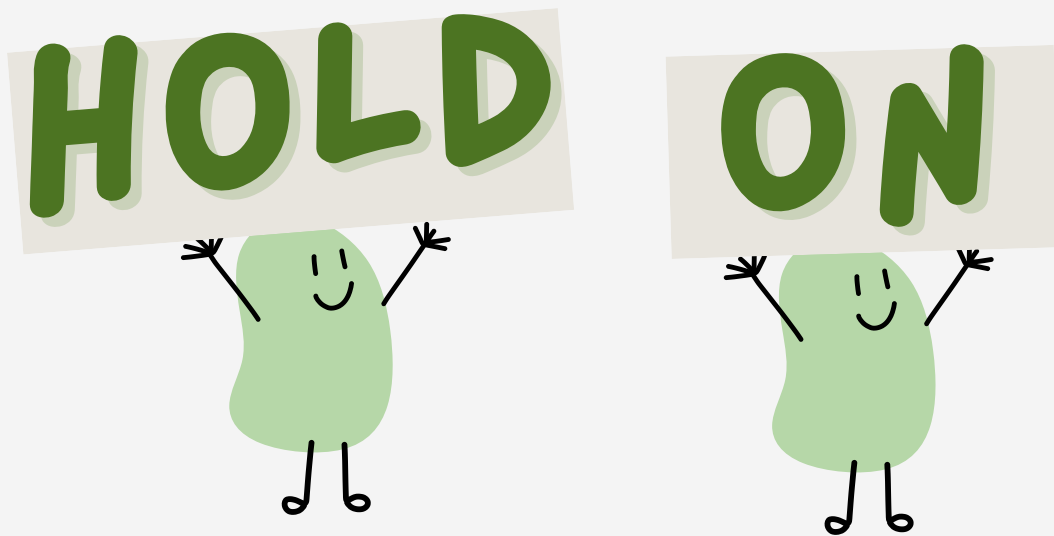


TOGETHER, WE



Cook Ministries, with our UAB intern, presents the
Weekly Friday Mental Health & Suicide Prevention Series.

AUTHOR'S NOTE

This is a suicide prevention education handbook.

It originates from a suicide prevention project jointly developed by Cook Ministries and its UAB intern, a work born out of love and regret for those who have passed away.

Through this, we hope to bring a bit of hope — or perhaps a kind of change — to the empty spaces left by those tragedies.

The purpose is simple: to integrate evidence-based suicide prevention research into knowledge that everyone can understand and apply in daily life.

The target population is everyone.

More precisely, it is for those who are struggling; for those whose loved ones are struggling; and for those who have seen others struggle and wish they could “do something.”

The United States has many suicide prevention resources, and reducing suicide rates has long been a goal for public health organizations around the world. However, when you search for “suicide prevention,” the overwhelming amount of information on the internet can sometimes make people feel lost. This handbook tries to be that “starting place”: providing a simple, organized summary to help people find a direction where they can begin.

For fellow public health workers, I hope this not-yet-perfect handbook can serve as a starting point of inspiration —bringing a bit of insight and support to the interventions you are about to design, implement, or evaluate.

If you open this book during a difficult or confusing moment, please remember: you are not alone.

We are here, as always, together with you.

— Tai-Hsin Hsu, 2025



Cook Ministries x UAB School of Public Health

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WANNA DIE? WE ARE HERE.

● Step 1. Ground yourself.

Sit, hug your knees, touch the floor, or hold something in your hands. Take a breath and remind yourself: "**This feeling will not always be this strong.**"

*These actions can **be done immediately, without hesitation**—even in public. Just make sure you are in a safe place(not in the middle of a busy road, dear).

● Step 2. Reach out.

Call / text/ chat **988** or someone you trust. **If you can't speak, it's okay**—just making the move to connect is enough.

*988 ofrece servicios de texto y chat en **español**.

***Deaf and hard-of-hearing** individuals can use a VP number to call 988.

*988 also provides interpretation in **240+ languages**.

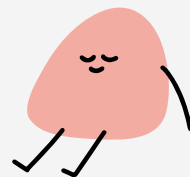


● Step 3. Try an ordinary moment.

Do something simple and familiar: **eat, take a shower, watch a show**. Ordinary things can help you get through today.

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WHY THESE STEPS?—THE REASONS AND EVIDENCE

Research shows that many suicidal behaviors happen impulsively and within a short time. This impulse often fades as time passes (Simon et al., 2005).

That's why the first step is to interrupt your thoughts — not by denying your pain, but by giving yourself time to stay alive beyond the moment of impulse.

Simple grounding techniques can help. Actions like squatting down, hugging yourself, or touching the floor bring your attention back to the present (Grassroots Suicide Prevention, n.d.) and can delay suicidal urges (Yang et al., 2021).

You might also place your hands in cold water or describe what you see around you — “one apple, two cars, three clouds.” These small, sensory actions help your mind reset. The second step is to seek support.

