

Local Crisis Information

Community-Wide Crisis Line

(520) 622-6000 or 1-866-495-6735

Call 911

When calling 911 - state it is a mental health crisis for either yourself or family/friend and ask that a Crisis Intervention Team (CIT) officer be provided.

National Crisis Information

National Crisis Line

(800) 273-TALK (8255)

American Foundation for Suicide Prevention

(888) 333-AFSP (2377)

(not a crisis line)

www.afsp.org

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. **RECOVERY IS POSSIBLE!**

How to Get Help

If you have suicidal thoughts:

- ◆ Seek medical care through a psychiatrist and/or your primary care physician.
- ◆ Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc.

**Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*

- ◆ Take NAMI's Peer-to-Peer course and/or join the NAMI Connection support group.
- ◆ No insurance? Call the NAMI Southern Arizona office to talk to an advocate who can provide guidance and help you access mental health services.
- ◆ LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- ◆ Learn about your loved one's illness.

SUICIDE

SHOW YOU CARE. WEAR A SILVER RIBBON.



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

**NAMI SOUTHERN ARIZONA DEPENDS ON YOU.
THERE ARE MANY WAYS TO HELP.
BECOME A MEMBER, VOLUNTEER OR DONATE.**

NAMI Southern Arizona
6122 E. 22nd St.
Tucson, AZ 85711
520-622-5582
NAMIisa@NAMIisa.org

COMMUNITY-WIDE CRISIS LINE:
520-622-6000 or 1-866-495-6735

NAMIisa.org



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Educational information and local support provided by:



Suicide is one of the greatest tragedies imaginable for a victim and his or her loved ones. Each year suicide claims approximately 30,000 lives in America which makes it responsible for slightly more than 1 percent of deaths in the United States. Suicidal thoughts and behaviors are a psychiatric emergency requiring immediate intervention to prevent this disastrous event. It is the most common psychiatric emergency with close to 1 million Americans receiving treatment for suicidal thoughts, behaviors or attempts on a yearly basis.

Who is at risk for suicide?

- The single biggest risk factor for suicide is a prior history of suicidal attempts.
- Over 90 percent of people who commit suicide have been diagnosed with mental illness.
- Some of the mental illnesses most commonly associated with suicide include depression, bipolar disorder, schizophrenia, personality disorders (including borderline personality disorder), anxiety disorders (including posttraumatic stress disorder and panic attacks) and eating disorders (including bulimia nervosa and anorexia nervosa).
- Substance abuse and addiction are associated with an increased risk of suicide.

- More than 1 in 3 people who die from suicide are intoxicated, most commonly with alcohol or opiates (e.g., Heroin, Percocet [oxycodone]).
- The majority of completed suicides in America involve firearms, and access to firearms is associated with a significantly increased risk of suicide.
- Older age is associated with increased risk of suicide.
- While women are more likely to attempt suicide, men are 4 times more likely to die by suicide.
- People of all races and ethnicities are at risk for suicide.
- People who feel socially-isolated (e.g., divorced, widowed) are at increased risk of suicide compared with people who have responsibility for family members (e.g., people who are married or people with children).
- While scientists have not discovered one specific gene that causes suicide, it is known that people with a family history of suicide are at increased risk.
- People with a history of trauma (e.g., childhood abuse or combat experience) are at increased risk of suicide.
- Involvement in community or religious organizations may decrease the risk of suicide.

How can suicide be prevented?

As suicidal thoughts or behaviors are a psychiatric emergency, the involvement of properly-trained mental health professionals is necessary. For some people, this means making an appointment to see a therapist or a psychiatrist; for other people, it may mean calling 911 or going to the nearest emergency room. After they are evaluated by a mental health professional, some people may be able to continue outpatient treatment; others may require inpatient psychiatric hospitalization to manage their symptoms. Ongoing psychiatric treatment is helpful for most people with suicidal thoughts and behaviors. Some forms of psychotherapy—including cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT)—are useful in treatment of suicidal thoughts and behaviors.

Psychotherapy can also be a helpful part in the ongoing treatment of people with mental illness.

Alcohol and drugs are very dangerous for people at risk of suicide. Addiction puts people at increased risk of suicide and can also worsen other mental illnesses which further increase this risk. Additionally, people who are intoxicated or withdrawing from drugs and alcohol are more impulsive. This impulsiveness can make people more likely to attempt suicide and perhaps less likely to ask for help with their troubling symptoms.

Some medications may be helpful in reducing the risk of suicide in certain patients with mental illness. While antidepressants carry a “Black Box Warning” from the US-FDA regarding the risk of increased suicide, most people with depression or anxiety will be less likely to hurt themselves if they are taking an antidepressant medication. Most scientific studies of people with depression suggest that antidepressants save lives by preventing suicide because untreated depression is such a significant risk factor for suicide. Other medications may also be useful; for some people with symptoms of depression, lithium can be helpful in decreasing the risk of suicide.

What can friends and family members do?

If they have concerns that someone close to them is suicidal, family and friends can be most helpful in encouraging their loved one to seek treatment. Some people may be afraid that they could worsen the situation if they bring up the topic of suicide with their loved one. While this is a common concern, scientific studies show that asking about suicide—and encouraging their loved one to get help—does not increase the risk of suicide. Rather, addressing concerns about suicide is helpful in preventing suicide.