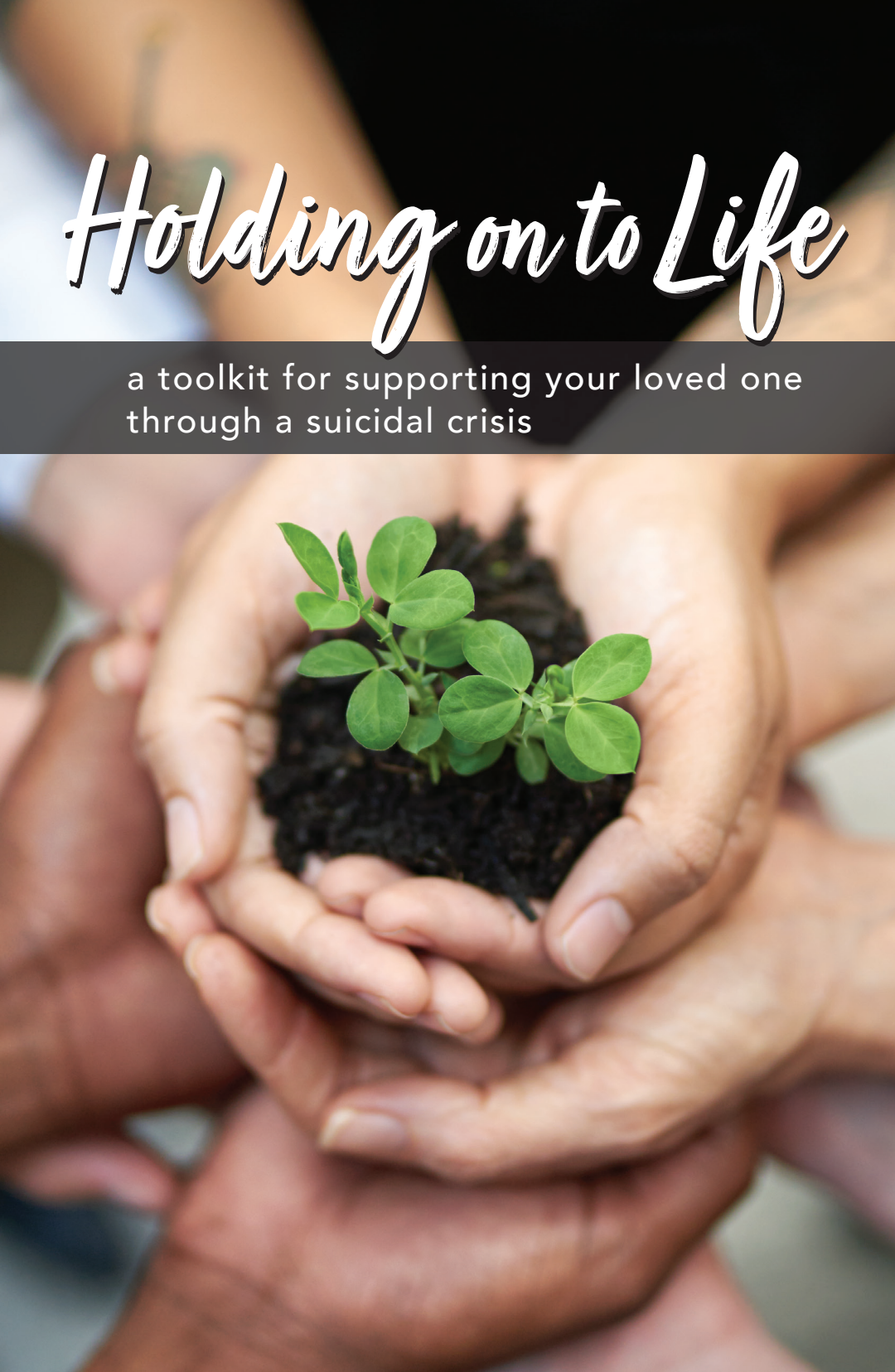
Holding on to Life

a toolkit for supporting your loved one through a suicidal crisis





about this toolkit

When a person is in crisis, family members may have many questions. This packet is designed to provide some answers.

