

# Suicide Prevention Handbook

Developed by:

Wellness & Prevention Services

APPALACHIAN STATE UNIVERSITY®

[wellness.appstate.edu](http://wellness.appstate.edu)  
[preventsuicide.appstate.edu](http://preventsuicide.appstate.edu)

# Facts about Suicide

## Fact #1: Suicide is a leading cause of death for college-aged people

Many people who die by suicide suffer from one or more *diagnosable* and *treatable* mental illnesses. However, it's estimated that 70% of those who die by suicide have not received mental health services in the year before their death. This means that most people who die by suicide are interacting with people in the community, not mental health professionals. The more people in a community who know what to do when someone they know is thinking about suicide, the more likely it is that someone thinking about suicide can get connected to mental health resources and survive.

## Fact #2: People who are suicidal usually show warning signs.

Most people show warning signs, but if you don't know what to look for, you might miss the signs. Even if you think someone is joking, you should take every communication about suicide seriously. Sometimes, people use humor to broach difficult topics. It's always better to be safe than sorry. If you assume that someone else will talk to a person showing suicide warning signs, you're probably not the only one waiting for someone else to do something. If everyone waits for somebody else to take action, nobody steps up. Instead, assume that nobody is going to do anything, and take action yourself.

## Fact #3: Talking about suicide does not put the idea of suicide into a person's head.

Just like you can't make a dog person into a cat person by asking them how they feel about cats, you can't make someone who isn't thinking about suicide suddenly think that suicide is a good idea by asking them about suicide. What asking about suicide *can do* is give someone who is thinking about suicide permission and the opportunity to open up about the emotional pain they are experiencing. Very rarely will someone who is thinking about suicide initiate a conversation about suicide. Instead, they will hint at their suicidal thoughts through warning signs, waiting for someone to show enough interest, courage and concern to bring up the topic of suicide. If you think someone is thinking about suicide, *you must ask them about suicide*. Do not wait for them to bring it up first, because that may never happen.

## Fact #4: You can't erase suicidal thoughts in one conversation.

Suicidal thoughts take time to develop. It also takes work and time, usually with help from a mental health professional, for those thoughts to diminish. Your goal in a conversation should *never* be to end the suicidal thoughts in the other person. Your goal should be to give enough hope to the person so that they can consider other solutions besides suicide, and to get them connected to a mental health professional who can continue working with them over the long-term. While sometimes a person who is thinking about suicide may seem like they are feeling better after you talk to them, don't allow that to distract you. Just like you might feel better after venting to a friend after a bad day, someone who is thinking about suicide may also feel better, in that moment, after talking about their emotional pain. That doesn't mean things are fixed, and you still need to get them connected to professional resources.

## Fact #5: Most people who are suicidal can go on to lead fulfilling lives.

Most people experience suicidal thoughts when they are experiencing a crisis, and if they get help during that time, those suicidal thoughts can recede. Most people who experience suicidal thoughts do not experience them forever, and many go on to never think about suicide again. Even if suicidal thoughts sometimes return, it is for brief periods of time, and treatment can help. Most people who experience suicidal thoughts are able to overcome that difficult time in their lives, and go on to lead full lives.

## Fact #6: Suicide can affect anyone.

People of all races, ages, genders, sexual orientations, religions and socio-economic status have been struck by suicide. Suicide doesn't discriminate. There are certain risk factors that can put individuals at higher risk than those who don't experience those risk factors, and there are certain characteristics that can serve as protective factors, but suicide has impacted people from all walks of life.

# Risk and Protective Factors for Suicide

Risk factors are often confused as warning signs of suicide. It is important to note, however, that factors identified as "increasing risk" are not factors that cause or predict a suicide attempt. Risk factors are characteristics that make it more likely that an individual will consider, attempt or die by suicide. Protective factors are characteristics that make it less likely that individuals will consider, attempt or die by suicide. Suicide prevention seeks to reduce the factors that increase suicide risk while increasing the factors that protect people from suicide.

