



Youth Suicide Prevention Toolkit



Keeping Our Kids Safe

Introduction

Teen suicide is a growing health concern. It is the second-leading cause of death for young people ages 10 to 24, surpassed only by accidents, according to the U.S. Center for Disease Control and Prevention (CDC). Adolescence is a time marked with constant transition and significant cognitive, mental, emotional, and social change. Coupled with the challenges of the COVID-19 global pandemic, these past two years have been overwhelming for many youth.

Some young people are at greater risk due to predisposing vulnerabilities such as mental disorders, institutionalized racism, and food instability. Other examples of stressors associated with suicide death risk include disciplinary problems, interpersonal losses, family violence, sexual orientation confusion, physical and sexual abuse and being the victim of bullying. According to a recent [CDC study](#), there was a 31% increase in the proportion of mental health-related emergency department visits for youth aged 12–17 years during 2020 as compared to 2019. Particularly concerning, CDC data also showed increased rates of suicide ideation and suicide attempts in 2020 during COVID-19 as compared with 2019 rates. These trends are alarming, but youth suicide is preventable. We must take action in Maryland to support youth who are struggling.

Thank you for downloading our Youth Suicide Prevention Toolkit. Help us keep our kids and teens safe by sharing these resources widely within your community. This toolkit provides resources and action steps that you can take to help increase resilience in the youth in our communities.

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MD Young Minds

Maryland's Office of Suicide Prevention is launching MD Young Minds, an extension of the highly acclaimed mental health outreach texting program, **MD Mind Health**. This text-based mental health initiative is geared towards youth and young adults to help fight isolation, encourage mental wellness, and provide helpful tools for peer and self-assessment.

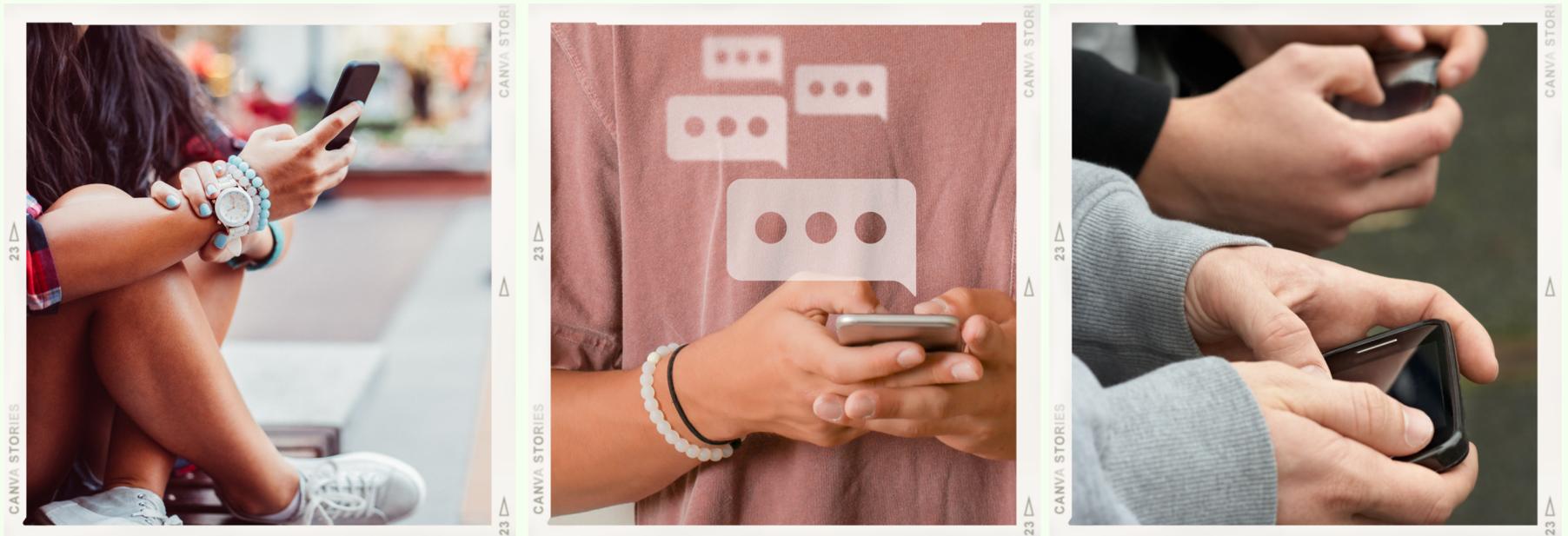
Text messages sent through the program provide supportive youth-focused mental health messages, but also remind recipients that immediate access to mental health services are available. If in distress, individuals can call 211, chat through the 211 website (pressone.211md.org), or text 898-211. All actions will link the individual to a call specialist available 24/7.

Text MDYOUNGMINDS to 898-211 to sign up.