While no one can guarantee someone else's safety, this information may help you feel more confident and better prepared to give the care and attention your loved one needs through this challenging time.

This packet has been designed for the family member of a person 10-24 years of age who is experiencing a difficult time in their life. If your loved one is a different age, you will likely still find this information helpful.

Do suicidal people want to die?

Most suicidal people do not want to die. They are experiencing severe emotional pain, and are desperate for the pain to go away.

Suicidal people often believe that they have tried everything to stop the pain. However, the pain makes it difficult to think clearly, consider options, or remember reasons to stay alive.

Seeking professional help is a big step toward easing the emotional pain.

With help, your loved one can feel well again.

Why are adolescents so moody?



Adolescent years are confusing for everyone. Their moodiness can be exhausting!

Adults often find it difficult to keep up with all the emotional and physical changes adolescents experience. They may look more like adults than kids, but don't think or act like adults. Young people are figuring out who they are in comparison to their parents, siblings, and other important people in their lives. In their transition from childhood to adulthood, they often live with conflicting feelings, and this is normal.

It can be difficult to distinguish between normal adolescent moodiness and more serious emotional problems, e.g. suicidal thoughts. This is why talking with them, and getting comfortable with uncomfortable questions, is important. Take the time to listen, and remind them that overwhelming and confusing feelings are a normal part of being an adolescent. If these feelings become too much to cope with, it is best to get help.

Ask directly about suicide. It will give them permission to talk about it with you.

Do I really need to watch for suicide?



Suicide is a leading cause of death for adolescents. Understanding why can help you take care of your loved one.

A suicidal person is a person in pain, who wants to make the pain go away. Emotional or mental pain makes it difficult to think clearly.

Recent research shows that the part of the brain that limits risky behaviors isn't fully developed until age 25. This means that adolescents are more likely to take sudden action – including suicide – without considering the consequences.

The desire for pain to go away, combined with risky behaviors, increases the risk for suicide. Ask your young person about suicide, and take all suicidal thoughts, threats, and behaviors seriously.

It's always better to be safe than sorry when it comes to suicide.



How do I know if my loved one is suicidal?

It's always best to be direct and ask if they are feeling suicidal.

Behaviors to watch for:

- **Talking or joking about suicide** *("I wish I were dead." "I can't take it any more." "I'll just kill myself." "You'll miss me when I am gone.")* **Always take this seriously!**
- **Changes in sleep**.
- **Giving away things** that are valuable to them *(including passwords to social media)*.
- **Isolating themselves** from family or staying away from people they enjoy spending time with.
- **Drawing or writing about death.**
- Posting social media messages about being gone, saying goodbye, or about death.
- **Looking for or talking about ways to die.**
- **Being forgetful;** not being able to concentrate.
- Decline in **academic** performance or interest.
- Struggling with school or work.

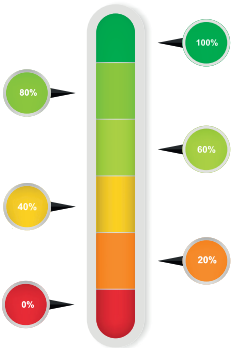
Feelings or moods to watch for:

- **Drastic mood changes**; easily angered or upset.
- **Feeling as if they are a burden** or that people will be better off without them.
- **Worrying and stressing** over everything.
- **Feeling hopeless,** depressed, or sad for some time.
- **A sudden improvement in mood** for no apparent reason. Sometimes when a person makes a plan to die, they suddenly seem to feel better, perhaps because they see an end to their pain.

