



Practice Resource: Suicide Prevention for Young People Experiencing Homelessness

Practical Strategies for Providers to Recognize Risk, Respond with Compassion, and Build Supportive Systems

Content Warning: This resource discusses suicide, suicidal thoughts, suicide attempts, and mental health crises. Please take care while reading. If you need immediate support, call or text 988 in the United States to reach the Suicide & Crisis Lifeline.

Young people experiencing homelessness face elevated risks of suicidal thoughts and suicide attempts. This resource offers practical strategies for providers serving youth, young adults, and young parent families experiencing homelessness to strengthen protective factors, recognize warning signs, and support young people before, during, and after a mental health crisis.

You do not have to be a mental health professional to help prevent suicide. Every person who works with young people experiencing homelessness can play a role in preventing suicide.

Why Focusing on Suicide Prevention is Critical for Those Serving Youth Experiencing Homelessness

The needs of youth experiencing homelessness facing suicidal thoughts are too often overlooked in broader suicide prevention efforts.

Research is sobering. Suicide is the second leading cause of death among individuals between the ages of 10 and 34.¹ Studies have found that between 20% and 68% of young adults experiencing homelessness report having attempted suicide during their lifetime.² Young

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from URL: <https://wisqars.cdc.gov/lcd/?o=LCD&y1=2023&y2=2023&ct=11&cc=ALL&g=00&s=0&r=0&ry=3&e=0&ar=lcd1age&at=groups&ag=lcd1age&a1=0&a2=199>

² Slesnick N, Zhang J, Feng X, Wu Q, Walsh L, Granello DH. Cognitive Therapy for Suicide Prevention: A Randomized Pilot with Suicidal Youth Experiencing Homelessness. *Cognitive Therapy and Research*. 2019;44(2):402-411. doi:<https://doi.org/10.1007/s10608-019-10068-1>

people experiencing homelessness may also experience trauma, family conflict or rejection, violence, substance use, isolation, and significant mental health needs—often while navigating systems that can be fragmented, difficult to access, or poorly tailored to their unique needs.^{3,4}

Homelessness itself can compound risk. A young person sleeping outside, moving between couches, staying in shelter, or cycling through systems often struggles to access consistent health care or maintain relationships with trusted providers. Even when a young person wants help, barriers such as transportation, insurance, cost, identification requirements, immigration status, and long wait times can stand in the way.

However, experiencing homelessness or having specific risk factors for suicide doesn't mean an individual will attempt suicide. Risk factors can increase an individual's vulnerability, but they don't determine what will happen. There is no definitive way to predict if someone will attempt suicide. Instead, understanding these risks can help providers identify which young people may need additional support, either from the provider or a separate mental health care professional.

10 Practices for Preventing Suicide Among Young People Experiencing Homelessness

Strengthening Protective Factors

1. Build belonging and supportive connections.

Suicide prevention is not only about identifying risk. It is also about strengthening the protective factors that can help young people feel connected, valued, and supported.

Research suggests that social relationships and feelings of belonging matter in suicide prevention. Do not assume reconnecting with family is always safe or appropriate. Young people may have experienced family conflict, abuse, rejection, or other trauma.

³ Wang, J. Z., Mott, S., Magwood, O., et al. (2019). The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: A systematic review. *BMC Public Health*, 19, 1528. <https://doi.org/10.1186/s12889-019-7856-0>.

⁴ Burke, C. W., Firmin, E. S., & Wilens, T. E. (2022). Systematic review: Rates of psychopathology, substance misuse, and neuropsychological dysfunction among transitional age youth experiencing homelessness. *The American Journal on Addictions*, 31, 523–534. <https://doi.org/10.1111/ajad.13340>

Providers should instead help young people identify safe, affirming relationships and communities. That might include a trusted staff member, peer, mentor, family member, partner, teacher, faith community, or other support.

One provider's experience also demonstrates the value of universal mental health education and creating opportunities for young people to seek support. After implementing [NAMI Ending the Silence](#) programming and a self-referral process, 313 students asked for support for themselves or someone else, including 28 who raised concerns about a mental health emergency.

