

SAN FRANCISCO
**SUICIDE
PREVENTION**



Felton
institute

HOW TO HELP SOMEONE

Suicide Prevention Resources



Table of Contents



HOW TO HELP SOMEONE...

01	If I'm Not Sure They're Suicidal	1
02	Who Has Told Me They're Suicidal	2
03	Who is Suicidal or in Crisis to De-escalate	3
04	With Grief Following a Loss to Suicide	4

RESOURCES

05	Suicide Risk Assessment	8
06	Learn the Warning Signs Your Friend Might Be Struggling	9
07	Safely Removing Access to the Tools of Suicide	11
08	Myths & Facts About Suicide	13

Visit Our Website: sfsuicide.org
& Follow Us On Social Media: [@sfsuicideprevention](https://twitter.com/sfsuicideprevention)



 **CRISIS HOTLINE**
(415) 781-0500

If I'm Not Sure They're Suicidal



Unfortunately, the nature of suicidal thoughts often prevents disclosure, or sharing these feelings. People who believe that they don't deserve to live may also feel like they don't deserve support and are therefore hesitant to admit how they're feeling.

If you are wondering if someone is suicidal, it's probably because they've been giving some cues that they're not doing well. Perhaps they have stopped engaging with life-affirming activities they once enjoyed, they seem distant and withdrawn, seem careless about hygiene or appointments. Casual references to low self-worth are common:

"No one cares about me anymore."

"There's no reason for me to go on."

"What's the point of trying?"

Signals suggesting suicide are unique to the individual and can be any major change in behavior. It may be hard for a casual acquaintance to notice the change or see it as unusual but

loved ones can usually recognize that something is wrong. If you notice any abrupt changes suggesting a lack of wellness, especially verbal cues hinting at suicide, it's best to ask directly: Signals suggesting suicide are unique to the individual and can be any major change in behavior. It may be hard for a casual acquaintance to notice the change or see it as unusual but loved ones can usually recognize that something is wrong. If you notice any abrupt changes suggesting a lack of wellness, especially verbal cues hinting at suicide, it's best to ask directly:

1. **First, point out the worrying cues:** *"You've been canceling on all of our plans, you haven't been eating, and you keep saying there's no point in going on anymore."*
2. **Then express your concern:** *"I care about you."*
3. **Normalize these as signs of suicide:** *"I know that this could mean that someone is thinking of ending their life."*
4. **Ask directly:** *"I want to know because I want to help you: Are you thinking of suicide?"*

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

Who Has Told Me They're Suicidal

Disclosing thoughts of suicide is a painful, difficult thing to do. If someone admitted this to you it must mean that they trust you in some way, and are open to help that they believe you can provide.

Regardless of the reason, it's generally a positive sign that someone chose to disclose to you. By telling someone else they are putting a barrier in place preventing them from attempting. They know a third party could potentially intervene by calling emergency services or getting others involved. The act of admitting their thoughts is a gesture and reach toward safety, so it is important to respond with empathy and gratitude:

Validate: Tell them that their feelings make sense, that it's okay to feel the way they do. Many people fear this will encourage feelings of suicide, but in fact it encourages communication and connection, which helps *decrease* suicidal thoughts.

Ask Open-Ended Questions: Being curious shows they are valuable, that their opinions and perspectives matter. It will also help you understand where they're coming from.

Paraphrase: As the person-at-risk is explaining their circumstances, paraphrase to clarify what they're saying. It demonstrates that you're listening intently and will allow them to evaluate if what they're saying is what they want to be saying.

After feeling truly heard and listened to, people-at-risk usually de-escalate. The conversation naturally leads toward discussions of positive things, future plans, **and most importantly: self-care.**

Next, you should check for immediate safety by performing a **suicide risk assessment** and if possible, have a conversation about what they've been going through to help connect them to safety.

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.



Who is Suicidal or in Crisis to De-escalate

While many people feel depressed, it does not mean they are in crisis or suicidal.

Suicide attempts usually happen during crisis periods. Crisis is usually short term in nature, often lasting hours to days, and in some cases weeks. It does not go on forever. During this time, the person's normal problem-solving strategies are not sufficient to bring the individual to his or her usual steady state. In short, the person is at risk of doing impulsive acts while in crisis, perhaps a suicide attempt or perhaps other risk-taking or health-harming behaviors.



When someone is in crisis, our goals tend to be short-term in nature.

We Try To:



- Bring the person back to the pre-crisis state.
- Keep the person supervised and safe until the crisis feelings pass.
- Remove potential methods of harm from the person's surroundings. **For more information on means removal, please read here.**
- Help the person feel more control over their problems or life circumstances.
- Help the person create a safety plan, including identifying mental health or other services needed.

