



Mental health awareness guide for parents and caregivers

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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.



Depression

What is depression?

Depression is a mental health disorder that affects how a person thinks, feels and engages in their daily life. One of the most common mental health disorders, depression is characterized by persistent feelings of sadness and loss of interest in enjoyed activities. A national survey conducted in 2023 found that 29 percent of adults reported being diagnosed with depression at some point in their lifetime and that about 18 percent were currently experiencing symptoms of depression.¹



What does depression look like?

The symptoms of depression may look different for different people and can also vary in their intensity. Symptoms can range from mild to severe. Common symptoms include:

- Feeling sad, irritable, empty and/or hopeless
- Losing interest or pleasure in activities you once enjoyed
- Appetite changes and/or unintentional weight loss or gain
- Sleeping too little or too much
- Decreased energy or increased tiredness or fatigue
- Feeling worthless or excessively guilty
- Increase in fidgeting (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech noticeable to others
- Forgetfulness
- Difficulty thinking, concentrating and/or making minor decisions
- Thoughts of death, suicidal ideation or suicide attempts (this topic is covered in greater depth later in this guide)

While fleeting moments of sadness are simply part of life, if the above symptoms last for most of nearly every day for more than two weeks and you notice a change in daily functioning (for example poor school performance, lack of interest in hobbies or afterschool sports and activities or difficulty with friendships and relationships) it could mean your child is experiencing depression.²

¹U.S. depression rates reach new highs. Available at: [gallup.com](https://www.gallup.com). Accessed September 2024.

²What is depression? Available at: [psychiatry.org](https://www.psychiatry.org). Accessed September 2024.



Impact in different populations

While the rate of depression has been on the rise globally, it's growing more rapidly in certain populations. In just six years, the percentage of adults diagnosed with depression at some point in their lives rose from 20.6 to 29 percent, with women and younger adults (18 to 44 years) experiencing the largest increases. For current depression or treatment among adults in the U.S., rates also climbed from 13.5 to 17.8 percent. Women and younger adults saw the most considerable increases, while older adults (65+) had a slight decrease. Among racial/ethnic groups, Black and Hispanic adults saw the highest increases in lifetime diagnoses, whereas White adults experienced a moderate rise too.¹

What to do (action steps and resources)

Here are some suggested steps to help a child who may be experiencing signs or symptoms of depression:

• Keep communication open:

- Create a safe and supportive environment with your child so they can express their feelings without fear of judgement.

• Consult a healthcare professional:

- Discuss the symptoms your child is experiencing and develop a personalized treatment plan, which may include therapy and/or medication.

• Establish a routine:

- Ensure your child is getting proper sleep, eating well and staying active.
- Studies have shown that being outdoors can improve mood (there's even a term for it: ecotherapy).³

• Get educated:

- Learn more about childhood depression from reputable sources, like the American Academy of Child and Adolescent Psychiatry (AACAP) or the National Institute of Mental Health (NIMH).
- Educate your child's teachers, potential caregivers and other family members about depression and how they can best support your child.
- Consider attending a parents and caregivers support group to learn from others in similar positions.



¹U.S. depression rates reach new highs. Available at: [gallup.com](https://www.gallup.com). Accessed September 2024.

³The mental health benefits of getting outdoors. Available at: [mcleanhospital.org](https://www.mcleanhospital.org). Accessed September 2024.



Anxiety

What is anxiety?

Anxiety is characterized by worried thoughts and physical symptoms such as tension, increased blood pressure and sweating. Everyone has feelings of anxiety at some point in their life. For example: before taking an exam or interviewing for a job.

For some people, it may be harder to control their worries. Their minds and bodies continue to respond to stress even when there are no stressors. Their feelings of anxiety can become more constant and impact their daily lives.

What does anxiety look like?

Anxiety can feel and look different for everyone. For example, you may notice your child is expressing worry in the days or weeks before an event or have physical symptoms such as difficulty with sleep or stomach issues.

Some signs and/or symptoms to look out for:

- Being very afraid when away from parents (separation anxiety)
- Having extreme fear about a specific thing or situation, such as dogs, insects or going to the doctor (phobias)
- Being very afraid of school and other places where there are people (social anxiety)
- Being very worried about the future and about bad things happening (general anxiety)
- Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, trouble breathing or feeling dizzy, shaky or sweaty (panic disorder)

There are several types of anxiety disorders and people can experience more than one at a time:

- Generalized anxiety disorder (GAD)
- Separation anxiety disorder
- Panic disorder
- Obsessive-compulsive disorder (OCD)
- Social phobia
- Selective mutism

What to do (action steps and resources)

Suggested steps to help a child who may be experiencing signs or symptoms of anxiety:

• Consult a healthcare professional:

- Discuss the symptoms your child is experiencing and develop a personalized treatment plan, which may include therapy and/or medication.

