

Navigating Through Youth Mental Health & Suicide Prevention:

A TOOL FOR
PARENTS AND GUARDIANS



A Note to Parents and Guardians

As parents, we know that when your child is struggling mentally, it can be difficult to know the warning signs, appropriate treatment plan, and knowing exactly when it is time for emergency services to get involved.

This tool is designed to help you navigate through a situation where your child may need to be connected with resources or taken to the hospital in a crisis situation. We hope that this guide will provide you the resources to understand the processes set in place to keep your child safe and connect both you and your child to the support you need.



Signs and Symptoms for Parents/ Family Members



- **Suicide Awareness Signs & Symptoms**

- Talks about harming self, feeling hopeless, or having no reason to live
- Expresses feeling like a burden to others
- Increase in alcohol or drug use
- Withdraws from activities
- Isolates self from friends & family
- Reduced effort at school (i.e. stops trying academically or increased absences)
- Changes in sleeping patterns; always fatigued or not sleeping
- Displays abnormal aggressive behaviors or irritability
- Gives away possessions, says goodbye to family & friends
- Online searches for materials to end life or for self-harm
- Makes unusual or cryptic social media posts about topics listed above

- **Depression**

- Feelings of sadness that persist (more than 2 weeks)
- Trouble thinking, concentrating and making decisions
- Changes in sleeping patterns (sleeping a lot more or a lot less than usual)
- Changes in eating patterns (eating a lot more or a lot less than usual)
- Feeling worthless, useless, or guilty
- Changes in energy (being tired and sluggish or tense and restless a lot of the time)
- Lack of interest in activities
- Feeling sad, hopeless, or irritable a lot the time
- Irritability

- **Anxiety**

- Irritability
- Feeling nervous, restless or tense
- Trouble concentrating
- Withdrawal from social activity
- Avoidance of new or difficult situations
- Chronic complaints of stomach aches or headaches
- Fearfulness when away from parents
- Extreme fear about a specific thing or situation (i.e. dogs, insects, or phobias)
- Being afraid of school or places where others are
- Being worried about the future or about bad things happening
- Having repeated episodes of sudden, unexpected, or intense fear that also comes with increased heart rate, dizziness, trouble breathing, sweating, or shaking

- **Self-harm***

- Cutting
- Scratching
- Burning
- Carving words or symbols into the skin
- Hitting or punching oneself with objects or another surface like a wall or table
- Piercing the skin with sharp objects
- Pulling out hair
- Picking at existing wounds

- **Excessive Substance Use**

- Increased use, or misuse, of alcohol and other substances, prescribed medications
- Drug-seeking behavior

- **Crisis Signs And Symptoms**

- When is it Appropriate to Call 911 or 988?
 - If the individual is in danger of hurting themselves, others, or property
 - This includes threats and/or actions/plans
 - If the individual is severely disoriented or out of touch with reality
 - i.e. Confused on who they are, unclear thinking patterns, making statements that don't make sense, seeing or hearing things that aren't there
- If there are access to means:
 - Includes weapons, drugs, medications, rope, etc
 - Efforts should be made to remove and secure these items

**see definition for self harm and self injury on the back cover*

What You Can Do Before Your Child Is In Crisis

- **Seek out services for professional evaluation**
 - Reach out to your child's school for information on services available for your child including:
 - Evening Counseling
 - Multi-Tiered Systems of Support
 - Ongoing counseling with the school's social work team
 - **Counseling with a community provider**
- **Schedule a visit with your child's provider for potential medication management or referral to a counselor.**
- **Develop a Safety Plan with your child.**
 - Several Safety Plan Phone Applications are available including:
 - "Safety Plan"
 - "Mood Tools"
 - "Stay Alive"
 - A Brown Stanley Safety Plan is also included below for you to fill out and have readily available. You can also scan the QR code to go to a digital version of the safety plan.
- **If your child attempts suicide, the first thing to do is make sure your child is physically okay. They should then be immediately seen in the ER.**

Safety Plan

Step 1: My Warning Signs

Step 2: My Coping Strategies

Step 3: My Distractions

Step 4: My Supports

Supports are people you feel comfortable talking to about what you're going through, and who can provide some help.

Name: _____ Contact Info _____
Name: _____ Contact Info _____
Name: _____ Contact Info _____

Step 5: Professional Supports

Professional contacts are people who can provide professional care and support.