Painful life events that can increase the risk of suicide:

- **Being mistreated:** face-to-face, at school, at work, by text, phone, or social media.
- **Suffering a trauma** (injury or medical problem, sexual abuse/assault, victim of violence or sextortion, legal problems).
- **Questioning sexual orientation** or being mislabeled gay, lesbian, bisexual, or transgender.
- **A recent loss** (moving, changing schools, parents' divorce, relationship breakup, academic discipline, death of someone they love – even a celebrity).

Sometimes its just one sign, more often it's a combination of small shifts in behavior—trust your gut.



How suicidal is my loved one?

It can be uncomfortable to talk about suicide for both of you, but this is a vital part of making sure they are safe.

Tell them: "I can't take a blood draw or brain scan to know how suicidal you are. The only way I can know is to ask and while this may be annoying, it is a way that we can work together to ensure your safety."

When someone is in a lot of emotional pain or thinks about dying, it can be hard to explain. One way to understand how suicidal they are feeling is to use a scale. A scale is a common language for you and your loved one to communicate about their level of distress. For example, if you hurt your arm, the doctor might ask, "On a scale from 1 to 10, how bad does it hurt?" Even though that question is based on a feeling, most of us can still give an answer that helps to communicate how much we are hurting.

We can use the same idea when checking in on our loved one's suicidal thoughts.

A scale from 0 to 5 that has simple examples can make it easier to talk about how much emotional pain, related to suicidal thoughts, someone might be having.

0	**No Suicidal Thoughts** *"I'm doing okay. I'm not having any suicidal thoughts or feelings right now." Like going in for a checkup when nothing hurts — just routine.*	**Action:** Check back periodically
1	**Mild Emotional Pain / Some Thoughts of Suicide** *"I've had a few passing thoughts of suicide, but I don't want to act on them. It's more like background noise." Like a dull ache or bruise — noticeable but not limiting.*	**Action:** Stay calm and ask your loved one how you can help
2	**Moderate Emotional Pain / Recurrent Thoughts, No Plan** "I think about it more than I'd like to. It comes and goes, but I wouldn't act on it." Like an injury — uncomfortable and distracting, but manageable.	**Action:** Go over My SAFETY Plan with them (Section A)
3	**Significant Emotional Pain / Thoughts with Some Planning** "I'm struggling. I've started thinking about how I might do it, but I don't want to die. I'm not sure what to do." Like a deep cut — it needs attention before it worsens.	**Action:** Go over My SAFETY Plan with them (Sections F & E)
4	**Severe Emotional Pain / Strong Urge with Plan** "I'm in a really dark place. I have a plan, and part of me wants to follow through." Like a high fever — urgent, possibly dangerous, and in need of immediate care.	**Action:** Go over My SAFETY Plan with them (section "T")
5	**In Crisis / Immediate Risk for Suicide** "I don't feel safe. I can't stay safe." Like a heart attack — a life-threatening emergency. Help is needed right now.	**Action:** Go to Emergency Department/ Hospital. Call 988 or 911



What should I say to my loved one?

Here are a few ideas of what to say. You know your loved one best, so use what makes sense for you.

"I love you and want to make sure you stay safe. In order to do that, we need to agree on a couple of things. I'm going to be asking you if you're okay, so let's decide how often I'm going to ask. You also need to agree to be honest when you answer the question." This agreement to communicate is an important first step.

"Let's talk when we're calmer." Arguments between you and your loved one can easily occur at this point. Strong words can result in more pain for both of you. Try to avoid a confrontation when emotions are running high.

"I love you…I'm proud of you…you are so important to me…we're going to get through this together." Sometimes a person who is feeling depressed or anxious or desperate becomes

convinced that other people would be better off without them. Keep the encouragement coming so your loved one hears how important they are to you and to other people.

"You seem so sad (or withdrawn or angry or worried or…). What's going on?" Identify a feeling and give your loved one a chance to talk about it. Their feelings won't always make sense to you. Sometimes the things we feel aren't logical. So don't lecture. Just listen. It does help to get their feelings out.