Social connection is one of the strongest protective factors against suicide (Joiner et al., 2011). You don't have to talk or explain; simply being with someone — quietly — can lower your risk. If no one is nearby, the 988 Lifeline is always ready to listen. Finally, keep yourself gently engaged.

Doing small, familiar tasks like taking a shower, eating a snack, or folding a blanket can help your body and mind regain stability. This approach, known as Behavioral Activation, is also proven effective in treating depression (Kanter et al., 2022).

Remember

You don't have to face this alone.

We are here, and you deserve to be expected to live.

FEEL BAD?



HERE ARE TIPS FOR YOU.

After Suicidal Thoughts

Suicidal thoughts are usually linked to mental illness, not just emotion. Depression, anxiety, or PTSD have biological and environmental causes (CDC, 2023; NIMH, 2023).

They are illnesses, not weakness — and they need treatment.

You can try self-check tools to know when to seek help:

[MHA Screening](#) | [VA Self-Check](#) (Awareness only — not diagnosis.)

When you feel low, focus on staying alive:

- Eat something, take a shower, brush your teeth, or change clothes.
- If you can, move a little — stretch or walk.

These small actions remind you: you're still here.

When ready, see a professional and stay with treatment.

Reach out — even a short “hi” counts.

You don't have to be okay — just keep going, step by step.

MENTAL HEALTH SELF-CHECK!

Note: **Self-check only.** For diagnosis, talk to a doctor or mental health professional.

● Are you going through these changes?

- **Feeling these strong emotions:**

sadness, anxiety, hopelessness, big mood swings.

- **Showing these behaviors:**

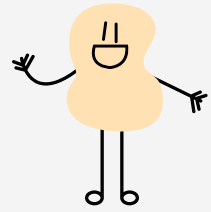
pulling away from friends, drinking too much or using drugs, wanting to be alone much more than before.

- **Having these body changes:**

trouble sleeping or sleeping too much, changes in eating, not able to get out of bed.

- **Having these thoughts:**

life feels meaningless, feeling like a burden to others.



If any item fits you, don't wait—talk to a doctor or counselor.

● Links to online tools are in the post text below

SELF-CARE TIPS!

- **Eat and live regularly:**

Try to **eat** something (anything!) on time and keep small routines like showering and brushing teeth (yes, even that helps)



- **Move a little:**

If you can, take a 10-minute **walk** or try light online **workouts** (my own go-to keywords: lazy workout, do in bed exercise 😊)

- **Medical support:**

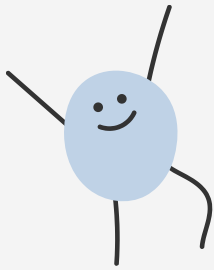
Suicidal thoughts are not only about emotions—they can be linked to depression or other health issues, including hormones. If you can, please see a doctor, **take medicine as prescribed**, and go to follow-up visits.

- **Connect with someone:**

Send a quick "hi" to someone, because even silent company can lower risk.



Do you have any self-care **tips of your own?** Share them in the comments! Or send us a message if you'd like to tell **your story**.

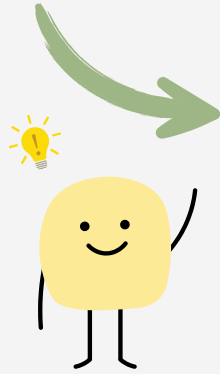
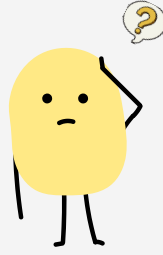


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WEEK 3

SEE SOMEONE
FEELING BAD?



HERE'S WHAT
YOU CAN DO.

When Someone You Love Is Suicidal

Suicidal thoughts often come from mental illness, not weakness.

When someone you love starts drinking heavily, using drugs, eating too much or too little, losing energy, or talking about death — take it seriously (NIMH, 2023a).

Ask directly: "Are you thinking about suicide?"

Research shows this question does not increase risk (Bryan et al., 2013). You don't need to fix everything — just be there.

Listen more than you speak. Avoid phrases like "cheer up" or "others have it worse."

Empathy and respect matter more than advice (Alabama Department of Public Health, n.d.-b).

If danger is near, call 911 or 988.


For ongoing help, see the hotlines and resources listed. They're for both people in distress and those supporting them.

Lastly, remember: caring for others also means caring for yourself.

2. WHAT YOU SHOULD KNOW

Myths and facts you need to know before helping.



- This is **NOT** your fault.
 - It is **NOT** the person's (who has suicidal tendencies) fault.
 - Suicidal thoughts are **NOT** something you can just "fix" by being stronger.
 - Having suicidal thoughts is **NOT** "irresponsible" or "weak".
 - Suicidal tendencies and the mental illnesses that can cause a crisis are real illnesses—like catching a cold. **People do not choose to have them**, and they are not something anyone wants.
-  **Never, ever say:** "You're overreacting." "Other people have it worse." "Just cheer up / think positive." "Don't be so weak."

3. WHAT YOU CAN DO

Come from NIH "5 Action Steps to Help Someone Having Thoughts of Suicide"(NIMH, 2023b)

For emergencies, please call 911/988.

