

Understanding the lived experience and support needs of parents of suicidal adolescents to inform an online parenting programme: qualitative study

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Background

Suicidal ideation and behaviours are common among adolescents, posing significant challenges. Parents have a protective role in mitigating this risk, yet they often feel ill-equipped to support their adolescents, and their specific support needs are not well understood.

Aims

To explore the lived experiences of parents with suicidal adolescents and identify their support needs in the context of a therapist-assisted online parenting programme.

Method

Semi-structured interviews were conducted with three stakeholder groups based in Australia: nine parents with lived experience caring for a suicidal adolescent, five young people who experienced suicidality during adolescence and five clinical/research experts in youth mental health/suicide prevention. Inductive thematic analysis was used to analyse and interpret findings.

Results

Three key themes highlight the experience of parenting a suicidal adolescent: the traumatising emotional experience, uncertainty and parent empowerment. Six themes described parents' support needs: validation and support, practical and tailored strategies, rebuilding the parent–adolescent

relationship, parental self-care, flexible and accessible modes of delivery, and understanding non-suicidal self-injury.

Conclusions

Findings highlight key themes of parenting a suicidal adolescent and parental support needs. An online parenting programme could offer parents flexible access to evidence-based parenting strategies. Yet, a purely digital approach may not address the complexities of the parent–adolescent dynamic and provide adequate tailoring. As such, a hybrid approach incorporating therapist support can provide parents with both the compassionate support and practical guidance they seek.

Keywords

Adolescents; parent; lived experience; online; suicide prevention.

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The period of adolescence is marked by increased risk of various mental disorders, including anxiety disorders and depression, contributing to increased suicide risk.¹ Suicide is a leading cause of death for young people worldwide.² Beyond the tragic loss of life, many young people experience suicidal thoughts and the associated psychological distress. In 2019, a nationwide report of secondary-school students in the USA revealed that 18.8% of adolescents had considered suicide, 15.7% had made plans and 8.9% actively attempted suicide at least once during a 12-month period.³ Suicide prevention has been deemed a global health imperative,² and timely intervention is pivotal to alleviate the psychological distress of these young people and to prevent their premature deaths.

The protective role of parents (i.e. primary caregivers) against youth suicide is well-recognised,^{4,5} and a family-focused response is considered critical for efficacious adolescent interventions.^{6,7} Unlike many risk factors for adolescent suicide (e.g. past history of trauma, temperament, biological sex^{8,9}), which are difficult or impossible to modify, parenting behaviours are amenable to change. Robust evidence has found that parenting factors such as parental warmth, parent–adolescent cohesion,

communication and connectedness are protective against adolescent suicide.^{5,10,11} Further, parents have a pivotal role in monitoring their adolescent's risk, encouraging adaptive coping strategies, providing emotional support and limiting access to lethal means.¹² Although adolescents experiencing suicidality have low rates of help-seeking,¹³ parents are intrinsically motivated to support their children's well-being.¹⁴ As such, parents are a key partner in adolescent suicide prevention efforts.

Yet, despite their importance, parents of adolescents experiencing suicidal crises report feeling ill-equipped to emotionally support their adolescent and safeguard their well-being.⁴ Parents describe their adolescent's suicidal crises as a traumatic experience, and report feelings of helplessness, guilt, fear and loneliness.^{15–17} Consistently, research has highlighted parents' unmet needs and desire for greater parenting support when adolescents experience suicidal crises,^{16–19} as well as their disappointment with the lack of parenting support from healthcare systems and professionals following these suicidal crises.^{17,20} As such, these studies underscore parents' desires for greater support, including that from trained mental health professionals.

Although it is clear that parents require greater support in managing their adolescents' suicidal crises, particularly from professionals, little is known about the specific types of support

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parents desire and how such support can be optimally delivered. Developing a deeper understanding of parents' support needs is necessary to better support parents and develop interventions. Research has highlighted parents' preference for general parenting information to be presented online over traditional face-to-face approaches.^{21,22} Online interventions hold promise, as they can overcome logistical barriers commonly faced by parents (e.g. scheduling conflicts, childcare arrangements, transportation time, work commitments and associated financial costs²³). As parents of adolescents experiencing suicidal crises desire greater support from professionals,²⁰ a therapist-assisted online parenting programme can address the current resource gap. However, there is a lack of digital interventions to meet the needs of parents in this context.²⁴ Hence, a deeper understanding is needed of whether an online parenting programme with therapist involvement can address these parents' needs, and how.

Understanding the challenges of parenting an adolescent experiencing suicidality, along with the associated support needs, necessitates recognising the broader context in which these experiences unfold. The social-ecological model has been used as a framework for suicide prevention,²⁵ and it has been argued that suicide prevention interventions should consider the interplay between the individual, their interpersonal relationships and the wider community/societal system.²⁵ Therefore, the support needs of parents exist within a system including the adolescent and healthcare systems involved in the adolescent's care. Although parents are pivotal in providing an understanding of their lived experience of parenting an adolescent at risk of suicide, they can only offer their subjective viewpoints.¹⁷ Therefore, it would be helpful to consider the lived experience and support needs of these parents through a multifaceted lens, encompassing the viewpoints of the parent, adolescent and healthcare systems supporting the adolescent's mental health.

Aims

This study has two aims: (a) to explore the lived experience of parenting an adolescent during suicidal crises, from the viewpoints of parents, young people and experts; and (b) related to this lived experience, to understand how a therapist-assisted online parenting programme can meet parents' support needs.

Method

Research design

We adopted a phenomenological approach to explore the subjective experiences of parenting a suicidal adolescent and, in relation to this lived experience, identify what kind of supports a therapist-assisted online parenting programme should provide. Three groups of participants were interviewed to reflect the social-ecological lens, i.e. parents, young people and experts in youth mental health/suicide prevention. These groups were chosen as they were considered the key stakeholders in parent-adolescent relationships and the adolescent's recovery. We used Braun and Clarke's²⁶ inductive approach to interpret the data within a critical-realist framework, where both semantic and latent meanings were identified and data interpretation focused on the lived experience of participants.

