FROM ME 2 U, INC.

Seen, Heard, and Supported

A Community-Based Framework for Youth Suicide Prevention

SEEN	HEARD	SUPPORTED
Notice the whole young person	Create safe and accessible communication	Connect concern with action



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From Me 2 U, Inc. • Cleveland, Ohio • fromme2uinc.org

Executive Summary

Youth suicide is a serious public health concern that affects young people, families, schools, and entire communities. Clinical care and crisis intervention are essential, but prevention must also occur in the everyday settings where young people live, learn, build relationships, and develop their identities.

This white paper presents a community-based framework organized around three protective experiences: being seen, being heard, and being supported. It is intended for youth-serving nonprofits, families, schools, mentors, libraries, faith communities, and community partners. Particular attention is given to neurodiverse youth, including young people with ADHD, dyslexia, dysgraphia, executive functioning challenges, autism, anxiety, and related learning or communication needs.

From Me 2 U, Inc. recommends a prevention approach that combines emotionally safe environments, accessible communication, trusted relationships, early recognition, written response procedures, family education, appropriate referrals, and follow-up. Community organizations should not present themselves as crisis treatment providers unless they are qualified and authorized to provide those services. They should, however, be prepared to notice, listen, respond, refer, and remain connected.

Purpose and Scope

Suicide is not caused by one event, diagnosis, personal characteristic, or family circumstance. Risk and protection are shaped by interacting individual, relationship, community, and societal conditions. The Centers for Disease Control and Prevention identifies supportive relationships, connection to school and community, effective coping skills, reasons for living, and access to quality health care as protective factors.

Many youth serving organizations are not mental health providers. Nevertheless, they regularly interact with young people who may be experiencing grief, bullying, family conflict, academic stress, discrimination, anxiety, isolation, low self-esteem, or hopelessness. Their appropriate responsibilities include:

- Building supportive, inclusive, and emotionally safe environments.
- Recognizing meaningful changes and concerning statements.
- Responding calmly and compassionately to disclosures.
- Following established safety and escalation procedures.
- Connecting young people and families with qualified help.
- Following up after a concern, referral, or crisis.

Why Neurodiverse Youth Need Responsive Prevention

Neurodiverse young people may experience chronic academic frustration, disciplinary responses to disability related behavior, social rejection, bullying, sensory or emotional overload, pressure to mask difficulties, and repeated messages that they are lazy, disruptive, careless, or not trying hard enough. These experiences can affect confidence, belonging, and willingness to ask for help.

A prevention strategy should not assume that every young person can immediately identify and verbally explain emotional distress. Some communicate through withdrawal, irritability, writing, art, text messages, physical complaints, avoidance, perfectionism, or changes in participation. Behavior should be addressed when necessary, but adults should also ask what the behavior may be communicating.

Accessible Prevention Practices

- Offer verbal and nonverbal ways to communicate.

- Use clear, concrete language instead of vague or leading questions.
- Allow adequate processing time.
- Reduce unnecessary sensory and social pressure.
- Distinguish overload, inability, or an unmet support need from unwillingness.
- Avoid public correction, humiliation, and shame.
- Recognize strengths beyond grades and conventional performance measures.
- Collaborate with the young person about useful accommodations and supports.

These practices do not replace professional assessment. They improve the likelihood that distress will be noticed and that young people can communicate what they need.

The Seen Heard and Supported Framework

1 Seen: Notice the Whole Young Person

Being seen means recognizing a young person as more than a behavior, diagnosis, grade, accomplishment, or current difficulty. Organizations should establish consistent check-ins and train adults to notice meaningful changes without making assumptions about motive.

Potential warning signs identified by the National Institute of Mental Health include talking about wanting to die, expressing hopelessness or feeling like a burden, making a plan, withdrawing, saying goodbye, giving away valued possessions, taking dangerous risks, showing extreme mood changes, and experiencing significant changes in sleep, eating, or substance use. New or increasing signs require prompt attention.

Documentation should describe objective observations. “Participant stopped attending activities and said no one would miss them” is more useful than “Participant is seeking attention.”

2 Heard: Create Safe and Accessible Communication

Being heard means a young person can disclose distress without immediately encountering judgment, punishment, disbelief, comparison, or an adult’s panic. Helpful first responses include:

- “I am glad you told me.”
- “I believe you.”
- “You are not in trouble.”
- “Help me understand what this has been like.”
- “We will connect with someone who can help.”

When suicide is a concern, ask directly and calmly: “Are you thinking about suicide?” Asking directly does not increase suicidal thoughts or behavior. The National Institute of Mental Health recommends five actions: Ask, Be There, Help Keep Them Safe, Help Them Connect, and Follow Up.

Adults should not promise secrecy when safety is involved. Explain in age-appropriate language that people who can help keep the young person safe must be involved.

3 Supported Connect Concern With Action

Support must extend beyond expressing care. Organizations need written procedures that identify:

- Who receives an immediate concern and assumes responsibility.
- Who contacts a parent or legal guardian.
- What happens when involving a caregiver could increase danger.
- Which crisis and behavioral health partners are contacted.
- When 988 should be used and when 911 is required.