1.ASK: "Are you thinking about suicide?"

Asking won't increase risk.

Don't assume they'll tell you — often they don't have the energy.

2.BE THERE: Listening and company without judgment.

Talking can reduce suicidal thoughts.

Your role is **to listen, not fix**. Silence and presence are enough.

3.KEEP THEM SAFE: Limit access to dangerous items/places.

Try your best to remove or lock away weapons, rope, or meds.

Do **NOT** leave them alone.

4.HELP THEM CONNECT: Connecting them with resources.

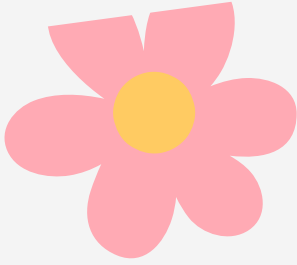
Link them with **988** or trusted people/professionals.

In emergencies, call 911 or 988. Local resources on next page.

5.FOLLOW UP: Stay in touch after a crisis.

Help with routines, check in often, and please **take care for yourself too**.





4. RESOURCE

Stuff that might help.

National

- **988 Suicide & Crisis Lifeline:** Call/Text 988 (press 1 = Veterans, press 2 = Spanish, VP = Deaf/HoH), 988lifeline.org (24/7)
- **Poison Control:** 1-800-222-1222 (24/7)

Youth & LGBTQ+

- **Trevor Project:** 1-866-488-7386, Text "START" to 678-678
- **Teen Line:** 1-800-852-8336, Text "TEEN" to 839863
- **YouthLine:** 1-877-968-8491, Text "teen2teen" to 839863

Alabama

- **Crisis Center (Central AL):**(205) 323-7777 (24/7)
- **North AL Crisis Services:**(256) 716-1000 / 1-800-691-8426
- **Mobile Lifeline Counseling:**(251) 602-0909

Online training& resources

- **Suicide Prevention Resource Center (SPRC):**sprc.org

Other resources

- **NGO Suicide.org:** <http://suicide.org/>



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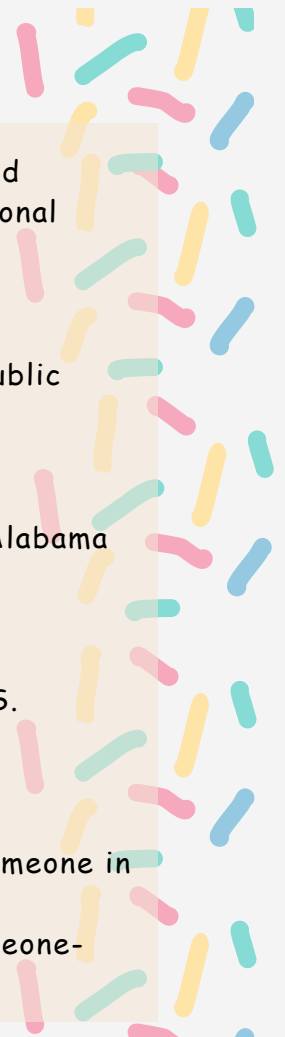
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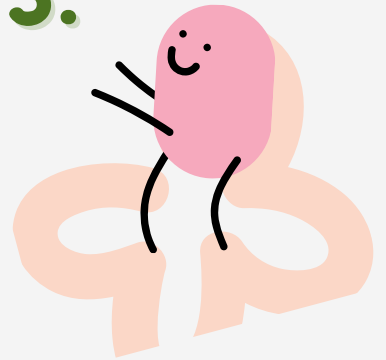
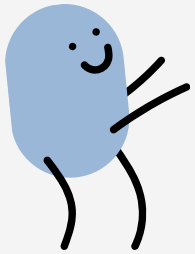
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SO WHAT IS SUICIDE?

HERE ARE THE FACTS.



What Is Suicide? And Why Prevention Matters

In simple terms, suicide means intentionally ending one's own life; if not fatal, it's a suicide attempt.

It is rarely a rational choice — most suicidal thoughts come from illness, pain, and hopelessness, not from weakness or irresponsibility.

Suicide brings deep grief to families and communities and is among the leading causes of death worldwide. Yet, it is preventable. Public health focuses on suicide because it meets three key criteria: major impact, severe consequence, and feasible prevention.

Anyone can be affected — any age, any background.

Your small action can make a difference.

A survivor once said:

"At my lowest point, the neighbor gave me a cookie. It was dry and old — but it stopped me that day."

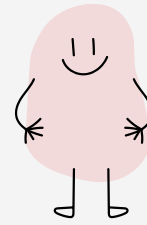
Small acts of kindness can interrupt great pain.

If you are in crisis, reach out for professional help.

If you're worried about someone, don't wait — act now.

FACTS

What CDC , NIH said about suicide.



- **Definition:** (Centers for Disease Control and Prevention [CDC], 2024)

Suicide is death caused by injuring oneself with the intent to die.

A **suicide attempt** is when someone harms themselves with the intent to end their life, but they do not die because of their actions.

