



Offer Hope to Prevent a Tragic Loss of Life.

1-800-273-8255 National Suicide Prevention Lifeline. Please store this number in your cell phone for an emergency.

What Can You Do When You Hear Suicidal Language Or Behavior?

1. **ASK** about suicide.
2. **Seek** more information and keep safe.
3. **Know** where and how to refer (take action).

ASK About Suicide

- * Indirect - Sometimes when people are sad, as you are, they think about suicide. Have you ever thought about it? Do you want to go to bed and never wake up?
- * Direct - Have you thought about suicide? Do you want to kill yourself? Are you thinking about suicide?
- * Always ASK – it is the most important step. If you cannot do it, find someone who can.
- * Do not make judgmental remarks or inferences – people will just stop talking to you.

Seek More Information

- * Seek a private area to talk. Seek to establish a relationship. Comment on what you see and observe non-judgmentally. Be curious about their perceived problem, find out how long they've thought about suicide, if they've attempted suicide in the past and if they tried to get help.
- * Seek to find out if they are at immediate high risk of suicide (have a plan) (rehearsing it in their mind) and/or (have a gun, access to pills or other means.) Take immediate steps to limit access to means and assure safety if needed. Be sure to be aware of your own non-verbal reactions and tone of voice.
- * Help ensure the person's safety and/or help them start to implement a safety plan – a list of people they can call when feeling suicidal. Find out who and where they normally go to for help (family, friends, faith leader, neighbor, roommate, girl/boy friend). Find out if they have a regular doctor, mental health provider or counselor.

Know How And Where To Refer

- * Know where to refer nationally, in Texas and in your area, your school, or your community.
- * National Suicide Prevention Lifeline **1-800-273-8255**. Save this number to save a life.
- * Texas Crisis Lines: All Local Mental Health Authorities (LMHAs) in Texas are required to be certified by the American Association of Suicidology. To find the LMHA crisis line in your area:
 - Search the DSHS/HHSC website for "crisis hotlines" at: <http://dshs.texas.gov/mhsa-crisishotline>.
 - Download the ASK about Suicide to Save a Life App in iTunes or the Google Play Store.
 - Search crisis lines at TexasSuicidePrevention.org.
- * Other Local resources – 911, hospitals, law enforcement, mobile outreach crisis teams.
- * With an immediate risk of suicide, call 911, your local (or campus) police or sheriff, your mobile crisis outreach team, or take the person to the nearest hospital emergency room.

Suicide in Texas

- * There are more than 3,000 suicide deaths in Texas a year - most years, there are about 1-1/2 times more suicide deaths than homicides, averaging almost 8 a day.
- * 2nd leading cause of death among older teens, college age youth and young adults.
- * 3rd leading cause of death among young teens (10-14 years).
- * Highest rates (numbers per 100,000 population) is in seniors and middle ages.

What do we know about suicide?

- * Although there is no one cause, 90% of those who die by suicide have an underlying mental health or substance abuse condition with the most common condition being depression. It affects nearly 20% of those with bipolar disorder and 15% of those with schizophrenia.
- * While more males die by suicide, more females attempt suicide.
- * Some of the highest death rates (numbers per 100,000 population) are in native American population and adult white males.
- * In Texas, some of the highest self-reported attempts are Latina (female) teens.
- * African-American females have some of the lowest suicide death rates.

(Data from suicidology.org, WISQARS, and <http://soupfindth.state.tx.us/cgi-bin/death>)

Suicide is Preventable: ASK

Risk Factors: Mental And Addictive Disorders, Social-Cultural, Environmental

- * Mental and addictive disorders, often co-occurring, are the greatest risk factors for suicide with unipolar depression, bipolar disorder, and schizophrenia having the strongest association with suicidal behavior.
- * Environmental risk factors include: loss of job, financial loss, loss of relationship, easy access to lethal means, and exposure to clusters of suicide.
- * Social-Cultural risk factors can include isolation and lack of social support, mental health stigma which may discourage help seeking behavior, and barriers to health and mental health care or cultural or religious beliefs which normalize suicide.

Protective Factors Can Act As A Safety Net

Protective factors are positive conditions, personal and social resources that promote resiliency and reduce the potential for suicide as well as other high risk factors.

Acute Risk – Take Immediate Action, Keep Safe, Do Not Leave An At Risk Person Alone

Acute risk for suicide can include the following warning signs:

- * Talking or writing about death, dying or suicide.
- * Threatening or talking about killing oneself.
- * Looking for ways to kill oneself by seeking access to lethal means such as medication or firearms.
- * With immediate (or acute) risk: Call 911 or seek immediate help from your health or mental health provider; contact your mobile crisis outreach team, or go to the nearest hospital emergency room.

Chronic Or Moderate Risk - Take All Signs Seriously and Refer to a Health or Mental Health Professional

- * 5 Main Feelings: no reason for living; feeling trapped; hopelessness; dramatic mood changes (high or low); anxiety or agitation.
- * 5 Main Behaviors: increased substance abuse; withdrawal from friends, family, society; rage, anger, revenge; reckless or risk activities; unable to sleep or sleeping all the time.
- * Also there is often a perceived sense of “burdensomeness” or feeling that their life would be a burden to others.

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