"Are you thinking about killing yourself? How would you do it?" These are such difficult questions. Ask them anyway. The answers tell you what you need to know to keep your loved one safer. Is there something in your house your loved one is tempted to use to hurt or kill themselves? Remove it. Can your loved one agree on a way to stay safe? If not, it may be time to go to the hospital.

"Remember that time you felt so bad? You got through it and you can get through this." It helps to be reminded that intense feelings pass, just like storm clouds. There is hope!

"I appreciate you letting me know; this is very important." It acknowledges that someone is sharing vulnerable feelings and that you will take it seriously.



What should I do to help my loved one?

✘ **Don't** ask if they are thinking of doing something "crazy" or "stupid" or "drastic." Example: "You're NOT thinking of hurting yourself, are you?" Say "suicide" when you mean "suicide."

✘ **Don't** leave your loved one alone if they cannot agree on a way to remain safe. Do assure them that the intensity of their feelings will pass.

✓ **Do** ask your loved one how suicidal they are feeling. Agree on how many times each day you will ask.

✓ **Do** agree on a way to communicate. Talking, writing, texting - even drawing - are ways your loved one may communicate feelings and ask for help.

✓ **Do** listen to your loved one.

✘ **Don't** argue about or discount how your loved one is feeling, even if it is uncomfortable to hear. Do ask about suicide. Use words like "suicide" or "kill yourself."

✘ **Don't** judge their feelings or lecture about how you think your loved one should feel. Remember that thoughts of suicide are a result of not being able to think clearly through their pain.

✓ **Do** encourage and help them to fill out and periodically update the My Safety Plan and remind them to use it when they need it.

✓ **Do** remove guns, poisons, alcohol, and other substances from the home. Secure medications including prescription and over the counter.

✓ **Do** make sure your loved one takes medication as prescribed.

✓ **Do** make sure your loved one keeps counseling appointments.

✓ **Do** call or go to the hospital if things get worse.

✓ **Do** request that your loved one's therapist and school work together to ensure they have needed support and that everyone is able to work together toward shared goals.



How do I help ease emotional intensity for my loved one?

Chill. Be Still. Look. This is like a Stop, Drop, and Roll for an emotional fire. The following steps activate your parasympathetic nervous system and can physically calm emotional intensity. Use these three grounding steps when your loved one is overwhelmed by panic, hopelessness, or suicidal thoughts.

Chill:

- Using a bowl of ice water, place your face into it (especially the area surrounding your eyes), and hold your breath for as long as you can (up to 30 seconds). Wait 30 seconds and repeat. Do this 5 times.

- You can also place a cold pack, frozen veggies, or a frozen bottle of water on that area of your face.

- If you are too tired to do this, try to chill out by taking a nap.

Be Still:

It's hard to think clearly about solutions when in a lot of pain or under stress. Don't make any big decisions for 24-48 hours.

Breathe in for a count of 4, breathe out for a count of 8.



Look:

Make eye contact with someone you trust.

You don't need to say why, just that you are having a hard time and this can help you to calm down.

FaceTime or other video platforms can work well for this too. Even our pets can help calm us.



Adapted from NowMattersNow.org



What is Safety Planning?

Safety Planning is a process of taking the time to write down signals that your loved one is headed for emotional or mental distress, and the steps to take to stay healthy and safe.

Distress can lead to many unhealthy behaviors (arguments, violence, problems at school or work, self-injury, substance abuse, stealing, suicide). Having a plan to avoid those behaviors, and being prepared during stressful times can help you feel more confident and hopeful.

We encourage you to fill it out with your loved one. When one or both of you recognize the first signals of distress, put My SAFETY Plan steps into action.

The more thought put into the plan, the better it will work. Update it when you discover new signals, new coping skills, and new sources of support.

You can also share your safety plan with your counselor and school to ensure they know how to support in using the safety plan and helping adapt it for different environments.

