

**SAY SOMETHING**

# PREVENT SUICIDE PARENT HANDBOOK



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Sandy Hook  
**PROMISE**

# ACKNOWLEDGEMENTS

Sandy Hook Promise would first and foremost like to thank the students who have come forward to express concerns that they or a friend might take their own life. Their bravery and advocacy showed us how important it is to specifically address suicide prevention and inspired the creation of this training.

In addition, we would like to express our gratitude to our National Advisory Board for their invaluable expertise throughout the process of designing and developing this course.



Finally, we want to thank the educators, parents, students, and Sandy Hook Promise staff members who offered their input and guidance as we went on the journey of writing and creating the curriculum. We would like to particularly thank Martoinne Williams, Glen Harvey, Jared Cavagnuolo, Sara Militello, Richelle Stanz, JoAnne Woods Young, Reginald Richardson, and Jim Wise for their above-and-beyond work ensuring the quality of this curriculum.

## ABOUT SANDY HOOK PROMISE

Sandy Hook Promise is a national nonprofit organization founded and led by several family members whose loved ones were killed at Sandy Hook Elementary School on December 14, 2012. Based in Newtown, Connecticut, our intent is to honor all victims of gun violence by turning our tragedy into a moment of transformation. By empowering youth to “know the signs” and uniting all people who value the protection of children, we can take meaningful actions in schools, homes, and communities to prevent gun violence and stop the tragic loss of life.

*For more information about Sandy Hook Promise and our other school and community-based prevention programs and training, please visit [www.sandyhookpromise.org](http://www.sandyhookpromise.org). Make the Promise and together we can protect children from preventable gun violence.*

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# NATIONAL ADVISORY BOARD

In order to ensure that this program follows best practices in suicide prevention, Sandy Hook Promise recruited an advisory board, composed of experts in the field of suicidology, mental health, and education. Their names and bios follow:

## **Jonathan Singer, PhD, LCSW**

Loyola University of Chicago

- Former President: American Association of Suicidology
- Founder and Host: The Social Work Podcast
- Expertise in suicide intervention, cyberbullying, family-based interventions, community services, school social work, technology, and podcasts

## **Cheryl A. King, PhD**

University of Michigan

- Director: Youth and Young Adult Depression and Suicide Prevention Research Program
- Expertise in screening tools, risk assessment strategies, and psychosocial interventions for suicidal adolescents and young adults

## **Scott Poland, PhD**

Nova Southeastern University

- Former President: National Association of School Psychologists and former Prevention Division Director of the American Association of Suicidology
- Suicide and Violence Prevention Office
- Expertise in school safety, youth suicide, self-injury, bullying, school crisis prevention/intervention, threat assessment, and parenting in challenging times
- Co-authored Suicide Safer Schools Plan for TX and the Crisis Action School Toolkit-Suicide

## **April Smith, PhD**

Auburn University

- Director: Research on Eating Disorders and Suicidality Laboratory
- Expertise in how eating disorders are connected to suicidality, The Interpersonal Theory of Suicide and its relationship to eating disorders and elevated suicide risk, the relationship between being “out of touch” with the body (interoceptive deficits) and suicide risk, and translating theoretical knowledge into intervention platforms

## **Jim Wise, MSW, LCSW**

Sandy Hook Promise

- Certified school social worker with 30 years of experience
- 24 years of work with SAVE Promise Clubs
- *Say Something*: Anonymous Reporting System Contract Trainer
- Expert presenter in Start with Hello, Say Something, and Say Something: Anonymous Reporting System

## **Izabella Willis**

Sandy Hook Promise

- SAVE Promise Club Intern
- Former Sandy Hook Promise Youth Advisory Board Member

## **Emma Carroll**

Born This Way Foundation



# PROGRAM OVERVIEW

*Say Something: Prevent Suicide* focuses the premise and three steps of our core *Say Something* program on how students can help a peer in a suicidal crisis.