## General Risk Factors

Characteristics of a person or his or her environment that increase the likelihood that they will die by suicide. Major risk factors include:

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care

## Demographic Risk Factors

Risk factors can vary by age, culture, sex and other characteristics. For example

- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts among lesbian, gay, bisexual and transgender (LGBT) youth.
- The historical trauma suffered by American Indians and Alaska natives (resettlement, destruction of cultures and economies) contributes to the high suicide rate in this population'

## Precipitating Risk Factors

Precipitating factors are stressful events that can trigger a suicidal crisis in a vulnerable person. Examples include:

- End of a relationship or marriage
- Death of a loved one
- An arrest
- Serious financial problems



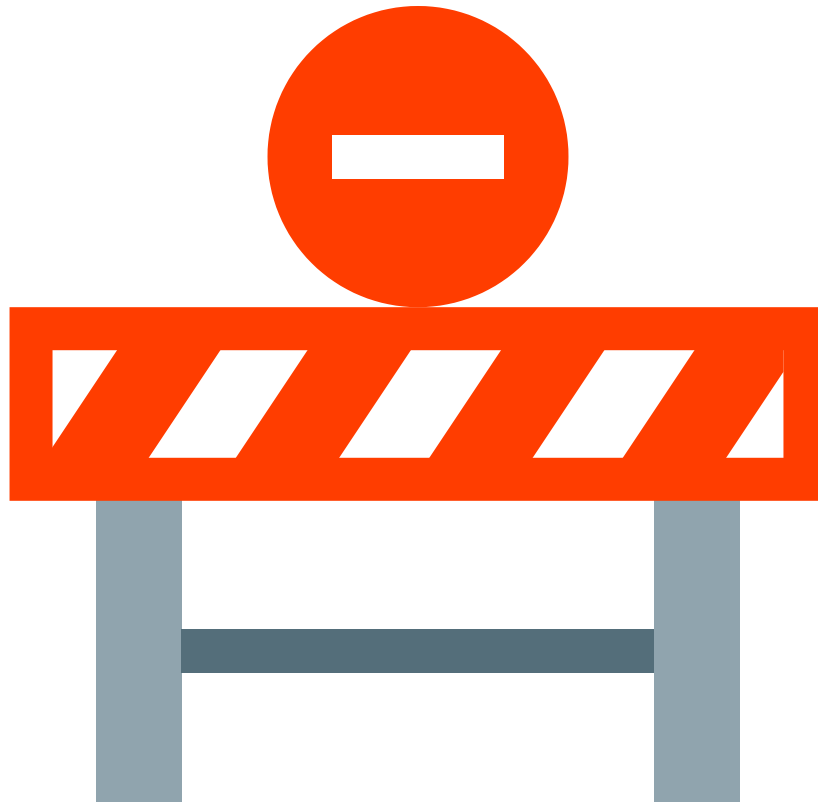
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## Protective Factors

Protective factors are personal or environmental characteristics that help protect people from suicide. Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide





# Warning Signs for Suicide

Some behaviors may indicate that a person is at immediate risk for suicide. The following three warning signs should prompt you to immediately seek help:

- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

If you notice these warning signs in a friend, get them to help as soon as possible. During business hours, walk your friend over to the Counseling and Psychological Services Center in the Miles Annas building and let the receptionist know that this is an emergency. A counselor will meet with you as soon as possible. After hours, or on weekends or during breaks, you may call Counseling and Psychological Services at (828) 262-3180 and select the option to speak to the counselor on-call. The National Suicide Prevention Lifeline is also available 24/7 by phone at 1-800-273-TALK [8255]

Other behaviors also indicate a serious risk - especially if the behavior is new; has increased; and/or seems related to a painful event, loss or change. Please seek help if any of these warning signs are present:

- 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

If you notice *any* warning signs in a friend, even if it's only one or two, you should talk to them to see if suicide is on their mind. If you recognize these warning signs in yourself, seek help by visiting the Counseling and Psychological Services Center in the Miles Annas building.



# What to Say

If you think someone you know is considering suicide, apply the A.P.P.S. Cares Intervention. This intervention outlines the steps you should take when talking to a friend about suicide.

