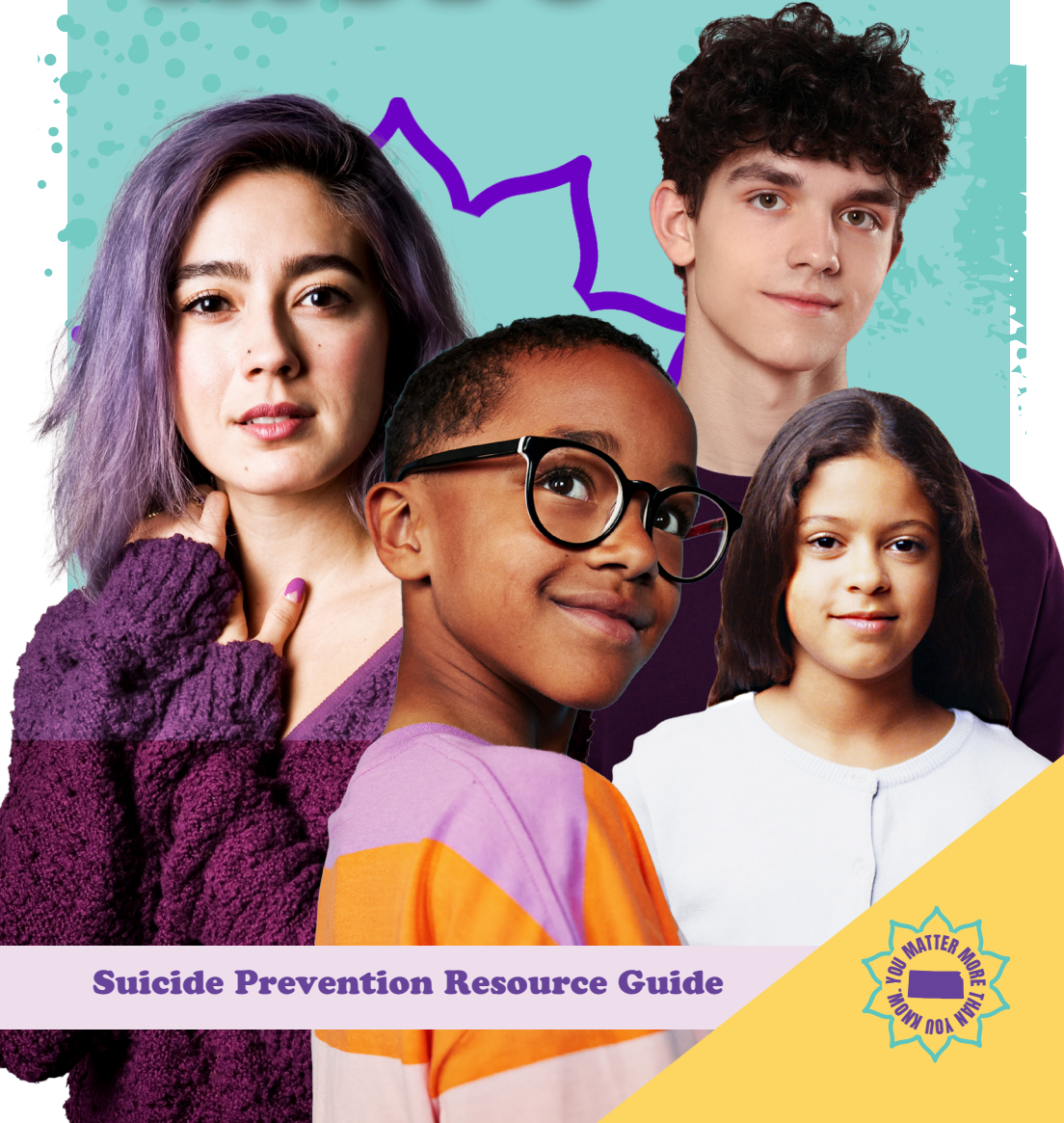


You matter more than you know



Suicide Prevention Resource Guide





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Risk Factors

Suicide is rarely caused by one circumstance or event; many factors impact suicide risk. Suicide prevention seeks to reduce the factors that increase suicide risk while increasing the factors that protect people from suicide.

