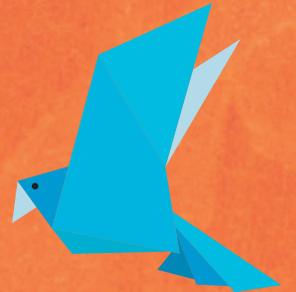


A SUICIDE INTERVENTION TOOLKIT FOR  
PARENTS & CAREGIVERS  
THROUGHOUT SOUTHERN VANCOUVER ISLAND

# CONNECT



# Where do I get help / Who can I call for help?

If a youth's safety is imminently at risk (i.e., suicide, life-threatening injury or mental health concerns), please take youth to the Royal Jubilee Hospital or the Victoria General Hospital, depending on age. All hospitals are open 24 hours a day, every day. If you need help getting the child/youth to the hospital, you can call 911 or call the Vancouver Island Crisis Line at 1-888-494-3888 and they may consult and dispatch the Integrated Mobile Crisis Response Team (IMCRT).

## Emergency Room Departments

**If you are 17 or older**, go to **Royal Jubilee Hospital** | 1295 Bay Street

In PES (Psychiatric Emergency Services) a psychiatric nurse or an adult psychiatrist will be there to help you.

**If you are under 17**, go to the **Victoria General Hospital** | 1 Hospital Way

A mental health crisis nurse will be available 8:30 am–10:30 pm, 7 days a week. After 10 pm, an Emergency Room doctor is there to help. An on-call psychiatrist is also available.

**If you are under 25 and live on the Saanich Peninsula**, go to **Saanich Peninsula Hospital** | 2166 Mt. Newton X Road

If you have concerns for a youth but they are not at imminent risk, contact High Risk Services Team for assessment and brief treatment for actively suicidal children and youth at ☎ 250-952-5073.

### Victoria Youth Clinic

818 Douglas Street, 3rd floor, Victoria, BC  
(above Noodle Box) ☎ 250-383-3552  
youth@victoriayouthclinic.ca  
Youth Outreach ☎ 250-818-0897  
outreach@victoriayouthclinic.ca

### Child and Youth Mental Health (MCFD)

CYMH Victoria ☎ 250-356-1123  
CYMH Saanich ☎ 250-952-5073  
West Shore ☎ 250-391-2223  
CYMH South Island Aboriginal Team  
☎ 250-952-4073

## Emotional & Crisis Support Resources for Children & Youth

youthspace.ca, national online emotional and crisis chat and text for youth under 30

☎ Chat: [youthspace.ca](https://youthspace.ca) | 6 pm–midnight  
☎ Text: 778-783-0177 | 6 pm–midnight

YouthinBC, crisis service

☎ 604-872-3311 | 24/7  
☎ Chat: [youthinbc.com](https://youthinbc.com) | Noon – 1 am

Kuu-us Crisis Line Society (For Indigenous youth)

☎ 1-800-588-8717

1-800-SUICIDE, BC wide phone support line

☎ 1-800-784-2433 | 24/7

Vancouver Island Crisis Line, crisis support

☎ 1-888-494-3888 | 24/7  
☎ Chat: [vicrisis.ca](https://vicrisis.ca) | 6 – 10 pm  
☎ Text: 250-800-3806 | 6 – 10 pm

Kid's Help Phone, Canada wide service

☎ 1-800-668-6868 | 24/7  
☎ Chat: [kidshelpphone.ca](https://kidshelpphone.ca)  
Wednesday – Sunday, 3 – 11 pm

BC 310 Mental Health Support Line

☎ 310-6789

BC Alcohol and Drug Referral

Service ☎ 1-800-663-1441

BC Mental Health and Addiction

Info Line ☎ 1-800-661-2121

Eating Disorder Program (MCFD)

☎ 250) 387-0000

### MCFD Child Protection Hotline

for family safety and child abuse

☎ 1-800-663-9122 | 24/7

### Gender Diverse & Transgender support

☎ 250-475-7624

[gendercreativetransvictoria@gmail.com](mailto:gendercreativetransvictoria@gmail.com)

Discovery Youth & Family Substance Use Services ☎ 250-519-5313

# Introduction

## Intervention can begin with a conversation

This toolkit was created to help parents and caregivers reach out to children and youth who may be at risk for suicide throughout Southern Vancouver Island.

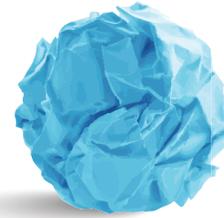
Suicide is not an easy subject to talk about and it can be difficult to hear that a loved one is struggling. Suicidal thoughts in youth can be a response to emotional pain and suicide can sometimes feel like the only way to end intense pain. As parents and caregivers we want to say the “right” thing, and sometimes we aren’t sure what to say and how to say it. Suicide is complex, and talking about suicide can be challenging for any parent or caregiver. It can also feel challenging for the child or youth.

Dialogue is key to suicide intervention: opening up the lines of communication is the first step in helping a loved one—and may save a life.

