



Mindful
Continuing Education

Tools For Recovery After a Suicide Attempt



HOW DID IT GET TO THIS POINT?

The time right after your suicide attempt can be the most confusing and emotional part of your entire life. In some ways, it may be even more difficult than the time preceding your attempt. Not only are you still facing the thoughts and feelings that led you to consider suicide, but now you may be struggling to figure out what to do since you survived.

It's likely that your decision to try to kill yourself didn't come out of the blue. It probably developed over time, perhaps from overwhelming feelings that seemed too much to bear. Experiencing these emotions might have been especially difficult if you had to deal with them alone. A variety of stressful situations can lead to suicidal feelings, including the loss of a loved one, relationship issues, financial difficulties, health problems, trauma, depression, or other mental health concerns. It's possible that you were experiencing some of these problems when you started to think about suicide.

While the events that lead to a suicide attempt can vary from person to person, a common theme that many suicide attempt survivors report is the need to feel relief. At desperate moments, when it feels like nothing else is working, suicide may seem like the only way to get relief from unbearable emotional pain.

Just as it took time for the pain that led to your suicide attempt to become unbearable, it may also take some time for it to subside. That's okay. The important thing is that you're still here; you're alive, which means you have time to find healthier and more effective ways to cope with your pain.

SURVIVOR STORIES

"Life became like an endurance test. That's really how it felt. It felt like life was an endurance test for me. And making it to the next day and to the next day and to the next day was truly...it was just a fight for survival."

—Terry Wise

"It felt like there was still a hole inside of me, and I couldn't figure out why I had a lack of motivation to get out of bed, why I was randomly crying. So when I was 16, I was going to school with a mask on my face, acting and pretending as though I was really happy with the things that were going on around me."

—Jordan Burnham

"I could not feel hope; I did not even care if things would get better; I was in pain and I wanted it to stop, period."

—Cathy Singer

"I thought, well yeah, maybe, maybe the family's better off without me. So the entire day this thought began to build and dwell and it escalated very quickly...and when the pain got real bad I was going to do what I needed to do, not thinking that they loved me."

—David Lilley

Terry's Story

On the morning of December 25, 2000, Terry Wise tried to kill herself. She awoke two days later in the intensive care unit. The death of Terry's husband from Lou Gehrig's disease was a trigger for her suicide attempt. But in reality, her attempt was the culmination of years of depression and other problems that started in her childhood. Terry was overwhelmed by an intense emotional pain that had been building for years, and when her husband died, the pain became unbearable. For Terry, suicide felt like a way to end the pain. Terry explains:

Suicide doesn't stand alone. It doesn't just happen as the result of nothing out of nowhere; it's the result of something. My husband's illness and death really became the catalysts that brought a lot of other things to the fore front that I had been grappling with my whole life. If you've gone through your life and you've had traumas, or you've had difficulties or you've had things that you think you have buried and then you have a significant loss or a significant trauma occur later in your life as I did with my husband dying, all the things that have been on simmer in your life come to a full boil.

Right after Terry tried to kill herself, she felt lost. She didn't know what to do. She found no joy in living. Terry went to therapy, and ultimately it changed her life. By working with a counselor, Terry realized that the trauma she experienced when she was younger still affected her emotions as an adult. Her counselor helped her find ways to cope with her feelings. Therapy also allowed her to see how others would have reacted to her death by suicide. Most importantly, Terry's therapist trusted her and respected her, and for Terry, her therapist's compassion made a huge difference.

Terry's recovery was a process. It took time and hard work. Terry recalls:

And that is really the first step, to go from feeling that life is an endurance test to being able to tolerate being alive. And then you hope that the unendurable becomes bearable. Then you hope the bearable becomes manageable. Then you hope the manageable becomes pleasurable. And so it's a process. It evolved over time.

Now, Terry is a well-known writer and public speaker whose mission is to educate others about suicide prevention. She finds fulfillment in traveling the country to share her story and help others who are struggling with suicide. Terry has learned ways to cope with negative emotions and enjoy life.

For help in developing your own strategies to cope with negative emotions, see pages 10–16.

