CONNECT SUICIDE PREVENTION PROJECT

Gatekeepers / Families / Friends

PREVENTION AND INTERVENTION

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- For IMMEDIATE Police or EMT response, call **911** (Police or Ambulance will respond)
- To get connected with the Suicide Prevention Lifeline, who will connect you to the nearest available suicide prevention and mental health service provider, call **1-(800) 273-TALK (8255).**

INTRODUCTION:

In 1999, the Surgeon General issued a report (http://www.surgeongeneral.gov/library/calltoaction/default.htm) identifying suicide as a major public health issue in the United States. At the heart of this report was the conclusion that many suicides are preventable. A subsequent report outlined steps to take to prevent suicide, including the need to improve identification, assessment, and treatment of individuals who are at risk. Health care providers cannot do this alone. As a public health issue, recognizing/identifying individuals who are troubled or at risk and intervening to get them professional help is the responsibility of everyone in a community, including family, friends, neighbors, teachers, employers, co-workers, etc.

Nationally, suicide is the third leading cause of death (behind unintentional injuries and homicide) for teens and young adults[10]. In this age group, the suicide rate has almost tripled since 1960[11]. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **combined.**[12] In New Hampshire, for youth between the ages of 10-24, suicide is the second leading cause of death (after unintentional injuries).

[10] The United States Center For Disease Control (CDC) WISQARS, http://www.cdc.gov/ncipc/wisqars/
[11] National Mental Health Association Teen Suicide Fact Sheet, http://www.nmha.org/infoctr/factsheets/82.cfm
[12] United States Center For Disease Control Youth Suicide Fact Sheet

Suicide death is only the 'tip of the iceberg.' Many more youth attempt suicide or disclose they are contemplating suicide. Consider these facts from the 2005 New Hampshire Youth Risk Behavior Survey[13]:

- About 25% of NH high school students felt so sad or hopeless for almost every day for two weeks or more in a row that they stopped doing their usual activities in the past year.
- 14% of them admitted having seriously considered suicide during the past year.
- About 12% indicated they had made a plan for how they would kill themselves during the past year.
- 7% indicated they had made a suicide attempt during the past year.

It is a common misperception that a successful suicide prevention effort results in hospitalization. In fact most people who are contemplating suicide can be treated effectively in the community and few require hospitalization. In the late 1957, the census at the state hospital in NH hit its peak of almost 2,500 adult psychiatric beds. The population in the state at the time was about .75 million people. Now 50 years later with the population having increased to almost 1.3 million people in the state there are only 200 adult psychiatric beds on the grounds of NHH and they have a median stay of 8 days. There are also less than 100 inpatient psychiatric beds at other facilities in the state. Community mental health centers and private providers are able to manage suicidal individuals in community settings using better risk assessment tools, improved safety planning, more effective therapies and medications.

An individual who is thinking of harming or killing him/herself almost always exhibits some advance warning signs. Research has shown that most people who are suicidal are ambivalent about dying. Thus, they often give signals or statements that they are contemplating taking their life. Friends and family may be the first to recognize these signs. For teens and young adults, it is most often their friends whom they tell or give signs to that they may be contemplating suicide. In addition to friends and family, many other people in the community have frequent contact with youth, and might observe that a youth is troubled or at risk for suicide. When these relationships are not defined by a primary treatment relationship, we refer to these people as ***gatekeepers***. Examples of gatekeepers include coaches, librarians, neighbors, friends, shopkeepers, scout leaders, hairdressers, music/karate/dance instructors, and many other community members.

Gatekeepers play two primary roles in preventing youth suicide. First and foremost, they **RECOGNIZE** that a youth is having difficulty and may be at risk for harming him/herself. Next, they **CONNECT** *with* the youth, first by listening and asking direct questions, and then by **CONNECTING** the youth with a professional who can assess his/her level of risk and get him/her help.

These protocols are intended to serve as a guide for gatekeepers. Use these guidelines together with your common sense. The intent is that these protocols will help educate people about how to ***recognize*** youth who are giving signs of hopelessness or intent to harm themselves, and how to ***connect with*** the youth AND ***connec*t** them with help.