2. Look beyond suicide risk in isolation.

Young people experiencing homelessness are often navigating multiple challenges simultaneously. Suicide prevention must therefore be connected to broader efforts to address housing, safety, trauma, substance use, family relationships, health care, and other needs.

As one provider shared with NN4Y, a trauma-informed approach, early identification of risk, strong safety planning, and coordination among shelter staff, clinical providers, families, and community partners are especially important because many young people are experiencing multiple, overlapping challenges.

Housing is suicide prevention. So is access to health care. So are trusted relationships. So is making sure a young person has food, safety, identification, and a safe place to sleep.

Recognizing the Warning Signs

3. Make suicide prevention part of everyday practice.

Suicide prevention happens every day, not just before, during, and after a crisis. As someone who works closely with a young person, providers are more attuned and can notice changes in thoughts, behaviors, feelings, and appearance. Changes on their own may not be a warning sign, so it is important to talk to that young person to learn more about what they are experiencing. This, combined with considering the frequency, duration, and impact of the changes, will help a provider understand if they should provide additional support.

Providers can keep a list of potential warning signs to recognize and track in case they begin having a larger negative impact on a young person. They can also incorporate conversations about mental health and well-being into intake, case management,

outreach, drop-in services, and ongoing relationships with young people to help normalize this type of support.

Several youth homelessness providers are already building screening and assessment into their work. The [Columbia-Suicide Severity Rating Scale](#) (C-SSRS) is one tool providers reported using to screen for and assess suicide risk. Other providers are incorporating tools such as the [PHQ-2](#), [PHQ-A](#), [PHQ-9](#), and [Ask Suicide-Screening Questions](#) (ASQ) into intake and assessment processes.

There is no single tool that will work in every setting. What matters is developing a clear process for when and how staff screen, what happens when concerns are identified, who responds, how young people are connected to ongoing support, and how to respond after a suicide death or attempt.

Practice Tip: Youth who regularly meet certain risk factor qualifications (including many youth experiencing homelessness) may have already been screened and assessed for suicide, and have learned how to respond in ways that may avoid further intervention, something that may have caused harm in the past. That's why it's important for providers to have both a foundation to recognize when certain behaviors may become warning signs, along with standardized screenings and assessments specifically for youth experiencing homelessness when they want to understand the risk of suicide.

4. Train staff at every level.

Staff should not have to face a suicide concern without preparation. Training can help direct service staff recognize warning signs, ask about suicide directly, know what steps to take next, and how to take care of themselves.

Providers responding to NN4Y have reported using training approaches such as:

- [ASIST \(Applied Suicide Intervention Skills Training\)](#), a more intensive intervention model;
- [safeTALK](#), an awareness-focused model;
- [QPR training](#); and
- [Youth Mental Health First Aid](#).

One provider reserves ASIST training for supervisors and uses safeTALK with other direct-care staff, while another reported training all program staff in ASIST and youth-specific mental health first aid.

Training is not a one-time event. Programs should also ensure that staff understand their organization's protocols and have regular opportunities to practice responding to difficult situations.

Practice Tip: Consider which staff need more intensive training and which need foundational suicide awareness training.

Helping Someone Who is Considering Suicide

5. Create a clear response plan and practice it.

A screening tool alone does not prevent suicide. Providers need clear, written procedures for responding when a young person is experiencing suicidal thoughts or has attempted suicide.

A strong response plan should address:

- Who staff contact when concerns arise;
- When clinical staff, crisis services, or emergency services are involved;
- How staff respond based on the level of risk;
- How safety planning is completed;
- How the young person's privacy and dignity are respected;
- What information follows the young person across shifts or services;
- How the provider stays connected after the immediate crisis has passed; and
- How to increase empowerment and support for everyone involved in the crisis.

Providers also emphasize collaboration. One provider described a response that can include increased supervision, safety planning, clinical support, and coordination with behavioral health and emergency service providers based on the level of risk.

Practice Tip: Practice your organization's response plan before a crisis occurs.

6. Ask directly and listen with compassion.

One of the most important tools a provider has is the relationship with the young person.

When young people are navigating homelessness and systems that often feel transactional, taking the time to listen can matter enormously. Simple responses such as "That sounds really difficult," "I'm sorry that happened to you," or "I'm glad you told me" can create space for a young person to continue talking.