My SAFETY Plan

I, _____am worth the time and effort it takes to fill out and follow this safety plan. I will remind myself that dark moods pass. I will take care of myself and give this mood a chance to lift.

Self-Awareness: These thoughts/feelings/behaviors tell me I'm in a bad place emotionally, or becoming dangerous to myself.

Action: When I notice this happening, I will take care of myself by doing these things:

Friendly People/Places: I will go to these people or places to stay connected, or to distract myself:

Emotional Support: I will share my feelings with these friends or relatives, and I will ask them for help:

Turn to Professionals: When nothing else seems to be helping, I will call on these professionals (include contact information):

Yes! I can get through this: If I find myself unable or unwilling to follow these steps, I will remind myself:

I will ask this person _____ to be my safety contact. I will share this plan with them and ask them to help me make my environment safe by working with me to remove anything I may be tempted to harm myself with, now or in the future. **Crisis line if needed is 988.** *Based on the work from Barbara Stanley, PhD, and Gregory Brown, PhD.*



How can I help keep my loved one safe right now?

It is important to make your home as safe as possible, especially if your loved one is experiencing severe stress, anxiety, or depression. When a loved one is having suicidal thoughts, we can keep them safe by putting time and distance between them and any lethal means.

Guns: More than half of all suicide deaths are the result of a gunshot wound. Removing firearms from the home, especially during high-risk times, is one of the most effective ways to help keep your loved one safe.

Ask a relative, neighbor, or friend if they can hold them for you. If you are unable to find a safe place to store them, some police departments will hold your firearms for safekeeping. Call your local police department for more information.

If you are unable to remove the firearms from the home, make sure that they are locked up securely. Change the combination code; take gunlock keys and any ammunition out of the home. Typically, young people know where keys

are hidden and what the pass codes or PIN numbers are. Many police departments have free gun locks that are given to anyone who asks for them.

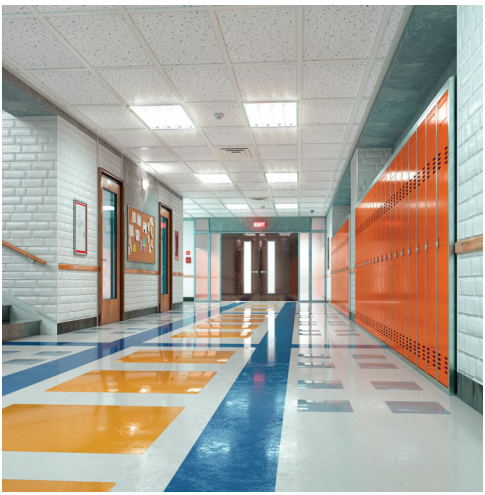
There are many reasons families own firearms; at the same time, a gun in the home of a young person doubles the chance that they will die from suicide. This is true even if the guns are locked up.

Poisons and medications:
Removing/securing poisons, pills, or any medications, including over-the-counter, everyday medications is important. You can call Poison Control at 1-800-222-1222 to find out a safe amount of medication to keep on hand. You can purchase a lockbox to secure medication, and most police departments can dispose of medication.

Alcohol and drugs in the home increase the risk of suicide. Most suicidal people do not want to die. They are experiencing severe emotional pain and are desperate for the pain to go away.

There are other ways people end their lives. Ask your loved one if there is something they have thought of using for suicide. If so, remove that as well.

Stay with them. This is a vulnerable time for your loved one. The reality is that it is not possible to make your home 100% safe. Make sure they are not alone, and lean on your own support system to help you increase their supervision.



How do we handle the return to school?

Going back to school (or another regularly attended community group) can feel awkward and uncomfortable after a mental health crisis. If a school counselor or group leader knows about the situation, your loved one may receive some extra care and consideration outside of the home, which can make it easier to return to their normal life.

Think of it in these terms: If this were a physical problem that required medical treatment, necessary accommodations would be made. For example, a broken ankle might require surgery, then a cast or crutches, and follow-up appointments. Emotional and mental health also require care and treatment for some time after the crisis has passed.

