



## Suicide Prevention

### If You Know Someone in Crisis

Call the toll-free [National Suicide Prevention Lifeline \(NSPL\)](https://www.nspfl.org) at **1-800-273-TALK (8255)**, 24 hours a day, 7 days a week. The service is available to everyone. The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799-4889. All calls are confidential. Contact social media outlets directly if you are concerned about a friend's social media updates or dial 911 in an emergency. Learn more on the NSPL's [website](https://www.nspfl.org).



### Introduction

Suicide is a major public health concern. Over 40,000 people die by suicide each year in the United States; it is the [10th leading cause of death](#) overall. Suicide is complicated and tragic but it is often preventable. Knowing the warning signs for suicide and how to get help can help save lives.

### Signs and Symptoms

The behaviors listed below may be signs that someone is thinking about suicide.

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Making a plan or looking for a way to kill themselves, such as searching online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain (emotional pain or physical pain)
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits

- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently. One resource is the [National Suicide Prevention Lifeline](#), **1-800-273-TALK (8255)**. The Lifeline is available 24 hours a day, 7 days a week. The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799-4889.

## Risk Factors

Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex and there is no single cause. In fact, many different factors contribute to someone making a suicide attempt. But people most at risk tend to share certain characteristics. The main risk factors for suicide are:

- Depression, other mental disorders, or substance abuse disorder
- Certain medical conditions
- Chronic pain
- A prior suicide attempt
- Family history of a mental disorder or substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Having recently been released from prison or jail
- Being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities

Many people have some of these risk factors but do not attempt suicide. It is important to note that suicide is not a normal response to stress. **Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.**

Often, family and friends are the first to recognize the warning signs of suicide and can be the first step toward helping an at-risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions. See the resources on our [“Find Help for Mental Illnesses”](#) page if you're not sure where to start.

### Do gender and age affect suicide risk?

Men are more likely to die by suicide than women, but women are more likely to *attempt* suicide. Men are more likely to use deadlier methods, such as firearms or suffocation. Women are more likely than men to attempt suicide by poisoning. The most [recent figures released by the CDC](#) show that the highest rate of suicide deaths among women is found between ages 45 and 64, while the highest rate for men occurs at ages 75+. Children and young adults also are at risk for suicide. Suicide is the second leading cause of death for young people ages 15 to 34.

## What about different racial/ethnic groups?

[The CDC reports](#) that among racial and ethnic groups, American Indians and Alaska Natives tend to have the highest rate of suicides, followed by non-Hispanic Whites. African Americans tend to have the lowest suicide rate, while Hispanics tend to have the second lowest rate.

## 5 Action Steps for Helping Someone in Emotional Pain

1. **Ask:** “Are you thinking about killing yourself?” It’s not an easy question but studies show that [asking at-risk individuals](#) if they are suicidal does not increase suicides or suicidal thoughts.
2. **Keep them safe:** Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and [removing or disabling the lethal means](#) can make a difference.
3. **Be there:** Listen carefully and learn what the individual is thinking and feeling. Findings suggest [acknowledging and talking about suicide](#) may in fact [reduce rather than increase](#) suicidal thoughts.
4. **Help them connect:** Save the National Suicide Prevention Lifeline’s number in your phone so it’s there when you need it: 1-800-273-TALK (8255). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
5. **Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. [Studies have shown](#) the number of suicide deaths goes down when someone follows up with the at-risk person.

### More ideas

**Instant access:** It may be helpful to save several emergency numbers to your cell phone. The ability to get immediate help for yourself or for a friend can make a difference.

- The phone number for a trusted friend or relative
- The non-emergency number for the local police department
- The Crisis Text Line: 741741
- The National Suicide Prevention Lifeline: 1-800-273-TALK (8255).

**Social Media:** Knowing how to get help for a social media friend can save a life. Contact the social media site directly if you are concerned about a friend’s updates or dial 911 in an emergency. Learn more on the NSPL’s [website](#).

## Treatments and Therapies

[Research has shown](#) that there are multiple risk factors for suicide and that these factors may vary with age, gender, physical and mental well-being, and with individual experiences. Treatments and therapies for people with suicidal thoughts or actions will vary as well. NIMH has focused research on strategies that have worked well for mental health conditions related to suicide such as depression and anxiety.

## Psychotherapies

Multiple types of psychosocial interventions have been found to be beneficial for individuals who have attempted suicide. These types of interventions may prevent someone from making another attempt. [Psychotherapy](#), or "talk therapy," is one type of psychosocial intervention and can effectively reduce suicide risk.

One type of psychotherapy is called cognitive behavioral therapy (CBT). CBT can help people learn new ways of dealing with stressful experiences through training. CBT helps individuals recognize their own thought patterns and consider alternative actions when thoughts of suicide arise.

Another type of psychotherapy, called dialectical behavior therapy (DBT), has been shown to reduce the rate of suicide among people with borderline personality disorder, a serious mental illness characterized by unstable moods, relationships, self-image, and behavior. A therapist trained in DBT helps a person recognize when his or her feelings or actions are disruptive or unhealthy, and teaches the skills needed to deal better with upsetting situations.

NIMH's [Find Help for Mental Illnesses](#) page can help you locate a mental health provider in your area.

