

**Parent Handouts**  
**When Your Child Expresses Suicidal Thoughts or Behaviors**

This paper is designed to support you with the information you need as you and your child work together toward wellness.

You are not alone. It is not uncommon for adolescents to consider suicide as a possible solution to their difficulties. The reasons for this are many and varied. What is most important, for you and your child, is knowing there is help available. With support, recovery is possible.

If you think that your child may be contemplating suicide, you can best help him/her by paying attention, listening, and acknowledging what they are saying or doing. Remain calm and get them to the help they need. It is not uncommon for someone in their emotional state to resist seeking help. There can be many reasons for this: stigmatization, fear of being restrained or locked up, etc. They may plead that you do nothing. They are in crisis and may be incapable of making a rational decision. They may say they are fine and they did not mean what they said or did. Or they may be feeling their situation is hopeless and nothing can help. Whatever may be occurring for them, they will look to you for support. Assure them that help is available.

This is a life and death situation. Accepting any reason for not getting help is too dangerous. Though you and/or your child may fear what will result from acknowledging these suicidal thoughts or actions, the risk of not seeking help is too great.

Attached are Warning Signs and Risk Factors that a suicidal person may be experiencing. This is included to help you identify specific behaviors you may have been noticing. Though someone has expressed suicidal ideation, no one person will show all these behaviors. They may not show any of the specific behaviors listed; even so, it is important for them to seek help.

**Seeking Assistance:**

There are differing situations where your child's distress may become apparent. Your child may reveal their suicidal thoughts to you, a friend, or a trusted adult. Whoever becomes aware of your child's distress must immediately seek assistance. In seeking assistance, your child's safety is the first consideration. The child should **never** be left alone during this crisis. If your child has a physician or therapist, call to alert them of the situation. Alternatively, the Santa Clara County Suicide and Crisis hotline can be called at 1-855-278-4204 (see Mental Health Resources list provided for additional hotlines and information).

The following two pages are designed to be a tri-fold handout for parents which contains in very brief form information about risk factors and warning signs to help a parent recognize a crisis, what to do in a crisis, what to expect will happen when treatment is sought, and how to care for yourself during the crisis.

### **What to do in a crisis**

- Remain calm
  - Pay attention
  - Listen
  - Acknowledge what they are saying
  - Ask if they are thinking of killing themselves
  - Get your child to help
- Resisting help is common. Assure them there is hope. Support is available. The risk of not seeking help is too great.

### **Seeking assistance**

- Never leave a child in crisis alone.
- In immediate danger of self- harm call **911**  
Ask for a CIT officer
- Call Santa Clara County Suicide and Crisis Hotline  
**1-855-278-4204**

- Call Uplift Family Services:  
1-408-379-9085  
1-877-41-CRISIS (4127474)  
a 24 hour child and adolescent mobile crisis program for assessment and transport

Do not transport your child to the ER.  
Seek professional support.

### **Self Care**

So you can better care for your child

- Reach out to supportive family and friends
- Plan for and allow yourself to rest
- Acknowledge that you will not function as well as you usually do
- Accept help
- Exercise and eat healthy meals
- Participate in stress relievers such as mindfulness meditation, support groups, or NAMI Santa Clara County supports
- Keep a journal  
Write in it when/if you cannot sleep

### **When Your Child Expresses Suicidal Thoughts**

A Parent Guide to Prevention and Intervention

HEARD Alliance  
[www.heardalliance.org](http://www.heardalliance.org)

*Note: Contact agency numbers are for the SF BAY AREA*

### Suicide Risk Factors

Dramatic changes from their usual self such as:

- Feelings
- Sadness
  - Hopelessness
  - Moodiness
  - Angry outbursts (aggressive/violent)
  - Loss of interest in family, friends and activities

#### Thoughts

- Trouble concentrating
- Difficulty making decisions
- Trouble remembering
- Thoughts of harming oneself
- Delusions and/or hallucinations

#### Behaviors

- Withdrawing from people
- Substance abuse
- Risky behaviors
- Missing school, work or other commitments
- Attempts to harm oneself (e.g., cutting)

#### Physical Problems

- Sleeping too much or too little
- Eating too much or too little
- Unexplained aches and pains

### What to Expect

#### Emergency Room

- Possible 72 hour hold initiated
  - No medication given so as not to mask symptoms
  - Guard maybe present for their safety
  - Ask questions
  - Use notebook to record information, instructions and observations
  - Released if in no immediate danger; follow up immediately with child's doctor or therapist
- #### Hospitalization
- Transferred to a psychiatric care facility after medically stable (no adolescent beds in Santa Clara County)
  - Unit locked and possessions restricted for your child's safety
  - Provide items of comfort for your child
  - Various therapies; some include family
  - Work with care team
  - Limited visiting hours with phone and e-mail contact
  - Your child is safe and your non-invasive support helps as they work to get well
- #### Transition Out of Hospital
- Discharge plan created
  - Recommend best setting for recovery
  - Increased risk of suicide; use means restriction
  - Follow up with therapist immediately
  - Fill out Health Plan form before return to school
  - Make a "School Re-Entry Plan" with school counselor
  - Create a "Safety Plan" with school counselor and child

