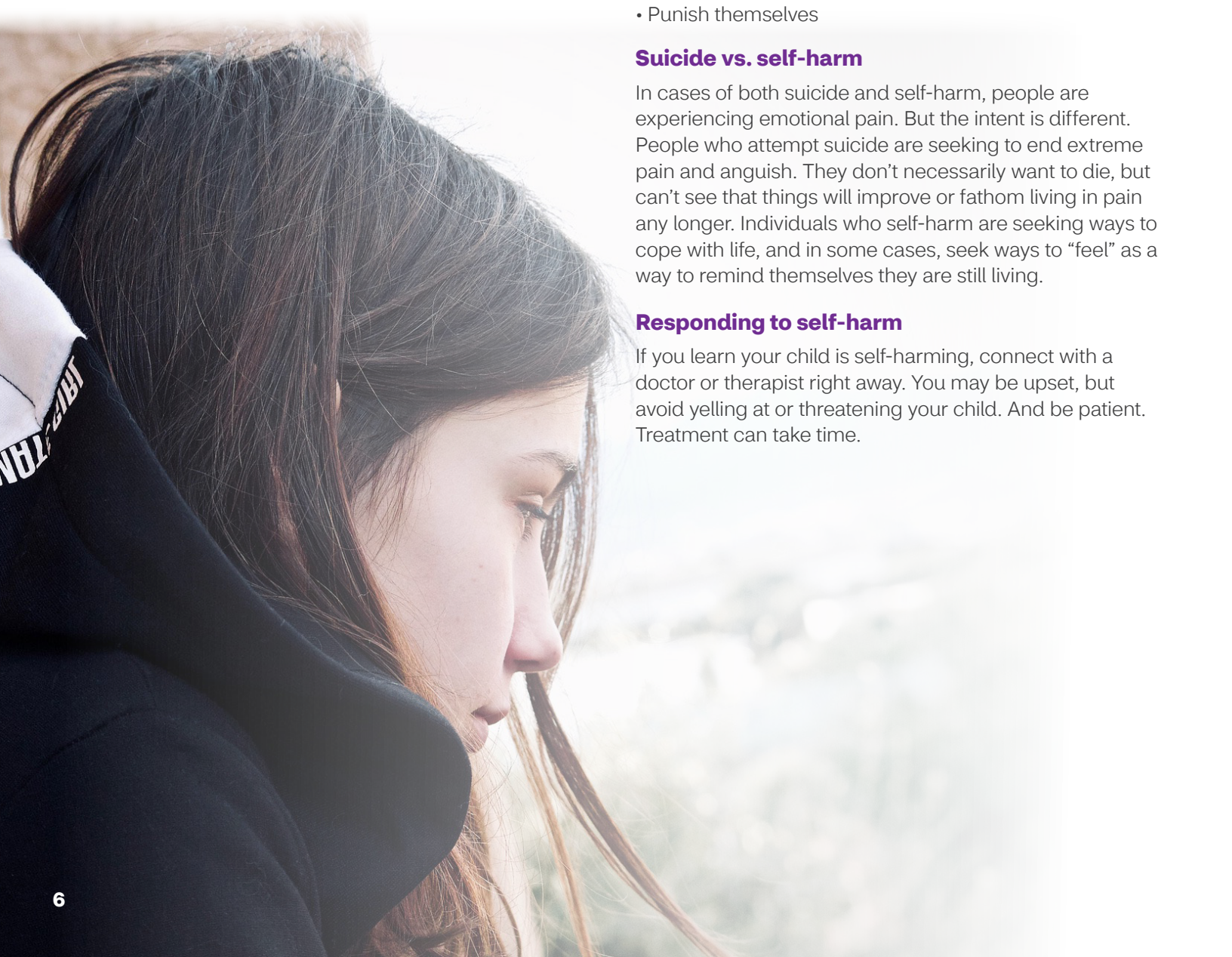
- Distract from painful feelings
- Create a sense of control
- Feel something when they are otherwise emotionally "empty" or "numb"
- Punish themselves

## Suicide vs. self-harm

In cases of both suicide and self-harm, people are experiencing emotional pain. But the intent is different. People who attempt suicide are seeking to end extreme pain and anguish. They don't necessarily want to die, but can't see that things will improve or fathom living in pain any longer. Individuals who self-harm are seeking ways to cope with life, and in some cases, seek ways to "feel" as a way to remind themselves they are still living.

