

A P A R E N T ' S
T O
G U I D E

Suicide & Self- Harm Prevention

Let's acknowledge the elephant in the room: This is a scary topic that no parent wants to even *think* about. Which is completely understandable. After all, God created us for flourishing, abundant life, and relationship with Him, not pain, sadness, or the desire to no longer live!

Unfortunately, our broken world is full of dysfunction, disorder, and sin, all of which disrupt and decay the beautiful world God lovingly created for us. So what do we do when that reality hits home, when our children struggle with very real issues? How do we help our kids find physical, mental, emotional, and spiritual healing?

First, let us assure you that if you or a loved one is struggling, you're not alone. Nearly 10 million people in the U.S. seriously considered suicide during the past 12 months. With the exception of accidents, suicide is the leading cause of death [among young adults, teens, and children](#) as young as age 5, and [1 in 5 females and 1 in 7 males engage in some type of self injury](#) each year.

But there is hope. Now more than ever, behavioral health providers are studying and learning about teen mental health issues, and new resources are created every year. God talks about it and deals with it directly in His Word. So, with deepest concern for your fears and sorrow for your struggles and losses, let's talk about it, too.

An Important Note First

This guide helps parents know more about the troubling incidence of suicide and self-harm in the lives of young people. Like other Parent Guides in this series, this tool provides knowledge, references, and faith-based encouragement on the subject to help parents connect with their kids. However, we do not pretend to be physicians, healthcare providers, or even experts on these difficult matters; as such, this resource is NOT a substitute for medical advice or treatment. It can accompany and support actions directed and/or confirmed by a qualified healthcare professional, but it is not meant to replace or preclude any diagnosis or treatment by a qualified healthcare professional. Axis cannot be responsible for actions taken without professional medical guidance.

We cannot say it loud enough or often enough: **If you even suspect your child has suicidal thoughts or plans, stop reading this and take action now.** Contact your family physician and tell them your teen is at risk of suicide and must be seen immediately. If a doctor cannot see them right away for whatever reason, **do not leave your child alone until they can be seen and evaluated by a healthcare professional qualified to assess adolescent behavioral health.** If necessary, take your child to the nearest emergency room or urgent care center, demand priority, and do not leave the physician's office until next-steps are in place (such as referral to a specialist, assessments, evaluations, treatment plans, outpatient/inpatient programs, etc.).

What exactly is suicide? Self-harm?

The Centers for Disease Control [define suicide](#) as "death caused by self-injurious behavior with any intent to die as a result of the behavior." [The American Academy of Child & Adolescent Psychiatry](#) reports "the majority of young people who attempt suicide have a significant mental health disorder, usually major depression." In the very young, suicide attempts are often impulsive and can be triggered by feelings of sadness, confusion, anger, or problems with attention and hyperactivity. Among teens, suicide attempts may be associated with feelings of stress, self-

doubt, pressure to succeed, financial uncertainty, disappointment, and loss.

Self-harm, clinically referred to as “non-suicidal self-injury” or NSSI, is defined as “injury inflicted by a person on him/herself deliberately but without intent to die.” Teens today often refer to self-harm as “cutting” since the most common form of self-harm involves cutting the skin with a sharp object, such as a razor or knife. However, [there are many forms of self-harm](#), including burning the skin with cigarettes or other hot objects, pulling hair, hitting oneself or banging one’s body against walls, deep fingernail scratching, ingesting low-levels of toxins, pinching the skin, or picking at wounds to prevent them from healing.

Is suicide more prevalent today than in the past?

The idea of ending one’s own life is certainly nothing new; it’s significantly visible (though not sanctioned) in U.S. culture and even acceptable in other cultures. The ancient Greeks allowed convicted criminals [to take their own lives](#); the ancient Romans did too, at first, until the high incidence of suicide among slaves began to impact the wealth of slave-owners. Spiritual traditions (including Buddhism and Hinduism) and countries including Japan and India see suicide as an acceptable option in particular situations. The concept of suicide appears frequently in visual art, literature, history books, film, and music from around the world. Terrorists and extremist religious groups see suicide as an ideological option for the sake of a cause they see as more significant than individual life, and six U.S. states allow [physician-assisted suicide](#) for those suffering from terminal illnesses with a prognosis of fewer than six months to live.