- Asking directly about suicide shows caring
- Suicide needs to be taken seriously
- Reaching out for help takes courage
- Seeking support from qualified professionals and community resources can help us keep safe

### This toolkit provides:

- an outline of resources
- some steps you can take
- warning signs to be aware of, and compassionate questions to ask a child or youth who may be seriously considering, talking or joking about suicide



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Warning signs and risk factors . . . . .	2
Youth who may be at increased risk. . . . .	3
Where can I start? . . . . .	4
Question, Persuade, Refer (QPR): three lifesaving steps . . . . .	7
The Circle of Care . . . . .	8
Action Plan: for reducing risk . . . . .	10
Action Plan: for imminent risk . . . . .	11
Strategies for reducing risk during transitions . . . . .	12
Debunking suicide myths . . . . .	13
Self-care and support for parents and caregivers . . . . .	15
40 Developmental Assets for Adolescents. . . . .	16
Strategies for reducing risk during transitions . . . . .	16

Throughout this kit we use the terms “your child” and “the child/youth” interchangeably. Readers of this kit may include parents, caregivers and other caring adults.

# Youth who may be at increased risk

A child or youth may be trying to cope or alleviate their distress in ways you don't immediately recognize as cause for concern. Here are some things to look for.

## Warning signs for suicide risk may include:

- Increased isolation
- Talking about, or hinting about suicide— (making statements such as “I’m going to kill myself,” or “I won’t be a problem for you much longer” “I can’t do this anymore”)
- Joking about suicide or making physical gestures about suicide
- A fixation with violence or death
- Increased use of alcohol or drugs
- Feeling purposeless or hopeless
- Dramatic mood swings
- Changes in normal eating or sleeping patterns
- Acting recklessly or aggressively, increased risk taking behavior
- Apathetic, not taking pleasure in things they normally enjoy
- Giving away valued belongings or saying good-bye when there is no other logical explanation for why this is being done
- Developing personality changes or becoming severely anxious, sad, hopeless, angry or agitated
- Unexplained cuts or burns
- Sudden worsening in school performance and/or absenteeism
- Trouble concentrating, forgetfulness, or an unexplained lack of energy or enthusiasm
- Not showering, changing clothes, brushing teeth or hair
- Marked guilt or decreased self-esteem
- Expressing a sense of the meaninglessness of life
- Withdrawing from extracurricular activities and/or social contact
- Talking about suicide on social media
- Sudden happiness or euphoria after a low mood
- Negative self-talk

## Watch for the above warning signs particularly in the presence of the following risk factors:

- Previous suicide attempt/s
- A recent suicide in the community, of a friend or family member
- A recent break-up or conflict with parents
- Stress or confusion about gender identity or sexual orientation
- Increased risk taking and/or impulsivity
- Disconnection from community, friends, family or school
- Bullying others
- Family history of suicide or suicidal behavior
- Mental health diagnosis

## Communicate and collaborate

Check off any warning signs or risk factors your child may be exhibiting, and share this list with the child/youth's doctor, professional mental health counsellor, and school counsellor. You can give them a copy of this page for their records.

# Risk factors and special considerations

## Past suicidal behaviour

Past suicidal behaviour is a significant risk factor for suicide risk. The vast majority of people who die by suicide have made an attempt in the past. Having a family member or friend die by suicide is also a significant risk factor for youth. 13% of students polled in BC Adolescent Health Survey in 2013 reported knowing a family member who had made a suicide attempt and 23% reported having a close friend who had made an attempt. 30% of students who reported having made a suicide attempt themselves in the past year had both a family member and close friend who had made a suicide attempt.

If you suspect that the youth has attempted to harm themselves in any way, you should ask them about it clearly. Most people will answer honestly if they feel safe and will disclose if they are asked directly about suicide.

If the youth has demonstrated suicidal behaviour in the past such as attempts requiring or not requiring hospitalization, preparations for suicide such as acquiring the means, making a plan or if they have made a previous suicide attempt they are at risk. Communicate this information to other members of their Circle of Care (more on the Circle of Care on page 8). Remove or lock away any obvious means of suicide from their home(s) or their other care settings.

## LGBTQ

LGBTQ youth are at a substantially greater risk for suicide. They are three to four times more likely to have suicidal behaviour than

heterosexual youth and youth without gender identity conflicts. A person's gender or sexual orientation is not in and of itself the cause of distress. Distress may be the result of exclusion, discrimination, harassment, neglect, or violence that LGBTQ youth face.

This toolkit, uses "them" when referring to youth of any gender and have avoided using "he/she" or "male/female." Gender falls on a spectrum and is not solely a binary classification. Many youth identify as transgender or non-binary.

Calling your child by the name and pronoun they prefer helps build a more meaningful and trusting relationship. Showing respect will help to create an honest and open conversation. Your support and understanding creates a feeling of safety. A joint report from Stigma and Resilience Among Vulnerable Youth Centre (UBC) (SARAVYC) and McCreary Centre Society demonstrates that schools can reduce suicidal behavior by having a LGBTQ support group at the school.