## Responding to self-harm

If you learn your child is self-harming, connect with a doctor or therapist right away. You may be upset, but avoid yelling at or threatening your child. And be patient. Treatment can take time.







# Understanding and helping

## Know the signs

Many young people who attempt suicide give warning signs. Look for these signs. It could save a life.

- Talking about death or suicide
- Lacking interest in the future
- Dropping out of activities
- Withdrawing from family or friends
- Giving away prized possessions
- Taking risks
- Saying goodbye like they won't see you again

## Risk factors

Some people are at a greater risk for suicide. Risk factors may include:

- Access to guns or pills
- Drug and alcohol use
- Previous suicide attempts
- Feeling alone
- Feeling angry
- Trauma and neglect
- Loss of a parent or parental fighting
- Exposure to bullying
- Family history of suicide

## How to help

- **Ask questions.** Ask the your child if he or she is thinking about death or hurting themselves.
- **Encourage your teen to get treatment.** Know it's not your job to take the place of a therapist.
- **Offer to help your child take steps to get support.** You can research treatment options or make calls.
- **Remove dangerous items.** Remove things like knives, razors, guns or drugs from your home.
- **Do not make light of suicidal comments or thoughts.** Take all threats seriously.

## What can you do if you're concerned about your child?

It's hard to hurt. It's hard to see someone you love hurting. Professionals, like therapists, are trained to deal with mental health issues that lead to thoughts of suicide. Most people have no training and don't know what to do when someone is at risk of suicide or self-harm. You don't have to fix the problem on your own.

You may be scared for your child, and it's important to speak up. Take a deep breath, stay calm and:

- Ask your child if they are suicidal — it won't plant the idea and it opens up the conversation
- Take all comments about suicide seriously
- **1-800-273-TALK (8255)**
- Call us to get support
- Don't leave a suicidal person alone
- Call **911**



# Mental health for LGBTQ+ youth



Many teens worry about fitting in. And teens who are lesbian, gay, bisexual, transgender, questioning or queer (LGBTQ+), also face possible stigma and discrimination. This can put LGBTQ+ youth at an increased risk for mental health concerns.

## Discrimination and mental health

LGBTQ+ youth are more likely to experience discrimination than their heterosexual and cisgender (people whose gender identity matches their physical sex) peers. For example, something as simple as having access to a restroom can impact the mental health of a young person who is transgender.

Here are some statistics to consider:<sup>1</sup>

- 60 percent of LGBQ youth report being so sad or hopeless they stopped doing some of their usual activities.
- LGBQ young people are more than twice as likely to feel suicidal and over four times as likely to attempt suicide.
- Transgender youth are nearly four times as likely as their non-transgender peers to experience depression.
- Transgender students who were denied access to gender-appropriate facilities were 45 percent more likely to attempt suicide.

## Your acceptance matters<sup>1</sup>

Parents play a vital role in the mental health of their LGBTQ+ children. In fact, having strong family supports, safe schools and caring adults in their lives can help protect them from depression and suicide. Here are some important numbers to consider:

- LGBTQ+ children with unaccepting families were more than three times as likely to consider and attempt suicide than those whose families accepted them.
- LGBTQ+ youth with affirming families reported higher self-esteem and overall health.
- Transgender children whose families affirmed their gender identity were as psychologically healthy as their non-transgender peers.

So, above all, it's important that parents accept and love their children for who they are.

## What can you do?

You may have a lot of questions and concerns about your child's wellbeing. You may wonder how you can be accepting and supportive. Here are some ideas:

- **Educate yourself.** Take time to learn about LGBTQ+ topics
- **Do your best.** Parenting means making mistakes and learning
- **Seek to understand.** Ask "What does this mean to you?" and "How can I support you?"
- **Advocate for your child.** Even if you accept your child, other people may not
- **Get support.** Talk to a trusted friend or family member, a mental health professional or join a group like PFLAG (Parents, Families and Friends of Lesbians and Gays)

There are mental health professionals and life coaches who specialize in helping heterosexual and cisgender parents better support their LGBTQ+ children. So know that you and your child are not alone.

<sup>1</sup>[Mental health and the LGBTQ community. Human Rights Campaign.](#) Accessed February 2021.







# Mental health for Black, indigenous and youth of color

Mental health problems put many young people at risk for suicidal thoughts and attempts. But children and teens who are Black, indigenous or people of color (BIPOC) face even more challenges because of exposure to discrimination and potential violence. And these problems can add risk to their mental wellbeing.

