

Helping Your Loved One Who Is Suicidal:

A Guide for Family and Friends



Warning signs that may indicate urgent suicidality:¹

- Looking for ways to kill oneself: seeking access to pills, weapons, or other means.
- Talking about wanting to hurt or kill oneself, especially with a plan for how to do so.
- Engaging in self-harm or non-suicidal self-injury.
- Saying goodbye to friends and family. Giving away possessions.

If someone is displaying the above warning signs and is about to, or in the process of making an attempt, get help immediately.²

- Don't leave the person alone.
- Call 911 and tell them your loved one is actively suicidal and at immediate risk of physical harm and/or death.
- If your loved one is amenable and not trying to actively harm themselves, you can bring them to the emergency room yourself and report that they are actively suicidal. Every emergency room is equipped to evaluate a suicidal individual and/or will connect you with needed resources. This is only an option if you believe that your loved one will not try to get out of the vehicle, in which case calling 911 is the safest option.
- Remove any firearms, knives, medications, or other means that can be tools for self-harm from the house or have another family member do this while one person is always staying with your loved one. Remember, never leave them alone during this process.
- Tell a family member or friend. Don't try to handle the situation alone.

National Suicide Prevention Lifeline:

If your loved one is having thoughts about suicide and is about to, or in the process of making a suicide attempt, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).



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1. Understanding Suicide

When a friend or family member has suicidal thoughts or attempts suicide, it is a traumatic event that impacts the entire family. It is normal to feel scared, confused, or angry. If you are finding it difficult to determine whether or not your family member is at risk of suicide, seek help, and don't wait. Families and friends play a key role in suicide prevention. This guide will help you understand how to respond to your loved ones who are in emotional distress and struggling with thoughts of suicide, as well as how to help get them the necessary support and treatment.

Common Misconceptions about Suicide³

Suicide is a major public health problem. It is the 10th leading cause of death in the United States, resulting in about one death every 11 minutes.⁴

Myth: Asking someone if they are suicidal may put the idea in their head.

Fact: Asking a loved one about suicide will not make them suicidal. In fact, the person who may be thinking of suicide may feel relieved to be asked about it and grateful to have a safe place to share their thoughts.⁵

Myth: A mention of suicide is not serious enough to require help.

Fact: When a friend or family member has thoughts about suicide, take their words seriously. When someone talks about hurting themselves, this is a warning sign to act and help them.⁶ There are many treatment options available that are effective in reducing suicidal thoughts and behaviors.

Myth: Treatments don't work anyway.

Fact: Many well-researched and effective therapies are available to help your loved one, from counseling to medications and other treatments.

Myth: People attempt suicide to gain sympathy.

Fact: A suicide attempt needs to be taken seriously. It is not an attempt to gain sympathy from others, but rather demonstrates significant distress and despair about life.⁷ In fact, if your loved one has attempted suicide, there is an increased risk that they may make another attempt. People are said to be at the greatest risk for another suicide attempt or death by suicide within one year after the initial attempt.⁸

Pay Attention to the Risk Factors for Suicide:⁹

- Prior suicide attempt.
- Mental disorders, especially depression, alcohol or drug dependence, eating or conduct disorders.
- Family history of suicide, trauma, physical or sexual abuse.
- History of psychiatric hospitalization and non-suicidal self-harm behavior.
- Chronic physical illness, including chronic pain and/or traumatic brain injury.
- Social isolation, loneliness or hopelessness, and feeling a burden to others.
- Impulsive, reckless tendencies and aggressive or violent behaviors.
- Loss and major events (e.g., relational, social, work, financial, divorce).
- Live in areas where others have recently died by suicide.
- Unwillingness to seek help or have trouble accessing help.
- Access to lethal means (e.g., prescription medications, firearms, knives, and poisons).

2. Recognizing Warning Signs and Taking Action

In addition to the urgent warning signs mentioned earlier, it is imperative to know these additional warning signs and take action if your loved one is displaying these behaviors, especially if the behavior is new or has increased recently:¹⁰

- Posting distressing messages on social media.
- Showing dramatic mood shifts and talking about being a burden to others, expressing hopelessness.
- Feeling trapped, like there is no way out.
- Acting reckless; increased use of alcohol or other drugs.
- Sleeping too little or too much.
- Withdrawing from friends, family, and society.

