



GLOBAL
YOUTH CULTURE



CRISIS MODE

3 THINGS YOU CAN DO TO HELP YOUR
TEEN WITH **SUICIDALITY**

RESEARCH IS KEY TO DISCOVERING THE STATE OF A GENERATION.



Global Youth Culture is a research study that covers the beliefs and behaviors of more than 8,300 digitally connected teenagers from 20 diverse nations. It shares insights into their views on identity, technology, personal struggles, and religious beliefs.

When reviewing the data, it became overwhelmingly clear that today's teens need help. Our research found that when asked about their experiences in the last three months, **35% reported having had suicidal thoughts.**

As a parent or caregiver, it can feel overwhelming to know that your child is struggling—but also know that you are not alone. We as the Church must take on this task of loving, helping, and discipling our teens right where they are. And we want to help you do that. In this guide, we present a three-part approach that will help you not only navigate mental health concerns but also connect with your teens through their struggle:

- 1. Be Familiar**
- 2. Take the Initiative**
- 3. Build Resilience**

Now, let's take a deep breath, invite God into this process, and get started.



SECTION 1: BE FAMILIAR



Becoming familiar with common symptoms will equip you to help your teen recognize and label their symptoms. Labeling is an incredibly useful tool; in fact, one of the primary ways we cope with difficult experiences is to find words to describe them. As we understand what is happening, we are better able to cope.

Below we present a general overview of anxiety. A teen doesn't have to meet all the criteria for a diagnosis to be struggling—even just a few of these symptoms can be overwhelming. Use these criteria to help your teen find language for their experience so that you can then figure out how to navigate it well.

SUICIDALITY

Suicidality is a symptom of depression, but because it has such serious consequences, we will describe it separately. There are two types of suicidal thoughts: passive suicidal ideation and active suicidal ideation. Knowing the difference between the types is key in knowing how to respond appropriately.

PASSIVE SUICIDAL IDEATION involves thoughts such as, “I wish I wasn't here.” “It would be so nice to just not wake up tomorrow.” “I wish I could just disappear.” These thoughts don't contain any active plans to hurt oneself; instead, they reveal just how painful the teen finds their existence. Most people who experience Major Depressive Disorder will experience passive suicidal ideation and by itself, this is not an immediate cause for alarm. However, passive suicidal ideation does need to be monitored because it can easily develop into active suicidal ideation.

ACTIVE SUICIDAL IDEATION usually involves thoughts like, “I ought to just end it all.” “I could use the gun in my dad's closet to just get this over with now.” or “I should just turn into oncoming traffic. Active suicidal ideation reveals that the teen has spent more time ruminating not just on death, but also on possible ways to die, and should be taken very seriously. The acronym **SLAP** is helpful in determining whether the teen is experiencing active or passive suicidal ideation:

SLAP MODEL

- **SPECIFICITY:** Is there a specific plan? The more details the more likely that the teens will try to carry it out.
- **LETHALITY:** How lethal is the plan? Evaluate if it would really kill someone.
- **ACCESSIBILITY:** Does your teen have access to the materials they would need to carry out the plan? For instance, planning to use a gun when you don't have one in the house wouldn't be very lethal, but driving off a bridge, in the instance that the teen has access to a car, would be more concerning.
- **PREVIOUS ATTEMPTS:** if your teen has previously attempted suicide, treat suicidal thoughts very seriously. Previous attempts predict future attempts.

Suicidal thoughts should be confronted directly, and we will address this in section 2.

SUICIDALITY CONTINUED:

If your teen has other symptoms of depression, ask them directly about suicidality. Many are afraid of “planting the idea” of suicide into a teen’s head, but if the teen is depressed, they are almost certainly already experiencing at least passive suicidal ideation. The best way to ask about suicidality is to just do it.

Example, “Hey, I know that sometimes when people feel super down, they think about ending their life. Have you had any thoughts like that?”

If and when you ask a teen about suicidality, you must be prepared to respond rather than react. Most teens experiencing depression have at least passive suicidal ideation. Respond first by validating their experience, and showing empathy: “Honey, I’m so sorry. That must be so overwhelming.” Using the **SLAP model**, you can then ask if your teen has ever made a plan or thought about how they would commit suicide. If your teen answers no to the Specificity question (see above), your teen is most likely experiencing passive suicidal ideation. Your job is then to provide support and continue compassionately monitoring the suicidality.

If your teen answers yes to one or more of the **SLAP questions**, it is likely they are experiencing active suicidal ideation—that is, they are seriously making plans to kill themselves. At this point, the best course of action is to, in the present moment, see if you can talk them out of it, or at least into delaying an attempt for a bit of time. If you can convince them to put their plans on hold, contact a professional counselor and get them an appointment as soon as possible.

THE BEST WAY TO ASK ABOUT SUICIDALITY IS TO JUST DO IT.

If you find that your teen is unwilling to talk further, or if they seem determined to go through with their plan, the best thing you can do is to take your teen to the nearest hospital emergency room. Going to the hospital for suicidality will often involve a stay of a few days in a behavioral health unit. Teens who are committed to their suicide plan can benefit from medication to help stabilize their mood so that they can do the things that will help them get through the depression. This medication isn’t needed forever, but you should follow the plan given by a doctor and only stop taking it under the supervision of a doctor. Suicide attempts often occur after a person begins to feel a little bit better, so going off of depression medication should be supervised by professionals.