Here are some important numbers to consider:

- Non-Hispanic American Indian or Alaskan native youth have the highest rate of suicide<sup>2</sup>
- Suicide rates for Black children under the age of 13 is double that of their white peers<sup>2</sup>
- Suicide death rates among Black youth are increasing faster than any other racial or ethnic group<sup>3</sup>
- Black youth are less likely than their white peers to receive care for depression. And when they do get treatment, it's often through the juvenile justice system.<sup>4</sup>

## Discrimination and mental health

Racism, discrimination and chronic stress are all tied to poor mental health. But people may not realize that racial discrimination can be a type of chronic stress. “Experiences with racism are stressors, and are chronic, unpredictable and uncontrollable – the worst kind of stress,” says Dr. Kwate of Rutgers University.<sup>5</sup>

And trying to anticipate and prevent potential discrimination only adds to the stress. This might include:

- Trying to prepare for possible insults
- Paying careful attention to your speech or appearance
- Avoiding certain people, places and situations

## What can you do?

Parents play a vital role in the mental health of their children. Start by helping your child develop positive views of his or her race. And try to reduce the stigma of seeking help for mental health problems.

If your child is experiencing mental distress, it's a good idea to consult a mental health professional. And here are some other resources you can explore:

- [Therapy for Black Girls](#)
- [Therapy for Black Men](#)
- [Therapy for Latinx](#)
- [Latinx Therapy](#)
- [Asian & Pacific Islander American Health Forum](#)
- [Asian American Health Initiative](#)
- [One Sky Center](#)
- [WeRNative](#)

Remember, you and your child aren't alone. Help is available. And you can teach your child that seeking help is a sign of strength.



<sup>2</sup>Lindsey, M. et al. [Trends of suicidal behaviors among high school students in the United States: 1991-2017](#). Official Journal of the American Academy of Pediatrics. Accessed February 2021.

<sup>3</sup>[Ring the alarm: the crisis of black youth suicide in America](#). Emergency Taskforce on Black Youth Suicide and Mental Health. Accessed February 2021.

<sup>4</sup>Abrams, Zara. [Sounding the alarm on black youth suicide](#). American Psychological Association. Accessed February 2021.

<sup>5</sup>Rodriguez, Tori. [Racial discrimination linked with worse mental health](#). Psychiatry Advisor. Accessed February 2021.



# Mental health for youth with disabilities

Young people with physical, mental, learning and/or other disabilities can face obstacles at home, school and socially. “Of the 62 million children under the age of 15, almost 10 percent of them have a disability. Among children aged 6 to 14, more than 1 in 10 children have a disability.”<sup>6</sup>

## Important tips for parents:

- **Take care of yourself.** Self-care is necessary to be able to care for someone else.
- **Be the expert.** Do your own research and work with professionals to best understand your child’s abilities, disabilities and special needs. Value the advice of experts and trust your knowledge and instincts.
- **Focus on strengths.** Give your child steady encouragement and support.
- **Bolster your child’s sense of self.** Let your child know all people living with a disability aren’t defined by their limitations.
- **Build your support network.** Learn about and access programs, services and resources available to you and your child.
- **Advocate for your child in your community and at school.** Teach others how to create inclusiveness for all peoples and abilities.

Youth with disabilities must learn to manage in a world that may not consider their limitations. Below are resources that may help you and your child find support when you need it most.

## Programs and resources:

### Guideposts for Success

This describes what all youth, including those with disabilities, need to transition successfully.

### Individuals with Disabilities Education Act (IDEA)

This provides detailed information and resources on the Individuals with Disabilities Education Act (IDEA).

### Department of Labor Disability Resources

This has an array of information and resources for youth in transition navigating the road to employment.

### Parent Training and Information Centers and Community Parent Resource Centers

These centers work with families of young people with disabilities. They help parents participate effectively in their children’s education and development and partner with professionals and policy makers to improve outcomes for all youth with disabilities.