Additional warning signs specific to youth include:¹¹

- They have a peer or friend who has died by suicide.
- They have suffered a recent humiliation or embarrassment (e.g., bullying, breakup).
- Their quality of schoolwork is decreasing.

Take Action

Ask Questions and Listen:

Talk openly and honestly about suicide and don't be afraid to use the word "suicide." Help them feel understood, not accused or blamed. Listen to their concerns and take them seriously. Your job is to listen so they can talk about the feelings that might be contributing to their distress.

Some examples of what you can say:

- "I want to help you. Please tell me what I can do to help."
- "I am here for you whenever you want to talk."
- "I'm here to support you, not judge you."
- "I'm sorry I didn't realize you are in such pain."

Get Your Loved One Connected With Care

A person who is displaying warning signs of suicide and/or attempts suicide should always be evaluated by a mental health professional as soon as possible. Untreated underlying mental illnesses can lead to suicidal thoughts and it is important to get appropriate treatment for them, which will ultimately help with treating suicidality. You can help your loved one contact their primary care physician to arrange a mental health screening and evaluation. You can also find a licensed mental health professional who is trained in suicide prevention and evidence-based treatments. *Always remember though to follow the action steps on the inside cover of this brochure if your loved one is demonstrating urgent warning signs and has made a suicide attempt or you are afraid they are about to make a suicide attempt.* The following are some ways to get connected to mental health professionals:

- [SAMHSA's Behavioral Health Treatment Services Locator](#) is an online resource for locating mental health and substance use/addiction treatment facilities and services in your area. You can also call 1-800-662-HELP (4357).
- Look within your insurance's behavioral health network for providers, usually available on their website or by calling them, to discuss covered options for behavioral health providers.
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). For TTY users: use your preferred relay service or dial 711, then 1-800-273-8255.
 - To chat, visit [Lifeline Live Chat](#).

- Veterans Crisis Line: 1-800-273-TALK (8255), PRESS 1.
 - To chat, use their [Crisis Chat](#).
 - To text, send a text to 838255.
- LGBTQ Youth: [The Trevor Project](#) has trained counselors who specialize in talking to LGBTQ youth who are in crisis. Call Trevor Lifeline at 1-866-488-7346.
 - To chat, use [Trevor Chat](#).
 - To use Trevor Text: text START to 678-678.
- Crisis Text Line: text **HELLO** to 741741.

3. Helping Your Loved One During and After a Crisis

Questions to Ask Providers or the Treatment Team

As part of your loved one's care, you may meet many different providers through acute crisis care and follow up. Be prepared to ask your questions again to different people at each step in the process, because the answers may change based on the provider's role. Remember, you are a crucial part of your loved one's care, so feel confident to ask any questions you have of the treatment team. Don't feel rushed. Don't be embarrassed if you don't understand. **It is absolutely your right to ask questions of your providers, and even to challenge their decisions.** Below is a list of questions that can be used in a variety of treatment settings, from an outpatient primary care visit to an inpatient psychiatric facility.

- What is your role in my loved one's care?
- Can you explain how you are making decisions about my family member's care or treatment?
- What does the treatment plan entail for my loved one? How will they be monitored, how will you measure treatment effectiveness, what is the length of stay?
- Can you review the details of the discharge plan? What type of providers and treatments are planned, and what exactly will occur at follow up appointments?
- What types of treatments and interventions will they receive here, and what is the evidence and risks/benefits of each one?
- Are you prescribing medication as part of my loved one's treatment? How long until the medication works? Are there any side effects?
- What can I do to be most helpful to my loved one's treatment (specifically with regards to the safety and prevention plan)?
- Who can I speak to if I have a concern about the services for my loved one?
- What does the safety plan look like and can I have a copy?
- Who gets to see my loved one's medical records, charts, or documentation?
- What payment options are available for my loved one's care? Who decides which services are covered and which are not?
- Can you give me documentation that I can pass on to my loved one's school or work to explain their absence?
- What should we look for after this and when should we seek more help, such as contacting other local resources and providers?

Help Your Loved One Prevent Future Suicidal Behaviors and Attempts

When your loved one is not in crisis or at immediate risk of attempting suicide, there are steps you can take to help them cope with distress and prevent a future crisis by creating a safety net.

Make a Safety Plan:

A safety plan is a written list of coping strategies and resources to remind a person having suicidal thoughts to focus on activities or reach out to people who may be able to help. **Help your loved one create a personalized plan in collaboration with a provider.** One important safety step is to make the environment as safe as possible by removing sharp objects, guns, and/or pills. Learn more and get templates for how to create a safety plan at [AFSP](#) or [A Journey Toward Health & Hope](#). Smartphone applications are available at [MY3 app](#).