## A

# pproach and Acknowledge

*Tolerate your own anxiety and awkwardness. Be specific about what you notice.*

The first step to having this conversation is approaching the person, acknowledging your own feelings of awkwardness and bringing up the specific reasons why you are concerned. It is important to be in a private place and allot plenty of time for the conversation. When describing why you are concerned, be sure to use language that doesn't make the person feel like they are a bad or abnormal person. Use "I statements" (I think, I feel, it seems to me that) to help soften your statements.

## P

# robe

*Show you care by asking questions.*

Once you've started the conversation, it's time to build up to the suicide question. Continue asking questions, building up to more serious questions as more time passes and rapport is built. If it seems like the student is indeed suicidal, this is also when you ask about suicide, once you've been talking for a while. When asking about suicide, make sure you ask the question in a way that is non-judgmental, so that the person you're talking to could comfortably answer 'yes' or 'no'.

## P

# romote Hope

*Listen and let the student know that things can get better, that help is available, and that they are not alone.*

If the person you are talking to says yes, they are thinking about suicide, **do not** immediately rush to making referrals. Instead, listen and allow them to continue talking about why they feel so sad. Keep the focus on the student and avoid giving advice or interjecting with your own stories. The only time it can help to share your own experiences is if the person is hesitant about using a specific resource, and you have had a positive experience with that same resource. Speaking about your experience can help de-stigmatize the service. Take mental notes of anything the student mentions that might be considered a reason for living and gently point these out to the student once they have talked in depth about their pain, letting them know that they can achieve these positive things through seeking help.

## S

# hare Referrals

*Share referrals with the student. Form a safety net.*

Have your resources on hand, so you don't have to go searching for them. This shows that you are prepared and know what to do. When arranging for help, do not leave the person alone, even to make a phone call or go get someone else, like a friend or a resident assistant. Instead, bring the student with you, or call/text the person from the room you're already in, and ask them to join you. When making the referral to a professional, present multiple options, but don't make it seem like getting help is optional. Emphasize that the student has a choice of what kind of help they want to get, but know that getting some sort of help is happening. Form a safety net by asking if there is anyone else the student would be willing to talk to about their suicidal thoughts (coach, parent, friend, uncle, etc.)



# Resources



## Counseling and Psychological Services

**FREE and CONFIDENTIAL for Currently Enrolled Students**

Location: 1st Floor Miles Annas Student Support Building  
counseling.appstate.edu | (828) 262 - 3180

**Initial Consultation Hours (*non-emergencies*):** Monday – Friday: 8:30am – 11am, 1pm – 4pm

**For emergencies** (*suicidal thoughts are considered an emergency*), visit the Counseling and Psychological Services Center Monday - Friday 8am - 5pm to see a counselor. After hours, on weekends or during breaks, call (828) 262 - 3180 to be connected to a counselor.



## Office of the Dean of Students

Location: Plemmons Student Union, Room 324  
deanofstudents.appstate.edu | (828) 262 - 8284

If you are worried about a student, but do not feel comfortable reaching out to them, or have reached out but have been unable to connect them to resources, let the Dean of Students office know. They can reach out to the student and try to get them connected to resources.

# University Police

Location: Rivers Street Parking Deck  
police.appstate.edu | (828) 262 - 2150

In the case of an **on-campus** suicide attempt or imminent suicide attempt, call University Police. They will send emergency assistance. For **off-campus emergencies**, call 9-1-1.



## Daymark Recovery Services

Location: 132 Poplar Grove Connector, Suite #B  
daymarkrecovery.org | (828) 264 - 8759

In the case of a mental health crisis, contact the Daymark Dispatch Center at (828) 264 - HELP (4357) and they will send a Mobile Crisis Unit to you. This service is available 24/7/365.



## National Crises Hotlines

**Suicide Prevention Hotline**  
suicidepreventionlifeline.org

Crisis hotline and chat-line, accessible nationwide 24/7/365. Those trying to help someone experiencing suicidal thoughts can call for advice and resources, and those in crisis can call to speak to a trained crisis counselor.



**Crisis Textline**  
crisistextline.org

Crisis textline, accessible nationwide 24/7/365. Those trying to help someone experiencing suicidal thoughts can text for advice, and those in crisis can text to speak to a trained crisis counselor.



**CRISIS TEXT LINE |**

More resources at: [preventsuicide.appstate.edu](http://preventsuicide.appstate.edu)