Suicidal ideation refers to thinking about, considering, or planning suicide.

- **Cause:** (MedlinePlus, 2023)

Suicide can touch anyone, anywhere, at any time.

But many factors can increase the risk: mental health disorders, experiencing conflict, disaster, violence, abuse, or loss, and other causes.

DATA

How serious is suicide?
(World Health Organization [WHO], 2023; CDC, 2024)

In the US, 2023

49,300 **PEOPLE**
DIED BY SUICIDE

*727,000 people in the world died by suicide.(2021)

That is one death every 11 minutes.



- Suicide rates **rose 37% from 2000-2018**, dipped 5% by 2020, but returned to a peak in 2022.
- The highest rates were among **non-Hispanic American Indian/Alaska Native** people and non-Hispanic White people.
- **Men's** rates were about 4x higher than women's, accounting for nearly 80% of suicides.
- **Adults 85+** had the highest rates.

ADULTS **12.8**
SERIOUSLY THOUGHT ABOUT SUICIDE
MILLION

BEYOND SUICIDE DEATHS...

Here are far-reaching impacts.

There were 49,266 suicides among individuals ages 12 and older in 2023.

For every suicide death, there were about:

10 EMERGENCY
DEPARTMENT
VISTS FOR SELF-HARM

- **Survivors** may face lasting injuries, depression, and other mental health struggles.
- **Families and communities often** experience grief, guilt, and even their own mental health struggles.
- **The financial toll is huge** — in 2020, suicide and self-harm cost the U.S. over **\$500 billion**.

48 SELF-REPORT
SUICIDE ATTEMPTS
IN THE PAST YEAR

325 PEOPLE
WHO SERIOUSLY CONSIDERED SUICIDE
IN THE PAST YEAR

← Swipe Left for common myths.



COMMON MYTHS

(National Institute of Mental Health [NIMH], 2023)

Myth 1. > Suicide can't be prevented.



Many suicides are preventable with support, treatment, and safety steps.

Myth 2. > Talking about suicide puts the idea in someone's head.



Asking does not increase risk — it can open the door to help.

Myth 3. > People who talk about suicide just want attention.



Talking is a real warning sign. Take it seriously and respond with care.

Myth 4. > Only teens or college students think about suicide.



Suicide risk affects all ages, from youth to older adults.

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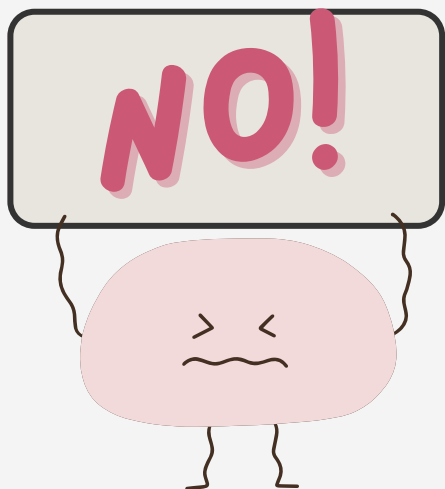
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IS IT TRUE TALKING ABOUT SUICIDE MAKES IT WORSE?



THAT'S A MYTH.

Myths and Facts About Suicide

Many ideas about suicide sound reasonable — but are not true.

Some myths, though well-intentioned, can actually cause harm or stop people from seeking help.

In this section, we look at common myths and the facts behind them.

Suicide is a complex public-health issue, shaped by illness, crisis, and environment — not just emotion or willpower.

Accurate knowledge helps us respond with empathy instead of fear.

Please take a moment to read and reflect.

Even small changes in understanding can save lives.

MYTH 1: SUICIDE CANNOT BE PREVENTED.

- **FACT:**

Suicide is preventable with the right support, treatment, and awareness.

- **WHY?**

Research shows that multi-level interventions can reduce suicide risk and prevalence in communities (Mann et al., 2004). Programs such as **school-based suicide awareness** (County Health Rankings, n.d.-a) and **crisis lines** (County Health Rankings, n.d.-b) have been shown to be effective. Suicide is therefore considered preventable, but because it is complex, **combining different approaches** brings the greatest benefit (Cuijpers et al., 2012).



MYTH 2: TALKING ABOUT SUICIDE PUTS THE IDEA IN SOMEONE'S HEAD.

- **FACT:**

Asking does not increase risk.

Asking "Are you thinking about suicide?" is more effective than "Are you ok?", since people often say they're fine even when they're not.

- **WHY?**

There is no evidence that directly asking someone about suicidal thoughts increases their risk. In fact, **such questions may actually help reduce suicide risk** (Dazzi et al., 2014). However, **"words matter."** Use direct and respectful language, and **avoid discussing specific methods of suicide**, as this may trigger distress or contribute to contagion (Walling, 2021).



MYTH 3:

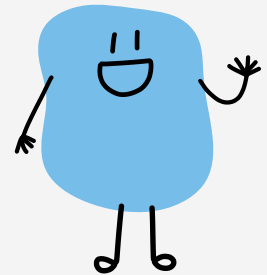
PEOPLE WHO TALK ABOUT SUICIDE REALLY WANT TO DIE.