### Understand your abilities and disabilities. Play to your strengths.

(PDF, 28 pages) This resource shares responses from young people with disabilities to discussion questions around labels, assumptions, strengths, impairments, and other topics

## Websites:

- American academy of child and adolescent psychiatry: [aacap.org](http://aacap.org)
- National Center on Health, Physical Activity and Disability (MCHPAD): [nchpad.org](http://nchpad.org)
- Contact NCHPAD toll-free at **1-800-900-8086** (voice and TTY), or by sending an email to [email@nchpad.org](mailto:email@nchpad.org).
- Services for children with disabilities: [childcare.gov](http://childcare.gov)
- Social Security benefits for children with disabilities: [ssa.gov](http://ssa.gov)
- Special needs alliance: [specialneedsalliance.org](http://specialneedsalliance.org)
- Youth.gov. [youth.gov](http://youth.gov)

<sup>6</sup>[Disabilities](#). Accessed February 2021







## What can parents do?

We know that teenagers want to fit in. They don't want to be or look different than their peers. Adolescents with disabilities face greater stressors in everyday life, including social isolation and discrimination. This stress adds risk for suicidal behavior<sup>9</sup>. Parents can take steps to become familiar with the warning signs that their child is in distress. If you are concerned for any reason:

- Review the section in this guide on understanding and helping.
- Reach out to your child.
- Keep lines of communication open.
- Talk to your child's pediatrician about screening for mental health concerns.





# Substance misuse in adolescents



Substance misuse in the teenage years can have a lifelong impact both mentally and physically. Adolescents often misuse substances because of peer pressure or to try to escape emotional or social problems.

## **Substance misuse in teens:**

- Harms growth and development
- Often leads to new or increased risk-taking behaviors (such as unprotected sex, dangerous driving, legal problems, etc.)
- Increases the risk of later health problems (such as heart disease, high blood pressure, sleeping disorders, etc.)

## **According to the Centers for Disease Control and Prevention (CDC):<sup>7</sup>**

- The most misused substances by adolescents are alcohol, marijuana and tobacco.
- About 67 percent of children have tried alcohol by 12th grade.
- About 50 percent of 9th through 12th grade students reported having tried marijuana.
- About 40 percent of 9th through 12th grade students reported having tried cigarettes.
- Among 12th graders, close to 20 percent reported using prescription medicine without a prescription.
- Children, teens and young adults from 12 to 20 years of age account for about one-tenth of all alcohol consumed in the United States.

<sup>7</sup>[Teen substance use and risks](#). Accessed February 2021.







## What is the relationship between substance misuse and suicide risk?

Individuals with substance misuse problems are sensitive to suicidal thinking and behavior. Substance misuse can lead to impulsive decision-making, especially for those who have other risk factors such as:

- Mental health disorders
- Physical pain
- Family history of suicide
- Relationship problems

Figuring out if your teenager is misusing drugs and alcohol can be difficult. Many of the “normal” signs of being a typical teen are also the symptoms of mental health problems and drug misuse. Whenever in doubt, err on the side of caution when seeing these changes in your teen.

### • Changes in personality and mood

- Withdrawn or depressed
- Silent, not talkative
- Secretive, lying
- Angry or uncooperative
- Difficulty focusing
- Hyperactivity

### • Changes in behavior

- Changes in relationships with friends and family
- Missing school or work
- Avoiding eye contact
- Possessive of their smart phone, checking it frequently
- Sleepy or high energy
- Poor concentration or balance

### • Changes in hygiene and appearance

- Smelling of smoke on breath or clothes
- Poor hygiene
- Flushed cheeks or face
- Burns on fingers or lips
- Track marks on arms or legs or wearing long sleeves to keep them hidden

### • Changes in physical health

- Frequently sick
- Unusually tired
- Slurred or fast speech
- Nosebleeds or runny noses
- Sores around mouth
- Bruising
- Frequent sweats
- Seizures and/or vomiting







### Signs and indicators your child may be in crisis:

- Feelings of hopelessness, despair or worthlessness
- Talking about suicide, such as statements indicating that their life is not worth living, not wanting to be around or wishing they were dead
- Changes in behavior, including new or increased risk-taking behavior or impulsiveness
- Withdrawal from friends, family or activities they typically enjoy
- Refusing to attend school, skipping school, missing assignments or a decline in their grades
- Change in eating and sleeping habits-- too much or too little
- Decline in personal hygiene and appearance
- Misuse of drugs or alcohol confirmed

### What can parents do?

Parents can take steps to become familiar with the warning signs of both substance misuse as well as other mental health challenges. If you are concerned for any reason:

- Review the section in this guide on understanding and helping.
- Reach out to your child.
- Keep lines of communication open.
- Talk to your teen's pediatrician about screening for mental health concerns and substance misuse.

