



NOTEWORTHY
— Resources of Albany Inc. —

Suicide Prevention Resource Packet

To better help and understand a person struggling, whether it is with suicidal thoughts, addiction, eating disorder, and/or mental health conditions, one needs to *pay attention, listen and acknowledge the reasons why and what drives a person to do, choose and/or feel the way they do.*

****QUICK QUESTION:** Do you know what Adverse Childhood Experiences (ACEs) are? If so, what is your number? This can be one of the biggest reasons people do the things they do. **Learn more about ACEs after Suicide Prevention Information.**

Risk factors, protective factors, & warning signs

While there is no single cause for suicide, there are risk factors and warning signs which may increase likelihood of an attempt. Learning them can save lives.

What leads to suicide?

There's no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions go on to engage in life.

Risk factors

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

Health

- Mental health conditions
 - Depression
 - Substance use problems
 - Bipolar disorder
 - Schizophrenia
 - Personality traits of aggression, mood changes and poor relationships
 - Conduct disorder
 - Anxiety disorders
- Serious physical health conditions including pain
- Traumatic brain injury

Environmental

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

Historical

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

Protective Factors

- Access to mental health care, and being proactive about mental health
- Feeling connected to family and community support
- Problem-solving and coping skills
- Limited 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

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:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

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
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

Mood

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

- Depression
- Anxiety

- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement

Emergency resources

911

Crisis services

24/7 Crisis Hotline: 988 Suicide & Crisis Lifeline

[988lifeline.org](https://www.988lifeline.org)

If you or someone you know is struggling or in crisis, help is available. Call or text **988** or chat [988lifeline.org](https://www.988lifeline.org). Veterans, press 1 when calling.

[Crisis Text Line](#)

Text **TALK to 741-741** to text with a trained crisis counselor from the Crisis Text Line for free, 24/7

[Veterans Crisis Line](#)

Send a text to **838255**

[Vets4Warriors](#)

[SAMHSA Treatment Referral Hotline \(Substance Abuse\)](#)

1-800-662-HELP (4357)

[RAINN National Sexual Assault Hotline](#)

1-800-656-HOPE (4673)

[National Teen Dating Abuse Helpline](#)

1-866-331-9474

[The Trevor Project](#)

1-866-488-7386

Also visit your:

- Primary care provider
- Local psychiatric hospital
- Local walk-in clinic
- Local emergency department
- Local urgent care center

Finding mental health care

[American Psychiatric Association](#)

[American Psychological Association](#)

[National Association of Social Workers](#)

[SAMHSA Mental Health Provider Locator](#)

[Veterans Affairs](#)

Additional resources by mental health condition

Alcohol & drugs

[Substance Abuse and Mental Health Services Administration](#)

[National Institute on Drug Abuse](#)

[Narcotics Anonymous](#)

[Alcoholics Anonymous](#)

[Physicians for Responsible Opioid Prescribing \(PROP\)](#)

[National Institute on Alcohol Abuse and Alcoholism](#)

[Start Your Recovery](#)

[Detox Local's Drug Withdrawal and Detox Guide](#)

Addictionresource.net
[Narcotics Anonymous](#)

Anxiety disorders

[National Education Alliance for Borderline Personality Teen's Health](#)
[Anxiety Disorders Association of America](#)

Bipolar disorder

[Depression and Bipolar Support Alliance](#)
[National Education Alliance for Borderline Personality Teen's Health](#)

Borderline personality

[BPDVideo](#)
[National Education Alliance for Borderline Personality](#)

Self-Injury

[Teen's Health](#)
[Self Abuse Finally Ends](#)

Depression

[Depression and Bipolar Support Alliance](#)
[National Education Alliance for Borderline Personality](#)
[Families for Depression Awareness](#)
[Teen's Health](#)
[American Psychiatric Foundation](#)
[National Alliance on Mental Illness](#)
[HeadsUpGuys](#)

Eating disorders

[Teen's Health](#)
[Overeaters Anonymous](#)
[National Association of Anorexia Nervosa and Associated Disorders](#)
[National Eating Disorders Association](#)
[Eating Disorders Anonymous](#)
[Proud2Bme](#)
[Understanding Eating Disorders](#)
[National Alliance for Eating Disorders](#)