## The Three Steps of *Say Something* Are...



*Say Something: Prevent Suicide* uses the same three steps and explains what each means in terms of preventing suicide. The program features materials for **three audiences**:

### Students

23-minute video  
Activity Guide for guided  
video discussion and  
mindfulness activities

### Parents

13-minute vide  
Parent Activity Guide  
Parent Handbook

### Educators

12-minute video  
Educator Activity Guide  
Educator Handbook

# WHY SUICIDE PREVENTION?



Suicide is an increasingly serious issue facing teens today. Data collected through the CDC's Youth Risky Behavior Surveillance study indicates that rates of suicidal thoughts and attempts are on the rise. In the early 2010s, it moved from the third to second leading cause of death for young people age 15–24 years old.

In addition to the alarming national data, Sandy Hook Promise's *Say Something: Anonymous Reporting System* indicated that as COVID-19's impact shook the lives of Americans of all ages, tips involving reports of suicidal ideation, plans, or attempts became our most commonly submitted (at nearly 20% of all tips).

We have learned through our years of work in schools, that youth are an integral part

of the solution to school-based problems. As such, *Say Something: Prevent Suicide* is predominantly focused on the students — empowering them to know that by simply coming forward to a trusted adult, they can prevent someone from ending their own life. The educator and parent trainings are meant to support the students' efforts as well as give these adults the basic information they need to notice and support a teen in crisis.



# HANDBOOK OBJECTIVES



Parents and guardians will learn the most common warning signs and risk factors of youth suicide.

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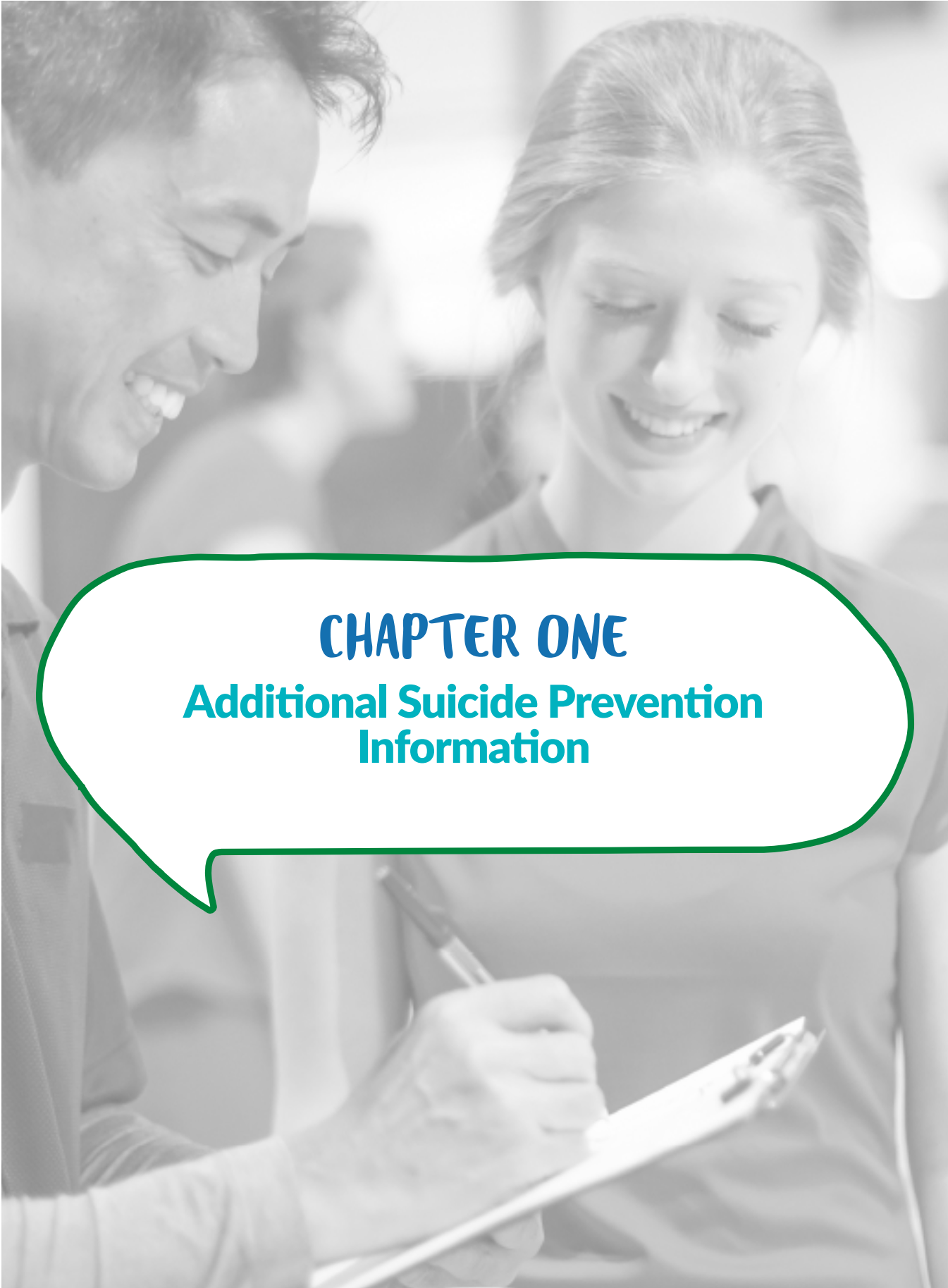


