SUICIDE PREVENTION & AWARENESS BOOKLET
FOR FAMILY MEMBERS AND LOVED ONES
SEPTEMBER 2020
IMPORTANT NUMBERS

National Suicide Prevention Line:
1-800-273-TALK (8255)

Southwest Washington Crisis Line:
360-696-9560 or 1-800-626-8137

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

Crisis Text Line:
Text "Start" to 741741

Non-life-threatening situation:
311
ALL LINES ARE AVAILABLE
24 HOURS, 7 DAYS A WEEK

Cowlitz County Crisis Line:
360-425-6064 or 1-800-803-8833

Skamania County Crisis Line:
1-800-626-8137

Wahkiakum County Crisis Line:
1-800-635-5958

Trans Lifeline:
1-877-565-8860

For mental health crisis support for yourself or someone else, call your local crisis unit or 311 for a non-life-threatening situation.

If someone is in immediate danger or needs medical attention, law enforcement, or an ambulance, call 911.
WHO IS THIS BOOKLET FOR?

This booklet is for family members and loved ones of those dealing with mental health challenges, suicidal thoughts, attempts, or loss. There are many resources for individuals, but not a lot on what to do as a family member and loved one.

We all hope we never have to be in these situations, but the truth is that about 40-50% of people are directly touched by suicide in one way or another. Prevention and preparation is what this booklet is for.

If you need support, our Family Support Groups are open to family members and loved ones of individuals living with mental health challenges. Our Family-to-Family class includes invaluable information about brain chemistry, mental illnesses, medications, prevention plans, and more. For more information, visit us at www.namiswwa.org or call 360-695-2823. Visit www.nami.org to find a local NAMI affiliate near you.
NAMI SUPPORT GROUPS AND CLASSES

NAMI Southwest Washington offers support groups and classes, for free, to family members who have loved ones living with mental illness or mental health challenges. Groups and classes are at no cost and no insurance is needed.

NAMI Family Support Group is a peer-led support group for any adult with a loved one who has experienced symptoms of a mental health condition. Gain insight from the challenges and successes of others facing similar experiences. NAMI’s support groups are unique because they follow a structured model, ensuring everyone has an opportunity to be heard and to get what they need.

Meets weekly or bi-weekly. Call us at 360-695-2823 for more information or visit our website at www.namiswwa.org/support-groups/family-support-group.
NAMI Family-to-Family is a free, 8-session educational program for family, significant others and friends of people with mental health conditions. It is a designated evidenced-based program. This means that research shows that the program significantly improves the coping and problem-solving abilities of the people closest to a person with a mental health condition.

NAMI Family-to-Family is taught by NAMI-trained family members who have been there, and includes presentations, discussions and interactive exercises. All the materials are given for free.

The course includes current information about schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, borderline personality disorder, and co-occurring brain disorders and addictive disorders; Up-to-date information about medications, side effects, and strategies for medication adherence; Current research related to the biology of brain disorders and the evidence-based, most effective treatments to promote recovery; Gaining empathy by understanding the subjective, lived experience of a person with mental illness; Learning in special workshops for problem-solving, listening, and communication techniques; Acquiring strategies for handling crises and relapse; Focusing on care for the caregiver: coping with worry, stress, and emotional overload; Guidance on locating appropriate supports and services within the community; and Information on advocacy initiatives designed to improve and expand services.

Pre-registration is required for Family-to-Family. NAMI Southwest Washington holds 3 - 4 Family-to-Family classes each year. Call us at 360-695-2823 or visit us online at www.namiswwa.org/education/family-to-family
NAMI Basics meets for six sessions, 2.5 hours each, and is free of cost. The class is designed for parents and other family caregivers of children and adolescents living with mental illness. Basics is taught by a team of trained teachers who are family caregivers of individuals who developed symptoms of mental illness as children. It provides critical information and strategies related to caregiving through presentations, discussion and interactive exercises.

The course includes a toolkit of information including up-to-date information on a range of mental illnesses and their impact on the brain; current research on treatments including evidence-based therapies, medications and side effects; preparation for interactions with the mental health care system, school system and juvenile justice system.

NAMI Basics includes learning skills related to managing crises, solving problems, and communicating effectively; strategies for self-care and for navigating the challenges presented by mental illness for each family member; empowerment as an effective advocate for your child; and confidence and stamina for life-long understanding and support.

