

# A GUIDE FOR PARENTS AND FAMILIES



## Supporting Your College Student Through Mental Health Challenges



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# Introduction

## Mental health problems among young adults are more common than many families realize.

In fact, one in three college students experiences a mental health issue, most commonly anxiety or depression. Major life changes such as adjusting to college life and experiencing added academic stress can set the stage for the onset of mental health issues.

Parents and family members sometimes struggle to understand their student's mental health concerns—or even to recognize that their student is in distress. Learning that their student is having suicidal thoughts can create extreme stress for the family.

This document provides resources to help parents and families of students who are struggling with their mental health. It can help them ask well-informed questions and understand when to seek further help. Suicidal urges, in particular, should always be taken seriously and never dismissed as a ploy to gain attention. Many suicides are preventable.

Marny Lombard, at Forefront Suicide Prevention, wrote this guide. Her son Sam struggled for many years with depression and died by suicide in 2013. He was 22 and a college senior majoring in architecture. This guide is intended to provide parents and families with the knowledge that Marny needed but did not find.

COVID-19 has rocked our lives in so many ways. It is more important than ever that parents connect with and listen to their young adult children.

We're all in this together.





## Part 1: Something is Troubling Your Student, But What?

Starting college provides a cascade of changes, potential anxieties and worries about not measuring up. And that's in a good year. Many students find their way into a rhythm of managing time and work. They may have stress, but largely they handle the cycles of quarters or semesters. Others struggle more, and sometimes their stress grows into distress.

The onset of mental illness usually happens early in life, about 50% of the time by age 14 and another 25% of the time by age 24. Seeking treatment does not always follow. One study (Wang et al., 2005) found an average wait time for individuals experiencing clinical depression of six to eight years. For anxiety disorders, the average delay was nine to 23 years.

The longer the delay between the onset of mental illness and the start of treatment, the more difficult it can be to successfully treat these issues. If your student has past or current mental health concerns, it is unrealistic to expect them to leave these behind when starting college or other postsecondary pursuits. The good news is that you can learn how to support them and help them manage the underlying stressors.

Additional resources for Washington's postsecondary students can be found at the [INSPIRE in Postsecondary Ed website](#).

## Ways to Keep Conversation Flowing

- COVID-19 has changed so much about life today, including the mental health of individuals ages 18 to 24. The Centers for Disease Control has noted increases in anxiety, depression and thoughts of suicide among this age group. With many institutions using only distance learning, there are fewer eyes on these young adults.
- Before students start college, Parents and other adults give students plenty of advice: “Study hard! Text me every day!” Remember to ask your student about their emotions, as well. “Do your instructors fit you well? How are you handling their expectations?” Try to listen more and voice your own thoughts briefly.
- Check with your student regularly about their stress level, their past or current mental health concerns and their thoughts on staying healthy during this time of change. These can be quick check-ins. Your role is not to fix the problem. Listening and empathizing can be surprisingly helpful and effective. (“Sounds like you have an awful lot going on”; “Sounds like you are working toward a solution.”)
- Educate yourself about consent, sexual assault and substance use, and talk openly about these issues with your student before they leave home. Establish a safe haven so your student knows they can always ask questions about these topics and share concerns and experiences.
- Resilience and self-care are important topics to discuss even if your student seems unflappable. Given that one in three college students will experience depression or anxiety, chances are that your student will either have a personal experience with mental health issues or know someone who does. It’s never too early to have age-appropriate conversations about handling tough emotions and other components of maintaining positive mental health.

Today’s high pressure culture for young people can breed stress, isolation, unhealthy comparisons with others and perfectionism. What you think of as healthy standards of hard work and ambition might push an overwhelmed millennial or Gen Z-er toward hopelessness.



## Voices of experience

- The [Set to Go](#) program from the Jed Foundation helps high school students prepare for college and helps parents, families and educators be effective Set to Go messengers.
- [Starting the Conversation: College and Your Mental Health](#) from the National Alliance on Mental Illness (NAMI) and the Jed Foundation provides important information for students and families about mental health.
- Just because your student has strong coping skills and a good relationship with a mental health provider at home doesn't mean college will be smooth sailing. [Mental Health in College: What Parents Need to Know](#) was written by an experienced parent for [Grown & Flown](#), a website focused on parenting 15- to 25-year-olds.
- The University of Washington's [Resilience Lab](#) offers excellent materials on the mental habits and skills that help individuals persist through times of challenge.
- Grown & Flown offers "[Here Are the 33 Life Skills Your Kid Needs to Know to 'Adult.'](#)" These skills can help decrease stress for young adults, whether they are college students or not.