## Older youth

The highest number of youth who die by suicide are 17 and 18 years old.

If the youth is in this age bracket, they may need special attention as they transition from youth services to adult mental health and substance use services, when continuity of care and access to support can become issues. Help make sure they get connected smoothly by following up with key members of their support system. If they are going on to college or university, help connect them to counselling services on campus.

Continued on next page

# Risk factors and special considerations

Continued

## Knowing someone with suicidal behaviour

Youth who know someone who has contemplated, attempted or died by suicide are at greater risk for suicidal ideation and may be at increased risk for suicide. If the suicide was recent the youth could be having difficulty coping with understanding the impact of this loss.

If someone in the youth's life is exhibiting suicidal behaviour, the child/youth may have difficulty dealing with the stress that comes with being close to someone who is struggling. Don't wait until they become at risk: encourage them to talk to you or other supports about their distress. Talking openly about suicide is prevention and intervention.

## Where can I start?

Thinking seriously about suicide is scary for anyone. Help someone who is considering suicide connect to support. Remind them of the protective factors or buffers that may help stop them from acting on their suicidal thoughts and connect them to people, activities and resources in their Circle of Care (see Page 9).

As a parent or caregiver, encourage the youth to think about the people they trust and the goals, relationships and values that are important to them. Your ideas for this list may differ from the child/youth. Respect their autonomy and ideas. It may help them feel a sense of ownership over the process.

These questions may help guide the conversation.

### Guiding questions:

- Who/what has kept you safe until now?
- What traits keep you safe and make it possible for you to keep going?
- How can we support your safety? Do you have immediate support? Who are they? Where can you get emergency care, if you need it? Where could you find more support? Who can you call?
- How can you stay safe? What will support that safety? Maybe it's staying with someone, telling someone, using less alcohol or drugs or creating a safe environment.
- Can you remember a time that was difficult and challenging? How did you get through it? What did you do? Digging a bit deeper, there are likely other characteristics that show your capacity for courage and resourcefulness. What admirable qualities have people noticed about you?
- Can you think of a time when you didn't feel like dying? What was that like and what was different?

- There are likely other adults and professionals who can support you during this time. Have you spoken with a counsellor about what is going on for you? Would you like to connect with a youth counsellor at a local neighbourhood house, a Child and Youth Mental Health counsellor or school counsellor? Are you connected with other professionals, like a doctor or a trusted adult (maybe a coach/mentor)?
- If you had a magic wand and could feel better right now, what would you like to do immediately, tomorrow, or in the future?
- Who do you admire, and why? Try to fill in the blank: The most important person/ thing/activity in my life is \_\_\_\_\_. Something I know about myself is \_\_\_\_\_. What matters most to me is \_\_\_\_\_.
- You can also set some small goals together. For some families the 40 developmental assets (page 16) can provide a foundation to work together.

## Key thought...

Focus on strengths. It takes courage to ask for help and talk about struggles. Showing up and meeting youth where they are at is vital. Highlight strengths and resilience.

## Skill Check

**Listen without judgment.** Support a youth by listening to understand and telling them what you are hearing.

That means saying things like:

- “I can hear that you are in a lot of pain.”
- “Sometimes when people feel overwhelmed and hopeless they think about suicide. Is this true for you?”
- “It sounds like you feel everything is falling apart right now”

Instead of:

- “You shouldn’t say that / feel that way”
- “You’re so lucky / popular”
- “Don’t be silly—you have so much going for you”

Continued on next page

# Where can I start? Continued

## Make Space

- Make time for a conversation with the child/youth about what you are noticing
- Create a comfortable physical environment
- Stay calm and show them you want to understand
- Listen without judgement

## QPR

- Question—Ask your child to share their thoughts and feelings
- Persuade—Encourage them to let you help and to get the help of others
- Refer—Get others on board (their doctor, a counsellor, the school counsellor)

Adapted from *Oklahoma Suicide Prevention Toolkit* “QPR”  
[ok.gov/odmhsas/documents/Suicide%20Prevention%20Web.pdf](http://ok.gov/odmhsas/documents/Suicide%20Prevention%20Web.pdf)

## Formalize Circle of Care

- Ask them who, specifically, they would like to include in their circle of supportive people (include informal supports such as friends, family, coaches, and teachers)
- Tell them who you must share information with (family, doctor, school staff, counsellor), involving them in the process if they are open to it

## Action Plan

- If youth has a plan to end their life by suicide and has a plan and access to the means (or can easily obtain access), follow [Action Plan: for imminent risk](#) (page 10)
- If youth is contemplating suicide but does not have a plan, follow [Action Plan: for reducing risk](#) (page 11)



# Question, Persuade, Refer (QPR): three lifesaving steps

If you recognize warning signs in a young person or you know they are thinking about suicide, be ready to help.

