

Youth Suicide Intervention & Prevention Services: Parent Resource Guide



Youth Suicide Intervention & Prevention Services

The goal of the Youth Suicide Intervention & Prevention Services at CCYSB is to enhance the partnerships between CCYSB and community agencies to strengthen suicide prevention and intervention efforts by creating a greater sense of connectedness and support for individuals through outreach, advocacy, intervention, prevention, postvention, and peer support.

Identification, Prevention, Intervention: Suicide & Self-Injury

Suicide is death caused by self-directed injurious behavior with intent to die as a result of the behavior. Self-injury, also known as non-suicidal self-injury (NSSI), is the intentional self-harm of one's body without suicidal intent, using methods that are not socially sanctioned.

Suicide behaviors are extraordinarily complex - there is no single determining cause, and the potential for a suicide attempt or death depends on the combination of risk and protective factors present within each person's life.

Childhood and adolescence further complicates things because they are experiencing developmental changes in multiple areas - biological, psychological, and social.

* specific to self-injury or shared characteristics with suicide

Warning Signs: What Children Communicate to Us

- Statements about killing themselves, lack of purpose in life, no reasons for living "I want to die", "The world would be better without me"
- Feelings of hopelessness, being trapped, unbearable pain, being a burden to others, loneliness, low self-esteem*
- Communication can be verbal or written creative writing assignments at school, suicide notes, social media posts
- Saying "goodbye" or ending strong relationships

Warning Signs: Changes to Behaviors

- Significant drop in grades; difficulties with concentration, organization, motivation
- "Masked Depression" is when someone doesn't act depressed but engages in risky or reckless behaviors that may suggest they no longer care about their own safety substance use, speeding, playing with weapons, running into traffic, jumping from heights
- Researching ways to cause death or self-injure*
- Withdrawing from friends & family, avoiding others, becoming less involved in activities that were once important*
- Sleeping too much or too little
- Disinterest in appearance or hygiene
- Giving away possessions, deleting social media profiles, pictures, or posts
- Scars, burns, marks, or cuts on the body that can't be explained or occur more frequently than chance*
- Wearing clothing that is not appropriate for the weather or unwillingness to participate in events/activities which require less body coverings e.g., swimming, gym class*
- Frequent bandages or gauze wrappings*
- Evidence of dried blood when turning clothes inside out, or on bed linens*

Warning Signs: Changes to Mood

- Depressed or sad; expressions of shame, embarassment, pessimism about their future*
- · Agitation, irritability, aggression
- Acute or increased secrecy*
- Feigned or fake happiness
- Sense of relief or sudden improvement in mood, especially with the start of or changes to medication, can result in increased focus and motivation to carry out a plan

<u>Risk Factors</u> are characteristics that increase the likelihood of suicidal behaviors - risk typically increases as factors accumulate. However, risk factors are not necessarily predictors or causes of suicide for any given person but they are associated with increased risk.

<u>Protective Factors</u> can balance, mitigate, or reduce the likelihood of suicidal behaviors in some situations to some degree. It is important, however, not to overestimate the effects of protective factors.

Risk Assessments by a licensed professional looks at both risk and protective factors, as well as other characteristics, to determine overall risk for suicide behaviors.

Risk Factors:

- Mental health or psychiatric diagnoses
- · Medical issues illness or disease
- Alcohol or substance use/intoxication or withdrawal
- Adverse Childhood Events (ACE's)
 - childhood emotional trauma or physical or sexual abuse
- Stressful life events
 - bullying, cyberbullying, loss/grief, poor school performance, family conflict, legal issues
- Previous suicide attempts
- Having a family member or friend who has attempted or completed suicide
- Identifying as LGBTQ+
- · Access to lethal means

Protective Factors:

- Accessing mental health, psychiatric, or substance use treatment
- Coping and problem solving skills, identifying individual strengths
- Strong relationships with family
- Social and community support networks
- Safety regarding lethal means

<u>Caretaker Guide: Talking to Your Child About Suicide & Self-Injury</u> Direct Questions

Ask Direct Questions

- Be clear about what you are asking that will mean using words that typically make us uncomfortable.
 - "Are you thinking about killing yourself?" is different than "Are you thinking about hurting yourself?"
- Self-injury and suicide usually have different intentions or motivating factors. Self-injury can be a risk factor for suicide, so it's helpful to ask both about self-injury and suicidal ideation.
- It can be a difficult question to ask, practicing a few times in the mirror or with a friend can build mastery and comfort.
- Conversation starters can include ...
 - "I want to help you, not judge you. Please tell me what I can do to help".
 - "I care about you and I've noticed you haven't been yourself lately. You seem more down than you've been in awhile, and I'm wondering how you're doing".
 - "Sometimes people self-harm as a way of managing strong and difficult feelings. I'm wondering if that fits your current situation?".
 - "The other day I noticed you seemed upset. I made a note that I wanted to talk with you. I'm really concerned about how you're doing. So let's talk".

