

TRUE STORIES OF HELP AND HOPE

Video Discussion Guides

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Mental Health America of Texas, in collaboration with the Texas Suicide Prevention Council and the Texas Department of State Health Services, has developed *True Stories of Help and Hope* as part of their commitment to broaden the public's awareness of suicide, its risk factors, protective factors, and prevention strategies. It is one tool to help increase community capacity to identify and refer young people and adults who are at risk of suicide and suicide attempts.

Research indicates that 90% of young people who hear of one of their peers talking or thinking about suicide do not tell an adult. This troubling statistic implies that young people do not take the warning signs of suicide ideation seriously and do not know how to get help for themselves or a friend. *True Stories of Help and Hope* was designed to help change this. This series was developed to be used as an educational tool to achieve specific goals related to suicide prevention as part of an overall suicide prevention plan. Through these videos and discussion guides, our aim is to:

1. Promote awareness that suicide is a public health problem that is preventable.
2. Highlight successful stories of help-seeking behavior.
3. Highlight successful stories of help-giving behavior.
4. Promote steps others have taken in prevention.
5. Provide information on how to find help.

The overall focus of this series is to illustrate **how to respond** and **how to get help** using true examples of young people who either reached out for help themselves when they were severely depressed and/or had thoughts of suicide, or referred a friend to help when they were in need. Our intention is to reinforce the idea that there are preventative actions that youths and young adults can take to protect themselves and their friends. The heroes and heroines in these stories are the people who took action to get help for themselves or someone else.

The discussion guides and videos are not meant to be used in isolation but as part of an overall suicide prevention and postvention plan. They are short in duration, generally 3½ to 4 minutes long, so that they can be posted on YouTube and fit within the time allotted for classroom discussion in an overall lesson on suicide prevention. At the end of this introduction, we provide websites that have best practice information for suicide prevention education. For Texas residents, you can find more information about school suicide prevention requirements at www.TexasSuicidePrevention.org. The videos and discussion guides are designed to be used by an adult who can guide the discussion with a group of young people.

Before Showing One or More of the Videos

1. Educate yourself about what is known about risk factors and protective factors for suicide as they pertain to the age group you are addressing and become familiar with safe messaging recommendations for discussing suicide (see links below for more information). Also, take your audience into consideration and be prepared to revise your presentation to make it appropriate for different age levels, whether middle school, high school, college, or an adult audience. We do NOT recommend, however, that the videos be used for any grade level

below middle school, and video selection for students in middle school should not include all of the videos, since some of them address issues that are fit for more mature grade levels.

Safe and Effective Messaging for Suicide Prevention

www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf

AAS Warning Signs for Suicide Prevention

http://www.sprc.org/sites/sprc.org/files/event_materials/3B_AAS_Warning_Signs.pdf

2. Locate resources for mental health services, supports, and crisis services available on your campus and in your community. In Texas, you can download the ASK smart phone app, which has contact information for crisis lines and crisis services across the state. Note that the ASK smart phone app information is given at the end of each video.

“You can help prevent suicide in your community by knowing how to ask about suicide, and knowing where to get help. Download our free suicide prevention app today—ASK! Search under suicide prevention in the App Store to get the ASK About Suicide app to save a life with warning signs, how to ask, and hotlines.”

3. Find out if there are any policies and procedures in place at your specific school or agency regarding suicide prevention and postvention, and make sure that your presentation conforms to their guidelines; furthermore, talk to the counselor or other administrator about the videos and your suicide prevention presentation. Provide copies of the videos ahead of time and let all relevant parties know when they will be shown so that they can be prepared to give any assistance needed. Selected Texas school suicide prevention and postvention plans as well as an overview of all Texas laws related to suicide and suicide prevention can be found at www.TexasSuicidePrevention.org.
4. Consider whether it might be helpful to ask a certified mental health professional (or a school or agency counselor) to be available as a resource person when you show the videos to help answer questions and provide assistance as needed to vulnerable viewers.
5. Have handouts for viewers that list the National Suicide Prevention Lifeline number and website, as well as local resources. 1-800-273-TALK or 1-800-273-8255.
www.suicidepreventionlifeline.org/

Showing the Videos

Prepare your overall agenda and schedule enough time give your presentation, view one or more of the videos, and reserve at least 30 minutes for discussion and questions and answers afterward. It is important to allow time for your audience to have an adequate opportunity to discuss what they have just seen and express their reactions to it. Also, you should leave enough time to discuss the various resources that are available to them to find help.

Be sure to review the sample questions in the discussion guide ahead of time for each 3-4 minute video and use them to guide the follow-up discussion. Many of the topics are repeated in the individual discussion guides for each video, since they are designed to be viewed either in

isolation, as a series, or as a complete package to fit within your time constraints and overall program.

The individuals seen in the videos are real people who have addressed real problems and, often, painful feelings. Their accounts of depression and suicidal ideation may in turn elicit strong emotional reactions from viewers who have struggled with similar problems and/or know family or friends who have had struggles like the ones depicted here. In order to provide a safe environment for viewing, avoid showing videos on suicide prevention to large groups or assemblies of young people. Rather, view the videos in a classroom-size setting where individual reactions can be more easily discerned and any concerns addressed.

If possible, invite another resource person (and/or a certified mental health professional) to facilitate the showing of the videos and the discussion afterward. A second person is especially important so that there is someone designated who can meet one-on-one with anyone who may need special help or more information while the other person is engaged in the overall group discussion. Also, make sure to bring handout materials and referral information for all viewers. For school settings, the Texas Suicide Prevention Council and the Texas Department of State Health Services, through HB 1386, provide each school district with a list of available suicide prevention resources.

Be knowledgeable about risk factors, protective factors, and warning signs for suicide prevention, and be prepared to discuss them as they apply to each individual story in the video you are viewing.

The Suicide Prevention Resource Center (SPRC) provides the following description of risk and protective factors: “Risk factors are characteristics that make it *more likely* that individuals will consider, attempt, or die by suicide. On the other hand, protective factors are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide. Warning signs are only applicable to individuals, whereas risk and protective factors are found in individuals and communities. In addition, warning signs indicate an immediate risk of suicide, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk.”

Risk Factors

Biological and Psychological Risk Factors:

- Mental illness
- Impulsive or aggressiveness
- Family history of suicide
- Substance abuse
- Trauma/abuse/bullying
- Preexisting vulnerability (Body image, Sexual orientation, Gifted and Talented, etc.)
- Hopelessness
- Major physical illness
- Previous suicide attempt

Social-Cultural Risk Factors Include:

- Isolation and lack of social support
- Stigma to seeking help
- Barriers to health and mental health care
- Cultural and/or religious beliefs that normalize suicide

Environmental Risk Factors Include:

- Loss (Job or Financial)
- Loss (Relationship)
- Easy Access to Lethal Means
- Exposures to Clusters of Suicide

Warning Signs (from American Association of Suicidology)

Get help immediately by contacting a mental health professional or calling 1-800-273-8255 for a referral should you witness, hear, or see anyone exhibiting any one or more of the following:

- ▶ Someone threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself.
- ▶ Someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means.
- ▶ Someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for that person.

Seek help as soon as possible by contacting a mental health professional or calling 1-800-273-8255 for a referral should you witness, hear, or see anyone exhibiting any one or more of the following signs:

- | | |
|---|--|
| ⑨ Hopelessness | ⑨ Withdrawing from friends, family and society |
| ⑨ Rage, uncontrolled anger, seeking revenge | ⑨ Anxiety, agitation, unable to sleep or sleeping all the time |
| ⑨ Acting reckless or engaging in risky activities, seemingly without thinking | ⑨ Dramatic mood changes |
| ⑨ Feeling trapped—like there's no way out | ⑨ No reason for living; no sense of purpose in life |
| ⑨ Increased alcohol or drug use | |

Protective Factors

Protective Factors

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions
- Support for help-seeking behavior
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation

The U.S. Centers for Disease Control and Prevention (CDC) states that protective factors “buffer individuals from suicidal thoughts and behavior.” The Suicide Prevention Resource Center further explains that protective factors “reduce the likelihood of suicide by enhancing resilience and serving to counterbalance risk factors.” A comprehensive approach to suicide prevention would involve raising protective factors as well as lowering risk factors.

For each video, when applicable, discuss the warning signs, risk factors,

and protective factors for suicide. Emphasize that suicide is multi-factorial and, although there is no one cause, 90% of those who die by suicide have an underlying mental health or substance abuse condition. For more information and a discussion of the differences between risk factors and warning signs, and information on how protective factors can help save lives, go to *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide* by Dr. Phil Rogers: <http://www.sprc.org/sites/sprc.org/files/library/RandPPrimer.pdf>.

The individual discussion guides for each video include:

1. Story overview
2. Video transcript
3. Discussion questions and answers (please note that some questions and answer prompts may be similar across select videos that deal with similar content. In others, content is customized, based on the video storyline.)
4. Background information given in the video
5. Resources and follow-up information for suicide prevention

Note that each video can also be used as an introductory video or closing video in association with gatekeeper training and suicide prevention awareness presentations. Follow-up activities, best-practice-based opportunities for teacher and gatekeeper training, and more information on suicide prevention can be found in the resources section below.

Resources and Follow-up Information About Suicide Prevention:

Texas Sites

Mental Health America of Texas www.Mhatexas.org

Joint Suicide Prevention website from: Mental Health America of Texas, Texas Suicide Prevention Council, and the Texas Department of State Health Services
www.TexasSuicidePrevention.org

Texas Department of State Health Services <http://www.dshs.state.tx.us/mhlsa/suicide-prevention>

National Sites

American Association of Suicidology <http://www.suicidology.org/web/guest>

American Foundation for Suicide Prevention <http://www.afsp.org/>

Centers for Disease Control <http://www.cdc.gov/ViolencePrevention/suicide/index.html>

National Action Alliance for Suicide Prevention <http://actionallianceforsuicideprevention.org/>

National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org/>

Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/prevention/>

Suicide Prevention Resource Center <http://www.sprc.org/>

Youth Risk Behavior Surveillance System <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Sample Letter to Send to Parents

Please use the sample letter below to send to parents before showing these videos to students in middle school or high school. Feel free to individualize the letter according to your specific needs.

Date:

Dear Parents/Caregivers,

Mental Health America of Texas, in collaboration with the Texas Suicide Prevention Council and the Texas Department of State Health Services, has developed the True Stories of Help and Hope video and discussion guide series as part of their commitment to broaden the public's awareness of suicide, its risk factors, protective factors, and prevention strategies. It is one tool to help increase community capacity to identify and refer young people and adults who are at risk of suicide and suicide attempts.

During our _____ class on _____ date, we will be showing some of these videos and use the provided discussion guides to facilitate ongoing prevention and intervention of youth suicide, including warning signs and what students can do to intervene in a safe and healthy manner if they suspect a friend/peer is in danger.

Research indicates that 90% of young people who hear of one of their peers talking or thinking about suicide do not tell an adult. They do not take the information about suicide ideation seriously and do not know how to get help for themselves or a friend. True Stories of Help and Hope was designed to help change this and generate discussion among students about how to address this serious issue.

*Families often play a crucial role in identifying the warning signs and guiding the intervention process when a young person is addressing mental health issues, and we hope that this will generate insightful and open discussion in your family. If you or someone you care about is struggling with these issues, **get help immediately by contacting a mental health professional or by calling toll free the National Suicide Prevention Lifeline at 1-800-273-8255.** Videos and discussion guides along with additional resources can be found at www.TexasSuicidePrevention.org.*

Sincerely,

School personnel or youth group leader/s, contact info including email

Acknowledgments

These videos and discussion guides were developed under contract number 2012-039469-001 from the Texas Department of State Health Services (DSHS) to Mental Health America of Texas (MHAT). The views, policies and opinions expressed are those of the speakers and do not necessarily reflect those of the DSHS or MHAT, nor do pictures or mentions of trade names, commercial practices or organizations imply endorsement by DSHS or MHAT.

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National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255

Please review the general guidelines for showing and using this video series in Section I: Introduction and Overview.