QPR is an acronym developed by the Oklahoma Suicide Prevention Toolkit that recommends three lifesaving steps:

**QUESTION** the young person about suicide. Do not be afraid to ask directly about suicide. Asking about suicide does not increase suicide risk. Even if the person exhibiting warning signs is not thinking of suicide, they likely still need your attention and support.

- Are you having thoughts of suicide?
- Are you thinking of killing yourself?
- Have you made plans to end your life?

**PERSUADE** and encourage the young person to reach out for additional help. Listen carefully and without judgment to what they are saying and be prepared to listen to what is causing them pain. Do not attempt to counsel the person, give advice, fix their problem, cheerlead or reflect what you want to hear. Simply listen, then say:

- I'm worried about you.
- I care about you and want to help.
- Let's find someone else we can talk to.
- Let's talk to someone who can help.

**REFER** (or bring) the young person for help. Do not promise secrecy, and do not worry about being disloyal. It is crucial that the person at risk finds adequate services. It's important to know the resources in your area so you can help the young person make an appointment or accompany them to the facility.

**Family Doctor:** NAME \_\_\_\_\_ TEL \_\_\_\_\_

Child and Youth Mental Health's **High Risk Services Team:** 250-952-5073

**Call 911 or Vancouver Island Crisis Line (1-888-494-3888)** for escort to hospital (Victoria General Hospital (under age 17), Royal Jubilee Hospital (17 +) or Saanich Peninsula Hospital (under 25). Both services are a portal to IMCRT (Integrated Mobile Crisis Response Team).

If risk of harm or suicide is imminent, transport your child immediately to VGH or RJH based on age for support at any time of day or night or call Vancouver Island Crisis Line and ask for Integrated Mobile Crisis Response Team (IMCRT).

If risk is not imminent, make an appointment with their doctor and the High Risk Services Team at 250-952-5073. If the youth is 19 years or older, a physician can refer to Island Health's Mental Health and Substance services. If you do not have a family physician, go to a walk-in clinic. Youth ages 12–24 can drop in to the Victoria Youth Clinic, 818 Douglas Street, 3rd floor, Victoria, BC, (above Noodle Box) 250-383-3552. [youth@victoriayouthclinic.ca](mailto:youth@victoriayouthclinic.ca).

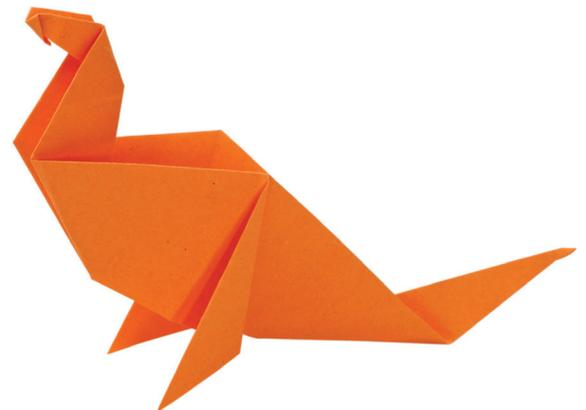
Let these professionals know that the child/youth is at risk for suicide, and share relevant information you have with them.

