



Practicing Cultural Responsivity: Tools to Support Youth in Crisis

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2:30-3:30pm EST

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Breakout Session Goals

- Review and apply core principles and strategies from main session
- Explore how culture, identity, and lived experience shape suicide risk assessment
- Engage with real cases from TRAILS' Student Suicide Risk Management Protocol, Safety Plans, and other Resources

This is an interactive session. Be ready to engage, reflect, and practice!

Core Principles of Culturally Responsive Suicide Prevention

Culturally responsive suicide prevention means:

- Affirming culture, identity, and lived experience as sources of strength.
- Understanding that distress is expressed differently across communities
- Recognizing how bias and assumptions shape interpretation and response.
- Using strengths-based, trauma-informed, and relational approaches.
- Prioritizing belonging, safety, and connection in every interaction.
- Asking directly about suicide with compassion and cultural humility.
- Partnering with families, communities, and trusted adults in the process.
- Centering autonomy, collaboration, consent, and community wherever possible.

Background: TRAILS Student Suicide Risk Management Protocol

- Designed to support **consistent, culturally informed safety practices** across the school setting.
- Helps schools respond to suicide risk with **clarity, compassion, and equity**.
- The TRAILS model includes: asking directly about suicide, identifying warning signs, creating safety plans, and connecting youth to support.
- Supports **ALL staff roles**—anyone in the building can be a vital connector.
- **Three Rivers Community Schools** is our pilot partner implementing this framework to support evidence-based continuous improvement.



Pilot Overview: Three Rivers Community Schools

The Context

Three Rivers Community Schools supports approximately 2,340 students and is home to four ④ elementary schools, one ① middle school, one ① high school and one ① adult education center.

About 50% Free or Reduced Lunch

74% white

15% black

7% hispanic

2024-25 School Year

26 instances of referral to ED

Three recent or current students died by suicide.

Pilot Overview: Three Rivers Community Schools

The Impact

The TRAILS Tier 3 Suicide Prevention Risk Management Protocol has been extremely helpful for our staff, students, and parents

– District Administrator

It brought awareness to the impact of student mental health and emphasized the powerful role school staff can play in changing the trajectory of a student's situation by responding with knowledge, coordination, and care

– Therapist

It allows even the most experienced counselor to feel confident in the decisions that are being made to provide the next level of support for the student in crisis – Middle School Counselor

Case Study: Jai

9th grade female. Bi-racial: black and hispanic. Parents incarcerated, lives with maternal uncle and his wife. Prior school placement at an alternative school in late elementary school.

Average academic performance. No extracurricular activities.

Wrote a letter to best friend mentioning suicide, which the friend reported. Friend is concerned about Jai being over zealous regarding their relationship, and wonders if Jai has a crush on her. Jai stated that her aunt and uncle won't let her "doing things she wants, don't believe in it."

Counselor talked to student. Scored in the moderately severe range on the Columbia. Had difficulty explaining why she feels this way, sources of stress, essentially shut down. Feels she doesn't fit in with uncle's family (Hispanic), but didn't explain why.

No specific plan, but said she's making plans to end her life. List of belongings and which friends will receive them. Meets with a therapist twice a month.

Team completed a safety plan, with an awareness of cultural considerations, recognition of incarcerated parents, and consistent therapy. Team reviewed Collaborative Safety Plan and resources with uncle.

Recent update: No additional support requested. Grades and social relationships are stable. Continues to meet with therapist.

Let's Practice!

Case Vignette

Background

- Jordan (they/them) is a 14-year-old Black nonbinary student raised by their grandmother. Recently withdrawn, declining grades, frequent stomach aches, poem suggesting hopelessness.

Cultural & Contextual Factors

- Gender teasing, pronoun challenges at home, pressure to be 'strong,' lack of community/belonging among peers.

Strengths

- Artistic, humorous, trusted teacher, resilience in past transitions.

Small-Group Case Vignette Practice

In your groups, apply the principles to the case vignette:

- Identify the cultural, social, and contextual factors impacting distress and risk.
- Identify warning signs and protective factors (strengths).
- Discuss how you would ask directly about suicide.
- Practice creating a culturally grounded safety response:
 - What questions would you ask to show cultural humility?
 - How would you support them in the immediate moment?
 - What strengths can you center (e.g., family, community)?

Large Group Discussion

Questions?

Please reach out to us at:

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Suicide Prevention Guide for Caregivers and Communities



Suicide Prevention Guide for Caregivers and Communities

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat 988lifeline.org

Table of Contents

This guide offers information and resources to help caregivers and community members be better prepared to prevent youth suicide. We will cover the warning signs, risk factors, and methods to best support youth struggling with suicidality. Often adults are desperate to help a child at-risk but don't know where to start. Unfortunately, in responding to their own feelings of fear and panic, adults can sometimes act in ways that are not beneficial to the child.

This guide addresses that problem by offering information about what to do and where to turn. **It's imperative to understand that we each play a vital role in suicide prevention:**

- Key Terms
- 5 Myths About Youth Suicide
- Risk Factors and Warning Signs
- Let's start the conversation
- Safety in our homes
- Where do I turn for help?

Key Terms

Use of Language

This guide uses terminology that reflects the current state of suicide research. Language is powerful and words can construct a reality of hope and acceptance, or despair and disconnection. When discussing suicide, words can be a matter of life or death, so it is essential to be aware of what suicide-related words are preferred and/or problematic¹. The resource [How to Talk About Suicide](#) for more on effective suicide language, and to keep as an easy-access resource.