Example MD Young Minds Messaging

Below are a few examples of texts that may be sent to youth as part of the MD Young Minds initiative:

- Having a regular mindfulness practice may help someone who struggles with thoughts of suicide to notice when they need help. How do you practice mindfulness? Watch this video for more information:
<https://nowmattersnow.org/skill/mindfulness>
- Mental Health 101: Depression is more than just being sad. It's a feeling of sadness, hopelessness, or worthlessness that lasts longer than 2 weeks along with a change in being able to enjoy things that you used to. Find out more:
<https://go.usa.gov/xFWnV>

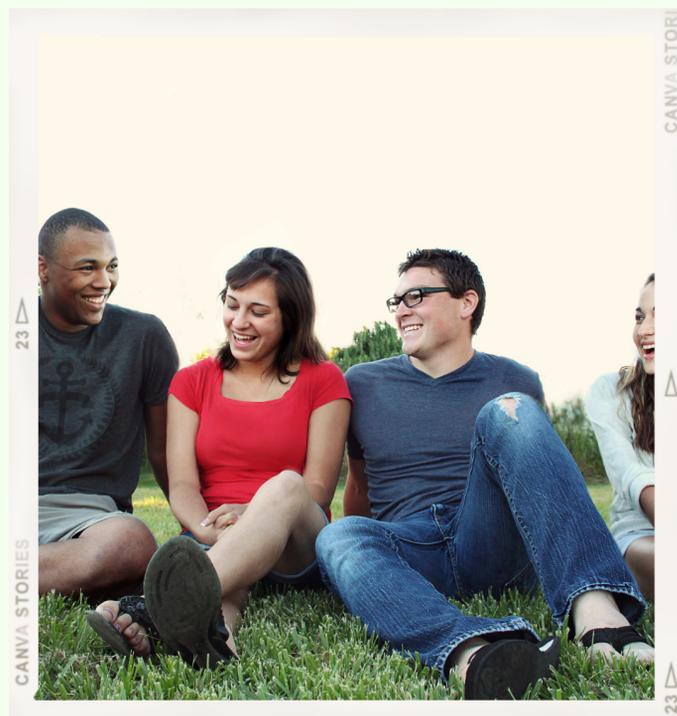


Sample Youth Suicide Prevention Social Media Posts

We have developed several social media posts for you to share on your Facebook, Instagram, or Twitter accounts to help promote youth suicide prevention awareness and resources. Please refer to our "Social Media and Suicide Prevention" factsheet below for more recommendations about safe messaging and safe sharing regarding suicide-related content. Follow us on @PrevSuicideMD on all social media accounts for more.

Facebook/Instagram/Twitter

- Reaching out to a friend about their mental health can make a big difference. What are some ways to check in? You could schedule a virtual dance party or an online game night or keep it simple with a call or text. Whatever works best for you.
- There is no “right” way to feel. If you need someone to talk to about your emotions, or you are experiencing overwhelming feelings, you are not alone. The Maryland Helpline is available 24/7 to give support and resources. Call 211 and press 1 or text 898-211.
- Even our best friends don't always know the best way to help when we're feeling sad. What do you wish your friends would do to cheer you up and get you talking? Comment below to inspire others to try new ways to connect.
- You're not alone, and help is available. You can feel better. To get help: Talk to a trusted adult (such as your parent or guardian, teacher, or school counselor) about how you've been feeling.
- Checking in with a friend about their mental health can make a big difference. The link in our bio offers ways you can check in with a friend and tools for taking care of your own mental health. {TOOLKIT LINK}.
- If you notice a friend is acting differently than normal, like they seem less interested in their hobbies or they're slow to answer texts, trust your gut and reach out.
- Once you've opened up the conversation to talk to a friend about their mental health, you're not expected to offer advice. Most important is to emphasize that you care.
- If you're in crisis, remember we're here 24/7 to support you at: 898-211 text and call 211 press 1. Teen mental health toolkit available in bio.



Teen Depression: More Than Just Moodiness

Being a teenager can be tough, but it shouldn't feel hopeless. If you have been feeling sad most of the time for more than a few weeks, and you're not able to concentrate or do the things you used to enjoy, you should talk to a trusted adult about depression.

Do I have depression?

- Do you often feel sad, anxious, worthless, or even “empty”?
- Have you lost interest in activities you used to enjoy?
- Do you get easily frustrated, irritable, or angry?
- Do you find yourself withdrawing from friends and family?
- Are your grades dropping?
- Have your eating or sleeping habits changed?
- Have you experienced any fatigue or memory loss?
- Have you thought about suicide or harming yourself?

Depression looks different for everyone. You might have many of the symptoms listed above or just a few.



How do I get help for depression?

You're not alone, and help is available. You can feel better. To get help:

- Talk to a trusted adult (such as your parent or guardian, teacher, coach, or school counselor) about how you've been feeling. Don't be afraid to speak with more than one adult. The first person you speak with might not be able to help, but don't give up. There are adults who are ready to help.
- Ask your doctor about options for professional help. Depression can be treated with psychotherapy, medication, or a combination of medication and talk therapy.
- Try to spend time with friends or family, even if you don't feel like you want to.
- Stay active and exercise, even if it's just going for a walk. Physical activity releases chemicals, such as endorphins, in your brain that can help you feel better.
- Try to keep a regular sleep schedule.
- Eat healthy foods.

The Maryland Helpline is available 24/7 to give support and resources. Call 211 and press 1 or text 898-211.