Watch Terry tell her inspirational story at: <http://www.suicidepreventionlifeline.org/learn/video>

WHAT AM I FEELING RIGHT NOW?

Right now, you're probably experiencing many conflicting emotions. You may be thinking:

- "Why am I still here? I wish I were dead. I couldn't even do this right."
- "I don't know if I can get through this. I don't even have the energy to try."
- "I can't do this alone."
- "How do I tell anyone about this? What do I say to them? What will they think of me?"
- "Maybe someone will pay attention to me now; maybe someone will help me."
- "Maybe there is a reason I survived. How do I figure out what that reason is?"

Right after a suicide attempt, many survivors have said that the pain that led them to harm themselves was still present. Some felt angry that they survived their attempt. Others felt embarrassed, ashamed, or guilty that they put their family and friends through a difficult situation. Most felt alone and said they had no idea how to go on living. They didn't know what to expect and even questioned whether they had the strength to stay alive. Still others felt that if they survived their attempt, there must be some reason they were still alive, and they wanted to discover why.

You're probably experiencing some of the same feelings and may be wondering how others have faced these challenges. The next section provides some examples of the steps others found helpful in recovering from a suicide attempt.

MY FEELINGS

You may want to note how you feel today, so you can come back later and see how you are progressing in your recovery.

How am I feeling now?

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> In pain |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Ashamed | <input type="checkbox"/> Numb |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Dread | <input type="checkbox"/> Relieved |
| <input type="checkbox"/> Grateful | <input type="checkbox"/> Tired |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hopeful | |

It is normal to feel several conflicting emotions after your suicide attempt. Whatever you are feeling is okay, but it's important to find ways to deal with negative emotions so that you are able to stay safe.

What do I need and want?

- Not to return to the hospital
- Relief from depression
- Relief from distressing voices
- A life without alcohol or other drug problems
- Financial help
- A place to live
- A trusted friend
- Better relationships with:
 - Parents
 - Spouse/partner
 - Friends
 - Sisters and brothers
 - Co-workers
- Hope for the future
- Other:

Know that you can have these things.

AM I THE ONLY ONE WHO FEELS THIS WAY?

Knowing how others made it through can help you learn new ways to recover from your own suicide attempt.

It's estimated that more than one million people attempt suicide each year in the United States, from all parts of society. In other words, you're not alone. However, it can be hard to know how other survivors recovered because suicide is a personal topic that often is not discussed openly and honestly. This can leave those affected feeling like they don't know where to turn.

Shame, dreading the reaction of others, or fear of being hospitalized are some of the reasons that prevent people from talking about suicide. This is unfortunate, because direct and open communication about suicide can help prevent people from acting on suicidal thoughts. Hopefully, reading about the experiences of other survivors in this booklet will make it easier for you to talk about your own attempt, learn ways to keep yourself safe, know when to ask for help, and most importantly, find hope as you think about what happens next on your journey.

It's okay if you feel conflicting emotions right now. Other suicide attempt survivors know that what you're experiencing is normal. They understand that your concerns are real. Going on won't be easy, and finding a way to ease your emotional pain may be challenging, but this can be a time to start down a new path toward a better life—to start your journey toward help and hope.

Those who have recovered from a suicide attempt want you to know that:

You are not alone. You matter. Life can get better. It may be difficult, but the effort you invest in your recovery will be worth it.

Right now, moving forward may seem impossible. And while it probably won't be easy, many other survivors will tell you that they're glad they held on and worked for a better life. By taking a few steps now, and then a few more when you're ready, you can regain your strength.

Sometimes it can be helpful just to take a few steps forward, even when you don't feel like it. In fact, you might start to remember that others care about you. You might discover that suicide is not the only way to relieve your pain. You may find that your feelings will change, either on your own or by working with a counselor. You could wake up one day surprised to feel less pain than you do today.

SURVIVOR STORIES

“After my attempt I needed to be able to talk and be heard—not counseled, not encouraged—to really be listened to, like what I had to say was the most important thing in the world at that moment, for someone to connect to my pain without losing control of themselves.”