Parents and guardians will gain conversation skills and a list of do's and don'ts when having a conversation with their child if they approach them to disclose concerns about suicide for themselves or a friend.

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Parents and guardians will identify and note the contact information of the appropriate person to reach out to in their community.



# **CHAPTER ONE**

## **Additional Suicide Prevention Information**



## BEFORE YOU BEGIN

Suicide can be an extremely difficult and personal topic with which to engage. As such, we strongly encourage you to give the necessary attention to any feelings or stress you may experience during this training. That means (but is not limited to) taking breaks with the content as needed, engaging in self-care practices during and after the training, and reaching out for help if you need it.

In addition to the resources that may be available to you locally at the city or county-level, we encourage the use of these national resources if needed:

**Suicide and Crisis Lifeline: 1-800-273-8255**

**Crisis Text Line: 741-741**

**The Trevor Project Lifeline: 866-488-7386/678-678**



# PROGRAM GUIDE

Similar to the training video, we will proceed through much of the remainder of this handbook according to the three steps of *Say Something: Prevent Suicide*. Each step will have some additional information and/or recommendations for discussion questions and activities.



LOOK  
FOR WARNING SIGNS  
AND THREATS



ACT  
IMMEDIATELY AND  
TAKE IT SERIOUSLY



*SAY SOMETHING*  
TO A  
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## STEP ONE: LOOK FOR WARNING SIGNS AND THREATS

By knowing the warning signs and risk factors of suicide, educators will be able to detect a young person struggling with suicidality as early as possible. **Warning signs** are typically shown as a child is experiencing suicidal thoughts. These warning signs are:

- Someone is talking about wanting to die, be dead, or talking about suicide
- Someone is cutting or burning themselves
- Someone seems like they're really hurting and things won't get better
- Someone is struggling to deal with a big loss in their life
  - » This could be the loss of a relationship, loved one or family member, or a divorce in the family
- Someone has withdrawn or pulled away from everyone and everything
- Someone has become more worried, on edge, or unusually angry
- Your gut is telling you to be worried because someone just doesn't seem like themselves

These warning signs  
were developed by a group  
of experts in mental health  
and suicidology.

For more information, go to  
[youthsuicidewarningsigns.org](http://youthsuicidewarningsigns.org)

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# RISK FACTORS

Whereas warning signs are an indication that someone is experiencing suicidal thoughts, **risk factors** are life events or situations that might contribute to a young person experiencing suicidal ideation. As we discuss in the video, a child may have all of these risk factors and never experience suicidal thoughts, or they may have none of these and think about suicide.

## Common risk factors include...

### Having thoughts of suicide or a history of a suicide attempt

- Those who have attempted suicide are at 38-times greater risk for dying by suicide than those who have not attempted suicide<sup>1</sup>
- Those reporting exposure to parental suicidal behavior are 4 times more likely to report a lifetime suicide attempt compared with unexposed offspring<sup>2</sup>

### Engaging in non-suicidal self-injury, such as cutting

- Non-suicidal self-injury (NSSI) refers to instances in which an individual purposely and repeatedly engages in acts of self-harm that are not meant to be lethal. The most common forms of NSSI are skin cutting, burning, and head banging/hitting. Most people who engage in NSSI do so using more than one method<sup>3</sup>
- Among adolescents who have engaged in NSSI, 70% had attempted suicide at least once; 55% had made multiple attempts<sup>4</sup>