Community Level

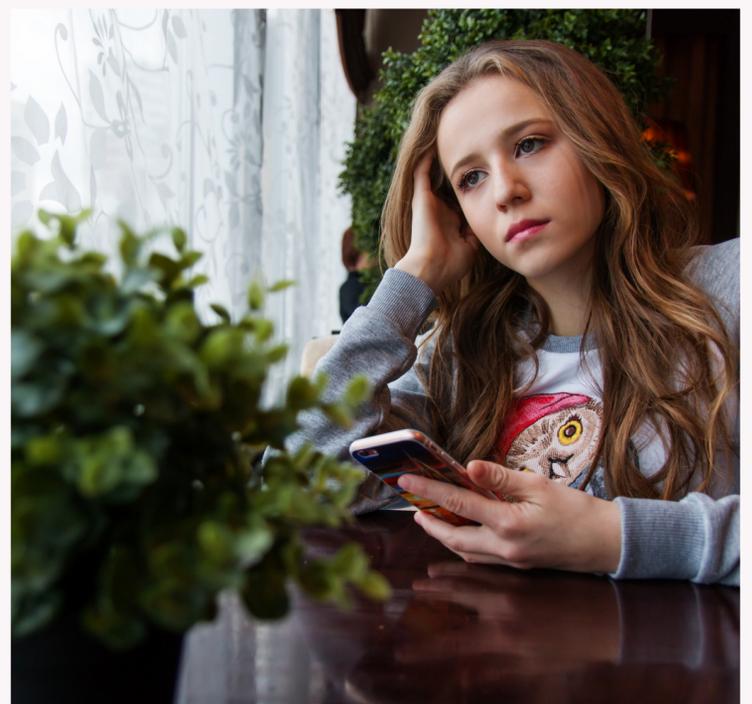
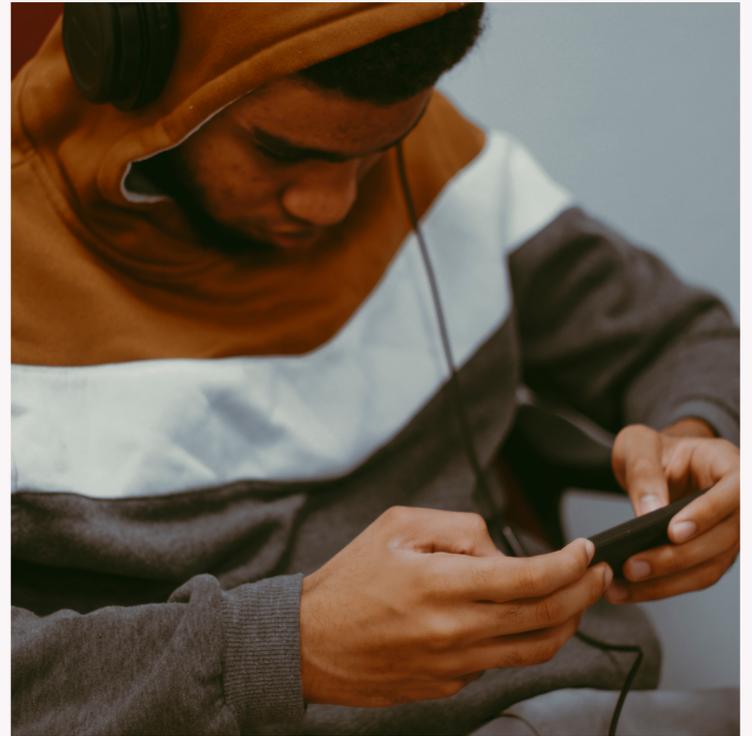
- Promote social connectedness
- Develop life skills
- Restrict access to potentially lethal means
- Follow crisis management procedures
- Provide mental health and substance use services
- Identify students at risk
- Increase help-seeking behavior

School Level

- Include information on resources and suicide warning signs on the district or school webpage
- Train staff and students to recognize and respond to suicide risk
- Include a curriculum which teaches problem solving strategies and coping skills
- Foster a positive, caring school environment
- Outreach to parents about mental health resources
- Efforts to reduce stigma
- Advertise crisis hotlines and textlines

Individual Level

- Take friends and loved ones seriously
- Listen with empathy and provide support
- Learn the warning signs
- Continue to provide support to people who have had thoughts of suicide
- Don't be afraid to talk about suicide with a peer, if you are worried about them
- Don't promise to keep suicide a secret