Emotional health

[Let's Erase The Stigma](#)
[Love is Louder](#)
[Half of Us](#)
[Veterans United](#)
[American Psychiatric Foundation](#)

[Active Minds](#)
[OK2TALK](#)
[Make The Connection](#)
[Inspire USA Foundation](#)
[National Dialogue on Mental Health](#)
[Each Mind Matters](#)
[Befrienders Worldwide](#)
[Veterans Affairs Training](#)
[Veterans Affairs Mental Health Toolkit](#)
[Veterans Affairs Mental Health](#)

Schizophrenia

[Schizophrenics Anonymous](#)
[Schizophrenia.com](#)
[National Alliance on Mental Illness](#)

Stress

[Veterans United](#)
[Stress Management-HelpGuide.org](#)
[Teen's Health](#)

Suicide prevention

[American Association of Suicidology](#)
[Crisis Text Line](#)
[The Dougy Center – The National Center for Grieving Children and Families](#)
[How to Talk to a Child about a Suicide Attempt in Your Family \(Rocky Mountain MIRECC\)](#)
[The Jason Foundation](#)
[The Jed Foundation](#)
[Lifeline Chat](#)
[Man Therapy](#)
[Mental Health America](#)
[My3 App](#)
[National Action Alliance for Suicide Prevention](#)
[National Organization for People of Color Against Suicide](#)
[National Suicide Prevention Lifeline](#)
[Now Matters Now](#)
[Parents, Families, Friends, and Allies United with LGBTQ People \(PFLAG\)](#)
[Safety Planning Tools](#)
[SAVE](#)
[The Society for the Prevention of Teen Suicide](#)
[StopBullying.gov](#)
[Suicide Prevention Resource Center](#)
[Teen's Health](#)
[The Trevor Project](#)
[The Tyler Clementi Foundation](#)

[Veterans Crisis Line](#)

[Wounded Warrior Project](#)

(Reference: <https://afsp.org/suicide-prevention-resources>)

How to help when they're having suicidal thoughts

Suicidal thoughts aren't uncommon. These thoughts often arise in response to stressful or challenging life situations, including physical or mental health issues, trauma, abuse, loneliness, and isolation.

Not everyone who has thoughts of suicide will make an attempt, but suicide remains the second leading cause of death among Americans ages 10–34, according to the CDC Trusted Source. It is a significant health crisis — and a preventable one. The steps below can help you support your friend through a moment of crisis.

Take them at their word

It's a common myth that people talk about suicide to get attention. This is not the case for most people, so it's always best (and safest) to assume your friend means what they say.

Brushing off their mention of suicide invalidates their distress. They may feel reluctant to share their thoughts with anyone else or reach out for professional support. Instead, they might continue carrying their pain in silence, believing things will never improve.

Pay attention to their language and behavior

People often talk about suicide in vague or unclear ways. Your friend could say things that reflect a sense of shame, hopelessness, or failure. They may not say, "I want to die," or "I want to kill myself." Instead, they might say:

"I just want the pain to stop."

"I don't know if I can go on."

"I'm a burden to everyone."

"I'll never feel better."

Their mood and actions can also show some signs. You might notice they:

- avoid spending time with people
- have frequent mood changes
- sleep more or less than usual
- drink or use drugs more than usual
- take risks or behave more impulsively than usual
- give away treasured or important belongings
- These signs don't always mean your friend is thinking about suicide, but it never hurts to have a conversation when their actions or language concern you.

BREAKING THE ICE:

You might say: “I feel a little worried about you because... (mention a few things you’ve noticed). How can I offer support?”

Ask them directly

You can get a better idea of your friend’s immediate risk by asking a few important questions.

- First, confirm they really are thinking of suicide by asking, “Are you thinking about ending your life?”
- If they say yes, ask, “Do you have a plan for how you’d do it?”
- If they say yes, ask, “Do you already have the things you’d use?” Then ask what and where those items are.
- Check whether they have a timeline in mind by asking, “Have you thought about when you’d end your life?”

