

The resources in this document are a supplement to the article [Five Ways a Church Can Observe National Suicide Prevention Month](#).

How to Help Yourself if You are Thinking About Suicide

Why might you think about suicide? Many things might contribute to you having suicidal thoughts. For example, stressful life events like the ending of a relationship,ⁱ being unemployed,ⁱⁱ exposure to other people's suicidal thoughts and behaviors,ⁱⁱⁱ having an abuse history or feeling hopeless about your situation,^{iv} all can contribute to suicidal thinking. People who perceive themselves as being discriminated against might have higher levels of suicidal thinking.^v People who believe that most people hold negative views of those seeking mental health treatment have increased risk of having suicidal thoughts, plans and attempts.^{vi} Each person has a unique set of ingredients that contribute to suicidal thinking.

Once the unique mix happens, a person might have suicidal thoughts. These can be perplexing and distressing.

We all know fire safety rules like “Stop, drop, and roll” but few moms told us what to do if we have suicidal thoughts. When humans don't know what to do, they may do nothing. They may worry that people will think they're crazy and they may keep suicidal thoughts a secret.^{vii} That's exactly what you don't want to do. Doing nothing allows the possibility that the thoughts will grow.

So what should you do if you have thoughts of suicide?

1. **Find a trusted professional or friend to talk to.** One option is to contact the National Suicide Prevention Lifeline (1-800-273-TALK [8255] <https://suicidepreventionlifeline.org/>) which can connect you to a network of crisis centers throughout the U.S. Alternatively, you can go to your nearest emergency room for an evaluation.



2. **Give your firearms to your local police for temporary safekeeping.** Owning a firearm increases your risk of suicide.^{viii} Or you can talk to your prescriber about prescribing weekly so that you can't stockpile medication at home.
3. **Get treatment for your mental health condition** although not all people with suicidal thinking have a mental health condition.^{ix} Check the list of behavioral health providers on your insurance plan.
4. **Read stories of hope and recovery on the Suicide Prevention Lifeline website.**
<https://suicidepreventionlifeline.org/stories/>
5. **Make a list of your reasons to stay alive.** Most people with thoughts of suicide don't 100% want to die, they want to escape pain.^x A part of them wants to die to escape pain but a part of them would like to find an alternate solution to their problems and stay alive. Suicidal people are ambivalent. One way to manage your ambivalence is to clarify your reasons to live. If you need some ideas, read Matt Haig's book "Reasons to Stay Alive" (Penguin Books, 2016). One suggestion he makes is: "Remember that the key thing about life on earth is change. Cars rust. Paper yellows. Technology dates. Caterpillars become butterflies. Nights morph into days. Depression lifts."^{xi} Your friends are right when they tell you, "This too shall pass." Some other reasons to live might be God's great love for you. Collect tangible reminders of these reasons to live into a hope box or alternatively download and use a free phone app called Virtual Hope Box.^{xii} One person obtained clothing from people who were important to her and made a quilt.^{xiii} Be creative about what will work for you to remind you of your reasons to live when you are thinking about suicide.

How to Help Someone Else Who is Thinking About Suicide

The signs of suicide

You might be wondering how to know if someone else is suicidal. Listen for talk about death. Is this person getting ready to die by buying a gun or putting their affairs in order? Watch for changes in their behavior like changes in their sleep (more or less sleep) or an increase in risky behaviors like using more alcohol. Listen for any talk about “being a burden” or feeling trapped and hopeless. Is this person withdrawing from others?

Knowing the signs is only the first step. The only way to really know if a person is withdrawing because they are thinking about suicide (or because they are busy at work) is to ask them. We may worry that asking if someone has thoughts of suicide plants the idea in their head. There is no evidence for this.^{xiv} Most suicidal people are relieved when you bring up the topic for them. Thoughts of suicide are intensely distressing because they are scary and unexpected and suicidal people may not know how to start the conversation they so desperately want to have. Ask directly, “Do you have thoughts of suicide?” or “Are you thinking about killing yourself?” What action steps can you take if they say “yes”?

1. **Stay with the person until they connect to help.** If a person has thoughts of suicide, stay with them until they get connected to help. One option is to contact the National Suicide Prevention Lifeline (1-800-273-TALK [8255] <https://suicidepreventionlifeline.org/>) together. The Lifeline will connect this person to a network of crisis centers throughout the U.S. Alternatively, this person can go to their nearest emergency room for an evaluation.



2. **Safety plan.** A safety plan, or crisis response plan, is a short, easy-to-read plan for a suicidal person to follow when they experience suicidal thoughts. It includes a list of calming

activities (like playing with a pet) and supportive contacts.^{xv} It will include emergency numbers like the National Suicide Prevention Lifeline or local mental health crisis numbers. A safety plan is like a life jacket. It gives a suicidal person something else to do besides think about suicide. The goal of a safety plan is to interrupt the chain of events leading to suicidal behavior. One of the messages of a safety plan is that a person can be successful in fighting the thoughts of suicide. Susan Rose Blauner survived many suicide attempts and she writes, “I’ve experienced the ‘I want to die’ moment thousands of times over the last eighteen years, which means suicidal thoughts have passed *just as many times*.”^{xvi} A safety plan assists with managing suicidal thoughts.