Providers should not avoid asking about suicide because they are afraid they will put the idea in a young person's head. In fact, it is well documented that asking about suicide *decreases* the likelihood of a suicide attempt, not increase it. Often, they will feel relieved that someone cares enough to hear about their experiences.⁵

When there are warning signs or concerns, asking clearly and directly can help a young person feel seen and can open the door to support. Open-ended questions like “How long have you felt this way?,” “When did these feelings start?,” and “Are you thinking about killing yourself?” give them the opportunity to speak on their experiences.

If a young person says they are considering suicide, remain calm. Just because someone has thoughts of suicide does not mean they are in immediate danger. Listen to what they have to say, don’t interrupt, and follow up with direct questions about how they are responding to these thoughts. Questions like “How often are you having these thoughts?,” “What scares you about these thoughts?,” and “When it gets really bad, what do you do?,” allows you to learn more about how they are protecting themselves.

How you respond to the answers to these questions should be in your organization's crisis and safety protocols. Listen without judgment and do not minimize what the young person is experiencing.

As a provider, you will be confident in asking these questions not only because you know it’ll help the young person, but because you know what to do and who to connect them with if their responses require support from a mental health professional.

Practice Tip: Remember that your confidence comes not from having all the answers, but from knowing what to do next and who to involve.

7. Develop safety plans with, not for, young people.

Safety planning should be collaborative and individualized. Providers reported working with young people to identify practical crisis strategies, including:

- People the young person can contact;
- Coping strategies they can use;
- Safe places to go;

⁵ Dazzi T, Gribble R, Wessely S, Fear NT. Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychol Med*. 2014 Dec;44(16):3361-3.

- Ways to reduce immediate danger;
- When and how to access crisis or inpatient care; and
- How to support friends and family after a loved one's suicide death or attempt.

For example, one provider uses the C-SSRS to assess suicide risk at multiple points during participation in the program and completes a safety plan when a young person presents with suicidal ideation, homicidal ideation, or self-harm concerns.

A safety plan should reflect the realities of homelessness. A young person may not have a private bedroom, a reliable phone, transportation, supportive family members, or a safe place to go. Plans need to be practical for the young person's actual circumstances.

Practice Tip: Ask yourself, “Will this plan actually work for this young person tonight?”

8. Know your community resources before a crisis happens.

Programs should map available mental health, crisis, and behavioral health resources before young people need them. This includes understanding:

- What services are available to young people experiencing homelessness;
- Whether young people need insurance or identification;
- Whether services serve unaccompanied minors;
- Wait times and hours of operation;
- Language accessibility;
- Transportation options;
- Mobile or community-based crisis services; and
- How to access short-term and long-term follow-up care.

[988](#) is available nationwide by call, text, or chat for immediate emotional support and crisis intervention. Providers should also build relationships with local behavioral health and crisis providers so referrals are not merely a list of phone numbers handed to a young person.

Medicaid can also be an important pathway to mental health care for eligible young people, but coverage and services vary by state. Providers can play a critical role in helping young people enroll, understand their benefits, and actually connect with care.

Developing a Plan for Support After a Mental Health Crisis

9. Establish a plan for someone re-entering services after a suicide attempt or other mental health crisis.

If a young person you support attempts suicide, you may feel different or competing emotions that change over time. However you are feeling is okay, there is no right or wrong reaction. Your organization's response to this attempt will often be very similar to your crisis plan as a whole, to be on the lookout for warning signs and strengthen protective factors.

And just like when you help someone who is considering suicide, asking open-ended questions and being a consistent and safe person to speak with is critical. After an attempt, you don't need to understand the why or how, you just need to actively listen. You do not need to understand or solve the "why" in order to be present.

10. Supporting the community after someone dies by suicide.

Suicide postvention, also known as creating a plan to respond after someone dies by suicide, is suicide prevention. Research shows that 54% of those who attempt suicide know at least one person who attempted or died by suicide, with 86% of attempts within 12 months after that initial person.⁶ Six months after the death of a peer, an adolescent is four times as likely to develop a psychiatric disorder, six times as likely to develop major depression, five times as likely to have serious thoughts of suicide, and a significantly higher likelihood to develop Post-Traumatic Stress Disorder.⁷

To best support after a suicide death, service providers should:

- Identify their loved ones. A young person experiencing homelessness may have a network harder to find.
- Promote healthy grieving.
- Commemorate the deceased.
- Recognize the difference between grief and being at risk of a mental health crisis.