And if the situation is out of control or very high risk, call 911 and have the person taken to a psychiatric emergency service.

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.



With Grief Following A Loss to Suicide

Why is death by suicide difficult for survivors to manage?

Suicide is an interpersonal act—“... *murder of oneself by oneself*,” as someone once said. While the emotional pain experienced by the victim is ended when he takes his life, it continues to live on in those left behind to grieve the loss.

When the death of a loved one by suicide is not completely unexpected—as in situations where the depressed person spoke of his intentions—survivors may navigate the grieving process with less difficulty than survivors of an unexpected suicide. Anticipatory grief acts as a buffer and protective force in the months that follow the loss. Survivors who had the chance to communicate with their depressed loved one and to listen to their concerns and fears may be comforted in knowing they provided any help they could.

However, when suicide occurs unexpectedly, it is common for survivors to feel betrayed by—or feel anger toward—the departed.

This type of grieving is a slow and painful process, and those left behind may harbor unresolved feelings of guilt, self-doubt, or self-loathing for not recognizing “the signs” or for ignoring their loved one’s efforts to communicate their intentions. The confusion and anger over why a loved one “chose” death over life—or over them—takes time and understanding to work through.

What is loss?

Loss is a severing of an attachment to someone resulting in a changed relationship.

What is grief?

Grief is a normal response to loss. It is a universal, human experience that may be experienced physically, behaviorally, socially, mentally, emotionally, and spiritually. “Normal” grief symptoms that are common after a loss include a broad range of behaviors and feelings.

What is bereavement?

Bereavement is the total reaction to a loss, including the process of healing and recovery from the loss. It is the state of having suffered a loss.

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider’s judgment.

Characteristics of “Normal” Grief

Physical Sensations:

- Tightness in chest or throat
- Breathlessness
- Weakness
- Lack of energy, fatigue
- Aches, pains in joints
- Dry mouth
- Nausea
- Diarrhea
- Constipation
- Heart palpitations
- Vertigo
- Change in appetite
- Change in sex drive
- Lack of energy, sluggishness
- Sleep disturbance
- Restlessness
- Tearfulness, sighing

Behavior:

- Forgetfulness
- Difficulty concentrating, delayed thinking
- Confusion
- Depersonalization, sense of unreality
- Dreams of the deceased, longing for the deceased
- Seeking means to communicate with the deceased (*tarot cards, mediums*)
- Calling out, searching for the deceased
- Avoiding discussion of the deceased
- Taking on the mannerisms or speech of the deceased
- Needing to retell the story of the deceased's death
- Absent-mindedness
- Absence of reminders or treasuring reminders

Social:

- Withdrawal from friends, ending friendships
- Avoiding family, friends, and colleagues
- Dependent on others
- Hypersensitive to comments about suicide
- Relationship difficulties, frustrations
- Caring more for others, neglecting self
- Increased drug/alcohol use
- Increased risky activities (*reckless driving*)

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

Thought Process (Cognitive):

- Disbelief
- Confusion
- Preoccupation
- Hallucinations
- Sense of the deceased's presence

Emotions:

- Shock
- Changes in mood
- Numbness
- Sadness, sorrow
- Fear
- Anger
- Guilt
- Anxiety, panic
- Abandonment
- Loneliness
- Apathy, disbelief, denial
- Helplessness, meaninglessness
- Yearning
- Irritability, oversensitivity
- Relief

Spiritual:

- Anger at one's God or faith
- Doubting one's belief system
- Loss of faith
- Feeling betrayed by one's God
- Renewed interest in spirituality

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

What is “Complicated” Grief?

Complicated grief refers to a sense of overwhelming, long-lasting, and severe emotion. It results when prior losses remain unresolved. This protracted and debilitating form of grief prevents individuals from moving on with their lives.

Symptoms of Complicated Grief Include:

- An extreme focus on the deceased and reminders of the deceased
- Intense longing for the deceased
- Problems accepting the death
- Emotional numbness (6 months following the suicide)
- Preoccupation with one’s sorrow
- Bitterness about one’s loss
- Sadness
- Inability to move on with one’s life
- Difficulty maintaining usual daily activities
- Viewing life as meaningless
- Agitation, irritability
- Lack of trust in others
- Isolation, avoidance



Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider’s judgment.