Help to Strengthen Protective Factors:

Just as exercise and healthy eating can guard against heart disease, protective factors can help buffer individuals against suicidal thoughts and behaviors. Some examples include:¹²

- Strong relationships with your care providers and communicating with them early and often when there are concerns.
- Use of a treatment plan, regular follow up visits, and medication and/or psychotherapy.
- Family and community support (connectedness).
- Easy access to effective care for mental health, physical, and substance abuse disorders.
- Religious or personal beliefs that are against suicide.
- Problem-solving and conflict resolution skills.

Learn more about [protective factors](#).

Stay Connected to Your Loved One:

Stay connected by following up with your loved one to see how they are doing. Give them a call or send a text. This type of contact can increase feelings of connectedness and show your ongoing support. Research shows that brief, supportive, ongoing contact can help reduce the risk of suicide.¹³

Seek Support for Yourself:

Caring for loved ones with suicidal thoughts and behaviors is incredibly challenging. Sometimes family and friends can do everything in their power to help a loved one, however, death by suicide or a suicide attempt cannot be prevented. In this case, it is very important to know that it is not your fault and that those with strong suicidal thoughts are suffering from an illness that you are not responsible for treating or preventing. It is imperative that you do not blame yourself or others in this situation and that you get the necessary support for yourself. Some ways to get this support and engage in self-care include practicing healthy coping skills and getting support from friends and family, community groups, and obtaining help from a professional. Don't be afraid to discuss how you feel with your primary care doctor or look for a mental health professional yourself. Join a peer support group to connect with other families who are going through the same challenges.

Additional Crisis Resources

[The Institute on Aging's Friendship Line](#): A crisis intervention hotline and a warmline (for non-crisis emotional support calls) for individuals 60 years and older, and adults with disabilities. Dial 1-800-971-0016.

[Social Media Outreach](#): If someone is posting suicidal messages on social media, you can use a report function on the website in question to help put them in contact with the Lifeline.

Family Support Groups

[National Alliance on Mental Illness \(NAMI\) Family-to-Family](#)

[NAMI Family Support Group](#)

[Mental Health America's Affiliate Resource Center](#)

Suicide Prevention, Children and Adolescents

[The American Academy of Child and Adolescent Psychiatry](#) has FAQs, resources, and guides for preventing suicide in children and adolescents. In addition to resources for caregivers and parents, they offer clinical resources.

[The American Foundation for Suicide Prevention](#) offers resources for dealing with suicidal thoughts and urges in children and adolescents. In addition to explaining signs of risk for suicide and other behaviors to watch for, they offer several free guidebooks for parents, educators, and young people.

[The Jason Foundation](#) is a nonprofit organization specializing in youth suicide prevention. In addition to teaching parents and educators the signs associated with suicide in young people, they also provide suicide prevention training and educational resources.

[The Jed Foundation](#) is a nonprofit organization focused on suicide prevention in teens and young adults. They partner with colleges nationwide to bolster their mental health resources. Additionally, they have a number of guides on how to help someone you are concerned about, or yourself.

[Suicide Awareness Voices of Education \(SAVE\)](#) has several guides for supporting children and adolescents who may be suicidal, or those who have recently lost a friend to suicide. Information is contained in downloadable guides.

Suicide Prevention, Mental Health and Mental Illness

[SAMHSA's Family Support Guide](#) If you suspect a family member is living with a mental or substance use disorder, this resource lists helpful information as you support them.

[SAMHSA's Conversation Guide](#) Starting a talk about mental illness or substance use with a loved one is tricky. If you're unsure how to broach the subject, try these conversation starters.

[National Alliance on Mental Illness](#) has a guide on how to support your loved one as they deal with their suicidal thoughts. It covers everything from how to be there for them to what not to do.

[Depression and Bipolar Support Alliance](#) has a site about providing support, hope and inspiration to a loved one.

[The American Foundation for Suicide Prevention](#) is a national organization that funds research into mental illness and raises awareness about suicide. They have information relevant to both a suicidal person and their loved one.

[American Association of Suicidology](#) is a professional organization with an “Attempt Survivor/Lived Experience” division, where attempt survivors have a collective voice in the field of suicide prevention.