Health, environmental and historical conditions can have an impact at the individual, relationship, community, and societal level.

Risk factors are characteristics, circumstances, or conditions that increase suicide risk.

INDIVIDUAL RISK FACTORS

These personal factors contribute to risk:

- Previous suicide attempt(s)
- History of depression, anxiety, and other mental health conditions
- Serious illness/physical health conditions, including chronic pain and traumatic brain injury
- Stressful life events, like rejection, divorce, financial crisis, legal problems, job/financial problems, other life transitions, or loss
- Impulsive tendencies
- Personality traits of aggression, mood changes, and poor relationships
- Substance misuse and abuse
- Current or prior history of adverse childhood experiences (such as abuse, neglect, and/or trauma)
- Sense of hopelessness
- Violence victimization and/or perpetration

RELATIONSHIP RISK FACTORS

These harmful or hurtful experiences within relationships contribute to risk:

- Prolonged stress, such as harassment, bullying, relationship problems, or unemployment
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation



Risk Factors

COMMUNITY RISK FACTORS

These challenging issues within a person's community contribute to risk:

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

SOCIETAL RISK FACTORS

These cultural and environmental factors within the larger society contribute to risk:

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide
- Unsafe media portrayals of suicide

RISK FACTORS CAN VARY ACROSS GROUPS

Risk factors can vary by age group, culture, sex, and other characteristics.

- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts.
- For men in their middle years, stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as important risk factors.

Protective Factors

Characteristics, circumstances, or conditions that protect against suicide risk.

INDIVIDUAL PROTECTIVE FACTORS

These personal factors protect against suicide risk:

- Effective coping and problem-solving skills
- Other life skills, including the ability to adapt to change
- Reasons for living (for example, family, friends, pets, etc.)
- Being proactive about mental health
- Self-esteem and a sense of purpose or meaning in life
- Strong sense of cultural identity

RELATIONSHIP PROTECTIVE FACTORS

These healthy relationship experiences protect against suicide risk:

- Support from partners, friends, and family
- Feeling connected to others

COMMUNITY PROTECTIVE FACTORS

These supportive community experiences protect against suicide risk:

- Feeling connected to school, community, and other social institutions
- Availability of consistent, effective, and high-quality physical and behavioral healthcare

SOCIETAL PROTECTIVE FACTORS

These cultural and environmental factors within the larger society protect against suicide risk:

- Reduced access to lethal means
- Cultural and religious beliefs that encourage connecting and help-seeking, discourage suicidal behavior, or create a strong sense of purpose or self-esteem

Warning Signs of Suicide

People who are considering suicide may show signs that they are thinking about or planning to attempt suicide.

Most people exhibit one or more warning signs, either through what they say or what they do.

This could be a change in behavior or the presence of entirely new behaviors. Concern may be higher if the new or changed behavior is related to a painful event, loss, or change.

Warning signs that someone may be at risk for attempting suicide include:

AT RISK COMMUNICATION

If a person talks about:

- Wanting to die or wanting to kill themselves
- Feeling empty, worthless, and/or hopeless
- Being a burden to others
- Feeling trapped or feeling there are no solutions
- Feeling unbearable emotional or physical pain
- Having no reason to live
- Talking or posting about wanting to die
- Talking/Thinking about death or a recent fascination with death

SIGNS OF MOOD CHANGES

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

- Displaying extreme mood swings
- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden improvement

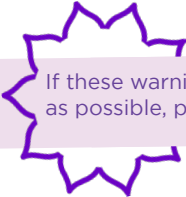
Warning Signs of Suicide

People who are considering suicide may show signs that they are thinking about or planning to attempt suicide.

BEHAVIOR

Behaviors that may signal risk, especially if related to a painful event, loss, or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities and/or community
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression/Rage
- Fatigue
- Taking great risks that could lead to death
- Displaying emotional distress
- Changes in eating and/or sleeping patterns
- Losing interest in personal appearance or hygiene
- Becoming violent or being a victim of violence
- Looking for a way to access lethal means
- Making plans for suicide
- Talking about feeling great guilt or shame
- Putting affairs in order, such as making a will



If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

Postvention & Lethal Means

POSTVENTION

What is postvention?