RECOGNIZE WARNING SIGNS AND RISK FACTORS:

WARNING SIGNS:

Sometimes it is difficult to tell the difference between "normal" adolescent behavior and signs that are cause for concern or action. Warning signs are changes in a person's behaviors, feelings, and beliefs about oneself, which are maladaptive or out of character for that individual and place them at risk for suicide. How (or even if) individuals display any warning signs is likely to differ from individual to individual. Thus, there is no guaranteed script for recognizing when an individual is suicidal. However, there are common traits that have been observed in individuals contemplating suicide. It is also helpful to compare these warning signs with risk factors in assessing the situation at hand. When in doubt, seek assistance/guidance from an informed professional such as family physician, guidance counselor, or mental health professional who can answer your questions and assist you with making a referral or getting connected with services. *If you observe these signs in someone, it is*

[13] New Hampshire Department of Education, 2005 Youth Risk Behavior Survey Results, http://www.ed.state.nh.us/education/doe/organization/instruction/HealthHIVAIDS/2003YRBSResults.htm

critically important not to ignore or minimize these indicators (particularly the first three) and to seek help immediately. ***WHEN IN DOUBT CHECK IT OUT!***

Warning Signs for Suicide

- **Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself**
- **Looking for ways to kill oneself by seeking access to firearms, available pills, or other means**
- **Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person**
- Acting reckless or engaging in risky activities – seemingly without thinking
- Increasing alcohol or drug use
- Feeling anxious or agitated being unable to sleep, or sleeping all the time
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Feeling trapped – like there's no way out
- Withdrawing from friends, family, and society
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Direct Verbal Cues

- I wish I were dead.
- I'm going to end it all.
- I've decided to kill myself.
- I believe in suicide.
- If [such and such] doesn't happen, I'll kill myself.

Less Direct Verbal Cues

- You will be better off without me.
- I'm so tired of it all.
- What's the point of living?
- Here, take this. I won't be needing it anymore.
- Pretty soon, you won't have to worry about me.
- How do you become an organ donor?
- Who cares if I am dead anyway?

RISK FACTORS:

Risk factors are unhealthy behaviors and coping skills, and negative parts of a person's home and school life. Risk factors do not predict imminent danger for a particular person; rather, they are factors that make it more likely that individuals will develop a disorder; risk factors may encompass biological, psychological or social factors in the individual, family and environment. The more risk factors a person has, the more s/he is at risk for suicide and other self-destructive behaviors. Although risk factors often include some of the (observable) behaviors listed above in the *Warning Signs* section, risk factors can also include other factors that would not necessarily be readily observable to someone that casually knows the individual. Many risk factors are uncovered during the process of having an assessment done by a qualified physician or mental health provider. When considering risk factors and warning signs, it is also helpful to consider protective factors. A list of protective factors is found in the Appendix. Protective factors are healthy behaviors and coping skills, and positive parts of a person's home and school life. They are factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

"The Importance of Family Dinners"
The National Center on Addiction & Substance Abuse (CASA), 2003
Children who eat regularly with their families are less likely to smoke, drink, use illegal drugs, have sex at young ages, get into physical fights, be suspended from school, or have thoughts of suicide.

Individual Risk Factors for Suicide

- Mental health problems, including depression, bipolar disorder, and anxiety disorders
- Alcohol and other substance use problems
- Feelings of hopelessness, helplessness, powerlessness, or desperation
- Prior suicide attempt (significantly increases risk)
- Impulsive and/or aggressive tendencies
- History of trauma or abuse (e.g. physical, mental, or sexual)
- Fascination with death and violence
- History of bullying or interpersonal conflict
- Compulsive, extreme perfectionism

Family Risk Factors

- Family history of suicide
- Depressed and/or suicidal parents
- Alcoholic and/or drug-addicted parents
- Changes in family structure (e.g. death, divorce, remarriage, etc.)
- Financial difficulties

Community Risk Factors

- Access to lethal means, e.g. firearms
- High levels of stress
- Stigma associated with help-seeking
- Lack of access to health care, especially mental health and substance abuse services
- Lack of social support and sense of isolation
- Relational or social loss
- Exposure to, including media, and influence of others who have died by suicide
- Certain religious beliefs (e.g. that suicide is noble)
- History of bullying or interpersonal conflict
- Incarceration or loss of freedom; trouble with the law

Other Considerations Particularly With Youth:

Personal Risk Factors

- Isolation
- Confusion or conflict about sexual orientation
- Deficits in social skills (e.g. decision-making, conflict and anger management, problem solving)
- Exaggerated humiliation or fear of humiliation