Name: _____ Contact Info _____
Name: _____ Contact Info _____
Name: _____ Contact Info _____

Step 6: My Safe Environment

In this step, evaluate means that could be considered during a suicidal crisis and how to clear them from your environment.



What Happens After Emergency Services are Called or Utilized?

- **When a police officer arrives, provide a detailed account of the incident. Please be sure to include concerns about the safety of your child or others.**
 - If your child meets Emergency Petition criteria, they will be transported by law enforcement to the emergency department.
 - If your child is transported in a law enforcement vehicle, it is St. Mary's County Sheriff's Office policy that they be handcuffed, both for their safety and the safety of the officer. If there are medical needs/concerns, an ambulance may be called to transport the child to the emergency department. If this occurs, the officer will meet the ambulance at the hospital.

Perhaps a short quote from local ER or law enforcement here? - - emphasizing their focus on providing best support for the family in this situation.

Term to Know: Emergency Petition

- An emergency petition is a legal process that allows a police officer, doctor, or psychologist to bring a patient to the hospital when they are at risk to hurt themselves, or to protect the property or safety of others. **An emergency petition does not mean the child has to be admitted to the hospital.**
- A person meets Emergency Petition criteria when mental illness is suspected and/or present AND they present an immediate danger to themselves or others
- If your child is brought to the ER under emergency petition they will have to change into a hospital gown and remove jewelry and accessories. They will not be allowed to have any belongings including cell phones. A phone can be provided if they need to make or receive a call. A staff person will be assigned to stay with them to make sure they cannot hurt themselves with their own things or things around them.
- If your child is transported to the emergency room (ER) by emergency petition, it means an ER doctor must provide a medical screening exam after first seeing a nurse who will check vital signs and assess for suicide risk. Your child will also see an emergency psychiatric service worker - usually a social worker - who will perform a dedicated psychiatric exam by speaking with your child and their family members.

What Happens In The Emergency Department and After Your Child Is Discharged?

- **Clinical staff will perform an intake screening of your child. note that a behavioral health condition is the primary reason for the visit, and will document if your child has any concerns of emotional or behavioral disturbances.**
 - If your child shows symptoms of emotional or behavioral disturbances, the provider will conduct a risk assessment, including screening for suicidal ideation.
 - If your child screens positive for suicidal ideation, interventions for your child's safety will be implemented based on the risk level determined by the risk assessment.
- **Your child will be reassessed for suicidal ideation if there are any changes in your child's status (i.e. change in location, worsening symptoms, time of discharge, etc).**
- **When your child presents at the ER following a suicide attempt the following may also occur:**
 - Your child may have a staff person assigned to stay with them and be seen by emergency psychiatric services.
 - **OR** they may be admitted to the hospital for a longer amount of time. **(This often means being transferred to a hospital or unit that specializes in taking care of children).**
 - A psychiatrist may be involved in their care even on the medical floor and can help arrange transfer to a psychiatric unit, if needed, after they are physically better.
- **If it is determined that your child is safe to go home, they will be discharged with a safety plan that they will complete with the help of a mental health professional.**
 - If your child is not already connected, referrals to a psychiatrist and/or therapist will be provided.
 - **Remember to think about your own coping strategies and resources as well - having a sick child is very stressful.**
- **If it is determined that your child needs inpatient care, the emergency psychiatric services worker will make those arrangements.**
 - **Medstar St. Mary's Hospital does not admit children under 16 years old.** If your child is under the age of 16 they will be transferred to another hospital. This process often takes many hours, but on occasion can take days depending when beds are available at the facilities that accept children in Maryland.

Visitation

- If your child is brought to the hospital under emergency petition or voluntarily you are allowed to visit them. **Your child can refuse to have you with them in the care area.** Your child may be stressed, scared of being in trouble, embarrassed, or have any other number of big feelings. Often, after initially refusing, children are willing to let their parent/guardian join them in the care area.
- If you are causing your child to become more distressed or agitated, or generally making the situation worse, you may be asked to leave the care area.
- You will not be able to bring any belongings into their room. **You must leave your bags, jackets, and cell phones in the car or with security.**
- Even if you are not present at the bedside with your child, hospital staff will still want to speak with you and include you in the care plan for your child.
- If your child is waiting for transfer to another hospital, you can stay with them.
- **Please be available by phone if you need to leave the hospital for any reason.**

