

SUICIDE AWARENESS AND PREVENTION

SUICIDE HELPLINE 800-273-TALK

(8255) 24/7 CONFIDENTIAL

Talk To Someone Now

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline network is available 24/7 across the United States. www.SuicidePreventionLifeline.org



Crisis Lines

YOUTHLINE: Crisis line staffed by and for teens 877-968-8491 or text "teen2teen" to 839863

Suicide Prevention Lifeline: 1-800-273-TALK(8255)

Ayuda en Español: 1-888-628-9454

Douglas County Crisis Line: 24-hour Crisis Line (800) 866-9780

If you think the person might harm him- or herself, do not leave the person alone. Say, "I'm going to get you some help."

**Call the National Suicide Prevention Lifeline, 1-800-273-TALK.
You will be connected to the nearest available crisis center.**

Suicide Warning Signs

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

Suicide is Preventable.

Call the Lifeline at 1-800-273-TALK (8225)

With Help Comes Hope

The CDC defines suicide as someone who directs violence at oneself with the intent to end their life, and they die as a result of that action. Approximately 75 Oregon youths die by suicide each year, making it the second leading cause of death among those aged 10-24 years. Over 750 suicide attempts are reported each year.

<https://www.cdc.gov/violenceprevention/suicide/index.html>

If You Know Someone in Crisis

Call the [National Suicide Prevention Lifeline \(Lifeline\)](#) at **1-800-273-TALK (8255)**, or text the [Crisis Text Line](#) (**text HELLO to 741741**). Both services are free and available 24 hours a day, seven days a week. All calls are confidential. Contact social media outlets directly if you are concerned about a friend's social media updates or dial 911 in an emergency. Learn more on the [Lifeline's website](#) or the [Crisis Text Line's website](#).



What is Suicide?

Suicide is when a person attempts to end their own life, and they succeed.

A **suicide attempt** is when someone harms themselves with the goal of ending their life, and do not die.

What are Warning Signs

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often

Other serious warning signs that someone may be at risk for attempting suicide include:

- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Making a plan or looking for ways to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing eating or sleeping habits
- Showing rage or talking about seeking revenge

It is important to note that suicide is not a normal response to stress. **Suicidal thoughts or actions are a sign of extreme distress and should not be ignored.** 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.

Here are five steps you can take to #BeThe1To help someone in emotional pain:

5 Action Steps for Helping Someone in Emotional Pain

 ASK "Are you thinking about killing yourself?"	 KEEP THEM SAFE Reduce access to lethal items or places.	 BE THERE Listen carefully and acknowledge their feelings.	 HELP THEM CONNECT Save the National Suicide Prevention Lifeline number 1-800-273-8255.	 STAY CONNECTED Follow up and stay in touch after a crisis.
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 **NIH** National Institute of Mental Health

www.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 National Suicide Prevention Lifeline’s (1-800-273-TALK (8255)) and the Crisis Text Line’s number (741741) in your phone, so it’s there when you need it. 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.

Risk Factors

Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex, and there is no single cause. The main risk factors for suicide are:

- Depression, other mental disorders, or substance use disorder
- Chronic pain
- A history of suicide attempts
- Family history of a mental disorder or substance use
- Family history of suicide
- Exposure to family violence, including physical or sexual abuse
- Presence of guns or other firearms in the home
- Having recently been released from prison or jail
- Exposure, either directly or indirectly, to others' suicidal behavior, such as that of family members, peers, or celebrities

Most people who have risk factors will not attempt suicide, and it is difficult to tell who will act on suicidal thoughts. Although risk factors for suicide are important to keep in mind, someone who is showing *warning signs* of suicide may be at higher risk for danger and need immediate attention.

Stressful life events (such as the loss of a loved one, legal troubles, or financial difficulties) and interpersonal stressors (such as shame, harassment, bullying, discrimination, or relationship troubles) may contribute to suicide risk, especially when they occur along with suicide risk factors.

Family and friends are often the first to recognize the [warning signs of suicide](#), and they can take the first step toward helping a loved one find mental health treatment. See the resources on NIMH's [Find Help for Mental Illnesses](#) page if you're not sure where to start.

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Web Links

[National Institute of Mental Health: signs & symptoms, risk factors, action steps, treatment, research](#)

[Understanding Suicide, a fact sheet from the Center for Disease Control and Prevention](#)

[Video from the Mayo Clinic: Teen Suicide Prevention](#)

[Oregon Health Authority: Suicide Prevention](#)

Quick Notes

School staff are frequently considered the first line of contact with potentially suicidal students

Most school personnel are neither qualified, nor expected, to provide the in depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed

All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene”

Research has shown that talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to die by suicide

School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having support in place may lessen this reluctance to speak up when students are concerned about a peer

Glossary

Talking about mental health and suicide can be challenging and sometimes, even we adults don't know how to start the conversation. In this section, you will find some terminology that will help normalize the conversation.

Flight Team

A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address helping a school support students and staff after a crisis.

Mental Health

Someone's state of being in regards to their emotions and feelings. Everyone has mental health. Mental health is a spectrum and can present strengths and challenges at all stages of life.

Protective Factors

Protective factors are a part of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.

Risk Factors

Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and the environment.

Suicide Response Protocol Assessment

An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff member who has been trained in suicide intervention (e.g. counselor, psychologist, mental health professional).

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

Stigma

A mark of shame or a negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities.

Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to kill themselves. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feeling such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or dangerous suicide attempt.

Suicide Contagion/Clusters

The research pattern that suicides in a community tend to put others a risk for suicide. Despite the name, suicidal thoughts are not necessarily "contagious" to otherwise mentally healthy individuals. Usually suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.

Suicide/Crisis Intervention

The intentional steps that your school and its staff take in the event of a student mental health crisis. Examples include written procedures, safety planning, parental involvement, and emergency services.

Suicide Prevention

The intentional steps that your school takes to create a school culture that encourages positive coping skills, reaching out to help with mental health, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, staff training, and mental health awareness activities.

Suicide Postvention

Postvention is a crisis response strategy designed to reduce the risk of suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

Suicidal Thoughts or Ideation

Thoughts about killing oneself or ending one's life. These thoughts can range from "I wish I could go to sleep and not wake up" to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.

Suicide Response Protocol**Warning signs that may indicate an immediate danger or threat:**

- Someone who has already taken action to die by suicide
- Someone threatening to hurt or kill themselves
- Someone looking for ways to die by suicide- seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

Staff response

If a suicidal attempt, gesture, or ideation occurs or is recognized, staff will ensure the continuous supervision of the student and report it to a school suicide prevention coordinator or school administrator right away. If there is imminent danger, call 911.

Trained school staff members

Only trained school staff members should act as screeners. Examples of trained screeners may include:

- School Counselors
- School Psychologists
- Mental Health Specialists
- Mental Health Care Coordinators
- If you are uncertain who the specific trained screeners are in your building, ask your building administrator