Suicide Risk Assessment



“**Suicide risk assessment**” may sound like a daunting clinical task, but it’s actually simple and intuitive. The assessment is a short process of determining if someone has a logistical plan of how to attempt suicide. Most people who have suicidal thoughts do not attempt suicide, and most people who attempt suicide do not die by suicide. By asking practical questions about suicide plans, you can help determine if the crisis is primarily emotional, or if there is also a physical component.

After someone tells you they are feeling suicidal, you need to ask about their plan:

1. **Plan:** Does someone have a specific plan in place?
2. **Lethal:** Is this plan lethal?
3. **Access:** Do they have access to this plan?
4. **Now:** Do they plan on using it in the immediate future?

For Example:

- If someone says they have a plan to use a firearm on themselves but don’t have a firearm or a way to access it, they aren’t at immediate risk.
- If someone says they have a firearm in their home but don’t plan on using it in the next 24 hours, they’re at a higher risk and will require some intervention to keep them safe in case they become impulsive.
- If someone says they have access to a firearm they plan on using later in the day, they require immediate intervention to keep them safe.

If you feel uncomfortable asking directly, try calling San Francisco Suicide Prevention operators at **(415) 781-0500** to ask any questions.



Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider’s judgment.



Learn the Warning Signs Your Friend Might Be Struggling

In order to help protect someone from suicide, you first need to know if someone is at risk. Unfortunately, people thinking of ending their own life don't think they deserve support and are unlikely to reach out directly about their feelings. Instead, we rely on two types of cues:

1. **Intentional cues**, or vague hints a person thinking of suicide might give without directly mentioning the stigmatized issue of suicide.
2. **Unintentional cues**, or noticeable changes that suggest they're not doing well.

Intentional Cues

People who are thinking of killing themselves are suffering and in tremendous pain, so suicide may seem like the only solution or relief option. However, they may also have people or things they care about, values tying them to life, or sheer fear of death. As they struggle with this decision to live or to die, the part of them that wants to live may begin hinting that they need help.

Intentional cues may be extremely clear (*such as mentioning suicide directly*), or more ambiguous. The clarity of the cues doesn't affect how serious they are; each warrants the same care and concern.

- **Talk about Killing Themselves:** might seem obvious but is often ignored or dismissed as not being serious. Someone directly confessing that they are thinking of suicide is a strong suggestion that they are at risk. **[For help in responding to someone who discloses suicidal thoughts, read this page.](#)**
- **Very Low Self-Esteem:** People feeling suicidal express being a burden, feeling worthless, having shame, overwhelming guilt, self-hatred, "everyone would be better off without me."
- **No Hope for the Future:** People feeling suicidal often say that things will never get better and that nothing will ever change.
- **Talking About Dying:** People who are suicidal often talk about death a lot. This could also come out in art, journaling, or other ways of expression.

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

- **Saying Goodbye:** People who are suicidal often say good-bye in strange ways. They might talk in terms of “not seeing me around anymore” or “no one would notice if I never came back.” They are hinting in the hopes that someone will stop them.
- **Tying Up Loose Ends:** Suicidal people may give away personal possessions, plan arrangements for the care of children or pets, make or revise wills, or other acts as if they are preparing to end their life. Doing this openly without a reasonable cause may mean they’re trying to communicate thoughts of suicide.



Unintentional Cues

If someone feels that life is no longer worth living, this may have some impact on their behavior. Many people will do everything in their power to conceal that they’re thinking of suicide, and the correlation between changed behavior and suicidal thoughts is only clear in hindsight.

- **Lack of Sleep:** Physical cues of exhaustion such as slouched posture, bags under eyes, and delayed reactions all suggest that someone is emotionally unwell, especially if this is a shift from a person’s baseline.
- **Drug and Alcohol Use:** Sometimes people try to self-medicate their painful feelings through substance use. A sudden shift in increased substance use may suggest that someone is dealing with remarkable pain, and increases impulsivity.

- **Sudden Isolation:** People who are considering suicide may suddenly isolate themselves from friends and family. When no one investigates, it can reinforce the idea that no one cares.
- **Any Sudden Changes in Behavior:** Ultimately, the best barometer for risk of suicide is someone who knows the person very well noticing any significant changes in behavior. In some cases, people who are suicidal become increasingly energetic and less weighted by anxiety because they feel relieved by the option of suicide. If you find yourself thinking “*This is unlike the person I care about,*” it’s worth pointing out the changes in behavior and asking about suicide.

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider’s judgment.



Safely Removing Access to the Tools of Suicide

All people who are thinking of suicide are suffering and deserve support, but not every person who is thinking of suicide is in an immediate physical crisis. For someone to be at risk of dying by suicide, they need to have access to a lethal method of ending their own life. Conversely, to protect someone from suicide you need to restrict access to the method of ending one's own life.