Story Overview

Krista received a late-night call from a friend when she was in middle school. The friend talked about disappearing, which made Krista think that her friend might kill herself. She talked to her mother and to the school counselor. As a result of the intervention steps Krista took, her friend received critical help, and Krista realized that it never, ever hurts to tell an adult—always tell someone!

Video Transcript

Krista

**Always Tell
Someone**

I'm Krista; I'm 15, and I just finished 10th grade. My favorite thing in the entire world is music. My goal is perhaps to get to college with music, maybe join a college marching band.

My friend called me one night, and I know that she was having some issues with her dad. Her dad just got back from Iraq, and I knew there were some problems. And she was saying things like, like . . . I don't know what to do anymore. I really just want to run away right now. I want to disappear.

I thought she was going to do something bad to herself. I thought she meant disappear as in forever. She told me that everyone would be better off without her. She never said explicitly that she was having thoughts about suicide, but I was so scared. I didn't want anything at all to happen to her. I had a feeling that she wanted it to stay a secret.

I felt that I needed to be there for her, and the way that I needed to do it was to go to someone else, because I didn't know what I needed to do. The next day at school I went to the counselor's office, and I sat down and I told her my friend's story. She told me that what I really needed to do right now was to be a friend for her. Let her know that I would be there for her.

My friend has gotten some counseling. She's so much better. She's gotten into a lot of extracurricular activities. She's a lot more open with me. I think I've gained a lot more of her trust.

It never, ever hurts to tell an adult. It always helps to go to someone else. If you hear someone talking about suicide or taking their life, don't keep it a secret and don't ignore it. Take all talk of suicide seriously and take action. Tell an adult and get help for a friend. My friend is alive because I reached out to help. Call 1-800-273-TALK or 1-800-273-8255 for the National Suicide Prevention Lifeline.

Questions for Discussion

Always acknowledge the feelings and personal experiences that may prompt your viewers' questions and responses. Experienced trainers and facilitators have noticed that in every group of twenty workshop or video viewers, there tend to be at least one or two people who are dealing with an acute situation, either with themselves, their family, friends, or coworkers. Some sample questions and answers as well as suggestions for discussion facilitation follow. Be aware that it is important to view the video in a small group, have another person available to help with any vulnerable viewers, and have resources for crisis lines and local referrals.

1. Do you know some of the warning signs, risk factors and protective factors for suicide? Can you discuss them?

ANSWER. According to the Suicide Prevention Resource Center (SPRC), "Risk factors are characteristics that make it *more likely* that individuals will consider, attempt, or die by suicide. On the other hand, protective factors are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide. Warning signs are only applicable to individuals, whereas risk and protective factors are found in individuals and communities. In addition, warning signs indicate an immediate risk of suicide, whereas risk factors indicate that someone is at heightened risk for suicide, but indicate little or nothing about immediate risk."

(Review with viewers the specific list of risk factors, protective factors, warning signs and responses given in the Introduction and Overview).

DISCUSSION. Discuss the warning signs, risk factors, and protective factors for suicide. Emphasize that suicide is multi-factorial and although there is no one cause, 90% of those who die by suicide have an underlying mental health or substance abuse condition. For more information and a discussion of the differences between risk factors and warning signs and information on how protective factors can help save lives, go to *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide* by Dr. Phil Rogers: <http://www.sprc.org/sites/sprc.org/files/library/RandPPrimer.pdf>.

2. What were some of the specific risk factors and warning signs that Krista's friend gave her to indicate that she might be at risk for suicide?

ANSWER. Krista states, "I know that she was having some issues with her dad. Her dad just got back from Iraq, and I knew there were some problems. And she was saying things like, like . . . I don't know what to do anymore." These observations indicated that Krista was aware of the underlying risk factors that her friend's Dad could be stressed from a recent military deployment, and that her friend felt isolated. Warning signs that her friend gave were thoughts of disappearing and running away.

"She was saying things like, like . . . 'I don't know what to do anymore. I really just want to run away right now. I want to disappear.' I thought she was going to do something bad to herself. I thought she meant disappear as in **forever**. She told me that everyone would be better off without her."

DISCUSSION. Keep in mind that a person who is suicidal may not communicate directly about how they're feeling or thinking. In fact, as you are speaking with them, they may not have clearly formed thoughts or plans of attempting suicide, but the risk factors that they display may be leading them in that direction. Vague statements that could allude to suicidal intent (like Krista's friend's comments) are most likely an invitation on the part of the person for you to ask more questions and refer them to help. It is important to trust your instincts. If you wonder if the person is thinking about suicide, the safest response is to assume that they are and ask more questions, seek more information while you listen non-judgmentally and refer them to help.

3. Should you get help for a friend if they tell you to keep their thoughts of suicide a secret? Why or why not?

ANSWER. Never keep someone's discussion or thoughts about suicide a secret. Always tell a trusted adult. It would be better to possibly lose a temporary friendship than lose a friend forever through death by suicide. Note that most people who refer someone at risk for suicide to help find that the person later appreciates the help and that the friendship is actually strengthened. Someone speaking of suicide in vague way should still be considered very serious, and taking action will eventually be appreciated. Sometimes people speaking of suicide is like waving a red flag asking for help because they do not know what to do and how to directly ask for help. Any talk of suicide should be taken seriously. You could end up saving a life.

DISCUSSION. Emphasize the importance of always taking talk of suicide seriously and taking action. Emphasize that talk of suicide is one way of "inviting" others to intervene, and can also be a way of reaching out to others to share their emotional pain, or *psychache*. Taking their talk seriously shows that you care and it may well save a life.

4. How did Krista respond to her friend? Did she keep it a secret or get help? Who did she get help from?

ANSWER. Krista says, "I had a feeling that she wanted it to stay a secret," but she goes on to say, "I felt that I needed to be there for her, and the way that I needed to do it was to go to someone else because I didn't know what I needed to do. The next day at school I went to the counselor's office, and I sat down and I told her my friend's story. She told me that what I really needed to do right now was to be a friend for her, let her know that I would be there for her."

DISCUSSION. Krista's response was to go to a trusted adult, in this case her school counselor, for help. She acknowledges that she felt her friend wanted it to stay a secret, but she knew it was important to reach out for help, since she didn't know what to do. The school counselor emphasized that Krista's role was to just be a friend for her. She did not specifically state how the counselor helped her friend, but we know that she did, since Krista states that her friend got counseling. This story points out that you do not have to be a mental health professional to help someone but just tell a trusted adult and refer someone to a mental health professional. Other people Krista might have talked to include parents, a trusted teacher, a psychologist or private counselor, a nurse or family physician, or a religious or spiritual leader.

5. How did this scenario work out? Did Krista lose a friendship? How is her friend

now? Where can you go to get help?

ANSWER. Krista says that she did not lose a friendship but that she gained her friend's trust. She states, "My friend has gotten some counseling. She's so much better. She's gotten into a lot of extracurricular activities. She's a lot more open with me. I think I've gained a lot more of her trust."

She went on to state, "It never, ever hurts to tell an adult. It always helps to go to someone else."

"If you hear someone talking about suicide or taking their life, don't keep it a secret and don't ignore it. Take all talk of suicide seriously and take action. Tell an adult and get help for a friend. My friend is alive because I reached out to help. Call 1-800-273-TALK or 1-800-273-8255 for the National Suicide Prevention Lifeline."

DISCUSSION. Focus on the fact that Krista's friend is alive because Krista took action, told trusted adults, and got help for her friend. Emphasize the Krista's friendship and care and concern was a big "protective factor" for her friend and that her friend subsequently got involved in extracurricular activities, which also serve as protective factors for suicide. Ask viewers to "save a number to save a life" and put the National Suicide Prevention Lifeline number into their cell phones, 1-800-273-TALK or 1-800-273-8255. Go over local crisis numbers and resources and share how to download the ASK application for smart phones: "Download our free suicide prevention App today—ASK! Search under suicide prevention in App Store to get the ASK! About Suicide app to save a life with warning signs, how to ask and hotlines." (Direct links to Google Play and the Apple App Store are listed at the end of this section.)

Acknowledgments

Mental Health America of Texas: <http://mhatexas.org>

Texas Suicide Prevention: <http://www.TexasSuicidePrevention.org>

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Resources and Follow-up Information About Suicide Prevention

Texas Sites

Mental Health America of Texas www.Mhatexas.org

Joint Suicide Prevention website from: Mental Health America of Texas, Texas Suicide Prevention Council, and the Texas Department of State Health Services

www.TexasSuicidePrevention.org

Texas Department of State Health Services <http://www.dshs.state.tx.us/mhsa/suicide-prevention/>

National Sites

American Association of Suicidology <http://www.suicidology.org/web/guest>

American Foundation for Suicide Prevention <http://www.afsp.org/>

Centers for Disease Control <http://www.cdc.gov/ViolencePrevention/suicide/index.html>

National Action Alliance for Suicide Prevention <http://actionallianceforsuicideprevention.org/>

National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org/>

Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/prevention>

Suicide Prevention Resource Center <http://www.sprc.org/>

Youth Risk Behavior Surveillance System <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



You can help prevent suicide in your community by knowing how to ask, and knowing where to get help. Download our free **ASK & Prevent Suicide** app today to learn how to identify the warning signs of suicide, ask if someone might need help, and find hotlines and crisis centers in your area. Please visit the links below for more information.

iTunes: <http://itunes.apple.com/us/app/ask-prevent-suicide/id419595716?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.mhatexas.askaboutsucide>

National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255

Please review the general guidelines for showing and using this video series in Section I: Introduction and Overview.



Story Overview

At a college party, Kurt and his friends become concerned that another friend is at risk for killing himself . . . but they are not sure. So they ask the question: Have you thought about suicide? Kurt decides that it is important to alert a social worker and risk the possibility of offending a friend by intervening and referring him to help.

Video Transcript

Kurt

Ask the
Question

My name is Kurt and two weeks ago I completed my undergraduate degree, and in three days I'll be starting grad school. I really enjoy just hanging out with friends, and I read a lot for school and outside of school, and I do a lot of volunteering.

I moved here and tried to meet some friends; so I met some people here in the community, and one weekend we were at a friend's apartment just hanging out, having a good time, being typical summer college students.

And some of us were outside hanging out and talking about college and our semesters and getting started, and a friend of a friend who I didn't know very well starting saying, I don't see myself having a future; I don't see myself living very long. I cannot see myself having a profession or a job or a family.

It was really a non-statement for us, and we began to ask him questions about where this was all coming from. We thought, Is there something that we should know? Are you sick? Is there something that you haven't told me? It began to dawn on us that it might be that he was thinking about taking his life. With that in mind, I asked him and I said, "Have you thought about suicide?" And he didn't say yes and he didn't say no, and that stood out to me.

But we had to decide for ourselves what action we wanted to take, and we knew we weren't prepared to help him, but we knew a social worker who would be. And so we said we need to call her. And that was a little scary because, you know, this is late at night; it's the weekend, and we're going to really be taking her, you know, on her personal time. But at the same time we had his life to consider, and we said nothing outweighed the value of his life. Nothing was more valuable than that. So we said we were making the call.

So while we stayed talking to our friend one of my friends made the phone call to the social worker, told her what was going on and said, "This is what's happening." And she said put him

on the phone. She walked him through the situation. She got him connected with supportive services. And we stayed with him that night, and we didn't leave him alone. And after that he got connected to those supportive services.

Some of the pressures that he was facing were related to his sexual orientation. He was gay, and he had experienced bullying in high school and reached out and got certain social supports, and he was about to lose them and move on to another part of his life without those social supports. So that was a really crucial time for him, and I wasn't even aware of that; and most of us, as far as I know, weren't aware of that.

But we heard the signs. We saw the signs. We made the call for help. And we referred him, and he's alive today, and I see him around and touch base with him from time to time. And he's doing well and pursuing his dreams and really becoming an amazing individual.

Don't ignore the warning signs of suicide or be scared to get friend help. Take action now and call the National Suicide Prevention Lifeline at 1-800-273-TALK. That's 1-800-273-8255.

