

## Be Alert to Warning Signs of Suicide

- Talking or joking about suicide – statements about being reunited with a deceased loved one
- Statements about hopelessness, helplessness, worthlessness, preoccupation with death, funeral planning, obituary writing
- Suddenly happier or calmer
- Unusual visiting or calling people one cares about – saying their goodbyes, giving away possessions, making arrangements, setting one’s affairs in order
- Self-destructive behavior (alcohol/drug abuse, self-cutting, promiscuity)
- Risk-taking behavior (reckless driving/excessive speeding, carelessness around bridges, cliffs, balconies, or walking in front of traffic)
- Having several “accidents” resulting in injury
- Fixation with guns or knives, stockpiling pills or acquiring a weapon



This document is available in alternative formats to individuals with disabilities by contacting the OMHDD.

## Information and Resources

An expanded Suicide Prevention Resource List is available on our website at: <https://mn.gov/omhdd>.

**National Alliance on Mental Illness – MN**  
<https://namimn.org/education-public-awareness>  
651-645-2948 or 1-888-626-4435

**National Institute of Mental Health (NIMH)**  
<https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>  
1-866-615-6464 or TTY 1-866-415-8051

**QPR (Question, Persuade, Refer) Institute**  
<https://qprinstitute.com>  
1-888-726-7926

**Suicide Awareness Voices of Education**  
<https://save.org>  
952-946-7998 or 1-888-511-SAVE (7283)

**Suicide Prevention Resource Center (SPRC)**  
<https://www.sprc.org>  
1-877-438-7772 or TTY 617-964-5448

**The Trevor Helpline for lesbian, gay, bisexual, transgender, and questioning youth.**  
<https://www.thetrevorproject.org>  
1-866-488-7386

While the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) offers this resource list, these are sites over which the OMHDD has no control. Therefore, the OMHDD assumes no responsibility for the content or accuracy of the information.

## My Personal Contact Information Card

My Local Crisis Number is:

My Doctor or therapist’s number is:

My case manager’s number is:

Trusted friend, clergy, or family:

**National Suicide Prevention Lifeline**  
**1-800-273-8255**

## Crisis Numbers

### National Suicide Prevention Lifeline

- 1-800-273-8255 or
- 1-800-784-2433 - Press 1 for the Veterans Crisis Line
- <https://suicidepreventionlifeline.org>

### Crisis Textline

- Text MN to 741741
- <https://www.crisistextline.org>

### Adult Mental Health Crisis Response

- See the [MN DHS directory for Adult mental health crisis phone numbers](#) by county.



OFFICE OF OMBUDSMAN  
FOR MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES

# SUICIDE PREVENTION INFORMATION FOR INDIVIDUALS AND FAMILIES

Revised October 2018

“Giving Voice to  
Those Seldom Heard”

## Awareness

**Mental illnesses** such as schizophrenia, depression, and bipolar disorder can make some people so ill they begin to see death as the only way to escape their pain. Suicidal thoughts can be signs of an illness. With appropriate treatment and knowledge, the risk of suicide can be greatly reduced. The risk of a suicide attempt, however, is difficult to predict. There is no test to tell us that a person is suicidal or assure us that they are not. Fortunately, asking someone if they are having thoughts about suicide does not cause them to act on these thoughts. So do not be afraid to ask.

**Surprisingly**, someone who is thinking of suicide may not always appear particularly unhappy or upset. The risk of suicide may increase when people begin to recover from depression. People also are at increased risk of suicide following discharge from a hospital and during passes from hospitals or residential treatment programs. We hope this information will help you recognize when you or a loved one may be at risk and give you ideas on how to stay safe.

## What You Should Know

1. **Remember, you are not alone**, though sometimes you may feel like you are. There are people who can help and support you. If you think it will help, list the people who care about you.

2. **Know what behaviors and signs mean you aren't doing well and need help.** Make a list of these signs and discuss them with people you trust. They may help you recognize a growing problem. Keep in mind that some people experience mood changes at certain seasons of the year or during anniversaries and holidays.
3. **Create a safe environment.** Because suicide can be the result of an impulse, it is important to create a safe environment for yourself. Have someone remove easy access to weapons or methods you may be tempted to use, both in your home and the homes of friends and family members where you spend time. Remove all firearms or keep unloaded guns and ammunition in separate, locked cabinets. Consider using trigger locks. Use common sense; be sure you or someone else does not go home alone to remove guns. Think about limiting access to large quantities of medication or poisons.
4. **Take all your medications as prescribed.** Don't stop or make changes unless you and your healthcare provider decide this together. Tell your healthcare provider how the medications are working and if you experience any side effects.
5. **Keep appointments** with your therapist, healthcare providers and case manager. Do this even if you're feeling better and especially if you are changing medications.

6. **Make a detailed personal safety plan.** Talk to your healthcare provider, therapist or case manager about how to do this. Think about some personal safety rules. Consider talking to a family member or friend about suicide and including them in your safety plan. However, if you are concerned about an increase in your symptoms, having a safety plan is not a substitute for an assessment by a mental health professional.
7. **Safe situations.** Avoid alcohol and other recreational drug use. They can reduce your control of impulses and negatively affect your thinking or judgment. Identify and be careful about situations that may be high risk for you such as: meeting a former partner, driving alone at night, being alone too much, feeling tired, angry, or overwhelmed.
8. **Self talk can be powerful.** Author Susan Blauner suggests distinguishing suicidal thoughts from the feelings that may accompany them. She suggests "instead of saying 'I feel suicidal,' say, 'I'm having a suicidal thought and I feel (angry, lonely, sad, terrified, abandoned, etc).'" She then suggests helping yourself by saying "I'm having a suicidal thought, and I feel \_\_\_\_\_; I don't have to act on this suicidal thought. All feelings pass." Blauner, S. (2003). *How I Stayed Alive When My Brain Was Trying to Kill Me, One person's guide to suicide prevention*. NY: Harper Paperbacks.

9. **Smaller prescription amounts.** Talk to your healthcare provider about whether filling your prescription more frequently with smaller amounts of medication should be part of your safety plan.
10. **Know the phone numbers of whom to call** if you are concerned about your safety. For example: your local crisis number, healthcare provider, therapist, case manager, friend, trusted clergy or family member. Fill out the attached My Personal Contact Information Card and keep it in a handy place, or you may find it helpful to save the numbers in your phone.
11. **Call people who support you** if you receive bad news, experience stressful events, or have suicidal thoughts. Examples might include family, friends, therapist, case manager, or healthcare provider.

**If you or someone you know is at imminent risk of suicide, please call 911.**

**If you or someone you know are thinking about suicide and want to talk with someone, please call the [National Suicide Prevention Lifeline](https://www.suicideline.org/) at 1-800-273-TALK (8255).**