—Cathy Singer

(After my attempt) “I felt exhausted. I felt empty: What now? I soon felt angry. As I told a therapist, staying alive means that now I have to rationalize being a loser, a failure. That is the way you can think sometimes.”

—Cara Anna

Jordan's Story

Jordan was only 16 when he was diagnosed with depression. He was popular and had almost everything he wanted; yet there was still a hole in his life. Jordan said that he hated himself. As an African-American, he felt that he didn't fit in with the mostly white students in his school, and he felt like a failure if he didn't get the grades he and his parents wanted him to achieve. He went to therapy for his depression before attempting to kill himself, but he didn't talk honestly with his therapist.

He didn't take his medications consistently and kept his drinking problem a secret. After his suicide attempt, he ended up in a hospital. He was in a coma, and his doctors didn't know if he would survive. When Jordan woke up, he had to heal physically and went through the pain of learning to walk again. He decided to be at peace with the way things were. He knew he had a second chance at life, and he felt he should get better so he could help others.

Jordan saw a psychiatrist who helped him choose treatment options, including medication to treat his depression. They worked together to adjust and manage his medications, talk about his problems, and help him learn how to cope with depression. Jordan explained that therapy taught him more about himself and what he could do to make himself feel better. For Jordan, this meant learning how to have a healthy emotional balance, including being around other people and working out regularly. He is now a motivational speaker, traveling across the country and telling his story to help others. Jordan finds great satisfaction in letting youth know that they're not alone with their problems. He takes pride in helping others speak up when they need help.

I have the same depression that I had before, but the way that I cope and deal with it is in a much more positive way than I did before. I don't have thoughts of wanting to try and take my own life. Do I question, you know, how I am going to get through this day and why am I here? Yeah, I definitely have thoughts of that. But what I do with those thoughts is different.

An important part of Jordan's recovery was understanding his diagnosis, finding ways to cope with his depression, and learning how to live a healthy, productive life. It can be difficult to open up and accept help in our society, but taking this first step can be very important in your recovery.

What support do you need right now? What might make it easier for you to get it?

You can hear more about Jordan's recovery at: <http://www.suicidepreventionlifeline.org/learn/video>

TAKING THE FIRST STEPS

Making big changes right now might be out of the question for you. You may not even know where to begin. That's okay. Recovery is a process, and it's important that you move at your own pace. There are a few things you might want to do to ease your transition back to everyday life. Some important steps that others have found helpful are listed below. You'll find additional information about each of these steps on the following pages.

First, it might be less stressful to decide in advance how to deal with others' questions about your suicide attempt. The people around you may be surprised by your suicide attempt and have questions or comments about what happened. Thinking about what you might say in advance can help you prepare for their reactions.

Second, re-establishing connections may help you feel better. Often, the stress or depression that leads to a suicide attempt can cause people to disconnect from others who care about them or the things they used to enjoy doing. Reconnecting with the people and things you love or loved can help instill hope.

Third, because suicidal thoughts might return, you'll want to be prepared with a plan to stay safe. A safety plan is a tool that can help you identify triggers (like events or experiences) that lead to suicidal thoughts and can help you cope if the pain that led to your suicide attempt returns.

Fourth, finding and working with a counselor can help you start to recover. Unlike friends or family, a counselor is an unbiased listener who won't be personally affected by your suicide attempt. The counselor's role is to help you sort through your feelings and find ways to feel better. You may find it helpful to use this booklet with your counselor to begin discussing your experiences and feelings about your suicide attempt. A counselor can be a peer supporter, psychiatrist, social worker, psychologist, or other skilled person. If counseling isn't possible, there are also ways you can help yourself, but please remember that you don't have to go through this alone. (See page 17, Finding a Counselor.)

SURVIVOR STORIES

"There are a lot of things that happen in your life that you have no choice over. But the one thing that can never be taken away from you is your ability to choose how to respond."

— Terry Wise

"The hospital was the first place where I felt like I could acknowledge my illness, to myself and to others. Even knowing I had depression, they still saw me as a human with great potential. That led me to understand that seeking help would not lead to me becoming defined by my depression, as I had feared. It inspired me with the most basic conviction that I was inherently worthy of health and happiness, regardless of what others thought of me."

