Suicide Awareness and Prevention
September 2019

Important Numbers:

National Suicide Prevention Line:
800-273-TALK (8255)

Clark County Crisis Line/Mobile Crisis Unit:
360-696-9560 or 800-626-8137

Veteran’s Crisis Line:
800-273-8255 (press 1)

Crisis Text Line:
Text start to 741741
Suicide and Crisis Resources
All lines are available 24 hours, 7 days a week

- National Suicide Prevention Line
  800-273-TALK (8255)
- Clark County Crisis Line/Mobile Crisis Unit
  360-696-9560 or 800-626-8137
- Cowlitz County Crisis Line
  360-425-6064 or 800-803-8833
- Skamania County Crisis Line
  509-427-3850
- Wahkiakum County Crisis Line
  800-635-5958
- Veteran’s Crisis Line
  800-273-8255, press 1
- Crisis Text Line
  Text “start” to 741741
- Trans Lifeline
  877-565-8860

For mental health crisis support for yourself or someone else, call your local crisis unit.
If someone is in immediate danger or needs medical attention, law enforcement or an ambulance, call 911.

Suicide Facts
based on 2017 data

- In 2017, 47,173 Americans died by suicide, making it the 10th leading cause of death overall in the US
- On average, there were 129 suicides per day, or one suicide every 11 minutes
- For every female death by suicide, there are 3.5 male deaths by suicide
- In 2017, there were 1.2 million suicide attempts. This is 1 attempt every 27 seconds
- The number of survivors of suicide loss in the US is more than 5.3 million, or 1 of every 62 Americans in 2017
- As many as 40-50% of the population have been exposed to suicide in their lifetime
- The suicide rate in Washington state was 17.5 per 100,000

Warning Signs and Risk Factors

Many people contemplating suicide show some characteristic signs of their suicidal thinking.

Verbal warning signs may include talking about:
- Killing him/herself—preoccupation with death
- Having no reason to live
- Being a burden to others
- Seeking revenge
- Feeling trapped
- Unbearable pain
- Hopelessness

Behavioral warning signs may include:
- Increased use of drugs or alcohol
- Seeking means to kill self (i.e. buying a gun, searching online for methods, etc.)
- Acting recklessly or unusually impulsively
- Withdrawing from normal activities
- Sleeping too much or too little
- Saying goodbyes or writing a will
- Giving away prized possessions
- Increased depression or panic attacks

Risk factors may include:
- Prolonged stress (such as bullying, harassment, and relationship problems)
- Stressful life events such as death of a loved one, divorce, or job loss
- Mental health conditions (i.e. depression, bipolar, substance abuse, schizophrenia, etc.)
- Veterans and First Responders
- Access to lethal means including firearms and drugs
- LGBTQ+ individuals
- Alcohol and drug abuse
- Chronic medical issues
- Traumatic brain injury
- Digital and social media addiction
- History of trauma or abuse
- Family history of suicide
- Exposure to another person’s suicide or to graphic or sensationalized accounts of suicide
- Mental health problems
- Gender — females attempt suicide more often, males have a higher rate of death by suicide
- Age — people under age 24 or over age 65 are at highest risk

(American Foundation for Suicide Prevention, afsp.org/about-suicide/risk-factors-and-warning-signs)
What should I do if someone I care about is thinking about suicide?

- Get educated about the warning signs and risk factors for suicide
- Get involved; be available to that person, show interest and support
- Be willing to listen without judgment
- Offer empathy, not sympathy
- Do not lecture on the value of life
- Do not swear secrecy about suicide plans
- Call your local crisis line for help

Ask the person directly if he or she:

- Is having suicide thoughts or ideas
  - “Are you thinking about killing yourself?”
- Has a plan to attempt suicide
  - “Have you thought of ways to kill yourself? Do you have a plan?”
- Has access to lethal means?
  - “Do you have pills or weapons in the house?”

You're not responsible for preventing someone from taking his or her own life — but your intervention may help the person see that other options are available to stay safe and get treatment.

When talking to a suicidal person, do:

- Be yourself — let the person know you care and they are not alone
- Listen — let the person unload despair, vent anger; the fact they are talking and someone is listening is a positive sign
- Be sympathetic — be non-judgmental, patient, calm, and accepting
- Offer hope — reassure the person that help is available and they are important to you
- Take the person seriously — you are not putting ideas in their head, you are showing concern, that you take them seriously, and that it’s okay for them to share their pain with you

Don’t:

- Argue — avoid saying things like “you have so much to live for,” “your suicide will hurt your family,” or “look on the bright side.”
- Act shocked — remain calm, don’t lecture or say suicide is wrong
- Promise confidentiality — never swear to secrecy, a life is at stake and if you promise to keep it secret, you may have to break your word
- Offer to fix their problems — it’s not about the problems, it’s about how badly it’s hurting them
- Blame yourself — you cannot “fix” someone’s depression; others’ happiness is not your responsibility

After a loved one’s suicide attempt: now what?