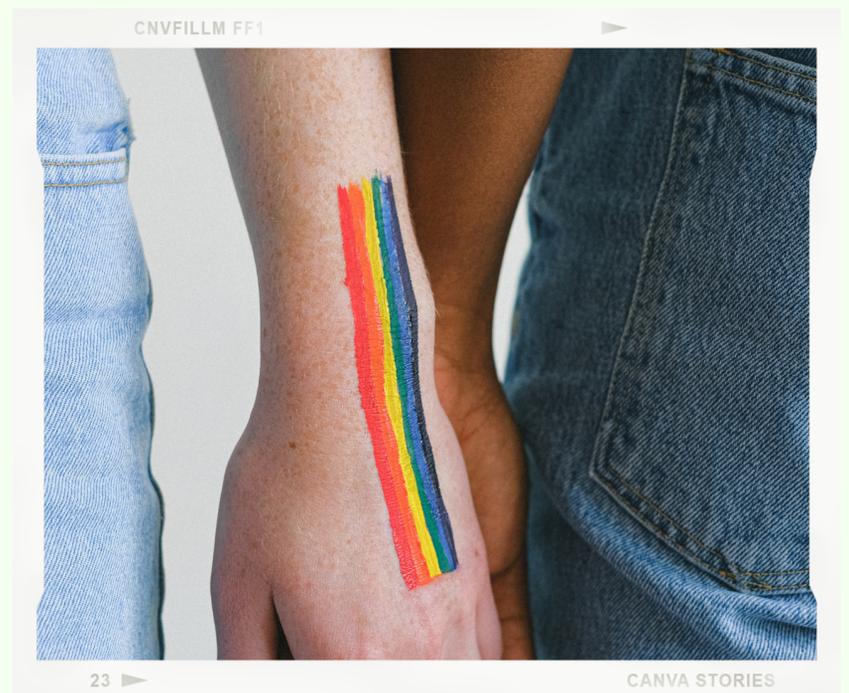


Best Practices in Suicide Prevention Among LGBTQ+ Youth

PREVENTING SUICIDE AMONG LGBTQ+ YOUTH IS A NATIONAL HEALTH PRIORITY

LGBTQ+ YOUTH ARE AT A GREATER RISK FOR SUICIDE COMPARED TO HETEROSEXUAL YOUTH:

- At least one LGBTQ youth between the ages of 13–24 attempts suicide every 45 seconds in the U.S.
- LGBTQ+ youth are 3 times more likely to report having thoughts of suicide.
- LGBTQ+ youth are 5 times more likely to have attempted suicide.



WHAT DO I SAY TO SOMEONE WHO IS COMING OUT TO ME?

It can be difficult to know what to say to someone when they are coming out to you. However, thanking the person for sharing with you, being present, validating their experience, and expressing love for the person are ways to show support. It is important not to use denying phrases (“it’s just a phase”), and rather, show support (“thank you so much for sharing with me”). Try to be supportive of the person regardless of personal feelings. If you have strong religious beliefs or other beliefs about the LGBTQ+ community, work through them with the support of a therapist. After someone comes out to you, call them, continue to do activities with the person, include the person’s partner in plans (as you would with other people), and learn more about the LGBTQ+ community to demonstrate your support.

Supportive Phrases:

- "Thank you for sharing with me. What does your identity mean to you?"
- "I’m so happy you told me, and I want you to know this won’t change our relationship in any way."
- "I’m really excited for you."

Denying Phrases:

- "You don’t really mean that, do you?"
- "It’s just a phase – I’m sure you’ll grow out of it."
- "Everybody’s experimenting with their sexuality these days."

USING LGBTQ+ AFFIRMING LANGUAGE

- Eliminate gendered language, and instead use affirmative, inclusive, and person-first language (e.g., “you all” instead of “you guys.”)
- Ask how someone identifies AND what that means to that person.
- Include your pronouns when you introduce yourself (e.g., she/her/hers; he/him/his; they/their/theirs; ze/hir/zir/hirs/zirs).

Substance Use Disorders (SUD) and Suicidal Behaviors in Adolescents

HOW PREVALENT IS SUBSTANCE MISUSE AND SUICIDE?

According to a [SAMHSA 2016 In Brief](#),

- Nearly 1 in 12 adults in the US has a substance use disorder.
- More than 41,000 deaths a year in the US are due to suicide.
- Opiates, including heroin and prescription painkillers, are present in 20% of deaths in the US.
- 22% of suicide deaths in the US involve alcohol intoxication.
- According to a recent [National Institute of Health study](#), adolescents with comorbid alcohol use disorders were at 18% higher odds of being hospitalized for suicidal behaviors.

YOUTH DRUG MISUSE IS A HIGH-PROFILE PUBLIC HEALTH CONCERN

- Drug use among 8th graders increased 61% between 2016 and 2020.
- By 12th grade, 62% of teenagers have misused alcohol.
- 50% of teenagers have misused a drug at least once.
- 43% of college students use illicit drugs.
- 86% of teenagers know someone who smokes, drinks, or uses drugs during the school day.



Substance Use Disorder and Suicide

Individuals with substance use disorders (SUDs) are particularly susceptible to suicide and suicide attempts. Alcohol and drug misuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior (SAMHSA, 2008; IOM, 2002). People at risk for suicide and substance misuse share a number of risk factors that include depression, impulsivity, and thrill-seeking/life threatening behaviors. One of the reasons alcohol and/or drug misuse significantly affects suicide rates is the disinhibition that occurs when a person is intoxicated.

Some studies suggest that, because SUDs and suicidality were found to influence each other, mental health and SUDs should ideally be detected and treated early, and that co-occurring disorders should be assessed and treated simultaneously.

Substance Use Disorders (SUD) and Suicidal Behaviors in Adolescents

ACTION STEPS FOR PROFESSIONALS

Substance misuse prevention and suicide prevention professionals share responsibilities to impact their communities from a public health approach. Both should:

- Be aware of and educate others about the warning signs for alcohol misuse or drug use, as well as suicidal behaviors.
- Be informed about the many risks that affect the individuals and communities they work with.
- Learn about suicide and substance use disorders and how misusing substances can affect suicidal thoughts and behaviors.
- Identify opportunities to collaborate with the other to address their common goals, keeping in mind that substance misuse prevention is suicide prevention.