Questions for Discussion

Always acknowledge the feelings and personal experiences that may prompt your viewers' questions and responses. Experienced trainers and facilitators have noticed that in every group of twenty workshop or video viewers, there tend to be at least one or two people who are dealing with an acute situation, either with themselves, their family, friends, or coworkers. Some sample questions and answers as well as suggestions for discussion facilitation follow. Be aware that it is important to view the video in a small group, have another person available to help with any vulnerable viewers, and have resources for crisis lines and local referrals.

1. Do you know some of the warning signs, risk factors and protective factors for suicide? Can you discuss them?

ANSWER. According to the Suicide Prevention Resource Center (SPRC), "Risk factors are characteristics that make it *more likely* that individuals will consider, attempt, or die by suicide. On the other hand, protective factors are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide. Warning signs are only applicable to individuals, whereas risk and protective factors are found in individuals and communities. In addition, warning signs indicate an immediate risk of suicide, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk."

(Review with viewers the specific list of risk factors, protective factors, warning signs and responses given in the Introduction and Overview).

DISCUSSION. Discuss the warning signs, risk factors, and protective factors for suicide. Emphasize, that suicide is multi-factorial and, although there is no one cause, 90% of those who die by suicide have an underlying mental health or substance abuse condition. For more information and a discussion of the differences between risk factors and warning signs and information on how protective factors can help save lives, go to *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide* by Dr. Phil Rogers: <http://www.sprc.org/sites/sprc.org/files/library/RandPPrimer.pdf>.

2. What were some of the specific risk factors and warning signs that Kurt's friend gave to indicate that he might be at risk for suicide?

ANSWER. Kurt gives a good summary of the warning signs that his friend displayed at the party in the following passage: "And some of us were outside hanging out and talking about college and our semesters and getting started, and a friend of a friend who I didn't know very well starting saying, I don't see myself having a future; I don't see myself living very long. I cannot see myself having a profession or a job or a family. It was really a non-statement for us, and we began to ask him questions about where this was all coming from. We thought, Is there something that we should know? Are you sick? Is there something that you haven't told me? It began to dawn on us that it might be that he was thinking about taking his life."

DISCUSSION. In this case, once they realized that the friend was not sick, they took note of all of his statements about not having a future and not living very long, and realized that he was talking about suicide. And they already knew that their friend was at higher risk for suicide because of his sexual orientation. Later, they found out that their friend had other risk factors since he had been bullied in high school and had lost some of the social supports he had had in high school when he moved to college.

It is important to note that the underlying risk factor of sexual orientation and bullying could compound their friend's risk for suicide. According to the American Association of Suicidology, Lesbian, Gay, and Bi-Sexual youth are 3.4 times more likely to attempt suicide than their straight peers. Among young people who attempt suicide, twice as many LGB youths compared to straight report that they really hoped to die, and LGB youth were three times more likely to report seriously considering suicide. Eighty percent of LGB youth report isolation problems (socially isolated individuals are generally found to be at higher risk for suicide.) In addition, 45% of gay males and 20% of lesbians report being verbally or physically harassed at school because of their orientation (bullying has been linked to suicide ideations, attempts, and completions.

3. What was the question that Kurt asked his friend? Why is it important to ask this question?

ANSWER. "With that in mind, I asked him and I said, have you thought about suicide? And he didn't say yes and he didn't say no, and that stood out to me."

DISCUSSION. Once you suspect the person may be suicidal, it is important that you get to a point where you can ASK them directly if they are feeling suicidal. This is what Kurt did. He asked directly, "Have you thought about suicide?" Although the person didn't say yes or say no, the ambivalence of not answering was a red flag to Kurt that he was at risk. This ambivalence is common so be prepared to seek more information and act if you do not get a direct answer. Stress to viewers that how you ask the question is not as important as actually asking it. And, if you cannot ask it, find someone who can. If you ask the question and the person says "no" but you are still concerned that they are at risk, ask it again at another time and find someone else close to the person to ask the question. Some direct and indirect ways to ask about suicide might include the following examples:

Asking Indirectly	Asking Directly
<ul style="list-style-type: none"> • Sometimes when people are as sad as you are, they think about suicide. Have you ever had thoughts of suicide? • Do you ever want to go to bed and not wake up? 	<ul style="list-style-type: none"> • Have you thought about suicide? • Do you want to kill yourself? • Are you thinking about suicide?

If you are uncomfortable asking, but you suspect that someone is at risk, find a way to connect the person at risk with someone who is able to probe about risk and ask about suicide. This could be a trusted adult, teacher, or counselor.

4. What action did Kurt and his friend decide to take to help their friend at risk for suicide? What were the pros and cons they weighed before taking action? Who would you call if you were in this situation and did not have a social worker's number?

ANSWER. In the video, Kurt says, "But we had to decide for ourselves what action we wanted to take; and we knew we weren't prepared to help him, but we knew a social worker who would be. And so we said we need to call her. And that was a little scary because, you know, this is late at night; it's the weekend, and we're going to really be taking her—you know, on her personal time. But at the same time we had his life to consider, and we said nothing outweighed the value of his life. Nothing was more valuable than that. So we said we were making the call."

DISCUSSION. Kurt and his friends knew that their friend needed help because they understood his underlying risk factors, including loss of social support, and saw his warning signs of despair when he talked about not having a future. They knew he needed help and that they couldn't provide that help. Although they knew a social worker who could help, they had to weigh the pros and cons of waking up a professional at night on the weekend. In the end, they decided that nothing outweighed the value of their friend's life, and it was imperative that they make the call. Think about who you would call if you were concerned about someone in your life.

5. What were the actions Kurt and his friends took to intervene and protect their friend? How did Kurt and his friends keep the friend who was at risk safe? Do you think that they did the right thing by intervening? What were the consequences of their intervention and referral to help? What resources do you have to intervene when needed?

ANSWER. Kurt describes the process they went through: "So while we stayed talking to our friend one of my friends made the phone call to the social worker, told her what was going on and said, this is what's happening. And she said put him on the phone. She walked him through the situation. She got him connected with supportive services. And we stayed with him that night, and we didn't leave him alone. And after that he got connected to those supportive services."

But we heard the signs. We saw the signs. We made the call for help. And we referred him, and he's alive today, and I see him around and touch base with him from time to time. And he's doing well and pursuing his dreams and really becoming an amazing

individual. “

DISCUSSION. Kurt and his friends not only made the call to a social worker who could provide help for their friend, they also were very careful to keep their friend in a safe environment and not leave him alone. They stayed with the friend at risk and talked to him while another person made the call to the social worker. And after the social worker talked the friend at risk through the situation, did a risk assessment, and connected him with supportive services, they stayed with their friend overnight until he could connect with those services in the morning. They didn't leave him alone. Keeping someone safe during and immediately after a referral is critical. Someone at high risk for suicide should not be left alone and should have safety supports in place. After the intervention, the friend at risk got help, (“He’s alive today, doing well and pursuing his dreams”). The intervention was successful and might be considered a model for others. The resources that are given at the end of the video are available to all of us. The end of each video says, “Don’t ignore the warning signs of suicide or be scared to get a friend help. Take action now and call the National Suicide Prevention Lifeline at 1-800-273-TALK. That’s 1-800-273-8255.”

Acknowledgments

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Texas Suicide Prevention: <http://www.TexasSuicidePrevention.org>

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Music by Explosions in the Sky
“Remember Me As a Time of Day”
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National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org/>

Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/prevention>

Suicide Prevention Resource Center <http://www.sprc.org/>

Youth Risk Behavior Surveillance System <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



You can help prevent suicide in your community by knowing how to ask, and knowing where to get help. Download our free **ASK & Prevent Suicide** app today to learn how to identify the warning signs of suicide, ask if someone might need help, and find hotlines and crisis centers in your area. Please visit the links below for more information.

iTunes: <http://itunes.apple.com/us/app/ask-prevent-suicide/id419595716?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.mhatexas.askaboutsuiicide>

National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255

Please review the general guidelines for showing and using this video series in Section I: Introduction and Overview.



Story Overview

Maggie makes a decision to get out of her life-long “comfort zone of depression” after having thoughts of suicide. She goes to a treatment center that helps her learn how to change, live differently, and reach out to people for help. A “white ribbon assignment” from her therapist helps her find peace and hope.

Video Transcript

Maggie

**Ribbons of
Hope**

I'm Maggie. I'm 16, and I will be a junior in high school next year.

I remember my whole life dealing with depression. It became something I was used to, almost kind of like a comfort zone because I'd always felt that way. And for a while in elementary school—I don't really remember realizing there was something wrong. I assumed that everyone just felt that way, like wanting to die and hating yourself. And then middle school when things became more severe, and it came to the point of hospitalization, that's when I realized there was something wrong.

My freshman year in high school was the year where my depression really reached the highest point, and that's when all the thoughts of suicide really came in. I wasn't eager to change at first when my parents first proposed the idea of going to treatment, but I guess there was a point when I realized—I would look at other girls that were in treatment who had struggled with the same thing as me and had been like I was; and felt this way at one point. And I realized like . . . that I could change, that it was possible. And I realized that if I wanted to change, I could start to live differently, and not only to solve my depression, but to be a better daughter, a better friend, a better sister, just to improve myself.

I always felt like I was looked down upon, first in struggling with depression or what people knew, so I felt I couldn't really tell people what was going on or share some of the things I'd struggled with. I think it's easy to assume like no one's out there for me; I'm all alone. And when you finally really reach out to people and let people be there for you, you're not as alone as you think.

My therapist thought it would be a good idea to do a home visit so he could kind of like look into my house and see things more through my eyes, like with our family. The thing that stood out the most was the white ribbon assignment where we tied white ribbons around places where there had been like a traumatic incident, or I associated it with some of the things I used to

struggle with, and I would leave a piece of paper with it. I would write something about my experience. And it just really helped me feel more at peace with my past, and it was just a really empowering experience to know that I can rise above the situations.

I honestly didn't ever think that I was going to get better. Even my parents . . . I think that they'd kind of given up on me to an extent. I think most people were just kind of accepting my low functioning for the way it was. And not only did I not see myself getting better, I didn't want to get better. But all it took was that decision to really start working. Some people might battle depression forever, but it doesn't mean you can't live a mostly happy life.

If you are depressed or thinking about suicide or know someone who is, know that help is available and help works. Call the National Suicide Prevention Lifeline, 1-800-273-TALK or 1-800-273-8255.

Questions for Discussion

Always acknowledge the feelings and personal experiences that may prompt your viewers' questions and responses. Experienced trainers and facilitators have noticed that in every group of twenty workshop or video viewers, there tend to be at least one or two people who are dealing with an acute situation, either with themselves, their family, friends, or coworkers. Some sample questions and answers as well as suggestions for discussion facilitation follow. Be aware that it is important to view the video in a small group, have another person available to help with any vulnerable viewers, and have resources for crisis lines and local referrals.

1. When did Maggie realize that there was something wrong, and why didn't she realize it sooner?

ANSWER. Maggie states, "I remember my whole life dealing with depression. It became something I was used to, almost kind of like a comfort zone, because I'd always felt that way." She explains that her chronic depression had always been with her so she didn't realize that others didn't feel the same way. But when her depression got worse, and she had thoughts of suicide, and it came to the point of hospitalization, she finally realized that she had a problem. She says, "And then middle school when things became more severe, and it came to the point of hospitalization, that's when I realized there was something wrong."

DISCUSSION. Depression not only changes the way people feel, it can also affect their outlook and lead to negative thinking. According to Mental Health America, "Depression causes people to lose pleasure from daily life, can complicate other medical conditions, and can even be serious enough to lead to suicide. Depression can occur to anyone, at any age, and to people of any race or ethnic group. Depression is never a 'normal' part of life, no matter what your age, gender or health situation."

2. Maggie had a sense of hopelessness about her life, what might have contributed to it?

ANSWER. Maggie's hopelessness came from her depression. But it was complicated by the stigma she faced as someone with a mental illness. She says, "*I always felt like I was looked down upon, first in struggling with depression or what people knew, so I felt I*

couldn't really tell people what was going on or share some of the things I'd struggled with."