Ethical approval

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and

Table 1 Demographics of stakeholder groups

Demographic characteristic	Parents	Young people	Experts
Number	9	5	5
Gender			
Woman	8	3	4
Man	1	2	1
Age, years, mean \pm s.d.	51.22 \pm 7.22	21.6 \pm 1.36	–
Experts' professions ^a			
Clinician researcher	–	–	3
Counsellor	–	–	1
Youth mental health researcher	–	–	1

a. Clinical backgrounds included psychologist, social worker and psychotherapist. One participant was both a parent of a suicidal adolescent and a clinical expert, and was counted in both sample groups as they provided their perspectives from both roles and provided clarification if required. The participant is uniquely identified as 'expert parent' in contributing data.

institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2013. All procedures involving human patients were approved by Monash University Human Research Ethics Committee (approval number #28055). For young people under 18 years of age, both the parent and young person were asked to review the explanatory statement written for the young person. If both agreed to participate, the parent was required to provide informed consent. Verbal assent obtained from the young person was required before beginning the interview. Thus, before participation, written informed consent was obtained for all participants.

Recruitment and participants

We recruited participants through sharing flyers with professional networks, online community noticeboards and social media sites. Parents and their adolescents who participated in a previous clinical trial of an online, therapist-supported parenting intervention for parents of adolescents with depression and/or anxiety disorders (Australian New Zealand Clinical Trials Registry identifier ACTRN12615000247572) and provided consent to be contacted in future were also invited.²⁷

All participants needed to live in Australia, speak English, have stable internet access and were reimbursed AUD\$40 per hour for their time. Parent participants had lived experience of parenting an adolescent (aged 12–18 years) who experienced depression and suicidal thoughts or behaviours. Young people (aged 15–25 years) were eligible if they had lived experience of depression and suicidal thoughts or behaviours when they were adolescents (aged 12–18 years). Although young people under 18 years of age were eligible to participate, no such participants expressed interest, and therefore, parental consent was not sought. Finally, experts were eligible if they had over 3 years of experience working in the field of youth mental health and suicide prevention (henceforth referred to as experts). Table 1 shows the demographic characteristics of the participants.

Data collection

The research team developed semi-structured interview guides, specific for each participant group, which broadly focused on understanding the lived experiences of parenting an adolescent experiencing a suicidal crisis, and how parenting challenges were overcome. Further, interview questions explored how a therapist-assisted online parenting programme could support parents' needs. For context, all participants were provided a description of the prior clinical trial and a brief description of the existing online parenting intervention evaluated therein.²⁷ Elements of the intervention were

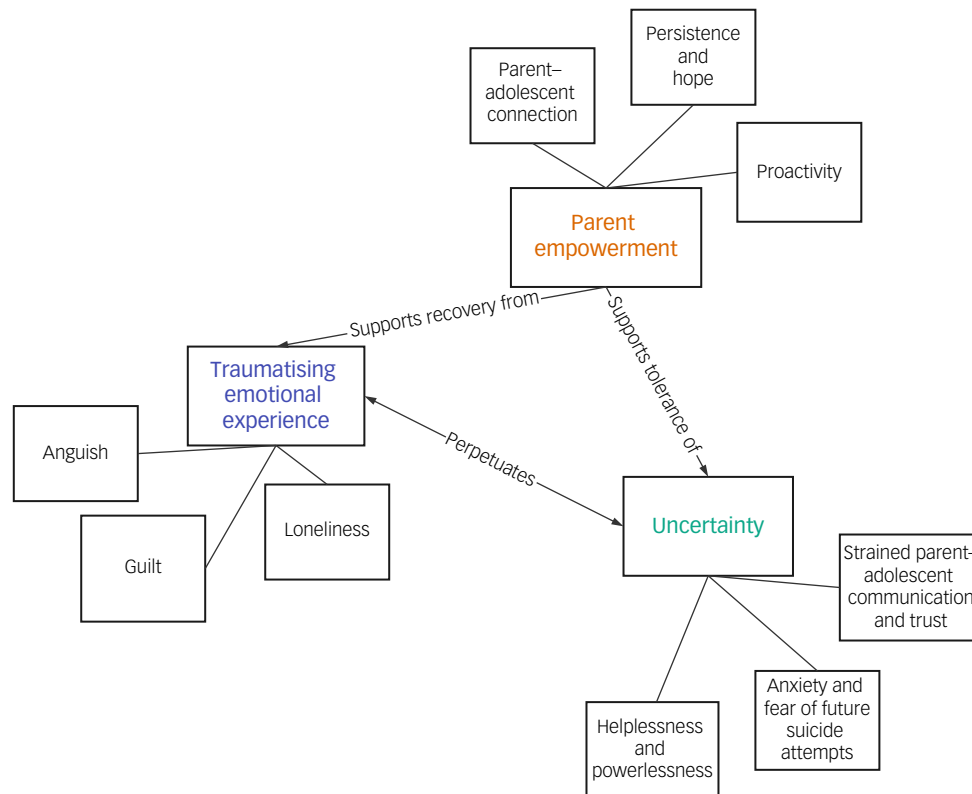


Fig. 1 Thematic map of the lived experience of parenting a suicidal adolescent.

described (e.g. intervention content, modes of delivery and therapist involvement), and participants were asked if and how the existing programme could be adapted to be more suitable for parents caring for a suicidal adolescent.

Interviews were conducted online by A.C. (a provisional psychologist and doctoral student in clinical psychology), using Zoom, version 5.7 for Mac iOS (Zoom Communications, San Jose, California, USA; see <https://www.zoom.com>), with audio and video recording. A.C. was not a researcher on the prior clinical trial. Interviews lasted 60–90 mins each, and were conducted from July to August 2021. Participants were encouraged to talk freely about their experiences and parents' support needs, with prompts provided to encourage elaboration as needed (e.g. 'Can you tell me more?'). Because of the sensitive nature of the interview, parents and young people were called by A.C. within 24 h after their interview, to assess whether any distress occurred and to provide crisis supports as required.

Data analysis

All interviews were initially transcribed by a trusted third party, Artificial Intelligence software, Descript version 7.0.4 for Mac (Descript, San Francisco, California, USA; see <https://www.descript.com/>). Interviews were then manually corrected for accurate verbatim transcription by A.C. or a trained research assistant. Reflexive thematic analysis was conducted by A.C., adhering to the six phases outlined by Braun and Clarke.²⁶ A.C. undertook complete coding of transcripts, using Microsoft Word comments and a thematic analysis coding management macro (Open Science Framework; see <https://doi.org/10.17605/OSF.IO/ZA7B6>), converting Microsoft Word comments to a Microsoft Excel spreadsheet (Microsoft Office, version 16.89.1 for Mac iOS). Candidate themes were developed by A.C. by triangulating insights across stakeholder

groups. The research team contributed to the review and refinement of the candidate themes. Candidate themes were then recursively developed and discussed with the research team until the themes were conceptualised and defined.