— Misha Kessler

"When I woke up in the hospital, I didn't feel positive about life. But I watched TV a lot and saw stories about people who went through worse than I had. It inspired me to stop focusing on what I couldn't do and start focusing on what I could do."

— Suicide Attempt Survivor

Talking With Others About Your Attempt ¹

One of the most difficult tasks you might face will be responding to the questions people ask about your suicide attempt. The shame, guilt, confusion, and other emotions that might follow an attempt can make it tough to speak about it with others, especially if people respond in a way that doesn't feel supportive.

Often, those closest to you may be feeling lots of emotions about your attempt. They may be scared, confused, or angry about what happened, causing them to focus on their own feelings, rather than being as supportive as you need them to be. Their reactions might hurt you, whether they mean to or not.

To make it easier, here are some suggestions that can be helpful:

It's your story to tell, or not.

The details of your experience are personal, and it's up to you to determine what you want to share and with whom. Sharing what happened with your doctors, nurses, counselor, or peer supporters can help them give you the right kind of support. In most cases, they're required to keep the details of what you share confidential.

You may want share some of the details and your feelings about what happened with other people you trust, such as family or friends. How much you share, or the details you decide to give, are up to you and what you feel comfortable with.

ANSWERING TOUGH QUESTIONS

Potential tough questions/reactions to plan for:

- I heard you were in the hospital. What was the matter?
- Did you really try to kill yourself?
- How could you do this to me?
- Things could never be that bad.
- How did you do it?
- What happened after you tried it?
- Was it something I did to you?
- Why didn't you trust me and tell me what was going on?

Practice what you want to say when:

You don't want to talk:

- "You're so thoughtful to worry about me, but I'd rather not talk about it right now."
- "Even though I've been through a tough time, I'm getting better."
- "I know you're trying to be helpful, but it's hard to understand if you haven't experienced the kind of pain that led me to attempt suicide."
- "I appreciate your concern, but I'm just not ready to talk about it yet."

You want to reach out:

- "The most important thing for me right now is knowing that people still care about me."
- "You could be really helpful by being there for me as I recover."
- "I just need you to listen to me without judging me for what happened."
- "Right now, I need people to help me stay safe. Can I count on you?"

Add your own words:

People don't always say the right things.

It's difficult to predict how people will respond when they learn that you tried to kill yourself. Some people might change the subject or avoid the topic altogether because of their fear of death or suicide. Others who are close to you may be confused, hurt, or angry about what's happened. They may judge or blame you. They may feel betrayed or be wondering what they could have done to prevent you from attempting suicide.

Often, those who care the most about you have the strongest reactions to your suicide attempt because they can't imagine life without you. It's helpful to remember that a strong reaction may reflect your family's or friends' depth of concern about you.

Sometimes you may feel that they're being overly controlling. It may seem like they're watching everything you do or won't leave you alone because they're afraid you may attempt suicide again. This can be very frustrating when you're trying to recover from an attempt.

It can take time to repair the trust in your relationships. If you can show that you're committed to safety, it might allow those close to you to feel more comfortable giving you the space you need. Completing a safety plan, like the ones on pages 26–29, can help you show those who are worried about you that you want to stay safe.

Learning more about suicide can help the people who care about you be more supportive. If they better understand what led to your suicide attempt, they might be better able to give you what you need, especially if you communicate your needs in a clear and direct way.

Because this booklet contains general information about suicide attempts, you might want to give loved ones their own copies. It may help them understand some of the feelings that led to your suicide attempt and enable them to support you more effectively.

SURVIVOR STORIES

“Attempt survivors most want and need someone they can just talk to who will listen and let them mull things over without rushing to intervene. They are looking for someone who can understand and make them feel valued.”

—Heidi Bryan

“When I had these suicidal thoughts, I didn't know how to talk to anyone because I figured I was the only one who had those thoughts and emotions and if I told someone, I just figured that the automatic reaction would be I'd have to go to a psych ward.”

—Jordan Burnham

Direct communication may help you get what you need.