Below is a summary of recommended language to use when communicating about suicide.

How to Talk About Suicide

Say This	Instead of This
Died by suicide	Committed suicide
Died by suicide/"took their own life"	Successful attempt/suicide
Suicide attempt/made attempt on their own life	Unsuccessful attempt
Person living with suicidal thoughts or behavior	Suicide ideator or attempter
Suicide	Completed suicide

Definition of Key Terms

Comprehensive suicide prevention plans: plans that use a multi-faceted approach to addressing the problem; for example, interventions target biopsychosocial, social, and environmental factors.

Died by suicide: the preferred terminology referring to an act of self-harm that results in the death of the individual (formerly referred to by the more stigmatizing term: "commit suicide" or "kill oneself").

Protective factors: factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Self-harm/self-injury: the various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness.

Suicidal act (also referred to as suicide attempt): a potentially self-injurious behavior for which there is evidence that the person probably intended to kill themselves; a suicidal act may result in death, injuries, or no injuries.

Suicidal behavior: a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and suicide.

Suicidal ideation: self-reported thoughts of engaging in suicide-related behavior.

Suicidality: a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and suicide.

Suicide: death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.

Suicide attempt: a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill themselves; a suicide attempt may or may not result in injuries.

Suicide contagion: the phenomenon by which suicide and suicidal behavior is increased for some who are exposed to the suicide of others.

Suicide cluster: a group of suicides, suicide attempts, or self-harm events that occur closer together in time and space than would normally be expected in a given community.

Facts

Suicide is preventable.

Anyone can learn how to help a student who is at risk for suicide.

Suicide prevention is a shared and important responsibility among families and schools.

Adults must address their own fears related to suicide.

Mental health challenges in children and adolescents are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide.

Suicidal thoughts are common among teens and young adults. In 2020, suicide was the second leading cause of death among children ages 10-16. Youth suicidal ideation, suicide attempts, and death by suicide are all on the rise.

Reducing stigma and dismantling myths about suicide is essential in lowering suicide risk and promoting a culture that encourages mental health help-seeking.

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Honest and caring conversations about suicide can save *lives*

5 Myths About Youth Suicide

Unfortunately, the topic of suicide holds a lot of stigma and is deeply rooted in fear and misconceptions. Below, we look to dispel some of the myths and provide helpful facts and suggestions.

Myth #1: Only youth who are depressed attempt suicide.

FACT: Many people who attempt suicide or who die by suicide do not have a clinical diagnosis for depression or any other mental health disorder. While there is a link that people who are diagnosed with depression may experience suicidal thoughts or attempts as part of their symptoms, not every person diagnosed with depression has suicidal thoughts or attempts suicide.

There is no single cause of suicide. Different **risk factors** may indicate an increased risk of suicide for someone—but someone without those risk factors may think about suicide and there are many reasons why someone might have these thoughts. Youth are in very influential, developmental phases and may be experiencing a range of pressures and stresses that overwhelm them and lead to suicidal thoughts. **Openly discussing feelings and understanding the challenges related to suicide is a vital part of prevention, as is helping in a crisis and creating a safety plan for healing.**

Myth # 2 Talking to youth about suicide will lead to and encourage suicide.

FACT: There is a widespread stigma associated with suicide and as a result, many people are afraid to speak about it. Talking about suicide not only reduces the stigma, but also allows individuals to seek help, rethink their opinions, and share their story with others. We all need to talk more about suicide. Instead of “planting the idea,” asking in a caring way often reduces the student’s anxiety and offers you and others opportunities to deter suicidal behavior.

Myth # 3: Most youth who talk about suicide won’t follow through – it’s merely an attempt to get attention.

FACT: Suicide is the second leading cause of death among youth. Any threat of suicide is to be taken seriously as a communication by the youth for wanting and needing help. Most people who die by suicide have talked about or shown definite warning signs of their suicidal intentions.

Myth # 4: Suicide only occurs in one small segment of the student population.

FACT: Suicide occurs across social, economic, ethnic, and cultural boundaries.

Myth # 5: Suicides always happen in an impulsive moment

FACT: The idea that they come out of the blue may happen, but it’s quite rare. A small number of people, especially among youth, are not going to communicate their intent. But that’s the exception. They’re going to be mostly letting their friends know, dropping hints, posting about it in subtle ways on social media, telling teachers and coaches.

Risk Factors and Warning Signs

Adolescence is known as a time of uncertainty, rife with instability and struggle. It is common for youth to exhibit difficult behaviors, such as lashing out, isolating, or making risky decisions. But how do we know when difficult behavior indicates a serious mental health issue?

The most important thing you can do to support a loved one struggling is to learn to recognize what suicidal ideation is, what it looks like in youth, and how to intervene.

Knowing risk factors and warning signs can help signal when it's time to look more closely and ask a child about their experiences of the following:



Risk Factors (Factors that raise the statistical rate for someone to experience suicidal thoughts and/or behaviors)

- Loss of a loved one to death, divorce, deployment, deportation, or incarceration
- Discrimination, rejection, or hostility due to gender identity or sexual orientation
- Racism and related inequities and stressors
- Family history of suicide or mental health difficulties
- Stigma
- Unnecessary risk taking
- Alcohol and drug use
- Easy access to firearms or other life-threatening tools and substances
- Witnessing or suffering violence or domestic abuse
- Financial instability that causes worry and insecurity
- Suicide in their school or friend group
- Barriers to receiving medical and/or mental health services and resources
- Cultural beliefs that suicide is a noble way to die
- Lack of social support and security with at least one adult
- Living in a community with high instances of violence
- Bullying (in person or online)