## Common Mental Health Concerns

Everyone—young, old, and in between—should know the basics about depression and anxiety, the two most common mental health conditions.

### VIDEOS & SUPPORT GROUPS

- [Depression: A Student's Perspective](#) is a video created by McMaster University in Ontario, Canada.
- [Facing Anxiety: Students Share How They Cope and How Campuses Can Help](#) is a video from the Chronicle of Higher Education.
- [NAMI](#) offers education about mental health issues and support for individuals and families. [Find your local NAMI](#) and sign up for the next NAMI Family-to-Family program.

**Additional sources of information on depression and anxiety are listed in the upcoming sections.**



## Ask about how things work at your college

Families and/or students should ask about mental health resources at their college. Here are some key questions to ask:

What services are available to support students with mental health concerns?

Do these services meet demand during the busiest times of year?

Do the institution's mental health counselors include people of color, including counselors who are Black and Indigenous?

Are faculty supportive of students living with mental health concerns? Ask for examples.

Is peer support or organized peer activity available for students with mental health concerns?

What resources are available if a student mental health crisis occurs after hours?

Will use of your institution's mental health resources affect any scholarship that a student receives?

How does your institution build a strong sense of community for students?

Who should a student turn to when they feel overwhelmed?

Who should family members contact if they believe their student is struggling?

# Finding the Right Therapist

It takes patience to find the right therapist. Trust and comfort between student and therapist is the goal. Looking for the right therapist can take some time.

Most colleges have counseling offices – and many have experienced counselors who have worked with students for years. However, college counseling centers sometimes are stretched by the number of students who seek their services.

If your health insurance makes this possible, consider having your student see a community-based counselor – especially if their needs are long-term. If your student has undergone counseling during the past few years but isn't currently seeing anyone, discuss the advantages of going back to counseling while they're in college, perhaps on a reduced schedule.

## Counseling vs. Therapy: What's the Difference

'Counseling' is from the Latin 'consilium,' meaning consultation, advice).

'Therapy' stems from the Greek 'therapeia,' defined as 'healing' or 'ministering to.'

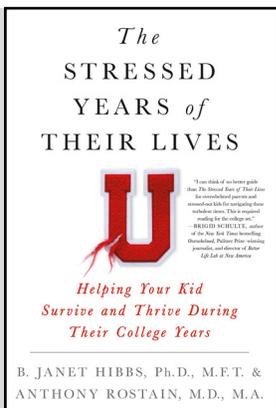
This guide uses these terms interchangeably.

## Here are tools to help you find a therapist:

- The [Washington Counselors of Color Network](#) can help you find a counselor who is a good fit for your student. Counseling Washington offers helpful information.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) offers [therapist searches by ZIP code](#). To search for suicide prevention services in your area, begin your search under mental health and then look for ancillary services.
- Psychology Today offers a popular [therapist search tool](#), as does GoodTherapy.
- Here's a helpful article about working with a therapist: [What I Wish Someone Had Told Me About How Therapy Actually Works](#).

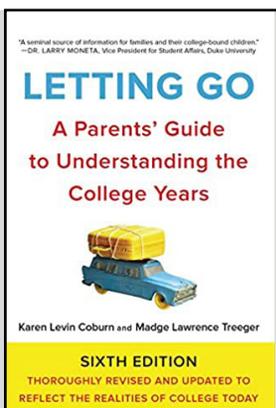


# Reading Recommendations



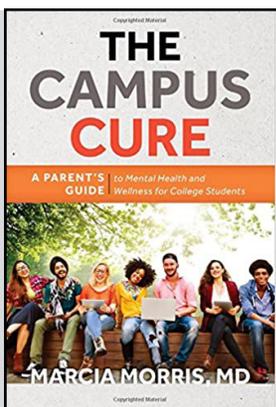
## **The Stressed Years of Their Lives: Helping Your Kid Survive and Thrive During Their College Years (St. Martin's Press)**

This book was written by Dr. B. Janet Hibbs and Dr. Anthony Rostain, two child and adolescent mental health experts.