Results

Lived experience of parenting a suicidal adolescent

Three themes, each with three subthemes, were developed to reflect the experience of parenting a suicidal adolescent: (a) traumatising emotional experience, (b) uncertainty and (c) parent empowerment. Figure 1 presents a visual representation of the themes, subthemes and their interrelationships. Further, Table 2 presents indicative verbatim quotes to illustrate each theme and subtheme.

Traumatising emotional experience

Parents described the impact of parenting a suicidal adolescent as taking a profound emotional toll. Although parents did not explicitly call the experience traumatising, many cried as they recounted learning that their adolescent was suicidal and found it challenging to put the emotional impact into words. Parents described the shock of the experience and how learning that their adolescent was suicidal changed their normal day-to-day life. It upended the assumption that their child was safe, and made them question their identity as a parent. Further, parents described traumatic symptoms, including intense and prolonged distress, difficulty sleeping and hypervigilance. As such, this experience was latently conceptualised as a traumatising emotional experience. Similarly, experts described the profound impact that parenting a suicidal adolescent had on a parent's sense of identity. When young people recounted their parent's reactions to their suicidality, they focused less on their parent's experiences and more on their own

Table 2 Themes, subthemes and illustrative quotes of the lived experience of parenting a suicidal adolescent

Theme	Subtheme	Illustrative quotes of themes and subthemes
Traumatising emotional experience		And what was hard was, I woke up the next morning [after her suicide attempt] and when she woke up the first thing she'd said... 'God, why am I still here?' You know, all that, just, that just broke my heart. It just absolutely broke my heart. (Expert parent)
	Anguish	What have I done so that my child is going through this very difficult situation? And also, does it mean I'm a bad parent? And this can be quite shattering. (Expert 3) I know a lot of friends whose parents responded to them with anger during this period. Not because they were bad parents, it's just like, they were afraid. (Young person 2) You're a bit broken after it... I think at the time when it does first happen [the suicide attempt], you just, like you're just so hurt and angry and frustrated. (Parent 4) I'm thinking about particular people I've been working with. It can even destroy any joy of parenting, because 'if I knew it was like that to be a parent, I would have never decided to have a child'. (Expert 3)
	Guilt	There's even shame I think you feel about it. Like 'what have I done to my child to make her feel so terrible about her life?'. (Parent 5) You know, there's a lot of guilt about 'what didn't we do and why didn't we save them?'. (Expert 2)
	Loneliness	We're basically on our own hoping and God, I hope this works and I hope it all works out for the best. (Parent 2) I'm thinking about some clients [parents] who are like 'nobody can understand it'. (Expert 3)
Uncertainty		It is the unknown. You just don't know, and you don't want to. You don't know what to say or do, and it being a person who you've always known what to say or do, whether you're right or wrong. You've never been afraid to kind of say yes or no or whatever it is, now you're just... he turns around a day later and says, 'I'm going out for a walk', do you let them go for a walk? All of these things just go through your mind... and you just don't know. (Parent 4) What may be, for parents, is difficult, even for clinicians, is trying to make the difference between... this thin line between how much should you worry? And when should you start worrying and when not? (Expert 4) I remember I did have a mental breakdown in front of [my parents], they got really worried... and they asked like, 'what's wrong with you?'. Yeah, that's not the greatest way to go about it... they just left me. I think it just comes from like them not understanding what was happening. (Young person 5)
	Helplessness and powerlessness	How do I get him to the hospital if he doesn't want to go? ... I can't make him do something he doesn't want to do. What do you do when you get to that point where you don't know what to do?... It's a very difficult situation. (Parent 7) I think some parents may be so burnt out because of the complex situation with the child, they're very, very disappointed with the mental health system. They may be like, 'I have given up'. (Expert 3) There was a lot of yelling and screaming about who knows what at this point, but a lot of that was her [my mum] like trying to support and me just immediately shutting it down... [my mum] trying to support me or like any other kinds of suggestions, it was like immediately shut down and scream, fight, 'that's not happening'. (Young person 4)
	Anxiety and fear of future suicide attempts	You don't want to necessarily do the wrong thing either because they're at such a point where like, you know, they could go to the cupboard and take all the painkillers at any moment. (Parent 3) Parents really struggle with how to cope with difficult behaviour of children. And especially again, when there is a suspicion or when there is a threat of suicide or attempted suicide and self-harming behaviour, I think parents really worry about it. (Expert 4) When things did come out in fights, she [my mum] would be like, 'I just don't want you to die!'. (Young person 5)
	Strained parent-adolescent communication and trust	It's very hard to get him to talk, that's what I found. Like opening up. 'Nope, don't want to talk about it, it's stupid, dumb'. Yeah, I couldn't make him start that conversation. I couldn't. (Parent 1) I've listened to the adolescent not want to talk to the parent because they probably think that the parent will not understand the situation. (Expert 4) Looking back at it, you know, I probably could have brought it up, but yeah, it sort of goes both ways. Where it's like, I didn't feel like safe or comfortable enough to bring it up. They never really want to bring up either. So it's sort of like a deadlock kind of thing. (Young person 5)
Parent empowerment		If their child answers that they are feeling suicidal or planning to hurt themselves then what do they need to say? What can they do? So they feel more empowered then rather than - 'it's too hard, I don't know so I'm just going to put it back here'. Whereas if they think, 'well, actually I could help them. I know what to do. Yeah, maybe that's something. (Parent 5) But you know, this is about empowering parents, right? 'You know about your children. You're the one that spends the most time [with them], there's something in you that is telling you this'. (Expert parent)
	Persistence and hope	Helping people [parents] realise that it's something that you can get through. This is the main take home. (Parent 3) Some parents may have a long history of seeking help for the child and nothing seems to work. So they may in a way give up... [but] don't. I know it's easy to say [but] just don't give up. (Expert 3)

