



PARENT GUIDE

Suicide & Self-harm

You are the God who sees me! I have now seen the God who sees me!”

GENESIS 16:13

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You're Not Alone

For many of us, having a child who is impacted by suicide, self-harm, or is witnessing these behaviors in a close friend is heartbreaking and debilitating. We don't even want to think about the possibility. After all, God created us for a flourishing, abundant life, and relationship with Him, not pain, sadness, or the desire to no longer live.

We live in a broken world that is still marred by the effects of the Fall: dysfunction, disorder, and sin, all of which disrupt and decay the beautiful world God lovingly created for us. So what do we do when that reality hits home, when our children struggle with very real issues? How do we **help our kids** find physical, mental, emotional, and spiritual healing?

First, let us assure you that if you or a loved one is struggling, you're not alone. In **2021**, 1,952 youths completed suicide and approximately 105,000 youths went to an ER for injuries due to self-harm and suicide attempts. Suicide is the third leading cause of death in youths, not reflecting an even larger group of **children who struggle with self-harm and suicidal ideation** that does not lead to an attempted or completed suicide.

But there is hope. Now more than ever, behavioral health providers are studying and learning about **teen mental health issues**, and new resources are created every year. God talks about and deals with these issues directly in His Word. So, with the deepest concern for your fears and sorrow for your struggles and losses, let's talk about it too.



An Important Note

This guide helps parents learn more about the troubling prevalence of **suicide and self-harm among young people**. Like other parent guides, it's a tool that provides knowledge, references, and faith-based encouragement on the subject to help parents connect with their kids. However, we do not pretend to be physicians, health-care providers, or even experts on these difficult matters. As such, this resource is not a substitute for medical advice or treatment. Axis cannot be responsible for actions taken without professional medical guidance.

We cannot say it loud enough or often enough: If you suspect your child has suicidal thoughts or plans, **STOP READING THIS AND TAKE ACTION NOW**.

- Contact your family physician and tell them your teen is at risk of suicide and must be seen immediately.
- If a doctor cannot see them right away for whatever reason, do not leave your child alone until they can be seen and evaluated by a healthcare professional qualified to assess adolescent behavioral health.
- If necessary, take your child to the nearest emergency room or urgent care center, demand priority, and do not leave the physician's office until next steps are in place (such as referral to a specialist, assessments, evaluations, treatment plans, outpatient/inpatient programs, etc.).



What Exactly Is Suicide and Self-Harm?

The Centers for Disease Control **defines suicide** as “death caused by injuring oneself with the intent to die.” In the very young, suicide attempts are often impulsive and can be triggered by feelings of sadness, confusion, anger, or problems with attention and hyperactivity. Among **teens**, suicide attempts may be associated with feelings of rejection, stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. However, the causes of suicidal ideation often go much deeper than temporary emotions—which we will discuss, indepth, throughout this guide.

Self-harm, clinically referred to as “non-suicidal self-injury” or NSSI, is defined as self-inflicted injury without the intent to die. Teens today often refer to self-harm as “cutting” since the most common form of self-harm involves cutting the skin with a sharp object, such as a razor or knife. However, there are many forms of self-harm, including burning the skin with cigarettes or other hot objects, pulling hair, hitting oneself or banging one’s body against walls, deep fingernail scratching, ingesting low levels of toxins, pinching the skin, or picking at wounds to prevent them from healing.



The History and Cultural Context of Suicide

The idea of ending one’s own life is certainly nothing new. For much of the Western world’s history, suicide was an illegal action that was punishable by extensive prison time and questionable medical intervention strategies. Many Christian churches refused Christian burial to those who died by suicide and inflicted severe social and economic punishments on the family of the deceased. This historical stigma against suicide still impacts society today and oftentimes negatively impacts how those who struggle with suicidal ideation are treated within families, communities, and religious institutions.

However, this generation has an unprecedented level of access to help from educators, pastors, therapists and counselors, medical professionals, and family members who recognize that suicidal ideation is a serious condition that must be treated with compassion and a high level of care.



What Does The Bible Say About Suicide?

Is Suicide an Unpardonable Sin?