What causes suicide or self-harm?

There isn’t a single cause for either behavior, and researchers are unsure what, if anything specific, is causing the rates of both to increase. Some align the [increase in screen time](#) among teens with their rise in suicidal thoughts. Others say [bullying](#) is the culprit. Some point accusingly at today’s [parenting styles](#), some at a lack of awareness, and still others say it’s because the world’s values are falling apart.

There has also been speculation that media is to blame. In March 2017, the independent television series [13 Reasons Why](#) explored a teen suicide in a more direct way than a series ever dared before. The show focused on a troubled high school student who recorded audio explanations of what and who influenced her decision to kill herself, then she labeled each tape with the name of a person (a total of 13, hence the title) she felt contributed to the decision. Each episode of the show follows one of these people as they deal with the girl’s self-inflicted death and the part they may have played in it.

[CNN reported](#) that after the pilot episode aired, online search results for terms like “suicide,” “suicide prevention,” and “suicide awareness” rose significantly. However, search results for the phrases “how to commit suicide” and “suicidal ideation” skyrocketed. Psychologists call this phenomenon “suicide contagion,” when a group’s exposure to details of a suicide result in increased suicidal behavior in that group. (This can also happen when a celebrity someone admires commits suicide, as with Linkin Park singer [Chester Bennington’s suicide](#) in July 2017.) Horrifyingly, [statistics show](#) that if a struggling person sees suicide as a viable option, anything that triggers suicidal thoughts in that person can promote that belief and even advance it to the point of action.

[Dr. Victor Schwartz](#) at the NYU School of Medicine explained that most teens—but not all—can watch shows like *13 Reasons Why* and not walk away with suicidal thoughts or behaviors. However, he expressed real concern for young people watching the show who have a predilection for mental health problems or even existing problems that go undiagnosed. These issues are, not surprisingly, known risk-factors for suicide. (See our [Parent's Guide to Depression & Anxiety](#) for more info.)

In a panic, many schools and parent groups issued stern warnings to teens not to watch *13 Reasons Why* at all. Unfortunately, these warnings only served to amplify the message of the show, and teens' attention and conversation around suicide has grown instead of lessened as a result. Even more unfortunately, adolescent behavioral health became a medical specialty only fairly recently, and not all adults will consider mental illness as a possible reason for a teen's behavioral or emotional difficulty. It's why [only about a third](#) of U.S. adolescents with a diagnosable, treatable mental disorder ever receive treatment. For some, sadly, critical help comes too late.

Self-harming doesn't make sense to me. Why would someone do it?

If the idea of self-harm makes you uncomfortable, you're not alone. Many assume self-harm signals the presence of a severe mental illness in a teen; after all, who in their right mind would intentionally hurt themselves, right?

Self-harming is not an illness in itself but rather points to a desperate situation and a dangerously severe inability to cope—which can be caused by one or any number of physical, mental, emotional, or spiritual issues. The urge to self-harm, like suicidal ideation, most often begins with overwhelming negative emotions and problems that seem unsolvable. Sometimes a person who continues to struggle with acute depression, emotional pain, or trauma will eventually “go numb”: the brain can shut down emotions to protect itself from toxic levels of stress. This automatic neurological response can hold a person hostage inside themselves, preventing them from crying, getting angry, solving problems well, focusing, or even fully understanding what they feel and why.

In these frightening moments, self-harm can feel like a “release” in a strange way. Those who engage in it say they feel “real” and “alive” again because it makes their invisible, unexplainable pain “visible.” It can distract a person temporarily from the non-stop internal struggle they live with every day. A few even admit they self-harm in order to stop suicidal thoughts because the painful sensation briefly restores a sense of control over their lives.

What is culture saying about suicide and self-harm? How is it influencing teens?

Suicide and self-harm are being talked about more openly than ever before. In some cases, like with [National Suicide Prevention Week](#), this is a good thing. In others, it's a mixed bag (see discussion above about *13 Reasons Why* and the impact it had).