• Open communication:

- Encourage your child to talk about their feelings. A caring and supportive relationship with you helps your child build inner strength.
- Praise your child often for their efforts to cope with fears and worrying.

• Establish a routine:

- Ensure your child is getting proper sleep, eating well and staying active.

• Get educated:

- Learn more about childhood anxiety from reputable sources, like the American Academy of Child and Adolescent Psychiatry (AACAP) or the National Institute of Mental Health (NIMH).
- Educate your child's teachers, potential caregivers and other family members about anxiety and how they can best support your child.
- Consider attending a support group with other parents and caregivers, which will ensure you can lean on and learn from others in similar positions.

• Resources for further reading:

- **How to build an anxiety toolkit**
- **Six ways to help kids who are feeling anxious**



Neurodiversity — Autism and ADHD

What is neurodiversity?

Neurodiversity refers to the idea that each person's brain functions uniquely. For instance, people on the autism spectrum and those who have attention-deficit/hyperactivity disorder (ADHD) are often described as being neurodiverse.

Autism spectrum disorder (ASD) is a condition characterized by challenges with social skills, repetitive behaviors and communication.⁴ ADHD is marked by challenges with attention, the ability to sit still and self-control.⁵

What does neurodiversity look like?

Symptoms of ASD may include:⁶

- Trouble with eye contact and back-and-forth conversation
- Restricted, sometimes intense interests without realizing that others may not share their interests
- Having an unusual tone of voice
- Difficulty adjusting behaviors to social situations; difficulty with transitions and changes in routine
- Trouble making friends
- Repeating certain behaviors
- Being more or less sensitive than other people to sensory input such as light, sound, clothing or temperature
- Learning and remembering things in detail for long periods of time
- Excelling in specific areas such as math, science, music or art

Symptoms of ADHD may include:⁷

- Daydreaming
- Forgetting or losing things
- Fidgeting
- Making frequent mistakes
- Excessive talking



⁴[What is autism?](https://autismspeaks.org) Available at: autismspeaks.org. Accessed July 2024.

⁵[ADHD in Kids](https://kidshealth.org). Available at: Kidshealth.org. Accessed July 2024.

⁶[Autism spectrum disorder](https://nimh.nih.gov). Available at: nimh.nih.gov. Accessed July 2024.

⁷[Symptoms of ADHD](https://cdc.gov). Available at: cdc.gov. Accessed July 2024.



Neurodiversity — Autism and ADHD

Impact in different populations:

Certain factors increase a child's risk of autism. Males are four times more likely to develop ASD than females. Families with one child with ASD have an increased risk of having another child with the disorder. Children with certain medical conditions, such as Fragile X syndrome, have a higher risk of ASD. And children born prematurely may have a greater risk of developing ASD.⁸

Like autism, ADHD also occurs more often in males than females. Risk factors for ADHD may include having a relative with ADHD, exposure to toxins (such as lead), premature birth and maternal drug and alcohol use or smoking during pregnancy.⁹

What to do (action steps and resources)

There are a number of things one can do to support neurodiverse individuals:¹⁰

- Understand that each person is unique. A list of symptoms doesn't define an individual.
- Help your loved one make friends.
- Make sure your loved one understands what you're communicating. Repeating the information can help.
- Maintain a routine.
- Structure their environment for success by making use of visual aids, calendars and other tools.
- Avoid expressing annoyance or frustration.
- Connect your loved one with supports and resources.

PsychologyToday.com allows the user to search for a therapist by area of expertise. Resources can also be found on the Centers for Disease Control and Prevention website:

- **Free materials on ADHD**
- **Autism materials and resources**

- Focus on and praise strengths.
- Engage with humor when appropriate.



⁸Autism spectrum disorder. Available at: mayoclinic.org. Accessed July 2024.

⁹Attention-deficit/hyperactivity disorder (ADHD) in children. Available at: mayoclinic.org. Accessed July 2024.

¹⁰10 ways to support a friend or loved one with autism. Available at: clhgroup.co.uk. Accessed September 2024.



Trauma

What is trauma

Trauma is a psychological and physical response to extremely stressful experiences and events that can overwhelm the body and brain's ability to cope. It can come from one incident, an ongoing event or a prolonged stressor over a long period of time.