Warning Signs (Observable indicators of someone who may be experiencing suicidal thoughts and/or behaviors)

- Drastic changes in eating and sleeping habits
- Loss of interest in usual activities
- Withdrawal from friends and family members
- Talking about wanting to die or disappear
- Writing or creating art about themes related to suicide
- Drastic changes in hygiene
- Increased interest in discussing death or existential matters
- Changes in academic performance
- Feeling like they are a burden to others and/or making statements like, "Everyone would be better off if I were gone/dead"
- Expressing hopelessness or a feeling of being trapped with no way out and/or making statements like, "It's never going to get better"
- Being bullied

Signs of Imminent Risk (If observing any of these signs, seek help immediately, and don't leave the student alone)

- Making final arrangements including "saying goodbye" to friends and family, planning their funeral, giving away their pets and/or possessions
- Threatening and/or talking about killing self
- Obtaining a firearm
- Researching methods of suicide
- Seeking for means to die/ purchasing items online that could be used for self-harm
- Spending time in chatrooms or social media sites dedicated to self-harm or suicide
- Receiving texts or direct messages from peers about suicide

Conversation

How Do I Start? ---

Starting the conversation is often the hardest part. It can be challenging to know how to approach your child, especially if they are feeling more irritable or disconnected. First and foremost, start the conversation early. We encourage caregivers to begin discussing the topic of suicide in middle school. If your child faces any of the previously listed risk factors, **ask your child directly if they are thinking about killing themselves**. This will not put the idea into their head or make it more likely that they will attempt suicide. It can be hard for a caregiver to understand why their child is considering suicide—even so, parents need to resist reacting with shock, denial, or skepticism.

How Can I Learn More About My Child's Experience?

To start gathering information, ask if they or any of their friends have thoughts about suicide. Gathering information allows caregivers to be on the same page as their children and correct any misinformation they might have heard. Most importantly, it's crucial to be calm and direct.

Look for opportunities to start a dialogue.

- *"I read some information from a newsletter at school about youth suicide."*
- *"I see your school is having a program for teachers/students on bullying and suicide prevention. Did you hear about that?"*

Don't be surprised if your child is quiet or turns away when you first raise the subject of mental health or suicide. Your willingness to talk directly and opening about suicide will allow your child to understand that it's something they can discuss without fear or worry.

What if I'm Concerned About My Child?

When looking for ways to start the conversation, take a direct and compassionate approach.

- *"I wanted to check in with you. Are you having thoughts of suicide?"*
- *"I've been noticing that you are not yourself lately. I'm concerned and hoping we could talk about what's been bothering you. Have you been thinking of killing yourself?"*

What if My Child Says They're Having Suicidal Thoughts?

When talking to your child about their suicidal thoughts, it is important to keep the conversation open.

- Remain non-judgmental

If you feel your child is in imminent danger, don't delay.

- Call Crisis and Suicide Lifeline: 988
- Text START to 741741
- Call 911
- Go to the nearest emergency room immediately

- Do not give advice (unless invited)
- Listen and ask questions
- Be patient and curious
- Do not react with surprise, anger, or disappointment
- Do not try to convince your child to feel something different than what they are feeling

Respond to your child with affirmation, empathy, and curiosity.

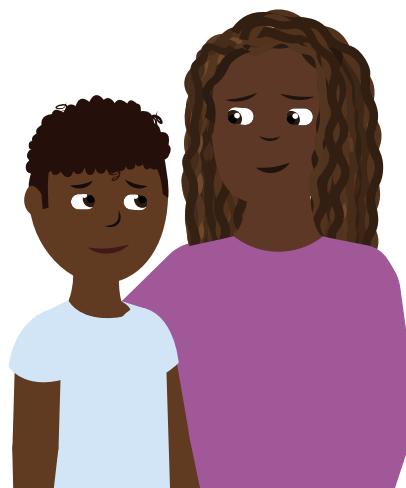
- *"It sounds like you're in tremendous pain and you can't see a way out right now."*
- *"Maybe you're wondering how life got this complicated and difficult."*
- *"I want to hear more about what's contributing to why you want to kill yourself."*

How Do I Talk to My Child After Their Suicide Attempt?

This can be a very confusing and difficult time for everyone, especially if you were unaware that your child was struggling. It's important that your child knows they are not in trouble. Offer messages that communicate love and support such as, *"I'm so glad you are safe. I love you very much and want to get you the support you need."*

Talk with your child's therapist about the best way to check in with your child on a regular basis. It is a difficult time to establish new communication habits, but we do recommend that you plan a regular check-in routine that your child will be comfortable with.

It is possible that your child will feel irritated and annoyed by your increased oversight. Adolescence is a time of testing limits and relishing increased independence. It can be a tricky balance to find as you cultivate safety and stability while allowing them to continue to foster natural desire for independence. Name the dynamic with your child – you want/need to keep them safe AND hope to avoid stepping on their toes. Open communication can help model difficult and honest conversations. Be curious with your child about what feels helpful and what does not, and accommodate their preferences as much as you safely can.



Safety in Our Homes

Suicide crises are often brief, and youth without easy access to lethal means are less likely to die. This is particularly true for children and adolescents, as those with developing brains are more susceptible to impulsive behaviors. A momentary decision to attempt suicide in a state of distress often leaves no chance for rescue. Reducing your child's access to highly lethal means is an important part of a comprehensive approach to suicide prevention. While the process of making changes in your home can seem extreme, sometimes eliciting confusion and fear, keeping your home safe can help save your child's life. You can remind yourself that this is an opportunity to make a powerful and positive impact on your child's safety and security. Please monitor the following items, as recommended by the American Academy of Child and Adolescent Psychiatry.