- **FACT:**

Most want to end pain, not life.

- **WHY?**

Research shows that a common factor among people with suicidal thoughts is intense psychological pain. (Note: Suicidal thoughts are not purely an “emotional problem,” but most people experiencing them face overwhelming distress.) **Suicidal behavior or thoughts are usually not an active wish to die, but an attempt to escape unbearable pain** (Pompili, 2014) (Baumeister, 1990).



MYTH 4:

ONLY TEENS OR COLLEGE STUDENTS THINK ABOUT SUICIDE.

- **FACT:**

Suicide affects all ages.

- **WHY?**

Data show that suicide affects people across all ages, not just teens or college students. In the U.S., adults aged 85 and older have the highest suicide rates, and adult men die by suicide at rates several times higher than women (CDC, 2023a). Research also identifies higher risks among certain groups, such as racial/ethnic minorities and LGBTQ+ individuals, due to added social and structural stressors (CDC, 2023b). However, **suicide does not discriminate**—it can impact anyone, regardless of age, background, or identity.



MYTH 5:

PEOPLE WHO SELF-HARM ARE SUICIDAL.

- **FACT:**

Self-harm ≠ suicide attempt, but it is one of the suicide risk factors.

- **WHY?**

Although nonsuicidal self-injury (NSSI) and suicidal behavior are both classified as forms of self-harm, **most NSSI is less severe and usually occurs without suicidal intent**, so the two should not be equated. However, NSSI is still an important predictor of suicide risk because repeated self-injury indicates that individuals can tolerate or override the instinct to avoid pain, and it often reflects significant psychological and social distress (e.g., as a way of self-punishment or temporary relief from extreme suffering)(Klonsky, Victor, & Saffer, 2014).



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WHY DOES

STRESS



HURT SO MUCH?

Let's Talk About Stress

Stress itself doesn't cause suicide, but long-term, unmanaged stress can make people more vulnerable to mental health problems — so it's worth paying attention to it.

What is stress?

When we face changes or difficulties, the body and mind react — feeling tense, restless, irritable, heartbeat faster. That's normal, and sometimes "good stress" even helps us focus.

When does it become a problem?

If stress lasts too long, the body stays in a "fight or flight" mode. Then the brain uses less energy for memory and thinking → we feel brain fog, can't focus, get headaches, muscle tension, stomach issues, even higher heart risk.

Stress vs. anxiety

Stress = about something real, outside of you (a deadline, an exam); Anxiety = about what might happen / may not happen.

Stress can often be managed by action; anxiety may need treatment.

What can help?

slow, deep breathing 5 minutes; stretch neck/shoulders; move your body (walk, yoga, dance); journal / write it out; sleep, eat, cut down on alcohol or substances

And: if it ever feels "too much," call or text 988.

1. WHAT'S HAPPENING IN YOUR BRAIN & BODY:

These are automatic responses to stress—it's your brain trying to protect you, not hurt you.

- **Fight or flight response:** heartbeat speeds up, blood vessels constrict.
- Pain sensitivity decreases,
- Immune response weakens
- Airways tighten.
- Digestive activity slows down.

(McEwen, 2017; Chu et al., 2024)



2. WHY IT FEELS PAINFUL:

- On the psychological level, changes in hormones and brain activity release emotions such as tension, anxiety, and irritability.
- The fight-or-flight response also keeps the body in a state of high alert, leading to exhaustion, numbness, and even emotional pain.

(Harvard Health Publishing, 2021)



3. IS THIS NORMAL?

- In the short term — yes.

This is your brain's protective mechanism, helping you stay focused or escape from danger.

- But in the long term, it can be harmful.

Chronic stress may lead to anxiety, depression, or PTSD, and increase risks of physical conditions such as asthma, inflammation, cardiovascular disease, tension headaches, digestive problems, sleep disturbances, memory loss, or even Alzheimer's disease.

(McEwen, 2017; Chu et al., 2024)

4. WHAT CAN YOU DO?

You can't remove all stress—but you can help your body calm down.

Slow, deep breathing for 5 minutes.

Breathe slowly and imagine air filling your lungs.

Relax your throat, chest, and shoulders.

Progressive muscle relaxation and gentle stretching.

Start from your head to your toes (or the reverse). Stress-related headaches are often linked to shoulder and neck tension.

Move your body.

Exercise, meditate, do yoga, or enjoy any hobby that keeps you active.

Write a journal.