There are often misconceptions about trauma being limited to experiencing or witnessing sexual, physical or emotional abuse, violence, natural disasters, serious accidents or life-threatening situations. The truth is that there are less visible forms of trauma that can cause significant distress and trauma responses. These include insecure attachments with a caregiver, discrimination due to gender, race or sexuality, bullying, loss of a loved one, breakups, difficult moves or rejection.

What trauma looks like:

Trauma can cause lasting changes in the brain that impact a person's ability to regulate emotion, respond to fear and manage stress. When we feel stressed or threatened, our bodies release hormones called cortisol and adrenaline. This is the body's way of preparing to respond to danger, and we have no control over it.

Common reactions to trauma

Everyone is different, but common symptoms of distress related to trauma include:

- Strong emotions such as sadness, anger, anxiety and guilt
- Repeated thoughts about the traumatic event
- Disturbed sleeping patterns with possible distressing dreams about the cause of the trauma
- Withdrawing from family and friends
- Wanting to spend more time alone
- Being extra protective of family and friends
- Returning to younger ways of behaving including giving up responsibilities or a sudden return to rebellious behavior
- Increased need for independence
- Self-absorption and caring only about what is immediately important
- Loss of interest in school, friends, hobbies and life in general
- Pessimistic outlook on life, being cynical and distrusting of others
- Depression and feelings of hopelessness
- Difficulties with short-term memory, concentration and problem solving.





Trauma

Trauma in different populations

According to the National Center for Post Traumatic Stress Disorder, studies show that about 15 to 43 percent of girls and 14 to 43 percent of boys go through at least one trauma. In the U.S., Black, Indigenous and People of Color (BIPOC) are most vulnerable to racial trauma. Data from The Trevor Project's 2022 National Survey on lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) youth mental health found that more than one in three (37 percent) LGBTQ+ youth between 13 and 24 years old reported high levels of trauma symptoms. Higher rates of historical and generational trauma have also been found in BIPOC communities.

What to do

When children experience a traumatic event, the entire family is affected. Often, family members have different experiences and emotional responses around the event. Recognizing each other's experience of the event and helping each other cope with possible feelings of fear, helplessness, anger or even guilt in not being able to protect children from a traumatic experience is an important component of a family's emotional recovery.

- Ensure children and adolescents are safe and that their basic needs are addressed.
- Allow them to be sad or cry.
- Let them talk, write or draw pictures about the event and their feelings.
- Limit their exposure to repetitive news reports about traumatic events.
- Let them sleep in your room (for a short time) or sleep with a light on if they are having trouble sleeping.
- Try to stick to routines such as reading bedtime stories, eating dinner together and playing games.
- Help them feel more in control by letting them make some decisions for themselves, such as choosing their meals or picking out their clothes.
- Pay attention to sudden changes in behaviors, speech, language use or strong emotions.
- Contact a health care provider if new problems develop or worsen. There are trained professionals who specialize in trauma assessments and treatment.

Resources

National Child Traumatic Stress Network (NCTSN)
Learning Center for Child and Adolescent Trauma
Multilingual trauma resources





Eating disorders

What are eating disorders?

Eating disorders are serious mental health conditions characterized by unhealthy eating patterns and a distorted body image. They involve a range of behaviors, thoughts and emotions related to food, weight and body shape. Common types of eating disorders include anorexia, bulimia, binge eating disorder and avoidant/restrictive food intake disorder.

These disorders can have severe physical, emotional and social consequences and require professional treatment. It's important to seek help if you or someone you know is struggling with an eating disorder.

The symptoms of eating disorders can vary depending on the specific type of disorder. However, some common symptoms include:

1. Anorexia nervosa:

- Significant weight loss or refusal to maintain a healthy weight
- Intense fear of gaining weight or becoming fat
- Distorted body image and excessive focus on body shape and weight
- Restrictive eating habits and avoidance of certain foods
- Excessive exercise or compulsive behaviors related to weight control

2. Bulimia nervosa:

- Frequent episodes of binge eating, followed by purging behaviors such as self-induced vomiting, excessive exercise and/or the misuse of laxatives or diuretics
- Feeling out of control during binge episodes
- Preoccupation with body shape and weight
- Self-esteem overly influenced by body shape and weight
- Secretive behavior around food and eating

3. Binge eating disorder:

- Recurrent episodes of binge eating, characterized by consuming large amounts of food within a short period of time
- Feeling out of control during binge episodes
- Eating rapidly, even when not physically hungry
- Feeling guilt, shame or distress after binge eating episodes
- Eating alone or in secret due to embarrassment about food intake

