

Suicide Prevention

Understanding and Helping a Suicidal Person

A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die - they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously.

If you think a friend or family member is considering suicide, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life. Speak up if you're concerned and seek professional help immediately! Through understanding, reassurance, and support, you can help your loved one overcome thoughts of suicide.

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If you're thinking about committing suicide, please read [If You're Feeling Suicidal](#) or call 1-800-273-TALK now!

Understanding and preventing suicide

The World Health Organization estimates that approximately 1 million people die each year from suicide. What drives so many individuals to take their own lives? To those not in the grips of suicidal depression and despair, it's difficult to understand. But a suicidal person is in so much pain that he or she can see no other option.

Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their

own lives. They wish there was an alternative to committing suicide, but they just can't see one.

Because of their ambivalence about dying, suicidal individuals usually give warning signs or signals of their intentions. The best way to prevent suicide is to know and watch for these warning signs and to get involved if you spot them. If you believe that a friend or family member is suicidal, you can play a role in suicide prevention by pointing out the alternatives, showing that you care, and getting a doctor or psychologist involved.

Common Misconceptions about Suicide

FALSE: People who talk about suicide won't really do it.

Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," -- no matter how casually or jokingly said may indicate serious suicidal feelings.

FALSE: Anyone who tries to kill him/herself must be crazy.

Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

FALSE: If a person is determined to kill him/herself, nothing is going to stop him/her.

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

FALSE: People who commit suicide are people who were unwilling to seek help .

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

FALSE: Talking about suicide may give someone the idea.

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true --bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Source: [SAVE - Suicide Awareness Voices of Education](#)

Warning signs of suicide

Suicide prevention begins with an awareness of the warning signs of suicidal thoughts and feelings. Major warning signs for suicide include talking about killing or harming oneself, talking or writing a lot about death or dying, and seeking out things that could be used in a suicide attempt, such as weapons and drugs.

Take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide — **it's a cry for help.**

A more subtle but equally dangerous warning sign of suicide is hopelessness. Studies have found that hopelessness is a strong predictor of suicide. People who feel hopeless may talk about "unbearable" feelings, predict a bleak future, and state that they have nothing to look forward to.

Other warning signs that point to a suicidal mind frame include dramatic mood swings or sudden personality changes, such as going from outgoing to withdrawn or well-behaved to rebellious. A suicidal person may also lose interest in day-to-day activities, neglect his or her appearance, and show big changes in eating or sleeping habits.

Suicide Warning Signs

Talking about suicide	Any talk about suicide, dying, or self-harm. Includes statements such as "I wish I hadn't been born," "If I see you again...," "I want out," and "I'd be better off dead."
Seeking out lethal means	Looking for ways to commit suicide. Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
Preoccupation with death	Unusual focus on death, dying, or violence. Writing poems or stories about death.
No hope for the future	Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").
Getting affairs in order	Making out a will. Giving away prized possessions. Making arrangements for family members.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
Withdrawing from others	Withdrawing from friends and family. Increasing social

Suicide Warning Signs

Self-destructive behavior	isolation. Desire to be left alone. Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish".
Sudden sense of calm	A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to commit suicide.

Suicide prevention tip #1: Speak up if you're worried

If you spot the warning signs of suicide in someone you care about, you may wonder if it's a good idea to say anything. What if you're wrong? What if the person gets angry? Even worse, what if you plant the idea in your friend or family member's head? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

Talking to a person about suicide

If you're unsure whether someone is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving the individual the opportunity to express his or her feelings may prevent a suicide attempt. The person may even be relieved that you brought up the issue.

Here are some questions you can ask:

- Have you ever thought that you'd be better off dead or that if you died, it wouldn't matter?
- Have you thought about harming yourself?
- Are you thinking about suicide?



Suicide hotlines to call for help:

If you or someone you care about is suicidal, please call the [National Suicide Prevention Lifeline](https://www.suicidepreventionlifeline.org/) at **1-800-273-TALK (8255)** or the [National Hopeline Network](https://www.hopeline.com/) at **1-800-SUICIDE (1-800-784-2433)**.