(Continued)

Table 2 (Continued)

Theme	Subtheme	Illustrative quotes of themes and subthemes
	Proactivity	<p>I never had the option [of suicide] cause he was always just keeping that contact there . . . It's not exactly the easiest thing to ask a parent to do . . . just like push aside your fear and be super persistent with your kid. Essentially the guise of don't give up on your kid, like even when it seems like there's no turning back point and you're never going to be able to reach them. Just keep trying anyway. (Young person 2)</p> <p>I think getting onto it is the most important thing. I mean, like I said, even though it's early days but you've just got to get onto it immediately. (Parent 2)</p> <p>There might be moments when you've got to also gear them [parents] up with information about if that happens, this is who you should call. This is what you should do next. Don't leave it, do something sooner than later. (Expert parent)</p> <p>They'd really try to urge me to talk about it when I didn't want to and it'd end up frustrating me . . . they're just saying that they just want to help me as much as they can, they don't want me like this. But you know, sometimes you just don't want to talk about it and when they urge you to talk about it more, it's just going to make you feel a bit worse. (Young person 3)</p>
	Parent-adolescent connection	<p>One of the things I worked out and then kept doing [with my adolescent] was to focus on just to tell her what a great girl she was, how much I love her, the more I said I loved her – I could see it built her up. (Parent 5)</p> <p>Just really show your support. They (the adolescent) probably are feeling like super alone or whatever. And so like spending time with them, having conversations, whether it's like a deep one or like a casual one, and just like it's really important to stay close to each other. (Young person 1)</p> <p>As a parent, you know, you feel that pressure, like you have to have all the answers, but that it's not about having the answers. It's just about listening with genuine concern and empathy. (Expert 2)</p>

needs. However, they identified more externalised expressions of their parent's traumatising emotional experience, including anger and fear. Comparatively, only subthemes of anguish, guilt and loneliness were expressed in interviews by parents and experts, as these were likely more internalised emotional experiences.

Anguish: Upon learning of their adolescent's suicidality, parents described the emotional experience as one of unbearable pain and hurt. Some expressed this experience as leaving their internal world broken. Similarly, experts described the anguish parents experience and how such anguish could impact the overall experiences of their parenting to date.

Guilt: Parents felt guilty that they were unable to prevent their adolescent's suicidal thoughts or behaviours. Further, they expressed guilt believing that their own parenting drove their adolescent to suicidality. Similarly, experts described how parents' sense of guilt can lead to doubt in their own parenting abilities.

Loneliness: Many parents expressed feelings of loneliness upon discovering their adolescent's suicidality, particularly immediately following a suicide attempt. Parents described a perceived lack of support from mental health professionals, leading to further feelings of isolation. Moreover, as adolescent suicidality was not a topic openly spoken about among family and friends, parents found it challenging to seek solidarity from informal supports because of fears of being judged for their parenting and not being understood by others. Further, experts elaborated upon this notion, expressing that parent's loneliness and lack of initial support can lead to cynicism toward seeking both formal and informal supports in the future.

Uncertainty

Parents described a pervasive sense of uncertainty following their adolescent's suicidal behaviour. They expressed self-doubt in their own parenting ability, not knowing how to emotionally support their adolescent, and if they could prevent future adolescent suicide attempts. Experts empathised, describing that such a task was challenging even for a trained professional. Again, young people

were less able to identify with the uncertainty that their parents experienced. However, some young people reflected upon what appeared to be externalised expressions of their parents' uncertainty. The young people acknowledged that their parents lacked an understanding of how to respond to their emotional distress, leading the young people to feel frustrated and rejected.

Helplessness and powerlessness: The sense of helplessness and powerlessness parents felt in relation to their adolescent's suicidality perpetuated their feelings of uncertainty. Such helplessness and powerlessness manifested from parents' acknowledgement of their adolescent's increasing autonomy and their inability to exert control. Parents described wanting their adolescent to engage in professional support and the desire to continuously monitor them for signs of suicidality, but acknowledged that adolescents can be unreceptive to either. Moreover, parents described feeling powerless to prevent their adolescent's suicide, acknowledging that their adolescent's behaviours are not fully within their control. Experts expressed similar sentiments and described how the pervasive lack of parental professional support and resources following an adolescent's suicidal crisis can further exacerbate parents' feelings of helplessness and powerlessness. Again, young people did not explicitly acknowledge their parents' sense of helplessness and powerlessness, yet reflected that their parents' efforts to support them could be met with resistance. Despite parents trying their best to support the adolescent, the outcome ultimately depended on whether they were receptive to their parents' help. As such, when adolescents resisted these efforts, parents were left feeling powerless and helpless to influence the situation.

Anxiety and fear of future suicide attempts: Parents described a large contributing factor to their uncertainty was the worry that their adolescent may have future suicide attempts. Parents expressed worries that if they do the 'wrong thing' this may lead their adolescent to suicide. Experts reflected upon how parents' fears were understandable, given the high stakes life or death situation if there was a suicide attempt. Young people were less able to directly articulate their parents' fear, but were able to