4. Avoidant/restrictive food intake disorder

- Eating a limited range of foods
- Anxiety or fear related to eating
- Slow eating/prolonged mealtimes
- Avoidance of social situations involving food





There are several common factors that can contribute to the development of eating disorders in adolescents and young adults. These factors include:

- 1. Societal and media influence:** The pressure to conform to societal beauty standards and the idealized images portrayed in the media can significantly impact body image and self-esteem. This can contribute to the development of eating disorders as individuals strive to achieve the perceived “perfect” body shape or weight.
- 2. Peer influence:** Peer influence plays a significant role during adolescence and young adulthood. The desire to fit in, gain acceptance and be perceived as attractive can lead individuals to adopt unhealthy eating behaviors or engage in disordered eating patterns to align with their peers.
- 3. Genetics and biology:** There is evidence that genetics and biology can contribute to the development of eating disorders. Certain genetic factors may make some individuals more susceptible to developing these disorders, while hormonal imbalances or neurotransmitter abnormalities can influence appetite regulation and body weight.
- 4. Psychological factors:** Psychological factors such as low self-esteem, perfectionism, body dissatisfaction and a need for control can contribute to the development of eating disorders. Individuals may use disordered eating behaviors as a coping mechanism for underlying emotional issues or stress.
- 5. Dieting and weight control practices:** Dieting and engaging in extreme weight control practices such as restrictive eating or excessive exercise can increase the risk of developing an eating disorder. The strict adherence to dietary rules and the preoccupation with weight and food can escalate into disordered eating patterns.
- 6. Family dynamics:** Family factors such as a history of eating disorders, dysfunctional family relationships and issues related to food, weight or body image within the family can contribute to the development of eating disorders in adolescents and young adults.

It’s important to note that eating disorders are complex and not all individuals who experience these factors will develop an eating disorder.

It’s also important to note that these are just some of the symptoms and each individual may experience a unique combination of symptoms. If you or someone you know is exhibiting signs of an eating disorder, it’s crucial to seek professional help for an accurate diagnosis and appropriate treatment.



Eating disorders

What to do (action steps and resources)

It is crucial to promote a supportive and healthy environment, early intervention and access to appropriate treatment for those at risk or affected by eating disorders. Remember, seeking professional help from qualified healthcare providers is crucial for the diagnosis, treatment and recovery from eating disorders. The resources that follow can provide a starting point, but it's important to consult with professionals for personalized guidance and support. For urgent support call the National Suicide Prevention Lifeline at **988** or **1-800-273-TALK (8255)** / **TTY 1-800-799-4889**.

1. National Eating Disorders Association (NEDA):

NEDA is a leading nonprofit organization in the United States dedicated to supporting individuals and families affected by eating disorders. They provide resources, helpline services, online support groups and educational materials. Visit their website at nationaleatingdisorders.org.

2. Eating Disorder Hope: Eating Disorder Hope is an online resource that offers information, support and treatment options for individuals with eating disorders. They provide articles, treatment directories, recovery stories and a helpline. Visit their website at eatingdisorderhope.com.

3. Association for Anorexia Nervosa and Associated Disorders (ANAD): ANAD is a nonprofit organization that provides support, resources and treatment options for individuals with eating disorders. They offer helpline services, support groups and educational materials. Visit their website at anad.org.

5. Treatment centers: There are numerous treatment centers specializing in eating disorder treatment. These centers offer various levels of care including inpatient, residential, outpatient and intensive outpatient programs. Some reputable treatment centers include the Renfrew Center, the Emily Program and the Monte Nido Treatment Centers.





Substance misuse

Substance misuse in the teenage years can have a lifelong impact both mentally and physically. Adolescents often misuse substances because of peer pressure or to try to escape emotional or social problems.

Substance misuse in teens:

- Harms growth and development
- Often leads to new or increased risk-taking behaviors (such as unprotected sex, dangerous driving, legal problems, etc.)
- Increases the risk of later health problems (such as heart disease, high blood pressure, sleeping disorders, etc.)

Did you know?

According to the Centers for Disease Control and Prevention (CDC):^{11,12}

- The most misused substances by adolescents are alcohol, marijuana and tobacco.
- Binge drinking is the most dangerous and most common way adolescents misuse alcohol.
- Almost 90 percent of adults who smoke each day tried smoking for the first time when they were under 18.
- About 4,000 youth under 21 die from excessive alcohol use each year.
- Adolescents exposed to their parents drinking — or binge drinking — alcohol five or more days in a month are four times more likely to drink while still underage.
- Around five percent of high school students reported driving after drinking alcohol in the same month.

