Raise awareness for suicide prevention and treatment, know the risks and warning signs for suicide and what to do in a crisis.
September is Suicide Prevention Awareness Month — a time to raise awareness on this stigmatized, and often taboo, topic. In addition to shifting public perception, we use this month to spread hope and vital information to people affected by suicide. Our goal is ensuring that individuals, friends and families have access to the resources they need to discuss suicide prevention and to seek help.

Throughout the month of September, NAMINYS will highlight “Together for Mental Health,” which encourages people to bring their voices together to advocate for better mental health care, including a crisis response system. NAMINYS wants any person experiencing suicidal thoughts or behaviors to have a number to call, a system to turn to, that would connect them to the treatment and support they need.
It can be frightening if someone you love talks about suicidal thoughts. It can be even more frightening if you find yourself thinking about dying or giving up on life. Not taking these kinds of thoughts seriously can have devastating outcomes, as suicide is a permanent solution to (often) temporary problems.

According to the CDC and NIMH, suicide rates have increased by 35% since 1999. More than 48,000 lives were lost to suicide in 2018 alone. Comments or thoughts about suicide — also known as suicidal ideation — can begin small like, “I wish I wasn’t here” or “Nothing matters.” But over time, they can become more explicit and dangerous.

**Warning Signs**

Here are a few other warning signs of suicide:

- Increased alcohol and drug use
- Aggressive behavior
- Withdrawal from friends, family and community
- Dramatic mood swings
- Impulsive or reckless behavior

Suicidal behaviors are a psychiatric emergency. If you or a loved one starts to take any of these steps, seek immediate help from a health care provider or call 911:

- Collecting and saving pills or buying a weapon
- Giving away possessions
- Tying up loose ends, like organizing personal papers or paying off debts
- Saying goodbye to friends and family

If you are unsure, a licensed mental health professional can help assess.
Research has found that 46% of people who die by suicide had a known mental health condition. Several other things may put a person at risk of suicide, including:

- A family history of suicide
- Substance use. Drugs can create mental highs and lows that worsen suicidal thoughts.
- Intoxication. More than 1 in 3 people who die from suicide are under the influence of alcohol at the time of death.
- Access to firearms
- A serious or chronic medical illness
- Gender. Although more women than men attempt suicide, men are nearly 4x more likely to die by suicide.
- A history of trauma or abuse
- Prolonged stress
- A recent tragedy or loss

**Awareness Resources**

During Suicide Prevention Awareness Month, we will provide images and graphics you can use on your website and social media accounts.

**Use #Suicide Prevention or #Together4MH**

While suicide prevention is important to address year-round, Suicide Prevention Awareness Month provides a dedicated time to come together with collective passion and strength around a difficult topic. The truth is, we can all benefit from honest conversations about mental health conditions and suicide, because just one conversation can change a life.
When a suicide-related crisis occurs, friends and family are often caught off-guard, unprepared and unsure of what to do. The behaviors of a person experiencing a crisis can be unpredictable, changing dramatically without warning.

There are a few ways to approach a suicide-crisis:

- Talk openly and honestly. Don’t be afraid to ask questions like: “Do you have a plan for how you would kill yourself?”
- Remove means such as guns, knives or stockpiled pills
- Calmly ask simple and direct questions, like “Can I help you call your psychiatrist?”
- If there are multiple people around, have one person speak at a time
- Express support and concern
- Don’t argue, threaten or raise your voice
- Don’t debate whether suicide is right or wrong
- If you’re nervous, try not to fidget or pace
- Be patient

Like any other health emergency, it’s important to address a mental health crisis like suicide quickly and effectively. Unlike other health emergencies, mental health crises don’t have instructions or resources on how to help or what to expect (like the Heimlich Maneuver or CPR). That’s why NAMI created Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency, so people experiencing mental health emergencies and their loved ones can have the answers and information they need when they need it.
If your friend or family member struggles with suicidal ideation day-to-day, let them know that they can talk with you about what they’re going through. Make sure that you adopt an open and compassionate mindset when they’re talking. Instead of “arguing” or trying to disprove any negative statements they make (“Your life isn’t that bad!”), try active listening techniques such as reflecting their feelings and summarizing their thoughts. This can help your loved one feel heard and validated.

Let them know that mental health professionals are trained to help people understand their feelings and improve mental wellness and resiliency. Psychotherapy, like cognitive behavioral therapy and dialectical behavior therapy, can help a person with thoughts of suicide recognize ineffective patterns of thinking and behavior, validate their feelings and learn coping skills. Suicidal thoughts are a symptom, just like any other — they can be treated, and they can improve over time. **Suicide is not the answer. There is hope.**

Learn more at [naminys.org/mental-health-support/suicide-prevention/](http://naminys.org/mental-health-support/suicide-prevention/)
No one wants to worry about the possibility of a crisis, but they do happen. That doesn't mean you have to feel powerless. Many healthcare providers require patients to create a crisis plan, and may suggest that it be shared with friends and family. Ask your loved one if he has developed a plan.

A Wellness Recovery Action Plan can also be very helpful for your loved one to plan his overall care, and how to avoid a crisis. If he will not work with you on a plan, you can make one on your own. Be sure to include the following information:

- Phone numbers for your loved one’s therapist, psychiatrist and other healthcare providers
- Family members and friends who would be helpful, and local crisis line number
- Phone numbers of family members or friends who would be helpful in a crisis
- Local crisis line number (you can usually find this by contacting your NAMI Affiliate, or by doing an internet search for “mental health crisis services” and the name of your county)
- Addresses of walk-in crisis centers or emergency rooms
- The National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Your address and phone number(s)
- Your loved one’s diagnosis and medications
- Previous psychosis or suicide attempts
- History of drug use
- Triggers
- Things that have helped in the past
- Mobile Crisis Unit phone number in the area (if there is one)
- Determine if police officers in the community have Crisis Intervention Training (CIT)

Go over the plan with your loved one, and if he is comfortable doing so, with his doctor. Keep copies in several places. Store a copy in a drawer in your kitchen, your glove compartment, on your smartphone, your bedside table, or in your wallet. Also, keep a copy in a room in your home that has a lock and a phone.
Psychiatric Advance Directives

You may also want to ask about a Psychiatric Advance Directive (PAD), which is a legal document that allows a second party to act on your loved one's behalf if he becomes acutely ill and unable to make decisions about treatment. The PAD is written by your loved one when they are currently ‘competent.’ It details the individual’s preferences for treatment should they become unable to make such decisions due to their mental health condition. Planning ahead can make a huge difference in your loved one’s treatment experience in the future.

Conservatorship

In some cases, a person who is suicidal refuses to seek or accept treatment. They may engage in self-harm, risky behaviors and multiple suicide attempts. Oftentimes a person in this condition has a serious underlying mental illness that they refuse treatment for. Unfortunately, because they present such a significant danger to themselves, they may need someone else to make these decisions for them.

A conservatorship is a legal relationship granted by a court that allows one person (the conservator) to make personal decisions for another (the ward), who has shown themselves to be unable to fulfill the basic requirements needed to protect their own health and safety. Unless otherwise specified, the conservator has all of the powers that a parent has over a minor, which would allow the conservator to direct the ward’s mental health treatment and suicide prevention measures.

DOWNLOAD OUR CRISIS GUIDE HERE.

"Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency" (Crisis Guide) provides important, potentially life-saving information for people experiencing mental health crises and their loved ones. This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, available resources and so much more.