### Suicide Warning Signs

- Threatening to kill self
- Looking for ways to kill self
- Talking or writing about death, dying or suicide
- Expressing no reason for living or no sense of purpose in life
- Rage, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped like there is no way out
- Increased drug or alcohol use
- Withdrawal from friends, family and society
- Anxiety, agitation, inability to sleep or increased sleep
- Dramatic mood changes

## Parent Handouts What to Do and Available Services/Resources

If your child needs to be transported to an emergency room (ER), there are three ways this can occur:

### 1. Calling 911

Call 911 when the child is in immediate danger of self-harm. Request a Crisis Intervention Team (CIT) trained officer to assist and possibly transport your child to the ER. CIT officers are well-versed in dealing with individuals in crisis. If there is a specific cultural or language need, mention this during the 911 call. If your child is transported to an ER, the law enforcement officer will often handcuff them for both your child's and the officer's safety. It is important to remind your child that this is being done for their safety, not because they are a criminal.

### 2. Calling Uplift Family Services (<http://www.upliftfs.org>).

UFS provides Santa Clara County's (SCC) Child and Adolescent Mobile Crisis Program 24-hour crisis line at **408-379-9085** or **1-877-41-CRISIS**. This is a mobile mental health crisis unit in SCC for minors (under 18) only (<http://upliftfs.org/services/crisis/>). The crisis unit will do an assessment and call the local ambulance service if they determine that your child needs to be taken to the ER.

### 3. Transporting Your Own Child

Transporting your child to the ER yourself is **not** recommended. Driving while helping a child in crisis is not safe. For the safety of you and your child, have a second adult with you. Do not take your child to an Urgent Care facility. Urgent Care does not have the capacity to deal with an emotional/psychological crisis and will transport your child to an ER via ambulance.

## Getting Help: What to Expect

### When your child's distress is first identified:

If 911 or UFS determines that your child is in immediate danger, they will be transported to Emergency Care. The law enforcement officer may initiate a 72-hour hold for a psychiatric evaluation, called a California Welfare and Institution Code (WIC)5585 for minors or WIC5150 for adults. To place a person on a hold it must be determined that they may harm themselves or others, or that they are gravely disabled (lack the ability to care for themselves).

If an ambulance is called for transport to the ER you may or may not be allowed in the vehicle with your child. If you are not allowed in the ambulance be sure to find out which facility they will be taken to. Youth in crisis are transported to the nearest hospital emergency room. Palo Alto police will send or take your child to the Stanford ER. The ER staff will conduct a full physical and psychological assessment. Be aware that, if your child is agitated, the hospital staff may opt not to calm your child with medication so as not to mask any symptoms. A guard may be placed outside your child's door in the ER; again, this is done for their safety. You may be able to sit with your child while in the ER; however, at times you will be asked to leave in order for the physician to speak in private with your child. Depending on the outcome of this assessment they could either be admitted, released or transported to an in-patient facility.

If it is determined that your child is **not** in immediate danger and is released, the attending physician should review with you discharge plans, including immediate steps to take to ensure continuing care for your child. You should follow up **immediately** with the child's primary care doctor or therapist. It is vital that you seek follow up care for your child (see Mental Health Resources list and the HEARD Alliance's mental health provider/organization search: <http://www.heardalliance.org/business-directory/>)

Other parents who have experienced their child's crisis situation strongly recommend bringing a notebook to record information from healthcare providers, instructions, and observations. This is vital due to the stress you are experiencing and the quantity of new information. Do not hesitate to ask questions.

It is also important that you find support for yourself. (See attached Self Care Advice for Parents with a Child in Crisis.) Expand your compassion circle to include supportive family and friends. Your child will also benefit from knowing there are those who support them just like they would be supported if they had a physical illness.

**When your child is hospitalized:**

Once the attending doctor determines that your child is medically stable they will be transported to a psychiatric care facility. There are no in-patient beds for the psychiatric care of minors in Santa Clara County. Stanford's Emergency Department most commonly hospitalizes youth in need of psychiatric care at St. Mary's Hospital in San Francisco, Mills Peninsula Hospital in Burlingame, or Alta Bates Hospital in Berkeley. Once hospitalized, parents of minors have access to their child's medical records unless it is determined the child's safety will be compromised if this information is released. Parents can always provide information about their child.

Several things are done in a psychiatric unit for your child's safety:

The unit will be locked. There are restrictions on possessions, including clothing (no belts, straps, shoelaces, etc.), sharp objects, cigarette lighters, and other possibly dangerous objects. You may bring your child some of their favorite possessions (quilts, pillows, pictures, food, etc.). Often the hospital staff provides a list of acceptable items you can provide that will give comfort to your child.