Weapons

Research shows that having a gun or weapon in the home increases the risk of dying by suicide.

- Guns should be stored unloaded in a locked safe. Bullets should be also locked, but separately.
- Gun safe keys or combination to the lock should be kept only by the adults in the house.
- Consider purchasing trigger locks for guns.

- When children and teens go to friends or relatives' homes, ask about gun ownership and storage.
- Lock away knives, razor blades, and other sharp objects from children and teens.
- Talk to your child frequently about what to do if they encounter a firearm, and how to safely manage a firearm. Let your child know that talking about firearm safety is always welcome.

Medications

- Keep all medications, both prescribed and non-prescribed (over the counter), in a locked box.
- An adult should hand out and control all prescribed and over the counter medications to children and adolescents.
- Ask the parents of your child's friends how their medications are stored in their home.

- Keep track of all bottles of medication as well as the number of pills in each container, including those prescribed as over the counter medications (pain relief, allergy pills, vitamins, and supplements, etc) for every person and any pets in the home.
- Dispose of all expired and no longer prescribed medications by bringing them to your local pharmacy or fire station.

Substances

- Keep track of bottles of alcohol or other substances that can be abused.
- Make sure to lock them away—it is not enough to put these items "out of reach."
- If marijuana is kept in the home, lock all forms in a lock box to which only adults in the house have the combination to.

- Talk with the parents of your child's friends about how they store alcohol or marijuana in the home.
- Allow for open and honest conversations about substance use. Demonstrate care by supporting honesty first and rather than judgment and punishment.

Online Activities

Your child's online behaviors can sometimes be an indicator of risk to suicide. Keep youth safe by:

- Creating a safe and open dialogue around social media use by letting your child know that they can come to you about anything without fear of punishment or judgment.
- Asking about their online activity, and being aware of their social media presence.
- Discussing appropriate ways to behave online, such as avoiding talking to individuals whose identity cannot be confirmed and/or posting overly personal content.
- Limiting phone use during protected times, including the hours meant for sleep.
- Considering parental content barriers and blocks.
- Talking to your child's school about their use of the internet.
- Recognizing signs of imminent risk.

Other Items

- Keep your vehicle keys with you at all times or consider locking them in a lock box when not in use.
- Lock all toxic household cleaners, pesticides, and industrial chemicals away.
- Consider limiting ropes, electrical wire, and long cords within the home or lock them away.
- Secure and lock high level windows and roof access.

For additional resources on lethal means reduction, see our [additional resources](#).

Where Do I Turn For Help?

It can be hard for a parent or caregiver to understand why their child is considering suicide— even so, it is important to resist reacting with shock, denial, or skepticism. Having your child sent to a hospital for psychiatric evaluation can be an overwhelmingly stressful, confusing, and demanding experience. Caregivers may be trying to balance the needs of other children/family members and work commitments while desperately trying to figure out what's happening with their child.

One question that families of hospitalized children struggle with is what to tell the school. Both youth and their families may worry about what other students and teachers will think and say upon their return. It is common to worry about being judged or labeled. TRAILS believes that by involving school personnel (i.e., administrators, school psychologists, school social workers, or school counselors) that parents and caregivers will be better positioned to access resources, collaborate with the school, and ensure that their child's return to school is successful. It is also important to decrease stigma related to suicidality among youth. Discussing a student's suicidal struggle in an open and honest way begins to dismantle misinformation and stigma related to suicide which in turn can help a student feel more at ease to talk.

Pursuing Therapy

To get a referral to a mental health professional, you can consult your child's pediatrician or a school psychologist/social worker. It is important to choose a therapist that your child feels comfortable with.

Evidence-Based Therapies for Treating Suicide:

- [Collaborative Management and Assessment of Suicidality \(CAMS\)](#)
- [Cognitive Behavioral Therapy-Suicide Prevention \(CBT-SP\)](#)
- [Dialectical Behavior Therapy \(DBT\)](#)
- [Attachment Based Family Therapy \(ABFT\)](#)



Hotlines

Let your child know about the helplines, textlines and online chat support services available to them, which you can find at the end of this guide. Ask your child's care team for other resources you should know about.

Crisis & Suicide Lifeline 988

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7. The Lifeline consists of a national network of over 150 local crisis centers, combining custom local care and resources with national standards and best practices.

Crisis Text Line Text "HOME" or "Start" to 741 741

Crisis Text Line is a free, 24/7, confidential text message service for people in crisis.

Your Life Your Voice 1-800-448-3000

Your Life Your Voice is a website provided by the Boys Town National Hotline organization and provides youth and families the opportunity to ask their questions via phone, text, chat or email.

The Steve Fund Text STEVE to 741741

The Steve Fund is the nation's leading organization focused on supporting the mental health and emotional well-being of young people of color through the promotion of programs and strategies that build understanding and assistance for mental and emotional health.

The Trevor Project 1-866-488-7386

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

Trans Lifeline 877-565-8860

Trans Lifeline is a national trans-led organization dedicated to improving the quality of trans lives by responding to the critical needs of our community with direct service, material support, advocacy, and education.

Additional Awareness Prevention Resource

TRAILS Resources

[Suicide Risk in Rural Areas](#) A resource that highlights the increased risk to suicide for individuals living in a rural community, considerations for prevention, and relevant resources.

