

[suicide prevention](#)

Suicide Prevention

Suicide prevention starts with recognizing the warning signs and taking them seriously. If you think a friend or family member is suicidal, there's plenty you can do to help save a life.



If you're thinking about suicide, please read [Are You Feeling Suicidal?](#), call 1-800-273-TALK (8255) in the U.S., or find a suicide helpline in your country at [IASP](#) or [Suicide.org](#).

Understanding 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 who are not in the grips of suicidal depression and despair, it's difficult to understand what drives so many individuals to take their own lives. But a suicidal person is in so much pain that they 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 suicide, but they just can't see one.

Common misconceptions about suicide

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

Fact: Almost everyone who attempts suicide has given some clue or warning. Don't ignore even indirect references to death or suicide. Statements like "You'll be sorry when I'm gone," "I can't see any way out,"—no matter how casually or jokingly said—may indicate serious suicidal feelings.

Myth: Anyone who tries to kill themselves must be crazy.

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

Myth: If someone is determined to kill themselves, nothing is going to stop them.

Fact: Even a very severely depressed person has mixed feelings about death, fluctuating between wanting to live and wanting to die. Rather than wanting death, they just want the pain to stop—and the impulse to end their life does not last forever.

Myth: People who die by suicide are people who were unwilling to seek help.

Fact: Many people try to get help before attempting suicide. In fact, studies indicate that more than 50 percent of suicide victims had sought medical help in the six months prior to their deaths.

Myth: Talking about suicide may give someone the idea.

Fact: You don't give someone suicidal ideas by talking about suicide. Rather, the opposite is true. Talking openly and honestly about suicidal thoughts and feelings can help save a life.

Warning signs of suicide

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.

Most suicidal individuals give warning signs or signals of their intentions. The best way to prevent suicide is to recognize these warning signs and know how to respond 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.

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. These signals are even more dangerous if the person has a mood disorder such as [depression](#) or [bipolar disorder](#), suffers from alcohol dependence, has previously attempted suicide, or has a family history of suicide.

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 switching from outgoing to withdrawn or from well-behaved to rebellious. A suicidal person may also lose interest in day-to-day activities, neglect their appearance, or show big changes in their eating or sleeping habits.

Suicide warning signs include:

Talking about suicide - Any talk about suicide, dying, or self-harm, such as “I wish I hadn't been born,” “If I see you again...” and “I'd be better off dead.”

Seeking out lethal means - 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 attempt 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? 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 friend or family member about their suicidal thoughts and feelings can be extremely difficult for anyone. But 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 a suicidal person the opportunity to express their feelings can provide relief from loneliness and pent-up negative feelings, and may prevent a suicide attempt.

Ways to start a conversation about suicide:

“I have been feeling concerned about you lately.”

“Recently, I’ve noticed some differences in you and wondered how you are doing.”

“I wanted to check in with you because you haven’t seemed yourself lately.”

Questions you can ask:

“When did you begin feeling like this?”

“Did something happen to make you start feeling this way?”

“How can I best support you right now?”

“Have you thought about getting help?”

What you can say that helps:

“You are not alone in this. I’m here for you.”

“You may not believe it now, but the way you’re feeling will change.”

“I may not be able to understand exactly how you feel, but I care about you and want to help.”

“When you want to give up, tell yourself you will hold off for just one more day, hour, minute—whatever you can manage.”

When talking to a suicidal person

Do:

Be yourself. Let the person know you care, that they are not alone. Finding the right words are not nearly as important as showing your concern.

Listen. Let your friend or loved one vent and unload their feelings. No matter how negative the conversation seems, the fact that it is taking place is a positive sign.

Be sympathetic and non-judgmental. The suicidal person is doing the right thing by talking about their feelings, no matter how difficult it may be to hear.

Offer hope. Reassure your loved one that help is available and that the suicidal feelings are temporary. Let the person know that their life is important to you.

Take the person seriously. If a suicidal person says things like, “I’m so depressed, I can’t go on,” ask if they’re having thoughts of suicide. You’re allowing them to share their pain with you, not putting ideas in their head.

But don’t:

Argue with the suicidal person. Avoid saying things like: “You have so much to live for,” “Your suicide will hurt your family,” or “Just snap out of it.”

Act shocked, lecture on the value of life, or argue that suicide is wrong.

Promise confidentiality or 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.

Offer ways to fix your loved one’s problems, give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it’s hurting your friend or loved one.

Blame yourself. You can’t “fix” someone else’s depression. Your friend or loved one’s happiness, or lack thereof, is not your responsibility.

Tip 2: Respond quickly in a crisis

If a friend or family member tells you that they’re 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 SET for doing it, and an INTENTION to do it.

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

- Do you have a suicide plan? (PLAN)
- Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
- Do you know when you would do it? (TIME SET)
- Do you intend to take your own life? (INTENTION)

Level of Suicide Risk

Low - Some suicidal thoughts. No suicide plan. The person says they won’t attempt suicide.

Level of Suicide Risk

Moderate - Suicidal thoughts. Vague plan that isn't very lethal. Says they won't attempt suicide.

High - Suicidal thoughts. Specific plan that is highly lethal. Says they won't attempt suicide.

Severe - Suicidal thoughts. Specific plan that is highly lethal. The person says they will attempt suicide.