[Mental Health America](#) is a national mental health nonprofit with over 200 local affiliates in the United States. Their work focuses on peer support, advocacy, education, and outreach. Resources include online screening tests for depression and other mental health issues.

[The National Action Alliance for Suicide Prevention](#) is a public-private partnership that advances the National Strategy for Suicide Prevention. Their Suicide Attempt Survivors Task Force wrote *The Way Forward: Pathways to Hope, Recovery, and Wellness with Insights from Lived Experience*.

[SAMHSA’s SMI Adviser](#) is a clinical support system for serious mental illness (SMI). Its Individuals & Families section contains a list of free services from SAMHSA, including [findtreatment.gov](#), the Behavioral Health Treatment Locator, the Early Serious Mental Illness Treatment Locator, and the National Suicide Prevention Lifeline, and other resources.

[The Suicide Prevention Resource Center](#) provides resources and training for suicide prevention. This includes in-person and online workshops, webinars, and other resources. Their website also lists state-level resources and contact information as well as effective prevention practices.

Resources for Vulnerable Populations

[The Trevor Project](#) provides crisis intervention and suicide prevention resources for LGBTQ young people.

[SAMHSA’s To Live to See the Great Day That Dawns](#) is a guide that addresses suicide within the American Indian and Alaskan Native communities, listing available resources, unique challenges, and important cultural factors to consider.

[Aging in Place](#) has a guide on how to spot and prevent suicide among seniors. It includes common causes and signs of risk, as well as crisis treatment steps to take.

[The Department of Veterans Affairs](#) offers numerous resources for veterans dealing with suicidal thoughts or urges.

[Make the Connection](#) has resources for veterans struggling with readjusting to civilian life, PTSD, depression, and suicide. It also features videos of veterans telling their own stories of mental health recovery.

- ¹ Rudd, M.D., Berman, A.L., Joiner, T.E., Nock, M.K., Silverman, M.M. (2006). Warning Signs for Suicide: Theory, Research, and Clinical Applications. *Suicide and Life-Threatening Behavior* 36(3), 255- 262. <https://doi.org/10.1521/suli.2006.36.3.255>
- ² Bryan, Heidi. (2012). *Now What Do We Do? The Emotional Impact of a Suicide Attempt on Families*. Heidi Bryan Consulting. <https://www.starsinc.com/wp-content/uploads/2016/02/Now-What-Do-We-Do.pdf>
- ³ Joiner, T. (2010, April 15). *The Myths About Suicide*. Harvard University Press; *Common Misconceptions about Suicide*. (Pamphlet for Download). (n.d.). Suicide Awareness Voices of Education. <https://save.org/product/common-misconceptions-suicide/>
- ⁴ CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). (2020) Atlanta, GA: National Center for Injury Prevention and Control. <https://www.cdc.gov/injury/wisqars/index.html>
- ⁵ Joiner, 137-138.
- ⁶ Joiner, 168-170.
- ⁷ Joiner, 171-172.
- ⁸ Bostwick, J. M., Pabbati, C., Geske, J. R., & McKean, A. J. (2016). Suicide Attempt as a Risk Factor for Completed Suicide: Even More Lethal Than We Knew. *The American Journal of Psychiatry*, 173(11), 1094–1100. <https://doi.org/10.1176/appi.ajp.2016.15070854>
- ⁹ *Risk and Protective Factors*. (2019, September 2). Center for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>
- ¹⁰ Rudd, M.D., Berman, A.L., Joiner, T.E., Nock, M.K., Silverman, M.M. (2006). Warning Signs for Suicide: Theory, Research, and Clinical Applications. *Suicide and Life-Threatening Behavior* 36(3), 255- 262. <https://doi.org/10.1521/suli.2006.36.3.255>
- ¹¹ *Youth Suicide Warning Signs*. (n.d.). Youth Suicide Warning Signs. <https://www.youthsuicidewarningsigns.org/healthcare-professionals>
- ¹² *Risk and Protective Factors*. (2019, September 2). Center for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>
- ¹³ Joiner, T. (2009, June). The Interpersonal-Psychological Theory of Suicidal Behavior: Current Empirical Status. Psychological Science Agenda. <http://www.apa.org/science/about/psa/2009/06/sci-brief>

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the private sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) (Department of Health 1999).

There is a growing emphasis on the need to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. The Act also aims to improve the efficiency of the public sector and to ensure that it is able to provide the best possible value for money.

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