The Bible emphasizes the sanctity of life and constantly reminds God's people that we are made in God's image (Gen. 1:27), we are fearfully and wonderfully made (Ps. 139:14), and we have immeasurable value to our God (Mt. 6:26). Loss of life is reason to grieve and human suffering breaks God's heart (Jn. 11:5). Many believe that suicide is an unpardonable sin because of this high view of life. Yet, stories of suicide in the Bible do not accord with this view.

The most well-known examples of suicide in Scripture are Saul, Samson, and Judas. All are overwhelmed by the weight of their choices, their circumstances, or their shame. Significantly, none of these figures are condemned for the *method* of their death—even Judas, who is only condemned for his betrayal of Jesus. There is no biblical precedent for regarding suicide as an unforgivable sin. The only unpardonable sin recorded in Scripture is blasphemy against the Spirit (Mt. 12:32). Based on this evidence, it is reasonable to conclude that the historical stigma surrounding suicide within the church is due to cultural influences rather than Biblical teachings.

God is a God of grace and forgiveness. Because of this, we have reason to expect that suicide, as a form of self-murder, would be included in His long list of mercifully forgiven acts. Christian theologian Karl Barth declared in *Church Dogmatics*, "If there is forgiveness of sin at all... there is surely forgiveness of suicide."

Hagar: A Story of Redemption

Hagar was Sarah's Egyptian maidservant. When Abraham and Sarah doubted God's promise to give them a child, Sarah forced Hagar to conceive a child with Abraham. After this abuse, Sarah further abused Hagar out of anger that Hagar could conceive a child and Sarah could not. Out of fear and desperation, Hagar fled into the desert.

Upon first glance, this is not a story about suicide. But notice where Hagar fled—the desert. This is not a place you flee to for a better life; this is a place of death. Death was preferable to life with Abraham and Sarah.

But God does not abandon Hagar to death. He meets her and calls her by name—the first time she is called by her name in the entire story—and asks her where she came from and where she is going. God already knows the answer, but He is drawing her into conversation, displaying His desire to know His child and her struggles.

He continues their conversation, telling her that He has seen her misery and heard her cries. He gifts her a vision of her future and tells her that He will be with her through it all. God has given her hope that this present circumstance is not the end and that He has far better plans for her than the struggle she currently faces.

In response, Hagar cries out, "You are the God who sees me! I have now seen the God who sees me!" (Gen 16:13). Because of this encounter with the Lord, where she is intimately known by God and given hope for the future, Hagar's life is forever changed. Her life has been redeemed by a God who cares for His suffering children.

The Lord draws Hagar into conversation and conveys a curiosity in and concern for her pain. God helps her see that present circumstances are not permanent circumstances and helps make a plan to continue on. His conversation is surprisingly similar to what today's experts suggest as a pattern for conversations on suicide.

This passage vividly illustrates what every struggling teen (and adult, for that matter) needs in times of life-threatening emotional crisis: personalized care, a listening ear, mercy, guidance, a glimpse of the big picture, and deep personal healing from God the Father.



How Does Culture's Treatment of Suicide and Self-Harm Influence Teens?

Suicide and Celebrities

Suicide and self-harm are portrayed in the media and talked about more openly than ever before. In some cases, as with National Suicide Prevention Week, this is a good thing. In others, it's a mixed bag (see discussion below about *13 Reasons Why* and its impact).

One example of our culture's portrayal of suicide is Billie Eilish's music video "everything I wanted." The Eilish-directed video is a chilling portrayal of a dream she had in which she committed suicide, and all her fans and friends turned their backs on her. Eilish's brother, Finneas, is the only one who stays at her side, highlighting their close relationship. She sings, "Nobody cried. Kinda thought they might care."

Many teenagers can relate to the feeling that their friends aren't really their friends. Sometimes it can be hard to tell who's on your side. That's why our kids need to be reassured daily of how they are loved and cared for no matter what, and that they've always got a listening ear. For instance, when interviewed by Gayle King in **2018**, Eilish opened up about her struggles with suicide and credits her mom for saving her life.

"We checked in with her all the time," asking if she was still struggling with suicidal thoughts, her mom shared with King. Eilish's experience underscores an important point: we all need the love and support of others to remind us of our worth. More importantly, we need the reminder that our value and worth do not come from accomplishments but from our identity as children of God.