This may come across as both intuitive and unintuitive: Sure, it makes sense that you'd need a method, but how would restricting access to one method protect people from all of the other lethal means? This perspective fails to acknowledge the different cognitive state inherent to a suicidal crisis. People so upset that they're considering ending their own lives have difficulty 'problem-solving', and they rely on processes and plans put into place when they were less escalated.

While building up to a suicidal crisis, people may start thinking about how they'd kill themselves if things got too bad, if the moment of impulse hits. They may keep the method accessible, or study how to use it in preparation, so once

they're in crisis they don't have to figure out the complex logistics. The best way to protect people who have a plan is to make it so the plan isn't accessible when they are at their most impulsive. In an impulsive, suicidal state it's very unlikely they will come up with another plan unless it's something extremely accessible, extremely easy to use, and extremely lethal. The best example of this is firearms.

How to Deactivate or Remove Access to Means

After completing a [suicide assessment \(warning signs page\)](#) you may want to help identify ways to deactivate or remove access to means. Depending on the means chosen, here are some recommendations for how to help protect someone if they say they have one of these specific plans:

- **Firearms:** In the state of California it's tricky to legally remove a firearm from the home. It's illegal to transfer the possession of a firearm without registering it in the new owner's name. If the person-at-risk is willing, this is the optimal process, but may be difficult.

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

Instead, try removing access to ammunition (by seizing it or disposing of it safely), and using a gun lock for the duration of the suicidal crisis.

- **Overdose:** It may be difficult to protect someone from overdosing on medication if they also require regular use of this medication to stay alive and well. If someone is at risk of suicide, it is best to encouraging them to tell their prescribing physician health care provider about their risk is best. The physician may choose to lower dosages or changing prescriptions to one that has the lowest risk of lethality. Many people-at-risk fear that by telling their physician they're suicidal they may be 'locked up' or put under an involuntary psychiatric hold. As long as the person-at-risk is transparent about wanting to stay safe, the doctor will do their best to prevent hospitalization. It's in the best interest of not only the patient to maintain their freedom, but the medical system as well.
- **Hanging:** Asphyxiation by hanging is an increasingly common method of suicide, and requires a careful assessment of available tools to protect the person-at-risk. During the suicide assessment if the person says they are planning on hanging themselves, always ask what they plan on using. If it's some tool acquired specifically for this task, like a rope, it may be easy to dispose of. But some other tools like bedsheets may be more complicated. Whatever the tool, come up with a method for temporary replacement.

For example, if they choose bedsheets, help identify ways to remove the bedsheets temporarily by replacing them with a sleeping bag.

- **Jumping:** Unfortunately, it may be difficult to remove access from high places. Always identify which place they're considering jumping from. If from their own home, you can help protect the person-at-risk by installing locks on windows. If they're considering another elevated point, you may need to focus on reducing access to this point. If it's somewhere distant, perhaps removing access to their vehicle, or transit pass. If someone is considering jumping from the Golden Gate Bridge and you have received word they're on their way, you can call the bridge police with an identifying description of the person-at-risk at this phone number: **(415) -921-5858**

If a person is in an immediate state of crisis call 911 to initiate emergency services to help protect them.

Please call (415) 781-0500 to speak to a live counselor if you'd like to discuss means removal with a trained counselor.



Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

Myths & Facts About Suicide

Many people use their intuition to understand what it means to be suicidal, but research has shown that many of our assumptions are completely wrong. By educating yourself and others on the reality of suicide, you can help address the stigma that allows these thoughts to flourish.

Myth: Suicides happen without warning

Fact:

Although the suicide attempt is an impulsive act, it takes a lot of beforehand mental and physical preparation beforehand. Most people who are imminently suicidal are in crisis mode, and have difficulty spontaneously generating a specific plan, unless they've already considered it in the past. The time spent building up to suicide may be marked by warning signs, including acquiring the means.

How to help:

If someone is exhibiting warning signs of suicide, you can conduct a suicide assessment to find out if they have a plan accessible in their home in preparation for later impulsivity. Established suicide methods can be deactivated by using means removal techniques.

Myth: Asking someone if they're suicidal will cause them to become suicidal.

Fact:

Asking someone if they're suicidal in a caring and nonjudgmental way will decrease stigma of suicidality, and make them more comfortable disclosing. It doesn't increase likelihood of suicidal ideation, or thinking about suicide, just likelihood that someone will disclose if they're suicidal.