How Can Substance Misuse Prevention Professionals and Suicide Prevention Professionals Work Together?

Learn

- Learn who is responsible for suicide prevention and substance misuse prevention in your state.

Familiarize

- Become familiar with suicide prevention and substance misuse plans, strategies, and programs.

Identify

- Identify public health goals that you have in common with agencies, organizations, and/or coalitions leading suicide prevention and substance misuse efforts.

Leverage and Collaborate

- Leverage each other's strengths and ask to partner with suicide prevention agencies/coalitions and substance misuse prevention agencies.

Plan and Implement

- Plan and implement cross-training on the link between substance misuse and suicidality, the different types of suicidal thoughts and behaviors, and the risk factors and warning signs for suicide and substance misuse.

Evaluate

- Use process and outcome data to evaluate and make the case that prevention works. Use data to show that reducing substance misuse lowers suicidal behavior and suicide attempts and make the case that substance misuse prevention is suicide prevention.

Preventing Suicide: As a Teacher and School Mental Health Professional

Despite how common thoughts of suicide and attempts are among youth, there is still a lot of fear and uncertainty when caring for youth after a suicide attempt or suicide loss of a loved one. Parents, guardians, family members, friends, teachers, school administrators, coaches and mentors all have a role to play.

The best way to prevent youth suicide is to use a comprehensive approach that includes:

- Promoting emotional well-being and connectedness among all students.
- Identifying youth who may be at risk for suicide and assist them in getting help.
- Preparing to respond when a suicide death occurs.

Reduce Suicide Risk Among Your Students: 5 Steps

1

Understand how suicide prevention fits with your role as a teacher or school mental health professional

2

Identify students who may be at risk for suicide

3

Respond to students who may be at risk for suicide

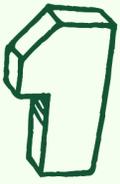
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Be prepared to respond to a suicide death

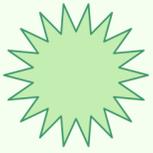
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Consider becoming involved in schoolwide suicide prevention





Understand how suicide prevention fits with your role as a teacher or school mental health professional



As a teacher...

You have daily contact with many young people, some of whom have problems that could result in serious injury or even death by suicide. You are in a position to notice what students say, do, and write. It's important take action when you suspect a student may be at risk of self-harm. Teachers can also play an active role in suicide prevention by fostering the emotional well-being of all students, not just those at high risk.

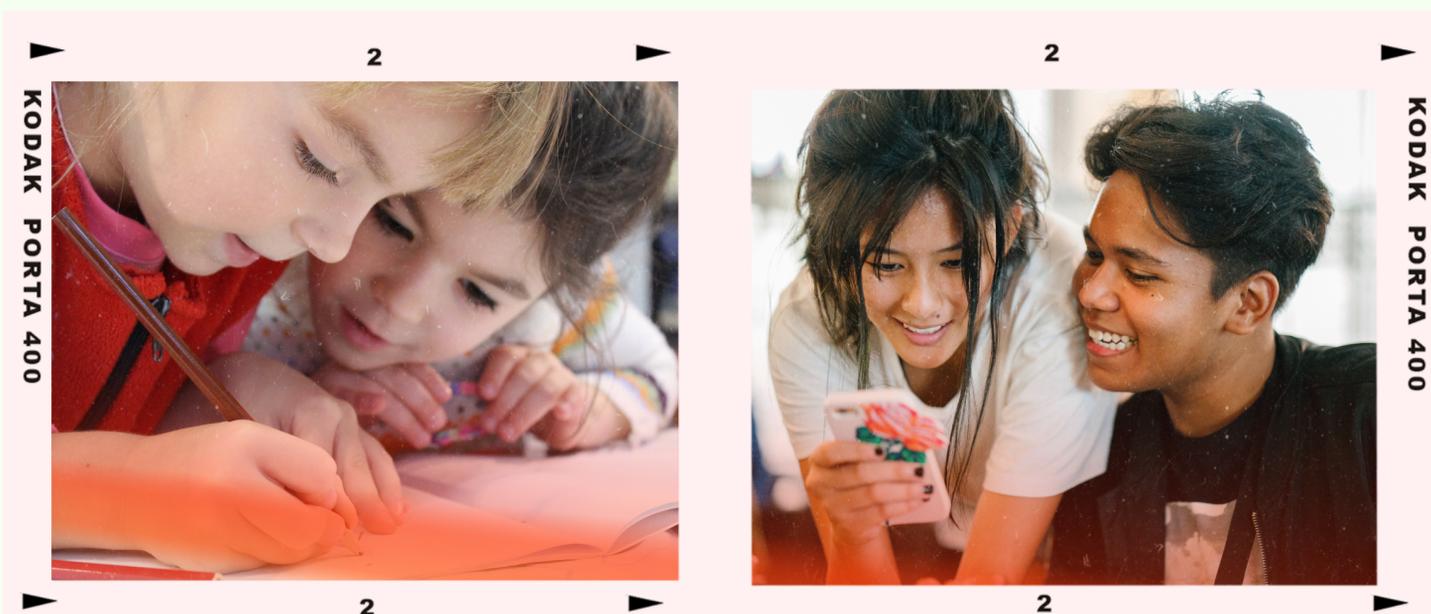
Teachers are well-positioned to promote a feeling of connectedness and belonging in the school community. School connectedness is the belief by students that adults and peers in the school care about them as individuals and about their learning. You can create connectedness by interacting with students in positive ways and helping them engage with peers and other adults in the school community during the school day and during extracurricular activities. Connectedness is an important factor in improving academic achievement and healthy behaviors, and it is related to reductions in suicidal thoughts and attempts (Whitlock et al., 2014; Marraccini, et al., 2017).