Family Risk Factors

- Lack of strong bonding/attachment within the family
- Withdrawal of support
- Unrealistic parental expectations
- Violent, destructive parent-child interactions
- Inconsistent, unpredictable parental behavior

Community Risk Factors

- Frequent moves and changes in living situation
- Social isolation or alienation from peers
- Exposure to suicide of a peer
- High levels of stress, including the pressure to succeed
- High levels of exposure to violence in mass media

Behavioral Risk Factors

- Aggression, rage, defiance
- Running away from home
- School failure, truancy

This list of risk factors was developed by the State of Maine Suicide Prevention Project and adopted by the National Center for Suicide Prevention Training[14].

HOW TO HELP (CONNECT *WITH* THE YOUTH):

The most important part of being helpful is being *connected with* youth and keeping the lines of communication open. Pay attention to indirect communication. Some young adults will not come out and tell you directly that they are thinking of killing themselves. Instead, they may use indirect communication such as reckless behavior, drawings, or talking about a "friend." Be patient and observant and give individuals time to open up. Listen for themes. Use your common sense!

- LISTEN! Most youth who attempt suicide communicate their plans in advance. Listen carefully to what young people are saying.
- Observing is as important as listening.
    - Have you observed changes/warning signs? (See above.)
    - Is the youth's behavior inconsistent with what he/she is saying? (E.g. say they are fine, but seem really tense and angry.)
    - Are they able to control themselves, or do they appear to be very impulsive?
    - Does his/her manner/style of dress or speech indicate cultural differences?
        - What does it signify?
        - What does it mean to him/her or to others?
        - Review Cultural Effectiveness section.
- Be calm, supportive, and respectful. Let youth know you care.
- If you are worried about the youth and want to get more information, here are some suggestions for engaging them in conversation:
    - "Is this the worst you have ever felt?"
    - "I'm worried about you, should I be?"
    - "Are you worried about yourself?"
    - "What has helped you get through rough times in the past?"
- Do not promise to keep a secret. Individuals who are suicidal are usually very relieved when someone steps in to help. If an individual is insistent about keeping his/her intentions or thoughts a secret, tell him/her: "Your life is more important to me than our friendship."
- It is a myth that talking openly about suicide will push someone toward suicide or increase someone's level of risk. It is much more dangerous to ignore or minimize suicidal ideas/thoughts/behaviors.
- If you are worried that the youth is suicidal, it is important to ask directly: "Are you thinking about killing yourself or hurting yourself?"
    - If yes, ask directly, "How are you planning to kill yourself?"
    - If yes (specific plan), find out if he/she has the means available, or is attempting to procure the means to carry out his/her thoughts. Ask directly: "Where are you going to get (gun, pills, rope, car, etc.)?"

[14] National Center For Suicide Prevention Training, http://www.ncspt.org

    - If yes, "Where and when are you planning to suicide?"
    - If yes, "Who else knows about your plans?" (Teens and young adults sometimes engage in a suicide pact with another person. Getting this information, who the other person is, and names and numbers for how he/she can be contacted, can be critical.)
    - Determine if he/she is currently or has been in treatment with a mental health professional. (If so, get name and contact information.)
    - If no to any of these questions, do you believe he/she is telling the truth?
- Any talk about suicide intent should be taken seriously. Even passive or "joking" statements like, "I wish I would just go to sleep and never wake up" or "You would be better off without me…" should be clarified and, if suicide is indicated, evaluated by a physician or qualified mental health clinician.
- DO NOT minimize the person's feelings (e.g. "How could you possibly think of killing yourself, you have everything going for you…") or offer false reassurances. ("You'll feel better tomorrow…")
- VALIDATE how he/she is feeling. (e.g. "I know your boy/girlfriend is a really important person in your life; you must feel really sad about breaking up.")
- Offer a message of HOPE. Do this in a way that does not minimize or invalidate their feelings of pain and despair. "I'm glad that you told me how bad you're feeling. This is the first step in getting the kind of support that can actually make you feel better."
- A promise of safety (including a signed safety "contract") or not harming oneself is not a substitute for a mental health assessment. See safety no harm contract box.
- If you are concerned about the youth's immediate safety, do not leave him/her alone. Keep him/her talking (about anything) until you can get help.
- LISTEN to your gut/intuition. (e.g. the person assures you he/she is "fine" but your gut tells you he/she is not.)