Suicide in Social Media

It is important to recognize that your child or children may be exposed to suicide-related rhetoric in many different ways. Many young people casually use phrases like "You should kill yourself," "Unalive yourself," or "Kill yourself" (often shortened as "kys" online). The idea is to use these phrases as a sarcastic response when someone does something inane or pathetic, with many online definitions clarifying that it's only meant sarcastically as a way to point out one's stupidity, not as an actual encouragement to kill oneself. The problems with this phrase are obvious:

1. It makes light of a very serious and heavy situation.
2. The recipient of such comments may not realize the sender is being sarcastic and therefore believe that others actually want them to commit suicide.
3. If the target of this phrase is already struggling with suicidal tendencies, it will only reinforce their desire to commit suicide.

Many pro-suicide communities exist online. Subreddits like */r/kys* and */r/SanctionedSuicide* are places for users to submit questions about if, when, where, and how they should commit suicide, as well as to find "death partners." One **study** found that, between 2007 and 2014, the number of sites providing factual information about suicide methods had tripled.

Risk Factors for Suicide and Self-Harm

There isn't one single risk factor for either behavior, but researchers have found common threads in **teens struggling with suicide and self-harm**. One of the biggest risk factors for **teen suicide** is trauma and experiencing violence, most often in the form of bullying, but substantially in those experiencing physical or sexual abuse.



Another common risk factor is mental health disorders such as bipolar disorder, schizophrenia, or common mood disorders such as depression. While trauma and mental health disorders do not cause suicidal ideation and self-harm, there is a marked correlation between the experiences.

Other risk factors include:

- Access to lethal means such as guns, knives, razors, over-the-counter drugs, and illegal substances
- Recent or serious loss, like the death of a friend or family member, divorce, romantic breakup, loss of a pet, parent's job loss, or long-distance move
- Lack of social support from friends, family or other important community members
- Violent or abusive households, whether or not the child is the victim of the abuse
- Substance abuse
- Prior suicide attempts or self-harm habits
- Family history of suicide or self-harm or close relationship with those who struggle with suicide and self-harm
- Struggling with sexual orientation or gender identity
- Religious or cultural stigmas that make asking for help difficult or punishable



13 Reasons Why: A Case Study

There has also been speculation that exposure to graphic media is to blame. In March 2017, the television series *13 Reasons Why* explored **teen suicide** in a more direct way than a series had ever dared before. The show focuses on a troubled high school student who records audio explanations of what and who influenced her decision to kill herself. Then she labels each tape with the name of a person (a total of thirteen, hence the title) she feels has contributed to the decision. Each episode of the show follows one of these people as they deal with the girl's self-inflicted death and the part they may have played in it. The first season originally ended with a brutal depiction of Hannah's suicide, though the scene was edited out by Netflix in 2019 on the advice of suicide prevention experts.

A 2023 **comprehensive study** on *13 Reasons Why* reported that in the immediate aftermath of the show's release, there was a marked increase both in discussion of suicide and in attempted suicides. Psychologists call this phenomenon "suicide contagion," when a group's exposure to details of a suicide result in increased suicidal behavior in that group. Similar trends occurred after the suicides of Marilyn Monroe and Robin Williams. **Studies** show that if a struggling person is exposed to suicide, whether in the media or interpersonal relationships, thoughts of suicide and suicide attempts can increase.

However, the release of *13 Reasons Why* was not entirely negative. There was also an increase in online searches for **help and preventative measures**, including a broader discussion in the media about caring for those who struggle with suicide. In 2018, Netflix released a companion piece called *13 Reasons Why: Beyond the Reasons* that featured cast members, directors, and mental health professionals discussing the themes of the series and directing viewers to their companion website that provided resources for suicide prevention.

Who is at risk after watching *13 Reasons Why*? **Dr. Victor Schwartz** at the NYU School of Medicine explained that most teens—but not all—can watch shows like *13 Reasons Why* and walk away without suicidal thoughts or behaviors. However, he expressed real concern for young people watching the show who display the risk factors discussed above, especially a predilection for mental health problems or even existing problems that are undiagnosed. Limiting access to explicit material and providing **resources for help** can limit the impact of suicidal exposure in these groups.



Why Would Someone Engage in Self-Harm?

If the idea of self-harm makes you uncomfortable, you're not alone. Many assume self-harm signals the presence of a severe mental illness in a teen; after all, why else would someone intentionally hurt themselves?