[Starting the Conversation on Suicide](#) A resource that can support those initiating a conversation about suicide.

[How to Talk About Suicide](#) A resource that provides general guidance on the most supportive language to use when talking about suicide.

Lethal Means Reduction

[CALM: Counseling on Access to Lethal Means](#) A resource that provides trainings to mental health professionals on how to counsel on the reduction of access to lethal means.

[Harvard Means Matter](#) A resource on facts, data and trainings on the reduction of lethal means.

[Project Child Safe](#) A resource that offers information and access to other helpful resources to help families reduce access to lethal means in their home.

[Be Smart for Kids](#) A resource that provides education and support to caregivers and families on reducing access to lethal means in their home.

Social Media

[Keeping Teens Safe on Social Media](#) An article and resource on the multipronged approach to social media management, including time limits, parental monitoring and supervision, and how ongoing discussions about social media can help parents protect teens' brain development.

[Common Sense Media](#) A resource that provides entertainment and technology recommendations for families.

[On Our Sleeves](#) Social Media and Kid's Mental Health A resource and guide for caregivers to learn how to help keep their child safe online.

[ChatSafe](#) The #chatsafe guidelines provide tools and tips for young people to help them communicate safely online about suicide.

Other Resources

[Talking to Children Under 12 About Suicide](#) A video that hosts researcher Dr. John Ackerman in a discussion about how to talk to young children about suicide.

[Loving Someone with Suicide Thoughts](#) A book to support family, friends and partners in having conversations with someone in their life who experiences suicide risk.

[Family Acceptance Program](#) National research, education and training program that helps ethnically, racially, and religiously diverse families learn to support their LGBTQ children. FAP provides training for agencies, families, providers, and religious leaders on increasing family support to reduce risk for suicide, homelessness, and other serious health risks and using FAP's multilingual educational materials and family support framework

[Jason Foundation Parent Resource Program](#) Basic information about suicide and how you as a parent or guardian can help prevent youth suicide. It also has a video of a parent and community seminar that includes basic information on suicide and provides awareness and suicide prevention strategies for parents and other adults.

[Society for the Prevention of Teen Suicide](#) Provides information to help you talk with your teens about suicide or the death of a friend by suicide and the video [Not My Kid: What Every Parent Should Know](#), which features eight parents from culturally diverse backgrounds asking two experts common questions about youth suicide.

[Teen Suicide Prevention](#) The Mayo Clinic offers a brief awareness video for parents.

[Taking a Child to the Emergency Room](#) Child Mind Institute provides a letter to parents and caregivers who've taken their child to the psychiatric emergency room.

[Blueprint for Youth Suicide Prevention](#) American Academy of Pediatrics provides information about ways to prevent suicide in your community or school.

[Virtual Hope Box](#) A smartphone application to help with coping, relaxation, distraction and other coping skills for a time of distress.

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The Importance of Hope and Being Seen

We are so grateful that you have taken the time to learn more about youth suicide. It is our hope that this information is practical and helpful. The information and guidance here is not a substitute for medical intervention and advice. We want you to know that you are not alone in this journey. Remember that strong bonds and a sense of connectedness with you, family, friends, teachers and coaches can help your child feel seen and cared for. A feeling of connectedness and seeing how much they are loved can help give your child the strength to take care of themselves and their mental health.



K-5 Youth Safety Plan

How to Talk to Children About Suicide

Talking to children about their suicidality in a developmentally appropriate way is important to keeping them safe from harm. When exploring a child's risk to suicide, begin by asking straightforward and clear questions such as, "When you feel upset, do you ever imagine hurting yourself?" and "Have you ever done something to your body on purpose that felt unsafe or that hurt?" Have children explore these questions by playing, drawing or acting it out with you. Be mindful to avoid questions that sound leading, urgent, or forceful, or that draw on your own assumptions about the child's behavior or intentions.

Introducing a child to the word suicide must be done intentionally, and may need to be discussed with the child's parents or guardians first. If a child endorses suicidal behavior, it is recommended that they are introduced to the word suicide in an honest and straightforward way, as it provides language to better understand their behavior and build a sense of trust. Building understanding and trust are important to reducing overall risk.

When introducing a child to the word suicide you might say, "When a person hurts their body on purpose in order to not be alive anymore or disappear, it is called suicide," or, "Suicide is when a person decides they want their body to stop working. They might be really sad or mad or confused. They forget they can ask for help and find ways to feel better."

If you decide that it is not necessary or appropriate, or if the parent or guardian does not want you to introduce the child to the word suicide, you can omit it while safety planning and use words such as "unsafe behavior" or "behavior that causes your body harm on purpose."

Introduce the K-5 Youth Safety Plan and emphasize that there are other options to getting help and coping with big, hurt feelings.