Perhaps most importantly, by attending a NAMI Basics course, you can gain comfort in knowing you are not alone. Recovery is a journey and there is hope for all families and individuals dealing with a brain disorder. The in-person or online group experience of NAMI Basics provides the opportunity for mutual support and positive impact. You can experience compassion and reinforcement from people who relate to your experiences. And through your participation, you have the opportunity to help others grow.

Pre-registration is required for Basics. NAMI Southwest Washington holds 1 - 2 Basics classes each year. Call us at 360-695-2823 or visit us online at www.namiswwa.org/education/basics.
Suicide Facts

Based on 2018 data

In 2018, 48,344 Americans died by suicide, making it the 10th leading cause of death overall in the US.

On average, 132 people died by suicide every day in 2018. This is 1 death by suicide every 10.9 minutes.

Suicide ranks as the 2nd leading cause of death for 15 - 34-year olds.

In 2018, there were 1.2 million suicide attempts. This is 1 attempt every 26 seconds in the US.

The rate of suicide is highest in middle-aged white males, making up 69.67% of suicide deaths in 2018.

In 2018, men died by suicide 3.5x more often than women.

There are more than 5.4 million survivors of suicide loss in the US. This means 1 out of every 61 Americans, or 40-50% of the population has been exposed to suicide in their lifetimes.

In Washington state, the suicide rate is 16.6 deaths by suicide for every 100,000 people.

Source: https://afsp.org/suicide-statistics
**Risk Factors**

Risk factors may include:

- Mental health conditions (depression, bipolar, substance abuse, schizophrenia, etc.)
- Chronic medical issues, including pain
- Traumatic brain injury
- Access to lethal means including firearms and drugs
- Prolonged stress, such as bullying, harassment, relationship problems, and unemployment
- Stressful life events, such as death of a loved one, divorce, financial crisis, life transitions, etc.
- Exposure to another person's suicide or to graphic or sensationalized accounts of suicide
- History of abuse, neglect, or trauma
- Family history of suicide
- Previous suicide attempts
- Veterans and First Responders
- LGBTQ+ individuals
- Mental health workers, such as counselors, trauma specialists, etc.
- Females attempt suicide more often, males have a higher rate of death by suicide
- White middle-aged men are more likely to die by suicide than any other age, gender, or race
- Age - individuals under 24 and over 65 are more likely to attempt suicide

Source: https://afsp.org/risk-factors-and-warning-signs
Warning Signs

Change in behavior or entirely new behaviors are reason for concern, especially in relation 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 do.

Verbal warning signs may include talking about:

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

Behavioral warning signs may include:

- Increased use of drugs or alcohol
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from normal activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression and fatigue

Source: https://afsp.org/risk-factors-and-warning-signs
Warning Signs

Change in mood, especially in relation 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 do.

Changes in mood may include:

• Depression
• Anxiety
• Loss of interest
• Irritability
• Humiliation/shame
• Agitation/anger
• Relief/sudden improvement

There is 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 associate 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.

Source: https://afsp.org/risk-factors-and-warning-signs
What should I do if someone I care about is thinking about suicide?

Have an honest conversation (#honestconvo)

- Talk to them in private
- Listen to their story
- Tell them you care about them
- Encourage them to seek treatment or contact their doctor or therapist
- Avoid debating the value of life, or minimizing their problems, or giving advice

Ask the person directly if he or she:

- Is having 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 are 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.

Source: https://afsp.org/what-to-do-when-someone-is-at-risk
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 empathetic** - 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

Source: https://afsp.org/what-to-do-when-someone-is-at-risk
Hospitalization:
The goal of an emergency department is to get the best outcome for the person at a time of crisis - resolve the crisis, stabilize the person medically and emotionally, and make recommendations and referrals for followup care or treatment. ED staff will also look for underlying physical problems, effects from medications, untreated medical conditions, or the presence of street drugs that can cause emotional distress.

Family members are a source of history and are often key to the discharge plan. Provide as much information as possible to the ED staff. Even in confidentiality laws prevent medical staff from giving you information, you can always give them information that may influence decisions made.

Remember to bring all medications, suspected of overdose, any names and phone numbers of providers. If your loved one has an advance directive, review this with the ED treatment team. If you have guardianship, let them know.

After a Loved One's Suicide Attempt

Coming Home:
When a loved one attempt suicide, it is a traumatic event that affects everybody. A variety of emotions may emerge, all of which are completely normal. These can include, but are not limited to:

- Anger at the person who made the attempt
- Guilt that you did something wrong
- Anxiety and a sense of insecurity
- Shame for yourself, your loved one, family, etc.
- Powerlessness, helplessness, a lack of control
- Betrayal from your loved one

Perhaps there are images you can't get out of your mind. All these feelings are normal. It is a traumatic event for everyone.