Stabilizing your child requires a variety of services:

An assessment is conducted by the professional team, usually consisting of a psychiatrist, psychologist, nurse, and social worker. Treatment may consist of a combination of talk therapy, mindfulness-based meditation, group support, medication, etc. Family may be included in support or therapy sessions. In order to understand the treatments that are recommended and to begin to process your child's care plan, it is important that you work with the care team. You should keep your child's care team informed of any effects of treatments that you notice. Treatments and medications (dose, frequency, type) may be adjusted depending on their effects.

Supporting your child during their hospital stay:

Your visiting hours will be limited. Often you may visit only in the evenings on weekdays and from midday to the evening on weekends. Telephone and email contact is allowed.

Your child has been through an exhausting experience and is working hard to get well. They may feel frightened and excessively tired. At this point your child is safe and your non-invasive support can be most helpful. It is important that your child knows people do care. You and trusted friends and family can bring some lightness into this serious situation by providing supportive comments and conversations that do not focus on the crisis, in spite of how worried you are. Ask the staff how you can best support your child, understanding that the answer may be to just let your child be. Your child may just need to have down time when they are around you. It is also important that you are open-minded and compassionate towards others who are in the hospital. Remember that they are hurting and in crisis as well.

**When your child transitions out of the hospital:**

When your child is ready to leave the hospital environment, you will create a Discharge Plan with a discharge planner and your child's care team. It is important that you understand the goals of this plan. For your child's safety, care should not end with their hospital release. Depending on the setting that will most enhance your child's recovery, it may be recommended that your child transition to a residential home or a day program before returning home.

Often, subsequent suicide attempts occur shortly after leaving a treatment facility or ER. Vital to your child's safety is means reduction, which is "reducing a suicidal person's access to highly lethal means" (Harvard School of Public Health Means Matter, <https://www.hsph.harvard.edu/means-matter/>). Reducing access includes removing firearms and alcohol; monitoring medications; and limiting the quantity of potentially poisonous substances present in the home. See "Recommendations for Families" for more information: <https://www.hsph.harvard.edu/means-matter/recommendations/families/>.

When your child returns home they must have an immediate follow up with their psychiatrist/psychologist. Accompany them to the first appointment for support and to guarantee that they attend. Encouraging ongoing attendance at therapy sessions is a must.

In order for your child to return to school the attached Health Plan form must be filled out by your psychiatrist or psychologist. This form will allow the school psychologist or counselor to communicate with your child's care provider. A meeting will then be arranged so that you and your child can make a School Re-Entry Plan with the school psychologist or counselor. This plan ensures that when your child returns to school, they do so in a manner and at a pace that will potentiate their ongoing success and well-being.

It is also important for you and your child to create a Safety Plan with the school psychologist or counselor. This is a personal plan about how to deal with a subsequent crisis, including a list of individuals and resources your child will contact in a crisis. (See the Personal Safety Plan)

Key to the recovery of your child is vigilance. By listening and providing encouragement and understanding your child can feel hopeful. Your continued support adds value to medical services and helps your child continue on the path of recovery.

**SELF-CARE ADVICE FOR PARENTS WITH A CHILD IN CRISIS****The importance of caring for yourself:**

Caring for a child or teen in crisis is stressful and can be physically and emotionally draining. There can be much uncertainty and fear. You might feel guilty or selfish acknowledging your own fatigue. Taking care of your own health and psyche will allow you to be more fully present for your child and other loved ones. You will also be modeling health-seeking behavior. Remember the lesson from any airplane flight you have taken; put on your oxygen mask first before helping a child put theirs on. Self-care is not optional. Some practical suggestions for self-care include:

- Reach out to supportive family and friends, religious or spiritual sources of support and solace. People care. Talking about your experiences, reactions, and feelings can be very healing.
- Recognize that you may be ‘burning the candle at both ends’. Plan for and allow yourself to “crash” at some point and get rest.
- Be patient with yourself; you may be distracted and not able to function as efficiently as usual.
- Let others do their part - accept help when offered.
- Keep up your own good health with exercise and healthy meals; avoid numbing the pain with excess alcohol, caffeine, or drugs.
- Participate in stress-relieving process, whether individually or in a group; for instance, Mindfulness Meditation, caregiver support groups or supports provided by NAMI Santa Clara County
- Keep a journal. Write in it if you can’t sleep.
- Go for walks (exercise) - but don’t overdo it.

## **Risk Factors for Youth Suicide**

**Risk factors** for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed---such as a previous suicide attempt---but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

### **Behavioral Health Issues/Disorders:**

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

### **Personal Characteristics**

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

### **Adverse/Stressful Life Circumstances**

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer



**Risky Behaviors**

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

**Family Characteristics**

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent--child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective and highly critical)

**Environmental Factors**

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as being overweight.

**Stigma and discrimination lead to:**

- Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
- Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-- seeking
- Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

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