Take care

Parent’s guide for supporting your teen’s mental health

Resources for Living
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.
Contents

Teen depression ......................................................................................................................... 4-5
Self-harm ................................................................................................................................. 6
Understanding and helping ..................................................................................................... 7
LGBTQ+ youth and mental health .......................................................................................... 8
Mental health for Black, indigenous and youth of color ........................................................ 9
National resources ................................................................................................................ 10-11
Teen depression

Is this adolescence or something else?
Teenagers are tough. They 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
• “I don’t want anything to happen to 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 mental health professional. They’ll 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 group self-harm and suicide together. 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.²
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 both cases of 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. Here are some common signals that someone is thinking about suicide:
• 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 he or she 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

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 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 loved one if they are suicidal — it won’t plant the idea and it opens up the conversation
• Take all comments about suicide seriously
• Call a suicide hotline to get advice
• Call us to get support
• Don’t leave a suicidal person alone
• Call 911

How to help
• Ask questions. Ask the person if he or she is thinking about death or hurting themselves.
• Encourage the person to get treatment. Know it’s not your job to take the place of a therapist.
• Offer to help the person 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 the person’s home.
• Do not make light of suicidal comments or thoughts or, use guilt trips or dare the person to commit suicide.
Many teens worry about fitting in. And for teens who are lesbian, gay, bisexual, transgender, questioning or queer (LGBTQ+), they also face possible stigma and discrimination. This discrimination and stigma 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 (their physical sex and gender identity match) 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:

- 60 percent of LGBQ youth report being so sad or hopeless they stopped doing some of their usual activities.
- LGBTQ 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**

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 well-being. 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.

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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

• Suicide death rates among Black youth are increasing faster than any other racial or ethnic group

• Suicide rates for Black children under the age of 13 is double that of their white peers

• 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.

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.

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.


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 for links to suicide statistics, the SafeUSA website, prevention and safety information. Or call 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.

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, includes general suicide information links.

The Jason Foundation
Go to jasonfoundation.com to find suicide prevention resources for teachers, parents and students.

Suicide Awareness-Voices of Education (SAVE)
SAVE’s website, 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 a suicidal person.

The Trevor Project
The Trevor Project is the leading organization providing 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 and help is available at 866-488-7386 all day every day. You can also text START to 678-678 to text with a Trevor counselor 24/7/365.

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

My3
This free app helps people choose a network of support people and make plans to stay safe. The app helps you safety plan around suicidal thoughts and connect to others when you’re thinking about suicide. Find the app at wy3app.org.

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.

American Foundation for Suicide Prevention
Visit 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 and mental health sites.
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 deal with suicidal issues.

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 that 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
• 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 to. 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. Contact a professional with any questions about specific needs. There may be other explanations for any or all of the above [behaviors/ characteristics/ symptoms]. This information is not a complete list of all signs concerning such [behaviors/ characteristics/ symptoms] and should not be used as a stand-alone instrument. EAP instructors, educators and participating providers are independent contractors and are not agents of Resources For Living.