

## Information and Resources

An expanded resource list is available on our website  
<http://mn.gov/omhdd>

### American Association of Suicidology

<http://www.suicidology.org>  
202-237-2280

### American Psychiatric Association

<http://www.healthyminds.org/Main-Topic/Suicide.aspx>  
1-888-357-7924

### Mary Ellen Copeland, PhD Wellness Recovery Action Plan

<http://www.mentalhealthrecovery.com>  
802-254-2092

### Crisis Numbers

**Crisis Connection-MN** 612-379-6363, 1-866-379-6363  
**National Suicide Prevention Lifeline**  
1-800-273-8255 – has a dedicated link for Veterans  
**South Central MN** 1-800-865-0606

### Depression and Bipolar Support Alliance

[http://www.dbsalliance.org/site/PageServer?  
pagename=about\\_publications](http://www.dbsalliance.org/site/PageServer?pagename=about_publications)

Their educational materials include a brochure  
*Suicide Prevention and Mood Disorders*  
with a sample safety plan.  
1-800-826-3632

### Mayo Clinic

<http://www.mayoclinic.com/health/suicide/DS01062>

### Mental Health Association of Minnesota

[http://www.mentalhealthmn.org/be-informed/education-  
programs/mental-health-topics](http://www.mentalhealthmn.org/be-informed/education-programs/mental-health-topics)  
612-331-6840 or 1-800-862-1799

### Mental Health Consumer/Survivor Network of Minnesota

<http://www.mhcsn.org>  
651-637-2800 or 1-800-483-2007

### National Alliance on Mental Illness - MN

<http://www.namihelps.org/education/fact-sheets.html>  
651-645-2948 or 1-888-473-0237

### National Institute of Mental Health (NIMH)

[http://www.nimh.nih.gov/health/topics/suicide-  
prevention/index.shtml](http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml)  
1-866-615-6464 or 1-866-415-8051 (TTY toll free)

### QPR (Question, Persuade, Refer) Institute

<http://www.qprinstitute.com>  
1-888-726-7926 or 509-536-5100

### Substance Abuse and Mental Health Services Administration

[http://store.samhsa.gov/facet/Issues-Conditions-  
Disorders/term/Suicide](http://store.samhsa.gov/facet/Issues-Conditions-Disorders/term/Suicide) for educational materials  
<http://www.samhsa.gov> for other information  
1-877-727-4727 or TTY 1-800-487-4889

### Suicide Awareness Voices of Education

<http://www.save.org>  
952-946-7998 or 1-888-511-SAVE (7283)

### Suicide Prevention Resource Center (SPRC)

<http://www.sprc.org>  
1-877-438-7772

### The Trevor Helpline

[www.thetrevorproject.org](http://www.thetrevorproject.org) for gay, bisexual, transgender,  
lesbian and questioning youth.  
1-866-488-7386 or 310-271-8845

### Yellow Ribbon Suicide Prevention Program -MN

<http://www.yellowribbonmn.com>  
507-387-5020

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

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The OMHDD does not discriminate on the basis of age, sex, race, color, creed, religion, national origin, marital status or status with regard to public assistance, sexual orientation, membership in a local human rights commission or disability in employment or the provision of services.

This material can be given to you in different forms, like large print, Braille or on a tape, if you call 1-651-757-1800.

## My Personal Contact Information Card

My local crisis number is:

My doctor or therapist number is:

My case manager's number is:

Trusted friend, clergy, or family:

Suicide Prevention

### State of Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities

121 7<sup>th</sup> Place E,  
Ste. 420, Metro Square Bldg.,  
St. Paul, Minnesota 55101-2117  
Voice: 651-757-1800 or  
Toll Free: 1-800-657-3506  
Fax: 651-797-1950  
Website: <http://mn.gov/omhdd>  
E-mail: [ombudsman.mhdd@state.mn.us](mailto:ombudsman.mhdd@state.mn.us)

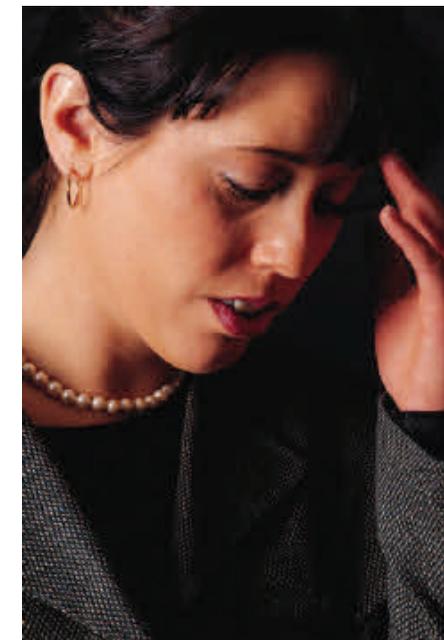


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## Suicide Prevention

## Information for Individuals and Families



Office of Ombudsman  
for Mental Health and  
Developmental Disabilities

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. Remember, suicidal thoughts are symptoms 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. 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 are also at increased risk of suicide during passes from hospitals or residential treatment programs and in the months following hospitalization. We hope this information will help you recognize when you or a loved one are 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. Many people experience these illnesses. There are people who can help and support you. If you think it will help, list the people who care about you.
2. **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 that you may be tempted to use; both in your home and the home of friends/families 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.

3. **Safe situations**. Avoid alcohol and other recreational drug use. They can reduce your control of impulses and negatively affect your illness or judgment. Identify and be careful about situations that may be high risk for you such as: meeting an old girlfriend/boyfriend, driving alone at night, being alone too much, being tired, angry, or overwhelmed.
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. **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.
6. **Keep appointments** with your therapist, healthcare and other providers. Do this even if you're feeling better and especially if you are changing medications.
7. **Know what behaviors/actions/symptoms mean you aren't doing well and need help**. Make a list of these symptoms and discuss them with people that 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.

8. **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. A "no harm contract" with a mental health provider can be part of a 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.
9. **Know the phone numbers of whom to call** if you are concerned about your safety; your local crisis number, healthcare provider, therapist, case manager, trusted friend/clergy or family member. Fill out the attached **My Personal Contact Information Card** and keep it in a handy place.
10. **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.
11. **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." *How I Stayed Alive When My Brain Was Trying to Kill Me, One Person's Guide to Suicide Prevention* (2003 NY Harper Paperbacks)

## 12. **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, or balconies, or walking in front of traffic),
- having several "accidents" resulting in injury; and
- obsession with guns or knives, stockpiling pills or acquiring a weapon.

## American Association of Suicidology

*"Although it might seem as if your unhappiness will never end, it is important to realize that crises are usually time-limited. Solutions are found, feelings change, unexpected positive events occur. Suicide is sometimes referred to as a 'permanent solution' to a temporary problem."*