Tips

**Severity of Risk**

* Low risk: *few thoughts of suicide and no plan to execute.*
* Moderate risk: *some thoughts of suicide and a vague plan to execute.*
* High Risk: *thoughts of suicide occur often and there is a clear plan for execution.*

**Low to Moderate Risk**

*Suicidal ideations and associated feelings can be challenged in a supportive way to help the individual process and overcome these thoughts.*

1. Reach out and get help
   1. *Whether a friend, family member, or professional, sharing how you are feeling with others can help to make individuals feel less alone as they work through things.*
2. Be collaborative
   1. *Whenever possible work with individuals in crisis to deescalate the situation. Allow them to be active members in the process.*
3. Don’t shy away from sensitive topics
   1. *Reach down and discuss those topics at the core of the crisis. Talk about the plan and the underlying reasons for the crisis. Supporters should remain supportive and nonjudgmental during this process. Avoiding these topics can add to negative feelings individuals in crisis may already be experiencing.*
4. Create a safety plan
   1. *Share triggers and warning signs with those you trust. By sharing these things others will be more capable of identifying that an individual may need support.*
5. Be present and consistent
   1. *If you’re going to offer support to an individual in crisis, ensure that you can commit to that. Transient support can negatively impact individuals in crisis.*
6. Follow up
   1. *After the situation has deescalated be sure to reconnect with support networks to reduce chances for reescalation*

**High Risk**

*High risk individuals are more likely to need immediate and nonjudgmental support. Creating a safe space for them is of the upmost importance. If an individual is aggressive, causing harm to themselves or others, or otherwise creating an unsafe environment, contact emergency services.*

1. LEAP
   1. Listen
      1. *Engage in active listening, ask questions, summarize and rephrase what the individual is saying. Allow individuals in crisis to talk about whatever is on their mind, do not challenge or criticize them. Do not shy away from “scary” topics. Don’t respond emotionally or sarcastically. Allow time for the individual in crisis to reflect.*
   2. Empathize
      1. *Empathize with the feeling expressed. Use normalizing statements like “*I think I would feel like that too”. *Ask how the individual feels. Don’t force the individual to disclose information, allow them to set the pace of the conversation. Provide hope*.
   3. Agree
      1. *Incorporate information gathered to weigh the advantages of “next steps” (i.e. seeking treatment). Agree to disagree and set boundaries when necessary. Gently correct misinformation. This should set the basis for a plan.*
   4. Partner
      1. *Move forward together with agreed-upon goals. Provide support as necessary. Return to L, E, or A as warranted.*
2. Collaborate
   1. *No one likes being told what to do, especially those in crisis. Try to work with the individual in crisis to reach a solution that they are comfortable with.*
3. Remove means
   1. *Access to means to attempt increase the likelihood that the attempt will be made. By removing the means we lower this risk considerably.*
4. Call the National Suicide Prevention Lifeline (1-800-273-8255) or log onto the online Lifeline chat
   1. *The Suicide Prevention Lifeline and Lifeline chat provide free and confidential support for individuals in distress 24/7. Concerned friends and family can also call to get help providing support.*
5. Call emergency services (i.e. 911, mobile crisis unit, etc.)
   1. *If an individual is at risk to cause themselves or others harm, emergency services may be necessary to de-escalate the situation at that point.*
6. Follow up
   1. *After the situation has deescalated be sure to reconnect with support networks to reduce chances for reescalation.*

Additional Information

1. Interventions utilizing these strategies have been shown to be effective in person, over the phone, online, and through chat/text messaging.
2. These strategies should be applied in a culturally competent manner. This means they should be sensitive to the norms of individuals of different cultures (i.e. age, class, race, gender/sexuality).

Suicide Statistics (as of 2016)

**Worldwide**

* 18th leading cause of death overall
  + 2nd cause of death worldwide (Ages 15-24)
* 1 death by suicide every 40 seconds
* Most suicides occur in low- and middle-income countries

**National**

* 10th leading cause of death in the US for all ages
  + 2nd leading cause of death for ages 10 - 34
  + 3rd leading cause of death for ages 15 - 24
  + 4th leading cause of death for ages 18-65
* 1 completed suicide for every suicide attempt
* The suicide rate has been steadily increasing over time
  + 28% increase from 1999 to 2016

**Age**

* Regardless of gender, the rate of completed suicide increases with age
* The elderly (65+) is at a higher risk for completed suicide because the chosen methods are Suicide risk assessment and intervention in people with mental illness.
* 1 suicide for every 4 attempts in individuals 65+
  + Divorcees and widows are more likely to attempt suicide than their counterparts

**Gender**

* Males complete suicide more often than females.
  + Males account for 79% of all suicides in the US
  + Firearms are most likely to be used as preferred method among males.
  + Highest rates seen among males over 75
* Females are more likely to have suicidal ideations
  + Females experience depression 2x as often as men
  + Females attempt suicide 3x as often as males
  + Poisoning is the most common method for suicide among females.
  + Highest rates seen in women between 45-54
* Sexuality
  + LGBTQ children (<18) are 3x more likely to attempt suicide than their straight counterparts
  + Medically serious suicide attempts are more likely with LGBTQ youth
  + Minority (African American, Latino, Native American and Asian American) LGBTQ individuals are at especially high risk to attempt suicide
  + LGBTQ youth that face familial rejection or non-acceptance are 8x more likely to attempt suicide than those whose families accept them.
  + Victimization as a result of harassment or abuse leaves LGBTQ individuals 2.5x more likely to engage in self-injurious behavior

**Race**

* Whites, American Indians and Alaska Natives have the highest suicide rates in the US

**Misc**.

* Symptoms of mental illness (i.e. delusions, hallucinations, feelings of hopelessness) can increase the likelihood of suicidality, however individuals without a diagnosed mental illness may still be at high risk.

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