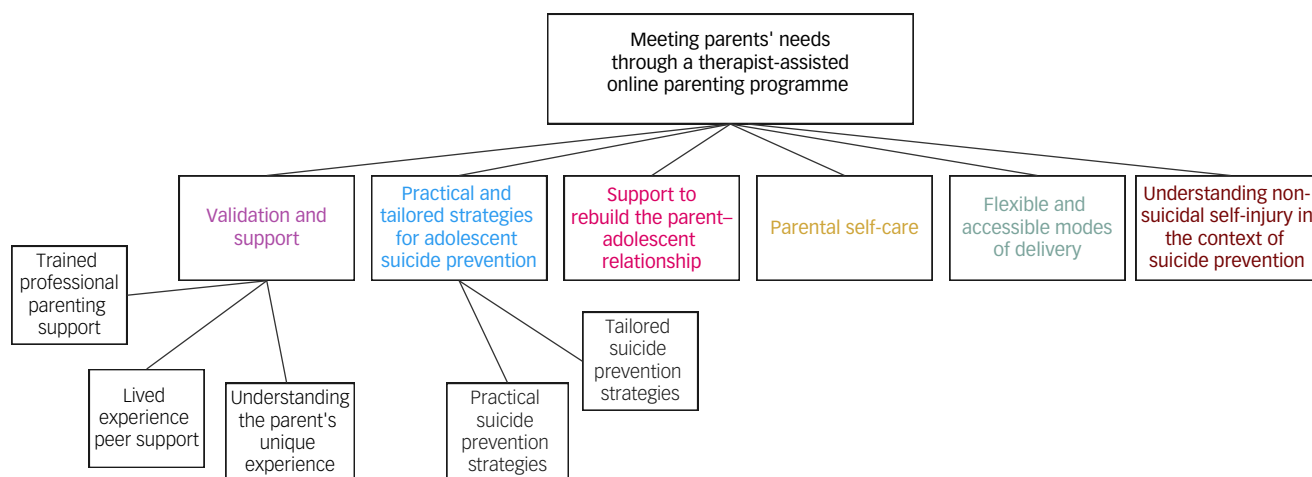


Fig. 2 Thematic map illustrating themes and subthemes of how a therapist-assisted online parenting programme can meet parents' support needs.

acknowledge it when it was explicitly mentioned by their parent or instead identified that they had contributed to their parents' stress.

Strained parent-adolescent communication and trust:

Notably, all stakeholders commented on the breakdown of parent-adolescent communication and trust when an adolescent experiences a suicidal crisis, particularly after a suicide attempt. Parents describe finding it difficult to speak to their adolescent about their suicidal thoughts and behaviours, and even when they do, adolescents are often unwilling to engage. As such, this strained communication leads to a sense of mistrust, where parents do not believe or trust that their adolescent will not engage in suicidal behaviours. This strained communication and mistrust further perpetuates parents' uncertainty about how they can emotionally support their adolescent and prevent their suicide if the adolescent is withholding information about their mental state or is unable to express how they are feeling. On the other hand, young people described not trusting their parents to respond in ways that would be emotionally supportive or helpful, hence finding it challenging to engage in a conversation about suicide with their parents. Experts similarly observed the breakdown in the parent-adolescent communication and trust.

Parent empowerment

Overall, parent empowerment was considered a major influence on parents' ability to recover from the traumatising emotional experience and help tolerate the inherent uncertainties of parenting a suicidal adolescent. Parent empowerment was conceptualised as the belief that they have a valuable role in preventing their adolescent's suicide, and undertaking the behaviours to do so. Subthemes of parent empowerment included persistence and hope, proactivity and parent-adolescent connection.

Persistence and hope: All stakeholder groups described the importance and inherent challenge of parental persistence in emotionally supporting their adolescent when they are suicidal, and continuing to hold hope that their adolescent's recovery is eventually possible. Nevertheless, participants indicated how pivotal such persistence and hope are in supporting adolescents' recovery, and helping parents to remain resilient despite setbacks.

Proactivity: Parents and experts described parents' proactivity (i.e. ability to continue to monitor and stay alert to potential signs of suicide) as important to being empowered within their parental

role. Parents' ability to maintain attentiveness and responsiveness would support early intervention and therefore mitigate the complexity of the situation. Further, it would foster parents' self-efficacy that they can meaningfully support their adolescent when they are suicidal. Interestingly, young people's perspectives highlighted an important tension in this subtheme. Specifically, some young people described their parents' proactivity as invasive, controlling and affecting their sense of autonomy and boundaries. Young people described their parents' frequent monitoring as overwhelming, and their parents' insistence on them engaging in professional support as frustrating.

Parent-adolescent connection: All stakeholder groups agreed that parent-adolescent connection supports parent empowerment. When parents feel a sense of closeness to their adolescents, it supports parents' recovery from the traumatising emotional experience and their ability to tolerate uncertainty. Parents described how increased closeness with their adolescent led to noticeable changes in their adolescent's well-being and improved communication. Similarly, young people and experts agreed that an important aspect of caring for a suicidal adolescent is being able to be there for the adolescent as opposed to being preoccupied with 'getting it right' or 'fixing' the adolescent.

How a therapist-assisted online parenting programme could meet parents' support needs

In the context of a therapist-assisted online parenting programme, parents described six aspects as critical in addressing parents' needs when their adolescent is experiencing suicidal crises. These six aspects are described as the following themes: (a) validation and support, (b) practical and tailored suicide prevention strategies, (c) support to rebuild the parent-adolescent relationship, (d) parental self-care, (e) flexible and accessible modes of delivery and (f) understanding non-suicidal self-injury in the context of suicide prevention. Figure 2 presents a map of these themes and subthemes, and Table 3 provides indicative verbatim quotes.

Validation and support

To meet parents' needs through an online parenting programme, parents and experts described the importance of being compassionate to the parent's individual experiences and to provide validation of their efforts. Such empathy and recognition of the

Table 3 Themes, subthemes and illustrative quotes about meeting parents' needs through a therapist-assisted online parenting programme