### Treatment referral resources

- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator: **1-800-662-HELP** or search [samhsa.gov](https://www.samhsa.gov)
- The "Find A Physician" feature on the American Society of Addiction Medicine (ASAM) Web site: [aaap.org](https://www.asam.org)







# Cyberbullying

## Keep your children safe from cyberbullying

You can probably still find bullies on the playground. But now they're also on the internet. 95 percent of teens in the U.S. are online, making it the most common place for cyberbullying.<sup>8</sup> The more you know about cyberbullying, the more prepared you'll be to protect your kids.

## Understand cyberbullying to keep your kids safe

Cyberbullying happens over electronic media. Your children can be cyberbullied through:

- Text messages
- Online chat or message forums
- E-mail
- Websites or video channels (YouTube, TikTok)
- Social media

It can happen in many ways. Here are a few examples:

- Degrading photos of your child
- "Hacked" accounts
- Impersonation

A bully can also post comments under your child's name that offend or anger others. This can be very dangerous if the bully intends to provoke other people to harm your child. If your child ever suffers bullying in this way, you'll need to call the police at once.

<sup>8</sup>[11 facts about cyberbullying](#). Accessed February 2021.





## It's different from in-person bullying

Like in-person bullying, cyberbullying can cause great harm. Cyberbullying victims are more likely to have low self-esteem and to consider suicide.<sup>9</sup> Cyberbullying can:

- Happen at any time of day or night
- Cause a large amount of damage quickly
- Intrude on your child's home, school and social life
- Make the bully hard to identify

Cyberbullying can also happen by accident. It could be caused by something innocent like a joke that goes wrong.

Cyberbullying takes many forms. But it needs to be stopped as soon as you find out about it.

## Warning signs

How can you know if your child's being bullied online? Some possible signs include if your child:

- Spends much more or less time online
- Doesn't want to go to school
- Starts doing worse at school
- Shows signs of lower self-esteem
- Develops stress-related health problems
- Expresses thoughts of suicide

A lot of children don't want to tell their parents if they're being cyberbullied. Only 1 in 10 teen victims will inform a parent or trusted adult of their abuse.<sup>9</sup>

Tell your kids you're always there to help. Ask what they're doing online. Let them know it's not their fault if they're being bullied. They need to know they can tell you and you won't get mad.

## What can you do?

If your child gets bullied online:

- **Don't respond to or forward cyberbullying messages.**
- **Keep evidence.** Record the dates, times, and descriptions of instances when cyberbullying has occurred. Save and print screenshots, emails, and text messages.
- **Block and report the person who is cyberbullying.**
- **Reassure your child.** Let your child know being bullied is not their fault and they don't have to face it alone
- **Teach your children how to respond to bullies in non-violent ways.** They should not react to the bully. But they should get help if needed.
- **Contact the child's school for assistance.**

In some cases, cyberbullying is against the law. Consult your state's laws and law enforcement for additional guidance.

<sup>9</sup>[Cyber bullying statistics](#). Accessed February 2021.







# Care across the continuum

## Supporting your child's inpatient stay

It takes strength and courage to reach out for help. Having a child go in-patient for treatment can be really tough. But sometimes, an intensive level of care is needed to keep your child safe. It can start the next step in their journey toward recovery. With your support, your child can build a care plan for the future, leading them toward a happier and healthier life.

## Before you leave the hospital

Prior to discharge, discuss how to best support your teen with your child's treatment team. The treatment team includes hospital staff, providers involved with your teen prior to hospitalization and providers who will be involved after discharge from the hospital. Consider discussing the following resources and how to best include these in the post-discharge plan:

### • [Brown Stanley Safety Planning Intervention](#)

- Follow-up treatment and services
- Treatment plan
- Medication plan, if applicable
- Crisis contact numbers

## When returning home

The time after your child is discharged from the hospital following a suicide attempt can be filled with many emotions, questions and feelings of uncertainty. It is important to maintain an open dialogue with your child to help them feel supported and cared for as they recover.

## Offer support

It's important to remember: Suicidal thoughts can still be present after discharge for some youth. They may still feel shame, guilt, remorse, fear, etc. Your child will look to you for encouragement and a safe place to express themselves. Let them know that you are available for questions and to talk things through.

Practice some small talk to encourage connection. It's helpful to stay focused on your child's level of understanding and awareness of what led to their attempt. Do not pressure your child to share anything they are not comfortable sharing. Leave a safe space for them to share their emotions and feelings when they are ready.

Focus on healthy problem-solving and coping strategies. Supporting your child and fostering family connection is key in learning to deal with what's happened and journey toward recovery.

## Provide stability

Most children and teens thrive with structure and routine. Work with your child and the therapist to develop a daily structure and routine for their weekdays and weekends. Determine ways to reinforce successes. This will help build confidence.