While **self-harming** is not an illness in itself, it is often prevalent in adolescents who also struggle with mental illnesses like borderline personality disorder or depression. In all cases, self-harm points to a desperate situation and a severe inability to cope—which can be caused by one or any number of physical, mental, emotional, or spiritual issues. The urge to self-harm, like suicidal ideation, most often begins with overwhelming negative emotions and problems that seem unsolvable.

Sometimes a person who continues to struggle with acute depression, emotional pain, or trauma will eventually “go numb”: the brain can shut down emotions to protect itself from toxic levels of stress. This automatic neurological response can hold a person hostage inside themselves, preventing them from crying, getting angry, solving problems well, focusing, or even fully understanding what they feel and why.

In these frightening moments, self-harm can feel like a “release.” Those who engage in it say they feel “real” and “alive” again because it makes their invisible, unexplainable pain visible. It can distract a person temporarily from the nonstop internal struggle they live with every day. A few even admit they self-harm in order to stop suicidal thoughts because the painful sensation briefly restores a sense of control over their lives.

How Can I Know If My Child Is Suicidal and/or Self-Harming?

Any one of the following behaviors could indicate your child is at risk of suicide and needs intervention:

- Talk or social media interaction about suicide or wanting to die (that, to your parental instincts, sounds like more than normal teenage hyperbole)
- Evidence of a suicide plan (such as an online search history, the obtaining of a weapon, or a stockpile of over-the-counter medications)
- Talk of feeling hopeless, feeling like they have no reason to live, feeling trapped, feeling they are a burden to others, or experiencing unbearable pain, fear, or trouble (emotional or physical)
- Statements like “You won’t have to worry about me for much longer” or “Soon all my troubles will be over” (especially if they have begun to give away some of their belongings)
- Increasing use of drugs or alcohol, including over-the-counter medications
- Increasingly risky, reckless behavior
- Easily induced agitation or rage
- Frequent sleep disturbances (too much, too little, nightmares)
- Isolation or withdrawal, especially from people or activities they used to enjoy
- Increasingly rapid and/or extreme mood swings



Remember the notice at the beginning of this guide! If you suspect your child has suicidal thoughts or plans, STOP READING AND TAKE ACTION NOW.

The following symptoms may indicate the presence of self-harming behavior:

- Clusters of scars, cuts, scratches, or burns on the wrists, hands, or forearms (although those who self-harm may choose any place on their body)
- Frequent bruising or use of bandages
- Hair loss or bald patches on the scalp
- Isolation or withdrawal
- Wearing long sleeves, pants, or wristbands in hot weather
- Claiming frequent accidents or mishaps resulting in injury

Do Some Teens Threaten Suicide or Self-Harm to Get Attention or Manipulate Others?

This is a pretty harmful framing of the issue and can do untold damage to the sufferer if they are accused of mere attention-seeking behavior. As previously noted, suicidal ideation and self-harm both point to an inability to express or cope with intense feelings. Most often, a young person threatens or attempts these behaviors to relieve themselves of constant, unmanageable, unbearable emotional turmoil.

Some teens see self-harm or suicide as their only solution, or they do it to beg for help with something they don't fully understand or have no words to describe. Sometimes they truly believe their feelings "don't matter" or they have failed at handling things on their own and feel ashamed (which makes matters worse).

Philosopher and author David Foster Wallace, who struggled with lifelong depression and eventually died by suicide, described the feeling of desperation this way, in his novel *Infinite Jest*:

The... person who tries to kill herself doesn't do so... because death seems suddenly appealing. The person in whom [an] invisible agony reaches a certain unendurable level will kill herself the same way a trapped person will eventually jump from the window of a burning high-rise. Make no mistake about people who leap from burning windows. Their terror of falling from a great height is still just as great as it would be for you or me standing speculatively at the same window just checking out the view; i.e., the fear of falling remains a constant. The variable here is the other terror: the fire's flames. When the flames get close enough, falling to death becomes the slightly less terrible of two terrors... And yet nobody down on the sidewalk, looking up and yelling "Don't!" and "Hang on!" can understand the jump. Not really. You'd have to have personally been trapped and felt flames to really understand a terror way beyond falling.