The period following a suicide loss, attempt, or crisis is crucial to the health and well being of individuals impacted by the suicide. Postvention is organized response in the aftermath of a suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss
- To mitigate other negative effects of exposure to suicide including mental health issues and social isolation
- To prevent suicide among people who are at increased/high risk after exposure to suicide

Keep in mind: Everyone grieves differently. Some people may experience short-term reactions, while others may have long-term responses.

- Provide support and guidance for friends and family members of the bereaved.



Suicide Prevention Resource Center (SPRC)

you're **not**
replaceable,
 **not even close**

Postvention & Lethal Means

LETHAL MEANS

What are lethal means?

The term lethal means refers to objects or items that can be used to attempt suicide.

When someone is experiencing a suicidal crisis, the following items should be safely secured or removed to prevent serious injury and suicide:

Firearms

When possible, completely remove firearms from the home. Check with local gun ranges or police departments about possible storage options. If guns cannot be stored outside the home, store ammunition and the gun separately, both in locked safes. Use cable locks or gun safety locks in addition to storing the firearm in a locked safe.

Knives or sharp objects

Store cooking knives in a locked cabinet and remove other sharp objects that could be used to cut or pierce. Keep sharp objects that are not regularly used in a secure box or container and place in a difficult-to-reach space or outside the home, if possible.



Medications

Store medications in a locked container or medicine cabinet. Dispose of or destroy unused or expired

medications. FDA guidance on safely disposing of medication can be found [here](#).

Alcohol

Remove all alcohol from the home. If that is not possible, lock in a secure storage container or cabinet.

Ligatures

Safely store or remove items such as large ropes, cords, belts, or other items that could be used to tie or bind things tightly.

Cleaners

Keep cleaning supplies in a locked container or cabinet.



SAVE: Suicide Awareness Voices of Education

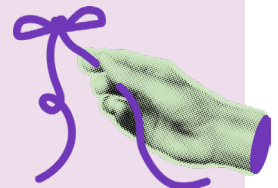
5 Action Steps

for Helping Someone in Emotional Pain

| Ask | Keep Them Safe | Be There | Help Them Connect | Stay Connected |
|---|---|---|---|---|
|  |  |  |  |  |
| “Are you thinking about killing yourself?” | Reduce access to lethal items or places. | Listen carefully and acknowledge their feelings. | Call or text the 988 Suicide & Crisis Lifeline number (988). | Follow up and stay in touch after a crisis. |

nimh.nih.gov/suicideprevention

- 1. Ask: “Are you thinking about killing yourself?”** It’s not an easy question, but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.
- 2. Keep Them Safe:** Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
- 3. Be There:** Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may reduce rather than increase suicidal thoughts.
- 4. Help Them Connect:** Save the 988 Suicide & Crisis Lifeline number (**call or text 988**) in your phone so they’re there if you need them. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
- 5. Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.



Action Steps

Tips for Talking with a Health Care Provider About Your Mental Health



nimh.nih.gov/suicideprevention

1. Talk to a primary care doctor.

If you don't know where to start for help, you may want to consider bringing up your mental health concerns during your appointment with a primary care provider (PCP).

Mental health is an integral part of health, and people with mental disorders can often be at risk for other medical conditions, such as heart disease or diabetes. In many primary care settings, you may be asked if you're feeling anxious or depressed, or if you have had thoughts of suicide. Even if your PCP doesn't ask you first, take this opportunity to talk to your PCP, who can help refer you to a mental health professional. You also can visit the NIMH Find Help for Mental Illnesses webpage for help finding a health care provider or treatment at www.nimh.nih.gov/health/find-help

2. Prepare ahead of your visit.

Health care providers have a limited time for each appointment, so it may be helpful to think of your questions or concerns beforehand. Prepare your questions. Make a list of what you want to discuss and any questions or concerns you might have.

Prepare A List Of Your Medications. It's important to tell your health care provider about all the medications you're taking, including over-the-counter (nonprescription) drugs, herbal remedies, vitamins, and supplements.