DISCUSSION. Mental Health America points out, "If you ask people who have a mental health problem, 'What's the worst part of having such an illness?' many will say, 'stigma.' Feelings of shame, concerns about . . . security, and fear of rejection by colleagues are often debilitating—and they often discourage many from seeking the help they need."

3. What can we do to combat the stigma that may keep others from acknowledging their mental health problems and seeking help?

ANSWER. Educate yourself and others about the symptoms of mental illness, treatment options, and long-term recovery (Go to the websites at the end of this guide for more information). Watch your language and how you talk about mental illness, and encourage dialogue about mental health as a part of overall health.

DISCUSSION. Mental Health America states, "Stigma can begin with hurtful labels, such as 'crazy,' or 'nuts.' Encourage others to stop using negative labels like this and start using 'people-first' language such as a person with major depression, as opposed to a depressive, or a person with bipolar disorder rather than 'a manic-depressive,' and someone with schizophrenia, as opposed to the dehumanizing term, 'a schizophrenic.' Discuss what ways viewers may have been using hurtful language for those with mental illness and how they might change. Most of all, it is important to create a safe environment where viewers and their families and friends and colleagues (whether fellow students or coworkers) can talk openly and candidly about mental health, stress, workloads, and how to find access to help.

4. Did Maggie think that her problems were treatable? When did she begin to think about "recovery"?

ANSWER. Maggie said, "I honestly didn't ever think that I was going to get better. Even my parents . . . I think that they'd kind of given up on me to an extent. I think most people were just kind of accepting my low functioning for the way it is. And not only did I not see myself getting better, I didn't want to get better. But all it took was that decision to really start working. Some people might battle depression forever, but it doesn't mean you can't live a mostly happy life."

Maggie discusses her realization that she could "recover" in her account about seeing other girls, like her, who had recovered their lives: *"I wasn't eager to change at first when my parents first proposed the idea of going to treatment, but I guess there was a point when I realized—I would look at other girls that were in treatment who had struggled with the same thing as me and had been like I was; and felt this way at one point. And I realized like . . . that I could change, that it was possible. And I realized that if I wanted to change, I could start to live differently, and not only to solve my depression, but to be a better daughter, a better friend, a better sister, just to improve myself."*

DISCUSSION. One of the visions of the Mental Health and Substance Abuse Division of the Texas Department of State Health Services is to promote "Hope, Resilience, and Recovery" for everyone. This is the "recovery" that Maggie talks about. She acknowledges that she and others might battle depression as a chronic illness (just as

some people have to battle other chronic illnesses such as diabetes, but that “it doesn’t mean you can’t live a mostly happy life,” which is her focus on resiliency.

When she saw other girls, who battled depression like her, but who had recovered their lives to improve themselves, she saw that she had the same option: to reach out, start working and get better.

5. How treatable is depression? Do you think that people who suffer from it can get better like Maggie did?

ANSWER. Clinical depression is very treatable. Mental Health America of Texas, the National Institute of Mental Health and other mental health organizations point out that 80% of people with clinical depression who seek treatment show improvement. **Early intervention is key to identifying and treating any mental illness including depression.**

DISCUSSION. Unfortunately, most people with a mental illness, like depression, do not seek treatment. “Fewer than half of those suffering from depression seek treatment,” according to Mental Health America. Too many people resist treatment because they believe depression isn’t serious, that they can treat it themselves, or that it is a personal weakness rather than a serious medical illness.” And yet it is one of the most treatable of conditions. The choice of treatment depends on the pattern, severity, and persistence of the depressive symptoms and the history of the illness. It might involve medication, talk therapy, or a combination of the two. Like Maggie stresses at the end of the video, the first step in treatment and recovery is reaching out: *“If you are depressed or thinking about suicide or know someone who is, know that help is available and help works. Call the National Suicide Prevention Lifeline, 1-800-273-TALK or 1-800-273-8255.”*

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You can help prevent suicide in your community by knowing how to ask, and knowing where to get help. Download our free **ASK & Prevent Suicide** app today to learn how to identify the warning signs of suicide, ask if someone might need help, and find hotlines and crisis centers in your area. Please visit the links below for more information.

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Story Overview

Shania became depressed and had thoughts of suicide after being bullied and going off her medication. She gets help from her sister, Sydney, as well as her mother, counseling, and love and help from her family. Her true story emphasizes that help is available, and help works for depression and suicide prevention.

Video Transcript:

Shania and Sydney

You Can Never Count the Stars

SHANIA: I'm Shania. I'm 18 and I just graduated.

SYDNEY: And I am Sydney. I'm 16 and I'm a junior in high school.

SHANIA: Both of us tried out for Varsity cheerleader, and both of us got bullied at cheer camp. How would you be bullied being a Varsity cheerleader?

SYDNEY: She started getting bullied in the 4th or 5th grade.

SHANIA: It was worse in high school though. I got thrown into lockers, desks, pushed down in the halls. It was really bad, and I would be scared to go to school. Then Sydney just kind of decided, you know, I don't want you to be bullied any longer and she was like, okay, you know what? We're going to move.

I think moving was probably the worst thing that really brought me down. It just like tore my heart out. I regret this so much. I told everybody how horrible she was for making me move, and that she was the worst sister in the world.

SYDNEY: Her and Mom had a distance, like she would not talk to her, wouldn't even look at her, she talked bad about her. At that time she was off her medication. I don't like bringing it back to medication, but you know, if you're on it for so long you don't want to just cut yourself from it.

SHANIA: Depression's hard, and it kind of turns you into somebody you don't want to be. The turning point was when my mom turned off my cell phone, and something happened.

SYDNEY: Like they were arguing over the cell phone and Shania made a comment.

SHANIA: Yeah, my cell phone is more important than your love. That's what I said. And that's when she just went onto the website and cut it off. Both me and my mom went to the counselor 'cause she thought—my mom thought it would help. Then I went to my youth minister who I know I can trust. You really need to go to the people that are closest to you first. It's the love and the help from your family. That's really what brought me out. But both the child that is going through the depression and the parent have to work with each other, not one has to work more than the other in order for it to work out.

SYDNEY: Now that I know things that make her depressed, it's better when I'm there. And it's great now. We have fun, and we like to go shopping a lot—bike ride.

SHANIA: We don't bike ride, Sydney. I like to play my flute. Music is the best thing. It really is.

SYDNEY: I like to cheer and talk to friends.

SHANIA: Stars, I love stars. You just like lay there and you look up and it's like, ooh don't try to count 'em 'cause you can never count them. There's too many. [laughter]

BOTH: If you're depressed or thinking about suicide or know someone who is, please know that help is available and help works. Call the National Suicide Prevention Lifeline, 1-800-273-TALK. 1-800-273-8255.

Questions for Discussion

Always acknowledge the feelings and personal experiences that may prompt your viewers' questions and responses. Experienced trainers and facilitators have noticed that in every group of twenty workshop or video viewers, there tend to be at least one or two people who are dealing with an acute situation, either with themselves, their family, friends, or coworkers. Some sample questions and answers as well as suggestions for discussion facilitation follow. Be aware that it is important to view the video in a small group, have another person available to help with any vulnerable viewers, and have resources for crisis lines and local referrals.

1. The video mentions two things that contributed to Shania's depression. What is the first thing mentioned?

ANSWER. The dialogue at the beginning of the video, quickly mentions that both girls had been bullied, but that it affected Shania the most. This part of the dialogue says:

SHANIA: . . . both of us got bullied at cheer camp. How would you be bullied being a Varsity cheerleader?"

SYDNEY: She started getting bullied in the 4th or 5th grade.

SHANIA: It was worse in high school, though. I got thrown into lockers, desks, pushed down in the halls. It was really bad, and I would be scared to go to school. Then Sydney just kind of decided, you know, I don't want you to be bullied any longer and she was like, okay, you know what? We're going to move.

I think moving was probably the worst thing that really brought me down. It just like tore my heart out. I regret this so much. I told everybody how horrible she was for making me move, and that she was the worst sister in the world.

DISCUSSION. There is research that shows a strong connection between bullying and depression. The National Suicide Prevention Resource Center states, “Both victims and perpetrators of bullying are at a higher risk for suicide than their peers. Children who are both victims *and* perpetrators of bullying are at the highest risk. All three groups (victims, perpetrators, and perpetrator/victims) are more likely to be depressed than children who are not involved in bullying, and depression is a major risk factor for suicide.”

2. What can we do to help prevent or stop bullying?

ANSWER. The first thing you can do to help prevent or stop bullying is to always report bullying and have no-tolerance policies and responses. Don't keep bullying a secret but instead contact a responsible adult. At school you could contact a teacher, school counselor, school principal, superintendent, or your state department of education. At after-school activities, you could contact your parent or adult leaders or sponsoring organization. The most important thing is to stand up and talk about it and get help for yourself or someone else who is bullied. Since adults can also be bullied in unhealthy work environments, it is also important for adults to tell a supervisor or human resources manager if they are experiencing bullying at work.

DISCUSSION. The StopBullying.gov website defines bullying and has many suggestions for young people, their parents, and schools on how to stop it. (<http://www.stopbullying.gov/what-is-bullying/index.html>) They define bullying as follows: “Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose.” Go to this website to get a list of some of the things we can all do to stop this unwanted, aggressive behavior. In addition, the National Suicide Prevention Resource Center has a brief and webinar devoted to bullying issues (http://www.sprc.org/sites/sprc.org/files/library/Suicide_Bullying_Issue_Brief.pdf). It is important to realize that bullying can also take place over the internet so schools and parents and youth organizations needs to address cyberbullying as well.

3. What is the second thing mentioned that contributed to Shania's depression?

ANSWER. Later on in the video, Sydney mentions that when Shania was at her worst when she was off her medication. She says, “At that time she was off her medication. I don't like bringing it back to medication, but you know, if you're on it for so long, you don't want to just cut yourself from it.”

DISCUSSION. When someone is on medication for a mental illness, stopping the medication without a doctor's advice can make the symptoms much worse. There are many studies that indicate that medication compliance, following your doctor's orders and staying on your medication, is a key to treatment. Not following your doctor's orders can have serious implications to your health and well-being. One study by Leahy (2006) indicates that up to 70% of recurrent depression patients are not compliant with their prescribed medication, which contributes to the progression of their illness. There is also a direct relationship between medication-noncompliance and an increased need for hospitalization.

4. Where did Shania get help when she realized that she needed it?

ANSWER. Shania states, “Both me and my mom went to the counselor ‘cause she thought . . . my mom thought it would help. Then I went to my youth minister who I know I can trust. You really need to go to the people that are closest to you first. It’s the love and the help from your family. That’s really what brought me out. But both the child that is going through the depression and the parent have to work with each other, not one has to work more than the other in order for it to work out.”

DISCUSSION. Shania got help from three different sources, her mental health counselor, her youth minister, and her family. Different sources of help can offer different types of resources. It is important for those suffering from a mental illness to reach out to everyone who can help them. Shania also points out the importance of both the child who is going through depression and the parent of that child getting help together and working together for recovery.

5. After Shania got help, she works to maintain her recovery by reaching out to others and getting involved in other activities. What are some of these “protective factors” that helped Shania stay in recovery?

ANSWER. At the end of the video, both Sydney and Shania mention several ways that they connect to others and get involved in life-affirming activities. These are mentioned in the dialogue below.

SYDNEY: And it’s great now. We have fun, and we like to go shopping a lot—bike ride.”

SHANIA: We don’t bike ride, Sydney. I like to play my flute. Music is the best thing. It really is.

SYDNEY: like to cheer and talk to friends.

SHANIA: Stars, I love stars. You just like lay there and you look up and it’s like, ooh don’t try to count them ‘cause you can never count them. There’s too many [laughter].

DISCUSSION. The name of the video, “You Can Never Count the Stars,” emphasizes the protective factors and positive outlook that help in maintaining recovery from depression and help prevent suicide.

