

# Adolescent Warning Signs for Suicide\*

## Is the youth. . .

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Showing worrisome behavior or changes particularly in the presence of the above warning signs. Specifically this includes:
  - Withdrawal from or changes in social connections
  - Recent increased agitation or irritability
  - Anger or hostility that seems out of character or context
  - Changes in sleep (increased or decreased)

When you see a youth showing these behaviors and signs, it is a signal to make sure you explore what is going on and get professional help for assessment of suicidality. Specifically:

1. Express your concern about what you are seeing in their behavior,
2. Ask if they are OK or if they are having thoughts of suicide,
3. Listen attentively and non-judgmentally,
4. Let them know they have been heard and they are not alone,
5. If you are concerned, be the bridge to connect them with professional help.

**For acute risk:** If someone is currently engaging in suicidal behavior, such as actively harming themselves, seeking means for suicide or engaging in reckless life-threatening behavior,

- Immediately take them to a nearby Emergency Department, or
- Call 911

For someone expressing suicidal thoughts, but not currently at acute risk or in imminent danger:

- Call the Mental Health Crisis hotline number 1-888-568-1112 with them,
- Encourage them to call their mental health provider,
- Connect them with a helping professional at the school or other program.

*\*This list was developed by a consensus group of national and international suicide experts in 2013-14 and is valid for youth 13-19.*

# ***IS PATH WARM?***

**An easy Mnemonic to remember the research-supported warning signs for suicide**

<p><b>I</b> Ideation</p> <p><b>S</b> Substance Abuse</p> <p><b>P</b> Purposelessness</p> <p><b>A</b> Anxiety</p> <p><b>T</b> Trapped</p> <p><b>H</b> Hopelessness</p> <p><b>W</b> Withdrawal</p> <p><b>A</b> Anger</p> <p><b>R</b> Recklessness</p> <p><b>M</b> Mood Changes</p>
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A person in **acute risk for suicidal behavior** most often will show observable warning signs:

- Threatening to or talking of wanting to hurt or kill him or herself, ; and/or,
- Looking for ways to kill self by seeking access to firearms or other means; and/or,
- Talking or writing about death, dying or suicide, when these are out of the ordinary.

These might be remembered as expressed or communicated **IDEATION**. If observed, seek help as soon as possible by contacting a mental health professional or calling Crisis 1-888-568-1112.

Additional Warning Signs:

- Increased **SUBSTANCE** (alcohol or drug) use
- No reason for living; no sense of **PURPOSE** in life
- **ANXIETY**, agitation, unable to sleep or sleeping all the time
- Feeling **TRAPPED** - like there's no way out
- **HOPELESSNESS**
- **WITHDRAWING** from friends, family and society Rage,
- uncontrolled **ANGER**, seeking revenge
- Acting **RECKLESS** or engaging in risky activities,
- Dramatic **MOOD** changes

Risk Factors	<b>PERPETUATING CONDITIONS</b> (Unchangeable)	<b>PREDISPOSING CONDITIONS</b> (of Serious Concern)	<b>PRECIPITATING CONDITIONS</b> (Acute)
<b>FAMILY</b>	<ul style="list-style-type: none"> <li>● Family history of suicide, mental illness, substance abuse</li> <li>● Race</li> <li>● Gender</li> </ul>	<ul style="list-style-type: none"> <li>● Unrealistic parental expectations</li> <li>● Abuse (emotional, physical, sexual)</li> </ul>	<ul style="list-style-type: none"> <li>● Major family conflict</li> <li>● Exposure to suicide of family member</li> <li>● Anniversary of death</li> <li>● Moving often</li> </ul>
<b>PERSONAL BEHAVIORAL</b>	<ul style="list-style-type: none"> <li>● Loss through death, abandonment, divorce</li> </ul>	<ul style="list-style-type: none"> <li>● Previous suicide attempt</li> <li>● Mental illness</li> <li>● Substance abuse</li> <li>● Extreme Perfectionism</li> <li>● Poor coping/social skills</li> <li>● Impulsive</li> </ul>	<ul style="list-style-type: none"> <li>● Current acute Mental Illness</li> <li>● Severe stress/anxiety</li> <li>● Isolation</li> <li>● Rejection</li> <li>● Relationship break-up</li> <li>● Increased use of substances</li> </ul>
<b>ENVIRONMENTAL SOCIAL</b>	<ul style="list-style-type: none"> <li>● Inconsistent, neglectful or abusive parenting</li> <li>● Sexual orientation</li> <li>● Gender identity</li> </ul>	<ul style="list-style-type: none"> <li>● Experience of repeated loss</li> <li>● Chronic severe stress</li> <li>● Ongoing harassment</li> </ul>	<ul style="list-style-type: none"> <li>● Active suicide cluster in community</li> <li>● Access to lethal means</li> <li>● Bullying, harassment</li> <li>● Loss of freedom (e.g., incarceration)</li> </ul>

