

# WE WISH YOU WELL

## CALOGERO'S GUIDE TO PREVENTING SUICIDE

*SUICIDE:* In 2018, 48,344 Americans died by suicide and 1.2 million attempted suicide (this is the most recent year for which we have data). Suicide is the 10th leading cause of death overall, and the 2nd leading cause of death for youth aged 15-24.

The suicide rate is rising.

135 people are affected by each suicide death (6.9 million people per year).  
40-50% of the population will be exposed to suicide in their lifetime.

*54% of Americans who died by suicide between 1999-2016  
did not have a known mental health history.*

*Depression is a risk factor for suicide, yes, but it doesn't paint the whole picture.*

*Suicide is complicated.*

*Many factors contribute to suicide among those with and without known mental health conditions,  
like relationship problems, crisis in the past or upcoming 2 weeks, substance use,  
physical health problems, financial problems, legal issues, or housing stress.*

- Experiencing racism is associated with thoughts about suicide for Black youth and adults.

- Both victims and perpetrators of bullying are at a higher risk for suicide than their peers. Children who are both victims and perpetrators of bullying are at the highest risk.

- Americans 85 and older have the highest suicide rate of any age group.

- Latinx youth are more likely to attempt suicide than white or Black youth.

- Young people are more likely to die by suicide in communities with higher poverty rates.

- Suicide disproportionately affects Native Americans and Alaska Natives.

- 40% of young LGBTQ+ people have considered suicide in the last year. More than 50% of trans and non-binary youth considered suicide in the past year.

## HOW YOU CAN HELP

~90% of mental health professionals encounter suicidal people over the course of their careers, but most have very little suicide crisis training (if any at all).

This means something very important: YOU have the capacity to support someone who is having suicidal thoughts.

If someone you know is going through a difficult time, even if it doesn't seem to be obviously related to their mental health...

Be willing to have the conversation. Say the S word. Ask: "Are you suicidal?" Ask: "How can I help?" Ask: "What do you need?" Don't lead with your fear, and don't let fear stand in the way of your ability to be supportive. Validate pain. Sit with it. Hold it. Don't say: "But you have so much to live for." Don't say: "Suicide is selfish." Don't say: "Suicide is weak." Empathy is key.

Know that not every suicidal thought is a crisis. Some suicidal thoughts are comforting, and sometimes having that one option when a person feels hopeless might be the only thing keeping them alive. Suicidal thoughts occur on a spectrum.

Often, people just need to talk through it with someone who will listen, who will make them feel safe, and who they feel they can trust. You might not be perfect at it. You might feel scared. That's okay. Say: "I'm scared and I don't know what to do, but I'm here for you and I want to help you through this." (If you're not in the emotional space to take it on, help find a safe alternative. That's okay, too.)

Call 911 only as a last resort. Many law enforcement officers aren't trained in handling suicidal folks. People in crisis and people who identify as QTBIPOC are at higher risk for being harmed or killed if cops are involved in their crises. Check to see if you have a local mobile crisis team first.

## OTHER WAYS TO HELP:

Learn about mental health and involuntary commitment laws. Learn about how triggering these processes affects civil rights (in Pennsylvania, a person who has been involuntarily held for mental health crises loses their Second Amendment rights for the duration of their lifetime, as an example). Learn about how you can advocate for someone who has been involuntarily committed and who has few supports.

Understand that suicide support, care, and intervention affects Black, Brown, Indigenous, people of color, and LGBTQ+ folks differently than it would a person who presents as straight and white.

Fight for suicide research funding and policy change that helps rather than hurts. Think critically about the messaging you hear from the suicide prevention and mental health fields and demand better.

Attend a crisis intervention training: Alternatives to Suicide or QPR, as examples.

Have a story of your own? Tell it if you can. Sharing helps people feel less alone and it changes the attitudes of people around us. There's power in the telling.

Listen to the stories of people who have been there. Put yourselves in their shoes. What would it take to make you want to end your life?

Validate, accept, appreciate, and celebrate the people around you—Black, brown, Indigenous, Latinx, and other folks of color; fat, disabled, non-binary, and asexual people; your friends, your family (blood and chosen), your whole community. Help people feel connected to one another.

Do you know any trans\* folks? Use the names and pronouns they want you to use. You don't have to like it, but it's not about you, and it won't hurt you to do. This reduces suicide risk.

Be a safe adult for our kids. Kids deserve our love and care and guidance, even if they're not our own.

Do you know someone in the middle of a breakup? Grab them dinner and drop it off. Listen, even if you're over it. Do you know someone struggling to pay a bill or a debt? Help them pay it if you can. Donate to people in need, even if it may not directly benefit you. Use your skills and your resources to help make someone else's life better.

Suicide prevention is ALL of these things. It's both subtle and explicit. It's having food, housing, a living wage, healthcare. It's supporting people who need help—with sliding scale therapy fees, legal fees, bail. It's acknowledging structural oppression and white supremacy, and doing something about changing it. It's fighting for disability rights, for civil rights, for reproductive rights, for voting rights. It's community, it's collective care, it's mutual support. It's taking care of one another. When you helping improve a person's quality of life, you're practicing suicide prevention. It's up to us, so let's get to work.

## RESOURCES:

**Trans Lifeline** ([translifeline.org](https://translifeline.org)) — 877-565-8860

**Crisis Text Line** ([crisistextline.org](https://crisistextline.org)) — text HOME to 741-741

**National Suicide Prevention Lifeline** ([suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)) — 800-273-8255

**The Trevor Project** ([trevorproject.org](https://trevorproject.org)) — 866-488-7386

If you'd like to talk to a peer, [warmline.org](https://warmline.org) contains links to warmlines in the U.S.

You can read the stories of **suicide attempt survivors** across the U.S. at [livethroughthis.org](https://livethroughthis.org).

NOTE: Many of these resources could utilize restrictive interventions, like active rescues (wellness or welfare checks) involving law enforcement or emergency services. You can ask if this is a possibility at any point in your conversation if this is a concern for you.

*For more information and/or citations, visit [livethroughthis.org](https://livethroughthis.org) or contact [des@livethroughthis.org](mailto:des@livethroughthis.org)*