## **Letting Go: A Parents' Guide to Understanding the College Years (Harper Paperbacks)**

Authors Karen Levin Coburn and Madge Lawrence Treeger are affiliated with Washington University in St. Louis, Missouri.



## **The Campus Cure: A Parent's Guide to Mental Health and Wellness for College Students (Rowman & Littlefield)**

Authored by Marcia Morris, a college mental health psychiatrist.



## What To Do When Your Student Is Struggling

Young people typically do not “grow out of” depression. Major depression is often a chronic, recurring condition. Yet, it is largely treatable and manageable (Andrews, 2001; Coulombe et al., 2016).

Letting mental health issues build over time only makes treatment more challenging. If your student is struggling, take it seriously. Talk less and listen more. Develop a relationship with them that provides a safe haven so they can tell you regularly what’s bothering them, what frightens them and what makes them happy.

Your role is to convey your love and your belief in your student, not to be a “fixer.” Allow awkward silences, and reflect back what you hear (“Sounds like you are...”). Reassure them that understanding their life is valuable to you. Ask if there is something specific you can do to help. The level of recovery reached by an individual with major depression is associated with not just the care they receive, but also with their engagement in managing their recovery (Coulombe et al., 2016).

If you had mental health issues when you were in college, sharing some of your experience can be invaluable. When your student sees you being vulnerable, they gain faith that they can expect you to fully accept them. Your goal is to establish a more trusting connection with your child than you have ever had.

Going to counseling may run counter to your student’s wishes. Some students believe that all of their peers are overwhelmed and emotionally distressed, so their condition is normal. Or they may think it’s better to handle such issues on their own to avoid self-stigma (thinking less of themselves), or because of a perceived lack of time, or because they are reluctant to try something that feels risky: talking about themselves to a stranger.

## When Your Student is Struggling (Cont.)

Explaining counseling in simple terms may help. [Heads Up Guys](#), a resource on depression among men, does an excellent job of breaking down the steps of making a first mental health appointment. Try to normalize and encourage help-seeking behavior. Counseling offers new ways to understand ourselves and our reactions to the trauma or tough issues we have experienced. We can learn new behaviors, and if we work at these changes, we're likely to lead a more complete and enjoyable life. Counselors follow a code of ethics that stresses confidentiality.



Gentle and patient encouragement is often the most helpful approach. If you have a clear suggestion to make, such as starting counseling, ask permission before offering it. Your student is a young adult on the road to independence. Respecting this and adjusting your parenting style may help you build a new and different, but still close, relationship.

Your family may choose to turn to a leader in your faith community, a traditional healer or a respected friend to support your student. Some families face a balancing act between their cultural values and the realities of American life today. It's important to prioritize your student's well-being in these challenging decisions.



Regular check-ins about healthy ways to handle stress and disappointment can help keep your student's options open. Voice your belief in your student regularly, but do not belabor these conversations.



## What To Do If Your Student Is Struggling

- Quality sleep is all-important for your student. Chronic insomnia is associated with suicidal thinking and attempts; the same is true for chronic nightmares (Russell et al., 2018). Discourage the idea that all-nighters are a badge of courage.
- Encourage exercise and any kind of mindfulness practice. Model these behaviors yourself.
- If your student does not already have a counselor or therapist, make it a priority to seek one who will be a good fit for your student. Your family physician is a good starting point for finding a therapist.
- Finding the right therapist can take time. You might encourage your student to think of this as “shopping around”—choosing from among two or three (or more) therapists until they find someone they trust and feel comfortable with.
- Ask several questions of a new counselor before making an appointment. Ask about their experience with relevant mental health conditions, including suicidal thinking. Ask how many sessions clients like your student usually need. You should expect to receive a range rather than a set number.
- If you are unclear whether your health insurance covers counseling, call your insurance provider.
- If your student takes a leave of absence from school for mental health reasons and is later able to return to campus, their mental health professional may need to write a statement of support, which is sometimes required for re-entry.
- If you live in an area with limited mental health resources, expand your search to a city nearby. The growth of telehealth during the COVID-19 pandemic has made this far more possible.