Hotline Numbers

Suicide and Crisis Lifeline:
988

Crisis Text Line:
Text HELLO to 741741

Trevor Lifeline:
1-866- 488-7386

TrevorText:
Text START to 678-678

Your Life Your Voice:
1-800-448-3000
or text "VOICE" to 20121

Trans Lifeline:
(877) 565-8860

K-5 Youth Safety Plan

Suicidal Risk

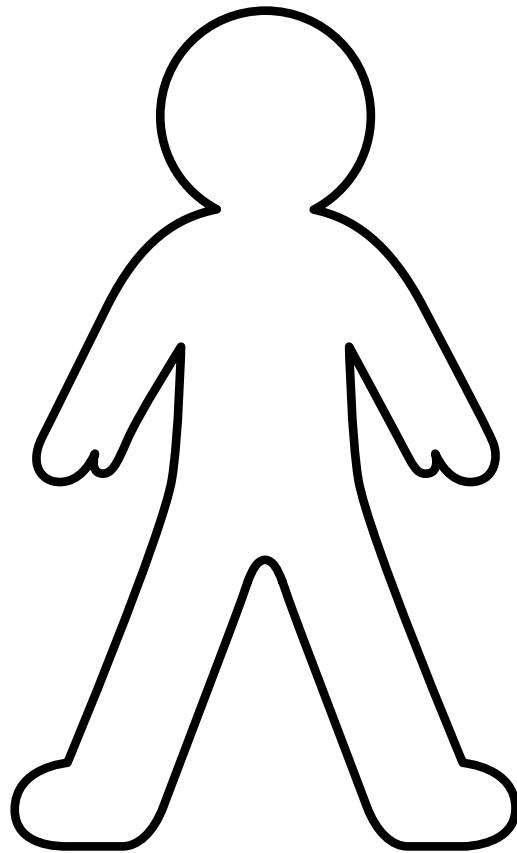
Student's Name: _____

Completed with (staff member): _____

Today's date: _____

Warning Signs

How do I know I'm beginning to feel unsafe or suicidal? What happens in my body, and what feelings do I have?



Safety plan template adapted from Stanley & Brown, 2012

Feeling Faces Chart



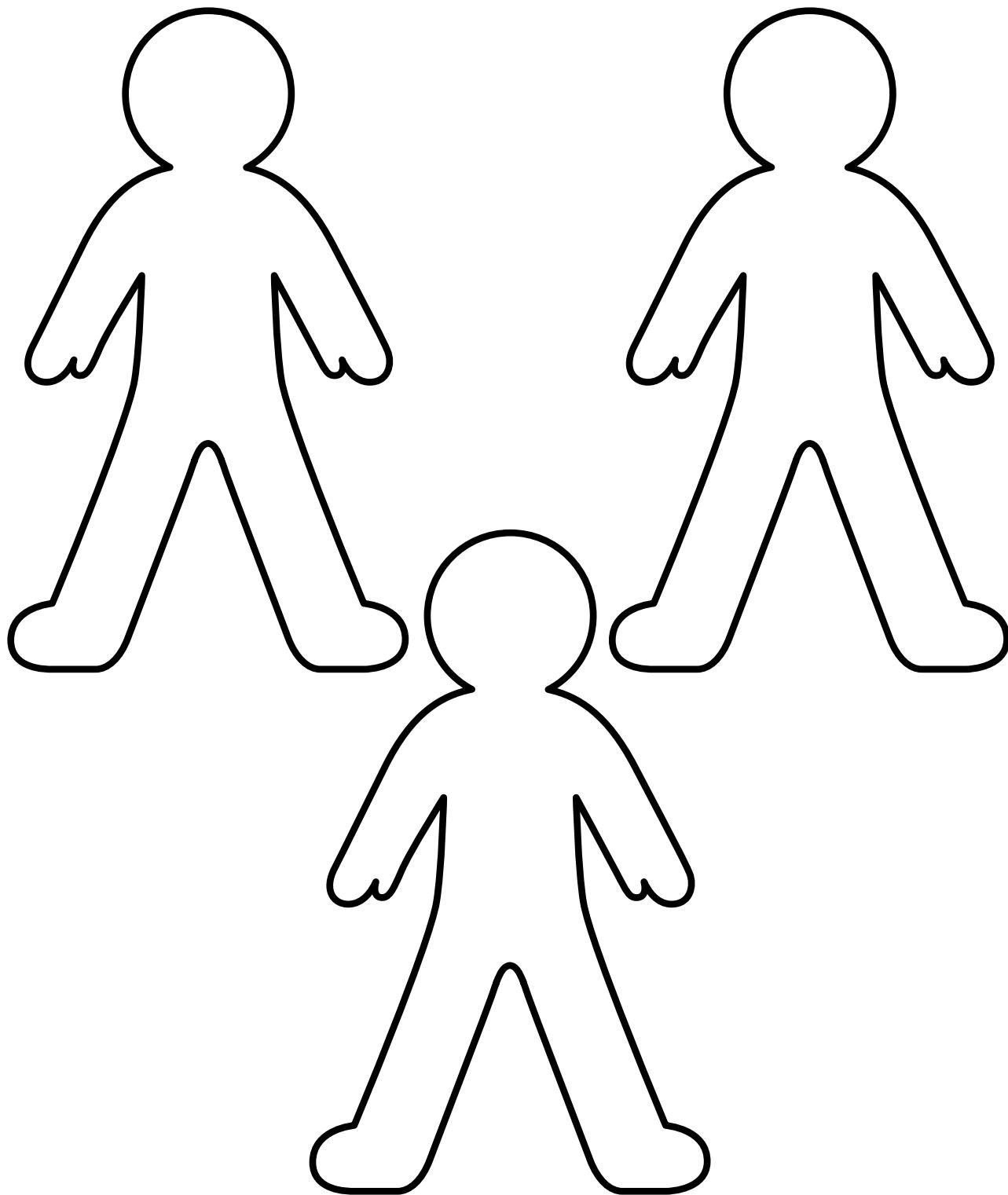
Coping Strategies

Things I can do that make me feel safer. For example, cuddling with a stuffed animal, playing with a friend, or listening to music.

Safety plan template adapted from Stanley & Brown, 2012

People I Can Ask for Help

Write or draw the people you trust and can ask for help.



Safety plan template adapted from Stanley & Brown, 2012

Places I love to go or that make me feel safe when I am there.