If a suicide attempt seems imminent, call a local crisis center, phone your country's emergency services number (911 in the U.S.), or take the person to an emergency room. Remove guns, drugs, knives, and other potentially lethal objects from the vicinity but **do not, under any circumstances, leave a suicidal person alone.**

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 they're not alone and that you care. Don't take responsibility, however, for healing your loved one. You can offer support, but you can't make a suicidal person get better. They have to make a personal commitment to recovery.

It takes a lot of courage to help someone who is suicidal. Witnessing a loved one dealing with thoughts about ending their own life can stir up many difficult emotions. 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.

To help a suicidal person:

Get professional help. Do everything in your power to get a suicidal person the help they need. 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.

Follow-up on treatment. If the doctor prescribes medication, make sure your friend or loved one takes it as directed. Be aware of possible side effects and be sure to notify the physician if the person seems to be getting worse. It often takes time and persistence to find the medication or therapy that's right for a particular person.

Be proactive. Those contemplating suicide often don't believe they can be helped, so you

may have to be more proactive at offering assistance. Saying, “Call me if you need anything” is too vague. Don’t wait for the person to call you or even to return your calls. Drop by, call again, invite the person out.

Encourage positive lifestyle changes, such as a healthy diet, plenty of sleep, and getting out in the sun or into nature for at least 30 minutes each day. [Exercise is also extremely important](#) as it releases endorphins, relieves stress, and promotes emotional well-being.

Make a safety plan. Help the person develop a set of steps they promise to follow during a suicidal crisis. It should identify any triggers that may lead to a suicidal crisis, such as an anniversary of a loss, alcohol, or stress from relationships. Also include contact numbers for the person’s doctor or therapist, as well as friends and family members who will help in an emergency.

Remove potential means of suicide, such as pills, knives, razors, or firearms. If the person is likely to take an overdose, keep medications locked away or give them out only as the person needs them.

Continue your support over the long haul. Even after the immediate suicidal crisis has passed, stay in touch with the person, periodically checking in or dropping by. Your support is vital to ensure your friend or loved one remains on the recovery track.

Risk factors for suicide

According to the U.S. Department of Health and Human Services, at least 90 percent of all people who die by suicide suffer from one or more mental disorders such as [depression](#), bipolar disorder, [schizophrenia](#), or alcoholism.

Depression in particular plays a large role in suicide. The difficulty that suicidal people have imagining a solution to their suffering is due in part to the distorted thinking caused by depression.

Common suicide risk factors include:

- Mental illness, alcoholism or drug abuse.
- Previous suicide attempts, family history of suicide, or history of trauma or abuse.
- Terminal illness or chronic pain, a recent loss or stressful life event.
- Social isolation and loneliness.

Antidepressants and suicide

For some, [depression medication](#) causes an increase—rather than a decrease—in depression and suicidal thoughts and feelings. Because of this risk, the U.S. Food and Drug Administration (FDA) advises that anyone taking 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.**

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.

Warning signs in teens

Additional warning signs that a teen may be considering suicide:

- Change in eating and sleeping habits.
- Withdrawal from friends, family, and regular activities.
- Violent or [rebellious behavior](#), bullying, running away.
- Drug and [alcohol use](#).
- Unusual neglect of personal appearance.
- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork.
- Frequent complaints about physical symptoms, such as stomach pains, headaches, or tiredness.
- Rejecting praise or rewards.

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](#), isolation, and loneliness.
- [Physical illness](#), disability, or pain.
- Major life changes, such as retirement or loss of independence.
- Loss of sense of purpose.

Warning signs in older adults

Additional warning signs that an elderly person may be contemplating suicide:

- Reading about death and suicide.
- Changes in [sleep patterns](#).
- [Increased consumption](#) of alcohol or prescription drugs.
- Self-neglect or failing to follow medical orders.
- Stockpiling medications or taking a sudden interest in firearms.
- Withdrawing from friends, family, and social activities, bidding elaborate farewells, or hurrying to revise a will.

Authors: Melinda Smith, M.A., Lawrence Robinson, and Robert Segal, M.A.

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[Get more help](#)

[Understanding Suicidal Thinking](#) - Preventing suicide attempts and offering help. (Depression and Bipolar Support Alliance)

[About Suicide](#) - Warning signs, risk factors, and treatment. (American Foundation for Suicide Prevention)

[What Can I Do to Help Someone Who May be Suicidal?](#) (Metanoia.org)

Suicide crisis lines in the U.S.:

Call [National Suicide Prevention Lifeline](#) at 1-800-273-8255 or [IMAlive](#) at 1-800-784-2433.

[The Trevor Project](#) offers suicide prevention services for LGBTQ youth at 1-866-488-7386.

[SAMHSA's National Helpline](#) offers referrals for substance abuse and mental health treatment at 1-800-662-4357.

Suicide crisis lines in other countries:

UK and Ireland: Call [Samaritans UK](#) at 116 123.

HelpGuide

Australia: Call [Lifeline Australia](#) at 13 11 14.

Canada: Call [Crisis Services Canada](#) at 1-833-456-4566.

In other countries: Find a helpline near you at [Befrienders Worldwide](#), [IASP](#), or [International Suicide Hotlines](#).