# The Circle of Care

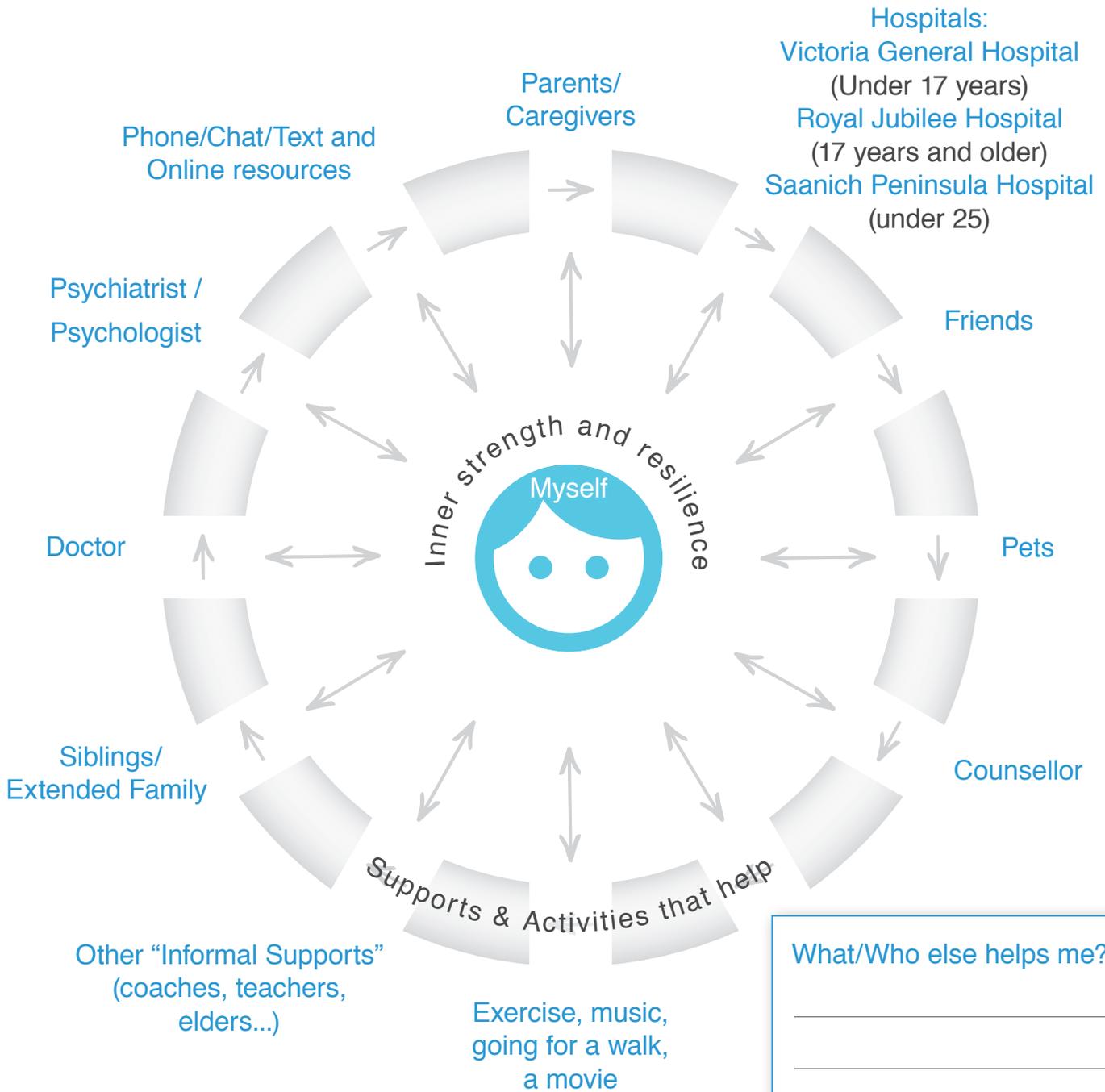
As discussed in the last section, when a young person starts to find life overwhelming, they may shut out, downplay or forget about the people who are available to listen and provide support. Parents also can feel overwhelmed, scared and unsure where to turn for support.

Filling out the diagram with the child/youth may help them visualize and remember the people who can support them through this challenging time. The Circle of Care is one tool for understanding who to work with in order to most effectively reduce your child's risk for suicide. Filling out this diagram may be part of helping them co-create and agree to a plan to keep safe.

- Write the names and telephone numbers of the people the youth would like to see on their Circle of Care. Knowing the people, things, animals and activities) the child or youth connects with can help them to feel grounded and connected to others.
- Make a copy, and ask if they would like to share a copy to other care providers in the Circle of Care
- Follow up with people in the youth's Circle of Care to help continue the conversation, help reduce risk, and ensure continuity of care while maintaining confidentiality.



Date \_\_\_\_\_



What/Who else helps me?

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# Action Plan: for imminent risk

- **Ensure the child/youth's immediate safety. Do not leave the youth alone. Remove all means of harm**
- Support the youth in getting to Victoria General Hospital (under 17) or the Royal Jubilee Hospital (17 and older). If they are under 25 and on the Saanich Peninsula go to the Saanich Peninsula Hospital. If you are able, accompany the young person and remain with them until hospital staff assume responsibility for their care.
- If child/youth is unwilling to go with you to the hospital, call 911 or the Vancouver Island Crisis Line at 1-888-494-3888 for a hospital escort
- Stay with the child/youth until hospital staff formally assume primary responsibility of care
- Communicate all information you have with hospital staff and provide your contact information
- Contact other supports to inform them of the child's/youth's safety status (school counsellor, professional counsellor, doctor)
- Contact Child and Youth Mental Health's High Risk Services Team at 250-952-5073 to refer youth for services.
- Follow up with other caregivers identified in the Circle of Care (doctor, counsellor, school counsellor, other family/caregivers). Ongoing communication, collaboration, and continuity of care is essential for reducing risk and ongoing monitoring of your child's safety and progress. Confidentiality and consent for sharing information is important. Safety of the child/youth is always paramount.



# Action Plan: for reducing risk

This action plan should be implemented if the child or youth is exhibiting several risk factors but after listening to them, you are confident they have no intention or plans to end their life.

