

# Supporting Parents of Suicidal Youth: Signs and Awareness



The information offered here is the product of a parent-led project that brought together parents and youth with lived experience, clinicians, and experts in suicide prevention to offer tips for help and hope based on their front-line experience.

## PART A - What can help parents based on experience

### Observe and be alert to any changes in your child's behaviour:

consider worsening, unusual, extreme or impulsive behaviour.  
Some specific changes to look for include:

- Worsening self-harm, substance use, or other risky behaviour
- Increased seclusion or withdrawing
- Loss of interest in regular activities that they typically enjoy
- Wanting to sleep more than usual, or not sleeping at all
- Poor or worsening hygiene
- Loss of appetite

If your child tends to be introverted and spends a lot of time in their room, find reasons to check-in or connect to get a better idea of how they are doing.

If your child has more "accidents" than usual (sprains, bruises, cuts) than they have an explanation for, keep in mind they could be self-inflicted.

For some, when a child is in crisis, they go quite flat (eyes lose sparkle, and the face loses any hint of a smile). Usually, at this point, they won't have much interest in talking and sleep takes over. If it gets to that point, it's time to check in with a counsellor or family doctor.

**Consider past behaviour** to determine if there were signs that you need to watch for in the future (i.e. slightly high pitch to voice before suicidal actions even though saying everything fine). After a crisis, ask your child if there were any signs that they could identify. Build this into an action plan together to have ready should the situation arise again.

**Refer to a list of signs** and things to look for in online resources (i.e. Crisis Services Canada website).

**Listen to your gut** – remember that you know your child better than anyone. Remember that your child will not always tell you if they have a plan. Believe you are the expert on your child, trust the fact that most of the time parents see subtle signs that things are changing. We can see and feel differences in our children - ask them about it.

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we can help. Call PLEO now  
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## Note if your child goes from being suicidal to saying everything is fine

gives things back they borrowed, cleans their room after never having done it, sends cards, settles scores, buys gifts or thanks someone for helping them when they haven't for a while - these may be signs that they are thinking of attempting suicide.

## Be alert for a "honeymoon" phase after discharge

from hospital because this is a known period of high risk for suicide. A crash is possible because your child is returning to reality and is no longer in a sheltered environment. They may have learned new harmful behaviours and habits from others in the hospital. If they have just been discharged from being in hospital for suicidal ideation, be cautious and ease into less supervision and boundaries, particularly if they say they are feeling better and don't need to be watched. You can explain that you believe them, and that for both of you, are going to take it slow.

## Try to learn to live with the distress

of the unknowable. Hindsight is 20/20. Do not beat yourself up for not recognizing signs after a crisis has started.

**Discuss, talk and listen.** Be objective and don't always make up convenient answers just because the general belief is that certain behaviours (i.e. door slamming) are typical for angry or upset children and youth. The signs of suicide risk can vary from person to person. Listen to your child and if you think they'll tell you, ask them what you can look for to know when it's getting worse. Use a mood severity scale. Knowing where they're at without making them feel awkward about explaining what's going on can help you gauge how involved you need to be around them. Let your child know it's alright to have thoughts of suicide but that it's important to let others know if thoughts turn into planning no matter how simple those plans are. Express concerns, listen to how they act, respond, and behave.

**Remember that your child may lack awareness, insight and communication into their own suffering.** Sometimes all they need is someone to be there for them, to understand, to look into their eyes and be with them in their pain. They need to be seen, heard, and respected. They might want to open up to someone they trust, and it may not be you, as much as that hurts. But having someone that will listen and a safe place to be supported is extremely important, even if it is not you. Remind them of all the things they are needed in this world for, even if they don't want to be living in it. Your child may be motivated to live for the people they love when it feels like they can't keep living for themselves.

## If they are trying to get your attention, listen.

Stop and really listen. What some children and youth with lived experience found most helpful was being met with an empathetic ear and a more neutral, pragmatic reaction. Problem solving is not always the appropriate response, but when it is including them in the planning is helpful.

## Take threats seriously.

**Are you thinking of suicide?  
- Ask them the question directly.**

## PART B - What can give parents hope

**Realizing that over time you get better at recognizing** signs that your child is becoming depressed and in crisis.

**Knowing that mental health education is becoming more prevalent** for children and for their families, and that means more people able to help and understand.

**Having access to information,** community, and services through social media, and Crisis Services Canada website, for example.

**Reminding yourself that things haven't always been this way,** and they won't always be this way. Some days are good, some bad.

**Doing tangible things** to help support your child.

**Identifying those in your child's friend and support networks** who care and can/would intervene and alert someone if your child is in danger.

It's our hope that you find this information practical, helpful, and hopeful. The collective wisdom here is not a substitute for guidance or medical advice specific to your family's needs. It is a piece of the puzzle you are navigating, from those who have been there, and get it, and want you to know that you are not alone.

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For more information, or to speak with a Family Peer Supporter:

● [pleo.on.ca](http://pleo.on.ca)

● 613.321.3211 (Ottawa)

● 1.855.775.7005 (toll free)



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