Hospitalization:
The goal of an emergency department is to get the best outcome for your loved one at a time of crisis — resolving the crisis, stabilizing the person medically and emotionally, and making recommendations and referrals for follow-up care or treatment.

After emergency department staff evaluate the person’s physical health, a mental health assessment should be performed. It generally focuses on three areas: psychiatric or medical conditions, how did the person harm themselves/have attempts been made before, and what support system is in place?

Emergency department staff will decide if your loved one needs further hospitalization — either voluntarily or by a commitment. If hospitalization is necessary, you can work with the hospital to offer information, support, and help develop a plan for the next steps.

Therapy and treatment:
Suicide attempt survivors and researchers who study suicide recommend professional help as your best bet for finding long-term strategies to ease the emotional pain for your loved one.

Encourage them to attend every counseling session, provide support for long- and short-term goals, and encourage your loved one to take prescribed medication if needed.

Medications are available to treat depression. Most common are antidepressants. Be patient. When the optimal dose with the best medication is achieved, the antidepressant may take from 4-12 weeks to achieve maximum benefit.

Treatment for alcohol and drug abuse may be needed as well. Encourage your loved one to be honest about their alcohol and drug intake for the safest treatment and best chance of getting better. Do not judge or complain about their substance abuse.

Remember: recovery is experienced differently by different people. Help your loved one get the support and encouragement that they need to recover. Respect their feelings, but also encourage them to engage when they’re ready. Be aware they may become withdrawn and not want to talk with others.
After a death by suicide:
Steps forward for family and friends

When a loved one dies by suicide, overwhelming emotions can leave you reeling. Your grief might be heart wrenching. At the same time, you might be consumed by guilt — wondering if you could have done something to prevent your loved one’s death.

There are resources available for loss survivors. You are not alone. Find a support group, write, ask for help.

Brace for powerful emotions like shock, anger, guilt, and despair.

It’s important to:

- Accept your emotions
- Not worry about what you “should” feel or do. There’s not standard timeline for grieving and not “right” way to cope
- Care for yourself. Do your best to get enough sleep, eat regular, health meals, and exercise
- Draw on support systems
- Talk to someone, join a support group, or talk to a counselor

Supporting grieving family or friends

Reach out, be there; your presence will be comforting and reassuring. Listen with empathy and compassion. Find ways to honor the loved one’s memory: plant a tree, create art, tell stories, make a donation in their name. Remember that everyone deals with grief and loss differently.

Loss survivors grapple with complex feelings after the death of a loved one by suicide, such as fear, grief, shame, and anger. Accept their feelings and be compassionate and patient, and provide support without criticism.

Use sensitivity during holidays and anniversaries. Events may bring forth memories of the lost loved one, and emphasize their absence.

Use the loved one’s name when talking. This shows that you have not forgotten this important person, and can make it easier to discuss a subject that is often stigmatized.
**Additional Resources**

**Washington Recovery Helpline:** 866-789-1511
Open 24/7, provides support and offers local treatment resources for substance abuse, problem gambling, and mental health as well as referrals to other services.

**YWCA Domestic Violence and Rape/Sexual Assault 24-hour Helpline:** 800-695-0167
Clark County resource for domestic violence, rape, or sexual assault.

**NAMI Southwest Washington:**
360-695-2823 in Vancouver
360-703-6722 in Longview
For resources, education, and support for families and individuals living with a mental health diagnosis.

**CVAB Warm Line, Clark County:** 360-903-2853
From 4:00 pm — 12:00 am, 7 days a week. Peer support line staffed by people with first-hand experience with mental health issues.

**TeenTalk, Cark County:** 360-397-2428
4:00 pm—9:00 pm Mon-Thurs, 4:00 pm—7:00 pm Friday
For non-judgmental peer to peer support for youth (under age 18) around topics such as depression, anxiety, sexuality, health, family, and friends.

**Mental Health Ombuds Program:**
Clark County, Melanie Greene, 800-696-1401 or swbhombuds@gmail.com
Helps people resolve complaints and grievances, appeals, and get administrative (fair) hearings.

**211 Information and Referral:**
Dial 211 or visit 211info.org for information on a broad range of social services and community resources.

**Community Services Northwest:**
360-546-1722
Mental health counseling for Medicaid recipients

**Columbia River Mental Health:**
360-993-3000
Mental health counseling for Medicaid recipients

**Lineline Connections:**
360-397-8246
Mental health and substance abuse counseling for Medicaid recipients

**PeaceHealth Behavioral Health, Adapt Day Program:**
360-514-6450
Local hospital day program for mental health
“When you get into a tight place and everything goes against you, till it seems as though you could not hang on a minute longer, never give up then, for that is just the place and time that the tide will turn.”

-Harriet Beecher Stowe

“Never, never, never give up.”

-Winston Churchill

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Check or cash only: make payable to NAMI SW WA

NAMI Membership includes:

- NAMI quarterly National Advocate Magazine
- Member discounts on NAMI events and materials

To use a debit or credit card, please visit namiswwa.org and click Join NAMI.

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