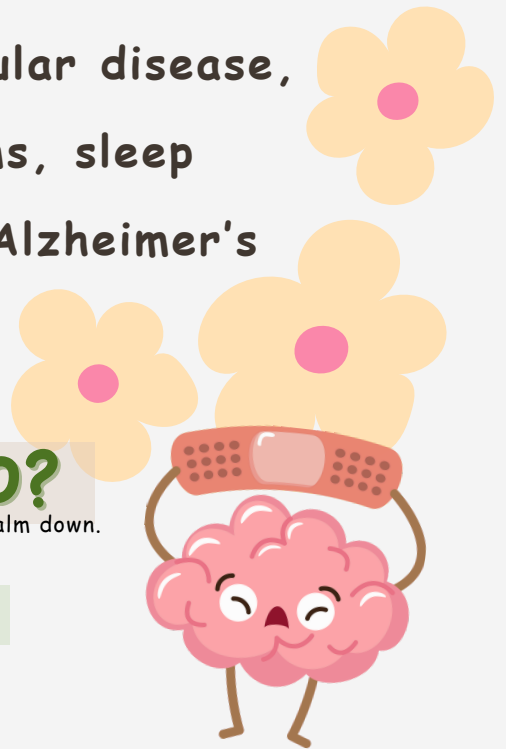
Take care of yourself.

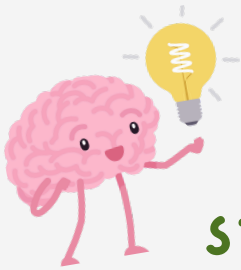
Get enough sleep, eat balanced meals, and reduce alcohol or substance use if applicable.

★ REMEMBER:

IF YOU EVER FEEL LIKE YOU CAN'T HOLD ON,
PLEASE CALL OR TEXT 988 FOR HELP.

(Centers for Disease Control and Prevention [CDC], 2025;
National Center for Complementary and Integrative
Health [NCCIH], n.d.)





5. STRESS VS. ANXIETY

Stress and anxiety can feel similar—but they're not the same.

STRESS

WORRYING ABOUT AN **EXISTING** CAUSE
(E.G., A DEADLINE FOR AN ASSIGNMENT).

IMPROVES ONCE THE STRESSOR IS GONE
(IN SHORT-TERM STRESS).

CAN BE POSITIVE OR NEGATIVE,
DEPENDING ON WHETHER IT'S SHORT-
OR LONG-TERM.

ANXIETY

WORRYING ABOUT SOMETHING THAT
DOESN'T YET EXIST
(E.G., FEAR OF NOT BEING ABLE TO
COMPLETE THE ASSIGNMENT).

THE FEELING **DOESN'T GO AWAY** AND
INTERFERES WITH DAILY LIFE.

A MENTAL HEALTH CONDITION THAT
OFTEN REQUIRES TREATMENT.

SHARED SYMPTOMS:

TENSION, RESTLESSNESS, HEADACHES OR BODY PAIN, DIFFICULTY SLEEPING.

(National Institute of Mental Health [NIMH], n.d.)



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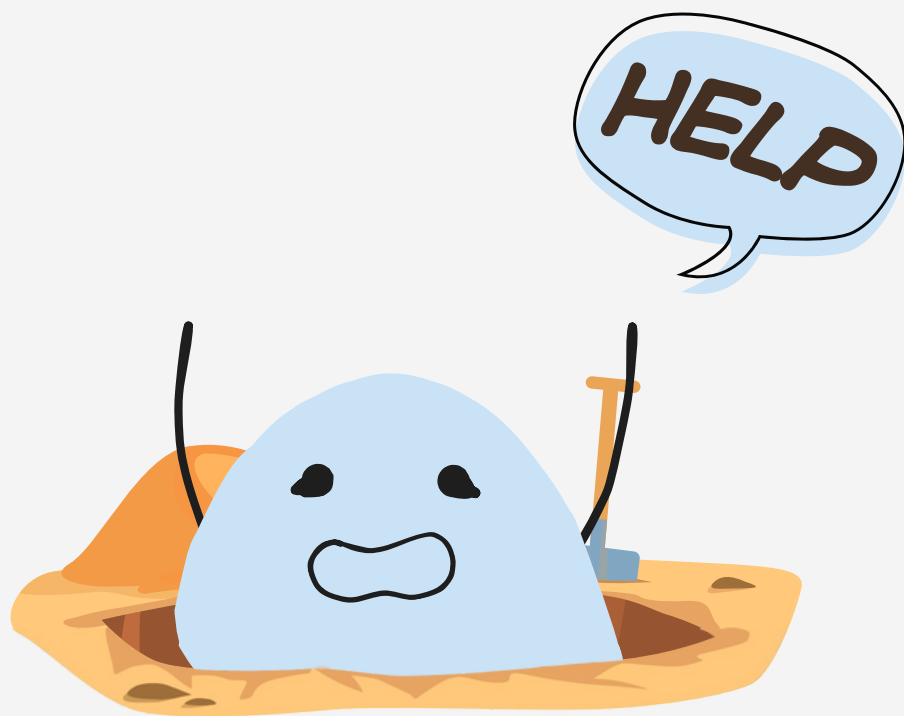
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WEEK 7

WHY DOES ASKING FOR



FEEL SO HARD?

Why Is It So Hard to Ask for Help?

It often feels difficult to say "I'm not okay."

We live in a culture that prizes positivity and independence, so talking about pain can feel like a burden. For many with mental illness, this becomes guilt: "I don't deserve care." "I'll only make others uncomfortable."