¹¹[Substance use in adolescence](#). Available at: opa.hhs.gov. Accessed September 2024.

¹²[About underage drinking](#). Available at: cdc.gov. Accessed September, 2024.





Substance misuse

What is the relationship between substance misuse and suicide risk?

Individuals with substance misuse problems are sensitive to suicidal thinking and behavior. Substance misuse can lead to impulsive decision-making, especially for those who have other risk factors such as:

- Mental health disorders
- Physical pain
- Family history of suicide
- Relationship problems

Figuring out if your teenager is misusing drugs and alcohol can be difficult. Many of the “normal” signs of being a typical teen are also the symptoms of mental health problems and drug misuse. Whenever in doubt, err on the side of caution when seeing these changes in your teen.

Changes in personality and mood

- Withdrawn or depressed
- Silent, not talkative
- Secretive, lying
- Angry or uncooperative
- Unfocused
- Hyperactive

Changes in behavior

- Changes in relationships with friends and family
- Missing school or work
- Avoiding eye contact
- Possessive of their smartphone, checking it frequently
- Sleepy or high energy
- Poor concentration or balance

Changes in hygiene and appearance

- Smelling of smoke on breath or clothes
- Poor hygiene
- Flushed cheeks or face
- Burns on fingers or lips
- Track marks on arms or legs or wearing long sleeves to keep them hidden

Changes in physical health

- Frequently sick
- Unusually tired
- Slurred or fast speech
- Nosebleeds or runny noses
- Sores around mouth
- Bruising
- Frequent sweats
- Seizures and/or vomiting

Signs and indicators your child may be in crisis

- Feelings of hopelessness, despair or worthlessness
- Talking about suicide, such as statements indicating that their life is not worth living, not wanting to be around or wishing they were dead
- Changes in behavior, including new or increased risk-taking behavior or impulsiveness
- Withdrawal from friends, family or activities they typically enjoy
- Refusing to attend school, skipping school, missing assignments or a decline in their grades
- Eating or sleeping too much or too little
- Decline in personal hygiene and appearance
- Misuse of drugs or alcohol confirmed



Substance misuse

What can parents do?

Parents can take steps to become familiar with the warning signs of both substance misuse as well as other mental health challenges. If you are concerned for any reason:

- Review the section in this guide on understanding and helping.
- Reach out to your child.
- Keep lines of communication open.
- Talk to your teen's pediatrician about screening for mental health concerns and substance misuse.

Treatment referral resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

Treatment Locator: **1-800-662-HELP**

Web site: [samhsa.gov](https://www.samhsa.gov)

The "Find A Physician" feature on the **American Society of Addiction Medicine (ASAM)**

Web site: [aaap.org](https://www.aaap.org)





Mental health and LGBTQ+ youth

Many teens worry about fitting in. And teens who are lesbian, gay, bisexual, transgender, questioning or queer (LGBTQ+) also face possible stigma and discrimination. This 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 (people whose gender identity matches their physical sex) 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:¹³

- 66 percent of LGBTQ+ youth reported experiencing recent symptoms of anxiety
- 53 percent of LGBTQ+ young people reported experiencing recent symptoms of depression
- 39 percent of LGBTQ+ young people seriously considered attempting suicide in the past year including almost half of transgender and nonbinary young people (46 percent) and 3 in 10 cisgender young people (30 percent)
- More than half (54 percent) of transgender and nonbinary young people found their school to be gender-affirming, and those who did reported lower rates of attempting 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 facts to consider:¹³

Attempted suicide rates were lower when:

- LGBTQ+ young people had access to affirming spaces
- Transgender and non-binary young people had:
 - Access to gender-affirming clothes to wear
 - Access to gender-affirming bathrooms at school
 - Their choice of pronouns respected in their homes

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.

¹³U.S. national survey on the mental health of LGBTQ+ young people. Available at: thetrevorproject.org. Accessed September, 2024.



Mental health for BIPOC

Mental health problems put many young people at risk for suicidal thoughts and attempts. But children and teens who are Black, Indigenous and 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 well-being.

Here are some important numbers to consider

- Non-Hispanic American Indian or Alaskan native youth have the highest rate of suicide.¹⁴
- Suicide rates for Black children under the age of 13 is double that of their White peers.¹⁵
- Suicide death rates among Black youth are increasing faster than any other racial or ethnic group.¹⁵
- Black youth who witness discrimination are three times more likely to attempt suicide.¹⁵

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.