Information to give a school counselor or community group leader:

- Your loved one has had a mental health crisis.
- Emotional stress may be affecting their grades and causing unusual behaviors (anger outbursts, skipping class).
- They are receiving treatment, and improvements may take time. Absences may be necessary to attend follow-up counseling appointments.
- Ask if the school or group can make any accommodations.
- Consider signing a release of information to allow schools to communicate with your loved one's therapist.

Telling friends: Assure your loved one that there is nothing to be ashamed of. If they are wondering who to tell or what to say, encourage them to talk with people they believe will be supportive and respectful. Remind them that sharing personal information through texting or social media is never private.



Why am I feeling this way about my loved one being suicidal?

When a loved one is in crisis, the family may experience intense feelings and need extra care and attention. This includes you.

Alone: It's easy to think that you are the only one with this problem, especially because so many people avoid talking about mental health issues. You are not alone. **Reach out for help from family, friends, professionals, or a family support group.**

Guilt/Blame: There is rarely just one reason for your loved one's distress. Blaming yourself or others is not useful. **Focus instead on looking for ways to help.**

Confused: You may wonder how you didn't see this problem coming, but it's easy to confuse warning signs with typical adolescent behaviors. **Educate yourself on suicide prevention and mental health. The more you know, the more you can help.**

Angry: Feeling powerless about your loved one's crisis might make you feel angry with them or with the world in general. **A healthy way to communicate these strong feelings is to make it clear that you won't just stand by and do nothing while he or she struggles.** Let your loved one know you will do everything you can to keep them healthy and safe.

Scared: You may wonder if your sense of alarm or panic will ever go away. You may wonder if your loved one will be safe, or if you'll ever feel safe again. You may fear that your family won't be the same again. These are all normal fears. **It will help to talk to someone.**

Going through this experience together may help you come out on the other side of this crisis a stronger family than you were before.



What are the treatment options for suicide?

You may hear the term "levels of care" — this refers to the different types of mental health support that may be available within your community.

Outpatient Mental Health Treatment: Generally weekly appointments with a psychotherapist for counseling. Seek out a professional who is skilled at treating individuals who are struggling with suicide.

Intensive Outpatient Program: Typically 3 days a week, about 3 hours per day, for several weeks of an intensive treatment program.

Partial Hospitalization Program: Typically 5 days a week, 9a-3p for two weeks of individual and group therapy, medication management, as well as learning specialists to support school work while in the program.

Inpatient Mental Health Treatment: Typically for an acute suicidal crisis where a person needs stabilization because they have either attempted or believe they cannot keep themselves safe. It begins with an evaluation in a hospital emergency department to determine medical needs, if any, and then admission to a psychiatric unit.

Residential Treatment: Typically used when other levels of care are not meeting the needs of the individual, and longer intensive treatment is recommended.

Crisis Resources:

National Suicide Prevention Lifeline
Available 24/7
Call or text 988

The Trevor Project
(gay/lesbian/bi-sexual/transgender and questioning youth)
Text 'START' to 678-678
866-488-7386
www.thetrevorproject.org
24/7

Now Matters Now
NowMattersNow.org

Education/Support:

National Alliance on Mental Illness (NAMI)
NAMI.org

Suicide Prevention Resource Center
www.sprc.org

American Foundation for Suicide Prevention
www.afsp.org

Notes

Notes

For more detailed information and references, scan the QR code below



988 | SUICIDE & CRISIS LIFELINE

The Holding On To Life Toolkit was developed by the Macomb County Suicide Prevention Coalition.

This toolkit was developed with funding from the Michigan Department of Community Health under grant number 1U79SM059190 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), US Department of Education Stronger Connection Grant through the Michigan Department of Education S424F220056, and Centers of Medicare and Medicaid Services through the Michigan Department of Health & Human Services. The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of the above named agencies.