These quiet thoughts build up—until we start believing them. That's part of why nearly 70 % of people with mental illness never receive care. Stigma and symptoms make reaching out even harder.

But letting someone see you is brave.

It gives others a chance to care—and that act of care helps both sides heal.

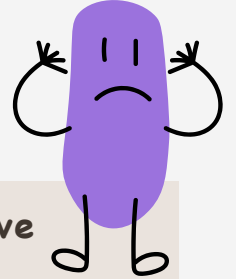
If words won't come, you can still reach out safely and anonymously: 988 Lifeline Chat, Crisis Text Line, Togetherall, or 7 Cups.

1. WHY ASKING FOR HELP FEELS HARD

We were taught that “strong people don’t bother others.”

We struggle to find the “right” words to describe how we feel.

We fear rejection or being judged.



Globally, about 70% of people with mental illness do not receive treatment. Many avoid help because of self-stigma (“I should be stronger”) or fear of discrimination (“People will judge me”).

These feelings come from real social attitudes, not personal weakness — and you’re not alone in feeling this way.

(Corrigan & Rao, 2012; Clement et al., 2015; Gulliver et al., 2010)

2. HOW TO START THE CONVERSATION

① Share only what's needed.



You don’t have to tell everything — just enough for others to understand you’re struggling.

② Give examples.



“I’ve been having trouble going to class.”

“I’m getting treatment and may need patience sometimes.”

③ Set boundaries.

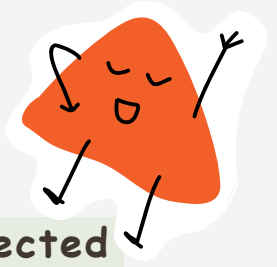
Say when you want advice, and when you just need someone to listen. Not everyone has crisis-support skills — even people who care deeply.

④ Don't force yourself.

If opening up feels too hard, that’s okay. Some people might feel unsure how to respond — that’s normal, not your fault.



3. WHY SPEAKING UP HELPS



① Speaking up helps build a safer, more connected community.

Strong social connections help people live healthier, longer lives.

② It shows others that asking for help is okay.

Your courage to reach out can inspire others in similar struggles — and reduce stigma along the way.

③ It gives others a chance to support you — which can be part of their healing, too.

Research shows that sharing personal stories of recovery benefits both the speaker and the listener, and that helping others can ease depression and foster self-healing.

(Xin et al., 2023; CDC, 2024; Kirchner & Niederkrotenthaler, 2024)



4. IF SPEAKING FEELS IMPOSSIBLE?

That's okay.

• Try anonymous support forums or online chatlines: (U.S.)

- 988 Suicide & Crisis Lifeline Chat (988lifeline.org/chat) *official
- Crisis Text Line (Text HOME to 741741 or visit crisistextline.org) *chat w/ trained volunteers
- Togetherall (togetherall.com) *peer-support community
- 7 Cups (7cups.com) *chat w/ trained listeners

• Write in a journal — or post anonymously on social media.

• Any form of reaching out counts.



REMEMBER:

IF YOU EVER FEEL LIKE YOU CAN'T HOLD ON,
PLEASE CALL OR TEXT 988 FOR HELP.

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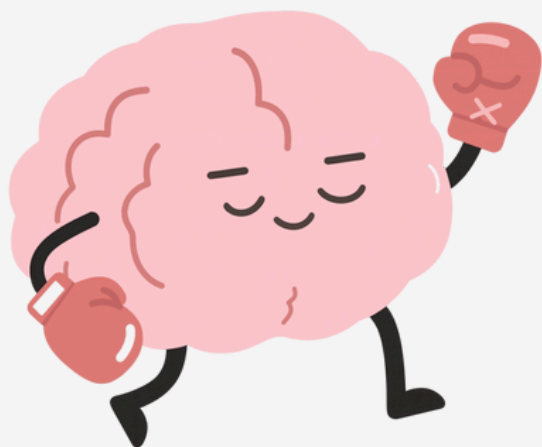
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WEEK 8 LONG FIGHT ?



HERE ARE YOUR WEAPONS.

Safety Planning and Recovery

As we near the end of this journey, let's talk about tools that help you stay safe and move forward.

The most important one is the Safety Plan — a short, personal guide you prepare for moments that feel too heavy.

You can keep it on your phone, wall, or share it with someone you trust.

It's not about expecting a crisis — just being ready.

Try:

- 988 Safety Plan
- [MySafetyPlan.org](https://www.mysafetyplan.org)

You can also practice small, daily skills:

- Self-compassion - "I made mistakes, but I did my best."
- Micro-moments of meaning - notice small joys: a flower, a song, a breath.
- Name your feelings - recognize what you feel; it's the first step to understanding.

And remember, recovery isn't a solo path.

Join peer-support groups, chat anonymously, or attend workshops. You can start with the NAMI Connection Recovery Support Group.

1. SAFETY PLAN

If you feel like you can't hold on,
call 911 or 988 right away. Don't hesitate.