And trying to anticipate and prevent potential discrimination can add 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 their race. And try to reduce the stigma of seeking help for mental health problems.

The Aakoma Project offers information and resources that can help.

“Experiences with racism are stressors, and are chronic, unpredictable and uncontrollable — the worst kind of stress.”

Dr. Naa Oyo A. Kwate
Rutgers University.¹⁶



¹⁴[Suicides among American Indian or Alaska Native persons](#). Available at: [cdc.gov](https://www.cdc.gov). Accessed September 2024.

¹⁵[The tragedy of Black youth suicide](#). Available at: [aamc.org](https://www.aamc.org). Accessed September 2024.

¹⁶Rodriguez, Tori. [Racial discrimination linked with worse mental health](#). Available at: [psychiatryadvisor.com](https://www.psychiatryadvisor.com). Accessed September 2024.



Mental health for youth with disabilities

Youth with physical, mental, learning and/or other disabilities can face challenges at home, at school and socially. According to [Youth.gov](https://www.youth.gov), “Of the 62 million children under the age of 15, almost 10 percent of them have a disability. Among children aged 6 to 14, more than 1 in 10 children have a disability, and more than 1 in 20 children in this age group have a severe disability.”

Important tips for parents

- **Take care of yourself.** Self-care is necessary to be able to care for someone else.
- **Be the expert.** Do your own research and work with professionals to better understand your child’s abilities, disabilities and special needs. Value the advice of experts and trust your knowledge and instincts.
- **Focus on strengths.** Give your child steady encouragement and support.
- **Bolster your child’s sense of self.** Let your child know all people living with a disability aren’t defined by their limitations.
- **Build your support network.** Learn about and access programs, services and resources available to you and your child.
- **Advocate for your child in your community and at school.** Teach others how to create inclusiveness for all peoples and abilities.

What to do?

Youth with disabilities are faced with learning to manage in a world that may not consider their limitations. They face greater stressors in everyday life, including social isolation and discrimination. These stressors can result in increased risks for mental health concerns.



Resources:

- **Individuals with Disabilities Education Act (IDEA)**
This provides detailed information and resources on the Individuals with Disabilities Education Act.
- **Department of Labor Disability Resources**
This has an array of information and resources for youth in transition navigating the road to employment.
- **Parent Training and Information Centers and Community Parent Resource Centers**
These centers work with families of young people with disabilities. They help parents participate effectively in their children’s education and development and partner with professionals and policy makers to improve outcomes for all youth with disabilities.
- **Understand your abilities and disabilities.**
Play to your strengths — PDF, 28 pages. This resource shares responses from young people with disabilities plus discussion questions around labels, assumptions, strengths, impairments, and other topics.
- **National Center on Health, Physical Activity and Disability (NCHPAD)**
- **Services for children with disabilities**
- **Social Security benefits for children with disabilities**
- **Special Needs Alliance**



Self-harm

What is intentional self-harm/self-injury/ non-suicidal self-injury (NSSI)?

Intentional self-harm, self-injury and non-suicidal self-injury are harmful coping strategies used in response to intense emotions, feelings of anger, sadness and stress. Intentional self-harm is causing harm to one's body on purpose. This might include behaviors such as carving, scratching, burning, cutting or biting as well as others.¹⁷ Intentional self-harm is most commonly without suicidal intent; however, it is important to know that this can lead to a risk factor for suicide.

What does it look like?

Individuals may engage in non-suicidal self-injury for different reasons. For some individuals self-injury helps to cope or manage a range of emotions. Some individuals report self-injury reminds them what it's like to feel something rather than experiencing numbness or emptiness. Self-injury may also serve as a form of control when they feel other areas in life may be out of control.¹⁸ It may be considered a solution for adolescents unable to tolerate unpleasant or unbearable emotions.¹⁷ Self-injury provides a brief moment of escape and generally is not an indication of a wish to die.¹⁸

Scars, marks and scratches that result from self-injury may lead to feelings of shame or guilt. It is not uncommon for adolescents to attempt to cover the areas to avoid detection from others. In other instances, having someone notice the scar, mark or injury may be the only way a young person knows how to communicate to someone that they are dealing with emotional pain.

Action steps and resources:

When talking with your adolescent about self-injury, let them know what you have noticed and do your best to be non-judgmental. Remember your child is using this behavior to cope with difficult emotions or stressful situations. It is not uncommon to see this as a bid for attention; however, this may be your child's only way to let you know they are hurting.