While it may be hard for you to talk about what happened, it is also important for you to try your best to be direct in communicating what you need. It may seem obvious to you, but others may not understand or know the best way to support you. This period can be challenging because you might want to ask people for help, but you don't want to scare anyone if you're still struggling. This is especially true if you're concerned that people might overreact and insist on care in a hospital when you believe you just need more support and understanding.

A system for monitoring the intensity of your suicidal thoughts, should you have them, can help you notice if things are getting better or worse. It can also help you communicate how much assistance you need from those supporting you. Using a scale from 1 to 5 (with 1 being minimal distress or no thoughts of suicide and 5 being extreme distress and thoughts of imminent suicide) can make it easier to express how you're feeling. The tips on this page provide additional ideas on asking for help.

Take note of not only what's going on around you and through your mind when you're at a "4" or a "5," but also when you're at a "1" or a "2." These may be the situations, people, or strengths that will help you get through the hard days.

Support can make things easier.

It might be hard at first, but having someone you feel comfortable talking to after your attempt is very important. You may face some challenges as you move forward; knowing there is at least one person you can turn to will make the road to recovery less daunting. Being alone with suicidal thoughts can be dangerous. Having supportive people around you and educating them on how to help you can be a crucial part of staying safe.

Ask yourself, "What do I need from a support person?"

Different people need different things after a suicide attempt, so make sure the person you choose meets your unique needs. Maybe you need someone who will listen to you without judgment, or maybe you need someone who will come and be with you when you're feeling alone. Perhaps it would be helpful to have someone close to you who can go with you to appointments, or perhaps you want to schedule regular phone calls with a trusted friend. No matter what kind of assistance you need, it's helpful to have at least one person with whom you can share your thoughts of suicide—someone who will stay calm and help you when you need support. Once you know what you need, it may be easier to find someone to help. And remember, because you might not get everything you need from one person, it can be helpful to have a variety of people available to support you, if possible.

TIPS FOR ASKING FOR HELP

When you ask for help, let people know you are dedicated to safety but need their assistance to maintain that commitment. For example:

"Mom, I want to keep myself safe, but I am feeling really depressed right now. Do you think we can just talk for a while?"

Be direct. It may seem obvious to you that you need support, but others may not understand or know how to help you. Asking for what you need specifically can help others respond appropriately.

"I've been having a hard time figuring out how to get to my doctor's appointment. Could you help me?"

Know the strengths and limitations of the people in your support system. It's good to know who can help you with what.

Re-establishing Connections

It's likely that the overwhelming life events, stress, and depression that led to your suicide attempt affected your ability to enjoy life. Struggling with suicidal thoughts can be exhausting and leave you with little energy to do the things you once loved. It also can put stress on your relationships with friends and family. The irony of depression and suicidal thinking is that they may cause you to give up the things in life that help you feel better, just when you need them the most.

Establishing Your Connections

It may be hard to answer some of these questions right now. It's okay if you can't answer them immediately.

WHO ARE THE IMPORTANT PEOPLE IN MY LIFE? *(Friends, family, colleagues, counselors, clergy, pets, etc.)*

WHAT ARE MY PLANS FOR THE FUTURE? WHAT THINGS HAVE I ALWAYS WANTED TO DO IN LIFE?

WHAT HAVE I COME TO BELIEVE ABOUT SUICIDE?

WHAT ARE THE THINGS I CHERISH IN LIFE?

WHAT THINGS DO I ENJOY DOING? WHAT DID I USED TO ENJOY?

WHAT GIVES ME A SENSE OF PURPOSE IN LIFE?

WHAT ARE MY OTHER REASONS FOR LIVING?

Even up until the moment of their attempts, many suicide attempt survivors report that there was an internal struggle going on inside them. One side argued that suicide was the best way to end the pain they were experiencing. The other side struggled to find another way to feel better. To put it another way, most people with suicidal thoughts had reasons for dying AND reasons for living.