- Provide youth-friendly text/chat and phone services and be clear about the times these services are available. Ask where you can post these numbers and websites for easy access at home/work. The resources listed below are supported by skilled volunteers and staff trained to provide suicide intervention, risk assessment and harm-reduction.
  - [youthspace.ca](http://youthspace.ca) national online emotional and crisis chat and text for youth under 30. Chat at [youthspace.ca](http://youthspace.ca) or text 778-783-0177 from 6 pm to midnight (PST), 365 nights a year.
  - Vancouver Island Crisis Line 1-888-494-3888  
[www.vicrisis.ca](http://www.vicrisis.ca)  
from 6–10pm “Crisis Chat” (online chat room)
  - BC Suicide Line 1-800-SUICIDE (1-800-784-2433)
  - If the risk changes and becomes imminent, and if the child/youth will not go with you to the hospital, contact 911 or the Vancouver Island Crisis Line at 1-888-494-3888 for an escort.
- Provide them with a copy of the “REACH OUT—Youth Suicide Intervention Toolkit”. It has some great resources and self management ideas.
- Connect meaningfully with your child and make time for them. Don’t “squeeze in” conversations with them. Take time every day to give them your full attention, even during little moments throughout the day. Make eye contact, give them a hug, tell them that you love them and care about them.
- Contact their school counsellor and ask about a referral to the High Risk Services Team (Child and Youth Mental Health, MCFD) or a private practice counsellor if that is available to you for counselling and support. Let these supports know that your child/youth is at risk for suicide and share information with them. Involve the child/youth when making these connections and attend the first session/meeting if you can.
- Continue to watch for warning signs and risk factors. Monitor school attendance, social engagement, and participation in extracurricular activities. Encourage them to stay involved, connected and engaged. Offer to drive them to and from activities, enroll them in activities of their liking and help them with homework or household tasks.
- Build family connectedness. This is a huge protective factor. Create opportunities for spending time together, choosing activities that they enjoy and express an interest in. Create opportunities for spending time together, choosing activities that they enjoy. Offer encouragement and find meaningful ways to connect that are meaningful for your family (walking, watching a movie, playing a game). The 40 developmental assets (page 16) might provide a good place to start.

# Strategies for reducing risk during transitions

Any time your child adds or changes care providers (counsellors, doctors, psychiatrists etc.) you can help smooth the transition and ensure everyone has the information they need by ensuring you and all members of the care team have:

- Information about the child/youth's current and past suicide ideation/plans/attempts
- Explicit instructions on how to keep the environment safe for the child/youth (ie. removal of access means). Asking the child/youth what a safe environment means to them can be helpful — How can I help keep you safe?
- Information from friends and care providers. This resource can be valuable for information about the well being of the young person you are supporting. Check in with the people identified in their Circle of Care.
- The name and pronoun the child/youth would like people to use when addressing them. Check with the child/youth about who they want to share their information with and how they would like to be supported by people identified in their Circle of Care. Advocate for the child/youth. Address them by the correct pronoun and if you make a mistake, apologize and try again.
- Request progress reports from new care providers, including the time and date of follow up meetings to ensure continuity of care and consistent and appropriate information sharing.



# Debunking common suicide myths

**Myth #1:** Mental Health services and counselling are the most important support resources for a suicidal youth.

**Fact:** Friends, family, teachers and other informal supports as well as volunteer delivered crisis support services (text, online, phone) tend to be the first places young people turn to in times of crisis. Few people who have contemplated or attempted suicide think of formal mental health services as a first line of defence. Including all “informal supports” in the youth’s Circle of Care (page 9) is important. Treatment success increases when family and caregivers are considered collaborative partners.

**Myth #2:** If I don’t know exactly what to say to support a young person contemplating suicide, I can do more harm than good.

**Fact:** The most significant tool you have is your rapport with the young person. As a parent/caregiver empathetic listening and respect will allow you to build a relationship and understand and acknowledge youth experience. ASIST (LivingWorks) is an invaluable training tool to become ready, willing and able to provide suicide intervention.

**Myth #3:** Suicide and suicidal behaviour among BC youth is not a very big problem.

**Fact:** Suicide is the second leading cause of death for youth ages 15 -24 in Canada.

The McCreary Centre Society BC Adolescent Health Survey reports the following statistics from 29,000 grade 7-12 students in 2013.

- 8% of males reported suicidal ideation in the past year (decrease from 9% in 2008)
- 17% of females reported suicidal ideation in the past year (increase from 14% in 2008)
- 11% of 29,000 youth polled did not access mental health services in 2012 when they felt they needed to.
- 62% of youth did not seek out mental health support because “they did not want their parents to know they were struggling.”
- 60% of youth “hoped the problem would go away.”
- 40% of youth reported that they didn’t seek mental health support because they “were afraid of what they would be told or they didn’t know where to go.”

**Myth #4:** Talking about suicide is dangerous and can plant the idea in a person’s head.

**Fact:** Openly discussing suicide is helpful and often provides therapeutic relief for the person who is contemplating suicide. Asking directly about suicide risk is the only way to know if suicide is a real concern for the person you are supporting.

Continued on next page

# Debunking suicide myths Continued

**Myth #5:** If a youth makes a suicide attempt, they really want to die.

**Fact:** Most people who attempt suicide are experiencing overwhelming emotional or physical pain. Suicide can feel like the only way to escape this pain.