## About Medications

Anti-depressant or anxiety medications may be right for your student. Families sometimes avoid making significant changes, such as introducing medications, when life is going reasonably well for their student. But introducing antidepressants or other medications during a crisis can be exceedingly difficult. Have ongoing discussions with your student, their therapist and/or their physician – about medications for their mental health issues. Ask about the process, the expected side effects, how long it will take for beneficial effects to kick in and the expected duration of use. An experienced pharmacist will be another good resource.



You'll also want to learn about treatment-resistant depression and how often it arises. Ask about the Food and Drug Administration's black box warning about the possibility of increased suicidal symptoms in young people up to age 24 while on antidepressants. Ask about the challenges of coming off such medication. If your student goes on medication, you should expect to be asked to monitor their behavior. Ask as many questions as you need to about what to look for and how often you should report concerning behavior.

Working with antidepressants involves finding the medication that works best for the individual. This process can take weeks or months. It can be helpful for your student to know from the outset that this is a normal part of the process—and is not a reason to avoid using medication.

If your student is diagnosed with a serious mental illness such as schizophrenia or bipolar disorder, their ability to stay with their medications will be pivotal.

## Serious Mental Illness

Researchers have learned a lot about the earliest stages of schizophrenia and now understand that an early diagnosis can lead to a strong prognosis.

If your student shows unexplained behaviors, such as episodes of fixed staring, hearing whispers or voices, or seeing shadows or images that aren't there, ask your family physician about first-episode psychosis (FEP). These behaviors can be early symptoms of schizophrenia or other serious mental illnesses that involve psychosis (a break from reality). Early diagnoses and treatment can significantly increase the chances of a good outcome.

To learn more about any mental illness, turn to authoritative sources such as the U.S. Centers for Disease Control (CDC), National Institute of Mental Health (NIMH), American Psychiatric Association, American Psychological Association, American Association of Suicidology, Suicide Prevention Resource Center and the Jed Foundation.



## Serious Mental Illness (Cont.)

### HELPFUL RESOURCES

- The University of Washington School of Medicine and other centers have done excellent work on [FEP](#) and offer [resources for families](#).
- The [Families Preventing and Overcoming Depression](#) (FAMpod) website, developed by three Harvard psychology researchers, offers helpful in-depth information about major depression in adolescents. Parents may find the free Parent Talk course helpful.
- [The Stability Network offers](#) the stories of professional adults who have learned to successfully manage their mental health issues. They share their experiences and wisdom so others can see many people lead rewarding lives while coping with a mental illness.
- [“How to Help Someone with Depression”](#) is a compelling piece written by Steven Skoczen, who has lived with depression for many years.
- The [Depression and Bipolar Support Alliance](#) is a national resource that offers local support groups, an online support group for individuals and online support for parents through their [Balanced Mind Parent Network](#).
- [Schizophrenia and Related Disorders Alliance](#) of America offers weekly conference calls for individuals and for their family and friends.
- [I AM NOT SICK, I Don't Need Help](#) by Xavier Amador, PhD (Vida Press, 2013), is a highly readable book that explores the benefits of clinicians and family members or friends building strong relationships with their loved one who lives with schizophrenia. Dr. Amador is a researcher at Columbia University who moved into research on schizophrenia due to his brother's experiences with the illness.
- If your student is a veteran, go [here](#) on the INSPIRE in Postsecondary Ed website.

## Part 2: If Your Student Is Thinking About Suicide



Thoughts of suicide arise when an individual's emotional pain grows beyond their ability to cope. Asking someone whether they are thinking about suicide will not plant the idea in their mind (Gould et al., 2005).

Suicide is a scary topic. Your ability to face this in solidarity with your student, not at odds with them, is important. When you talk about suicide, it is important to be direct. Using vague language helps no one.

Work hard to understand your student's emotions and perceptions of their life. You want your student to feel understood and accepted for who they are. This is instrumental to anyone's emotional health. Ensure that your student knows you will always be a safe haven, no matter what and no matter when.