Review your family history. Certain mental illnesses tend to run in families and having a relative with a mental disorder could mean you're at higher risk. Knowing your family mental health history can help determine your risk for certain disorders. It can also help your health care provider recommend actions for reducing your risk and enable you and your provider to look for early warning signs.



Action Steps

Tips for Talking with a Health Care Provider About Your Mental Health

3. Consider bringing a friend or relative.

It can be difficult to absorb all the information your health care provider shares, especially if you are not feeling well. Sometimes it's helpful to bring a close friend or relative to your appointment. A companion can be there for support, help you take notes, and remember what you and the provider discussed. They also might be able to offer input to your provider about how they think you are doing. Some people like having a friend or family member there throughout an appointment, while others prefer to first meet alone with a health care provider and then have a trusted friend or relative join them when recommendations for treatments are discussed.

4. Be honest.

Your health care provider can help you get better only if you have open and honest communication. It is important to remember that discussions between you and a health care provider are private and cannot be shared with anyone without your expressed permission. Describe all your symptoms to your provider and be specific about when they started, how severe they are, and how often they occur. You should also share any major stressors or recent life changes that could be triggering or exacerbating your symptoms.

5. Ask questions.

If you have questions or concerns, ask the health care provider for more information about the mental health diagnosis or treatment. If a provider suggests a treatment option that you're not comfortable or familiar with, express your concerns and ask if there are other options. You may decide to try a combination of treatment approaches and want to consider getting another opinion from a different health care provider. It's important to remember that there is no "one-size-fits-all" treatment. To find one that works best for you, you may need to talk to a few other health care providers to find someone you are comfortable with and try several different treatments or a combination of treatments.

Let's Talk About Language

Together, we can change the way the world perceives and treats people facing suicide.

The unfortunate reality is that many stigmatizing phrases and ways of talking about suicide have been ingrained into our vocabulary. Even the most dedicated supporters of the mental health movement may find themselves slipping up from time to time, and that's okay. This does not make you a bad person—it makes you human.

If you catch yourself using problematic language about suicide or mental illness, correct yourself out loud. By letting those around you know why your words were harmful, you can turn the conversation into a positive learning experience for everyone involved. If we all put in this effort, we will see a fundamental shift in the way society addresses these issues.

While there are specific terms and phrases to avoid when speaking about suicide and mental illness, the general rules below can help you choose your words more carefully.

AVOID:

- Anything that reinforces stereotypes, prejudice, or discrimination against people with mental illness and suicidal ideation
- Anything that implies mental illness makes people more creative, fragile, or violent
- Anything that refers to or defines people by their diagnosis

Choosing our words carefully is about more than avoiding stigmatizing terms. The language we use can also have a positive effect, which makes choosing the right words just as important as avoiding the wrong ones.

- Be direct. We know that talking to someone about suicide won't cause or increase suicidal thoughts or cause the person to act on them. It can help them feel less isolated and scared.
- Be hopeful. People can and do get better.
- Encourage people to seek help.

The topic of suicide should be approached with care and compassion. Whether we are engaging in a dialogue, talking to someone with lived experience or writing about the issue in a professional setting, being mindful of our language is not just about being politically correct. It's about saving lives.

As our knowledge and understanding of suicide evolves, the way we talk about it must evolve as well. To help you be more conscious of your own language decisions, this guide will show you how to avoid reinforcing the stigma that prevents people from seeking help when they need it most.

Let's Talk About Language

| Instead of this... | ...Say this |
|---------------------------------|--|
| Commit/Committed suicide | Died by suicide/Death by suicide /Lost their life to suicide |
| Successful/Unsuccessful suicide | Died by suicide/Survived a suicide attempt/Lived through a suicide attempt |
| Completed/Failed suicide | Fatal suicidal behavior/Non-fatal suicidal Behavior/Fatal suicide attempt /Non-fatal suicide attempt |
| Epidemic, skyrocketing | Rising, increasing |
| <Name> is suicidal | <Name> is facing suicide/Is thinking of suicide/Has suffered through suicidal thoughts/Has experienced suicidal thoughts |
| He's suicidal | He is facing suicide/Thinking of suicide /Experiencing suicidal thoughts |
| They're a schizophrenic | They have schizophrenia /Are living with schizophrenia |
| The mentally ill | People with mental illness |
| <Substance> addicts | People addicted to <substance> /People with addiction |

Let's Talk About Language

Together, we can change the way the world perceives and treats people facing suicide.