Resources and Treatment Options

School-based Resources

- **St. Mary's County Public Schools Counseling Support**
 - School Counselors, School Psychologists and School Social Workers are available in a tiered system of support. Contact your child's school for more information.
 - Tier 1: All students have access to their school counselors for social, academic, and emotional support at any time during the school day. Intervention and support can also be provided to small groups, classes, or entire grade levels.
 - Tier 2: If your child needs additional support they may be included in small group interventions with parental consent.
 - Tier 3: If it is determined your child needs 1:1 ongoing counseling services, a referral will be made by a school Social Worker, Counselor, or Psychologist. Parental consent must also be provided for this service.
 - Connections to outpatient resources are also made when necessary.
 - Aftercare Services
 - This is a support where schools and parents work together to develop an individualized plan for students to return to school following an ED visit, a mental/behavioral health hospitalization, or after being out on Home Hospital for Emotional Concerns. This support may include a mental/behavioral health support plan, transitional academic support plan, case management, and individualized counseling support.
 - You are encouraged to contact your child's school directly to connect with this program as the hospital does not contact the schools to notify them of your child's eligibility for this program. The point of contact for this program in secondary schools is the School Social Worker and the point of contact in elementary schools is either the School Social Worker or School Counselor depending on the school. For more specific contacts, reach out to SMCPs Mental Health Coordinator at 301-475-4411 X32150
 - Elementary Student Site - <https://sites.google.com/smcps.org/elementary-mental-wellness/home>
 - Secondary Student Site - <https://sites.google.com/smcps.org/mental-wellness-ms-hs-students/home>
 - Family Site - <https://sites.google.com/smcps.org/parent-mental-wellness-site/home>

Community-based Resources

- **Crisis Services and Hotlines:**
 - Suicide and Crisis Lifeline: Call or Text 988
 - The Trans Lifeline: Call 1-877-565-8860
 - The Trevor Project - for LGBTQ+ Youth: Call 1-866-488-7386 or Text START to 678-678
 - Southern Maryland Center for Family Advocacy: 240-925-0084
 - National Sexual Assault Hotline Lifeline: 1-800-656-4673
 - National Eating Disorders Association Helpline: 1-800-931-2237
 - To get connected with local resources: Call 211
 - SAMHSA's National Helpline: Call 1-800-662-4357
- **Local Behavioral Health Services for Youth:**
 - For a comprehensive list of local Behavioral Health Providers, please visit: smchd.org/bhtreatment or call 301-475-4330
- **Online resources**
 - National Alliance on Mental Illness: nami.org/Your-Journey/Kids-Teens-and-Young-Adults
 - American Foundation for Suicide Prevention: afsp.org
 - MentalHealth.gov: mentalhealth.gov/talk/parents-caregivers
 - The Youth Mental Health Project: ymhproject.org/learn-more/
 - Children's Mental Health Matters: <https://www.childrensmentalhealthmatters.org/find-help/parents-families/>



Definitions and Policies

- **COMAR Laws or the Code of Maryland Regulations (COMAR)** is the official compilation of all administrative regulations issued by agencies of the state of Maryland. Facilities may have their own policies outside of COMAR that may impact your child differently, for more information, contact the agency directly.
- **MD Age of Consent** states that children 12 years old and above are legally allowed to seek mental health treatment, without parental consent, as long as the provider determines the child is mature enough to give informed consent.
- **Parent Rights or Parental Disclosure** states that without the consent of the child, the clinician determines if, when, and how to inform the parent, caregivers, parental spouse, about treatment, advice, and status of your minor child.
- **Self harm and self injury** is any form of hurting oneself on purpose. Usually, when people self-harm, they do not do so as a suicide attempt. Rather, they self-harm as a way to release painful emotions.
- **Suicidal ideation**, also known as suicidal thoughts, is thinking about or an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role-playing (e.g., standing on a chair with a noose), and incomplete attempts.
- **Suicidal threat** is a statement of intent to commit suicide that is accompanied by behavior changes indicative of suicidal tendencies.
- **Suicide attempt** is any purposeful action taken by a person that could result in their own death, such as but not limited to, taking a substance to cause an overdose or crashing a car.
- **Suicide precautions** are continuous interventions aimed at providing a safe environment for patients identified as exhibiting suicidal behavior and/or ideation.
- **Suicide risk assessment** is a process conducted by mental health professionals to evaluate the current level of risk for suicide.

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SUICIDE
& CRISIS
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