If your student tells you they are having thoughts about suicide, try to keep your initial emotions in check. By reacting with gentle care—not with fear or anger—you can help your student feel safe in discussing this with you. Your first impulse may be to want to fix the problem with logical argument. Instead, focus on listening, acknowledging their emotions and being clear about your desire to help them through this experience.

In some cases, mention of suicide is so startling to a family member that the immediate response is to call 911 so an ambulance can take the loved one to the emergency room. This trip may have positive and life-saving results. Or it might result in hours of waiting and a slow burn of frustration turning into anger—which can lead to mistrust of the health care system.

Sometimes family members react to the idea that their loved one is thinking about suicide with initial disbelief. But any mention of suicidal thinking should be taken seriously.

## If Your Student is Thinking About Suicide (Cont.)

Often, people mask their despair with a happy face. Do not think they are mistaken, making a bid for attention or otherwise doing something that should be ignored.

If your student had experience with suicidal thinking earlier in life, be aware that they may return to those thoughts in times of stress without you realizing it. Ask your student if this happens. If it does, seek professional treatment.

It is possible for someone to have thoughts about suicide without intent to act or a plan. In 2015, an estimated 9.8 million Americans ages 18 or older thought seriously about suicide. Of those, 2.7 million made a plan (Piscopo et al, 2015).



### Stigma and Your Student: We Can Make a Difference

Student A's grandfather died by suicide when he was a kindergartner. Her father grew up amid side glances and confusion about why his father killed himself. This was when a political candidate would be completely discounted if his history of depression became known. Silence was the best – no, the only strategy available.

Student B's good friend was diagnosed with bipolar disorder near the end of his first year. He spent the next year finding the right psychologist and psychiatrist. Student B was delighted when her friend come back as a sophomore in January of her junior year. They joined Active Minds, a national mental health advocacy group for college students. Today they are engaged.

What's in a story? The first vignette references Thomas Eagleton, a national political candidate in the 1970s. Otherwise, these sketches are fictional. They do, however, point to generational differences around stigma and mental health.

You have choices, as a parent or caregiver, as to how you think about mental illness and stigma. Your attitudes can help your student enlarge their identity, or not. Check out [the Stability Network](#) to see how successful professionals lead productive lives while managing their mental health concerns.

## If Your Student is Thinking About Suicide (Cont.)

Some suicides are impulsive, but the research on the prevalence of impulsive suicides is mixed (Smith et al., 2009; Klonsky, 2010).

If you are confident that your student fits in the category of having suicidal thoughts without intent or a plan, it is likely that you do not need to call 911. A more appropriate response may be to engage compassionately in discussion and ensure that your student connects with an appropriate counselor who has experience working with clients who have suicidal thoughts.

An important and practical step in preventing any suicide is removing access to firearms, medications (both prescription and over-the-counter) and other items that can be used to end a life. This may mean moving these items out of your student's living quarters or, if your student is living at home, locking up these items and ensuring that only you can access them.

If your student has developed a plan for suicide, has access to lethal means and is actively discussing suicide, seek professional assessment and treatment immediately. Explore the options for acute care for your student. It's better to do this before a crisis hits so you are prepared. Such care may involve an intensive outpatient program (IOP) or hospitalization. Seek out a mental health professional who has good experience working with suicidal clients and who can evaluate your student and recommend the next best course of treatment, whether that is an IOP program, a day hospital program or inpatient hospital care.



Mental health professionals look for several things when they assess the level of a person's suicidal thinking.

One is the level of intent to kill themselves, and another is whether the individual has made a plan and has access to the items needed to carry out the plan.

Medications and Firearms at Home?