**Myth #6:** All First Nations communities have higher than average rates of youth suicide.

**Fact:** While suicide rates among First Nations youth are five to six times higher than non-Aboriginal youth on average, rates vary significantly by community. More than half of BC's Aboriginal communities have not experienced a youth suicide in the last 15 years. Lower and non-existent suicide rates in Aboriginal communities have been linked to community self-determination, control of education, police and fire services, strong female leadership and traditional knowledge and practices.

**Myth #7:** Youth suicide is impulsive and occurs without warning signs.

**Fact:** Most people who die by suicide give warning signs before their suicide and often give more than one. Gaining familiarity with potential warning signs is important.

**Myth #8:** The prevention of suicide is best handled by mental health experts or professionals.

**Fact:** 90% of youth experiencing a suicidal crisis or mental health distress report turning to friends before seeking professional expertise or help from an adult.

**Myth #9:** Suicide is always linked to mental health conditions like depression or anxiety and/or substance use.

**Fact:** 90% of youth who die by suicide struggled with one or more of the following: depression, anxiety, aggression, impulsive behaviour or substance use. It is important to remember that although 25% of the population (including youth) may experience depression in their lifetime, 25% of the population do not die by suicide. Some people who die by suicide have no history of mental health illness.



# Self-care and support for parents and caregivers

Supporting a person who is at risk for suicide can be difficult.

It is important to take care of yourself and find ways to support your own emotional needs. When we care for ourselves, we can better support others.

You can...

-  Seek out a professional counsellor to have your own opportunity to talk and be listened to, and to work through some of your fears about your situation. Be open to the support you are offered and attend to your own needs. Begin and continue the conversation with the child/youth about their issues. Best practice recommends showing your concern for the child/youth's well being without sharing your own mental health concerns. You may be able to access available EAP programs or extended care plans for additional support. Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), MBSR (Mindfulness Based Stress Reduction) are available via doctor referral or counselling services that offer payment on a sliding scale like Citizen's Counselling. You can also contact Island Health Mental health for free counselling by referral at 250-538-4849.
-  Make time for activities that are meaningful to you and allow you to cope with stress.
-  Talk to a friend.
-  Connect with parent supports. Family Smart (formerly the FORCE Society for Kids' Mental Health) offers education, networking meetings and training programs for parents of children and youth with mental health challenges. Family Smart also offers online educational videos and supports Parent in Residence (PiR) program and the Youth in Residence (YiR).

There are also some useful self-help resources you can use, such as:

*The Dialectical Behavior Therapy Skills Workbook*  
*Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance*

By: Matthew McKay PhD, Jeffrey Wood PsyD, Jeffrey Brantley MD  
(can be ordered through Amazon)

Your local library has an impressive self-help section

Interlibrary loans are also available through our library: this is a very handy resource for ordering in books from other libraries. A librarian can help you navigate how to use that system.



# 40 Developmental Assets for Adolescents

## External Assets

### Support

1. **Family Support** | Family life provides high levels of love and support.
2. **Positive Family Communication** | Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. **Other Adult Relationships** | Young person receives support from three or more nonparent adults.
4. **Caring Neighborhood** | Young person experiences caring neighbors.
5. **Caring School Climate** | School provides a caring, encouraging environment.
6. **Parent Involvement in Schooling** | Parent(s) are actively involved in helping the child succeed in school.

### Empowerment

7. **Community Values Youth** | Young person perceives that adults in the community value youth.
8. **Youth as Resources** | Young people are given useful roles in the community.
9. **Service to Others** | Young person serves in the community one hour or more per week.
10. **Safety** | Young person feels safe at home, school, and in the neighborhood.

### Boundaries And Expectations

11. **Family Boundaries** | Family has clear rules and consequences and monitors the young person's whereabouts.
12. **School Boundaries** | School provides clear rules and consequences.
13. **Neighborhood Boundaries** | Neighbors take responsibility for monitoring young people's behavior.
14. **Adult Role Models** | Parent(s) and other adults model positive, responsible behavior.
15. **Positive Peer Influence** | Young person's best friends model responsible behavior.
16. **High Expectations** | Both parent(s) and teachers encourage the young person to do well.

### Constructive Use Of Time

17. **Creative Activities** | Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. **Youth Programs** | Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.

19. **Religious Community** | Young person spends one hour or more per week in activities in a religious institution.
20. **Time at Home** | Young person is out with friends “with nothing special to do” two or fewer nights per week.

## Internal Assets

### **Commitment To Learning**

21. **Achievement Motivation** | Young person is motivated to do well in school.
22. **School Engagement** | Young person is actively engaged in learning.
23. **Homework** | Young person reports doing at least one hour of homework every school day.
24. **Bonding to School** | Young person cares about her or his school.
25. **Reading for Pleasure** | Young person reads for pleasure three or more hours per week.