These toll-free crisis hotlines offer 24-hour suicide prevention

and support. Your call is free and confidential.

Suicide prevention tip #2: Respond quickly in a crisis

If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for committing suicide in the near future have a specific suicide plan, the means to carry out the plan, a time schedule for doing it, and an intention to do it.

Level of Suicide Risk

Low — Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.

Moderate — Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.

High — Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.

Severe — Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.

The following questions can help you assess the immediate risk for suicide:

- Do you have a suicide plan?
- Do you have what you need to carry out your plan (pills, gun, etc.)?
- Do you know when you would do it?
- Do you intend to commit suicide?

If a suicide attempt seems imminent, call a local crisis center, dial 911, or take the person to an emergency room. **Do not, under any circumstances, leave a suicidal person alone.**

It's also wise to remove guns, drugs, knives, and other potentially lethal objects from the vicinity. In some cases, involuntary hospitalization may be necessary to keep the person safe and prevent a suicide attempt.

Suicide prevention tip #3: Offer help and support

If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear. Let your loved one know that he or she is not alone and that you care. Don't take responsibility, however, for making your loved one well. You can offer support, but you can't get better for a suicidal person. He or she has to make a personal commitment to recovery.

As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counselor—to talk to about your feelings and get support of your own.

Helping a suicidal person:

- Listen without judgment — Let a suicidal person express his or her feelings and accept those feelings without judging or discounting them. Don't act shocked, lecture on the value of life, or say that suicide is wrong.
- Offer hope — Reassure the person that help is available and that the suicidal feelings are temporary. Don't dismiss the pain he or she feels, but talk about the alternatives to suicide and let the person know that his or her life is important to you.
- Don't promise confidentiality — Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.
- Get professional help — Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.
- Make a plan for life — Help the person develop a "Plan for Life," a set of steps he or she promises to follow during a suicidal crisis. It should include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.

Risk factors for suicide

According to the U.S. Department of Health and Human Services, at least 90 percent of all people who commit suicide suffer from depression, alcoholism, or a combination of mental disorders. Depression in particular plays a large role in suicide. The difficulty suicidal people have imagining a solution to their suffering is due in part to the distorted thinking caused by depression.

Antidepressants and Suicide

Overall, the risk of suicide is lower in people taking antidepressants for depression. But for some, depression medication causes an increase—rather than a decrease—in depression and suicidal thoughts and feelings. Because of this risk, the FDA advises that anyone on antidepressants should be watched for increases in suicidal thoughts and behaviors. Monitoring is especially important if this is the person's first time on depression medication or if the dose has recently been changed. The risk of suicide is the greatest during the first two months of antidepressant treatment.

Common suicide risk factors include:

- Mental illness
- Alcoholism or drug abuse
- Previous suicide attempts
- Family history of suicide
- Terminal illness or chronic pain
- Recent loss or stressful life event
- Social isolation and loneliness
- History of trauma or abuse

Suicide in teens and older adults

In addition to the general risk factors for suicide, both teenagers and older adults are at a higher risk of suicide.

Suicide in Teens

Teenage suicide is a serious and growing problem. The teenage years can be emotionally turbulent and stressful. Teenagers face pressures to succeed and fit in. They may struggle with self-esteem issues, self-doubt, and feelings of alienation. For some, this leads to suicide. Depression is also a major risk factor for teen suicide.

Other risk factors for teenage suicide include:

- Childhood abuse
- Recent traumatic event
- Lack of a support network
- Availability of a gun
- Hostile social or school environment
- Exposure to other teen suicides

For more on teen suicide, see [Teen Depression: For Parents](#) and [Teen Depression: For Teens](#).

Suicide in the Elderly

The highest suicide rates of any age group occur among persons aged 65 years and older. One contributing factor is depression in the elderly that is undiagnosed and untreated.

Other risk factors for suicide in the elderly include:

- Recent death of a loved one
- Physical illness, disability, or pain
- Isolation and loneliness
- Major life changes, such as retirement
- Loss of independence
- Loss of sense of purpose

For more on depression and suicide in the elderly, see [Depression in Older Adults](#).

To Learn More...