The National Suicide Prevention Resource Center cites the following list of protective factors which we can discuss:

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for helpseeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation

<http://www.sprc.org/sites/sprc.org/files/library/srisk.pdf>



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Texas Sites

Mental Health America of Texas www.Mhatexas.org

Joint Suicide Prevention website from: Mental Health America of Texas, Texas Suicide Prevention Council, and the Texas Department of State Health Services

www.TexasSuicidePrevention.org

Texas Department of State Health Services <http://www.dshs.state.tx.us/mhsa/suicide-prevention/>

National Sites

American Association of Suicidology <http://www.suicidology.org/web/guest>

American Foundation for Suicide Prevention <http://www.afsp.org/>

Centers for Disease Control <http://www.cdc.gov/ViolencePrevention/suicide/index.html>

National Action Alliance for Suicide Prevention <http://actionallianceforsuicideprevention.org/>

National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org/>

Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/prevention>

Suicide Prevention Resource Center <http://www.sprc.org/>

Youth Risk Behavior Surveillance System <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



You can help prevent suicide in your community by knowing how to ask, and knowing where to get help. Download our free **ASK & Prevent Suicide** app today to learn how to identify the warning signs of suicide, ask if someone might need help, and find hotlines and crisis centers in your area. Please visit the links below for more information.

iTunes: <http://itunes.apple.com/us/app/ask-prevent-suicide/id419595716?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.mhatexas.askaboutsucide>

National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255

Please review the general guidelines for showing and using this video series in Section I: Introduction and Overview.



Story Overview

As a college student, Zach was buying an engagement ring for a girlfriend when she broke up with him. This loss, heavy drinking and isolation sent him into a downward spiral of depression. His thoughts of suicide and depression got better when he stopped drinking, got physically active and realized that good friends are essential.

Video Transcript

Zach:

**Good Friends
are Essential**

My name is Zach. I go to a junior college, studying audio-visual there, and I work for a clothing company in town. I like to write a little bit—poems, songs, stuff like that, sappy stuff. But I love to dance and I love to make music—more like doing hip hop dancing and like free-styling, and then I'm a house DJ.

Rock bottom is pretty helpless. There is no good. There is no right. Everything's bad and awful. You don't see any daylight. It's all like super-dark nighttime, bottom-of-the-ocean dark.

It was 2009. I was dating a girl, really serious about her, at the point of looking at rings to pop the question, and she called it off. She called it off, and, so I just kind of fell into a spiral where nothing was good; nothing was right. I just kind of isolated myself, wasn't very social, things like that. She was the only one for me and so, since I couldn't have—since nobody else would love me, why still live? So suicide was the only option.

I didn't really have good friends at the time. They all encouraged me to drink. I started drinking heavily. Nobody was really there for encouragement. I just kind of cut myself off from my parents. It really just hit me hard. I didn't know what I was going to do, so I just kind of fell apart. I thought about ending it, killing myself, getting it over with.

Sobering up was a big help. It's a process. You don't just immediately stop one day, but I mean, it's a struggle, a battle. I did get a new job, stopped going to parties.

That helps a whole lot, you know, getting new friends, friends that are there to support me; getting out and active, doing physical activities, working out, dancing, and then just being a social person with getting out into social settings. My friends are always there to lift me up and make me feel at least a little bit better. They mean the world to me.

I wouldn't be the same person I am today without my good friends I have now. Hanging out with one of my friends is one of the greatest things in the world to me. It's—next to spending time with my family, it's probably number two. I was depressed and suicidal, but I got better.

If you're depressed and suicidal, just know there is help and it does work. Call the National Suicide Prevention Lifeline. The number is 1-800-273-TALK or 1-800-273-8255.

Questions for Discussion

Always acknowledge the feelings and personal experiences that may prompt your viewers' questions and responses. Experienced trainers and facilitators have noticed that in every group of twenty workshop or video viewers, there tend to be at least one or two people who are dealing with an acute situation, either with themselves, their family, friends, or coworkers. Some sample questions and answers as well as suggestions for discussion facilitation follow. Be aware that it is important to view the video in a small group, have another person available to help with any vulnerable viewers, and have resources for crisis lines and local referrals.

1. When did suicide become an “option” for Zach?

ANSWER. Zach talks about his “last straw” in suicidal thinking. *“It was 2009. I was dating a girl, really serious about her, at the point of looking at rings to pop the question, and she called it off. She called it off, and so I just kind of fell into a spiral where nothing was good; nothing was right. I just kind of isolated myself, wasn't very social, things like that. She was the only one for me, and so since I couldn't have—since nobody else would love me, why still live? So suicide is the only option.”*

DISCUSSION. There is no one thing that causes suicide, although there are many underlying risk factors and warning signs. (Discuss risk factors and warning signs given in Section 1, Introduction and Overview.) Different types of losses underlie or add to many risk factors. The loss Zach faced was the loss of a significant relationship. (Discuss other types of losses that someone might face such as other types of relationship losses, educational loss, financial loss, loss of esteem or status with others, etc.) The significant thing about loss and other risk factors is to consider how they might add to an overall sense of hopelessness and what might be done to counteract that.

2. What was a big contributor to Zach's depression?

ANSWER. Substance abuse and friends who encouraged Zach to drink contributed to his problems. He states, *“I didn't really have good friends at the time. They all encouraged me to drink. I started drinking heavily. Nobody was really there for encouragement. I just kind of cut myself off from my parents. It really just hit me hard. I didn't know what I was going to do so I just kind of fell apart. I thought about ending it, killing myself, getting it over with.”*

DISCUSSION. There is a strong connection between substance abuse and suicide. In fact, suicide is a leading cause of death among people who abuse alcohol or drugs. According to the Substance Abuse and Mental Health Services Administration, “Compared to the general population, individuals treated for alcohol abuse or dependence are at about ten times greater risk to eventually die by suicide.” SAMHSA also points out “people who

inject drugs are at about fourteen times greater risk for eventual suicide.”

3. What was one of the main things Zach did to combat his depression and suicidal thinking?

ANSWER. He stresses that he had to stop drinking in order to get better. Zach states, *“Sobering up was a big help. It’s a process. You don’t just immediately stop one day, but I mean, it’s a struggle, a battle. I did get a new job, stopped going to parties.”*

DISCUSSION. Sobriety is one of the first steps in suicide prevention. Drugs and alcohol cloud your thinking and make depression worse. So staying away from drugs and alcohol are key to living in a physically and emotionally healthy way. It is also important to know that, like Zach says, “sobering up and sobriety are a process.” The Substance Abuse and Mental Health Services Administration states, “Recovery pathways are highly personalized and non-linear in that they are characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence is an important choice for individuals with addictions. In some cases, these pathways can be enabled by creating a supportive environment, this is especially true for children, who may not have the legal or developmental capacity to set their own course.”

4. What was a second major thing Zach did to help in his recovery?

ANSWER. Zach also stressed how important it was to find new friends who supported him and didn’t bring him down. He says, *“I wouldn’t be the same person I am today without my good friends I have now. Hanging out with one of my friends is one of the greatest things in the world to me. It’s—next to spending time with my family, it’s probably number two. I was depressed and suicidal, but I got better.”*

“If you’re depressed and suicidal, just know there is help and it does work. Call the National Suicide Prevention Lifeline. The number is 1-800-273-TALK or 1-800-273-8255.”

DISCUSSION. It is important to stop going to places you went to when you were drinking or “drugging” and to get new friends. Drinking buddies or “drugging” buddies might easily persuade you to start using alcohol or drugs again. A key lifeline to recovery is reaching out to new friends who are supportive. It is important to have friends who are not involved in substance abuse, but who help you get involved in positive activities. Discuss how someone might reach out to new friends and where and how they might go to strengthen positive friendships.

5. What continues to help Zach be the person in recovery that he is now?

ANSWER. Zach attributes his recovery not only to getting sober and getting new friends, but also to the things he does to stay active and reach out to others. He states, *“That helps a whole lot, you know, getting new friends, friends that are there to support me; getting out and active, doing physical activities, working out, dancing, and then just being a social person with getting out into social settings. My friends are always there to lift me up and make me feel at least a little bit better. They mean the world to me.”*

DISCUSSION. Reaching out and getting involved socially are some of the protective factors that help keep someone from suicidal thinking. Discuss the protective factors listed in Section 1, Introduction and Overview. On the other hand, isolation contributes to depression and can make depression worse. Having a purpose in life and meaningful daily activities provide hope for the future. The Substance Abuse and Mental Health Services Administration emphasizes that recovery emerges from hope. They say, “The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.” Through helping others and giving back to the community, individuals also help themselves. Discuss where and how someone might get involved socially from sports to dancing, music, hobbies, crafts, school extracurricular activities, volunteering, spiritual groups, etc. Relationships and social networks that provide support, friendship, love, and hope can be considered as overall protective factors.

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Music by Explosions in the Sky
“The Only Moment We Were Alone”
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National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255

Please review the general guidelines for showing and using this video series in Section I: Introduction and Overview. *Note that this section is recommended for high school age and above because of the discussion of self-injury, and we recommend that a medical or mental health professional be available for more information.*



Story Overview

Lynzee was a freshman in high school when she noticed another student who looked sad all the time. Her friend had scars all over her chest and up and down her arms and legs. She wondered, "What's stopping her from killing herself?" Despite being nervous, Lynzee told her teacher, and the friend got help. Lynzee points out that we all need to be the person willing to get help for a friend.

Video Transcript:

Lynzee

Be the Person

My name is Lynzee. I'm going to be a junior—I just finished my sophomore year. I think that playing soccer makes me feel important. It doesn't really matter if you're best friends with the person that you're playing with; you know that you can still trust them with anything.

It was my freshman year, so she was a sophomore—we were in geometry together. She used to wear short-sleeve shirts all the time, and then she started wearing long-sleeve shirts with turtlenecks, and then she started talking to one of my other friends. I didn't know what they were talking about at first, and then a couple of weeks later, she was absent. I called her and she didn't answer, and then she came back a week later, and she just wasn't the same. She wasn't happy. She just always looked so sad. She didn't tell me directly, but now I knew what they were talking about. She had scars all over her chest, all up and down her arms, and all up and down on her legs. I was like, "What's stopping her from just killing herself completely?" I went and I told my teacher about it. I was definitely nervous about it because I knew that if I didn't tell him about it that she could be gone forever and everyone could lose her. It wouldn't just be me that would be losing a friend. It would be her mom, her dad, everyone—she could be gone.

About a week after, I went up to him and asked him about it since I hadn't seen her, and I was worried that something else had happened. He told me that she was at a hospital, but I was really happy that she was getting help somewhere, and she was able to be with people she could talk to and who really could understand what she was going through and help her.

The summer coming into this year, she called me and I had no idea who it was. I'd never seen the number before, but it was a 512 number, so I answered it, and she was like "hey Lynzee" and I was like "who is this?" and she told me who it was. I was like, "oh my goodness, how are

you?" And she told me she was doing good and that she'd been home for a couple of months and that everything was going really good at home.

So it didn't only change her, but I guess that kind of put her whole family in check, not just her. The fact that it changed at home too—it didn't just change her, it changed everyone. Even if you yourself feel like there's something going on in your life, don't be afraid to go talk to somebody about it. They're not going to judge you, they're going to try to listen and help you. If you hear somebody talking about it, don't judge them. Be the person that will be there to help them. Don't be the person that will say, "What's wrong with you? You're weird." Don't be that person because if they're thinking about doing this to themselves, they have enough people in their life that will call them the weird person.

If you hear someone talking about suicide or taking their life, don't keep it a secret and don't ignore it. Take all talk of suicide seriously and take action. Tell an adult and get help for a friend. My friend is alive because I reached out to help. Call 1-800-273-TALK or 1-800-273-8255 for the National Suicide Prevention Lifeline.