Not everyone who thinks about dying has a plan or the means and intent to carry out their plan. Someone who says yes to all of these questions and has a clear timeframe for dying, however, needs immediate support (more on this in a moment).

Encourage them to talk about it

When someone you love mentions suicide, you might believe avoiding the subject entirely and encouraging them to think about brighter things will help them feel better. It’s normal to feel scared or uncertain of the best response, but shying away from the subject won’t help.

Your friend might take your avoidance as a sign you aren’t comfortable talking about suicide. They might also get the message you don’t appreciate the depth of their pain, even when that’s not the case. In either case, they might stop confiding in you.

The idea that discussing suicide will make someone more likely to act on suicidal thoughts is just another myth
Trusted Source.

People who have the chance to open up about their thoughts and share their pain with an empathic listener often feel some relief from the most overwhelming feelings of distress.

Offer compassion

When talking to someone who’s having thoughts of suicide, what you say really matters. You don’t want to deny their distress or ask things like, “How could you possibly feel that way?” or “Why would you want to die? You have so much to live for.”

Trying to solve problems for them usually won’t help, either — what might seem like a small fix to you can seem insurmountable to someone in a crisis. To validate their feelings and offer hope at the same time, try:

- “That sounds so painful, and I appreciate you sharing that with me. How can I help?”
- “I know things seem bleak now, but it can be hard to see possible solutions when you feel so overwhelmed.”

- “I’m concerned about you because I care, and I want to offer support however I can. You can talk to me.”

Continue to offer support

If your friend has thoughts of suicide but no plan or immediate risk, they may feel a little better after sharing their distress. This doesn’t mean they’re completely fine. They may continue to deal with suicidal thoughts until they get help addressing the underlying concern.

Staying in touch with your friend can remind them you still care, even after the crisis has passed. Check in on how they’re feeling by saying things like:

“Hey, I’ve been thinking about you. How are you doing?”
“Remember, I’m always here if you feel like talking.”

Encourage professional support

You can also support them by encouraging them to talk to a therapist about lingering or recurring suicidal thoughts.

Just remember you can’t force them to go to therapy, no matter how deeply you believe it would help. It can feel pretty upsetting to watch someone struggle alone, but telling them what to do may not work.

ENCOURAGEMENT WITHOUT JUDGMENT

Instead of: “You need to get some help.”

Try: “Have you thought about talking to a therapist?” or

“I’m always here to listen, but do you think a therapist could help a little more?”

These suggestions show your friend you care while gently reminding them of your limits. You probably can’t offer any real solutions to their distress, but therapists are trained to support and help people having thoughts of suicide.

If your friend seems reluctant, try offering to help them find a therapist or take them to their first appointment.

How to help when they have a high suicide risk

Someone with an immediate suicide risk may need more help than you can provide. If your friend has a plan for suicide, access to what they’d need to carry it out, and a specific timeframe, you’ll want to support them by getting professional help right away.

IF YOU BELIEVE YOUR FRIEND IS AT IMMEDIATE RISK OF SELF-HARM OR SUICIDE:

- Encourage them to reach out to the Suicide Prevention Lifeline at 800-273-8255 or text “HOME” to 741741.

- If needed, call 911 or your local emergency number. If possible, you may want to take them to an emergency room or encourage them to go.
- Stay with them or on the phone until help arrives. If in person, remove any weapons or substances from their surroundings that could cause harm.

That said, the strategies below can help you offer support while you wait for professional help.

Try grounding exercises

Intense emotional turmoil can make it tough to see things from a rational viewpoint, and people overwhelmed by their pain often see situations as worse than they actually are. This distorted perspective can contribute to suicidal thoughts and even make suicide seem like the only real option.

While grounding techniques may not work for everyone, they can sometimes help people in the grip of distress regain some clarity and refocus on what's actually happening in the present. These techniques often incorporate the five senses to help people reconnect to their physical environments.