### Dealing with depression, anxiety, or severe emotional distress

- In 2017 13.3% of individuals aged 12–17 had at least one major depressive episode (1 in 6 students)<sup>5</sup>
- The majority of teen suicide attempts and deaths are among teens with depression. Between 15% and 30% of teens with serious depression who think about suicide will attempt suicide<sup>6</sup>

### Experiencing prejudice, discrimination, or pressure to be someone they are not

- American Indian/Alaska Native adults, followed by Black then Hispanic adults are at the highest risk for suicide attempts<sup>7</sup>
- Suicidal racial/ethnic minorities may delay use of mental health services until clinical severity becomes such that elevated clinical care (i.e., inpatient treatment) is necessary<sup>8</sup>

### **Having a pattern of aggressive behavior, severe conduct problems, or illegal behaviors**

- Children with high irritability and depressive or anxious mood symptoms as children (age 6–12) are 2 times more likely to think about suicide or make a suicide attempt in their teen years<sup>11</sup>
- The combination of depression and a disruptive disorder (such as oppositional-defiant disorder) is one of two psychiatric profiles most associated with risk of suicidal ideation or attempts in children aged 9–16 years old<sup>12</sup>

### **Abusing drugs or alcohol**

- In addition to an increased risk of overdose, substance abuse during adolescence can adversely affect physical and mental health, academic performance, and relationship<sup>9</sup>
- Approximately 1 in 25 students (4%) has a substance use disorder (a clinically diagnosed drug addiction)<sup>10</sup>

### **Having access to or talking about lethal means, such as firearms**

- Reducing access to lethal means is important because “many suicide attempts take place during a short-term crisis, so it is important to consider a person’s access to lethal means during these periods of increased risk<sup>13</sup>
- Currently, it is estimated that 1 in 3 families with children have at least one gun in the house and that 22 million children are living with guns in their home<sup>14</sup>

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# RACIAL DISPARITIES IN RATES OF SUICIDE

Suicide is a significant problem facing students of all ages, races, and ethnicities. Despite the universality of the issue, it is important to understand how suicide and suicidal ideation impact different racial and ethnic groups. These disparities may be due, in part, to histories of discrimination and trauma, as well as lack of access to mental health care that is culturally appropriate. We also need to consider that reporting of rates of suicide and suicidal ideation may be limited due to access to mental health care, as well as how mental illness is diagnosed and reported in these communities.

The data in this section comes from the Suicide Prevention Resource Center<sup>7</sup>. The chart on page 17 compares rates of considering suicide, making a suicide plan, attempting suicide, and making an attempt requiring hospitalization across groups.

## American Indian/Alaska Native Populations

- AI/AN populations have a higher rate of suicide than the overall US rates (22.2 vs 13.2 per 100,000)
- Rates of suicide in AI/AN populations peak in adolescence and early adulthood
- AI/AN high school students have substantially higher rates of suicidal thoughts and attempts than any other group of high school students

## Asian, Hawaiian Native, and other Pacific Islander Populations

- Asian, Hawaiian Native, and other Pacific Islander populations have lower rates of suicide as the overall US (7.1 vs 13.2 per 100,000)
- Rates of suicide in AI/AN populations peak later in life (85+)
- Among high school students in Asian, Hawaiian Native, and Pacific Islander populations have similar rates of suicide as the overall US population



### **Black Populations**

- Black populations have lower rates of suicide as the overall US (7.4 vs 13.2 per 100,000)
- Rates of suicide deaths for Black men is 4x higher than for Black women
- Rates of suicide in Black populations peak in adolescence and early adulthood
- More Black youth attempt suicide than the overall US youth average

