

## Safety Planning for Depressed Adolescents

*(Adapted by GLAD-PC with permission from materials prepared by Families for Depression Awareness)*

- 1. Encourage adolescents and parents to make their homes safe.** In teens aged 10 to 19, the most common method of suicide is by suffocation (mostly hanging), followed closely by guns and firearms and poisoning. All ropes, cables, guns, and other weapons should be removed from the house, or at least locked up. Other potentially harmful items such as sharp knives, alcohol, drugs, and poisons should also be removed.
- 2. Ask about suicide.** Providers and parents should ask regularly about thoughts of suicide. Providers should remind parents that making these inquiries will not promote the idea of suicide.
- 3. Watch for suicidal behavior.** Behaviors to watch for in children and teens include:
  - Expressing self-destructive thoughts
  - Drawing morbid or death-related pictures
  - Using death as a theme during play in young children
  - Listening to music that centers around death
  - Playing video games that have a self-destructive theme
  - Reading books or other publications that focus on death
  - Watching television programs that center around death
  - Visiting internet sites that contain death-related content
  - Giving away possessions
- 4. Watch for signs of drinking.** If a child has depression, feels suicidal, and drinks a lot of alcohol, the person is more likely to take his or her life. Parents are usually unaware that their child is drinking. If a child is drinking, the parent will need to discuss this with the child and the clinician.
- 5. Develop a suicide emergency plan and a safety plan.** Work with patients and parents to decide how to proceed if a child feels depressed and suicidal. It is important to be specific and provide adolescents with accurate names, phone numbers, and addresses.