

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

- If in immediate danger of self-harm
Call 911
- Call Butte County Behavioral Health Crisis Hotline
1-855-278-4204
- Call the National Suicide Prevention Lifeline at
1-800-273-8255
- Text HOME to 74174

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

Self Care

Take good care of yourself 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 or support groups
- Keep a journal. Write in it when/if you cannot sleep

When Your Child Expresses Suicidal Thoughts and Behaviors

A Parent Guide to Prevention and Intervention



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
- 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
- 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