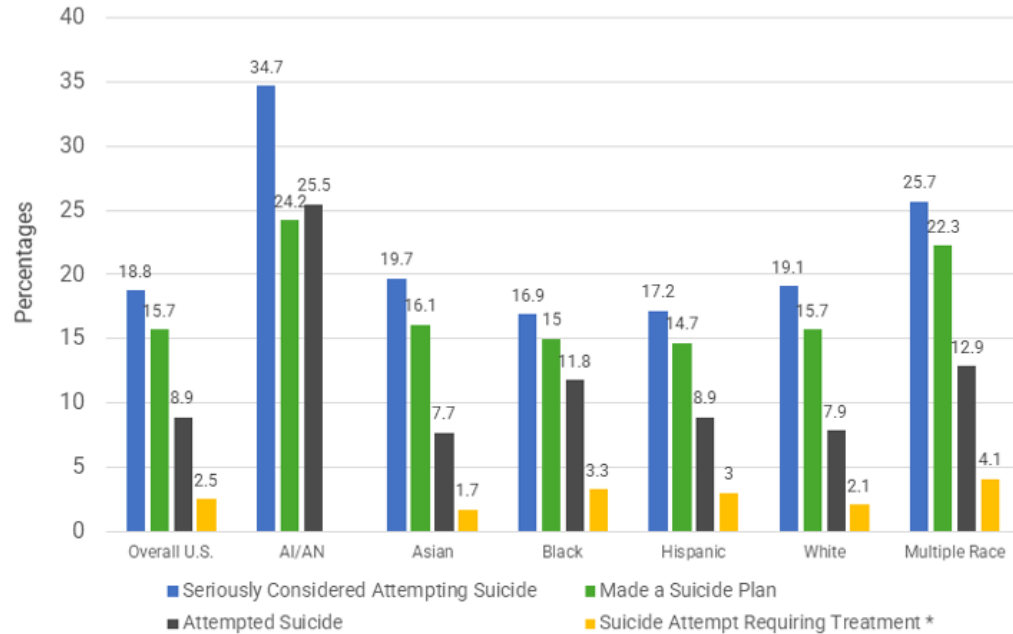
### **Hispanic or Latinx Populations**

- Hispanic or Latinx populations have lower rates of suicide as the overall US (7.3 vs 13.2 per 100,000)
- Rates of suicide in Hispanic or Latinx populations remain fairly steady across the lifespan
- Slightly more Hispanic or Latinx youth make a suicide attempt resulting in hospitalization than the overall US average

### **White Populations**

- White populations have higher rates of suicide as the overall US (17.5 vs 13.2 per 100,000)
- Rates of suicide in White populations remain constant across the lifespan, and are higher than the US average for each stage of life
- The death rate among men in White populations is 3x higher than for women

## Past-Year Suicidal Thoughts and Behaviors for High School Youth, United States 2019



\*Percentage estimates for AI/AN youth who had a past-year suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse were too small to be reliable and are not included in this chart.

[www.sprc.org](http://www.sprc.org)

Source: CDC, 2020

*\*\*The Suicide Prevention Resource Center uses Hispanic on their webpage and, as such, it is embedded in this chart*

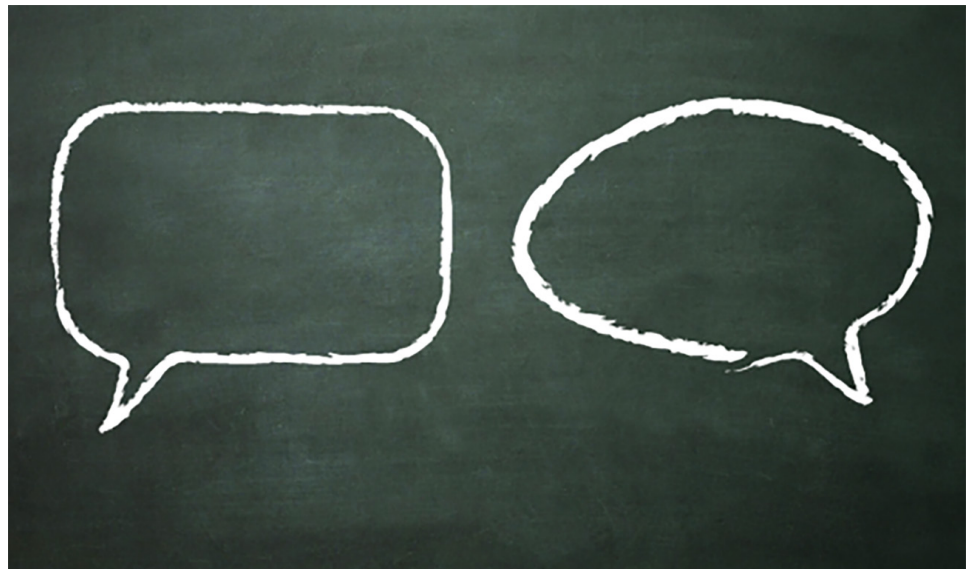
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## STEP TWO: ACT IMMEDIATELY AND TAKE IT SERIOUSLY

Once you've become aware of any warning signs, the next step is to act immediately and take it seriously. As a trusted adult, this means engaging in a conversation about what you've noticed with your child.