**SAVE LIVES BY  
LOCKING & LIMITING ACCESS**

**SUICIDE IS PREVENTABLE**

SaferHomesCoalition.org **SAFER HOMES  
SUICIDE AWARE**

## If Your Student is Thinking About Suicide (Cont.)

- It can be helpful for you to communicate with your student's college. Contact the counseling center or the dean of students or Student Affairs office. Unless your student has signed a release of information, FERPA will prevent any college official from giving you information about them. However, appropriate staff can receive confidential information from you.
- Ideally, your student's college or institution will have strong services and protocols. However, you should be well informed because you may be called upon to make challenging decisions.
- If your loved one has talked about suicide and is living at home or in your community, it may be helpful in a non-crisis moment to call your local police department and ask if they have a Crisis Intervention Team program or a mobile crisis unit that may be able to respond in a suicidal crisis. These responders have had mental health training and are more experienced than other first responders in working with suicidal individuals.
- If your student lives off campus and has suicidal thoughts or is experiencing other mental health issues, it is especially important for you to be active in supporting them and discussing options. It's also important for you to talk with the college counseling center or a college mental health counselor or to learn about mental health resources in the community.
- Think seriously about encouraging your student to come home, and begin a conversation about the possibility of taking a break from school.
- Think about any flexibility you might have to make regular visits to see your student. The vast majority of students who experience suicidal thoughts recover and move forward in their lives, with a growing ability to manage their mental health.
- Dialectical Behavior Therapy (DBT) is one of the most effective therapies for countering suicidal thoughts and behavior. DBT teaches skills that can decrease suicidal impulses. Cognitive Behavior Therapy for Suicide Prevention is another type of therapy for individuals who are seriously considering suicide.
- Do not hesitate to explore hospitalization. It is better to develop a plan now than to wait until your student is in crisis.
- Encourage your student to develop a small safety net—trusted adults and/or close friends they can call and confide in if they experience significant distress.
- Actively seek your own support network. You will need your own "oxygen mask" before you can offer support.
- Take a suicide prevention training course. One such course is LEARN Saves Lives, developed by Forefront Suicide Prevention. LEARN Saves Lives Suicide Prevention Training for Parents/ Caregivers is free; it runs 1 hour and 20 minutes.

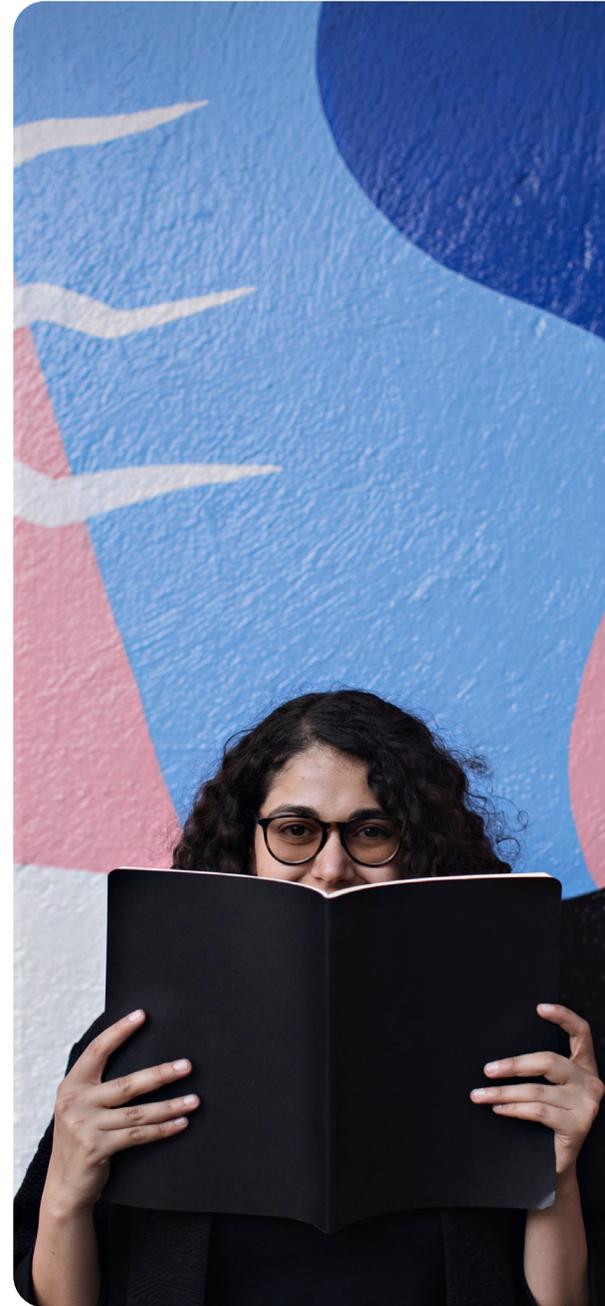
## When Your Student Needs to Come Home

If your student may need to leave school and come home, you may greet this realization with worry and perhaps reluctance. You may feel that, troubles or not, your student's ties with friends and college life will be protective factors. But taking a break now may help them in the long run.

