

# CRISIS RESOURCES



## For Immediate Assistance

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)  
Text CSIS to 839863  
[www.Suicidepreventionlifeline.org](http://www.Suicidepreventionlifeline.org)
- Community Health Network Text Line: Text HELP NOW to 20121
- Community Health Network Crisis Line: 1-800-662-3445 or 317-621-5700
- Call 911 ask for a CIT officer

## Community Resources

### Mental Health Centers:

Midtown Mental Health Center:	Access and 24/7 Crisis Line: 317-880-8485
Community Health Network:	Access and 24/7 Crisis Line: 317-621-5700
Aspire Indiana	24/7 Crisis Line: 1-800-560-4038 Appointments: 1-877-574-1254
Adult and Child Mental Health Center	317-882-5122
Children's Bureau, Inc.	317-924-6203
Cummins Behavioral Health System	317-247-8900
Charities Indianapolis	317-236-1500

### Other Services:

Substance Abuse Counseling:	Fairbanks Hospital: 317-572-9396
Alcoholics Anonymous	317-632-7864
Domestic Violence Hotline:	317-926-4357
Rape/Sexual Assault Center	1-800-656-HOPE (4673)
Crisis Services:	Mental Health America Indy: 317-251-7575
Child Abuse Hotline	CPS: 1-800-800-556
Police	IMPD: 317-327-3271 Non-Emergency Number: 317-327-3811
American Society For Suicide Prevention	<a href="http://www.afsp.org">www.afsp.org</a>
Suicide Prevention Resource Center	<a href="http://www.sprc.org">www.sprc.org</a>
The Jason Foundation: Youth Prevention	<a href="http://jasonfoundation.org">jasonfoundation.org</a> (see apps)
Connect to Help	Call 211 or <a href="http://Connect2help211.org">Connect2help211.org</a>

## CULTURE SHIFT TO ZERO SUICIDES

<b>Shift in perspective from :</b>	<b>To:</b>
Accepting suicide as inevitable	Every suicide in a system is preventable
Assigning blame	Improved understanding – recovery and resiliency
Risk assessment and containment	Collaborative safety planning, treatment and recovery
Stand-alone training and tools	Overall systems and culture changes
Specialty referral to niche staff	Part of everyone’s job
Individual clinician judgment and actions	Standardized screening, assessment, risk stratification, and interventions
Hospitalizations during episodes of crisis	Productive interactions throughout ongoing continuity of care
“If we save one life.....”	“How many deaths are acceptable?”

# Help Prevent Suicide

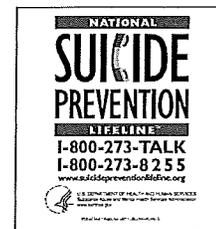
## Promotional Materials Available From the National Suicide Prevention Lifeline

You can play a valuable role in helping to reduce suicide by promoting the National Suicide Prevention Lifeline, 1-800-273-TALK (8255). To assist you, the Lifeline has developed a full set of materials, available free of charge, to help raise awareness about the Lifeline. Please see the reverse side of this form for information on how to order the materials from SAMHSA's Health Information Network. These materials are also available to download in camera-ready and customizable formats on our Web site, [www.suicidepreventionlifeline.org/materials](http://www.suicidepreventionlifeline.org/materials).



### After an Attempt Booklets

Intended to be given out in emergency departments, these booklets are for attempt survivors, families, and medical care providers. Spanish versions of the booklets for survivors and families are also available.



### Lifeline Magnet

3.5 x 4-inch magnet features the Lifeline logo and contact number.

### Lifeline Posters

There are three different posters intended for males ages 25–54, males ages 65+, and American Indian/Alaska Native youth. Spanish versions of the males ages 25–54 and males ages 65+ posters are also available.



### Other Lifeline Materials

#### Lifeline Pen and Writing Pad

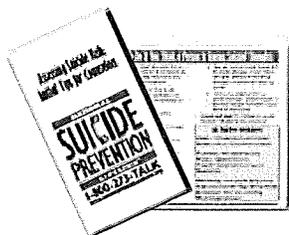
Pens and writing pads feature the Lifeline logo and number.

#### Lifeline Co-Pilot Cards

The Lifeline Co-Pilot cards help crisis line workers assess suicide risk and offer intervention options to those who could be at risk of suicide.

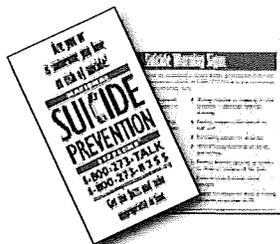
#### Lifeline Stress Ball

Designed to look like a basketball, this squeezable stress ball features the Lifeline logo and number.