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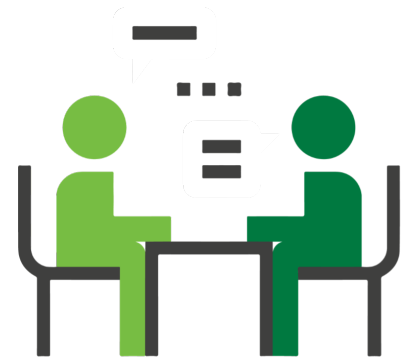
# IF YOUR CHILD WANTS TO TALK ABOUT A FRIEND

In addition to the tips described in the training video, we want to discuss a few other considerations in talking to your child about a friend who is showing warning signs of suicide.

- 1 Your child is likely very concerned that their friend is going to be mad at them
  - Remind them that their bravery could save their friend's life
  - It is always better to have a friend be angry with them than it is to risk losing that friend

- 2 Your child may want you not to share their name when you go to the next appropriate adult

- Do not promise that you can keep their identity entirely private as you move forward, in this process. Your child may have to repeat their concern to another adult



- 3 Even more than that, your child may ask you to keep this information a secret
  - You absolutely **cannot** make any promises of secrecy to your child. Even though they might be really worried, you must tell them that you're going to take their concerns to the next appropriate adult so that, **together**, you can get help for their friend

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# IF YOUR CHILD IS SHOWING WARNING SIGNS OF SUICIDE

If your child is showing warning signs of suicide, you have to act right away.

- Do not wait until “the right time” to find a quiet minute – urgent action is critical
- Make sure you find time to discreetly approach the student before they leave your classroom
- If you are unable to speak with your child, **call 911 immediately**, then reach out to your family medical practitioner, your child’s therapist (if they have one), and/or your child’s school counseling staff to tell them of your concerns.





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# IF YOU ARE TALKING TO YOUR CHILD ABOUT THEIR OWN THOUGHTS OF SUICIDE

1

Try to remain steady, so that your child can use you as an emotional anchor.

- Your child might describe a story or use language that makes you uncomfortable. Try to stay as calm and neutral as you can. This means even, slow breathing, and a relaxed face and posture.
  - » If they feel judged or that they are scaring you, they may shut down.

2

Ask before you engage in any physical contact.

- Even though this is your child and your natural instinct might be to put a reassuring hand on their shoulder, in their heightened state of stress, this might be more upsetting than comforting. At least let them know a touch is coming that way they can either lean in or let you know it's not what they need right now.

3

Help them to regain a sense of control.

- If your child has come to you, they may feel like they no longer are in control of what's happening. This can make an already overwhelming process feel even more overwhelming.

Try to involve them in very simple things, like:

  - » Who do you want to call first? Do you want to have this phone call in your room or in the kitchen? Do you want to be on the phone with me, or would you prefer I do the talking?

4

Finally, the most important thing to remember is that you **under no circumstances** can promise to keep anything your child tells you a secret. You must follow-up on what they've told you with the next appropriate adult — it can help save their life.

- Though they may get angry, or it may feel uncomfortable, it is crucial that you continue to reach out for help.



Please remember that,  
above all, you  
**CANNOT LEAVE  
YOUR CHILD ALONE.**  
You must stay with them  
until you are able to get help.

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## STEP THREE: ***SAY SOMETHING***

Even though you are a trusted adult, you will still need to “say something” to another adult when your child has told you about suicidal thoughts — for themselves or a friend.

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As a parent or guardian, there are multiple resources to which you can reach out. If your child already sees a therapist, reaching out to them may be a good place to start. If your child is not currently seeing someone for their mental health, you can reach out to your family practitioner for recommendations. Additionally, the school counseling office can have resources available in your area and suggestions on where to start. Before there is a crisis, we recommend reaching out to any potential points of contact to inquire about logistics — hours of operation, locations, health insurance, and payment. It’s better to be aware of those aspects prior to an emergency so you aren’t caught off guard! Please refer to the ***Say Something: Prevent Suicide Activity Guide*** — it is a printable, one-page worksheet that has a place for you to write these numbers down and keep in an easy-to-access location!