You may think you should have known, or should have done something or more. Keep in mind, you are not responsible for the actions of other people. Frequently, those closest are the last people to know about an individual's distress or true emotional state. Your loved one may be suffering from depression or another mental illness. There is a medical explanation for your loved one's behavior.

Source: https://www.sprc.org/sites/default/files/resource-program/After_an_attempt_emotional_impact_of_a_suicide_attempt_on_families.pdf
After a Repeat Attempt:
Frustration, disappointment, and fear are all normal feelings to have. You might ask yourself "what am I doing wrong," "what am I not getting?" "how is this happening again?" Mental illness is just that though - illness. You are not to blame. You cannot give someone a mental illness. It is a medical condition that effects thinking and behavior. While it is tempting to give up on the person, remember they are in pain.

Some people are more prone to repeat attempts, and others won't be. There are successful treatments available for people who struggle with chronic suicidal thoughts. Remember, just because one type of therapy or medication didn't work, doesn't mean another type won't work.

Only 10% of people who attempt suicide will go on to complete and die by suicide. But 80% of people who die by suicide have made a previous attempt. While chances are your loved one won't attempt again, they are still at an increased risk. The first six months after a hospitalization are especially critical.

Source: https://www.sprc.org/sites/default/files/resource-program/After_an_attempt_emotional_impact_of_a_suicide_attempt_on_families.pdf
Questions to Ask About the Followup Treatment Plan

Ask your loved one:

- Do you feel safe to leave and are you comfortable with the discharge plan?
- How is your relationship with your counselor/doctor and when is your next appointment? Let's make one before we leave.
- What has changed since your suicide feelings or actions began?
- What else can I/we do to support you after you leave the hospital?
- Will you agree to talk with me/us if your suicidal feelings return? If not, is there someone else you can talk to?

Ask the treatment team:

- Do you believe my loved one is ready to leave?
- What factors into decisions you made about my loved one's care and/or treatment?
- Who should my loved one followup with?
- What is my role as a family member in the safety plan?
- What should I/we look for and when should I/we seek more help, such as returning to the ED or finding local resources?

Source: https://www.sprc.org/sites/default/files/resource-program/After_an_attempt_emotional_impact_of_a_suicide_attempt_on_families.pdf
If you have lost a loved one to suicide, you are not alone. There are resources available to help survivors of suicide loss cope. A loved one's suicide is a challenging, confusing, and painful experience. If you're struggling, the Lifeline is always here to help.

**Find a support group:** You don't have to cope alone. There are support groups specifically for those who have lost a loved one to suicide.

**Do what feels right to you:** Don't feel pressured to talk immediately. If you choose to discuss your loss, speaking can give your friends and family the opportunity to support you in an appropriate way.

**Write:** You may find it helpful to write your feelings or to write a letter to your lost loved one. This can be a safe place for you to express some of the things you were not able to say before the death.

**Ask for help:** Don't be afraid to let your friends provide support to you, or to look for resources in your community such as therapists, co-workers, or family members.

Source: https://suicidepreventionlifeline.org/help-yourself/loss-survivors/
After a Death by Suicide: How to Help Support Someone

Supporting someone who has lost a loved one can feel overwhelming and complex. There are ways to help.

**Accept their feelings:** 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 this loved one's absence.

**Use the lost love one's name:** Use the name of the person who has died when talking to survivors. This shows that you have not forgotten this important person, and can make it easier to discuss a subject that is often stigmatized.

Source: https://suicidepreventionlifeline.org/help-yourself/loss-survivors/
After a Death by Suicide: How to Talk to Children

Children deserve the truth: Lying or hiding the truth from children often backfires. What's more, it can ruin the relationship between child and parent.

Mental health is genetic: Mental illness can run in the family and affects almost every family. Sharing accurate information about mental health and suicide gives children information accurate information about it.

Even if it doesn't happen in your family, hearing about it provides parents a good starting point for having a candid talk about suicide and its impact on others.

**Preschool - Kindergarten:** Stick to the basics. Keep it simple. Follow the lead of the child. "They had a bad disease and it just took over."