- 3. Caring letters.** Jerome Motto^{xvii} studied 3,006 patients who were discharged following a psychiatric hospitalization. He followed three groups: those who got treatment after discharge, those who refused treatment who did not receive letters or calls, and those who refused treatment who received non-demanding letters or phone calls on a set schedule. The call or letter expressed interest in how the person was doing and was signed by the person in charge of the patient’s care. A letter might say, “Dear X, it has been some time since you were here at the hospital and we hope things are going well for you. If you wish to drop us a note, we would be glad to hear from you.” A self-addressed unstamped envelope was enclosed, and if the person wrote back, their letter was answered. The group that got calls or letters had the lowest suicide rate over two years. You can easily do the same thing for a suicidal person by writing them caring letters.

The important action step is to take action. If you are the one with suicidal thoughts, reach out for help. If you know someone with suicidal thoughts, stay with them until they connect to help.

ⁱ Love, H.A., Nalbone, D.P., Hecker, L.L., Sweeney, K.A., Dharnidharka, P. (2018). Suicidal risk following the termination of romantic relationships. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 39(3), 166-174.

ⁱⁱ Blakely, T.A., Collings, S.C.D., & Atkinson, J. (2003). Unemployment and suicide. Evidence for a causal association? *Journal of Epidemiology & Community Health*, 57(8).

ⁱⁱⁱ Ribeiro, J.D., Franklin, J.C., Fox, K.R., Bentley, K.H., Kleiman, E.M., Chang, B.P., & Nock, M.K. (2016). Self-injurious thoughts and behaviors as risk factors for future suicide ideation, attempts, and death: a meta-analysis of longitudinal studies. *Psychological Medicine*, 46(2), 225-236.

^{iv} Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., & ... Nock, M. K. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, 143(2), 187-232.

^v Perez-Rodriguez, M. M., Baca-Garcia, E., Oquendo, M. A., Wang, S., Wall, M. M., Liu, S., & Blanco, C. (2014). Relationship between acculturation, discrimination, and suicidal ideation and attempts among US Hispanics in the National Epidemiologic Survey of Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 75(4), 399-407.

^{vi} Goodwill, J. R. & Zhu, S. Z. (2020). Association between perceived public stigma and suicidal behaviors among college students of color in the U.S. *Journal of Affective Disorders*, 1(262), 1-7.

^{vii} Keefe, R.A. (2018). *The Lifesaving Church: Faith Communities and Suicide Prevention*. St Louis, MO: Chalice Press, p. 49.

^{viii} Anestis, M.D., & Houtsma, C. (2018). The association between gun ownership and statewide overall suicide rates. *Suicide and Life-Threatening Behavior*, 48(2), 204-217.

^{ix} Kessler, R., Berglund, P., Borges, G., Nock, M., & Wang, P. (2005). Trends in suicide ideation, plans, gestures, and attempts in the United States, 1990-1992 to 2001-2003. *The Journal of the American Medical Association*, 293(20), 2487-2495. (About 1-3% of people with a mental health condition will die by suicide. Blair-West G.W., & Mellsoy G.W. (2001). Major depression: Does a gender-based down-rating of suicide risk challenge its diagnostic validity? *Australian and New Zealand Journal of Psychiatry*, 35(3):322–28.)

^x Shneidman, E.S. (1996). *The Suicidal Mind*. New York: Oxford University Press, p. 133

^{xi} Haig, M. (2016). *Reasons to Stay Alive*. Penguin Books.

^{xii} <https://apps.apple.com/us/app/virtual-hope-box/id825099621>

^{xiii} Wenzel, A., Brown, G.K., & Beck, A.T. (2009). *Cognitive Therapy for Suicidal Patients: Scientific and Clinical Applications*. Washington, D.C: American Psychological Association, p. 192.

^{xiv} Eynan, R., Bergmans, Y., Antony, J., Cutcliffe, J.R., Harder, H.G., Ambreen, M.... & Links, P.S. (2014). The effects of suicide ideation assessments on urges to self-harm and suicide. *Crisis*, 35(2): 123-131.

^{xv} Wenzel, A., Brown, G.K., & Beck, A.T. (2009). *Cognitive Therapy for Suicidal Patients: Scientific and Clinical Applications*. Washington, D.C: American Psychological Association pp. 144-145.

^{xvi} Blauner, S.R. (2002.) *How I stayed Alive when my Brain was Trying to Kill me: One Person's Guide to Suicide Prevention*. New York: William Morrow p. 149.

^{xvii} Motto, J. A. (1976). Suicide prevention for high-risk persons who refuse treatment. *Suicide: A Quarterly Journal Of Life-Threatening Behavior*, 6(4), 223-230.