

# SUICIDE PREVENTION FACTS & RESOURCES

## SUICIDE PREVENTION FACTS



Every 12 minutes 1 person will die from suicide in the United States.




The suicide rate for individuals with serious mental illness and mood disorders, such as depression or bipolar disorder, is 25x that of the general public.



Males take their own lives at nearly 4x the rate of females and represent 77.9 % of all suicides.

The highest rates of suicides (per 100,000)

AGES 45-54



AGES 75+



Second leading cause of death  
**AGES 15-24 & 25-34**



Suicidal thoughts, plans, and attempts increased for ages 18-25.

Centers for Disease Control and Prevention (CDC). (2015). Suicide: Facts at a Glance. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>. • Centers for Disease Control and Prevention (CDC). (2017). National Violent Death Reporting System. Retrieved from <https://www.cdc.gov/violenceprevention/nvdrs/index.html>. • Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2013, 2011) National Center for Injury Prevention and Control, CDC (producer). Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>.

## SAFE-T • SUICIDE ASSESSMENT FIVE-STEP EVALUATION AND TRIAGE

1	2	3	4	5
<b>IDENTIFY RISK FACTORS</b>	<b>IDENTIFY PROTECTIVE FACTORS</b>	<b>CONDUCT SUICIDE INQUIRY</b>	<b>DETERMINE RISK LEVEL/INTERVENTION</b>	<b>DOCUMENT</b>
Note those that can be modified to reduce risk	Note those that can be enhanced	Suicidal thoughts, plans, behaviors and intent	Choose appropriate interventions to address and reduce risk	Assessment of risk rationale, intervention and follow-up

## WARNING SIGNS OF SUICIDE

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Losing interest in things, or losing the ability to experience pleasure

## CARE TRANSITIONS, A HIGH-RISK TIME FOR PATIENTS

The period of time following hospitalization is a high-risk time for patients with serious mental illness.

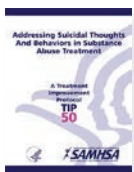
Risks can be mitigated through:

- Coordination between inpatient and outpatient services
- Safety planning prior to inpatient discharge
- Immediate involvement of family, friends, and social support
- Maintaining continuity of care best practices
- Follow-up with the patient within 24 hours after discharge

Continuity of care is essential after an intent-to-harm-self emergency department visit.

- Schedule follow-up appointment prior to discharge
- Follow-up appointments ideally occur within 24 to 72 hours post-discharge. When possible, facilitate contact between the patient and the follow-up facility prior to discharge.
- Provide crisis and contact information
- Develop a personalized safety plan
- Review discharge recommendations with the person and approved social support

## SUICIDE PREVENTION RESOURCES



### TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment

Provides guidelines for working with suicidal adults living with substance use disorders.



### A Journey Toward Health and Hope: Your Handbook for Recovery After a Suicide Attempt

Guides people through the first steps toward recovery and a hopeful future after a suicide attempt.



**Suicide Safe: SAMHSA's Suicide Prevention App for Healthcare Providers.** Available at iTunes and Google Play.



### Suicide Prevention Resource Center

The Suicide Prevention Resource Center (SPRC) is the nation's only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.



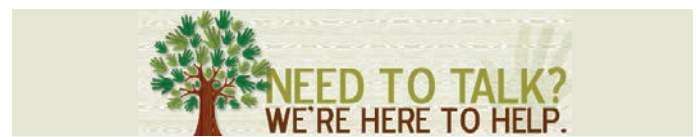
### National Strategy for Suicide Prevention Implementation Assessment Report

The report provides a snapshot of recent efforts to implement the goals and objectives of the National Strategy for Suicide Prevention and makes suggestions for increasing the effectiveness of implementation efforts.



### Zero Suicide

Making suicide prevention a core priority in health care systems using the Zero Suicide model, a framework for systematic, clinical suicide prevention in behavioral health and health care systems.



**Suicide Prevention Lifeline**  
1-800-273-TALK (8255) • TTY: 1-800-779-4889  
<http://suicidepreventionlifeline.org>

**Disaster Distress Helpline**  
1-800-985-5990 • TTY: 1-800-846-8517

**SAMHSA's National Helpline**  
1-800-662-HELP (4357) • TTY: 1-800-487-4889  
<http://samhsa.gov/find-help/national-helpline>



**The Behavioral Health Treatment Services Locator**  
Find alcohol, drug or mental health treatment facilities and programs.  
<http://findtreatment.samhsa.gov>

**Buprenorphine Physician & Treatment Program Locator**  
Find physicians authorized to treat opioid dependency.  
<http://samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

**Opioid Treatment Program Directory**  
Find treatment programs in your state for addiction and dependence on opioids.  
<http://dpt2.samhsa.gov/treatment>

**More info at <http://samhsa.gov/find-help>**