Try these simple exercises together:

- **Get moving.** Physical activity offers a good distraction since it requires you to focus on your motions. Try going for a walk with your friend or doing some simple exercises, like jumping jacks, together.
- **Grab a comfort item (or pet).** If your friend has a favorite blanket, sweater, or soothing object, go find it together. Many people also find cuddling with a pet helps ease some distress.
- **Play the 5-4-3-2-1 game.** Ask your friend to list 5 things they see, 4 things they hear, 3 things they smell, 2 things they can feel, and 1 thing they can taste.
- **Put on some music.** While music can't cure distress, listening to a favorite song can often help people relax.

Ask about their safety plan

Your friend may have created a safety plan with the help of a counselor if they've had thoughts of suicide before. These plans are simple and brief, and generally include things like:

- warning signs of suicidal thoughts
- coping techniques to get through crisis periods
- a list of reasons to reconsider suicide
- contact information for support people
- steps to get to a safe place
- If they don't have a safety plan, they may not feel up to creating one while actively in distress. If they do want to try, your assistance can make the task a little easier.

Stay with them

Help your friend stay safe by sticking close or staying on the phone. If they don't feel up to talking, you can try walking, watching a distracting movie or TV show, or even simply sitting together. Reassure them you'll stay until someone else arrives, and help them connect with other friends or family members.

Instead of: "Can I call someone for you?"

Try: "Who can I call for you?"

Call emergency services right away if they:

- resist the idea of getting help but still express an intent to die
- tell you over the phone they have access to weapons or other means of ending their life

Involve others

There may come a time when you feel unable to continue supporting your friend. You can only do so much to help on your own. If you begin feeling stressed, overwhelmed, or scared, it may be time to talk to other people in their life, like a parent or romantic partner. Encourage them to connect with trusted friends, family members, healthcare providers, and others who can offer compassionate support.

The bottom line:

Thoughts of suicide, even if they seem vague, should always be taken seriously.

There's no one-size-fits-all approach to helping a friend who's thinking about suicide, but you can never go wrong by showing compassion and support.

<https://www.healthline.com/health/mental-health/how-to-help-a-suicidal-friend#if-theyre-thinking-about-it>

Confirming Suicidal Thoughts

Don't be afraid to ask, "***Are you having thoughts of suicide?***" Studies show that asking at-risk friends and family members if they are thinking about suicide does not increase suicidal thoughts. You are not putting ideas in their head by asking. On the contrary, asking will give you valuable information about how to proceed and help.

Get the Facts: If the answer is yes, follow up with these three questions:

1. Have you thought about how you would do it?
2. Do you have what you need to carry out your plan?
3. Do you know when you will do it?

Fortunately, the majority of people will either say that they have no definite plans or that they don't have the nerve to do it themselves. Although this is still a serious situation, if their answers indicate that they don't have a plan, they are probably not in imminent danger of hurting themselves. Take their words as a plea for help and proceed with helping them to get the assistance that they need.² Urge them to seek professional help as soon as possible.

If the answers they give you lead you to believe they are in immediate danger, don't hesitate to contact the authorities.

You may feel like you will lose their friendship if you take action. Your friend may even tell you that you are betraying them or making them angry. Just remember that you may permanently lose their friendship if you don't. When they're well again, they will thank you.

How to Help a Friend Who Is Suicidal

There are a number of different things you can do to be a supportive and empathetic friend. The key is to avoid being judgmental or dismissive of what your friend is feeling.

Speak From the Heart

You may be struggling with trying to figure out what to say to someone who is depressed or suicidal. Remember, there are no right or wrong things you can say if you are speaking out of love and concern. Just be yourself. Show that you care by talking to them, holding them while they cry, or whatever else is necessary. Research has shown that acknowledging what people are experiencing may help them process their thoughts³ and may reduce their suicidal thoughts.¹

Listen

A suicidal person usually is carrying around some burden that they feel they just can't handle anymore. Offer to listen as they share their feelings of despair, anger, and loneliness. Sometimes this is enough to lighten the load just enough for them to carry on.

Validate & Show Openness

Be sympathetic, non-judgmental, patient, calm, and accepting. The person will pick up on your attitude and begin to mirror it for themselves.

Keep Them Talking

Talking will allow them to reduce the emotional burden they are carrying and give them time to calm down.³ The longer you keep them talking, the more you can take the edge off their desperation. As their momentum winds down, it's harder for them to act on their feelings.