## Medication

Some individuals at risk for suicide might benefit from medication. Doctors and patients can work together to find the best medication or medication combination, as well as the right dose.

Clozapine, is an antipsychotic medication used primarily to treat individuals with schizophrenia. However, it is the only medication with a specific [U.S. Food and Drug Administration \(FDA\) indication](#) for reducing the risk of recurrent suicidal behavior in patients with schizophrenia or schizoaffective disorder who are at risk for ongoing suicidal behavior. Because many individuals at risk for suicide often have psychiatric and substance use problems, individuals might benefit from medication along with psychosocial intervention.

If you are prescribed a medication, be sure you:

- Talk with your doctor or a pharmacist to make sure you understand the risks and benefits of the medications you're taking.
- Do not stop taking a medication without talking to your doctor first. Suddenly stopping a medication may lead to "rebound" or worsening of symptoms. Other uncomfortable or potentially dangerous withdrawal effects also are possible.
- Report any concerns about side effects to your doctor right away. You may need a change in the dose or a different medication.
- [Report serious side effects](#) to the U.S. Food and Drug Administration (FDA) MedWatch Adverse Event Reporting program [online](#) or by phone at 1-800-332-1088. You or your doctor may send a report.

Other medications have been used to treat suicidal thoughts and behaviors but more research is needed to show the benefit for these options. For basic information about these medications, you can visit the [NIMH Mental Health Medications](#) webpage. For the most up-to-date information on medications, side effects, and warnings, visit the [FDA website](#).

## Ongoing Research

In order to know who is most at risk and to prevent suicide, scientists need to understand the role of long-term factors (such as childhood experiences) as well as more immediate factors like mental health and recent life events. Researchers also are looking at how genes can either increase risk or make someone more resilient to loss and hardships.

Recent findings from NIMH funded research are listed in the *Research and Statistics* section below but NIMH also is funding a number of [ongoing studies](#) related to suicide.

## Learn More

### Free eBooks and Brochures

- [Suicide: A Major, Preventable Mental Health Problem](#), this fact sheet answers some common questions about suicide and suicide prevention among teens and young adults.
- [Suicide in America: Frequently Asked Questions](#), this brochure covers suicide risk in people of all genders and age groups.
- [Understanding Suicide](#), a fact sheet from the Centers for Disease Control and Prevention

### Federal Resources

- [How to Help Someone Thinking of Suicide](#): this information from the U.S. National Library of Medicine is available in English, Arabic, Burmese, French, Hakha Chin, Karen, Nepali, and Swahili
- [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#): A resource for communities and states from the Centers for Disease Control and Prevention
- [MedlinePlus](#), information from the National Library of Medicine
- [Mindfulness Meditation May Reduce Risk of Suicidal Thoughts in Middle Schoolers](#), results from a recent study by the National Center for Complementary and Integrative Health
- [National Action Alliance for Suicide Prevention](#), a public-private partnership advancing the national strategy for suicide prevention
- [National Strategy for Suicide Prevention: Goals and Objectives for Action, 2012](#)
- App: [Virtual Hope Box](#). This free mobile app was developed by the Department of Defense for patients working with a behavioral health provider. The highly personalized content is available to support users any time they have access to their mobile devices.
- [#BeThe1To](#) is the National Suicide Prevention Lifeline's message for National Suicide Prevention Month.
- [Ask Suicide-Screening Questions \(ASQ\)](#), a free resource for medical settings (emergency department, inpatient medical/surgical units, outpatient clinics/primary care) that can help nurses or physicians successfully identify youth at risk for suicide.

## Multimedia

- Listen: [Podcast on Childhood Suicide and Keeping Kids Safe Online](#)
- Listen: [Podcast on Warning Signs for Childhood Suicide](#)
- Watch: [Suicide Prevention and Research](#): Dr. Jane Pearson talks about warning signs as well as progress in suicide prevention.
- Watch: [Suicide Prevention Research](#): Dr. Douglas Meinecke talks about critical suicide prevention research.
- Watch: [Reaching Older Adults](#): Dr. Jo Anne Sirey talks about seniors, depression, and services.
- Watch: [Men in the Middle Years](#): Psychiatrist Jeffrey Sung talks to clinicians and researchers about this at-risk population.



## Resources for Media

- [Recommendations for Reporting on Suicide](#)
- [Guidelines for Social Media](#)

## Research and Statistics

### Research

- [NIMH Funds 3 'Zero Suicide' Grants](#)
- [Embracing the SPIRIT of Reducing Suicide: NIMH and NIJ collaborate on justice system study](#)
- [Emergency Department Screen for Teens at risk for Suicide \(ED-STARs\)](#)
- [Facilitating Action for Suicide Prevention by Learning Health Care Systems](#)
- [Factors Associated with Suicide Outcomes 12 Months After Screening Positive for Suicide Risk in the Emergency Department](#)
- [Pathways to Prevention Workshop Summary](#)
- [TASA: New Approach to Reducing Suicide Attempts Among Depressed Teens](#)
- **For Researchers:** [NIMH Funding Opportunities](#)
- **For Researchers:** [The PhenX Toolkit](#) has 475 measures in its suicide specialty collection

### Statistics

- [Data and Statistics \(WISQARS\)](#), Centers for Disease Control and Prevention
- [NIMH Suicide Statistics Webpage](#)

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