GATHER AS MUCH INFORMATION AS POSSIBLE:
The intent of this section is not to engage in treatment with the person or to resolve the situation or the individual's feelings. Getting this information is the bridge between *connecting with* the youth and helping the youth get *connected to* a professional. It is important to have as much information to pass on as possible to assist the person who will be doing the assessment or evaluation. These questions might also elicit a response that another youth is in danger via a suicide pact. It also begins the process of identifying people the youth trusts and people who can provide him/her with support so that you can involve these people as soon as possible.

- "What is happening in your life that makes you want to die?"
- "Who else have you told about your plans or how you are feeling?"
- "What adults do you trust who you can talk with about this?"

ACTION STEPS (CONNECTING THE YOUTH WITH HELP):
Once you either have information that a youth is suicidal, or there are significant warning signs that have caused you to be concerned, it is essential that you share this information with someone. Who you call may depend on a variety of factors, including how immediate the situation is, what community you live in, and who the key people in the youth's support system (or your own support system) are. Ask yourself "Who do I know/trust that can assist and advise me in this situation?" Possible resources include your local community mental health center or hospital emergency room, a physician or medical doctor, clergy, teacher, guidance counselor, school nurse, neighbor, relative, coach, etc. **Don't worry alone. Seek help!**

- If the youth is in immediate danger, call 911, or an ambulance, or take the person to the nearest emergency room. (Stay with him/her until help arrives. If possible, go with him/her to the hospital/clinic.)
- Get the youth to agree to talk with a mental health clinician, family medical provider, or other professional.
    - Offer to go with him/her.
    - As an alternative, ask them if they have a trusted friend they would like to bring with them.
        - Ask the youth: "Who do you feel comfortable with?" "Who can help tell what you are feeling?" "Would you like them to come with you?"

- If the youth is a minor, and you are a service provider, you will need to get parental permission (see below) before proceeding (unless it is a life-threatening emergency). As a general rule, non-service providers should involve the parents or guardian in the process as soon as possible. (Use common sense and good judgment regarding the particulars of the situation you are dealing with.)

- In New Hampshire, the Suicide Prevention Lifeline at 1-(800) 273-TALK (8255), available 24 hours a day, 7 days a week can refer you to your local community mental health center emergency services.
  - See box at beginning of Gatekeeper protocol for other hotlines and support information.
- If the person refuses to be evaluated, the parents or guardian may authorize the evaluation.
  - Tell him/her you must call his/her parents (if a minor), or the police or proper authorities if you believe he/she is a danger to him/herself or others (and follow through and do it).
  - Under New Hampshire law, a person acting under a reasonable belief that another person is about to suicide or to inflict serious bodily injury upon him/herself may use a degree of force on such person as he/she reasonably believes to be necessary to thwart such a result. (See complete text for RSA 627 "Justification" in the Statute/Administrative Rules section of the Appendix.)
  - If the individual is at immediate risk of self harm:
    - If the person admits he/she is thinking of harming him/herself in the presence of a police officer, the officer can immediately take him/her into protective custody with the purpose of bringing him/her in to be evaluated.
    - Hint: Oftentimes, this can be accomplished by having the officer present in the room with the individual while you retell what the individual said or did (be careful to use nonjudgmental tone/language). Then, ask the person if this is accurate. Most times, the individual will concur, which allows the officer to place the person in protective custody and bring him/her in for evaluation.
    - Be sure to explain to the person what is happening, where they are being taken, and what will happen when they get there.
  - If the person refuses to be evaluated and he/she has made a direct statement of intent to harm him/herself but the police have not observed it, the police can assist you in having him/her picked up and brought in against his/her will to be evaluated.
    - This process is called a Compulsory Mental Exam (CME) and is filed on a special form called a "Complaint and Prayer" form. You will need to fill out forms and have them signed by a justice of the peace.
    - Contact your community mental health center for assistance in obtaining and filling out the forms, as well as having the exam conducted.
      - For more information, see the Involuntary Emergency Admissions section in the Appendix or the actual law in the Statute/Administrative Rules section of the Appendix.
- If possible, follow the police to the evaluation site to provide support to the individual, as well as to provide information to the evaluator.
- Involve the youth's parents as soon as possible.
  - If the youth is a minor, the parents/guardian will need to consent to treatment (unless it is a life threatening emergency).
- If the parents refuse to respond, or refuse to follow up on ANY treatment:
  - Are there other members of the youth/family support system who can assist you in resolving the issue? School, relative, neighbor, friend, primary care provider, counselor, clergy, etc?
  - If you suspect that the parents' refusal to get appropriate treatment is abusive or neglectful, you are required by law to contact the NH Division of Children, Youth and Families (DCYF). Depending on the situation, you may say this directly to the parent, e.g. "Your child's well-being is more important to me than our friendship and I believe he/she is in danger. Your failure to get help is neglectful and I am required to report this to the authorities." Or, you can say nothing and make the report anonymously.
    - All NH citizens are required to report *suspicion* of child abuse or neglect.
      - See Child Abuse Reporting Act in Appendix. (RSA:169:C:29)