## Prevention Steps

### Show You Care Listen Carefully

- "I'm concerned about you . . . about how you feel."
- "You mean a lot to me and I want to help."
- "I don't want you to kill yourself."

### Ask The Question

Be direct in a caring, non-confrontational way

- "Are you thinking about suicide?"
- "How long have you been thinking about suicide?"
- "Have you thought about how you would do it?"

### Get Help

Do not leave him/her alone

- "I know where we can get some help."
- "I can go with you to where we can get some help."
- "You're not alone. Let me help you."

## Suicide Risks & Warnings

- Past attempts
- Talk of Suicide
- Plans for Suicide
- Depressed/anxious/hopeless
- Loss
- Alcohol/drug use & abuse
- Access to lethal means

## RESOURCES FOR HELP

- Crisis telephone line **1-888-568-1112**
- Physician/health care providers
- Mental health specialist
- Private clinics and facilities
- Hospital emergency room staff

## Maine Suicide Prevention Program

Education, Resources and Support. It's Up to All of Us.



Department of Health  
and Human Services

*Maine People Living  
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

# WHAT IS HELPFUL

## ◆ SHOW YOU CARE

- “I am concerned about you, about how you’re feeling.”

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## ◆ ASK THE QUESTION

- “Are you thinking about suicide?”

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## ◆ GET HELP

- “You are not alone. Let me help you. Let’s call the crisis line.”

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### **Ask Directly:**

- ◆ Will you let me help you get help?
- ◆ Whom would you like to contact for help?
- ◆ Will you go with me to get help?

### **How to Refer Someone for Help**

Efforts to persuade someone to live are usually met with relief, so do not hesitate to intervene.

The best way is to take the person directly to someone who will help.

If that is not possible, get the person to agree to get help, and assist with making arrangements for that help as soon as possible.

A third alternative is to get a promise from the suicidal person that they will not kill themselves and that they will seek help.

If you believe a person to be in danger of suicide, it is up to you to use your judgment to see that they get the help they need. Call for Emergency Assistance - the statewide crisis hotline, police, emergency services or other helping resources familiar to you.

### **What if Help is Refused?**

When a youth is suspected to be suicidal, the first course of action for a professional service provider is to follow the protocol of the local institution, agency, or facility.

Parents/guardians should be involved as soon as possible.

They must be informed as to why the child is suspected to be suicidal. In the event that a mandated reporter determines that a youth under age 18 appears to be at risk of attempting suicide and the parent/guardian refuses to obtain services for him/her, a report should be made to Child Protective Services (CPS) at 1-800-452-1999 for neglect - failure to seek necessary mental health treatment which may place the child at risk of serious harm. CPS will conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still will not seek treatment and the CPS believes that this places the child at risk of serious harm or at immediate risk of serious harm, a Court Order will be sought ordering the required treatment services. If there appears to be a danger of abuse if the parents are involved, a report should be made to CPS and an assessment will be conducted as described above.

By calling the statewide crisis hotline, **1-888-568-1112**, you will access the appropriate crisis intervention agency in your area.