Your organization's suicide prevention plan should not only include identifying warning signs and responding to an immediate crisis, but also a clear protocol for responding after a suicide attempt or death.

⁶ de Leo D, Heller T. Social modeling in the transmission of suicidality. *Crisis*. 2008;29(1):11-9. doi: 10.1027/0227-5910.29.1.11. PMID: 18389641.

⁷ Goldstein, T. R., & Brent, D. A. (2010). Youth suicide. In M. K. Dulcan (Ed.), *Dulcan's textbook of child and adolescent psychiatry* (pp. 531–541). American Psychiatric Publishing, Inc..

Questions to Ask Your Organization

Use these questions to identify opportunities to strengthen your suicide prevention practices:

- ☐ Are our staff trained and prepared to respond after someone says they are thinking about suicide?
- ☐ Do we have a clear protocol for screening, assessment, and crisis response?
- ☐ Do staff know who to contact and what to do next?
- ☐ Are our safety plans realistic for young people without stable housing?
- ☐ Do young people know which staff members they can trust?
- ☐ Are we building relationships and a sense of belonging—not just responding to crises?
- ☐ Have we identified community resources before a crisis occurs?
- ☐ Do we have a plan to support young people after a suicide attempt or mental health crisis?
- ☐ Do we have a postvention plan following a suicide death?
- ☐ Are we listening to young people themselves about what helps them feel safe, connected, and hopeful?

Moving from Awareness to Action

There is no single suicide prevention model designed specifically for every setting serving young people experiencing homelessness. Providers responding to NN4Y reported a wide range of practices. This resource is intended to help organizations learn from those practices and identify concrete steps they can take now.

Suicide prevention is everyone's responsibility. For young people experiencing homelessness, it's not just crisis response, but also compassionate relationships, access to care, safe housing, trauma-informed services, and systems that refuse to leave young people to navigate their hardest moments alone.

Additional Resources

Screening and Assessment

- [Ask Suicide-Screening Questions \(ASQ\)](#)
- [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#)
- [PHQ-2](#), [PHQ-A](#), [PHQ-9](#)

Training

- [ASIST \(Applied Suicide Intervention Skills Training\)](#): a more intensive intervention model
- [QPR training](#)
- [safeTALK](#): an awareness-focused model
- [Youth-specific mental health first aid](#).

Suicide Prevention Frameworks and Resources

- [American Academy of Pediatrics Blueprint for Youth Suicide Prevention](#)
- [American Foundation for Suicide Prevention](#)
- [CDC's Public Health Approach to Suicide Prevention](#)
- [NAMI Ending the Silence](#): a free evidence-based, 50-minute session designed for middle and high school students
- [SOS Signs of Suicide](#): a training for middle and high school students to be completed within a classroom setting.
- [Suicide Prevention Resource Center](#)
- [Youth.gov: Youth Suicide Prevention](#)
- [Zero Suicide Framework](#)

Suicide Prevention Crisis Support Hotlines

- [988 Suicide & Crisis Lifeline](#): Call 988
- If a young person is in immediate danger or experiencing a life-threatening emergency, call 911 or your local emergency number.

Broader Mental Health Crisis Support Hotlines

- [Blackline by and for BIPOC Youth](#): Call/Text 800-604-5841
- [LGBT National Hotline](#): Call 888-843-4564
 - [LGBT Youth Talkline](#): Call 800-246-7743
- [NAMI Teen & Young Adult HelpLine](#): Call 1-800-950-NAMI (6264) or Text 62640
 - [NAMI National Warmline Directory](#): State/Local Directory of Peer-Run Phone Lines
- [Trans Lifeline](#): Call/Text 1-877-565-8860
- [Trevor Project for 2SLGBTQIA+ Youth in Crisis](#): Call/Text 1-866-488-7386
- [Youthline](#): Call 877-968-8491 or Text 'teen2teen' to 839863