One that's [hugely popular](#) and seems to be a good influence is the song “[1-800-273-8255](#)” by rapper Logic with Alessia Cara and Khalid. The title of the song is the number for the

National Suicide Prevention Lifeline, and [the music video](#) depicts a young African American man struggling with suicidal thoughts and extreme depression as a result of bullying, feeling ostracized, and being misunderstood because he's homosexual. When paired with the lyrics of the song, the two give an example of how calling the Lifeline can really help in moments of extreme crisis and desperation.

The [#BlueWhaleChallenge](#) also gained popularity in early 2017 and was linked to multiple deaths by suicide. The challenge, which originated in Russia, was created to encourage participants to complete increasingly harmful “dares” that involve self-harm over the course of 50 days, culminating in a final challenge to commit suicide. In July 2017, at least 2 American teen suicides (one of whom broadcast his suicide on social media) [were linked to the challenge](#).

Perhaps the most notable occurrence of suicide references in mainstream culture is the use of “You should kill yourself” or “[kill yourself](#)” (often shortened as “[kys](#)” online) as an insult. [This meme](#) (*language*) has also propagated the phrase. The idea is to use it as a sarcastic response when someone does something completely inane or pathetic, with many online definitions clarifying that it's only meant sarcastically as a way to point out one's stupidity, not as an actual encouragement to kill oneself. The problems with this practice are obvious: 1. It makes light of a very serious and heavy situation; 2. The recipient of such comments may not realize that a sender is being sarcastic and therefore believe that others want him/her to commit suicide, as evidenced by [this 15-year-old girl's suicide](#); and 3. If this is said—sarcastically or not—to someone who is already struggling with suicidal tendencies, it will only reinforce his/her desire to commit suicide.

Finally (though not exhaustively), there are many [pro-suicide communities](#) online. Subreddits like [/r/kys](#) and [/r/SanctionedSuicide](#) are places for users to submit questions about if, when, where, and how they should commit suicide, as well as to find “death partners.” [One study found](#) that, between 2007 and 2014, the number of sites providing factual information about suicide methods had tripled.

Don't some kids threaten suicide or self-harm just to get attention or manipulate others? Shouldn't I refuse to let my teen “manipulate” me like that?

It's pretty important that parents fully understand the ramifications of this idea. As previously noted, suicidal ideation and self-harm both point to some inability to express or cope with intense feelings. Most often, a young person threatens or attempts these behaviors to relieve themselves of constant, unmanageable, unbearable emotional turmoil. Some teens see self-harm or suicide as their only solution, or they do it as a way to beg for help with something they don't fully understand themselves or have no words to describe. Sometimes they truly believe their feelings “don't matter” or they have failed at handling things on their own and feel ashamed (which makes matters worse).

Philosopher and author David Foster Wallace, who struggled with lifelong depression and eventually [took his own life](#), described his desperation this way:

The ... person who tries to kill herself doesn't do so ... because death seems suddenly appealing. The person in whom (an) invisible agony reaches a certain unendurable level will kill herself

the same way a trapped person will eventually jump from the window of a burning high-rise. Make no mistake about people who leap from burning windows. Their terror of falling from a great height is still just as great as it would be for you or me standing speculatively at the same window just checking out the view; i.e., the fear of falling remains a constant. The variable here is the other terror: the fire's flames. When the flames get close enough, falling to death becomes the slightly less terrible of two terrors. ... And yet nobody down on the sidewalk, looking up and yelling "Don't!" and "Hang on!", can understand the jump. Not really. You'd have to have personally been trapped and felt flames to really understand a terror way beyond falling.

Even on the outside chance your child's motivation is, in fact, to "get attention," maybe that attention is exactly what's needed. Threats, posturing, uncontrolled anger, isolation, misbehavior, disobedience ... these are all symptoms in kids that should make us ask, "Why?" With the rate of teen suicide and self-harm rising, we can't afford to blow off our kids' attempts to be seen and heard, no matter how delinquent it may seem or how much we might fear we're to blame for it. Something serious is always behind this kind of behavior, and the real problem can get missed by parents who demand respect before giving it. We protect our teens and limit the "exasperation" factor (Eph. 6) when we first make sure they aren't in severe emotional trouble before turning on the accusations. If there's truly no emotional danger, a few minutes of active listening will confirm it—you won't "spoil" your child or "enable" poor behavior in your teen by listening to them.