If suicidality requires hospitalization, finding and meeting weekly with a professional therapist afterward can help the teen better understand their symptoms and help them develop practices to better cope with their depressed feelings and lessen the depression. You can support your teen by continuing to connect with them emotionally, asking that they share what they are learning in therapy as they feel comfortable, and helping them as needed to develop healthy coping and resilience habits.

SECTION 2: TAKE THE INITIATIVE



Armed with all of this knowledge about **suicidality** – what do we do?



1. **MAKE THE FIRST MOVE.** Your teen needs you to make the first move. Though teens are likely to go to family about big, meaning-of-life questions, only **1 in 4 teens in our survey reported that they often talk to their parents about things that are important to them.** When teens are depressed or anxious, they often have difficulty asking for help. This means that you need to start the conversation.



2. **ASK GOOD QUESTIONS BASED ON OBSERVATIONS.** People tend to become defensive when they feel vulnerable, and teens are no different. We must ask questions out of compassion, not as though we are interrogators. One way to do this is to ask questions that arise out of your observations, “I’ve noticed you’ve been sleeping a whole lot lately. Have you been feeling ok?” Help your teen identify and label their own symptoms of depression and anxiety by noticing and commenting on them.



3. **OFFER GENEROUS EMPATHY.** Start the conversation with the assumption that your teen’s concerns are real. The quickest way to shut someone down is to ask them to share vulnerably and then to minimize their concerns.



4. **HELP THEM UNDERSTAND THEMSELVES.** Educate yourself so you can educate your teen. Help your teen understand what anxiety and depression look like—offer this information to help your teen evaluate their own experience, rather than telling your teen what they are experiencing.



SECTION 3: BUILD RESILIENCE



Resilience is the ability to bounce back from adversity. We can help lower our teens' risks for mental illness and help them cope with it by encouraging healthy practices.

HELP ELIMINATE OR MINIMIZE STRESSORS.

Teens are starting to have more control over their lives than they did as children, but they often need help in setting appropriate boundaries. Help your teen choose boundaries to set on things like social media and extracurricular activities. Help them identify which activities they do out of joy and which out of obligation or addiction, and empower them to say no when they need to.

INSTILL TRUTH.

Encourage teens to read Scripture and to memorize verses or passages that are meaningful to them. Encourage them to get involved in Bible studies that help them study Scripture for themselves. Our research showed that **Christian teens who were reading Scripture and praying at least weekly struggled significantly less in nearly every area.** The data is a testament that God's Word has power.

HELP CHALLENGE THOUGHTS.

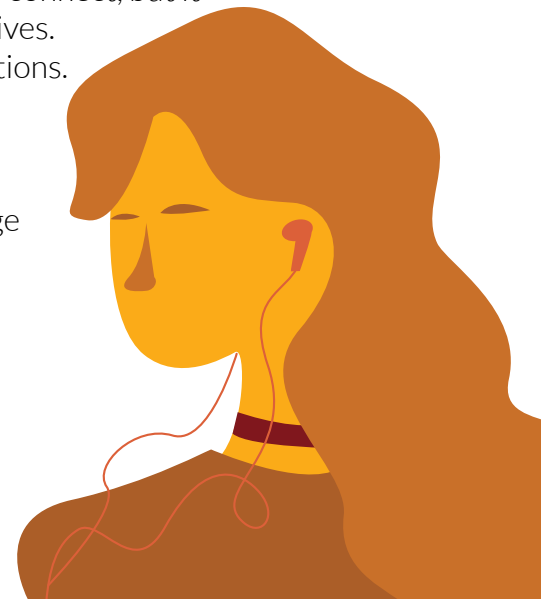
Sometimes, your teens may need help seeing the bigger picture. You can help them by educating yourself on typical thought distortions and helping your teen identify when they get stuck in crippling thinking. If you aren't familiar with types of thought distortions, a counselor can help.

CONNECT THEM WITH A THERAPIST.

Sometimes, through perhaps no fault of our own, our teens can't hear it from us. That doesn't give us permission to stop trying to connect, but it can give us a push to involve other caring adults in their lives.

Many teens are more open to therapy than older generations.

If your teen is struggling, ask if they would like to see a counselor. Therapists have lots of tools for helping teens deal with depression. They are also really skilled at identifying thinking distortions and helping people change the way they interact with their own thoughts.



RESOURCES



RESOURCES:

- Sweet, M. & Whitlock, J.L. (2009). Information for parents: What you need to know about self-injury. The Fact Sheet Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY
- [Suicide & Self-Harm Prevention Guide.](#)
- Vermilyea, Elizabeth (2013). Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress. Sidran Press.
- [Crisis Mode Full Report](#)

ABOUT GLOBAL YOUTH CULTURE

Global Youth Culture presents the findings of a research study covering the beliefs and behaviors of +8,300 digitally connected teenagers from 20 diverse nations. This study from OneHope shows insights into their views on identity, technology, personal struggles, and religious beliefs. The data also specifically reveals their attitudes about God, Jesus, the Bible, and the Christian church. We believe this study is the most comprehensive of its kind in the world in terms of taking a deep look at the faith of teenagers globally. *Global Youth Culture* aims to equip the Church, leaders, and parents to understand today's connected generation. globalyouthculture.net

Global Youth Culture is an initiative of OneHope. Learn more about the ministry at onehope.net



GLOBAL
YOUTH CULTURE

OneHope™
God's Word. Every Child.