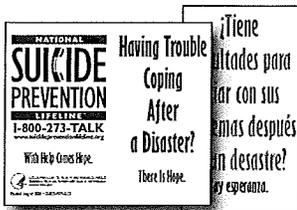
### Counselor Wallet Card

Gives risk assessment tips for counselors and other professionals.



### Warning Signs Wallet Card

Lists suicide warning signs for the general public. Available in both English and Spanish.



### Coping Tips Wallet Cards

These cards identify problems associated with having difficulty coping with challenging situations, such as a disaster. Two versions are available. One version includes "disaster" on the cover (available in English and Spanish). The other version does not (available in English only).



**Complete order form on reverse to fax or mail**

# National Suicide Prevention Lifeline Promotional Materials Order Form

<p><b>Lifeline Warning Signs Wallet Card</b> English SVP05-0126 _____ Spanish SVP05-0126SP _____</p> <p><b>Lifeline Counselor Wallet Card</b> SVP06-0153 _____</p> <p><b>Lifeline Coping Tips Wallet Cards</b> English (Disaster) SVP06-0155 _____ Spanish (Disaster) SVP06-0155S _____ English (Coping—no "Disaster") SVP08-0155R _____</p> <p><b>Lifeline Magnet</b> SVP05-0125 _____</p> <p><b>Lifeline Co-Pilot Cards</b> SVP08-0187 _____</p> <p><b>Lifeline Stress Ball</b> SVP08-0171 _____</p> <p><b>Lifeline Writing Pad</b> SVP06-0172 _____</p> <p><b>Lifeline Pen</b> SVP06-0173 _____</p>	<p><b>Quantity</b></p>	<p><b>A Guide for Funeral Directors</b> SVP09-0194 _____</p> <p><b>After an Attempt Booklets</b> <b>For Attempt Survivors:</b> English SVP06-0157 _____ Spanish SVP06-0158SP _____</p> <p><b>For Families:</b> English SVP06-0159 _____ Spanish SVP08-0160S _____</p> <p><b>For Medical Care Providers:</b> English SVP06-0161 _____</p> <p><b>Lifeline Posters</b> Men 25-54 SVP06-0162 _____ Men 25-54 (Spanish) SVP06-0166SP _____ Men 65+ SVP06-0163 _____ Men 65+ (Spanish) SVP06-0167SP _____ American Indian/Alaska Native SVP06-0164 _____</p>	<p><b>Quantity</b></p>
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You can order up to 50 pieces of each item. If you are a Lifeline crisis center, a grantee funded under the Garrett Lee Smith Memorial Act, or a VA Suicide Prevention Coordinator, you can order up to 500 pieces of each item. Please indicate your affiliation by checking the applicable box below.

Lifeline crisis center     
  Garrett Lee Smith grantee     
  VA Suicide Prevention Coordinator

**Ship to:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

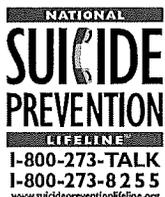
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(please provide this information so we can update you on the order status)

To order material, please fax this form to SAMHSA's Health Information Network at 240-221-4292 or mail it to the address below. You can also order by phone at 1-877-726-4727 or 1-800-487-4889 (TDD), by email ([shin@samhsa.hhs.gov](mailto:shin@samhsa.hhs.gov)) or online ([www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)). Please note that not all products will be in stock at all times. Delivery of materials can take up to 4 weeks. You can request more than 500 items by sending an email to [lifeline@samhsa.hhs.gov](mailto:lifeline@samhsa.hhs.gov) and specifying the item code, quantity needed, and distribution plan.



SAMHSA's Health Information Network  
P.O. Box 2345  
Rockville, MD 20847-2345



## **What you need to know about substance abuse and suicide.**

- ***Suicidal people often drink alcohol or use other drugs before they make a suicide attempt. Youth who use alcohol or other illicit drugs are at especially high risk for suicidal behaviors.***

Even people who otherwise do not use or abuse alcohol may suddenly begin to drink as they approach the decision to die. Heavy and/or unusual drinking can be a warning sign for suicide, and mixing alcohol with over-the-counter or prescription medications is a deadly combination.

- ***Alcohol and depression do not mix!***

According to several expert sources, the people most at risk for dying by suicide are suffering from depression or some other disorder of mood, *and* are abusing alcohol or other drugs.