A safety plan helps you move through the moment until it's safe again.

- You don't need to remember everything — just keep it where you can see it.
- You can build it with someone you trust, or with your mental health professional.

Here are some templates you can use:

My Safety Plan: mysafetyplan.org→



←988 Patient Safety Plan Template



What should a safety plan include?

➔ See the next card.

(Michail, 2021)



1. SAFETY PLAN

Find a piece of paper, or open your phone notes, and write these down:

Warning signs: thoughts, feelings, or actions that tell me I'm in crisis.

Distractions: what I can do to shift focus — drawing, music, walking, talking.

Safe places: where I can go to calm down or feel less alone.

Support contacts: people I can reach — friends, family, therapist (names, numbers).

Professional help: local clinics, therapists, or emergency lines (911 / 988).

Safety steps: how I can make my space safer — e.g., store medication or weapons away.

(Michail, 2021)

2. DAILY PRACTICE

Small habits that protect your mind



Practice self-compassion — you're doing your best.

When you notice thoughts like “I’m so stupid for messing up,” try this instead:
“I made a mistake, but I can do better next time. I did my best with what I had.”

Notice micro-moments of meaning: sunlight, music, a message.

If meaning doesn’t appear, make it — a note, a breath, a moment just for you.



Name your feelings: sad, scared, tired — that’s okay to have these feelings.

Don’t rush to fix or push them away. Acknowledging your emotions doesn’t make you weak — it’s how you begin to understand yourself with kindness.

If your doctor prescribed medication, take it steadily — it’s care, not failure.



(Cleare, Gumley, & O’Connor, 2019; Fredrickson, 2004; Porras-Segovia et al., 2024)

3. EXTERNAL SCAFFOLDING

You don’t have to do this alone



Find a NAMI Connection group→



Join peer-support spaces like NAMI Connection or Togetherall.

Try anonymous chats such as 988 Chat, 7 Cups, or Crisis Text Line.



Look for workshops or campus events about mental health skills.

Tools aren’t only things — they’re people and communities that hold you up.



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Surviving is the Start: What Recovery Can Look Like



After a Suicide Attempt

This is a place we hope you never reach — but if you did, you're here, and we are still with you.

Surviving an attempt does not define you.

Most people who survive do not go on to die by suicide — you are not doomed. There is a road forward, one many have walked. Recovery is not linear.

You may want to heal fast, or still wish things had ended. Both can coexist.

Recovery means staying — slowly, quietly, one breath at a time.

Start gently:

- eat, rest, and hydrate
- release blame — it doesn't belong here
- rebuild one small connection
- notice your low-number moments (1s, 2s) — they show what helps you stay

For support and stories:

- Live Through This
- 988 Lifeline Stories
- Greater Good Toolkit
- AFSP Peer Support
- FindTreatment.gov

**You don't have to rush. You don't have to feel hopeful.
Staying is enough for today.**

Most people who survive a suicide attempt do not go on to die by suicide.

Survival is not a mark of fate — you are not destined for darkness.

There is still risk. Survival is not the finish line.
Recovery is the path forward—slowly, and with support.

(Owens et al., 2002)

Recovery isn't a straight line.

- **It's not a moment where light breaks through and everything suddenly makes sense.**
- **There's no miracle switch.**
- **It's a long, uneven path — and many people have walked it, slowly, and stayed.**

Confusing feelings are normal.

- **You might catch yourself thinking,
“Why did I end up here?”
“Why couldn't I even die right?”**
- **Confusion, anger, shame, numbness, relief, fear — sometimes all in the same day.**
- **These feelings are common.**

(Shamsaei et al., 2020; Substance Abuse and Mental Health Services Administration, 2015)

Other people's reactions

- People in your life may react in ways that feel surprising or painful — fear, anger, confusion, silence.
- These reactions can take time to settle.
- Their feelings are theirs to work through.
- That process is not your responsibility.
- You can prepare for these moments, but **you don't have to carry them.**

(Shamsaei et al., 2020; Substance Abuse and Mental Health Services Administration, 2015)

Gentle steps forward

There's no rush. Small is enough.

Reconnect — or create new connections.

If reaching out feels too hard, start with one person, or one space where you feel safe.

Care for your body and mind.

You've been through a major event.

Rest, food, sleep, warmth — these are part of healing, not luxuries.

Use a safety plan.

Seek professional support if you can.

Track your thoughts.

A 1–5 scale can help you notice patterns.

Pay attention not only to the hard moments, but also to the moments that felt a little easier. Those are clues to what helps you stay here.

(American Foundation for Suicide Prevention, n.d.)

Resources may help

- **Stories from attempt survivors:**

<https://livethroughthis.org/>

<https://988lifeline.org/stories/>

- **Evidence-based mental health practices:**

<https://ggia.berkeley.edu/>

- **Peer support groups:**

<https://afsp.org/find-a-support-group/>

- **Find treatment:**

<https://findtreatment.gov/>

(Michail, 2021)

If you feel like you can't hold on,
call 911 or 988 right away. Don't hesitate.

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