Listen to Their Answer

- After you ask the tough questions, do your best to remain calm and actively listen to your child. Put your phone down, make eye contact, nod your head, don't interrupt.
- Thank them for sharing their feelings with you.
- Reflect what you are hearing by repeating back some of what they said. For example, "I hear how upset you are about what happened at school."
- Avoid temptation to try to solve their problem or cheer them up. This can be perceived as invalidating and may decrease the chance your child will talk with you about this in the future. For example, instead of saying "You won't care about this a week from now, why don't you just block that friend and move on?" you could say "I know it feels like this disappointment will last forever, and it must be overwhelming to feel that way. Is there anything I can do to help?".

Keep Them Safe

 Remove any excess medications or take unused medications to local police stations in Carroll County. Make sure needed medications and over-the-counter drugs are stored in a way that your child does not have access to potentially lethal amounts.



For more information about Safe Storage & Disposal, scan the QR code to the right.

Make sure firearms are stored safely. Store them unloaded and locked away separately from ammunition.
 Access to firearms triples the risk for a completed suicide. If you suspect your child knows the code/key for the safe, it may be time to change the combination. If someone in your household is at risk for suicide, the safest option may be to temporarily store the firearms outside of your home.

For more options to store your firearms safely, scan the QR code below:





- Check your child's bedroom, backpack, gym bag for any potentially lethal means (e.g., prescribed medication, over-the-counter medication, rope, firearms) or implements used to self-injure implements are typically everyday items that have been deconstructed (e.g., shaving/grooming razors and pencil sharpeners for blades, pocket and kitchen knives, broken glass, paper clips, box cutters). Rubber bands can be used to increase blood to a certain area or cause numbing.
- Have a conversation with your child about why you are removing those items (to keep them safe!). Your child may get upset about the removal of items, and it's best to validate their feelings, while also emphasizing how much you love them and care about them. Let them know you are wanting to keep them safe while you help them work through this tough time.
- Follow-up with your child after your initial conversation later that day, the next day, a week later, and beyond.

Connect Them to Resources

- Familiarize yourself with local and national resources for therapy, case management, support groups, and crises. Your child's school counselor or a navigator at your local Health Department can help you get started.
- If your child is willing to try therapy, contact local treatment providers to request services. Note which organizations treat youth and which accept your insurance.
- Another option is to call your insurance company or visit their website to search for in-network providers near you. Contact information should be located on the back of your insurance card.
- Additional information about resources is covered in a later section of this booklet.

What to Expect When Seeking Treatment

Finding A Provider

- Call your insurance company or use their online Patient Portal to get a list of providers in your area. They can help filter the search based upon your needs or presenting problem.
- Therapists (Licensed Clinical Professional Counselors/LCPC) and Social Workers (Licensed Clinical Social Workers/LCSW) are the most common professions you will see providing therapy services.
- Peer Support Specialists & Case Managers help coordinate supports and resources for needs such as transportation, food, housing, financial assistance, employment, and scheduling medical appointments.
- Psychiatrists (M.D.) and Psychiatric Nurse Practitioners (CRNP-PMH) specialize in prescribing medication and medication management services. They may also provide some therapeutic services as well.
- Psychologists (Ph.D) typically provide psychological and standardized testing services but may also provide some therapeutic services.

Requesting Treatment

- When you contact an agency for services, be prepared to provide personal/demographic and insurance information.
- Most agencies require an initial intake or clinical assessment to gather necessary background information. This can be
 done virtually, or in-person, depending on agency policies. Have your calendar nearby so you can be mindful of your
 availability.
- Custody paperwork is often required before starting treatment. Parents or guardians who have documentation of their legal rights to custody and/or guardianship must provide a copy of these documents to the therapist or intake coordinator to ensure proper consent is obtained and all appropriate parties are involved in treatment decisions. This step also helps protect personal health information or PHI.
- Family members are often encouraged to participate in treatment in some capacity. Talk with your child and their treatment provider about how often you will be able to join sessions, and what information can be shared when you are not present in sessions.
- It is important to find a provider who is a "good fit" for your child/family. You may want to ask if the therapist has experience working with the symptoms and behaviors your child is experiencing and what their therapeutic style or approach usually consists of.
- Think about goals for treatment from your perspective and engage your child in a conversation of what they might want to get out of the experience.