- Who documents the concern and actions taken.
- Who follows up with the young person and family.
- How privacy and records are protected.

The 988 Suicide and Crisis Lifeline is available by call, text, or online chat. A person can use 988 for themselves or because they are concerned about someone else. In an immediate life threatening situation, contact 911.

Action	What It Means
Notice	Take new, worsening, or concerning changes seriously.
Ask	Use direct, calm language. Ask whether the young person is thinking about suicide.
Stay	Remain pr-sent. Listen without judgment and do not promise secrecy.
Connect	Use established procedures and connect the person with a caregiver when safe, a qualified professional, 988, or emergency services.
Follow up	Continue contact and help address barriers to receiving care.

Responding to a Concern

Recommended Actions for Youth Serving Organizations

1. Adopt a written suicide concern response protocol with clear decision points and assigned roles.
2. Train employees, interns, contractors, and volunteers on warning signs, direct questioning, documentation, referral, confidentiality limits, and emergency escalation.
3. Maintain a current referral directory that includes crisis, counseling, school, family support, and behavioral health resources.
4. Use developmentally appropriate and accessible check-ins throughout programming, not only after a visible crisis.
5. Clarify role boundaries. Community staff provide support and referrals but should not represent themselves as crisis clinicians unless appropriately qualified.
6. Educate parents and caregivers about warning signs, listening, safe storage, and accessing help.
7. Strengthen belonging through mentoring, leadership, creative expression, identity development, and recognition of individual strengths.
8. Review public messaging for safety, accuracy, accessibility, hope, and freedom from stigma.
9. Include 988 information consistently and explain what the service provides.
10. Follow up after concerns and referrals so young people and families are not left to navigate systems alone.

Communication and Social Media Responsibility

Public awareness messages should promote hope, help-seeking, connection, and specific actions. Organizations should avoid sensational language, graphic details, descriptions of methods, romanticizing death, presenting suicide as the result of one event, or suggesting that a single strategy can prevent every death.

Every public message addressing suicide should include a clear path to assistance. Crisis information should be accompanied by education that helps people recognize concerns, begin conversations, and provide

ongoing support. Social media can normalize help-seeking, but it cannot substitute for staff training, referral relationships, internal procedures, and year-round youth development practices.

Implementation Priorities

Timeframe	Priority	Evidence of Completion
First 30 days	Assign a response lead; review emergency contacts; compile local referrals.	Named lead, updated contact list, and approved referral directory.
Within 60 days	Adopt or update the written response protocol and documentation process.	Protocol approved and accessible to all relevant personnel.
Within 90 days	Train staff, interns, contractors, and volunteers; practice response scenarios.	Attendance records, scenario review, and staff confidence check.
Every 6 months	Confirm referral information and refresh training for new personnel.	Dated resource review and onboarding records.
Annually	Review incidents, procedures, messaging, and partnership gaps.	Documented quality improvement actions.

Measuring Progress

Community organizations can monitor implementation without claiming that one program prevented suicide. Appropriate measures include:

- Percentage of staff and volunteers trained.
- Percentage of participating youth able to identify a trusted adult.
- Number of families receiving prevention resources.
- Number of active referral partnerships.
- Participant reports of belonging and psychological safety.
- Staff confidence in responding to a disclosure.
- Referral completion when ethically and legally appropriate to track.
- Annual review of procedures and resource information.

Conclusion

Youth suicide prevention is not confined to hospitals, counseling offices, awareness months, or moments of crisis. It also occurs when a young person is welcomed, understood, included, and connected with caring adults.

The Seen Heard and Supported framework positions community organizations as important members of a broader prevention network. By noticing changes, creating accessible opportunities for communication, responding without judgment, and connecting families with qualified help, youth serving organizations can strengthen the conditions that support well being and hope.

Organizational note From Me 2 U, Inc. is a youth development and family support organization. It is not an emergency or crisis response provider.

Crisis support Call or text 988, or chat at 988Lifeline.org. Call 911 when there is immediate physical danger.

References and Resources

Centers for Disease Control and Prevention. About suicide prevention. https://www.cdc.gov/suicide/about/index.html

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Substance Abuse and Mental Health Services Administration. 988 Suicide and Crisis Lifeline. https://www.samhsa.gov/mental-health/988

Substance Abuse and Mental Health Services Administration. 988 frequently asked questions. https://www.samhsa.gov/mental-health/988/faqs

Substance Abuse and Mental Health Services Administration. 988 partner toolkit. https://www.samhsa.gov/mental-health/988/partner-toolkit

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About From Me 2 U Inc

From Me 2 U, Inc. is a Cleveland-based nonprofit youth development and family support organization that uses evidence-informed practices, research, leadership development, creative programming, and community partnerships to help young people and families thrive. Its work gives particular attention to identity, belonging, neurodiversity, emotional well-being, and access to supportive opportunities.

Learn more at fromme2uinc.org