Theme	Subtheme	Illustrative quotes
Validation and support		The parents need a lot of support because really at the end of the day, we're at our wits end also. We don't know what to do... If you can sort of speak to someone or get some clarification or there's something there that you can go to. That just sort of, well not put your mind at ease, but just gives you a bit of clarity on what's happening. (Parent 2)
	Trained professional parenting support	I think if I was a parent in that situation [what I would want] is reassurance in one way or another... that I can help and that I can be supportive... not that I'm the cure for my child, but that I can help my child. (Expert 1)
		If someone who knows what they're talking about says it, you know, it has a bit more weight. (Parent 7)
		It's easy to get people who have been trained, but don't necessarily have a qualification, but as a parent worried about my child, I would feel much more reassured if I had someone who had a Master's behind them. (Expert 2)
	Lived experience peer support	I mean [trained professional parenting support] certainly wouldn't hurt... I guess there could be a situation where, like there might be some conflicting things that like the psychologist talks to me about. And then the therapist talks to the parents about... it'd just like, make it a lot more streamlined. (Young person 5)
Understanding the parent's unique experience	Automatically you kind of think, oh, you know, someone who's been in that experience, I think someone who is sympathetic to what's going on, but someone who's strong enough to see there's both the two sides to it. (Parent 4)	
	Parents who have been through it before, ways to connect with parents who've been through it before, they can share their experiences would be really useful. (Expert 1)	
	In the past, it was really helpful for my mum to get therapeutic help from a fellow mum... And she was more understanding of my mum's situation and would be like, she could rely on her. She understands how a mum thinks and stuff. (Young person 1)	
	Get people to talk to it. Educate the professional people, [it's] not just about asking questions. You can ask questions, but you need to draw out the answers [from the parents]... gain their knowledge from a parent's view. (Parent 1)	
Practical and tailored strategies for adolescent suicide prevention	Practical suicide prevention strategies	I don't want the parent to go to a coach and say, 'well, they have no idea what they're talking about, they have never been through my hell. They don't, they don't even seem to get to me'. (Expert 3)
		I wonder whether it would be worth having just like a little sort of checklist or something that I could just go through in terms of 'Has my child's mood changed? What am I, what are my concerns? If I have concerns about them hurting themselves, what then can I do? Who could I call?' That kind of thing. (Parent 5)
		I think the, how to [talk about suicide] guide is essential. Because with this kind of conversation, that is, it's a very sensitive conversation. People are very hesitant to say it. So literally giving them the words to use can be a huge step. (Expert 1)
	Tailored suicide prevention strategies	There's this comfort in having very practical things happen. And I think [parents] grab onto those. At least my mum did anything that was like practical, that could be done right now. (Young person 4)
	I rang a few places, I just felt I wasn't getting what I needed... I need more, I need someone that's gonna put me in the right direction... Just how to approach the whole thing of what questions to ask without that sounding too probing. Questions like that how to ask, what to do. Things that you can just implement. Even the way you do your own things. (Parent 2)	
Support to rebuild the parent-adolescent relationship	Parents would need knowledge and skills, but then probably adopted to their particular circumstances. And I know while I'm saying it, it's probably not easy to be able to formulate knowledge and skills on that level, but probably that's what is needed that should be done for parents. (Expert 4)	
	I think my mum also she'd like, just one time, she suggested that I like tie a ribbon on the door if I ever felt like, like dying. And I was like, 'no, why would I do that?' And then we had like a big argument about it... I think she learned from some seminar... there was no real, like there was intentions of a supportive conversation around it. (Young person 4)	
	How do you make them gain your trust, I suppose if you didn't have that... how do you gain their trust? (Parent 2)	
Parental self-care		So many parents may struggle about having a connection with their adolescent and how to relate and how to approach and communicate with their child. (Expert 4)
	I think there's actually like a foundation you have to build first... I was already having like a weird, weird relationship with my mum at that point, like we were just like, not clicking that well. And so to have that kind of conversation [about suicide]... it's not going to work really. So I think maybe there has to be some sort of like building... building up of, 'we can discuss things. I trust you to like bring stuff up to me and I won't like assume stuff beforehand'. (Young person 4)	
		How to look after ourselves. Yeah. Cause we were just a bundle of stress, like I said to you earlier, all our focus, all our focus was on this child. (Parent 2)
		The core is the right of a parent to self-care, because the care, being a carer can be so overwhelming that there is no time for oneself. (Expert 3)

(Continued)

Table 3 (Continued)

Theme	Subtheme	Illustrative quotes
Flexible and accessible modes of delivery		Something for her well-being? Like how to care for someone, self-regulation for someone caring for an adolescent with mental health vulnerabilities... like it could take an emotional toll on somebody when they're caring for someone else. (Young person 1)
		I don't have a lot of time. I would invest as much time as I need to and could... if you can do it in your own time, to put a podcast in, listen, do stuff that way... it goes back to people's life and how they live it. (Parent 4)
Understanding non-suicidal self-injury in the context of suicide prevention		It has to be diverse in, in the type of information and how it's presented because as, as I mentioned, parent are not a singular group, right? There's the whole gamut of people who want the whole gamut of information and some people will be looking for a lot more information than others. (Expert 1)
		Ease of navigating the thing (programme). Especially if you're like going to market to people that may not have, like, you're going to have a big range of technological ability. (Young person 4)
		If it was sort of explained, like there's different levels of self-harm, and this is when you need to be alarmed, you know, this is why it happens, this is when you need to be alarmed. This is when you need to sort of escalate things, you know, that sort of stuff. (Parent 3)
		Parents wanted to understand the difference between non-suicidal self-injury like cutting to release emotions versus suicide attempt... The idea of, you know, like cutting as self-injury full stop was terrifying [and] the idea that the child might progress or it may evolve into a suicide attempt was terrifying. (Expert 3)
	I think suicide is already complex um, and if you start mingling it with other issues, then maybe it becomes also confusing for parents because you talk about suicide and suicide risk and attempted suicide. And then you would start talking about non-suicidal self-injury and maybe you have the risk of becoming confusing. (Expert 4)	
	It's equally important [to understand non-suicidal self-injury], one is obviously more, well actually I shouldn't be saying that, but they go hand in hand. (Young person 1)	

unique parenting experience was deemed necessary by parents following their traumatising emotional experiences. Further, encouragement from an understanding individual can support a parent's sense of persistence and hope especially if they feel helpless. Three further subthemes were developed to encapsulate the kind of validation and support parents may benefit from.

Trained professional parenting support: Parents described the value of a trained professional supporting them with parenting skills specific to suicide prevention and providing them with validation. Further, support from reputable professionals was emphasised given the clinical acuity of their adolescents. Similarly, experts described that a trained professional with qualifications would be ideal to deliver this support, yet acknowledged the limitations in the availability of such a workforce. In line with parents and experts, young people also saw the value of parents receiving trained professional parenting support, expressing that this could alleviate tensions of having the same therapist work with both the adolescent and parent. Further, such support could offer an opportunity for parents to learn specific parenting content.

Lived experience peer support: All stakeholder groups believed parents would benefit from the support of parents with lived experiences of parenting a suicidal adolescent. It was described that other parents with lived experience would inherently understand the experiences of parenting a suicidal adolescent and could offer strategies that had helped their adolescent. Further, such peer support from those who have overcome these challenges could offer parents hope that adolescent suicidality can eventually be overcome.

Understanding the parent's unique experience: Although parents and experts expressed the need for understanding and support, the caveat was that such support, whether it be through formal or informal support systems, needed to be framed within the experiences of each individual. As such, validation and

support must first be founded on the deep understanding of the parent's unique circumstances.