    - To report abuse or neglect, call the DCYF reporting line, 1-(800) 894-5533.
- The presence of a firearm in the home increases the risk of suicide five fold.
  (Kellermann, A.L. (1998). In juries and deaths due to firearms in the home. *Journal of Trauma, 45*(2), 263-267).
- Find out if the youth has access to firearms or other lethal means. Inform the primary care or mental health provider if there are firearms in the home and/or talk with the youth/parents directly about removing access to lethal means. For more information, see the Lethal Means section in the Appendix.

SAFETY (NO HARM) CONTRACTS

Despite their widespread use, little research has been done on the effectiveness of safety contracts (a written or verbal agreement with a suicidal individual) with suicidal clients. Research studies that have examined the use of safety contracts in clinical practice have been unable to determine any statistical significance of their effectiveness. (*Kroll, J. (2000). Use of no-suicide contracts by psychiatrists in Minnesota.* ***Am J Psychiatry,*** 157*:1684-1686)*

Willingness to "contract for safety" should not by itself be a substitute for a full assessment and evaluation conducted by a trained professional. Neither does it take the place of developing a comprehensive safety plan that identifies and involves community resources and key individuals for the youth. It is also important to note that the presence of a signed "safety contract" in and of itself does not discharge liability.

Many clinicians use safety contracts as a component of risk assessment and disposition planning. Used in its proper context, it can assist in gathering important information about judgment and help seeking behavior (e.g. *What will you do if you are feeling like hurting yourself again*?) Knowing if a client is unwilling or unable to agree to seek help or keep him/herself safe is an important piece of information to have**.** ***Please refer to the Safety Plan section in the appendix for more information on safety contracts and developing a comprehensive safety plan.***

To view the entire article mentioned above go to :
http://psychiatry.jwatch.org/cgi/content/full/2000/1114/1

FOLLOW-UP:

- STAY CONNECTED! The youth sought YOU out because you are someone s/he trusts. Follow-up in the days/weeks/months ahead with him/her and continue to be direct when discussing suicide.
- Confidentiality (see box below) may prohibit counselors or mental health staff from sharing the disposition or specifics of the evaluation with you. If you do not have a professional relationship with the youth, it does not prevent you from disclosing information.
    - Since you are not limited by confidentiality, you should consider whom else to disclose this incident to. Involvement of parents, school officials, physician, or other important adults in the youth's life are likely to reduce the isolation the youth is feeling and help reduce or prevent future incidents. Protecting the trust that the individual has placed in you (by not involving others) is usually outweighed by the benefit of protecting the future safety of the individual (by sharing information with other people in the youth's support system). *For more information on confidentiality, see the Appendix section.*
    - Under New Hampshire law, some hospitals and community mental health centers may waive confidentiality restrictions for immediate family/caretakers living with an individual with severe mental illness (this is limited to specific situations). For more information, see the Disclosure of Information section in the RSA section of the Appendix.
- If the youth informs you that he/she is the victim of sexual or physical abuse or you suspect he/she is being neglected, you are required to report this to the appropriate authorities: Division for Children,

Youth and Families (DCYF). To report abuse or neglect, call 1-(800) 894-5533, the DCYF reporting line. (See RSA 169:C:29 in the Laws and Administrative Rules section for more information.)

- If the individual directly communicated to you an intent to die or hurt themselves, you may be asked to be a witness or petitioner for an Involuntary Emergency Admission (IEA) to the state hospital. (See Involuntary Treatment section in Appendix.)
- Learn what other supports are available to help vulnerable youth in the community.
- Take care of yourself. Dealing with these issues is stressful. Seek support for yourself.