Confidentiality

- Therapists are required to maintain confidentiality, which means they are ethically and legally bound to keep your, or your child's, personal health information private and cannot disclose any of this information without your written permission.
- Exceptions to confidentiality include: details of suspected (or self-reported) abuse of a child or elderly or vulnerable adult; if you are a danger to yourself (i.e., suicidal) or another specific person (e.g., assault or murder). Limited information may be disclosed to appropriate agencies in these instances to ensure safety of clients and others.
- In order to share information about treatment with other providers or agencies, a Release of Information form will need to be signed indicating which information is permitted to be shared. For example, you have the choice of signing a release form to permit your child's therapist to speak with your child's school counselor to coordinate about recommendations for the school environment, or to gather relevant information needed to make an accurate diagnosis.
- You can revoke release forms when you determine they are no longer necessary or appropriate.

Levels of Treatment that May be Recommended

- Psychoeducation services Usually in the form of a short-term class or workshop to learn about warning signs, symptoms, ways to cope, and skill building.
- Outpatient treatment Typically includes weekly appointments lasting 45-60 minutes. Sessions can be individual, family, or group. Treatment can range in length but you can expect around three months to a year.
- Intensive Outpatient Program (IOP) Typically involves 3-5 sessions per week of more than one type of treatment individual, family, group, medication management, urinalysis, etc.- at an outpatient mental health agency. This model is often associated with, but not exclusive to, substance use disorders.
- Partial Hospitalization Program (PHP) Requires participants to attend part of the day at the hospital for treatment (therapy, group therapy, medication monitoring), then return home in the evenings.
- Inpatient Treatment (often at a hospital) Patient stays overnight in a facility, usually when it is determined the patient cannot remain safe in their home environment, or, requires monitoring for medication purposes. Patient "steps down" to a less restrictive form of treatment upon discharge, and may include any of the aforementioned modalities. Enrollment can last anywhere between 1-14 days.
- Diagnostic Placement Includes the same structure as inpatient treatment but for more severe or complex issues, enrollment can last up to 90 days.

Resources: Quick Guide

Getting connected to resources after a crisis intervention is crucial for continuity of care and is not a one-size-fits-all model. The Partnership for A Healthier Carroll County has published a *Behavioral Health Resources & Services Directory* for Carroll County. The directory includes resources for varying levels of need - from emergency and crisis situations to as-needed support services. Scan the QR code to access the Directory:





Resources: Emergency & Crisis Services

Services are for youth 5 to 17, * indicates services limited to adolescents (13+)

410.871.6971	200 Memorial Avenue Westminster, MD 21157	Private Insurance Medicaid Medicare	Psychiatric/Crisis Evaluation Inpatient Hospitalization* PHP/IOP*
		•	Navigation Services 410.871.7000
240.566.3300 240.566.3900 (PHP/IOP)	400 West 7th Street Frederick, MD 21701	Private Insurance Medicaid Medicare	Psychiatric/Crisis Evaluation
410.938.5302	6501 N. Charles St. Baltimore, MD 21204	Private Insurance Medicaid Medicare	Psychiatric/Crisis Evaluation Inpatient Hospitalization PHP/IOP
Virtual a	and In-Person. Monday - Friday: 10	am - 9 pm; Saturday	: 1 pm - 5 pm. Care Navigation Team available.
410.952.9552	In-Home/Community	No Cost	Crisis Response & Stabilization
301.733.0330 301.733.0331 x1703 (Intake/Admissions)	13121 Brook Lane Hagerstown, MD 21742	Private Insurance Medicaid Medicare	Psychiatric/Crisis Evaluation Inpatient Hospitalization PHP/IOP
301.662.2255	340 Montevue Lane Frederick, MD 21701	Medicaid Medicare Sliding Scale Fee	Psychiatric/Crisis Evaluation
	Frederick Mental Heal	th Association. In-f	Person/Walk-In and Virtual. Available 24/7
410.601.9000	2401 W Belvedere Ave. Baltimore, MD 21215	Private Insurance Medicaid Medicare Private Pay	Psychiatric/Crisis Evaluation Inpatient Hospitalization PHP/IOP
301.251.4500	14901 Broschart Rd. Rockville, MD 20850	Private Insurance Medicaid Medicare	Psychiatric/Crisis Evaluation Inpatient Hospitalization PHP/IOP
			Available 24 Hours a day, 7 Days a Week
301.623.4350	8200 Good Luck Rd. Lanham, MD 20706	Private Insurance Medicaid	PHP
443,259.0400	10005 Old Columbia Rd. Columbia, MD 21046	Private Insurance Medicaid Fee-For-Service	PHP/IOP
	240.566.3300 240.566.3900 (PHP/IOP) 410.938.5302 Virtual a 410.952.9552 301.733.0330 301.733.0331 x1703 (Intake/Admissions) 301.662.2255 410.601.9000 301.251.4500	240.566.3300 240.566.3900 (PHP/IOP) 410.938.5302 400 West 7th Street Frederick, MD 21701 410.938.5302 6501 N. Charles St. Baltimore, MD 21204 Virtual and In-Person. Monday - Friday: 10 410.952.9552 In-Home/Community 301.733.0330 301.733.0331 x1703 (Intake/Admissions) 301.662.2255 340 Montevue Lane Frederick, MD 21701 Frederick Mental Heal 410.601.9000 2401 W Belvedere Ave. Baltimore, MD 21215 301.251.4500 14901 Broschart Rd. Rockville, MD 20850 301.623.4350 8200 Good Luck Rd. Lanham, MD 20706	410.871.6971 200 Memorial Avenue Westminster, MD 21157 Medicaid Medicare 240.566.3300 240.566.3900 (PHP/IOP) 410.938.5302 6501 N. Charles St. Baltimore, MD 21204 Medicaid Medicare Virtual and In-Person. Monday - Friday: 10 am - 9 pm; Saturday 410.952.9552 In-Home/Community No Cost 301.733.0330 301.733.0331 x1703 (Intake/Admissions) 301.662.2255 340 Montevue Lane Frederick, MD 21742 Medicaid Medicare Frederick Mental Health Association. In-Imprivate Insurance Medicaid Medicare Frederick Mental Health Association. In-Imprivate Insurance Medicaid Medicare Sliding Scale Fee Frederick Mental Health Association. In-Imprivate Insurance Medicaid Medicare Frederick Mental Health Association. In-Imprivate Insurance Medicaid Medicare Private Insurance Medicaid