Practical and tailored strategies for adolescent suicide prevention

Practical and tailored strategies for adolescent suicide prevention was described by stakeholders as important for parents caring for a suicidal adolescent. Such strategies could help parents better tolerate the uncertainty, by feeling more equipped with specific suicide prevention skills they could draw upon.

Practical suicide prevention strategies: When parents were asked how a therapist-assisted online parenting programme could meet their needs, most responded with 'how to' requests, including how to speak about suicide, recognise signs and link their adolescent to professional supports. Although parents did not explicitly ask for practical strategies for adolescent suicide prevention, their request for support in 'how to' was conceptualised as the latent construct of practical strategies for adolescent suicide prevention. Similarly, experts described the benefit of providing parents with practical strategies, particularly for challenging situations such as starting a conversation about suicide. Further, some young people recounted that their parents latched onto practical strategies as a means to contributing meaningfully to their care.

Tailored suicide prevention strategies: However, all stakeholder groups expressed that practical strategies would only be efficacious if they were tailored to the unique parent and adolescent. Parents described a sense of frustration when practical strategies were not grounded in their own experiences. Similarly, experts described that suicide prevention strategies needed to be provided in the specific context of the parent and adolescent. Finally, some young people described that generic practical strategies that did not resonate with their experiences were perceived as unacceptable.

Support to rebuild the parent–adolescent relationship

All stakeholders emphasised the need for the programme to facilitate the rebuilding of the parent–adolescent relationship. This need was described as critical if there is strained communication and trust following the adolescent's suicidal crisis. Therefore, stakeholders emphasised that the parenting programme should not only focus on suicide prevention skills, but strategies that could facilitate greater parent-adolescent connection. Young people described that this would, in turn, allow adolescents to feel more comfortable to disclose their suicidal thoughts.

Parental self-care

All stakeholders described the emotional toll that caring for a suicidal adolescent can have, particularly as the role of a carer is long term. As such, they emphasised the importance of incorporating strategies to facilitate parents' self-care. In particular, experts expressed that self-care content needed to be emphasised, as parents may feel a sense of guilt in prioritising their needs over their adolescents'.

Flexible and accessible modes of delivery

All stakeholders agreed that the efficacy of an online parenting programme was contingent on the programme being feasible and accessible to the parents. In particular, parents and experts reflected upon the logistical difficulties of completing a programme when parents are typically busy with many commitments. All stakeholders described the importance of being able to deliver information in ways that would cater toward the diverse learning preferences of parents (e.g. videos, text, audio and role-plays). Additionally, stakeholders discussed that any digital platform needed to be simple to use – accounting for parents' differing levels of comfort with technology.

Understanding non-suicidal self-injury in the context of suicide prevention

Parents described that the programme should provide information on understanding non-suicidal self-injury in the context of suicide prevention. Many parents described their uncertainty and fears of future suicide attempts being linked to their adolescents' non-suicidal self-injury. Parents discussed being worried about the co-occurrence of non-suicidal self-injury and suicidal behaviours, and were unsure about how they differ and how to support their adolescent accordingly. Young people agreed that they would find it beneficial for their parent to understand non-suicidal self-injury, given its co-occurrence with suicide and that non-suicidal self-injury is on the spectrum of self-harm. However, there was a split in expert opinion. Some experts agreed with parents and young people, whereas others were concerned that such content may be too confusing and detract parents' focus from suicide prevention.

Discussion

This study illustrated the lived experience of parents supporting their adolescent during suicidal crises by triangulating the perspectives of parents, young people and experts in youth mental health and suicide prevention. Further, it highlighted the support needs of parents in the context of a therapist-assisted online parenting programme. The experience of parenting a suicidal adolescent was considered to have a traumatising emotional impact. Moreover, parents experienced a sense of uncertainty, including feelings of helplessness about how to best support their adolescent and fears of a future suicide attempt. To overcome such challenges, stakeholders described the importance of parent

empowerment. Related to these experiences, six key support needs for a therapist-assisted online parenting programme were identified.

In line with prior literature, the emotional impact of being a parent to a suicidal adolescent was profound, leaving parents' internal world feeling shattered,^{17,19,20} consequently, parents' support needs included validation and support of their experiences. Parents described the importance of empathy and compassion from both formal and informal supports, and how such support must be founded on a deep understanding of the parents' current experiences. Further, parent empowerment was considered critical to helping parents overcome the traumatising emotional experience and the uncertainty inherent in adolescent suicidal crises. The theme was conveyed as a pivotal agent of change, enabling parents to shift from uncertainty to a state of agency. Yet, as conveyed by stakeholders, persistently maintaining hope in their adolescent's recovery and being consistently proactive with signs of suicidal crises is much more challenging to achieve in practice. Thus, to address these challenges parents expressed a need for encouragement and validation from both formal and informal supports, to provide guidance, explore parenting strategies and act as a source of encouragement.

Consequently, a therapist-assisted online parenting programme may meet this need as a therapist would be well-placed to explore the unique circumstances of the parent, and provide validation and support for the parent's experiences. Indeed, there may also be an opportunity to consider how lived experience peer support could be embedded into a parenting programme for adolescent suicide prevention. Such findings are consistent with other studies describing parents' desire for lived experience peer support when their child is experiencing mental health challenges.^{28–30} However, pragmatic considerations must be taken into account in providing such a service and the risks involved, especially given the clinical acuity of adolescent suicidality. To ensure such support is delivered effectively and safely for both the peer worker and parent, thorough training and supervision would be needed. Although family peer workers offer powerful opportunities for connection and support to parents, parents may seek clinical expertise about how to navigate adolescent suicidality, which peer workers may not be formally trained to provide. Therefore, efforts to co-design services with parents, peer workers and clinicians are needed to address the demand for delivering lived experience support.

Additionally, self-care emerged as a support need, given the traumatising and distressing emotional experience of learning about their adolescent's suicidality and being confronted with their potential death. Such findings point toward the importance of interventions for parents with suicidal adolescents incorporating psychoeducation about self-care. However, experts described that parents may have challenges with engaging in self-care, deprioritising their own self-care to support the well-being of their adolescent. As such, this may warrant therapists exploring cognitive barriers to parental self-care and how such barriers can be overcome.