*****CONFIDENTIALITY*****

State and federal law, professional codes of ethics/conduct, and agency policies establish confidentiality rules. These regulations prevent treatment professionals from *disclosing* information about clients. What is important for gatekeepers to understand is that confidentiality does not prevent *you* from disclosing information. Nor does it prevent professionals from *receiving* information about their clients. If the individual you are concerned about is in treatment with a therapist, or doctor, or attends school (guidance counselor), you can call the treatment provider and tell him/her information that you think he/she should know such as suicide attempts, threats, or serious warning signs. Don't start the conversation with "Do you know or treat _____???" (Legally, treatment providers cannot acknowledge their professional relationship with the person.) Tell the provider, "I have some information to tell you about_____."

HIPAA:
According to Susan McAndrew, Deputy Director of Health Information Privacy at the United States Department of Health and Human Services (US DHHS); under the Health Insurance Portability and Accountability Act (HIPAA); Medical professionals can talk freely to family and friends, **unless the patient objects**. **No signed authorization is necessary**. Health care workers may not reveal confidential information about a patient or case **to reporters**, but they can discuss general health issues. (Gross, Jane. *Keeping Patients' details private, even from kin.* New York Times, July 3, 2007)

The above information on HIPAA may not apply to all situations. If you require additional information on HIPAA, you may visit an informational site maintained by the US DHHS at http://www.hhs.gov/hipaafaq/ or contact a qualified attorney/HIPAA specialist.

RESOURCES AND LINKS:

The **Suicide Prevention Lifeline** will connect you to the nearest available suicide prevention or mental health services provider. The hotline is available 24 hours a day, 7 days a week. **1-(800) 273-TALK (8255).**

In New Hampshire, **Headrest** offers a toll-free hotline to offer nonjudgmental support for teens, 24 hours a day, 7 days a week. **1-(800) 639-6095.**

National Alliance on Mental Illness, New Hampshire (NAMI NH) is a statewide education, support, and advocacy organization. Resources on support groups, recovery, and wellness programs. http://www.naminh.org

The Samaritans strive to reduce the incidence and impact of suicide through programs that befriend, support, and educate the community while offering anonymity and treating all individuals with care, dignity, and respect. They offer a hotline, though availability depends on whether or not a trained "befriender" is present to pick up the phone. (**603) 357-5505 or (603) 924-7000**. The Samaritans of the Monadnock Region. http://www.samaritansnh.org (New Hampshire), http://www.samaritans.org (National).

Taking Care of Yourself After an Attempt: Moving Ahead After Your Treatment in the Emergency Department. A brochure published by the National Alliance on Mental Illness (NAMI), in collaboration with the Suicide Prevention Resource Center. http://www.sprc.org/library/consumer_guide2.pdf

Taking Care of Yourself and Your Family After an Attempt: Family Guide for Your Relative in the Emergency Department. A brochure published by the National Alliance on Mental Illness (NAMI), in collaboration with the Suicide Prevention Resource Center. http://www.sprc.org/library/family_guide2.pdf

Prevent Youth Suicide-
Recognize Warning Signs and Connect Youth to Help.

It can be difficult to tell Warning Signs from "normal" adolescent behavior. Sometimes youth who are depressed can appear angry, irritable, and/or hostile. Recognizing the Warning Signs can save lives. Warning Signs for suicide include: talking about death or suicide, hopelessness, anger, increasing alcohol or drug use, isolation, and mood changes.

According to the 2005 Youth Risk Behavior Survey, 1 out of 7 NH high school students seriously considered attempting suicide in the past year.

If you or someone you know is in crisis or emotional distress, call the Suicide Lifeline (24/7): 1-800-273-TALK (8255)

Recognize, Connect! Connect Suicide Prevention Project

Everyone Plays a Part in Preventing Youth Suicide-
Recognize the Warning Signs and Connect Youth to Help.

Suicide is the 2nd leading cause of death among NH youth aged 15-24. Youth who die by suicide frequently communicate their plans in advance. Warning Signs for suicide include: talking about death or suicide, hopelessness, anger, increasing alcohol or drug use, isolation, and mood changes. Recognize the Warning Signs for youth suicide and connect them to help.

If you or someone you know is in crisis or emotional distress, call the Suicide Lifeline (24/7): 1-800-273-TALK (8255)

Recognize, Connect! Connect Suicide Prevention Project