



## National Suicide Prevention Month

We can all help prevent suicide. Every year, the Lifeline and other mental health organizations and individuals across the U.S. and around the world raise awareness of suicide prevention during September, National Suicide Prevention Month.

### Ask

Research shows people who are having thoughts of suicide feel relief when someone asks after them in a caring way. Findings suggest acknowledging and talking about suicide may reduce rather than increase suicidal ideation.

Suicide is a major public health concern. More than 45,900 people die by suicide each year in the United States; it is the 12th leading cause of death overall. Suicide is complicated and tragic, but it is often preventable. For more information on suicide prevention, visit our health topic page or download our brochures.

### 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. The main risk factors for suicide are:

- Depression, other mental disorders, or substance use disorder
- Chronic pain
- A history of suicide attempts
- Family history of a mental disorder or substance use
- Family history of suicide
- Exposure to family violence, including physical or sexual abuse
- Presence of guns or other firearms in the home
- Having recently been released from prison or jail
- Exposure, either directly or indirectly, to others' suicidal behavior, such as that of family members, peers, or celebrities

Most people who have risk factors will not attempt suicide, and it is difficult to tell who will act on suicidal thoughts. Although risk factors for suicide are important to keep in mind, someone who is showing *warning signs* of suicide may be at higher risk for danger and need immediate attention.

Stressful life events (such as the loss of a loved one, legal troubles, or financial difficulties) and interpersonal stressors (such as shame, harassment, bullying,

discrimination, or relationship troubles) may contribute to suicide risk, especially when they occur along with suicide risk factors.

Family and friends are often the first to recognize the warning signs of suicide, and they can take the first step toward helping a loved one find mental health treatment. See the resources on NIMH's Find Help for Mental Illnesses page if you're not sure where to start.

### Identifying People at Risk for Suicide

- **Universal Screening:** Research has shown that a three-question screening tool helps emergency room personnel identify adults at risk for suicide. Researchers found that screening all patients – regardless of the reason for their emergency room visit – doubled the number of patients identified as being at risk for suicide. The researchers estimated that suicide-risk screening tools could identify more than three million additional adults at risk for suicide each year.
- **Predicting Suicide Risk Using Electronic Health Records:** Researchers from NIMH partnered with the VA and others to develop computer programs that could help predict suicide risk among veterans receiving VA health care. Other healthcare systems are beginning to use data from electronic health records to help identify people with suicide risk as well.

### Treatments and Therapies

Effective, evidence-based interventions are available to help people who are at risk for suicide.

#### Brief Interventions

- **Safety Planning:** Personalized safety planning has been shown to help reduce suicidal thoughts and actions. Patients work with a caregiver to develop a plan that describes ways to limit access to lethal means such as firearms, pills, or poisons. The plan also lists coping strategies and people and resources that can help in a crisis.
- **Follow-up phone calls:** Research has shown that when at-risk patients receive further screening, a Safety Plan intervention, and a series of supportive phone calls, their risk of suicide goes down.

#### Psychotherapies

Multiple types of psychosocial interventions have been found to help individuals who have attempted suicide (see below). These types of interventions may prevent someone from making another attempt.

- **Cognitive Behavioral Therapy (CBT)** can help people learn new ways of dealing with stressful experiences. CBT helps individuals recognize their thought patterns and consider alternative actions when thoughts of suicide arise.

- **Dialectical Behavior Therapy (DBT)** has been shown to reduce suicidal behavior in adolescents. DBT has also been shown to reduce the rate of suicide in adults with borderline personality disorder, a mental illness characterized by an ongoing pattern of varying moods, self-image, and behavior that often results in impulsive actions and problems in relationships. A therapist trained in DBT can help a person recognize when their feelings or actions are disruptive or unhealthy and teach the person skills that can help them cope more effectively with upsetting situations.

NIMH's [Find Help for Mental Illnesses](#) page can help you locate a mental health provider in your area. Here are [tips](#) to help prepare and guide you on how to talk to your health care provider about your mental health and get the most of your visit.

## Medication

Some individuals at risk for suicide might benefit from medication. Health care providers and patients can work together to find the best medication or medication combination, as well as the right dose. Because many individuals at risk for suicide often have a mental illness or substance use problems, individuals might benefit from medication along with psychosocial intervention.

Clozapine is an antipsychotic medication used primarily to treat individuals with schizophrenia. To date, 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.

If you are prescribed a medication, be sure you:

- Talk with your health care provider 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 health care provider 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 health care provider right away. You may need a change in the dose or a different medication.
- Report serious side effects to the [FDA MedWatch Adverse Event Reporting program](#) online or by phone at 1-800-332-1088. You or your health care provider may send a report.

For the most up-to-date information on medications, side effects, and warnings, visit the [FDA website](#).

## Collaborative Care

**Collaborative Care** is a team-based approach to mental health care. A behavioral health care manager will work with the person, their primary health care provider, and

mental health specialists to develop a treatment plan. Collaborative care has been shown to be an effective way to treat depression and reduce suicidal thoughts.

### Ongoing Research

NIMH supports promising research that is likely to have an impact on reducing suicide in the United States. Research is helping improve our ability to identify people at risk for suicide and to develop and improve effective treatments. NIMH researchers continue to study suicide and how to best implement suicide prevention and intervention programs in different settings, including health care, community, school, and the justice system.

Learn more about NIMH [research priorities](#) and [recent research on suicide prevention](#).