

SELF-HARM & SUICIDAL THOUGHTS

If you are reading this, you may be worried - and you are not alone. Self-harm and suicidal thoughts are signals that a young person needs more support and safer coping tools.

Quick definitions

- Self-harm (self-injury) is when someone hurts their body on purpose to cope with distress. Often the goal is relief, not death.
- Suicidal thoughts are thoughts about ending one's life. They can range from passive thoughts ("I wish I could disappear") to having a plan.
- Self-harm and suicidality can overlap. Even when the intent is not to die, self-harm is serious and deserves support.

It's okay to ask directly about both self-harm and suicide. Calm, direct questions can increase safety.

Common signs of self-harm

- Unexplained cuts, burns, bruises, or injuries at different stages of healing
- Taking more medication than intended
- Deliberate injury (hitting self, punching walls)
- Hiding supplies, isolating, or covering skin even in heat

Warning signs of suicide

- Talking about death or wishing they were gone
- Feeling worthless or like a burden
- Hopelessness about the future
- Giving away belongings or saying goodbye
- A plan, access to means, or intent to die

Why it can happen

Young people can start thinking about self-harm or suicide when stress feels bigger than their coping tools. Common stressors include relationship or school stress, hiding identity, painful secrets or shame, and mental health or substance use challenges in the youth or family.

What helps most

Support often works best when it helps young people feel less alone and understood, regain a sense of control through problem-solving and small steps, and hold on to hope that feelings change and situations can improve.

What to do right now

Stay with your child/teen (or make sure a trusted adult is with them).

- Use a calm voice and short sentences. Focus on safety and connection.
- Ask clearly: “Are you thinking about hurting yourself? Are you thinking about suicide?”

If there is a plan, intent, or immediate danger: call 911 or go to the nearest emergency department. If you are unsure: call/text a crisis line for guidance and support.

How to talk about it

Start by thanking them for telling you and naming your care (“Thank you for telling me. I’m not mad — I care about you”). **Validate** the need for relief when things feel unbearable. **Ask what they need** right now (“Do you want me to listen, or would advice help?”). **Get specific (gently)** about safety (“Do you have a plan? Do you have access to what you would use?”). **Collaborate** on a short-term plan (“Let’s make a plan for the next hour and the next day.”).

Make home safer

Reducing access to dangerous items can save lives.

Start with what is easiest to access by locking up prescription and over-the-counter medications, securing sharp objects or items your youth has used or mentioned using, reducing alcohol access, and keeping cords/ropes and car keys out of easy reach during high-risk periods. If there are firearms in the home, remove them temporarily or store them unloaded and locked, separate from ammunition.

Support, safety, and next steps

If self-harm is mentioned during a conflict (e.g., “If you don’t let me..., I’ll hurt myself”), treat it first as a **safety signal** by increasing supervision and reaching out for support if needed. If rules are fair, keep boundaries calmly without bargaining with safety; if your youth is truly overloaded, consider temporarily reducing demands while supports are put in place.

Treatment often focuses on identifying triggers and early warning signs, building safer coping skills, addressing underlying concerns (e.g., anxiety, depression, trauma, ADHD), and creating and practicing a safety plan.