As a mental health provider...

You are in a key position to:

- Observe students' behavior and act when you suspect that a student may be at risk for suicide
- Provide expertise, support, and information to teachers and other staff, students, and parents/legal guardians who may notice that a student is struggling
- Determine the next steps to take regarding a student's safety and treatment



2

Identify Students Who May Be At Risk**As a teacher...****As a mental health provider...**

There are many factors that may increase a student's risk for suicide. Some of the most significant ones are:

- Mental health disorders (e.g., depression, anxiety disorders)
- Substance use disorder
- Access to a means to kill oneself (i.e., lethal means such as guns or medications)
- Previous suicide attempt(s)
- Family history of suicide or mental health disorders
- Childhood abuse, neglect, or trauma
- Exposure to the suicide of another person
- Stressful life circumstances (e.g., school problems, academic and/or disciplinary; family problems; relationship problems or breakups; bullying; legal problems)

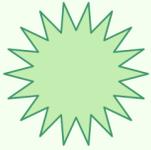
Suicide is complex and involves the interplay of multiple risk factors. Sometimes stressful life circumstances can serve as tipping points and trigger suicidal behavior in adolescents who are already at increased risk.

Common warning signs that may indicate a young person may be at risk for suicide:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Withdrawal from or change in social connections or situations
- Changes in sleep (increased or decreased)
- Anger or hostility that seems out of character or out of context
- Recent increased agitation or irritability

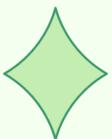
Risk is greater in youth who have attempted suicide in the past. Risk is also greater if the warning sign is new behavior for the student, or is a behavior that has increased and is possibly related to an anticipated or actual painful event, loss, or change.

3

Respond to Students Who May Be At Risk for Suicide**As a teacher...**

If you notice any of these signs in a student, take these recommended steps right away:

- Do not leave the youth/student alone.
- Make sure the student is in a secure environment supervised by a caring adult until he or she can be seen by the school mental health contact.
- Make sure the student is escorted to the school's mental health contact.
- Provide any additional information to the school's mental health contact that will help with their assessment of the student.
- Consider cultural competency and cultural differences.

**As a mental health provider...**

1. Talk with the student. Listen without judging and show you care.

2. Assess the student for risk of suicide and other forms of self-injury and/or arrange for a comprehensive risk assessment to be done as soon as possible.

3. Take away or work with student to restrict any potential method of harm, such as a knife, firearm, or pills.

4. Do not leave the student alone (depending on the level of crisis, possibly not even in a restroom).

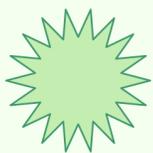
5. Collaborate with a supervisor, any other available behavioral health staff, and the school administration in making decisions about next steps.



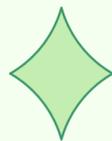
6. Notify and involve the parents/legal guardians. They must always be notified when there appears to be any risk that a student may harm himself or herself, unless doing so would place the child in a dangerous situation. In the latter case, contact local child protective services.
7. Provide parents with any needed referrals to mental health resources. It is important to be sensitive to the family's culture, including attitudes towards suicide, mental health privacy, and help-seeking.
8. Document all actions in order to ensure communication among school staff, parents, and service providers and to make sure the student gets needed services.
9. Follow up with the parents to determine how best to provide the student with support after the crisis.
10. In collaboration with a supervisor, decide what other school personnel should be notified about the student's elevated risk status (e.g., the student's teachers, a coach, the school nurse).



Be Prepared to Respond to a Suicide Death



As a teacher...



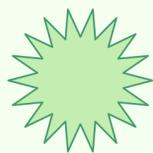
As a mental health provider...

The suicide or unexpected death of a student, teacher, well-known community member, or even a celebrity can increase suicide risk among vulnerable young people. Therefore, an essential part of any crisis or suicide prevention plan is **postvention**. Postvention responds appropriately to a situation that may put students at risk for suicide.

Postvention in a school setting might include:

- Grief counseling for students and staff, and support for yourself
- Identification of and support for students who may be put at risk by a traumatic incident
- Support for families
- Communication with the media to reduce the possibility of unsafe news coverage that could lead to additional suicides or emotional trauma
- Check-ins with students at risk at later times after the death, (e.g., within a month or on the anniversary of the death)

5

Consider Becoming Involved in Schoolwide Suicide Prevention**As a teacher...****As a mental health provider...**

Identifying students at risk for suicide is a crucial part of a comprehensive approach to suicide prevention.