I've heard people wonder why a teen who "seemed so happy" or "had so much going for them" would commit suicide. Why would apparently happy teens do this?

Many teens who have suicidal thoughts or self-harm are experts at hiding their pain, sometimes because they can't explain it well, sometimes because it doesn't make sense to them, and sometimes because they believe it is inappropriate, wrong, sinful, or dangerous to address it openly. Therefore, it's important to see beyond what a teen projects to what's really going on. Some things to consider:

- Behavioral health (mental illness, substance abuse, learning difficulties);
- Personality characteristics (low self-esteem, loneliness, social isolation or exclusion, low tolerance for stress, poor coping skills or body image);
- Adverse life circumstances (death of a loved one, interpersonal difficulties, disciplinary or legal problems, abuse, trauma, serious illness);
- Risky behavior (alcohol/drug use, delinquency, aggressive/violent behavior, sexual activity);
- Family circumstances (history of suicide or self-harm, familial mental illness, parental divorce or marriage difficulties, financial problems, over/underprotective or highly critical parenting style); and
- Environmental factors (negative experiences at school, lack of respect or acceptance of differences, limited safety at school, weapons present on campus, limited access to mental health care, exposure to stigma or discrimination).

Are there steps I can take to prevent self-harm and suicide?

Even with the wide variety of risk-factors, powerful defensive measures exist. Studies on teen incidence of suicide and self-harm suggest ways to prevent and even heal the issues leading to suicide and self-harm in teens:

- Having a strong set of core values based in a growing faith in Christ;
- Going through intentional positive reinforcement and emotional self-care training;
- Possessing emotional intelligence, adaptability, resilience, self-discipline, good coping and problem-solving skills;
- Possessing sense of control, self-esteem, frustration tolerance, healthy body image;
- Getting regular exercise;
- Participating in school groups like sports and music;
- Receiving familial and social support (parental involvement, demonstrated active listening skills, family closeness, availability of friends and other caring adults, championing school success, the modeling and approval of socially healthy behavior);
- Having access to effective health care;
- Being in a safe school community where young people feel valued, heard, and successful; and
- Restricting the use of weapons, alcohol, and drugs.

How would I know if my son/daughter is suicidal or self-harming?

Any **one** of the following behaviors could indicate your child is at risk of suicide and needs intervention:

- Talk or interaction on social media interaction about suicide or wanting to die (that, to your parental instincts, sounds like more than normal teenage hyperbole).
- Evidence of a suicide plan (such as an online search history, the obtaining of a weapon, or a stockpile of over-the-counter medications).
- Talk of “feeling hopeless,” having “no reason to live,” feeling “trapped,” feeling they are “a burden” to others, or experiencing unbearable pain, fear, or trouble (emotional or physical).
- Statements like “you won’t have to worry about me for much longer” or “soon all my troubles will be over” (they might even begin to give away some of their stuff).
- Increasing use of drugs or alcohol, including over-the-counter medications.
- Increasingly risky, reckless behavior.
- Easily induced agitation or rage.
- Frequent sleep disturbances (too much, too little, nightmares).
- Isolation or withdrawal, especially from people or activities they used to enjoy.
- Increasingly rapid and/or extreme mood swings.

Remember the notice at the beginning of this guide. If you even suspect your child has suicidal thoughts or plans, STOP READING AND TAKE ACTION NOW.

The following symptoms may indicate the presence of self-harming behavior:

- Clusters of scars, cuts, scratches, or burns on the wrists, hands, or forearms (although

- those who self-harm may choose any place on their body);
- Frequent bruising or use of bandages;
- Hair loss or bald patches on the scalp;
- Isolation or withdrawal;
- Wearing long-sleeves, pants, or wristbands in hot weather; and/or
- Claiming frequent accidents or mishaps resulting in injury.

I'm really uncomfortable talking about suicide and self-harm. How can I get my teen to talk with me about it?