Foster a sense of normalcy and set expectations. This will help your child adjust to any challenges in their recovery process. Encourage your child to practice self-care and participate in activities and hobbies that they enjoy. Give them something to proactively look forward to. Be sensitive to your child's needs during this time. Respect age-appropriate requests for privacy while also maintaining safety.





## Maintain clinical contact

It is essential to follow up and maintain all therapeutic/clinical recommendations after discharge. This can lower the risk of another suicide attempt. It can also encourage ongoing active participation in their treatment. A clinician should be assessing for risk of suicide routinely.

You, your child and all members of their treatment team should maintain copies of the treatment plan along with a detailed safety plan. The safety plan outlines follow-up appointment dates and times, actions to cope with immediate and increasing distress, as well as contact numbers for support and crisis intervention.

Have an open dialogue about your child's needs with your treatment team. If any changes to your treatment plan are needed, contact your provider immediately. Treat mental health like any other medical treatment.

If your child had a major surgery, you must follow up with any providers to get the stitches removed, ask questions about wound healing, pain, etc. Following up with your child's treatment plan and after care is critical to recovery.

## Building out your child's support system

The idea that "it takes a village" is highly relevant when it comes to helping kids through stress and mental illness. Parents must navigate their network of friends, family and acquaintances to determine if, and how, it may be best to share their child's mental health challenges.

It is a balancing act of maintaining and respecting your child's privacy while also supporting your child and ensuring their safety. When your child is struggling, it is sometimes helpful to let other trusted adults know about it, too. This may include other family members, a teacher, a coach or counselor. Having a broad support system in place allows your child to have multiple trusted options for whom to turn to in a crisis and can provide an extra layer of support and security.

## How to deal with stigma

One of the most effective ways to be there for your child and decrease stigma, after discharge, is to be involved in your child's care plan. These steps will help your child feel supported and keep the dialogue open.

- Talk to your child's doctors and treating clinicians. Ask any questions you may have.
- Take time to educate yourself on your child's condition. Week support from trusted organizations like NAMI.
- Be involved in your child's care. This helps them feel supported.

## Just being involved helps to

- Decrease stigma
- Increase understanding of suicide risk and any co-occurring mental health or substance misuse problems
- Highlight the need and importance of ongoing care after hospitalization
- Increases the likelihood of the patient engaging in outpatient care.

## Taking care of you

As a parent and/or caregiver of a child following a suicide attempt, it is also important to take care you yourself. It's easy to lose sight of your own self-care and support needs while taking care of your child.

Be sure to take time for your own mental and physical health, seek support from others and reach out for professional help if needed.

Ensure that you seek support from your employer if you need time away from work. Contact your employer, Employee Assistance Program (EAP) or your HR department for information and/or assistance. You are not alone in this journey, and there are many resources available to help.







# Safety planning

Now that your child or young adult has been discharged from the hospital, we want to support you in keeping them safe from harm. Not unlike a fire escape plan, a safety plan helps lay out next steps so things don't escalate to the point of a crisis.

## What is a safety plan?

A safety plan is a list of coping strategies and individuals or agencies you or your child/young adult can contact for support. The plan should be brief and easy to read. The plan can be used before or during a crisis to help lower the risk of suicidal behavior.

## Who should have a safety plan?

Anyone with a history of suicidal ideation or attempts should have a detailed plan.

## How should a safety plan be created?

Use the Brown Stanley safety plan form located in this toolkit. Sit down with your child or young adult and read through the questions together. Write down realistic, achievable action steps covering these six important areas:

- Warning signs
- Internal coping strategies
- Social contacts who may distract from the crisis
- Family members or friends who may offer help
- Professionals and agencies to contact for help
- Making the environment safe

## When to start using the safety plan.

After completing the form:

- **Have your child or young adult go over the plan with their treating clinician, family and friends.** This discussion is important to make sure the plan is realistic and useful.
- **Determine where your child or young adult will keep the safety plan.** Encourage your child or young adult to read over the plan whenever they are feeling stressed, depressed or suicidal.
- **Update the plan when circumstances or needs change.**

Find the Brown Stanley safety plan here: [sprc.org](https://www.sprc.org)





# Frequently asked questions about suicide



## 1. How do I know what is “normal” or what is to be expected behavior?

Recognizing what you know to be typical behavior versus behaviors that seem excessive, new, or extreme may be indicators to have further conversation. The best way to know is to ask. Refer to the [five action steps](#) for communicating with someone who may be suicidal. These steps are supported by evidence in the field of suicide prevention and can be helpful in framing the conversation<sup>10</sup>.