WHY:

- “Commit” implies suicide is a sin or crime, reinforcing the stigma that it’s a selfish act and personal choice.
- Using neutral phrasing like “died by suicide” helps strip away the shame/blame element.
- The notion of a “successful” suicide is inappropriate because it frames a very tragic outcome as an achievement or something positive. To be matter-of-fact, a suicide attempt is either fatal or not.
- Words like “epidemic” can spark panic, making suicide seem inevitable or more common than it actually is. By using purely quantitative, less emotionally charged terms like “rising”, we can avoid instilling a sense of doom or hopelessness.
- We don’t want to define someone by their experience with suicide; they are more than their suicidal thoughts.
- Putting the condition before the person reduces someone’s identity to their diagnosis—people aren’t their illness; they have an illness.
- People-first language shows respect for the individual, reinforcing the fact that their condition does not define them.



For more information and examples of best practices when reporting on suicide, visit ReportingOnSuicide.org/Recommendations

Safe Reporting

Following these recommendations can assist in safe reporting on suicide.

| Avoid | Instead |
|---|--|
| Describing or depicting the method and location of the suicide | Report the death as a suicide; keep information about the location general |
| Sharing the content of a suicide note | Report that a note was found and is under review |
| Describing personal details about the person who died | Keep information about the person general |
| Presenting suicide as a common or acceptable response to hardship | Report that coping skills, support, and treatment work for most people who have thoughts about suicide |
| Oversimplifying or speculating on the reason for the suicide | Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context |
| Sensationalizing details in the headline or story | Report on the death using facts and language that are sensitive to a grieving family |
| Glamorizing or romanticizing suicide | Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group |
| Overstating the problem of suicide by using descriptors like “epidemic” or “skyrocketing” | Research the best available data and use words like “increase” or “rise” |
| Prominent placement of stories related to a suicide death in print or in a newscast | Place a print article inside the paper or magazine and later in a newscast |

Checklist

for Responsible Reporting



Report suicide as a public health issue

Including stories on hope, healing, and recovery may reduce the risk of contagion.



Include resources

Provide information on warning signs of suicide risk as well as hotline and treatment resources. At a minimum, include the 988 Lifeline or local crisis phone numbers.



Use appropriate language

Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as “committed suicide” or referring to suicide as “successful,” “unsuccessful,” or a “failed attempt.” Instead use, “died by suicide” or “completed” or “killed him/herself.”



Emphasize help and hope

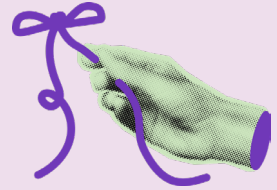
Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.



Ask an expert

Interview suicide prevention or mental health experts to validate your facts on suicide risk and mental illness.

Suicide Prevention Resources for Action



Suicide prevention requires a comprehensive public health approach. The CDC developed the Suicide Prevention Resource for Action (Prevention Resource), which provides information on the best available evidence for suicide prevention. States and communities can use the Prevention Resource to help make decisions about suicide prevention activities. Strategies range from those designed to support people at increased risk to a focus on the whole population, regardless of risk.

Strengthen Economic Supports

- Improve household financial security
- Stabilize housing

Create Protective Environments

- Reduce access to lethal means among persons at risk of suicide
- Create healthy organizational policies and culture
- Reduce substance use through community-based policies and practices

Improve Access and Delivery of Suicide Care

- Cover mental health conditions in health insurance policies
- Increase provider availability in underserved areas
- Provide rapid and remote access to help
- Create safer suicide care through systems change

Promote Healthy Connections

- Promote healthy peer norms
- Engage community members in shared activities

Teach Coping and Problem-Solving Skills

- Support social-emotional learning programs
- Teach parenting skills to improve family relationships
- Support resilience through education programs

Identify and Support People at Risk

- Train gatekeepers
- Respond to crises
- Plan for safety and follow-up after an attempt provide therapeutic approaches

Lessen Harms and Prevent Future Risk

- Intervene after a suicide (postvention)
- Report and message about suicide safely

Resources



Need help? Know someone who does?