Avoid Trying to Solve the Problem

Try not to offer quick solutions or belittle the person's feelings. How big they perceive the problem to be and how much they are hurting over it is what counts. Rational arguments do little good to persuade a person when they are in this state of mind. Instead, offer your empathy and compassion for what they are feeling without making any judgments about whether they should feel that way.

Take Care of Yourself

Dealing with a suicide threat is very stressful. Be sure to care for yourself as well and seek assistance to process and decompress afterward. Talk to a trusted friend, a therapist, your doctor, a religious leader, or anyone who can offer support for what you've been through and how you feel about it.

Seeking Emergency Help

If the person has already started a suicide attempt, call for help immediately. If they are still conscious, get what information you can about any substances they have ingested, how long ago they took them, how much they took, when they last ate, and their general state of health.

If you are in a situation, such as an online friendship, where you know very little about the person, encourage them to call 911 on their own or to call a suicide hotline in their area. This is your best option, because a local agency, such as 911 or a hotline, may be able to trace the call and get assistance to them.

If they refuse to call, do your best to learn whatever personal information you can about the person. Don't hesitate to ask them for their address, phone number, and other information to help dispatch an emergency crew to their home.

<https://www.verywellmind.com/what-to-do-when-a-friend-is-suicidal-1065472>

NWR RESOURCES
QR CODE:



NWR MEET-UPS:

- **MENTAL WELLNESS MEETUP** EVERY 1ST WEDNESDAY MONTHLY 630-730PM
- **HOLISTIC MASCULINITY MEETUP** EVERY OTHER MONDAY STARTING 9/19/22 630-730PM
- **BREAKING THE CYCLE MEET-UP** (*INTERGENERATIONAL TRAUMA*) EVERY LAST TUESDAY MONTHLY 6-7PM

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years).

For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide
- Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:
 - substance use problems
 - mental health problems
 - instability due to parental separation or household members being in jail or prison

Please note the examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and wellbeing.

ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.

What are the consequences?

ACEs can have lasting, negative effects on health, well-being, as well as life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and fetal death), involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

ACEs and associated social determinants of health, such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can negatively affect children's brain development, immune systems, and stress-response systems. These changes can affect children's attention, decision-making, and learning.

Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.

How can we prevent adverse childhood experiences?

ACEs are preventable. To prevent ACEs, we must understand and address the factors that put people at [risk for or protect them from violence](#).

Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential. CDC has produced a resource, [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#), to help states and communities use the best available evidence to prevent ACEs. It features six strategies from the [CDC Technical Packages to Prevent Violence](#).

Preventing ACEs

| Strategy | Approach |
|--|--|
| Strengthen economic supports to families | <ul style="list-style-type: none"> ● Strengthening household financial security ● Family-friendly work policies |
| Promote social norms that protect against violence and adversity | <ul style="list-style-type: none"> ● Public education campaigns ● Legislative approaches to reduce corporal punishment ● Bystander approaches ● Men and boys as allies in prevention |
| Ensure a strong start for children | <ul style="list-style-type: none"> ● Early childhood home visitation ● High-quality child care ● Preschool enrichment with family engagement |
| Teach skills | <ul style="list-style-type: none"> ● Social-emotional learning ● Safe dating and healthy relationship skill programs ● Parenting skills and family relationship approaches |
| Connect youth to caring adults and activities | <ul style="list-style-type: none"> ● Mentoring programs ● After-school programs |

| | |
|--|---|
| <p>Intervene to lessen immediate and long-term harms</p> | <ul style="list-style-type: none"> ● Enhanced primary care ● Victim-centered services ● Treatment to lessen the harms of ACEs ● Treatment to prevent problem behavior and future involvement in violence ● Family-centered treatment for substance use disorders |
|--|---|

Raising awareness of ACEs can help:

- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Let's help all children reach their full potential and create neighborhoods, communities, and a world where every child thrives.

See [Adverse Childhood Experiences Resources](#) for publications, data sources, and prevention resources for adverse childhood experiences.

(Reference: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>)

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