Questions for Discussion

Always acknowledge the feelings and personal experiences that may prompt your viewers' questions and responses. Experienced trainers and facilitators have noticed that in every group of twenty workshop or video viewers, there tend to be at least one or two people who are dealing with an acute situation, either with themselves, their family, friends, or coworkers. Some sample questions and answers as well as suggestions for discussion facilitation follow. Be aware that it is important to view the video in a small group, have another person available to help with any vulnerable viewers, and have resources for crisis lines and local referrals.

1. Do you know some of the warning signs, risk factors and protective factors for suicide? Can you discuss them?

ANSWER. According to the Suicide Prevention Resource Center (SPRC), "Risk factors are characteristics that make it *more likely* that individuals will consider, attempt, or die by suicide. On the other hand, protective factors are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide. Warning signs are only applicable to individuals, whereas risk and protective factors are found in individuals and communities. In addition, warning signs indicate an immediate risk of suicide, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk."

(Review with viewers the specific list of risk factors, protective factors, warning signs, and responses given in the Introduction and Overview).

DISCUSSION. Discuss the warning signs, risk factors, and protective factors for suicide. Emphasize that suicide is multi-factorial and, although there is no one cause, 90% of those who die by suicide have an underlying mental health or substance abuse condition. For more information and a discussion of the differences between risk factors and warning signs, in addition to information on how protective factors can help save lives, go to *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide* by Dr. Phil Rogers: <http://www.sprc.org/sites/sprc.org/files/library/RandPPprimer.pdf>.

2. What were some of the specific risk factors and warning signs that Lynzee's friend gave her to indicate that she might be at risk for suicide?

ANSWER. Lynzee states, "I called her and she didn't answer, and then she came back a week later, and she just wasn't the same. She wasn't happy. She just always looked so sad. She didn't tell me directly, but now I knew what they were talking about." These observations indicated that Lynzee was aware of some of the underlying risk factors that her friend had, including signs of depression, since she wasn't happy and always looked sad, as well as the self-inflicted cuts on her body.

DISCUSSION. Keep in mind that a person who is suicidal may not communicate directly about how they're feeling or thinking. In fact, as you are speaking with them, they may not have clearly formed thoughts or plans of attempting suicide, but the risk factors that they display may be leading them in that direction. Vague statements or behavior that could allude to suicidal intent (like Lynzee's friend acting different from before, not calling her back, and looking sad all the time) are most likely an invitation on the part of the person for you to ask more questions and refer them to help. It is important to trust your instincts. If you wonder if the person is thinking about suicide, the safest response is to assume that they are and ask more questions, seek more information while you listen non-judgmentally, and refer them to help.

3. What did Lynzee notice about her friend's appearance and how might her changed appearance be related to mental health problems and/or suicidal thoughts and behavior?

ANSWER. As Lynzee noticed, "She used to wear short-sleeve shirts all the time, and then she started wearing long-sleeve shirts with turtlenecks. . . . She had scars all over her chest, all up and down her arms, and all up and down on her legs. I was like, 'What's stopping her from just killing herself completely?'"

Lynzee noticed two things, her friend had changed her dress from wearing short-sleeve shirts to long-sleeve shirts and she had scars all over her chest, arms, and legs. These changes indicated that her friend was likely engaging in self-injurious behavior and cutting herself, which was a clear indication of an underlying mental health problem that had become worse.

DISCUSSION. Her friend's cutting could have been a form of self-mutilation or cutting, where the intention is not to kill oneself, or it could have been direct suicidal behavior. Either way, cutting indicates a problem, and an adult who can provide help needs to be told immediately. Note: the CDC defines this as "Self-directed violence (SDV) encompasses a range of violent behaviors, including acts of fatal and nonfatal suicidal behavior, and non-suicidal intentional self-harm (i.e., behaviors where the intention is not to kill oneself, as in self-mutilation). Information about this issue can found on the web site To Write Love On Her Arms, which states the following: "While self-injury may not be about attempting suicide, (or it may be), the damage done while harming oneself always carries the risk of inflicting serious, and even lethal, regardless of whether suicide is intended or not."

In addition, a recent article (Feb. 2011) published by the *American Academy of Pediatrics*,

“The Scope of Nonsuicidal Self-Injury on YouTube” points out the high rates (14-24% of these types of injuries) among youth. This same article also points out the danger and negative impact of nonsuicidal self-injury materials on YouTube for youth viewers.

4. Should you get help for a friend if they tell you to keep their thoughts of suicide a secret, or if they try to cover up their behavior? Why or why not?

ANSWER. Never keep someone’s discussion or thoughts about suicide or suicidal behavior a secret. Always tell a trusted adult. It would be better to possibly lose a temporary friendship than lose a friend forever through death by suicide. Note that most people who refer someone who is at risk for suicide to help find that the person later appreciates their help and that the friendship is actually strengthened. Someone speaking of suicide in vague way should still be considered very serious, and taking action will eventually be appreciated. Sometimes when people talk of suicide it is like waving a red flag asking for help, because they do not know what to do and how to directly ask for help. Any talk of suicide should be taken seriously. You could end up saving a life.

DISCUSSION. Emphasize the importance of always taking talk of suicide and suicidal behavior seriously and taking action. Emphasize that talk of suicide is one way of “inviting” others to intervene, and can also be a way of reaching out to others to share their emotional pain, or *psychache*. Taking their talk and behavior seriously shows that you care, and it may well save a life.

5. How did Lynzee respond to her friend? Who did she get help from? How did it work out?

ANSWER. Lynzee says, “I went and I told my teacher about it. I was definitely nervous about it because I knew that if I didn’t tell him about it that she could be gone forever and everyone could lose her. It wouldn’t just be me that would be losing a friend. It would be her mom, her dad, everyone—she could be gone.”

Lynzee’s response was to go to a trusted adult, in this case her teacher, for help. After a week, she asked her teacher about her friend. He told her that she was at a hospital, and Lynzee was happy that she was getting help. Later, Lynzee’s friend called her and told her she was doing good and that things were also good for her at home. Lynzee also found out from her friend that getting help not only changed her but it changed things at home for her and her family.

Lynzee also emphasizes the importance of not judging someone who needs help, and not being afraid to go talk to someone if needed. She says, “Be the person that will be there to help them.” She says, “If you hear someone talking about suicide or taking their life, don’t keep it a secret and don’t ignore it. Take all talk of suicide seriously and take action. Tell an adult and get help for a friend. My friend is alive because I reached out to help. Call 1-800-273-TALK or 1-800-273-8255 for the National Suicide Prevention Lifeline.” Focus on the fact that Lynzee’s friend is alive because Lynzee took action, told trusted adults and got help for her friend. Emphasize the Lynzee’s friendship and care and concern was a big “protective factor” for her friend and that her friend later called to tell her she was O.K

Ask viewers to “save a number to save a life” and put the National Suicide Prevention Lifeline

number into their cell phones, 1-800-273-TALK or 1-800-273-8255. Go over local crisis numbers and resources and share how to download the ASK application for Smart Phones: “Download our free suicide prevention App today—ASK! Search under suicide prevention in App Store to get the ASK! About Suicide app to save a life with warning signs, how to ask and hotlines.”

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Story Overview

Marty joined the Marines when he was just 18. After being injured in Iraq, he turned to drinking and pills for pain. Now a veteran with multiple overseas deployments, he sometimes has dreams of his own guys screaming. He got help after he realized that there's no reason to just stop living. His family and his outreach work with other veterans now gives him a purpose, and he says, "Don't give up on yourself."

Video Transcript

Marty

**Don't Give Up
on Yourself**

My name is Marty Gonzalez; I was a sergeant in the Marine Corps. I help out with the Wounded Warrior Project, getting vets together, you know, if they're down. When I first joined, I was eighteen; I came right out of high school. I knew I didn't want to go to college, but I knew I had to do something.

It was very stressful at the time because I knew I was going to Iraq, and I was scared because I was becoming a new father. You know, I didn't want to leave my son orphaned; and then when I found out I was going to Fallujah, I was really, really scared. They've been in war for years, so all they know is, you know, death. But when you heard your own men go down and they were screaming, it really does a number on you. It's really hard because when I dream or when I think of war now, all I hear is my own guys screaming and I couldn't do anything for them.

I was really angry that I got hit, and I felt just like I had let my guys down. And it really bothered me. Nothing I could do—you know, turned to drinking, turned to my pills. You know, I was getting all kinds of pills to sleep, all kinds of pills for pain. Not that I wanted to kill myself, but if I died, I didn't care. You know and I had kids and I just didn't care.

I really wasn't asking for help; help kind of came upon me. It was forced upon me, basically. It was very embarrassing, but at the same time I knew it was necessary, because I had brought it upon myself. I didn't—you know, when people were trying to offer help, I wasn't going to hear it. I didn't need it, you know; in my head I didn't need it. That was for other people, that wasn't me, you know; I was bigger than life.

And you got to reach out sometimes. Not everybody is going to reach out sometimes; not everybody is going to reach out to you. You got to go and realize that something is wrong with

you. You didn't do it alone in the military; you never do it alone in life. You may do some obstacles alone, but you always have your family there, you always have someone there that cares. Step up and just don't give up on yourself, there's no reason to just stop living, there's always a purpose. I have three kids, you know; they're the reason I'm moving now. You know, they give me a purpose to move on and strive on and not give up on myself and they need their daddy.

If you or someone you know is depressed or considering committing suicide, please call the National Suicide Prevention Lifeline at 1-800-273-TALK or 1-800-273-8255. Active military and veterans can press 1 for support from the veteran's crisis line. Help is available and help works. It's up to you—it's your call.

Questions for Discussion

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ANSWER. According to the Suicide Prevention Resource Center (SPRC), "Risk factors are characteristics that make it *more likely* that individuals will consider, attempt, or die by suicide. On the other hand, protective factors are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide. Warning signs are only applicable to individuals, whereas risk and protective factors are found in individuals and communities. In addition, warning signs indicate an immediate risk of suicide, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk."

(Review with viewers the specific list of risk factors, protective factors, warning signs, and responses given in the Introduction and Overview).

DISCUSSION. Discuss the warning signs, risk factors and protective factors for suicide. Emphasize that suicide is multi-factorial and, although there is no one cause, 90% of those who die by suicide have an underlying mental health or substance abuse condition. For more information and a discussion of the differences between risk factors and warning signs and information on how protective factors can help save lives, go to *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide* by Dr. Phil Rogers: <http://www.sprc.org/sites/sprc.org/files/library/RandPPPrimer.pdf>.

2. What were some of the specific risk factors and warning signs that Marty shared indicating that he might be at risk for suicide?

ANSWER. Marty says, "I was really angry that I got hit, and I just felt just like I had let my

guys down. And it really bothered me. Nothing I could do—you know, turned to drinking, turned to my pills. You know, I was getting all kind of pills to sleep, all kinds of pills for pain. Not that I wanted to kill myself, but if I died, I didn't care."

DISCUSSION. When Marty says that if he died, he didn't care, he is acknowledging that he had suicidal ideation. He also talks about having trouble sleeping, having physical pain from his injuries, and his anger at being injured and guilt about letting his guys down. All of these conditions together might mean that he had some form of post-traumatic stress disorder, which is a condition that puts someone at higher risk for suicide. At the same time, he had turned to drinking and to pills, so his substance abuse made the situation even more dangerous. Thinking about suicide, or suicidal ideation, is one of the key warning signs for death by suicide. When you combine that with increased substance abuse, you have the potential for a very lethal situation.

There is a strong connection between substance abuse and suicide. In fact, suicide is a leading cause of death among people who abuse alcohol or drugs. According to the Substance Abuse and Mental Health Services Administration, "Compared to the general population, individuals treated for alcohol abuse or dependence are at about ten times greater risk to eventually die by suicide." SAMHSA also points out "people who inject drugs are at about fourteen times greater risk for eventual suicide."

3. How did Marty get help?

ANSWER. Marty says, "I really wasn't asking for help; help kind of came upon me. It was forced upon me, basically. It was very embarrassing, but at the same time I knew it was necessary because I had brought it upon myself. I didn't—you know, when people were trying to offer help, I wasn't going to hear it. I didn't need it, you know; in my head I didn't need it. That was for other people, that wasn't me, you know; I was bigger than life."