--	--

One thing that is important to me and worth living for:

--

One thing that would help me to not feel suicidal:

--

Safety plan template adapted from Stanley & Brown, 2012

For Parents/Guardians

Make things Safer at Home by reducing access to lethal means (e.g., removing or locking up firearms, ropes and cords, medications, and sharp objects). What are some ways you can improve home safety?

Parent/guardian signature: _____

Safety plan template adapted from Stanley & Brown, 2012

Youth Safety Plan

Suicidal Risk

Student's Name: _____

Completed with (staff member): _____

Today's Date: _____

Warning Signs

Signs (situations, thoughts, feelings, body sensations, behaviors) that a suicidal crisis may be starting.

Coping Strategies

Things I can do to cope differently and take mind off my problems (take a shower, go for a run, play a video game).

People I Can Call for help or to decrease my isolation:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Professionals or Hotlines I can contact during a suicidal crisis:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Making Environment Safe

Plan to reduce access of lethal means (removal of gun from home; access to pills/medications).

The one thing that is most important to me and worth living for is: _____

The one thing that would help me no longer feel suicidal: _____

Parent/guardian signature (review with parents/guardians): _____

Hotline Numbers

- Suicide and Crisis Lifeline: 988
- Crisis Text Line: Text HELLO to 741741
- Trevor Lifeline: 1-866- 488-7386
- TrevorText: Text START to 678-678
- Your Life Your Voice: 1-800-448-3000 or text "VOICE" to 20121
- Trans Lifeline: (877) 565-8860

Our Culturally Responsible Approach

Every student deserves to feel safe, seen, and supported. At TRAILS, culturally responsible principles guide all our work—from program development to program delivery—so that *all* students can benefit from our solutions.

What is culturally responsible programming?

Culturally responsible programming is the intentional design and delivery of mental health services that recognize, respect, and respond to the well-being of all students.

At TRAILS, this means that:

- Our materials use kind and inclusive language.
- Our examples and images represent a wide range of student experiences.
- Our resources are available in multiple languages.
- We share key facts and data to help schools better support students from all backgrounds.
- We provide guidance for building strong relationships with students and families.
- We encourage school staff to adapt TRAILS to reflect students' strengths and needs.
- We emphasize that the mental health needs of all students are a shared responsibility.

What does it look like in practice?

- Swapping examples or activities to reflect students' interests or backgrounds.
- Inviting students to share examples from their own lives.
- Normalizing multiple perspectives and ways of expressing feelings.
- Allowing students to opt out or pass during activities.
- Asking yourself: *Will all my students feel included and respected by this activity or example?* If not, that's a great opportunity to adapt a lesson—you know your students best.
- We encourage school staff to adapt TRAILS to reflect students' strengths and needs.
- We emphasize that the mental health needs of all students are a shared responsibility.

Benefits of culturally responsible programming

- ***It reaches all students.*** Many students do not receive the mental health support they need and deserve to help them excel in school and life. Culturally responsible programming helps ensure that every student has meaningful access to the support they need to succeed.
- ***It works better.*** Mental health programming that values and reflects the traditions, norms, and experiences of all students is most effective.
- ***It fosters equality in schools.*** Some students may be more likely to face disciplinary action or not participate in special programs. Culturally responsible programming helps address these patterns by promoting mental health strategies that can be adapted to meet the diverse strengths and needs of all students.
- ***It builds skills that are relevant to everyone.*** Culturally responsible programming focuses on providing relatable and engaging experiences that help students feel more confident, connected, and ready to learn, no matter their background or life experience.

K-5 Youth Safety Plan

How to Talk to Children About Suicide

Talking to children about their suicidality in a developmentally appropriate way is important to keeping them safe from harm. When exploring a child's risk to suicide, begin by asking straightforward and clear questions such as, "When you feel upset, do you ever imagine hurting yourself?" and "Have you ever done something to your body on purpose that felt unsafe or that hurt?" Have children explore these questions by playing, drawing or acting it out with you. Be mindful to avoid questions that sound leading, urgent, or forceful, or that draw on your own assumptions about the child's behavior or intentions.

Introducing a child to the word suicide must be done intentionally, and may need to be discussed with the child's parents or guardians first. If a child endorses suicidal behavior, it is recommended that they are introduced to the word suicide in an honest and straightforward way, as it provides language to better understand their behavior and build a sense of trust. Building understanding and trust are important to reducing overall risk.

When introducing a child to the word suicide you might say, "When a person hurts their body on purpose in order to not be alive anymore or disappear, it is called suicide," or, "Suicide is when a person decides they want their body to stop working. They might be really sad or mad or confused. They forget they can ask for help and find ways to feel better."

If you decide that it is not necessary or appropriate, or if the parent or guardian does not want you to introduce the child to the word suicide, you can omit it while safety planning and use words such as "unsafe behavior" or "behavior that causes your body harm on purpose."

Introduce the K-5 Youth Safety Plan and emphasize that there are other options to getting help and coping with big, hurt feelings.