Resources: Community Services & Support Groups

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National Alliance on Mental Helath (NAMI) Carroll County Maryland	800.950.6264 410.857.3650 410.884.8691	www.nami.org www.namiccmd.org www.nami-md.org	Peer-to-Peer, Support Groups Family-to-Family, Support Groups
988 Suicide & Crisis Lifeline	Text or Call: 988	To Chat or General Information: https://988lifeline.org	24/7 support for any mental health or substance use-related distress. Conversations are free and confidential. English, Spanish and ASL
The Trevor Project	866.488.7386 Text 678-678	https:thetrevorproject.org	Suicide Prevention & Crisis Intervention for LGBTQ+ Youth 24/7 - Talk, Text, Chat
American Foundation for Suicide Prevention	Carroll County & Maryland Chapters: 202.770.8973	https://afsp.org	Resources for those impacted by Suicide
Potomac Community Services	301.791.3087	Carroll County Location: 417 E. Baltimore St., Suite B Taneytown, MD 21787	Mental Health Care Coordination & Targeted Case Management - in-home services, resources, parenting support, school support, transportation
Maryland Coalition of Families	410.730.8267	Central Office: 8950 State Route 108, Ste. B Columbia, MD 21045	Family Peer Support - emotional support, resource connection, systems navigation, one-to-one support, support groups, workshops & trainings.
Carroll County Local Care Team	410.386.3615 410.871.0008	200 Memorial Ave. Westminster, MD 21157	Multi-Agency approach to connect families to appropriate community-based resources and agency services, creation of Family Action Plan & monitoring.
Carroll County Health Department Main Service Coordination	410.876.2152 410.876.4449	290 South Center St. Westminster, MD 21157	Service Coordination - linkage to mental health and substance use services, service monitoring, case consultation, limited case management
			Monday - Friday 8 am - 5 pm

Suicide is the 2nd leading cause of death for youth ages 10 - 24

LGBTQ+ youth are more than four times as likely to attempt suicide than their heterosexual peers

<u>Statistics</u>

In 2022, 49,476 Americans died by suicide

75% of suicides involve one or more substances alcohol and/or drugs

Firearms are the most common method of suicide and access is a significant factor in rates of youth suicide



CARROLL COUNTY YOUTH SERVICE BUREAU, Inc.

59 Kate Wagner Road - Westminster, MD 21157

Phone: 410-848-2500 Fax: 410-876-3016

www.CCYSB.org

Contact Information

Bobby Jarrett, LCPC Program Director 443.244.8657 rjarrett@ccysb.org

Safety Plans Work

There is hope.

may be developing.	<i>₩</i>				
Write 3 internal coping strategies that can take your mind off your problems.					
Who/What are 3 people o (Write name/place and phone num	or places that provide distraction?				
	Phone				
	Phone				
	Phone				
Who can you ask for help	? (Write names and phone numbers)				
	Phone				
	Phone				
	Phone				
Professionals or agencies	you can contact during a crisis:				
Clinician:	Phone				
Local Urgent Care or Emerge	•				
Address	Phone				
0 11 1 1000 1 1000	suteline.org				
Call or text 988 or chat 988	•				
Call or text 988 or chat 988 Write out a plan to make y (Write 2 things)	· ·				

Modified from Stanley & Brown (2021)

PEP22-08-03-007