Your student may also be reluctant to come home, due to the stigma of stepping away from school when everyone around them seems to be able to handle all the stress. Ask them about their feelings about this and listen with empathy. Remind them that coming home should not be viewed as a failure but rather as a strength, because they are able to recognize their need for help and are seeking that help. If you have not done so already, methodically go through your home and remove or lock up medications, firearms and other items that could be used to end a life. Talk with your student and their therapist about this.

You may think that removing lethal means will only prompt your student to choose a different method. However, studies in several countries have found that limiting access to lethal means reduces suicides.

Your student may experience relief at being home. They also may find themselves painfully lonely. Depending on their level of distress, group therapy and undemanding volunteer work around other young adults may help address some of these issues.



## When Your Student Needs to Come Home (Cont.)

Talk with a trusted colleague or leader at your workplace. You will need flexibility during this time. You will also need your own emotional support. Turn to friends and family, especially if you know someone who has experienced this situation before.

If your student needs to take an incomplete, let them know it is OK and that you will help them figure out how to make up the credits. Remember that the most important thing is to make sure they are safe and feeling supported. Their mental health should take priority over academics.

Once your student is stable, encourage good preparation for making up the work and completing any courses. If that is not possible, talk with your student about how they will handle retaking courses during the following year. If your student's distress is triggered by emotional isolation, they may feel shame or distress at the prospect of retaking courses among students they may not know well. Plan ahead for how you will handle this.



# Moving Towards Healing



A vast majority of young people who consider suicide will move through this difficult time. Many will begin to learn how to manage their mental health.

Even among those who attempt suicide, 90 percent will go on to live out their natural life.

It may be that your student will gain an interest in giving back or in advocating for better mental health or suicide prevention resources. For many individuals, this activity helps them to build their identity as someone who wishes to serve others, sparing them and their loved ones unnecessary pain.

Regardless – and always – you would do well to check in on their mental wellbeing from time to time. Caring contact in the coming months years – always with affection and without seeking any action – is a valuable way to emphasize your support of your loved one.

Forefront Suicide Prevention – <https://intheforefront.org>

INSPIRE in Postsecondary Ed – <https://INSPIRE-PSED.org>

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# References

- Andrews G. (2001). Should depression be managed as a chronic disease? *British Medical Journal* 322(7283): 419–421. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1119639/>
- Coulombe S, Radziszewski S, et al. (2016). Profiles of recovery from mood and anxiety disorders: a person-centered exploration of people's engagement in self-management. *Frontiers in Psychology*, 7: 584. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4844930/>
- Gould MS, Marrocco FA, Kleinman M, et al. (2005). Evaluating iatrogenic risk of youth suicide screening programs: a randomized controlled trial. *JAMA*. 293(13):1635–1643. <https://jamanetwork.com/journals/jama/article-abstract/200641>
- Klonsky ED, Alexis M (2010). Rethinking impulsivity in suicide. *Suicide and Life-Threatening Behavior*, 40(6): 612–619. <https://www2.psych.ubc.ca/~klonsky/publications/rethinkingimpulsivity2010.pdf>
- Piscopo K, Lipari RN, Cooney J, & Glasheen C (2016). Suicidal thoughts and behavior among adults: results from the 2015 National Survey on Drug Use and Health. *NSDUH Data Review*. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR3-2015/NSDUH-DR-FFR3-2015.htm>
- Russell K, Rasmussen S, Hunter SC (2018). Insomnia and nightmares as markers of risk for suicidal ideation in young people: investigating the role of defeat and entrapment. *Journal of Clinical Sleep Medicine*, 14(5):775–784. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5940428/>
- Smith AR, Witte TK, Teale NE, King SL, Bender TW, & Joiner TE (2008). Revisiting impulsivity in suicide: implications for civil liability of third parties. *Behavioral Sciences & the Law*, 26(6): 779–797. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2597102/>
- Wang PS, Berglund P, Olfson M, et al. (2005). Failure and delay in initial treatment contact after first onset of mental disorder in the National Comorbidity Survey replication. *Archives of General Psychiatry*, 62(6): 603–613. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/208684>