DISCUSSION. Marty did not initially seek out help, but talks about it being "forced" on him. He says that he was embarrassed but also knew that it was necessary. At first he thought that he didn't need help, that it was for other people and not him, because he was "bigger than life."

Many people are embarrassed about getting help for substance abuse, mental illness, or suicide prevention because of perceived stigma. Discuss what stigma is and how it might prevent people from initially seeking help. Also discuss how help-seeking behavior can be discouraged for certain people in certain cultures and how you might work to encourage it. For instance, a campaign from the National Institute of Mental Health stressed that "real men have real depression," seeking to address the fact that some men believe that it is "unmanly" to seek help for depression.

Some educational campaigns for military and veterans stress that you "don't have to do it alone," and that you should "get the help you've earned." The Veteran's Crisis line also stresses the confidential nature of calling to seek help ("It's your call, confidential help for veterans and their families"). Some other educational campaigns for veterans and military talk about "Finding Strength and Hope Together," and "Shoulder to Shoulder: I Will Never Quit on Life," and "Real Warriors, Real Battles, Real Strength," all of which emphasize the strength it takes to reach out for help and the fact that there are others who care.

4. What were some of the things that Marty says give him a purpose in life?

ANSWER. At the beginning of the video, Marty says that he helps out with the Wounded Warrior project, “getting vets together . . . if they’re down.” Marty also states the following: *“Step up and just don’t give up on yourself, there’s no reason to just stop living, there’s always a purpose. I have three kids, you know, they’re the reason I’m moving now. You know, they give me a purpose to move on and strive on and not give up on myself and they need their daddy.”*

DISCUSSION. Marty discusses two main purposes for his life: helping other veterans through the Wounded Warrior project, and being with his family and three children. These might be considered protective factors for suicide. Protective factors can be skills, strengths, or resources that help people deal more effectively with stressful events. They also enhance resilience and help to counterbalance risk factors.

The U.S. Public Health Service lists the following protective factors:

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Ask the group to discuss the skills, strengths or resources they have to help them deal with stressful events in their lives.

5. Question: What does Marty say about reaching out for help?

ANSWER. *“You got to reach out sometimes,” Marty states. “Not everybody is going to reach out sometimes; not everybody is going to reach out to you. You got to go and realize that something is wrong with you. You didn’t do it alone in the military; you never do it alone in life. You may do some obstacles alone, but you always have your family there, you always have someone there that cares.”*

DISCUSSION. Marty stresses that it is important to realize that something is wrong with you and you need to reach out. He emphasizes that you need others in the military and you need others to help you in life, “you never do it alone.” Because of the “rugged individualism” present in much of our culture, especially in Texas, many people mistakenly believe that they have to do it alone and not reach out for help. Marty points out that although you might overcome some obstacles alone, most people need to reach out to someone who cares. Discuss how trying to do it alone can lead to loneliness, isolation and depression and why it is important to reach out for help. Ask the group to whom and where they might go to get help for themselves if needed. Ask everyone in the group to “save a number to save a life” and put the National Suicide Prevention Lifeline number in their cell phones.

If you or someone you know is depressed or considering suicide, please call the national suicide prevention lifeline. At 1-800-273-TALK or 1-800-273-8255. Active military and

veterans can press 1 for support from the veteran's crisis line. Help is available and help works. It's up to you; it's your call.

Acknowledgments

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Texas Suicide Prevention: <http://www.TexasSuicidePrevention.org>

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Resources and Follow-up Information About Suicide Prevention

Texas Sites

Mental Health America of Texas www.Mhatexas.org

Joint Suicide Prevention website from: Mental Health America of Texas, Texas Suicide Prevention Council, and the Texas Department of State Health Services

www.TexasSuicidePrevention.org

Texas Department of State Health Services <http://www.dshs.state.tx.us/mhsa/suicide-prevention/>

TexVet <http://texvet.org/>

National Sites

American Association of Suicidology <http://www.suicidology.org/web/guest>

American Foundation for Suicide Prevention <http://www.afsp.org/>

Centers for Disease Control <http://www.cdc.gov/ViolencePrevention/suicide/index.html>

Military Child Education Coalition <http://www.militarychild.org/>

National Action Alliance for Suicide Prevention <http://actionallianceforsuicideprevention.org/>

National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org/>

Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/prevention>

Suicide Prevention Resource Center <http://www.sprc.org/>

Youth Risk Behavior Surveillance System <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



You can help prevent suicide in your community by knowing how to ask, and knowing where to get help. Download our free **ASK & Prevent Suicide** app today to learn how to identify the warning signs of suicide, ask if someone might need help, and find hotlines and crisis centers in your area. Please visit the links below for more information.

iTunes: <http://itunes.apple.com/us/app/ask-prevent-suicide/id419595716?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.mhatexas.askaboutsucide>

National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255

Please review the general guidelines for showing and using this video series in Section I: Introduction and Overview.



Story Overview

Tawnee met her husband, Marty, at a retreat for retired combat veterans. Right after she met him, one of his Marines died by suicide. She says, "Being married to a combat veteran is not a walk in the park." Tawnee stresses the importance of communication to help you deal with challenges. She urges others to reach out for help and says, "your family and your loved ones would rather you choose life."

Video Transcript

Tawnee

Choose Life

My name is Tawnee Gonzalez and I met my husband in Florida. I was volunteering at a retreat for combat veterans. He did let his guard down—he told me a lot of what had happened to him over in Iraq. You know, I think that's helped our relationship in the long run—him opening up to me—and so I know what he's going through.

Being married to a combat veteran is not a walk in the park. I mean, there's challenges every day, and so talking to other wives and finding out that we're not alone and we're all dealing with them the same. We have to understand each other, and them being in war, that's a huge part of who they are and that's something that they're going to carry with them forever, so understanding that I think is really important.

I know they might give us the G-rated version of what really happened, but to actually open up and be vulnerable and talk about what happened, it doesn't show weakness. I think it shows great strength to be able to open up and talk about what you've been through so others can learn from it or benefit from it. As a wife, it's easier for me, because I know things that might trigger him, or things that might upset him, or something that might make things a little bit worse. By understanding that better, it makes things a lot better between us.

As hard as it might be for you, get out of your house. Get up off the couch, get out of your room, go out and be around other people, because I strongly feel that no matter how dark your days get, there's always going to be a brighter side. Whatever you're going through, you will get through it and you will come out ahead.

Right after I met Marty, one of his marines committed suicide. That's something we're trying to keep from happening because so many service members unfortunately commit suicide—I think

it's 18 a day or something like that commit suicide. That number is really alarming; that's why I hope that people will go get help if you need it.

There's nothing wrong with saying that you need help or if you need to get on a medication to get through your depression. It doesn't mean that you're weak, it doesn't mean that there's something wrong with you, it just means that you need help. There's nothing wrong with saying that you need help. Your family and your loved ones would rather you choose life and to be there and overcome whatever it is that you think is too much and that you can't handle it and, you know, get through it together. Don't isolate yourself, because there's people out there that do care and do love you and will help you—even people you might not know; they will help you.

If you or someone you know is depressed or considering suicide, please call the National Suicide Prevention Lifeline at 1-800-273-TALK or 1-800-273-8255. Active military and veterans can press 1 for support from the Veterans Crisis Line. Help is available and help works—it's your call.

Questions for Discussion

Always acknowledge the feelings and personal experiences that may prompt your viewers' questions and responses. Experienced trainers and facilitators have noticed that in every group of twenty workshop or video viewers, there tend to be at least one or two people who are dealing with an acute situation, either with themselves, their family, friends, or coworkers. Some sample questions and answers as well as suggestions for discussion facilitation follow. Be aware that it is important to view the video in a small group, have another person available to help with any vulnerable viewers, and have resources for crisis lines and local referrals.

1. Do you know some of the warning signs, risk factors and protective factors for suicide? Can you discuss them?

ANSWER. According to the Suicide Prevention Resource Center, (SPRC), “Risk factors are characteristics that make it *more likely* that individuals will consider, attempt, or die by suicide. On the other hand, protective factors are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide. Warning signs are only applicable to individuals, whereas risk and protective factors are found in individuals and communities. In addition, warning signs indicate an immediate risk of suicide, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk.”

(Review with viewers the specific list of risk factors, protective factors, warning signs and responses given in the Introduction and Overview).

DISCUSSION. Discuss the warning signs, risk factors, and protective factors for suicide. Emphasize that suicide is multi-factorial and, although there is no one cause, 90% of those who die by suicide have an underlying mental health or substance abuse condition. For more information and a discussion of the differences between risk factors and warning signs and information on how protective factors can help save lives, go to *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide* by Dr. Phil Rogers: <http://www.sprc.org/sites/sprc.org/files/library/RandPPrimer.pdf>.

2. How did Tawnee say that Marty was affected by suicide?

ANSWER. Tawnee states, “Right after I met Marty, one of his marines committed suicide. That’s something we’re trying to keep from happening because so many service members unfortunately commit suicide—I think it’s eighteen a day or something like that commit suicide. That number is really alarming, that’s why I hope that people will go get help if you need it.”

DISCUSSION. Marty is an example of someone who is sometimes called a “survivor” of the loss or death of someone he cares about (family, friend, coworker) who has died by suicide, or someone who is “bereaved” by the loss of a family member, friend, or coworker who has died by suicide. Research indicates that those who have been affected by the loss of someone close to them who died by suicide may be at increased risk for suicide themselves. In addition, Tawnee points out that, right now, soldiers and veterans are at increased risk for dying by suicide. (The number she uses is not exactly correct, but it is a high number for both members of the military and veterans, and varies from month to month.) Considering this, she stresses the importance of reaching out for help.

3. Why do you think that it might be hard to be married to a combat veteran or to be in a combat veteran’s family? What did Tawnee say about the challenges of being a combat veteran’s wife?

ANSWER. Tawnee notes the following: “Being married to a combat veteran is not a walk in the park. I mean, there’s challenges every day, and so talking to other wives and finding out that we’re not alone and we’re all dealing with them the same. We have to understand each other, and them being in war, that’s a huge part of who they are and that’s something that they’re going to carry with them forever, so understanding that, I think, is really important.”

DISCUSSION. Someone in a combat zone is exposed to more trauma than you would normally be exposed to, and that trauma can have some lasting effects if not addressed. This is why Tawnee says that it is important to understand each other and understand something about what they went through being in a war zone.

4. Why do you think that Tawnee stresses the importance of communication? What types of things do you believe foster better communication between individuals, whether they are in a family, a school, or in a community?

ANSWER. Tawnee knows that without communication, there can be no real understanding. She stresses that it takes real strength to have the courage to open up and be vulnerable in honest and open communication. She points out, “I know they might give us the G-rated version of what really happened, but to actually open up and be vulnerable and talk about what happened, it doesn’t show weakness. I think it shows great strength to be able to open up and talk about what you’ve been through so others can learn from it or benefit from it. As a wife, it’s easier for me because I know things that might trigger him, or things that might upset him, or something that might make things a little bit worse. By understanding that better, it makes things a lot better between us.”

DISCUSSION. “Communication,” states Wikipedia, “is a process by which meaning is assigned and conveyed in an attempt to create shared understanding. This process, which requires a vast repertoire of skills in interpersonal processing, listening, observing, speaking, questioning, analyzing, gestures, and evaluating enables collaboration and cooperation.” Healthy communication skills can strengthen relationships and reduce stress and help to prevent conflicts in families and communities.

5. What advice does Tawnee have for veterans and for reaching out for help?

ANSWER. Tawnee states the following:

There’s nothing wrong with saying that you need help or if you need to get on a medication to get through your depression. It doesn’t mean that you’re weak, it doesn’t mean that there’s something wrong with you, it just means that you need help.

There’s nothing wrong with saying that you need help. Your family and your loved ones would rather you choose life and to be there and overcome whatever it is that you think is too much and that you can’t handle it and, you know, get through it together. Don’t isolate yourself, because there’s people out there that do care and do love you and will help you- even people you might not know.