988

Contact the 988 Suicide and Crisis Lifeline if you are experiencing mental health-related distress or are worried about a loved one who may need crisis support.

Call or text 988

Connect with a trained crisis counselor.

988 is confidential, free, and available 24/7/365.

The Jed Foundation

Mental Health Resource Center

The Jed Foundation's Mental Health Resource Center provides essential information about common emotional health issues and shows teens and young adults how they can support one another, overcome challenges, and make a successful transition to adulthood.

A Friend Asks

"A Friend Asks" is a FREE smartphone app that helps provide the information, tools, and resources to help a friend (or yourself) who may be struggling with thoughts of suicide.

CDC

General Resources | Suicide Prevention

There are many resources available to help prevent suicide. View resources for suicide prevention from CDC and other federal sources.

The Trevor Project

A 24/7 crisis and support hotline that provides mental support, promotes confidence in young people's personal identity, and resources to create safe environments.

Dial 1-866-488-7386

Text 'START' to 678-678

Disaster Distress Helpline

Provides communities and responders with behavioral health resources that help them prepare, respond, and recover from disasters.

CALL or TEXT 1-800-985-5990 (press 2 for Spanish)

Veteran's Crisis Line

24/7, confidential crisis support for veterans and their loved ones. You don't have to be enrolled in VA benefits or health care to connect.

Dial 988 then select 1 or Crisis Chat, or text: 838255



Scan for
other Kansas
prevention
resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

Treatment Referral Hotline (Substance Abuse)
Dial 1-800-662-4357

Rape, Abuse & Incest National Network (RAINN)

National Sexual Assault Hotline
Dial 1-800-656-HOPE (4673)

Suicide Prevention Resource Center

Suicide Prevention Resource Center has a wealth of information, including online trainings, libraries, activities, and best practices for suicide prevention.

National Teen Dating Abuse Hotline

Dial 1-866-331-9474
Text LOVEIS to 22522

Six Feet Over

Assistance paying for costs associated with the loss of your loved one to suicide, or need emotional and resource support in Kansas.

K-TRACS

Medication Disposal and Collection Sites

Medication Collection & Disposal | K-TRACS | Kansas Board of Pharmacy

Columbia Protocol

The Columbia-Suicide Severity Rating Scale

A screening tool for teens to ask these mental health related questions to their friends.

Safety Plan

Safety planning document that supports and guides someone when they are experiencing thoughts of suicide to help them avoid a state of intense suicidal crisis.

Resources



Need help? Know someone who does?

National Alliance on Mental Illness (NAMI)

Resources for youth, young adults, parents, caregivers, and educators, including one-pagers, conversation starters about mental health, wellness activities and toolkits, safety and crisis plans, and other materials.

Kansas Suicide Prevention Plan

Learn more about Kansas's plan to prevent suicide statewide.

National Strategy for Suicide Prevention

The National Strategy focuses on the many factors associated with suicide and strategies to support suicide prevention at the national, state, tribal, local, and territorial levels.

Suicide Awareness & Prevention Toolkit for Schools

This toolkit from the Kansas Department of Education contains information on suicide prevention, intervention, reintegration, and postvention that schools can use to coordinate the development of a plan that fits the needs of their specific community.

Kansas Communities that Cares Survey

Kansas Community that Cares survey provides valuable insights on the health risk behaviors and opinions of students in your county, district, and schools. You can check your county/district's results and learn more on how to participate in the survey.

National Institute of Mental Health

Understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.



Scan for
other Kansas
prevention
resources



**This information has been provided by the
SPRC, CDC, AFSP, NIMH CAMH, Reporting on Suicide.org**

Suicide Prevention Resource Center (SPRC)
Centers for Disease Control and Prevention (CDC)
American Foundation for Suicide Prevention (AFSP)
National Institute of Mental Health (NIMH)
Centre for Addiction and Mental Health (CAMH)

Brought to you by