How to help:

You can ask directly if someone is at risk of suicide! It can feel uncomfortable to ask, but by pointing out and discussing the worrying signs, normalizing the connection between these behaviors and thoughts of suicide, and noting you care, asking can feel much less invasive. For more information read the ['how to help someone who is suicidal' page here.](#)

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

Myth: There are more homicides than suicides.

Fact:

Suicide is the 9th leading cause of death among all adults in the United States.¹ There are twice as many suicides as homicides.²

How to help:

Many people feel that suicide is something that can't possibly affect them or the people that they love, and that danger is something distant and external. But people are far more likely to die by their own hand than another's. Spreading the word that suicide is common and not restricted by demographic can help people become motivated to educate themselves about how to protect their loved ones from suicide.

Myth: More men attempt suicide than women.

Fact:

Although women attempt suicide more often than men; men are two to three times more likely to die by suicide. This is generally true across the world, although in China rates are equal. Men attempt suicide by lethal means such as firearms more frequently, and this is thought to be because men are more likely to own guns and have access.

How to help:

All people can be at risk of suicide, and it's important to assess the warning signs and risk of everyone equally. It's helpful to focus attention on people with impulsive access to lethal means like firearms, and consider how to increase safety of ownership in the midst of a crisis.

Myth: Once a person is suicidal, they will be suicidal forever.

Fact:

People who want to kill themselves will not always feel suicidal or constantly be at a high risk for suicide. They feel that way until the crisis period passes.

How to help:

If someone you know has attempted in the past, assess for risk if there appear to be warning signs. Otherwise, respect that thoughts and feelings change.

Myth: If a person really wants to kill their self, no one can stop them.

Fact:

Suicidality represents a state of crisis. Sometimes de-escalating the imminent crisis will allow people to see things differently in a calmer state. It's very common for attempt survivors to deeply regret making an attempt, or feel changed by the attempt and being convinced that they want to live.

How to help:

Suicidal thoughts come and go, so it's important to help support people who are in crisis so they survive to moments of stability. Have faith that recovery is possible.

¹ <https://www.cdc.gov/suicide/facts/index.html>

² <https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html>

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

Myth: Most suicides are caused by a single dramatic and traumatic event.

Fact:

Precipitating factors may trigger a suicidal decision; but more typically the deeply troubled person has suffered long periods of unhappiness, depression, lack of self-respect, has lost the ability to cope with their life, and has no hope for the future. There may be some seemingly minor acute trigger that acts as the straw that broke the camel's back.

How to help:

If someone has suffered significant loss, they may receive helpful support immediately following the loss which may then taper off. It's helpful to keep providing consistent support and checking in long after the loss, when they may be dealing with more long-term effects.

Myth: Improvement following a serious personal crisis or major depression means that the risk of suicide is over.

Fact:

The risk of suicide may be the greatest as the depression lifts. The suicidal person may have new energy to carry out their suicide plan.

How to help:

If someone seems to be coming out of a depressive state but is making verbal cues regarding not wanting to be around anymore, it's worth [assessing for risk of suicide](#).

Myth: It's unhelpful to talk about suicide to a person who is depressed.

Fact:

Depressed people often fear that speaking about their feelings will bring others down, even if they find it helpful. Discussing depressive or suicidal feelings and having their legitimacy validated will often make people feel free to think or feel other things.

How to help:

If you know someone who is struggling through a depressive or suicidal episode, try offering that they spend time with you to focus on their feelings. Note when you feel glad to help, and are glad that they're sharing. That may help them feel like less of a burden.

Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.

Myth: People who complete suicide have not sought medical help prior to their attempt.

Fact:

Very often suicidal individuals seek counseling but may be frustrated when they do not see immediate results. Suicidal individuals often exhibit physical symptoms as part of their depression and might seek medical treatment for their physical ailments.

How to help:

If someone is thinking of suicide, don't consider therapy the be-all end-all to address these feelings. Community and non-professional support is also important! Even if it feels safer to allow professionals to handle it, getting a chance to talk to someone who comes from a non-clinical lens may feel freeing. Checking in about suicidal thoughts as a friend can help the person-at-risk get a different perspective.



Important Disclaimer: This information is meant for educational purposes only and should not be considered medical advice. It is meant to support, not replace, the advice of a licensed health care or mental health care professional. It should not be used to make a diagnosis or replace or overrule a qualified health care provider's judgment.



IF **YOU** OR SOMEONE YOU KNOW
IS IN CRISIS, CALL OUR **24HR HOTLINE**



(415) 781-0500

sfsuicide.org ♥ [@sfsuicideprevention](https://twitter.com/sfsuicideprevention)