Support and care are the best approaches rather than punishment or shame. Seek professional medical attention for deep wounds, infections or burns. Encourage and assist your child with keeping the wounds cared for and clean. That does not have to mean that you are approving of the self-harm activities, but shows you have some level of understanding of their pain until you are able to get them the appropriate help.

Talk with your child about alternative options to self-injury such as replacement behaviors. Avoid focusing your attention on the injury or self-injury; encourage your child to think about techniques such as using a washable red marker to draw on their wrist/arm or focus on the sounds of ripping a sheet a paper or using finger paint for the tactile sensation. It is important to seek clinical professional care and support from a provider who uses evidence-based approaches. Schedule a visit with your child's physician (or a therapist) and talk with your child about the upcoming appointment and get their input about how to navigate the conversation with the provider.

Resources

- **What is self-injury?**
- **Self-harm**
- **Help for cutting and other self-injury**

¹⁷Self-injury: Why teens do it, how to help. Available at: contemporarypediatrics.com. Accessed September, 2024.

¹⁸When children and teens self-harm. Available at: healthychildren.org. Accessed September 2024.



Suicide

Suicide is a complex public health issue. Suicide is when an individual intentionally takes their own life. There is no single cause for suicide. Research shows that there are multiple intersecting factors that lead to an individual reaching this critical crisis point. According to the most recent Centers for Disease Control (CDC) data, suicide is the second leading cause of death for children between 10 and 14 and the third leading cause of death for young adults between 15 and 24.¹⁹

It's important to understand the potential risk factors associated with youth suicide. Risk factors include:

- Mental health conditions such as depression, anxiety or substance misuse
- Any history of abuse, neglect or trauma
- Experiencing losses such as a parent, a family member or even a pet
- Other losses such as a parent's divorce, loss of a home, break-up or end of a friendship
- Past suicide attempts or losing a family member to suicide
- Having access to a gun
- Struggling with sexual identity in a family or community that is not supportive
- Being bullied
- Feeling isolated
- Feeling unprotected by friends or family

The good news is that adolescents — and all individuals — also have things in their life that help protect them from suicide. Adolescents who feel loved and supported are less likely to think about suicide. The same goes for individuals who are good at solving problems, tend to have successes in school and do well when faced with stressful situations. Access to good health care including mental health care is also a protective factor. Having parents who are willing to talk about mental health and seek professional help for their child when they need it is also a significant protective factor.



¹⁹[Web-based injury statistics query and reporting system](https://wisqars.cdc.gov). Available at: wisqars.cdc.gov. Accessed September 2024.



Suicide

Know the warning signs that your child may be struggling. They may talk about dying or wanting to kill themselves. It's important to always take a young person seriously; talk about killing themselves is not a bid for attention. Watch for behaviors that seem out of character. Sadness, avoiding friends and family, anxiety or doing dangerous things may be potential warning signs. Talk to your child. Avoid assuming it's just a phase or that it's harmless adolescent talk or behavior. Ask questions without judgement and listen carefully to their answers.



Many families find it challenging to have conversations regarding mental health and suicide. It's important to know that asking people about suicidal thoughts and behaviors does not cause these thoughts or increase them. Many individuals state that it's a relief to be asked. Parents are encouraged to have caring conversations with their children. Ask if your child is feeling sad. Ask if your child is having thoughts of killing themselves. By asking these questions you can get answers and, most importantly, get help. Any talk or mention of suicide needs to be taken seriously.

Contact your child's physician to get additional support and resources. Schedule an appointment with a mental health clinician experienced in assessment of child and adolescent mental health conditions. Seek evidence-based risk-reducing suicide care interventions.

Resources

988 Lifeline.

A national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress. Services are offered 24 hours a day and 7 days a week in the U.S. Call or text **988** for crisis support. Chat with trained crisis counselors online at 988lifeline.org.

The Crisis Text Line. Text "Help" to 741741.

Find a therapist. Searchable directory for local therapists of Color. Culturally competent clinicians with experience in working with children of Color with mental health concerns.

Mental health resources for the Black community.

National Queer and Trans Therapists of Color Network. Advancing healing justice by transforming mental health for queer and trans Black, Indigenous and People of Color. Searchable directory.

Asian Mental Health Collective aspires to make mental health easily available, approachable and accessible to Asian communities worldwide.

National Asian American Pacific Islander Mental Health Association. Variety of resources.