### **Positive Values**

26. **Caring** | Young Person places high value on helping other people.
27. **Equality and Social Justice** | Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity** | Young person acts on convictions and stands up for her or his beliefs.
29. **Honesty** | Young person “tells the truth even when it is not easy.”
30. **Responsibility** | Young person accepts and takes personal responsibility.
31. **Restraint** | Young person believes it is important not to be sexually active or to use alcohol or other drugs.

### **Social Competencies**

32. **Planning and Decision Making** | Young person knows how to plan ahead and make choices.
33. **Interpersonal Competence** | Young person has empathy, sensitivity, and friendship skills.
34. **Cultural Competence** | Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance Skills** | Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful Conflict Resolution** | Young person seeks to resolve conflict nonviolently.

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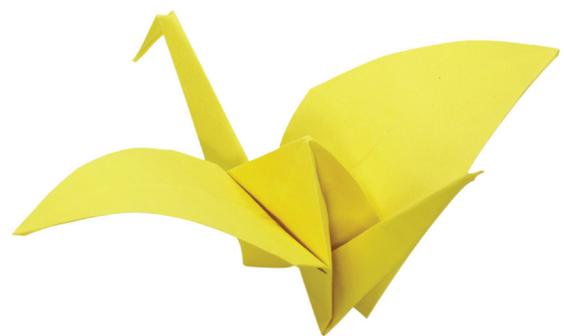
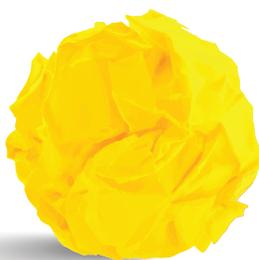
# 40 Developmental Assets for Adolescents

## Positive Identity

- 37. Personal Power** | Young person feels he or she has control over “things that happen to me.”
- 38. Self-Esteem** | Young person reports having a high self-esteem.
- 39. Sense of Purpose** | Young person reports that “my life has a purpose.”
- 40. Positive View of Personal Future** | Young person is optimistic about her or his personal future.

This list is an educational tool. It is not intended to be nor is it appropriate as a scientific measure of the developmental assets of individuals.

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# Use technology as a support: websites, apps, and other resources

## [anxietybc.com](http://anxietybc.com)

Anxiety is a common mental health concern. There are some great strategies for changing the way we think and react in various situations and this website has some tools to guide you through some of these techniques.

## [keltymentalhealth.ca](http://keltymentalhealth.ca)

Connect with another youth with lived experience with mental health challenges. Monday–Friday, 10 a.m.–5 p.m. by phone: 1-800-665-1822 or email: [keltycentre@cw.bc.ca](mailto:keltycentre@cw.bc.ca)

## [youthspace.ca](http://youthspace.ca)

Text and chat support for youth under 30 from 6 pm to midnight PST. This national service includes a moderated forum, resources and a link to ongoing email counselling at Pacific Centre Family Services Association.

## [youthinbc.com](http://youthinbc.com)

Resources on specific topics including depression, anxiety, suicide, self-injury, etc. Also has free mindfulness meditations and body scans.

## [foundrybc.ca](http://foundrybc.ca)

Online platform which links the growing network of Foundry centres throughout BC and integrates content from the youth mental health website, [mindcheck.ca](http://mindcheck.ca). This site provides information, resources and screening tools for mental health and substance use.

## [heretohelp.bc.ca](http://heretohelp.bc.ca)

Information, support and youth-accessible screening tools for mental health, substance use, etc.

## [mindyourmind.ca](http://mindyourmind.ca)

Mental health information, support and resources for youth.

## [calm.com](http://calm.com)

Free and easy online relaxation moments.

## [doyogawithme.com](http://doyogawithme.com)

Free online yoga and meditations for all ages.

## There's an App for that!

### [My3 – Support Network](http://my3app.org)

This is an app created to help you stay safe when you are having thoughts of suicide. It lets you program in your contacts for 3 people in your Circle of Care, as well as access 911 easily. It also helps you create and pull up your customized safety plan in times of need. You can find more information about it at [my3app.org](http://my3app.org)

### [Mind Shift](http://anxietybc.com/resources/mindshift-app)

Anxiety BC has an app called “Mind Shift” and it is designed to “help you learn how to relax, develop more helpful ways of thinking, and identify active steps that will help you take charge of your anxiety.” You can find more information about it at [my3app.org](http://my3app.org) or [anxietybc.com/resources/mindshift-app](http://anxietybc.com/resources/mindshift-app)

### [ReachOut](http://au.reachout.com)

Links to lots of cool apps, as well as a tool called “Take the Quiz” that helps you sort through some of the apps out there to find ones that might be right for you and your goals. Click on “The Toolbox” tab at the top of the page to look at the apps they recommend. [au.reachout.com](http://au.reachout.com)

### [Booster Buddy](http://viha.ca/cyf_mental_health/boosterbuddy)

A free app for teens and young adults to improve their mental health. A sidekick guides you through daily guests to establish and sustain good habits.

[viha.ca/cyf\\_mental\\_health/boosterbuddy](http://viha.ca/cyf_mental_health/boosterbuddy)