- [If You're Feeling Suicidal:](#) Coping with Suicidal Thoughts and Feelings
- [Understanding Depression:](#) Spotting the Signs and Symptoms and Getting Help
- [Helping a Depressed Person:](#) Taking Care of Yourself while Supporting a Loved One
- [Professional Help for Depression:](#) Diagnosis and Treatment Options
- [Antidepressant Medications:](#) Side Effects, Safety, and Treatment Guidelines
- [Recovering from Depression:](#) Self-Help and Coping Tips

Related links for suicide prevention and help

General information about suicide prevention

[Understanding Suicidal Thinking](#) — Learn what to do when someone is suicidal. Features advice on preventing suicide attempts and offering help and support. (Depression and Bipolar Support Alliance)

[Frequently Asked Questions About Suicide](#) — Find answers to common questions about suicide, including who is at the highest risk and how to help. (National Institute of Mental Health)

[Suicide and Mental Illness](#) — Article on the link between suicide and mental illnesses such as depression, substance abuse, schizophrenia, and bipolar disorder. (StopaSuicide.org)

Helping a suicidal person

[What Can I Do To Help Someone Who Might be Suicidal?](#) — Discusses possible warning signs of suicidal thoughts and ways to prevent suicide attempts. (Metanoia)

[Suicide: Learn More, Learn to Help](#) — Suicide prevention fact sheet that includes questions to ask to find out if someone is suicidal. (The National Alliance for the Mentally Ill).

[When You Fear Someone May Take Their Own Life](#) — Overview of what to do when someone is suicidal, including preventing suicide in an acute crisis. (American Foundation for Suicide Prevention)

[Handling a Call From a Suicidal Person](#) — Advice on how to handle a phone call from a friend or family member who is suicidal. Features tips on what to say and how to help. (Metanoia)

Suicide hotlines and crisis support

[National Suicide Prevention Lifeline](#) - Suicide prevention telephone hotline funded by the U.S. government. Provides free, 24-hour assistance. 1-800-273-TALK (8255).

[National Hopeline Network](#) - Toll-free telephone number offering 24-hour suicide crisis support. 1-800-SUICIDE (784-2433)

[State Prevention Programs](#) — Browse through a database of suicide prevention programs, organized by state. (National Strategy for Suicide Prevention)

[Crisis Centers in Canada](#) — Locate suicide crisis centers in Canada by province. (Centre For Suicide Prevention)

[Befrienders Worldwide](#) — International suicide prevention organization connects people to crisis hotlines in their country.

Teen suicide

[Facts for Families: Teen Suicide](#) — Learn about teen suicide, including risk factors, warning signs, and how to prevent it. (American Academy of Child Adolescent Psychiatry)

[Suicide Prevention Resource Center: Teens](#) — Guide to suicide in teenagers. Includes advice for helping yourself or a friend. (Suicide Prevention Resource Center)

Suicide in the elderly

[Older Adults: Depression and Suicide Facts](#) — Overview of the problem of depression and suicide in the elderly, including how to get help. (National Institute of Mental Health)

[Suicide and the Elderly: Warning Signs and How to Help](#) — Article on suicide in the elderly covers the risk factors, warning signs, and how to provide help. (University of Florida)

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Reviewed by [Jeanne Segal, Ph.D.](#) Last modified on: March 08

Questions for Self-Study

1. Approximately how many people commit suicide each year in the world?

- a. 100,000 b. 1,000,000 c. 10,000,000 d. none of these

2. True or false? Most people who commit suicide are clear that this is the best thing to do. True ___ False ___

3. Name four common myths about suicide:

4. Name six warning signs that someone may be considering suicide:

5. What are three questions that you can ask a person whom you suspect may be considering suicide?

6. List the factors to determine if a person is at low, moderate, high or severe level of risk for suicide:

7. Identify three questions to determine if a person is at immediate risk of suicide:

8. What are four immediate responses to a person who has just threatened suicide in your presence?

9. Identify four helpful things to do to help a suicidal person:

10. True or False? Antidepressants always help a suicidal person to overcome thoughts of suicide when taken appropriately. True ___ False ___

11. Name six common risk factors for suicide:

12. List four other risk factors for teenagers:

13. Identify four risk factors for suicide in the elderly population:

Answers for Self-Study

1. Suicide worldwide is approximately 1,000,000 – answer b.
2. Answer, false: Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are **deeply conflicted** about ending their own lives. They wish there was **an alternative** to committing suicide, but they just can't see one.
3. Common myths about suicide:

FALSE: People who talk about suicide won't really do it.

Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," -- no matter how casually or jokingly said may indicate serious suicidal feelings.

FALSE: Anyone who tries to kill him/herself must be crazy.

Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

FALSE: If a person is determined to kill him/herself, nothing is going to stop him/her.

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

FALSE: People who commit suicide are people who were unwilling to seek help .

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

FALSE: Talking about suicide may give someone the idea.

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true --bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

4. Warning signs of suicide:

Talking about suicide	Any talk about suicide, dying, or self-harm. Includes statements such as "I wish I hadn't been born," "If I see you again...," "I want out," and "I'd be better off dead."
Seeking out lethal means	Looking for ways to commit suicide. Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
Preoccupation with death	Unusual focus on death, dying, or violence. Writing poems or stories about death.
No hope for the future	Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").
Getting affairs in order	Making out a will. Giving away prized possessions. Making arrangements for family members.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
Withdrawing from others	Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.
Self-destructive behavior	Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish".
Sudden sense of calm	A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to commit suicide.

5. Three questions to ask:

- Have you ever thought that you'd be better off dead or that if you died, it wouldn't matter?
- Have you thought about harming yourself?
- Are you thinking about suicide?

6. Risk levels:

Low — Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.

Moderate — Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.

High — Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.

Severe — Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.

7. Questions to determine immediate risk:

- Do you have a suicide plan?
- Do you have what you need to carry out your plan (pills, gun, etc.)?
- Do you know when you would do it?
- Do you intend to commit suicide?

8. Immediate responses when in the presence of someone threatening suicide:

If a suicide attempt seems imminent, **call a local crisis center, dial 911, or take the person to an emergency room. Do not, under any circumstances, leave a suicidal person alone.**

It's also wise to remove guns, drugs, knives, and other potentially lethal objects from the vicinity. In some cases, involuntary hospitalization may be necessary to keep the person safe and prevent a suicide attempt.

9. Helpful strategies:

- Listen without judgment — Let a suicidal person express his or her feelings and accept those feelings without judging or discounting them. Don't act shocked, lecture on the value of life, or say that suicide is wrong.
- Offer hope — Reassure the person that help is available and that the suicidal feelings are temporary. Don't dismiss the pain he or she feels, but talk about the alternatives to suicide and let the person know that his or her life is important to you.
- Don't promise confidentiality — Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.

- Get professional help — Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.
- Make a plan for life — Help the person develop a "Plan for Life," a set of steps he or she promises to follow during a suicidal crisis. It should include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.

10. False, the risk of suicide is lower in people taking antidepressants for depression. But for some, depression medication causes an **increase**—rather than a decrease—in depression and suicidal thoughts and feelings. Because of this risk, the FDA advises that anyone on antidepressants should be watched for increases in suicidal thoughts and behaviors. **Monitoring is especially important** if this is the person's **first time on depression medication** or if the dose has recently been changed. The **risk of suicide is the greatest during the first two months** of antidepressant treatment.

11. Risk factors for suicide:

- Mental illness
- Alcoholism or drug abuse
- Previous suicide attempts
- Family history of suicide
- Terminal illness or chronic pain
- Recent loss or stressful life event
- Social isolation and loneliness
- History of trauma or abuse

12. Other risk factors for teens:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Childhood abuse • Recent traumatic event • Lack of a support network | <ul style="list-style-type: none"> • Availability of a gun • Hostile social or school environment • Exposure to other teen suicides |
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13. Risk factors for elderly:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Recent death of a loved one • Physical illness, disability, or pain • Isolation and loneliness | <ul style="list-style-type: none"> • Major life changes, such as retirement • Loss of independence • Loss of sense of purpose |
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