Try starting with one or more of these conversation openers:

- “Tell me more about what is happening to you. I’m here to listen.”
- “How are you feeling? Have you felt like this before?”
- “I’m worried about you. It looks like you’re going through a difficult time.” (Then list the behaviors you’ve observed.)
- “I care. I want to listen and understand. What do you want me to know about the way you feel and what’s going on?”
- “Can you talk to me about what you’re experiencing? Do you feel like you want to talk to someone else about this? Who might that be?”
- “How can I help you feel better?”
- “What else can I help you with?”
- “Who/What helps you deal with this?”
- “Who else do you know that has experienced these issues?”
- “How can I help you find more help?”
- “Do you ever have thoughts of harming yourself?”

Begin the conversation when and where the teen feels safe, comfortable, and calm (not during or right after a conflict). Seek first to listen actively and gain as much of their insight as possible. Be straightforward and honest about what you see, how it makes you feel, and why you are worried. Watch for reactions in your teen; if he/she starts to recoil or appears confused or upset, slow down or back up and try another approach.

If your son/daughter admits to self-harming, suicidal ideation, or even plans to kill him/herself, take a deep breath and don’t panic. Tell them you are there to help them feel better. Verbally commit to doing whatever is necessary to get them any help they need, and be prepared to reiterate that commitment whenever your teen has questions. Explain specifically how you will take action: “I will call your doctor right now and get an appointment to talk about this.” “I will get a referral to a doctor who specializes in helping young people like you.” “I will get a referral to a doctor who specializes in what you’re experiencing and feeling.”

What does God’s Word say about suicide and self-harm?

In 1 Kings, the prophet Elijah orchestrated one of God’s most visible, effective, and dramatic victories: God detonated a huge pile of soaking-wet rocks and about a thousand false prophets on

top of Mount Carmel in front of a teeming horde of lukewarm Israelites. Elijah, with immovable faith, even harassed the Baal prophets because they weren't getting answers to their prayers: "Hey! You should pray louder! You said he's gotta be there, right? Maybe he's multitasking, or maybe he's taking a nap! Maybe he's on a road trip or something!" These Baal guys actually "slashed themselves with swords and spears" until they were "covered in blood" in a desperate effort to protect their livelihood—and their lives ([1 Kings 18:16-41](#)). Fear, pride, shame, disillusion, pretty much any separation from God's purpose can clearly make people do desperate things to cope.

Immediately afterward, in 1 Kings 19, with this amazing spiritual victory fresh in his mind, Elijah wandered out into the desert, collapsed under a tree, and told God he was ready to die. The idol-worshipping queen swore to kill Elijah because he had made her look ridiculous. Despite Elijah's world-famous, unwavering faith, exhaustion and fear for his life overwhelmed him. At that point, death only represented eternity with God and seemed much more desirable than hanging out on earth with crazy people in authority positions with unlimited resources trying to kill him.

God responded to his servant by first providing for Elijah's most immediate needs—food, water, and rest—because "the journey was too much" for him. Those needs were fulfilled with God's own hands: Commentators mostly agree "the angel" attending to Elijah represented an Old Testament appearance of Christ Himself. Jesus touched Elijah (He didn't need to, but He knew it would be soothing to him), He made him a fresh breakfast, and He even placed the food near Elijah's head so he wouldn't have to move too far to reach it. Christ stayed with Elijah and fed him twice as he rested and restored his soul in the presence of God. (Renowned missionary Mother Teresa also focused first on the most basic needs of the poor and frail while she prayed over them. In Christlikeness, she understood the delicate and vital interplay between our physical, mental, emotional, and spiritual health—especially among the more compromised children of God.)

Strengthened and rested, Elijah then traveled 40 days into the desert to meet with the Father on His own mountain, Mt. Horeb. God first asked Elijah "what he was doing there"—not for His benefit but so Elijah could talk about what was frightening him to the point of irrationality (a biblical example of "talk therapy"). Elijah told God how hard he'd worked, the rejection he'd experienced from the people he was sent to save, the frustrating behavior of those lost people, what happened to every other prophet God sent to them (it wasn't good), that he was all alone in the world, and now evil idol-worshipping authority figures were trying to have him murdered.

