

WARNING SIGNS

Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do:

talk | If a person talks about:

- Being a burden to others
- Feeling trapped
- Experiencing unbearable pain
- Having no reason to live
- Killing themselves

behavior | Specific things to look out for include:

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression

mood | People who are considering suicide often display one or more of the following moods:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

RISK FACTORS

Characteristics or conditions that increase the chance that a person may try to take their life:

health factors

- Mental health conditions

- Depression
- Bipolar (manic-depressive) disorder
- Schizophrenia
- Borderline or antisocial personality disorder
- Conduct disorder
- Psychotic disorders, or psychotic symptoms in the context of any disorder
- Anxiety disorders
- Substance abuse disorders
- Serious or chronic health condition and/or pain

environmental factors

- Stressful life events which may include a death, divorce, or job loss
- Prolonged stress factors which may include harassment, bullying, relationship problems, and unemployment
- Access to lethal means including firearms and drugs
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

historical factors

- Previous suicide attempts
- Family history of suicide attempts

Common Misconceptions about Suicide

FALSE: People who talk about suicide won't really do it.

Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," — no matter how casually or jokingly said, may indicate serious suicidal feelings.

FALSE: Anyone who tries to kill him/herself must be crazy.

Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

FALSE: If a person is determined to kill him/herself, nothing is going to stop them.

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

FALSE: People who commit suicide are people who were unwilling to seek help.

Studies of suicide victims have shown that more than half had sought medical help in the six months prior to their deaths.

FALSE: Talking about suicide may give someone the idea.

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true—bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Source: *SAVE – Suicide Awareness Voices of Education*

If you See the Warning Signs of Suicide

Begin a dialogue by asking questions. Suicidal thoughts are common with some mental illnesses and your willingness to talk about it in a non-judgmental, non-confrontational way can be the help a person needs to seeking professional help.

Questions okay to ask:

- "Do you ever feel so badly that you think about suicide?"
- "Do you have a plan to commit suicide or take your life?"
- "Have you thought about when you would do it (today, tomorrow, next week)?"
- "Have you thought about what method you would use?"

Asking these questions will help you to determine if your friend or family members is in immediate danger, and get help if needed. A suicidal person should see a doctor or mental health professional immediately. Calling 911 or going to a hospital emergency room are also good options to prevent a tragic suicide attempt or death. Calling the National Lifeline at 1-800-273-TALK (8255) is also a resource for you or the person you care about for help. Remember, always take thoughts of or plans for suicide seriously.

Never keep a plan for suicide a secret. Don't worry about risking a friendship if you truly feel a life is in danger. You have bigger things to worry about—someone's life might be in danger! It is better to lose a relationship from violating a confidence than it is to go to a funeral. And most of the time they will come back and thank you for saving their life.

Don't try to minimize problems or shame a person into changing their mind. Your opinion of a person's situation is irrelevant. Trying to convince a person suffering with a mental illness that it's not that bad, or that they have everything to live for may only increase their feelings of guilt and hopelessness. Reassure them that help is available, that what they are experiencing is treatable, and that suicidal feelings are temporary. Life can get better!

If you feel the person isn't in immediate danger, acknowledge the pain is legitimate and offer to work together to get help. Make sure you follow through. This is one instance where you must be tenacious in your follow-up. Help find a doctor or a mental health professional, participate in making the first phone call, or go along to the first appointment. If you're in a position to help, don't assume that your persistence is unwanted or intrusive. Risking your feelings to help save a life is a risk worth taking.

If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. **Those at the highest risk for committing suicide in the near future have a specific suicide PLAN, the MEANS to carry out the plan, a TIME SET for doing it, and an INTENTION to do it.**

The following questions can help you assess the immediate risk for suicide:

- Do you have a suicide plan? (PLAN)
- Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
- Do you know when you would do it? (TIME SET)
- Do you intend to commit suicide? (INTENTION)

**** If a suicide attempt seems imminent, call a local crisis center, dial 911, or take the person to an emergency room. Remove guns, drugs, knives, and other potentially lethal objects from the vicinity but *do not, under any circumstances, leave a suicidal person alone.* ****

Helping a Suicidal Person

Get professional help.

Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.

Follow-up on treatment.

If the doctor prescribes medication, make sure your friend or loved one takes it as directed. Be aware of possible side effects and be sure to notify the physician if the person seems to be getting worse. It often takes time and persistence to find the medication or therapy that's right for a particular person.

Be proactive.

Those contemplating suicide often don't believe they can be helped, so you may have to be more proactive at offering assistance. Saying, "Call me if you need anything" is too vague. Don't wait for the person to call you or even to return your calls. Drop by, call again, invite the person out.

Encourage positive lifestyle changes.

A healthy diet, plenty of sleep, and getting out in the sun or into nature for at least 30 minutes each day. Exercise is also extremely important as it releases endorphins, relieves stress, and promotes emotional well-being.

Make a safety plan.

Help the person develop a set of steps he or she promises to follow during a suicidal crisis. It should identify any triggers that may lead to a suicidal crisis, such as an anniversary of a loss, alcohol, or stress from relationships. Also include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.

Remove potential means of suicide.

Items such as pills, knives, razors, or firearms must be removed. If the person is likely to take an overdose, keep medications locked away or give out only as the person needs them.

Continue your support over the long haul.

Even after the immediate suicidal crisis has passed, stay in touch with the person, periodically checking in or dropping by. Your support is vital to ensure your friend or loved one remains on the recovery track.

Jason Flatt Act

The Jason Flatt Act is the most comprehensive suicide prevention law in the country requiring educators to have training in youth suicide awareness and prevention. In 2007, The Jason Flatt Act was first passed in Tennessee. It required all educators in the state to complete 2 hours of youth suicide awareness and prevention training each year in order to be licensed to teach in Tennessee. This was soon followed by Louisiana and California in 2008. The Jason Flatt Act has now been passed in 19 states including Alabama.

In all 19 states, The Jason Flatt Act has been supported by the state's Department of Education and the state's Teachers' Association which points to the value seen in such preventative training.

SOURCE: The Jason Foundation

Governor Robert Bentley signed The Jason Flatt Act 2016-310 on May 10, 2016, which requires all K-12 public schools to establish a policy, staff training program, student curriculum, and list of resources for suicide prevention services.