Key components of a comprehensive school suicide prevention program include:

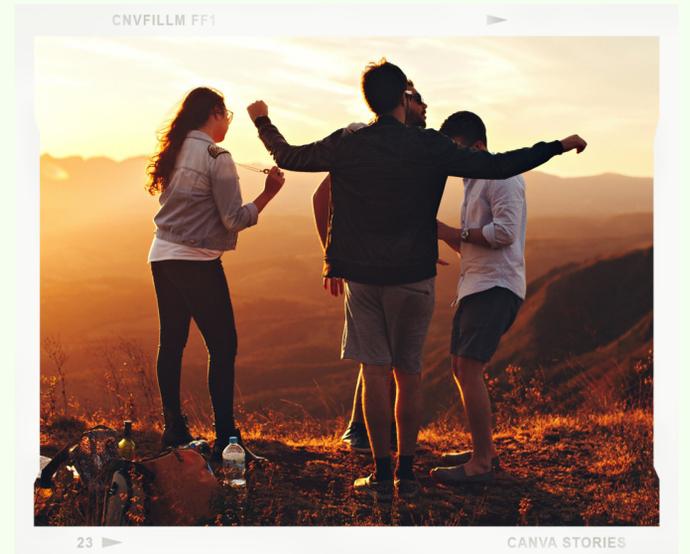
- Schoolwide programs that promote connectedness and emotional well-being
- Identifying students at risk and in crisis and connecting them with help
- Postvention
- Staff education and training
- Parent/guardian education and outreach
- Student programs (e.g., curricula for all students, skill-building for students at risk, peer leader programs)
- Screening students at risk

The school's suicide prevention or crisis response team, under the supervision of the school's administration, coordinate the policies and procedures for implementing a comprehensive suicide prevention program. Find out what procedures are in place in your schools.



Why is the relationship between social media and suicide prevention important?

According to the Pew Research Center, in a 2018 survey, 95% of teenagers said they have access to a smartphone. Among those teenagers using a smartphone, 45% say that they are online almost constantly. Teens use a variety of social media apps, including Youtube, Instagram, and Snapchat.



What is the relationship between social media and mental health?

There is a complicated relationship between social media use and mental health. There is a relationship between high levels of social media use and depression and perceived social isolation among young adults. Furthermore, high levels of social media use have been linked with suicide risk and self-harm: teenagers who spend three hours or more a day on electronic devices are 35% more likely to have a risk factor for suicide, such as making a suicide plan. Moreover, high internet use and internet addiction are associated with self-harm, and social media platforms may normalize self-harm as a response to distress. However, youth may use social media as a source of social support and community.

Safe Reporting Guidelines for Suicide

Avoid:

- Overdramatizing the event.
- Providing exact details and photos on the location and method.
- Oversimplifying the cause of death.
- Normalizing suicide.

Embrace:

- Inform (without dramatization).
- Use school or family photo of the person.
- Share positive stories of hope and recovery.
- Share resources.

Benefits and Challenges of Using Social Media for Suicide Prevention

Benefits:

- Youth use social media as a place to communicate distress, and as a result, peers and families can identify individuals who may be at risk for suicide.
- Social media platforms can reach a large number of youth.
- Social media provides an anonymous and accessible forum for sharing experiences.
- Modest social media use may provide some individuals with emotional support and reduced isolation.



Challenges:

- Use of social media, rather than offline help, can lead to further marginalization.
- Social media use may be connected to:
 - Normalization of suicide-related behavior. Difficulties in accurately assessing risk for suicide.
 - Issues related to privacy and confidentiality.

Guidelines for Peers, Families, and Schools

1. Know the warning signs of psychological distress and suicide risk on social media
 - Feeling alone, hopeless, or isolated (e.g., “I can’t do anything! #hatemyself!”).
 - Irritability and hostility (e.g., “I hate everyone!”).
 - Impulsive behaviors.
 - Insomnia posts.
 - Withdrawal from everyday activities (e.g., “Another day not going to school”).
 - Use of negative emoticons and hashtags (e.g., #cutting #depressed).
 - Signs of imminent risk: wanting to die, intense and urgent emotional despair, saying goodbyes and giving away personal possessions, glorifying death, and questions about where to access lethal means.
2. Monitor and address suicide-related posts and messages
 - Be vigilant for suicide myths or trending topics.
 - Address inaccurate posts.
 - Avoid reposting stories about suicide attempts/deaths.

3. Take action and intervene

- If there is imminent risk, take the person to the emergency room or call 911.
- Share resources (such as crisis hotline text line and number).
- Report self-harm to social media platform (e.g., Instagram, Snapchat).
- Reach out directly (do not just use the “like” button).



When starting a conversation with a youth who may be experiencing distress:

- Share your concern and be direct. Mention specific concerning statements and behaviors. Ask if the person wants to talk, and if not, share that you think it is important that they talk to someone. Finally, you can offer to connect the person to mental health services.
- When someone opens up to you, be non-judgmental and do not act shocked when the person shares suicidal thoughts. It is important not to promise that you will keep the information a secret, because you want to connect the person at risk to mental health services. Finally, you should restrict access to means of suicide (e.g., guns and medications).