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## ADDITIONAL RESOURCES

If you are still struggling to find a local mental health resource, go to [www.findtreatment.samhsa.gov/locator](http://www.findtreatment.samhsa.gov/locator) for offices in your area as well as their contact information.

Finally, if it is an emergency, you will still **call 911 or go to the hospital**. You can also use nationally available resources such as the Suicide and Crisis Lifeline (**1-800-273-8255**), the Crisis Text Line (**741-741**), or The Trevor Project Lifeline (**866-488-7386** / (text **678-678**) until you are able to get help.

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In the video, we emphasize the importance of knowing any and all contact numbers for these offices. It is important to keep them accessible. **This may mean creating a specific list of contacts in your cell phone or writing/printing a list and taping it up somewhere it is easy to find.**

In addition, we recommend getting to know your child's school counseling staff! Make it a point to say hello at least once at the beginning of the school year — especially if your child is starting at a new school. Knowing who they are outside of an emergency situation can help make the process of getting help from their office in a crisis less intimidating.



## **CHAPTER TWO**

### **Bringing It All Together**

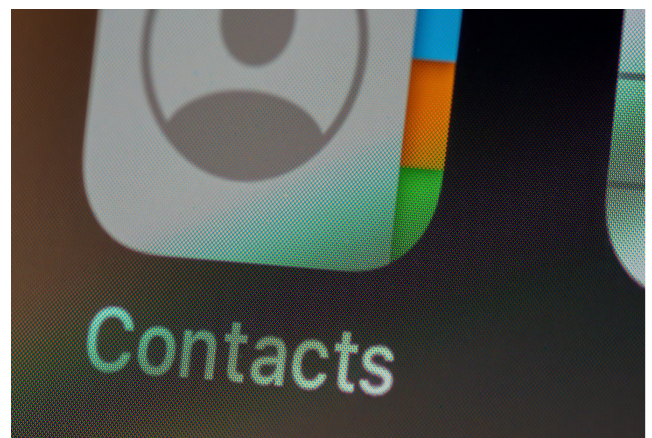
# HAVE AN ACTION PLAN



Much like you communicate a plan for other types of emergencies in your home (fire, flood, wound, etc.), it is important to have a plan for a mental health crisis. This way, all members of your household know what to do if you should need to leave the house. It's likely that it will be similar to what you would do if you need to leave the home for a physical health emergency!

Have your list of contacts accessible and ready if you need it! You will want to include the contact information of the person who will be coming over to watch other children in your household. Be sure to have a backup option in case your primary contact is unavailable.

If you are part of a parent/guardian network, we encourage you to communicate this plan with the others! Having a cohesive, team approach will ease the process should an emergency arise!





# SELF-CARE



Unlike many physical health emergencies, if a member of your family experiences a mental health crisis, you may need some extra emotional support for yourself or other members of your family. We recommend finding someone to talk to — that includes a trusted friend or a professional — that can help alleviate some of the residual stress you might be feeling. Additionally, resources such as the National Suicide Prevention Lifeline (**1-800-273-8255**) offer support for family members who have experienced a suicidal crisis.

Finally, prioritize self-care if possible. Find moments to take care of yourself by doing things that offer you stress relief. Taking care of someone else can be especially difficult if you aren't taking care of yourself.

# SAY SOMETHING: PREVENT SUICIDE AT YOUR CHILD'S SCHOOL



If you have found **Say Something: Prevent Suicide** without your child's school implementing it, we have good news!

Not only is **Say Something: Prevent Suicide** a student-facing training, it has a companion program for educators! The educator training has a 12-minute video and worksheet along with their own educator handbook.

You can advocate that your child's school sign up for **Say Something: Prevent Suicide**

— they will use the same site that you used to register for the parent training. This will ensure not only that your child is trained, but that the faculty and staff at their school are trained as well.

Our goal is to train all adults in a child's life, so they are well-equipped to help a young person in need of assistance.



# THANK YOU!



## PREVENT SUICIDE

**Thank you for taking time to ensure that you have a deeper understanding of the topic and content of this training. It is because of your effort and dedication that we are able to help save young lives.**

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