Hotline Numbers

Suicide and Crisis Lifeline:
988

Crisis Text Line:
Text HELLO to 741741

Trevor Lifeline:
1-866- 488-7386

TrevorText:
Text START to 678-678

Your Life Your Voice:
1-800-448-3000
or text "VOICE" to 20121

Trans Lifeline:
(877) 565-8860

K-5 Youth Safety Plan

Suicidal Risk

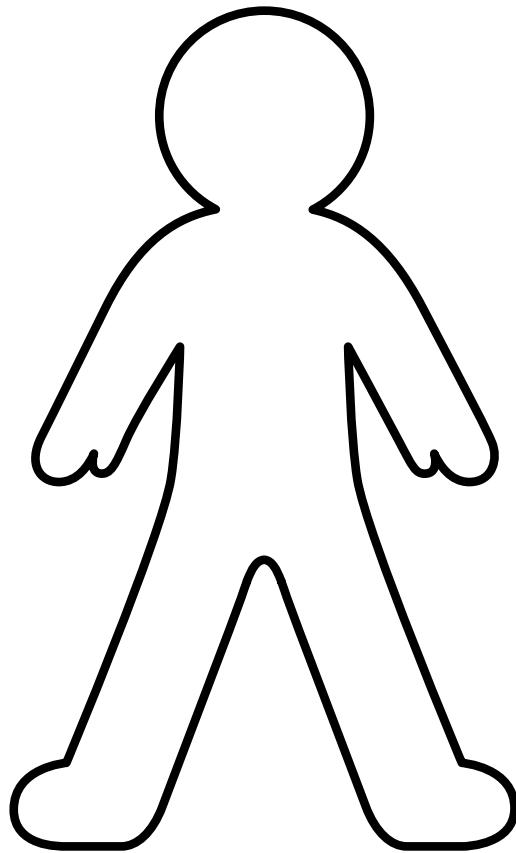
Student's Name: _____

Completed with (staff member): _____

Today's date: _____

Warning Signs

How do I know I'm beginning to feel unsafe or suicidal? What happens in my body, and what feelings do I have?



Safety plan template adapted from Stanley & Brown, 2012

Feeling Faces Chart



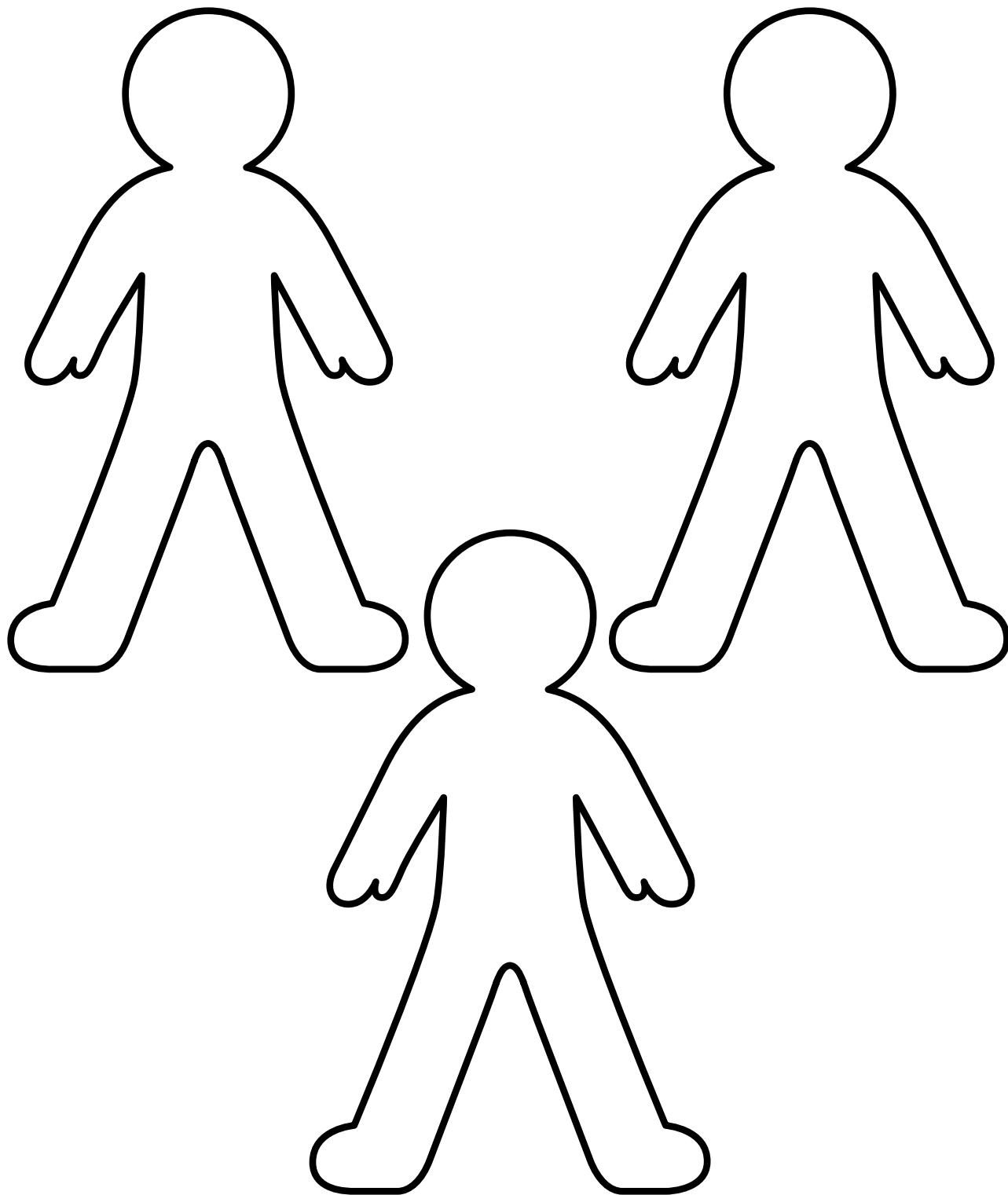
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