God's response? "[I'm coming. Look for me.](#)"

So Elijah waited for God. In the meantime, three powerful forces shattered the earth around him, but Elijah knew God well enough to keep waiting. God came tenderly to Elijah "in a gentle whisper," likely because He knew Elijah had stressed enough. The Father then asked him again, "What are you doing here, Elijah?" Elijah said word-for-word the same thing he said earlier. God was OK with this; sometimes it takes more than one telling to explain how desperate the situation has become.

God's response this time? "Go back."

WHAT?!? We think at first something must be wrong ... then we continue to read. God sent Elijah back home with everything he was missing: direction, authority, a partner and successor in the good work (Elisha), people who would be faithful to God and obedient to Elijah, and reassurance

of the Father's personal presence through it all. God didn't just heal Elijah—He heard him. God gave Elijah comfort, purpose, power, strength, protection, fellowship, and the renewed promise to never leave him. Best of all, He showed up.

This passage illustrates vividly what every struggling teen (and adult, for that matter) needs in times of life-threatening emotional crisis: personalized care, a listening ear, mercy, guidance, a glimpse of the big picture, and deep personal healing based in love and respect for our shared human condition. Even more importantly, suffering people need Christ to give them these things Himself. When we let Him, the Great Physician heals us in every way we can be healed in His perfect timing.

Final Thoughts

When we discover suicide and self-harm as part of our children's reality, it sets off an emotional whirlwind: "How did this happen?" "Is it my fault?" "What do I say?" "What if it's too late to help?" "How did I not notice it before?" There's fear, worry, panic, confusion, disgust, embarrassment, anger, frustration. . . . The list goes on. It's hard to deal with our own feelings, figure out a game plan, and execute that plan when the stakes are so incredibly high. **However, remember that suicide and self-harm are usually preventable** (except possibly when severe mental health issues are present), **and good treatment can provide incredible peace, improve quality of life exponentially for struggling teens, and bond families together like never before.**

The most important thing you can do to help a suicidal/self-harming teen is to **be there**. Have compassion, actively listen, and do whatever necessary to implement a healthy solution, even if it means a long season of hunting down the right health care providers, treatment plans, inpatient care, support system, and coping strategies.

And don't forget to *get the right support for yourself*. As much as your struggling teen needs your intervention and guidance, you need encouragement to keep fighting the good fight alongside them.

Suicide and self-harm are not unforgivable sins (despite what you may have heard), but God never wants them to enter and hijack the abundant life for which He made us. Pray often and fervently for His provision, grant Him daily control over the situation, and allow Him to work in unexpected ways. As Christ "overcame the world," rest assured He can turn all things for good (Romans 8:28), even this.

Pastor and author Tim Keller writes in *Walking With God Through Pain and Suffering*: "Christianity teaches that ... suffering is meaningful. There is a purpose to it, and, if faced rightly, it can drive us like a nail deep into the love of God and into more stability and spiritual power than you can imagine."

Resource

Because we all need help understanding and starting conversations about such difficult topics with our teens, we created a [Virtual Conversation Kit](#) on [Suicide, Self-Harm, Depression, and Anxiety](#). This online kit includes an Expert Interview, a Whiteboard Training, and a Feature Presentation, each of which addresses different facets of this difficult topic and is made to: 1. help

you as a parent understand and empathize with your teen better; 2. equip you with knowledge and resources to help your struggling teen; and 3. begin a constructive, loving conversation with your teen(s). If you're interested in this invaluable resource, simply go to virtual.axis.org to learn more and to see [pricing options](#).

Other Resources

[National Suicide Prevention Lifeline](#) or 1-800-273-TALK

[Suicide Awareness Voices of Education \(SAVE\)](#) or 1-800-SUICIDE

[To Write Love on Her Arms](#)

Saddleback Church's "[Mental Health Resource Guide for Individuals and Families](#)"

[Mental Health Ministries](#)

Christianity Today's "[Top 10 Resources for Mental Health Ministry](#)"

[American Psychiatric Association](#)

[Centers for Disease Control and Prevention](#)

[World Health Organization](#)

VIDEO: [How to Tell When a Kid Is Struggling Emotionally](#) (APA/National PTA Webinar, May 5, 2014)

VIDEO: [Award-winning actress Glenn Close speaks candidly about mental illness awareness and stigma](#)

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