The uncertainty that parents experienced when caring for a suicidal adolescent aligns with prior research describing how parents often feel helpless and overwhelmed in their newfound role of caring for a suicidal adolescent.^{20,31,32} Hence, parents desired practical and actionable suicide prevention strategies that would better equip them should a future suicidal crisis occur. Examples of practical and actionable suicide prevention strategies include information about how to have a conversation about suicide, signs of adolescent suicide risk increasing, and equipping parents with information about how and when to access emergency services. Yet notably, practical strategies must be personalised to the parent, which requires an element of understanding the unique

parent–adolescent relationship. Thus, if a therapist-assisted online parenting programme were to be developed, the therapist must first allow time to understand the dynamics of the parent and adolescent before the provision of practical strategies. Further, although practical strategies including how to have a conversation about suicide with an adolescent could be delivered online, such content would require a therapist to support parents to tailor it to their own circumstances. Otherwise, generic practical strategies are less likely to be helpful, and may be deemed unacceptable by the parent and adolescent.

Another area which perpetuated parents' uncertainty was their difficulty with understanding non-suicidal self-injury in the context of suicide prevention. Consequently, parenting interventions for adolescent suicide prevention should also consider providing psychoeducation about non-suicidal self-injury to help alleviate some of this uncertainty. Yet, some experts considered information on non-suicidal self-injury may detract focus from suicide prevention or lead parents to greater confusion and overwhelm. Thus, the introduction of non-suicidal self-injury psychoeducation would need to be carefully considered to prioritise clarity and maintain focus on suicide prevention. For a digital intervention, this may involve developing clearly distinguished modules around suicide prevention and non-suicidal self-injury. Further, therapists should consider discussing non-suicidal self-injury with parents, and its relevance to their adolescent's situation. Such support could help parents understand their adolescent's non-suicidal self-injury in the context of suicidal behaviours, and how parents' approach to seeking support for their adolescent may vary accordingly.

Given the strained communication and trust between the parent and adolescent, rebuilding the parent–adolescent relationship was identified as a key support need. Such findings echo prior literature in highlighting the strain an adolescent's suicidal crisis can have on family communication and the parent–child relationship.^{19,20,33} Thus, such findings necessitate the importance of incorporating general strategies for parents to connect with their adolescent (e.g. ways to communicate and express parental warmth). Yet, our findings reveal the tensions that may occur as parents attempt to rebuild this bond with their adolescent. Although increased parental monitoring of their adolescent's risk is seen as a key element to parent empowerment, it can also lead adolescents to feel frustrated by what they perceive as intrusiveness and a lack of trust. Again, such nuances suggest the need for therapist support where parenting strategies must be tailored to the unique circumstances of the parent–adolescent relationship. Nonetheless, rebuilding the parent–adolescent relationship, including trust and communication, may support adolescents to better tolerate increased parental monitoring.

Finally, a parenting programme must be flexible and accessible to parents caring for a suicidal adolescent. Consistent with prior research, parents described having very little parental support and resources when caring for a suicidal adolescent.^{17,20} As such, any parenting intervention should be easily accessible and minimise barriers to registration and use. This is of particular importance to this subset of parents, as limited accessibility may reinforce feelings of helplessness and powerlessness. Additionally, interventions should consider the logistical demands of parents' daily lives. Consequently, digital interventions appear ideal in providing this flexibility, where parents can access evidence-based information at their own convenience (e.g. if interrupted, they can save their progress and resume the programme). A digital programme that could be used flexibly and allow parents to engage at their convenience would likely overcome some logistical barriers. However, such flexibility may be more challenging to accommodate for therapists, given therapists' need to manage competing work









demands and other clients. Yet, where possible, if therapists could accommodate parents' need for flexibility, this could provide substantial benefits (e.g. offering shorter session times or telehealth options).

In sum, our findings highlight the merit of developing a therapist-assisted online parenting programme to support the needs of parents caring for a suicidal adolescent. Such a programme could offer parents many advantages such as flexibility, accessibility and evidence-based guidance, alongside providing understanding and validation of parents' unique experiences and tailoring of the strategies. Currently, interventions for adolescent suicide prevention largely focus on providing adolescent-focused interventions when they are suicidal, leaving parents without tailored and practical support.³⁴ Yet, there are no systems that meet these support needs. Our study provides a preliminary step in identifying how a therapist-assisted digital parenting programme could better support these parents' needs, and in turn, empower parents to believe that they can indeed help their adolescent.

Limitations

The current study's findings should be considered within the context of certain limitations. First, the primary objective was to capture the breadth of perspectives when parents are caring for a suicidal adolescent, and therefore, we interviewed multiple stakeholder groups. A compromise had to be made in terms of the small sample sizes within each stakeholder group. Thus, our findings may not be generalisable to the experiences and perspectives of all parents, young people and experts. Second, the parent sample consisted of mostly mothers (89%); therefore, our results may not reflect the lived experiences and support needs of fathers. Future research should aim to include a larger and more diverse sample to capture broader perspectives. Third, no parent–adolescent pairs were interviewed. Including such pairs may have offered a fuller understanding of the suicidal crisis on the family, support requirements and potential differences in perspective between parents and adolescents. Finally, the self-selecting nature of the participants may introduce a bias, as those who chose to participate might be more proactive or motivated to seek support, which may not represent the experiences of all parents of suicidal adolescents.

In conclusion, our study describes the lived experience of parents when their adolescents experience suicidal crises. Our study highlights parents' support needs and, consequently, proposes essential elements for a therapist-assisted online parenting programme that is responsive to the multifaceted needs of parents. These findings provide insights into how a therapist-assisted online parenting programme can support both the well-being of parents and the recovery of their adolescents.

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Data availability

A summary of the data that support the findings of this study are available on request from the corresponding author, M.B.H.Y. The data are not publicly available owing to their containing information that could compromise the privacy of research participants.

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Author contributions

All authors made substantial contributions to the conception or design of the work (G.A.M., M.B.H.Y., A.F.J., L.W., M.C.C.-B., C.A.S. and P.O.), or to the acquisition (A.C.), analysis or interpretation of data (A.C., L.W., M.B.H.Y., G.A.M., M.C.C.-B. and C.A.S.). A.C. drafted the manuscript, and all authors reviewed and approved the final version to be published. A.C. has full access to all the data in the study, and takes responsibility for the integrity of the data and the accuracy of the data analysis. All authors share responsibility for the final version of the work submitted and published.

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Declaration of interest

None.

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