In situations of suicide or self-harm, attention is exactly what's needed to get help. Attention seeking is deep down a cry for help and we have a duty to take those cries seriously. Threats, posturing, uncontrolled anger, isolation, misbehavior, disobedience... these are all symptoms in kids that should make us ask, "Why?"

With the rate of **teen suicide and self-harm** on the rise, we can't afford to blow off our kids' efforts to be seen and heard, no matter how unbalanced they may seem or how much we might fear we're to blame for it. Something serious is always behind this kind of behavior, and the real problem occurs when we ignore or belittle our children's struggles.



Is it My Fault as a Parent?

Unless you are actively abusing your child physically, emotionally, or verbally, there is no direct link between your child's struggle with suicide or self-harm and your parenting. It is not your fault. The weight of guilt and shame we can feel as parents when our children struggle with issues that seem taboo is heavy and oftentimes debilitating. We have a Father in Heaven who knows the pain of watching a suffering child and walks with you in the experience of grief.

Your child is always held within the love and care of the Lord. As parents, we have a duty to extend this love and care to our suffering children in tangible, transformative ways.

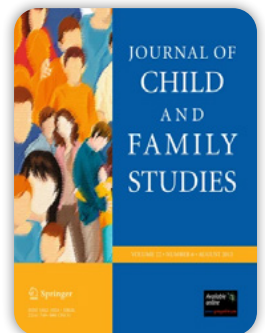
Parenting Styles as a Protective Factor

Research has shown that parenting styles can significantly decrease a child's risk of suicide and self-harm. When University of Cincinnati professors Dr. Keith King and Dr. Rebecca Vidourek were asked what parents can do, they argued **that**, "You can tell them you're proud of them, that they did a good job, get involved with them, and help them with their homework." Their **study** confirmed that when parents engage in this way, children (especially children in the 11-13 age range) are 5 times less likely to have suicidal thoughts, and seven times less likely to develop a suicide plan.

Set aside time daily to spend face-to-face with your child. This can be as small as having a meal together or going into their room nightly to say goodnight. If regular family time is not something your family has built into its routine, consider having a conversation with your teen about changing that, and letting them know that you want to spend time with them.

If initiating this kind of conversation feels awkward, chances are that it's the same kind of awkwardness your teen feels. You both want to be liked by the other and you both want the other to *want* to hang out with you.

As parents, our words and actions matter. Our kids need to hear they are loved, that they are significant, that we see their gifts and skills, and that we like being around them!



What Steps Can I Take to Help Prevent Suicide or Self-Harm?

Preventative Factors

Even with a wide variety of risk factors, powerful defensive measures exist. **Studies on teen incidence of suicide and self-harm** suggest ways to prevent and even heal the issues leading to these tragic outcomes. If your teen is struggling with mental health issues, including suicide or self-harm, building more of these protective factors into their routine can drastically improve their outlook on life.

- Having a strong set of core values based in a growing faith in Christ
- Lacking access to weapons, alcohol, and drugs (over-the-counter and prescribed)
- Getting regular exercise
- Participating in school groups like sports and music
- Receiving familial and social support, including:
 - parental involvement
 - demonstrated active listening skills
 - family closeness
 - availability of friends and other caring adults
 - emphasis on school success
 - the modeling and approval of socially healthy behavior
- Having access to effective healthcare
- Being in a safe school community where young people feel valued, heard, and successful
- Building emotional intelligence, adaptability, resilience, self-discipline, and good coping and problem-solving skills
- Developing a sense of agency, self-esteem, frustration tolerance, and healthy body image

Access to Lethal Means

One of the strongest protective factors for teens struggling with self-harm and suicidal ideation is lack of access to lethal means. There are a variety of ways to ensure your child's safety, including:

- Locking firearms in a gun safe separate from ammunition. Ensure your child does not know how to open the gun safe.
- Securing common prescription drugs or painkillers in a locked cabinet. Costco-sized bottles of safe drugs like Advil and sleeping pills can pose a risk if too many are taken.

If your child has ever cut themselves intentionally, remove razor blades, box cutters, and other tools that could put them at risk from their environment.

What About Therapy?

Cassandra Walton, a **Pike's Peak Suicide Prevention** representative, suggests that in most cases, building in protective factors such as participating in team sports or school activities, regular exercise, and having parents who are involved in their lives can **help minimize a teens' risk of suicide**. As a preventative measure, these things can be more effective than therapy.

