



# Office of the Ombudsman for Mental Health and Mental Retardation

## Information for Individuals and Families about Suicide Prevention



Mental illnesses such as schizophrenia, depression, and bipolar disorder can make some people so ill they begin to see death as the only way to escape their pain. Remember, suicidal thoughts are symptoms of an illness. With appropriate treatment and knowledge, the risk of suicide can be greatly reduced. The risk of a suicide attempt, however, is difficult to predict. There is no test to tell us that a person is suicidal or assure us that they are not. Fortunately, asking someone if they are having thoughts about suicide does not cause them to act on these thoughts. Do not be afraid to ask.

Surprisingly, someone who is thinking of suicide may not always appear particularly unhappy or upset. The risk of suicide may increase when people begin to recover from depression. People are also at increased risk of suicide during passes from hospitals or residential treatment programs and in the months following hospitalization. We hope this information will help you recognize when you or a loved one are at risk and give you ideas on how to stay safe.

### What You Should Know

1. **Remember, you are not alone**, though sometimes you may feel like you are. Many people experience these illnesses. There are people who can help and support you. If you think it will help, list the people who care about you.
2. **Create a safe environment**. Because suicide can be the result of an impulse, it is important to create a safe environment for yourself. Have someone remove easy access to weapons or methods that you may be tempted to use; both in your home and the home of friends/families where you spend time. Remove all firearms or keep unloaded guns and ammunition in separate, locked cabinets. Consider using trigger locks. Use common sense; be sure you or someone else does not go home alone to remove guns. Also, think about limiting access to large quantities of medication or poisons.
3. **Safe situations**. Avoid alcohol and other recreational drug use. They can reduce your control of impulses and negatively affect your illness or judgment. Identify and be careful about situations that may be high risk for you such as: meeting an old girlfriend/boyfriend, driving alone at night, being alone too much, being tired, angry, or overwhelmed.
4. **Take all your medications as prescribed**. Don't stop or make changes unless you and your doctor decide this together. Tell your doctor how the medications are working and if you experience any side effects.

5. ***Smaller prescription amounts.*** Talk to your doctor about whether filling your prescription more frequently with smaller amounts of medication should be part of your safety plan.
6. ***Keep appointments*** with your doctor, therapist, or other providers. Do this even if you're feeling better and especially if you are changing medications.
7. ***Know what behaviors/actions/symptoms mean you aren't doing well and need help.*** Make a list of these symptoms and discuss them with people that you trust. They may help you recognize a growing problem. Keep in mind that some people experience mood changes at certain seasons of the year or during anniversaries and holidays.
8. ***Make a detailed personal safety plan.*** Talk to your physician, therapist or case manager about how to do this. Think about some personal safety rules. Consider talking to a family member or friend about suicide and including them in your safety plan. A "no harm contract" with a mental health provider can be part of a safety plan. However, if you are concerned about an increase in your symptoms; having a safety plan is not a substitute for an assessment by a mental health professional.
9. ***Know who to call*** if you are concerned about your safety.
 

My local crisis number is \_\_\_\_\_

My doctor or therapist number is \_\_\_\_\_

My case manager's number is \_\_\_\_\_

Trusted friend, clergy, or family \_\_\_\_\_
10. ***Call people who support you*** if you receive bad news, experience stressful events, or have suicidal thoughts. Examples might include family, friends, therapist, case manager, or physician.
11. ***Self talk can be powerful.*** Author Susan Blauner suggests distinguishing suicidal thoughts from the feelings that may accompany them. She suggests "instead of saying 'I feel suicidal,' say, 'I'm having a suicidal thought and I feel (angry, lonely, sad, terrified, abandoned, etc).'" She then suggests helping yourself by saying "I'm having a suicidal thought, and I feel \_\_\_\_\_; I don't have to act on this suicidal thought. All feelings pass."

***12. Be alert to warning signs of suicide:***

- talking or joking about suicide – statements about being reunited with a deceased loved one;
- statements about hopelessness, helplessness, worthlessness; preoccupation with death, funeral planning, obituary writing;
- suddenly happier or calmer;
- unusual visiting or calling people one cares about – saying their goodbyes, giving away possessions, making arrangements, setting one's affairs in order;
- self-destructive behavior (alcohol/drug abuse, self-cutting, promiscuity);
- risk-taking behavior (reckless driving/excessive speeding, carelessness around bridges, cliffs, or balconies, or walking in front of traffic);
- having several "accidents" resulting in injury;
- obsession with guns or knives; stockpiling pills or acquiring a weapon.

***"Although it might seem as if your unhappiness will never end, it is important to realize that crises are usually time-limited. Solutions are found, feelings change, unexpected positive events occur. Suicide is sometimes referred to as a 'permanent solution' to a temporary problem." American Association of Suicidology***

# Information Resources

American Association of Suicidology  
[www.suicidology.org](http://www.suicidology.org)  
202-237-2280

Depression and Bipolar Support Alliance. Their brochure *Suicide Prevention and Mood Disorders*, includes a sample safety plan  
[www.dbsalliance.org](http://www.dbsalliance.org)  
1-800-862-3532 or 312-642-0049

Mary Ellen Copeland – Resources about Recovery  
[www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)

Mental Health Association of Minnesota  
[www.mentalhealthmn.org](http://www.mentalhealthmn.org)  
612-331-6840 or 1-800-862-1799

Minnesota Mental Health Consumer Survivor Network  
[www.mhcsn.net](http://www.mhcsn.net)  
651-637-2800 or 1-800- 483-2007

National Alliance for the Mentally Ill – Minnesota  
<http://mn.nami.org>  
651-645-2948 or 1-888-473-0237

National Hopeline Network  
1-800-784-2433 (1-800-SUICIDE)

National Institute of Mental Health (NIMH)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)  
1-800-421-4211

Suicide Awareness Voices of Education  
[www.save.org](http://www.save.org)  
952-946-7998 or 1-888-511-SAVE (7283)

Susan Rose Blauner, *How I Stayed Alive When My Brain Was Trying to Kill Me, One Person's Guide to Suicide Prevention*

Yellow Ribbon Suicide Prevention Program (Minnesota)  
[www.yellowribbonmn.org](http://www.yellowribbonmn.org)  
507-387-5020 (information) or  
CRISIS LINE 1-800-865-0606