The Trevor Project

Call at **1-866-488-7386**

Chat with trained counselors

Text **"START"** to **678-678**



Safety planning



Safety planning is an evidence-based approach used by many clinicians and families when an individual expresses thoughts of suicide or self-harm.

Most safety plans will identify specific events or emotions that increase the child's vulnerability and create risk for harmful behaviors. The safety plan also includes actions the individual can use to calm or self-soothe and contact information for people they can reach out to for support.

Safety plans can help with teaching youth how to regulate distressing feelings without engaging in harmful behaviors. Access to a safety plan is not a guarantee that individuals will not engage in self-harm or refrain from taking their life, but since many adolescents can be impulsive, safety plans give them a ready-made safety net during a tough time and can help save lives.

Resources

Sample Safety Plan — Child Mind Institute put together this example of a safety plan you can download and print.

Youth safety plan — Social Work Tech reimaged the traditional safety plan to be something that a trained professional can work on with a client hopefully in tandem with their support system, while creating something they can hang up in a prominent place such as a refrigerator, dorm furniture or bedroom mirror.

Suicide Safety Plan — App for mobile devices. Suicidal thoughts can seem like they will last forever — but these thoughts and feelings pass with time. This app is designed to support those dealing with suicidal thoughts and help prevent suicide.

Having a plan in place that can help guide you through difficult moments can help you cope and keep you safe. A safety plan is designed so you can start at the beginning and continue through the steps. You can customize your own warning signs that a crisis may be developing, coping strategies for dealing with suicidal urges, places for distraction, friends and family members you can reach out to, professionals you can call, methods of making your environment safe and your own important reasons for living.



If following your safety plan is not enough to stem a suicidal crisis, then this app also contains an easy-to-access list of emergency resources so help is just a tap away. For long-term recovery, access a thorough guide to dealing with suicidal thoughts.

Suicide Safe — SAMHSA mobile app designed for behavioral health providers to integrate suicide prevention strategies and assess individuals at risk of suicide. The Suicide Safe app is designed after SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) card. With this app, providers can learn to use the SAFE-T approach and explore sample cases using the SAFE-T method.

Suicide Safe offers conversation starters including opening questions, closing questions and recommended phrases around what to say and what not to say to patients when assessing suicide risk. Other features of Suicide Safe include a local behavioral treatment locator using your mobile device's location and access to behavioral health crisis lines. Suicide Safe offers a wide range of tools for clinicians; from guides to help address suicidal thoughts to taking care of patients when they're in emergency services. Suicide Safe offers professional education which includes online training opportunities and information about ICD-9/ICD-10 coding for diagnosing mental health disorders.

Virtual Hope Box — Apple App

Virtual Hope Box — Google App

The Virtual Hope Box (VHB) is a smartphone app designed for use by patients and their behavioral health providers as an accessory to treatment. The VHB contains simple tools to help patients with coping, relaxation, distraction and positive thinking. Patients and providers can work together to personalize the VHB content on the patient's own smartphone according to the patient's specific needs. The patient can then use the VHB away from clinic, continuing to add or change content as needed.

Patients can use the VHB to store a variety of rich multimedia content that they find personally supportive in times of need. For example, a patient can include family photos, videos and recorded messages from loved ones, inspirational quotes, music they find especially soothing, reminders of previous successes, positive life experiences and future aspirations, and affirmations of their worth in their VHB. A patient can also collaborate with their provider to create coping cards to use in response to personal problem areas they experience. Finally, the VHB provides the patient with positive activity planning, distraction tools and interactive relaxation exercises including guided imagery, controlled breathing and muscle relaxation.



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](https://www.cdc.gov) for links to suicide statistics, the SafeUSA website, prevention and safety information. Or call **1-770-488-4362**.

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](https://www.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](https://www.nami.org), includes general suicide information links.

The Jason Foundation

Go to [jasonfoundation.com](https://www.jasonfoundation.com) to find suicide prevention resources for teachers, parents and students.

Suicide Awareness-Voices of Education (SAVE)

SAVE's website, [save.org](https://www.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 someone who's thinking of suicide.

The Trevor Project

The Trevor Project provides 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](https://www.thetrevorproject.org) and help is available at **1-866-488-7386** all day every day. You can also text **START** to **678-678** to text with a Trevor counselor 24/7/365.

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](https://www.bornthisway.foundation).

American Foundation for Suicide Prevention

Visit [afsp.org](https://www.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 prevention and mental health sites.





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 misuse and a family history of abuse.

If your child is at risk for suicidal thoughts, it's important to take action. We're here to help.



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