Crisis service agencies offer professionals who have the skills, authority, and responsibility to formally assess the risk factors and level of care necessary. Treatable mental or emotional illness often underlies suicidal behavior. Treatment can work even if it has to be forced. Sometimes involuntary treatment may be necessary. It is important that each suicidal person, at the very least, has the opportunity to get help.



*Maine Center for Disease  
Control and Prevention*  
*An Office of the  
Department of Health and Human Services*

*Paul R. LePage, Governor*

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**Responding to the answer:**

When someone responds that they are thinking about suicide, it must be taken seriously.

**Helpful basic guidelines:**

- ◆ Listen with your full attention. Take your time, be patient.
- ◆ Speak slowly, softly, calmly.
- ◆ Acknowledge the pain.
- ◆ Reassure, be positive.
- ◆ Identify individuals (s)he can trust for support and help.
- ◆ Formulate a plan for getting help, building hope.
- ◆ Remove lethal means and substances safely and immediately.
- ◆ Offer help/hope in any way you can. Know your own limits. Do not allow yourself to be the only person who can help.

**Avoid:**

- ◆ Acting shocked.
- ◆ Reacting with anger.
- ◆ Interrupting and offering advice.
- ◆ Minimizing or discounting the problem.
- ◆ Arguing about suicide being "right" or "wrong".
- ◆ Judging, condemning.
- ◆ Causing guilty feelings.
- ◆ Getting over involved or owning the problem.
- ◆ Offering unrealistic solutions.

**Never:**

- ◆ Ignore the behavior.
- ◆ Promise total confidentiality or agree to keep a secret.
- ◆ Try to forcefully remove a weapon.
- ◆ Leave a youth alone if you think there is an imminent danger of suicide.

## **Persuading Someone to Get Help:**

Feelings of hopelessness and helplessness are common to suicidal people. Your support in building hope and finding help can make the difference between life and death.

Trust your instincts and take action when you think someone might be suicidal. Talk to him or her, making it clear that it is OK to talk about suicidal thoughts and feelings and that helping resources are available. Seek professional help as soon as possible.

# Responding to Suicidal Behavior

Suicide can be an impulsive act, but it does not usually occur spontaneously. People do not just decide, all of a sudden, to end their lives. They first find themselves in increasingly difficult circumstances. Their coping skills are inadequate to deal with their problems. If someone does not intervene, eventually they are unable to cope and they see suicide as the only solution to solving their problems.

Once the idea has been considered, time is needed to plan where, when and how to complete the act. The process might take only a few hours, but typically it takes days, weeks, or months. While some young people behave very impulsively and move quickly towards suicide, the average crisis period lasts about two weeks. There is usually time to intervene. The earlier the intervention the better.

**The goals of suicide intervention are to help the person:**

- ◆ Get through the crisis without harm
- ◆ Know that hope exists
- ◆ See alternatives to suicide
- ◆ Identify and access available helping resources

**Three Steps to Helping a Suicidal Person:**

- ◆ Show you care, listen.
- ◆ Ask about suicidal intent.
- ◆ Persuade the suicidal individual to get help and help them get help.

## Ask a Question About Suicide

Asking a question about suicide does not increase the risk of suicide. It is very important to use words that are comfortable for you. A young person may resist your questions, but usually (s)he will feel relief that someone has finally recognized his or her pain. It is very important to keep the conversation going in a calm and reassuring manner.

It is important to talk to a suicidal person alone and in private to allow him or her to talk freely and be able to express emotions.

Your role and relationship to the suicidal person determines how you set the stage for asking a suicide related question. The fact that you ASK the question is much more important than how you ask.

**Examples of suicide related questions:**

- ◆ Are you planning your suicide?
- ◆ Are you thinking about killing yourself?
- ◆ When people are in as much pain as you seem to be, they sometimes want to end their life. Are you feeling that way?
- ◆ You seem very unhappy, are you thinking about ending your life?