However, therapy can also help teens wrestle through their emotions, make effective safety plans (coping strategies and steps to take to navigate future suicidal ideation and self-harm urges), practice emotional regulation techniques, and provide a safe, objective space for teens to discuss their struggles in nonjudgmental environments. If you and your teen decide that therapy would be helpful, visit our resources page below for help on how to find an effective option.

Remember, therapy involves a *relationship* with the therapist—and like all relationships, it might take a few tries to find a therapist that your teen connects with and trusts.



I Feel Uncomfortable Talking About Suicide and Self-Harm. What Should I Do?

This is a completely normal feeling. These are not comfortable conversations. Just as we might seek out professional training to improve at an aspect of our jobs, there are also free, online trainings available specifically for having conversations about suicide and recognizing signs of risk.

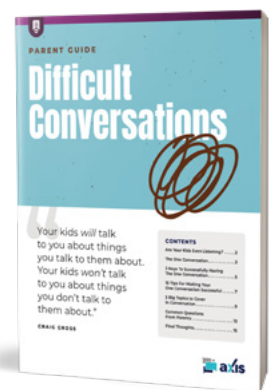
We have developed a resource guide at the end of this article and encourage all parents to take one of the short (usually one hour long) Question, Persuade, Refer (QPR) trainings that are available from certified suicide prevention organizations. Learning the skills and training to recognize risk indicators and having conversations about them is beneficial whether or not your child ever needs **help with suicidal ideation or self-harm**.

How and When Should I Talk with My Teen About These Issues?

Having tough conversations with our kids is inevitable. We here at Axis have developed resources to get these conversations started. If you haven't already, read through our **parent guide** on tough conversations.

Your children will inevitably come into contact with the ideas of suicide and self-harm. Even if your child does not struggle with suicide or self-harm right now, it is better to get ahead with open conversations about these topics. To start a conversation specifically about suicide or self-harm, here are a few tips for body language and managing reactions:

- Practice your “not shocked” face and try to mask extreme reactions over what they might disclose
- Use inviting body language (i.e. don't cross your arms)
- Make sure the environment is private so that siblings or other people cannot overhear
- Think through if your child would prefer not to look directly at you for tough conversations (a car ride, going for a walk, preparing dinner together (etc.) can all be great ways to get your child moving and more open to deeper conversations)
- Frame the discussion as an approachable conversation where you want to know your child better and not as a dramatic sit-down confrontation
- Ask open-ended questions that convey curiosity and not judgment
- Practice reflective listening and emphasize your desire to care for and love your child



We know these conversations are anxiety-inducing and that we can beat around the bush as parents, but directness is key in this situation. Try not to phrase the question as a leading question (Ex.: “You’re not thinking of killing yourself, are you?”). Make an observation and ask a clarifying question. Here are some helpful prompts to get the conversation going:

- I’ve noticed that (Ex.: it’s been hard for you to wake up in the morning). Can you tell me more about that?
- Tell me more about what’s happening to you. I’m here to listen.
- Do you ever have thoughts of harming yourself?
- Do you ever feel like the world would be a better place without you?
- Have you thought about killing yourself?
- Do you have a plan?
- How are you feeling? Have you felt like this before?
- I’m worried about you. It looks like you’re going through a difficult time. (List any concerning behaviors, staying as neutral as you can.)
- I care. I want to listen and understand. What do you want me to know about the way you feel and what’s going on?
- Can you talk to me about what you’re experiencing? Do you want to talk to someone else about this? Who might that be?
- How can I help you feel better?
- How do your friends talk about mental health issues?
- Do you have someone besides me that you can talk to if you’re struggling?
- Who, or what helps you deal with negative emotions?
- Do you know anyone else who has experienced these issues?
- Do you wish I talked about mental health more or differently? If so, how and why?
- How can I help you find the support you need?

Begin the conversation when and where your teen feels safe, comfortable, and calm (not during or right after a conflict). Seek first to listen actively and gain as much insight from them as possible. Be straightforward and honest about what you see, how it makes you feel, and why you are worried. Watch for reactions in your teen. If they start to recoil or appear confused or upset, slow down or back up and try another approach.

What if They Admit to Being Suicidal or Self-Harming?