Additional Guidance for Parents and Families:

- Do not fall into the “Not My Child” syndrome.
- Monitor social media use and initiate conversations about concerning posts.
- Be prepared to talk about emotional distress and suicide, and when doing so, actively listen, remain calm and non-judgmental, do not minimize problems and provide reassurance. If actively suicidal, do not leave your child alone and seek crisis care.
- Connect your child to mental health services.

Additional Guidance for Schools:

- Monitor, recognize, and respond to warning signs that students share on social media.
- Integrate social media into the school’s suicide prevention plan:
- Give students suicide prevention materials to post on social networking sites.
- Encourage students to share concerning information found on social media with trusted adults.
- Encourage youth to “interrupt” a bullying message.

Preventing Suicide: Resources for Youth

This is a list of websites with suicide prevention resources for teens—for those who may be at risk for suicide and those who have friends who may be at risk.

Crisis Text Line

Crisis Text Line provides free emotional support and information to teens in any type of crisis, including feeling suicidal. You can text with a trained specialist 24 hours a day. Text “HOME” to 741741.

Maine Teen Suicide Prevention

This website speaks directly to teens. It has information about suicide prevention and related topics, how to get help for yourself and others, stories by teens about their experiences, and a quiz on information about suicide.

(<http://maine.gov/suicide/youth/index.htm>)

Society for the Prevention of Teen Suicide

This website has a teen section where you can find information to help yourself or a friend who may be having suicidal thoughts. You can also find information on how to cope if a friend dies by suicide. (<http://www.sptsusa.org/teens/>)

Trevor Project

The Trevor Project provides suicide prevention and crisis intervention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. It offers free, 24/7, confidential counseling through the following: Trevor Lifeline—toll-free phone line at 1-866-488-7386; TrevorText—text START to 678-678; TrevorChat—instant messaging at TheTrevorProject.org/Help. It also runs TrevorSpace, an affirming social networking site for LGBTQ youth at TrevorSpace.org.

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress.

Your Life Your Voice from Boys Town Hotline

Your Life Your Voice is for pre-teens, teens, and young adults who are in crisis or feeling overwhelmed. The website has information sheets with tips for handling difficult situations. The hotline is toll free and open 24 hours a day. You can call, text, chat, or email. Call 1-800-448-3000 or text "VOICE" to 20121.

We haven't talked in a while. How are you?

Try using one of these pre-crafted messages to ask how a friend is doing if you suspect they might be struggling. It's ok to ask about suicide, and don't be afraid to listen.

You seem pretty down lately. What's going on?

I'm worried about you. Is something wrong? I want to be there for you.

You haven't been yourself lately. Are you ok?

Is there anything you want to talk about?

National and Maryland Suicide Prevention Resource List

This list of resources contains websites, training, programs, models, and Maryland-specific statewide suicide prevention initiatives.

National Resources

- [After a Suicide Toolkit for Schools](#)
- [Postvention Toolkit for School-Aged Youth](#)
- [Supporting Young People After a Suicide](#)
- [Grief: how young people respond to suicide](#)
- [Handle with Care Model](#)
- [Preventing Suicide: A Toolkit Guide for High School Students](#)
- [A Model School Policy on Suicide Prevention: Model Language, Commentary, and Resources](#)
- [Los Angeles County Youth Suicide Prevention Project](#)
- [Society for the Prevention of Teen Suicide](#)
- [Zero Suicide](#)

Maryland Resources

- [Call 211, Press 1](#)
- [The Office of Suicide Prevention](#)
- [Help 4 MD Youth](#)
- [Mental Health Association in Talbot County](#)
- [Mental Health Association of Maryland](#)
- [NAMI Maryland](#)

Culturally Specific Resources

- [Cultural Considerations in Adolescent Suicide Prevention and Psychosocial Treatment](#)
- [Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017](#)
- [Grief: how Aboriginal and Torres Strait Islander young people might respond to suicide](#)
- [Growing Crisis: Suicide Death Rate, Attempts and Injuries among Black Youth](#)
- [Strengthening Resilience: Promoting Positive School Mental Health Among Indigenous Youth](#)
- [Suicide-related risk in Latinx/Hispanic Youth](#)
- [Suicide Prevention Resource Center: Asian American and Pacific Islanders](#)

The Office of Suicide Prevention Additional Resources

Maryland Office of Suicide Prevention Factsheets and Toolkits

- Managing Thoughts of Suicide During Covid-19
- Suicide and Problem Gambling
- Supporting People with Lived Experience Fact Sheet
- Warning Signs of Suicide Fact Sheet
- Risk Factors of Suicide Fact Sheet
- Health Risk Factors of Suicide Fact Sheet
- Protective Factors of Suicide Fact Sheet
- Groups at Elevated Risk of Suicide Fact Sheet
- R.A.C.E. for Suicide Prevention Fact Sheet
- Lethal Means Safety Fact Sheet

Special Thanks to Our Partners

- Maryland Association of Student Councils
- Maryland Youth Advisory Council
- Carroll County Local Management Board
- Boys and Girls Clubs of Metropolitan Baltimore