**Ages 7 - 10:** Give short, true answers. Emphasize the death is sad and that the person died from a disease.

**Ages 11 - 14:** Be more concrete. Talk about the warning signs. By middle school, 1 in 3 children have experienced mood dysregulation that scares them. Ask what they have heard about the person and suicide in order to correct any misinformation.

Source: https://www.today.com/parents/experts-explain-how-talk-about-suicide-kids-age-t130589
High school: Not if. When.
Instead of asking if they or their friends have experienced mental health conditions, ask when. "What will you do when you are worried about yourself or your friends?" It's nearly impossible to get through high school without knowing someone with a mental health condition.

Teens want to be addressed like an adult. It's also important that parents reassure teens that having a mental health condition is perfectly normal and they should ask for help.

College: Check-in.
Parents need to touch base, especially if they experienced suicidal ideation or know someone who has died by apparent suicide. It's okay to press them if they respond that they are fine. A friend or loved one dying by suicide can be a trigger. Reach out again even if they say they're fine. Let them know you support them.

Source: https://www.today.com/parents/experts-explain-how-talk-about-suicide-kids-age-t130589
Additional Resources
Helplines, Programs, and Organizations

NAMI Helpline: 1-800-950-NAMI (6264)
Monday through Friday from 10 AM - 6 PM for resources all over the US.

Washington Recovery Helpline: 1-866-789-1511
24/7 hours for substance use, problem gambling, and mental health challenges.

YWCA Helpline, Clark County: 1-800-695-0167
24/7 for domestic violence, rape, or sexual assault; includes a safe shelter.

CVAB Warm Line, Clark County: 360-903-2853
Monday through Sunday from 4 PM - midnight

TeenTalk, Clark County: 360-397-2428
Monday through Thursday from 4 PM - 9 PM
Friday from 4 PM - 7 PM
For non-judgmental peer to peer support for youth (under age 18) around topics such as depression, anxiety, sexuality, health, family, and friends.

211 Information and Referral
Dial 211 or visit www.211info.org for information on a broad range of social services and community resources.
Mental Health Ombuds, SW WA: 1-800-696-1401
swbhombuds@gmail.com
Helps people resolve complaints and grievances, appeals, and get administrative, fair hearings.

Community Services NW/SeaMar: 360-546-1722
Mental health counseling and medication management for Medicaid and Medicare recipients.

Columbia River Mental Health: 360-993-3000
Mental health counseling and medication management for Medicaid recipients.

Lifeline Connections: 360-397-8246
Mental health and substance abuse counseling for Medicaid recipients.

Crisis Wellness Center: 360-205-1222
Short-term crisis stabilization for acute behavioral health crisis. Admission is available 24/7.
5197 NW Lower River Rd. Vancouver, WA 98660

Rainier Springs: 360-558-3842
Mental health and substance abuse treatment in an inpatient and outpatient setting.
2805 NE 192nd St. Vancouver, WA 98686
"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

"If someone listens, or stretches out a hand, or whispers a word of encouragement, or attempts to understand a lonely person, extraordinary things begin to happen."
-Loretta Gizartis
Cut this card out to keep in your wallet or give it to someone who may need it.

Communicating with Someone in Crisis

**Don't**
- Take control - if you don't have to take control, don't do it
- Argue - There's no use reasoning with psychotic thinking
- Staré - Don't stare with your mouth open
- Confuse the person - One person at a time should interact with the person in crisis. Ask others watching to leave
- Touch - Unless necessary. This can be triggering, it may cause fear leading to violence
- Shout - If they aren't responding to you, it doesn't mean they can't hear you; it's easier to deescalate a situation if you a confident and calm
- Give them multiple choices - This can increase confusion
- Whisper, joke, or laugh - This can be triggering
- Deceive - Dishonesty increased fear and suspicion; they individual will likely remember it later in any subsequent contact
- Join - Don't mimic or agree you hear/see what they hear/see
- If a person is violent, call the police - There's no need to put anyone in danger. Keep people safe and out of harm.

**Do**
- Call the local crisis line - SW WA Crisis number is 1-800-266-8137
- Treat them if they are being inappropriate
- Listen - Actually listen to what the person in crisis is saying
- Feelings rather than what he or she is saying
- Talk about the person's crisis at a time you mean to basic needs, be low key, "we are all here to help"
- Be helpful - Respond to basic needs, be low key, "we are all here to help"
- Avoid sudden or fast movements
- Use slow, gentle touch and keep eye contact if possible
- Speak slowly and softly
- Express support and concern
- Give them space - Don't make them feel trapped
- Slow down