If your teen admits to self-harming, suicidal ideation, or even planning suicide, take a deep breath and try not to show your panic. Tell them you are there to help them. Continue to have a conversation and collaborate on what to do to find help. Your teen is the expert on themselves, so ask them what they need or what would be helpful for them.

Verbally commit to doing whatever is necessary to get them any help they need, and be prepared to reiterate that commitment whenever your teen has questions. Collaborate on concrete actions you will take to get help, such as:

- We will call your doctor right now and get an appointment to talk about this.
- We will get a referral to a doctor who specializes in helping young people.
- We will get a referral to a doctor who specializes in what you’re experiencing and feeling.





Conclusion

When we discover suicide and/or self-harm has become a part of our children's reality, it sets off an emotional whirlwind: "How did this happen?" "Is it my fault?" "What do I say?" "What if it's too late to help?" "How did I not notice it before?" There's fear, worry, panic, confusion, disgust, embarrassment, anger, frustration... and the list goes on. It's hard to deal with our own feelings, figure out a game plan, and execute that plan when the stakes are so incredibly high.

However, remember that suicide and self-harm are usually preventable, and good treatment can provide incredible peace, improve quality of life exponentially for struggling teens, and bond families together like never before.

The most important thing you can do to **help a suicidal or self-harming teen** is to be present. Have compassion, actively listen, and know where to find help (we have a resource guide at the end of this article!). There might be a long season of hunting down the right healthcare providers, treatment plans, inpatient care, support systems, and coping strategies, but there are solutions and help for you and your family.

Don't forget to get the right support for yourself. As much as your struggling teen needs your intervention and guidance, you need encouragement to keep fighting the good fight alongside them. Consider seeing a therapist yourself and set up a self-care plan so that you are emotionally healthy and can better help your child become emotionally healthy as well.

Suicide and self-harm are signs of the broken world we live in. God deeply cares about His hurting world and is recreating it to be ever more like His healed and whole kingdom where the pain and sorrow of suicide are no longer realities. Pray often and fervently for His provision, offer Him daily control over the situation, and allow Him to work in unexpected ways. As Christ has "overcome the world" (John 16:33), rest assured he can work all things for good (Romans 8:28), even this.

Recap

- If you even suspect your child has suicidal thoughts or plans, stop reading this and take action now. See the "Resource" list at the end of this guide.
- Suicide and self-harm are increasingly real and prevalent issues in youth culture today. Whether or not our children deal with these issues themselves, we should have conversations about mental health, suicide and self-harm.
- There are many forms of self-harm, including cutting, burning the skin with cigarettes or other hot objects, pulling hair, and hitting oneself or banging one's body against walls.
- Risk factors include exposure to violence, mental health disorders, significant life changes and access to lethal means.
- Suicide and self-harm tend to be viewed as means to cope and get release from emotional turmoil in someone's life.
- Even if you would never expect your child to have suicidal or self-harming tendencies, it is important to look for warning signs such as risky behaviors, personality changes, and concerning statements.
- Being intentional with your children relationally, emotionally, and spiritually—as well as setting a positive example and having a strong family support system—can help prevent conditions that lead to these issues.
- Having honest and open conversations with your child about how they are doing can be a successful gateway to talking about suicide and self-harm.
- If your child expresses suicidal thoughts or admits to self-harm, it is important not to react with anger or lash out at them, but rather to make sure they know you are there for them and willing to do whatever it takes to help.



Resources

Questions

Why Would Someone Engage in Self-Harm?

How Can I Know If My Child Is Suicidal and/or Self-Harming?

Do Some Teens Threaten Suicide or Self-Harm to Get Attention or Manipulate Others?

Is it My Fault as a Parent?

Parenting Styles as a Protective Factor

What Steps Can I Take to Help Prevent Suicide or Self-Harm?

I Feel Uncomfortable Talking About Suicide and Self-Harm. What Should I Do?

How and When Should I Talk with My Teen About These Issues?

Get Help

- If your child is in immediate danger, call 911 or take them to the local Emergency Room.
- Dial 988 for immediate 24/7 assistance from licensed counselors who specialize in suicide intervention.
- Most insurance companies have Resource Navigators that are trained in helping families find the right fit for therapists and other medical care. You can request specifics like female counselors, Christian therapists etc. Make sure to request a therapist who specializes in youth counseling!