## 2. I’ve heard somewhere that you shouldn’t directly ask someone whether or not they are suicidal as that might “give them the idea”. Is that true?

This is a common myth that asking plants the idea. Research has shown the opposite. Asking directly is always best. According to the American Foundation for Suicide Prevention, the recommendation is asking, “Are you thinking of suicide?” Another way to phrase this could be, “Are you thinking of killing yourself?” It’s important to be straightforward.

## 3. I’m concerned my child might be storing medications or hiding things to make another attempt. What should I do about searching their room or confronting them on this?

As part of safety planning, parents should not only monitor but consider dispensing all medications to their child. The conversation should be structured in a way that lets the child know that regulating access to this medication is a crucial part of the safety and recovery plan because they care and love their child. Consider use of a lock box or similar item to limit access.

## 4. I have other children. What do I tell them? What can I do to restore some balance and sense of normalcy to the entire family?

- After a suicide attempt in the family, it’s important for parents to talk to their child/children to help them understand what happened. If you don’t, your children may try to make sense of what happened themselves. They may blame themselves or carry other ideas that can be harmful to their wellbeing. When talking to your child, it’s important to pick a private, comfortable place to have the conversation. Keep it simple in terms of language. Be aware of your own feelings and how you are coming across. And ask age-appropriate questions. Provide a safe space for them to ask questions. Other children in the family may benefit from therapy, as well, to help them process their feelings and fears.
- Another way to support your child during this time is to continue routines and highlight the importance of self-care. It’s helpful for school-age children to pay attention to good sleeping, eating, and exercise habits.

<sup>10</sup>[How and why the 5 steps can help](#). Accessed March 2021.







**5. I have to work. What can I do to build trust so I can leave my child at school or at home?**

- The Family Medical Leave Act (FMLA) provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave. It is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. You can learn more at [fmlahandbook.org](https://www.dhs.gov/fmlahandbook.org).
- If a parent won't always be home with their child, it's a good idea to work with the treatment team to see what makes the most sense for the child's specific needs. This could be leaving your child home alone, having a trusted adult at your home when you can't be there, or considering an intensive outpatient program or partial inpatient program. It's important to make this an open dialogue, and part of your child's treatment plan.
- As mentioned in "Building out your child's support system", it's often helpful to build out a support system of trusted adults. This helps to support both you and your child as you transition back to a "normal" routine.

**6. How do I know what is a serious threat? My child often says they want to die. How do I know when it's time to bring them back to the hospital? Are there specific signs or triggers I should look for?**

- Past suicide attempts are a major risk factor for another attempted or a completed suicide. Past suicidal ideation has also been found to increase risk of future suicidal ideation, suicide attempt and depression. Adolescents who are both depressed and have attempted suicide are at extremely high risk for both recurrent suicidal behaviors and for completed suicide.
- It's important to leave the door open and encourage open dialogue so your child knows it's safe to talk to you if they are feeling at risk in any way. This will improve the likelihood of getting your child immediate, appropriate help when it's needed.
- Take every threat of suicide seriously. Reach out to a crisis center for support if your child is showing any concerning behavior.

**Watch mental health providers and Aetna Mental Wellbeing colleagues discuss tools for mental health awareness and suicide prevention in this video Q & A.**







# National resources

## National Suicide Prevention Lifeline

Call **1-800-273-TALK (8255)** for suicide prevention hotline.

## Centers for Disease Control and Prevention (National Center for Injury Prevention and Control — Division of Violence Prevention)

Visit [cdc.gov](https://www.cdc.gov) for links to suicide statistics, the SafeUSA website, prevention and safety information. Or call **1-770-488-4362**.

## Mental Health First Aid

Do you want to learn more about stigma and how to respond to mental health problems? Similar to CPR and First Aid training, Mental Health First Aid helps people identify, understand and respond to mental health issues. You can find a local training at [mentalhealthfirstaid.org](https://www.mentalhealthfirstaid.org).

## National Alliance for the Mentally Ill (NAMI)

NAMI's toll-free number, **1-800-950-NAMI (6264)**, provides information about family support and self-help groups. Their website, [nami.org](https://www.nami.org), includes general suicide information links.

## The Jason Foundation

Go to [jasonfoundation.com](https://www.jasonfoundation.com) to find suicide prevention resources for teachers, parents and students.