DISCUSSION. Tawnee stresses the importance of reaching out for help and choosing life. She also has sound advice about not isolating oneself and reaching out to others who can help. Ask the group whom they might reach out to if they needed help.

Ask the group to “save a number to save a life,” and put the National Suicide Prevention Lifeline number in their cell phone. Discuss Tawnee’s advice and when someone might need to make a call to the Lifeline. “If you or someone you know is depressed or considering suicide, please call the National Suicide Prevention Lifeline at 1-800-273-TALK or 1-800-273-8255. Active military and veterans can press 1 for support from the Veterans Crisis Line. Help is available and help works—it’s your call.”

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 National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org/>
 Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/prevention>
 Suicide Prevention Resource Center <http://www.sprc.org/>
 Youth Risk Behavior Surveillance System <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



You can help prevent suicide in your community by knowing how to ask, and knowing where to get help. Download our free **ASK & Prevent Suicide** app today to learn how to identify the warning signs of suicide, ask if someone might need help, and find hotlines and crisis centers in your area. Please visit the links below for more information.

iTunes: <http://itunes.apple.com/us/app/ask-prevent-suicide/id419595716?mt=8>
 Android: <https://play.google.com/store/apps/details?id=com.mhatexas.askaboutsuiicide>

National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255

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Story Overview

When he was 17, Alejandro (Alex) learned to “rebuild from the inside” at Marine Corps boot camp. After multiple deployments and losing both of his legs when his Humvee was blown up, he turned to alcohol to “escape from reality, and nightmares and dreams.” He realized that he was not only hurting himself but his family as well. He got help and is now helping others.

Video Transcript

Alejandro

Rebuilding from Inside

[Some quotes are in Spanish] *My name is Alejandro Del Rio. I work as a SERE* instructor. Still teaching for the military. What I like to do is pretty much spend time with my family now that I'm home, and be a father. Almost every single male in my mom's side of family served since World War II, so it was more of a tradition. My seventeenth birthday, I kind of forced my parents to enlist me into Marine Corps, and then I left right afterwards to boot camp. I think I was the youngest guy in the company.*

It was a little different; there were a lot of older people, but their main focus was rebuilding from the inside out. That was my calling.

Being on missions, on teams, small unit teams, working as a family, as a unit, I lost friends along the way. We had what is called a double stack, anti-attack line; while everyone else was blown out of the Humvee, I was the only one that was still conscious.

[Spanish captions begin]

When the explosion happened, at this time, I had a good friend who was dying. I heard him moving a little and I started . . . I went to help him and I stayed there by his side. He died in my arms.

[Spanish captions end]

And when I was in the hospital injured, I think I just had a lot—well you know multiple deployments in school, being injured as well, and frustrated, not being able to be out there with my boys, I started drinking a lot more. You know, knowing that alcoholism plays on both sides of the family—that was kind of like I said, my avenue of escape from reality and my nightmares and my dreams, and just remembering things.

* Survival, Evasion, Resistance, and Escape.

[Spanish captions begin]

The ones that saved my life were my daughter, my wife, and my mother. We started talking and they told me that I should stop drinking so much because it was affecting the situation. At that time since I was injured, I was taking lots of medicine and drinking alcohol. I was vomiting blood. Looking at their faces, seeing how my drinking was affecting them, at that time, I thought, I need to stop drinking so much. It's not for me, but also for my family.

[Spanish captions end]

I know in the Marine Corps they always tell you to suck it up—you know, endure the suck—but I think I would tell a lot of people that they have to come to terms for themselves, you know, and know they aren't just hurting themselves, they're hurting their family members and that's the one thing they should never hurt is their family. Watching my daughter grow up, being in her life finally, now watching her grow up and grow into a young woman, having my wife, being around family, I knew everything was going to be okay.

If you or someone you know is depressed or considering committing suicide, please call the National Suicide Prevention Lifeline at 1-800-273-TALK or 1-800-273-8255. Active military and veterans can press 1 for support from the veteran's crisis line. Help is available and help works. It's up to you; it's your call.

Questions for Discussion

Always acknowledge the feelings and personal experiences that may prompt your viewers' questions and responses. Experienced trainers and facilitators have noticed that in every group of twenty workshop or video viewers, there tend to be at least one or two people who are dealing with an acute situation, either with themselves, their family, friends, or coworkers. Some sample questions and answers as well as suggestions for discussion facilitation follow. Be aware that it is important to view the video in a small group, have another person available to help with any vulnerable viewers, and have resources for crisis lines and local referrals.

1. **Why did Alejandro (Alex) join the military? How old was he when he joined? What do you think it was like for him as a teenager in the military? What do you think he means when he says he learned to rebuild from the inside out?**

ANSWER. Alex states, "Almost every single male in my mom's side of family served since World War II, so it was more of a tradition. My seventeenth birthday, I kind of forced my parents to enlist me into Marine Corps, and then I left right afterwards to boot camp. I think I was the youngest guy in the company. It was a little different; there were a lot of older people, but their main focus was rebuilding from the inside out. That was my calling."

DISCUSSION. It was a strong tradition in Alex's family to join the military. He joined the Marines when he was 17 and left immediately for boot camp. As the youngest guy in his company, it must have been difficult for him to go from his family and the relative freedom of high school to strict schedules and military discipline. He points out that he felt it was "his calling," so he had a sense of higher purpose that strengthened him during this time period.

When he says that the military's main focus was "rebuilding from the inside out," he may have been talking about his boot camp experience, where recruits are trained to rebuild themselves not only physically but emotionally so that they have skills to work in tight teams as well as inner strength to withstand the rigors of war.

2. How was Alex injured? What can you tell from the video about both his physical and emotional injuries?

ANSWER. Alex states, *"We had what is called a double stack, anti-attack line; while everyone else was blown out of the Humvee, I was the only one that was still conscious. Alex obviously lost his legs in the attack since the video shows him walking with prostheses on both legs.*

Alex also talks about his emotions after being injured *in the following passage: "And when I was in the hospital injured, I think I just had a lot—well you know, multiple deployments, in school, being injured as well, and frustrated, not being able to be out there with my boys, I started drinking a lot more. You know, knowing that alcoholism plays on both sides of the family—kind of like I said, I had my escape from reality and my nightmares and my dreams and just remembering things."*

DISCUSSION. The video points out that Alex was a wounded warrior, who had to cope with both physical and emotional injuries. He not only lost both his legs in an attack on his Humvee, he also was left with the frustrations after the injury of not being able to be with and support his fellow Marines. He talks about needing to escape from the reality of multiple deployments and the "nightmares and dreams of just remembering things." Alex, like many wounded warriors, may have had some symptoms of PTSD or post-traumatic stress disorder. He also turned to alcohol and substance abuse and implies that there is a history of substance abuse on both sides of his family. PTSD and substance abuse put individuals at higher risk for suicide, and it is imperative that they seek help.

There is a strong connection between substance abuse and suicide. In fact, suicide is a leading cause of death among people who abuse alcohol or drugs. According to the Substance Abuse and Mental Health Services Administration, "Compared to the general population, individuals treated for alcohol abuse or dependence are at about ten times greater risk to eventually die by suicide." With these risk factors, it is important for others to offer help, and for the individuals themselves to seek help. Remember: Help is available and help works.

3. What happened in the Humvee? Do you think that Alex is likely to have what is sometimes called "survivor's guilt"? How might this contribute to suicide risk?

ANSWER. In the video, Alex points out the following: "while everyone else was blown out of the Humvee, I was the only one that was still conscious." Then, in Spanish, he says with more emotion, "When the explosion happened, at this time, I had a good friend who was dying. I heard him moving a little and I started . . . I went to help him and I stayed there by his side. He died in my arms."

DISCUSSION. From the video, we are left with the impression that Alex may have been one of the only, if not the only, person who was left alive after the attack on his Humvee. He

also had a good friend who died in his arms. Survivors of a trauma, like the attack on the Humvee where an individual is one of the only people to survive, are often left with a type of guilt called “survivor guilt.”

The Wounded Warrior web site (<http://restorewarriors.org/online-help/loss/survivor-guilt.aspx>) has more information about this common post deployment condition:

When warriors are killed during a deployment, it is not unusual for the surviving members of the unit to experience survivor guilt. Survivors may ask ‘*Why not me instead? Why was I spared?*’ They may blame themselves and feel like they should have done something to make sure the loss didn't happen.

When these ways of seeing loss consume the survivor, he or she is experiencing something called survivor guilt. People with survivor guilt may feel they don't have the right to go on living when others have died, or they're less deserving of a happy and successful life.

Veterans who hold themselves responsible for the death of someone close to them suffer the most survivor guilt. They believe there was some way they could have controlled all the decisions and events that led to the death. This belief can be hard to shake. . . .

It can be hard for veterans to admit they *really were helpless* in the situation, or they did the best they could given what they knew at the time and the circumstances surrounding the event.

When Veterans have survivor guilt they may be at risk for depression and suicide and need to seek help.

4. Who does Alex credit with saving his life, and what advice does he have for others?

ANSWER. In Spanish, Alex speaks with emotion when he says, “*The ones that saved my life were my daughter, my wife, and my mother. We started talking and they told me that I should stop drinking so much because it was affecting the situation. . . . Looking at their faces, seeing how my drinking was affecting them, at that time, I thought, I need to stop drinking so much. It's not for me, but also for my family.*”

DISCUSSION. Alex has strong protective factors with his daughter, his wife, his mother, and his family, which help to give him resiliency and buffer him from stress. He says, “*I think I would tell a lot of people that they have to come to terms for themselves, you know, and know they aren't just hurting themselves but hurting their family members and that's the one thing they should never hurt is their family. Watching my daughter grow up, being in her life finally, now watching her grow up and grow into a young woman, having my wife, being around family, I knew everything was going to be okay.*”

Discuss some of the people, places, and things that help to give individuals in the group a sense of purpose and help to buffer them from stress.

The U.S. Public Health Service lists the following protective factors:

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships

- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Alex's advice is, "If you or someone you know is depressed or considering committing suicide, please call the national suicide prevention lifeline. At 1-800-273-TALK or 1-800-273-8255. Active military and veterans can press 1 for support from the veteran's crisis line. Help is available and help works. It's up to you—it's your call.

Discuss how and when group members might call the National Suicide Prevention Lifeline and ask them to put the number in their cell phones.

Acknowledgments

Mental Health America of Texas: <http://mhatexas.org>

Texas Suicide Prevention: <http://www.TexasSuicidePrevention.org>

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Resources and Follow-up Information About Suicide Prevention

Texas Sites

Mental Health America of Texas www.Mhatexas.org

Joint Suicide Prevention website from: Mental Health America of Texas, Texas Suicide Prevention Council, and the Texas Department of State Health Services

www.TexasSuicidePrevention.org

Texas Department of State Health Services <http://www.dshs.state.tx.us/mhsa/suicide-prevention/>

TexVet <http://texvet.org/>

National Sites

American Association of Suicidology <http://www.suicidology.org/web/guest>

American Foundation for Suicide Prevention <http://www.afsp.org/>

Centers for Disease Control <http://www.cdc.gov/ViolencePrevention/suicide/index.html>

Military Child Education Coalition <http://www.militarychild.org/>

National Action Alliance for Suicide Prevention <http://actionallianceforsuicideprevention.org/>

National Suicide Prevention Lifeline <http://www.suicidepreventionlifeline.org/>

Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/prevention>
Suicide Prevention Resource Center <http://www.sprc.org/>
Youth Risk Behavior Surveillance System <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



You can help prevent suicide in your community by knowing how to ask, and knowing where to get help. Download our free **ASK & Prevent Suicide** app today to learn how to identify the warning signs of suicide, ask if someone might need help, and find hotlines and crisis centers in your area. Please visit the links below for more information.

iTunes: <http://itunes.apple.com/us/app/ask-prevent-suicide/id419595716?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.mhatexas.askaboutsucide>

National Suicide Prevention Lifeline: 1-800-273-TALK or 1-800-273-8255