Join a support group: **The National Alliance on Mental Illness** has in-person and online groups for adult family members/loved ones of those who suffer from mental health disorders.

Grief Resources:

Dougy Center: workbooks for kids that include material for grieving a suicide, helping a friend with thoughts of suicide etc.

Suicide Prevention Resources:

Suicide Prevention Resource Center: QPR training programs and resources for suicide prevention.

The Jason Foundation: educational curriculum on youth suicide prevention.

ASIST: two-day gatekeeper suicide prevention training.

Sites For and About Suicide Survivors:

Heartbeat Grief Support: post-suicide support

- National Hopeline Network: 1-800-SUICIDE
- National Suicide Prevention Lifeline: 1-800-273-TALK
- Specialized hotline for teenagers: 1-800-252-TEEN
- Specialized hotline for LGBTQ+ teens: 1-800-4UTREVOR



Links

Center for Disease Control and Prevention (CDC), Youth Risk behavior Surveillance - United States, 2021, *Morbidity and Mortality Weekly Report*, 2023. <https://www.cdc.gov/mmwr/volumes/72/su/pdfs/su7201-H.pdf>.

Facts About Suicide, CDC, July 23, 2024. <https://www.cdc.gov/suicide/facts/index.html>

Self Injury/Cutting, *Mayo Clinic*, November 21, 2024. <https://www.mayoclinic.org/diseases-conditions/self-injury/symptoms-causes/syc-20350950>

Karl Barth, *Church Dogmatics*, Vol. III/4, tr. by A.T. Mackay et al. (Edinburgh: T & Clark, 1961), 405.

Elizabeth, De, "Billie Eilish Opens Up About Suicidal Ideation and Self Harm," *Teen Vogue*, January 25, 2020. <https://www.teenvogue.com/story/billie-eilish-suicidal-ideation-self-harm>

Biddle, Lucy, Jane Derges, Becky Mars, Jon Heron, Jenny L. Donovan, John Potokar, Martyn Piper, Clare Wyllie, David Gunnell, "Suicide and the Internet: Changes in the accessibility of suicide-related information between 2007 and 2014," *Journal of Affective Disorders*, Volume 190, 2016. <https://www.sciencedirect.com/science/article/pii/S0165032715301890>

Kaslow, Nadine PhD, "Teen Suicide & Risk Factors," *Child Mind Institute*, September 3, 2024. <https://childmind.org/article/teen-suicides-risk-factor>

Pike's Peak Suicide Prevention, Colorado Springs, CO <https://www.pikespeaksuicideprevention.org>

Guinovart M, Cobo J, González-Rodríguez A, Parra-Urbe I, Palao D. "Towards the Influence of Media on Suicidality: A Systematic Review of Netflix's 'Thirteen Reasons Why'". *Int J Environ Res Public Health*. Mar 27, 2023 . <https://pmc.ncbi.nlm.nih.gov/articles/PMC10094075/#sec3-ijerph-20-05270>

Swanson, Colman I. "Association between exposure to suicide and suicidality outcomes in youth." *Canadian Medical Association Journal*. Jul 9, 2013. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3707992/>

Johnson, Joshua; Schwartz, Victor; Hu, Rona; Martinelli, Marissa, "'13 Reasons Why' Raises Questions Over Media & Mental Health," NPR, 1A, May 3, 2017. <https://www.npr.org/2017/05/03/526773152/13-reasons-why-raises-questions-over-media-and-mental-health>

Zetterqvist, Maria, "The DSM-5 diagnosis of nonsuicidal self-injury disorder: a review of the empirical literature," *Child Adolescent Psychiatry & Mental Health*, September 28, 2015. <https://pubmed.ncbi.nlm.nih.gov/26417387/>

Koesters, Matt, "Parenting behaviors linked to suicide among adolescents," *University of Cincinnati News*, December 4, 2017. <https://www.uc.edu/news/articles/legacy/enews/2017/12/parenting-behaviors-linked-to-suicide-among-adolescents.html>

King, Keith, Vidourek, Rebecca, Yockey, Robert, et al. "Impact of Parenting Behaviors on Adolescent Suicide Based on Age of Adolescent." *Journal of Child & Family Studies*, 27, 4083–4090 (2018). <https://doi.org/10.1007/s10826-018-1220-3>