- ***Suicide risk, and the risk for violence, is highest when the person...***
  - has a firearm
  - is upset
  - and has been drinking

## **Once you have determined that a person is considering suicide with QPR, you can quickly reduce the risk of a suicide attempt by taking the following steps...**

- Do not supply alcohol or other drugs to the suicidal person; a drink or two may make things worse, not better!
- If the person has been drinking, do everything you can to sober him or her up as quickly as possible!
- Make sure any firearm or other means of suicide has been removed and safely stored away from the suicidal person.

**Note:** If you do not feel confident in intervening with someone who is intoxicated, talking about suicide and has a firearm or other means of suicide, call 911 immediately.

Finally, if the suicidal person you know is abusing alcohol or other drugs on a frequent or long term basis, please get them to a qualified treatment professional for evaluation and possible treatment. Most people who have substance problems are not getting treatment... treatment that could save their lives from suicide.

### **Sources:**

- Dr. George Murphy, *Suicide in Alcoholism*, 1992, New York: Oxford University Press
- National Household Survey on Drug Abuse, 2000, and from the National Clearinghouse for Alcohol and Drug Information, Substance Abuse and Mental Health Administration, U.S. Government, 2002
- National Institute of Mental Health, 2002



## BASIC PRINCIPLES

- ◆ QPR recognizes that suicidal behavior is interpersonal in nature, potentially deadly, understandable and usually preventable.
- ◆ QPR recognizes that even socially isolated individuals have some sort of contact with their community (e.g., family members, doctors, teachers, employers, bankers, counselors, attorneys, etc.). These individuals play pre-existing roles in the at-risk person's life and, with a little training, these same individuals can help save lives.
- ◆ QPR teaches diverse groups within each community how to recognize the "real crisis" of suicide and the symptoms and communications that may accompany it.
- ◆ QPR addresses high-risk people within their own environments, versus requiring individuals to initiate requests for support or treatment on their own.
- ◆ QPR offers the increased possibility of intervention early in the depressive and/or suicidal crisis.
- ◆ QPR encourages trained Gatekeepers to take the individual directly to a treatment provider and/or community resource.
- ◆ QPR stresses active follow-up on each intervention.

The fundamental premise of QPR's effectiveness is based on the belief, and growing research, that those most at-risk for suicide do not self-refer. To locate these individuals, identify their suicidal communications and get them to needed services is at the heart of the QPR approach to suicide prevention.

## **Some things you need to know about young people**

**Myth:** If a suicidal youth tells a friend, the friend will tell an adult.

**Fact:** Most suicidal young people do not tell an adult.

### **Good Friends Don't Keep Deadly Secrets**

#### **Warning signs to look for in young people:**

- Change in interaction with family and friends
- Recent disappointment or rejection
- Sudden decline or improvement in academic performance
- Physical symptoms: eating disturbances, changes in sleep patterns, chronic headaches, stomach problems, menstrual irregularities
- Increased apathy
- Being expelled from school /fired from job
- Family problems/alienation
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying

#### **Some things you need to know about suicidal young people:**

1. Many young people are reluctant to seek or accept help for any problem, including suicide. This seems to be especially true for males. Part of this may be due to the fact that males often feel less comfortable than females in talking about their problems or feelings. Therefore, if you are at all suspicious that a teenaged boy or young man may be suicidal, be bold and persistent in your efforts to be helpful.
2. In general, boys and young men are less likely to recognize their own symptoms of depression or to seek treatment when they feel bad. Instead, they often drink heavily or use drugs to try to feel better. Boys also tend to use firearms or other highly lethal means to kill themselves.
3. While girls and young women are almost twice as likely to suffer from depression, their depressive illness may be less impulsive and violent than depression in boys. Perhaps as a result, boys complete suicide much more frequently than girls.
4. Lastly, adolescent boys and young men are more likely than girls to have experienced a crisis sometime in the 24 hours prior to a suicide attempt (especially in relation to break-ups with girlfriends, disciplinary problems, legal crises or humiliating events).

Because young people of both sexes may not be getting treatment for depression, and may abuse drugs and alcohol and act impulsively on suicidal thoughts and feelings, it

is critical that QPR be applied *quickly* when suicide warning signs are seen or suicidal communications intercepted. Remember, if you can't ask the suicide question, find someone who can.

Sources:

Centers for Disease Control, Atlanta, Georgia, USA

Dr. Silvia Sara Canetto, "*Meanings of gender and suicidal behavior during adolescence*", *Journal of Suicide and Life-Threatening Behavior*, Winter, 1997, 27(4):339-351

Dr. Kay Redfield-Jamison in her book, *Night Falls Fast*, 1999

Dr. David Schaffer, Columbia University, New York, NY