## Suicide Awareness-Voices of Education (SAVE)

SAVE's website, [save.org](https://www.save.org), provides suicide education, facts and statistics on suicide and depression. It links to information on warning signs of suicide and the role a friend or family member can play in helping someone who's thinking of suicide.

## The Trevor Project

The Trevor Project provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) young people under the age of 25. They can be reached at [thetrevorproject.org](https://www.thetrevorproject.org) and help is available at **1-866-488-7386** all day every day. You can also text START to **678-678** to text with a Trevor counselor 24/7/365.

## Born This Way Foundation

The Born This Way Foundation helps young people increase their wellness and empowers them to create a kinder and braver world. People can take the kindness pledge by signing up to #BeKind21! Visit them at [bornthisway.foundation](https://www.bornthisway.foundation).

## American Foundation for Suicide Prevention

Visit [afsp.org](https://www.afsp.org) or call **1-888-333-AFSP (2377)** for research, education and current statistics on suicide. The website also offers links to other suicide prevention and mental health sites.





# Apps

## NotOK app™

This is a free app that people can use to get help when they're feeling vulnerable. The app lets your trusted contacts know they've been selected as part of your support group. If the time comes that you need to reach out, you can open the app and press a "notOK" button. Your contacts will receive a message with your location, asking them to contact you. Users can send an update, letting their supports know when they're doing better.

Find at [notokapp.com](https://notokapp.com)

## My3

This free app helps people choose a network of support people and make plans to stay safe. The app helps you plan for what to do if you have suicidal thoughts. And helps connect you to others if you're thinking about suicide. Find the app at [my3app.org](https://my3app.org).

## Substance Abuse and Mental Health Services Administration (SAMHSA)

Visit [samhsa.gov](https://samhsa.gov) or call **1-800-622 HELP (4357)**

## KnowBullying App(TM)

This is a free app by SAMHSA that features strategies to prevent bullying, warning signs, and ways to support children who are being bullied. Find in your device's app store.

## The JED Foundation

Go to the [JED Foundation](https://jedfoundation.org) to learn how to empower teens and young adults to grow into healthy adults.

## Brown Stanley Safety Plan Template

Go to [Brown Stanley safety plan template](https://www.brownstanley.com/safety-plan-template) to develop a written set of instructions on what to do if you or someone you love should have thoughts of harming themselves.

## Liberate Meditation

This is an app designed to provide a safe space specifically for Black, Indigenous, and people of color to develop a daily meditation routine.

## BeThe1To

Go to [#BeThe1To](https://www.bethe1to.com) to learn 5 action steps on how to talk with someone who may be suicidal.







# We're here to help

Suicide is a tragic and complex public health problem. Sadly, the rates of suicide are growing. Some of the risk factors include life events, depression, substance use and a family history of abuse.

If your child is at risk for suicidal thoughts, it's important to take action. Here are some resources and facts to help you get support for someone at risk of suicide.

## Free counseling

Talking about suicide and suicidal feelings can be very difficult. You can find confidential counseling. We can help you, your household members and your children, including those who don't live with you up to the age of 26, cope with:

- Depression
- Stress management
- How to talk with those who are suicidal
- Coping with the death of a coworker or loved one
- Relationship issues and more

We are available 24 hours a day, 7 days a week.

## Resource materials

Click an article title below to learn more on the topic.

- [Facts about suicide](#)
- [Understanding depression](#)
- [Breaking the cycle of depression](#)
- [What to do if someone appears suicidal](#)
- [If you are thinking about suicide](#)
- [Understanding loss from suicide](#)
- [Grief after suicide](#)

Call us whenever you  
need emotional support.  
We're here to help.





We're here to help. You can call us anytime. Confidential services are available 24 hours a day, 7 days a week.



**The EAP is administered by Resources For Living, LLC.**

All EAP calls are confidential, except as required by law. Information is not a substitute for diagnosis or treatment by a professional and is not meant to replace the advice of a professional. Please note that there may be many other explanations for any or all of the above delineated behaviors. This information is not intended to be an exhaustive list of all signs concerning warning sign of depression, anxiety or suicide and should not be used as a stand-alone instrument. Information is not a substitute for diagnosis or treatment by a professional. Contact a professional with any questions or concerns about specific health care needs. This material is for informational purposes only. It contains only a partial, general description of programs and services and does not constitute a contract. Information is believed to be accurate as of the production date; however, it is subject to change.