Before your suicide attempt, you might have lost connections to your reasons for living, but it's important to re-establish those connections because they can help instill hope. They can remind you about the things you love in life. The exercise on the previous page will help you consider reasons for living. Personalizing this can help remind you of where you were before you started to feel suicidal and where you would like to be again.

Planning To Stay Safe

You might still have thoughts of suicide after your attempt, even if you've decided that you want to stay alive. Perhaps the pain that led to your suicide attempt is still there. It's okay to have suicidal thoughts. Everyone needs to feel relief from unbearable pain, and suicidal thoughts may be one of the ways you've learned to cope. What's important is that you don't act on those thoughts and that you try to find other, safer ways to ease your pain. A safety plan can help you do this.

What is a safety plan?

In times of trouble, you may not see that you have options other than harming yourself. A safety plan is a written list of coping strategies and resources to help you survive a suicidal crisis. A safety plan can help you discover other ways to ease your pain so you don't feel tempted to act on suicidal thoughts you may experience.

Your plan will be a personalized list of strategies to help you cope. You can use these strategies before or during a suicidal crisis. By writing them down, you'll always know what they are, even if you're upset or not thinking clearly.

You can complete your plan by yourself or with the help of a counselor, peer, family member, or friend. The following pages will help you brainstorm elements of your safety plan.

THINGS TO THINK ABOUT

What Do I Write in My Safety Plan?

- Things that lead to suicidal thoughts
- Things I can do to take my mind off my problems
- People and places that distract me from my problems
- People I can ask for help
- Doctors, counselors, peer specialists, or other professionals to contact in a crisis
- The number for the local crisis line or National Suicide Prevention Lifeline (1-800-273-TALK)
- Items to remove so that I won't use them to hurt myself
- Reminders of hope and reasons for living

Have People Ready to Help

You will feel more secure with someone you can trust as your supporter in times of crisis. It may be a family member, friend, peer support or health professional. Try to select a person you can trust to respect you and stay level-headed in an emergency. To cover all your bases, you may want to ask a second person to serve as a backup contact.

It's important that those you ask to be your primary support person and backup support person feel comfortable in these roles and know what to do. Share your safety plan with them and keep them aware of how you are feeling. Don't forget to thank them for their help.

My primary support person is: _____

My backup support person is: _____

Developing Your Safety Plan²

(Blank Safety Plans can be found on pages 26–29). You can also download a free Safety Plan app—MY3—for your Android or Apple phone or tablet.)

1. WHAT TRIGGERS MY SUICIDAL THOUGHTS?

Many suicide attempt survivors indicate that their suicidal thinking became almost automatic over time. When something negative occurred, they would start to have negative thoughts.

It may have been an event or behavior (called triggers), such as failing a test, not sleeping well, or arguing with a loved one, that led to suicidal thoughts. Some survivors noticed that their suicidal thoughts occurred with a certain mood, such as feeling angry or sad, while others started feeling suicidal when remembering a painful event from the past. No matter what the trigger, many survivors experienced a common theme: When something negative occurred, they would start thinking things like:

- “I’m no good.” “I can’t do anything right.” “I fail at everything I do.”
- “I hate myself. I’m worthless.” “I don’t want to be here anymore.”
- “Nobody cares about me.”
- “I can’t take it anymore. I wish I were dead.”

Coping with these types of negative thoughts can be difficult. If you don’t talk about how you’re feeling with someone, the thoughts might start to escalate. One survivor indicated that it was like having “tunnel vision.” Even though her negative thoughts weren’t always true, the feelings they created became so strong that she started to believe them.

It’s important to recognize what triggers your suicidal thoughts for several reasons, but the most important reason is to recognize when you’re in crisis and that it’s time to use your safety plan. The questions below can help you figure out what triggers your suicidal thoughts.

Think about what happened the last time you attempted suicide. **What events preceded your attempt?** Examples include: “Argument with a good friend.” “Yelling.”

How did you react to those events? Examples include: “Couldn’t breathe.” “I ran into the bedroom.” “I slammed the door.”

What were your thoughts or feelings, memories, or behaviors? This is what is meant by “triggers.” The more specific you can be about your triggers, the more likely you’ll be able to identify them and prevent another attempt in the future. Examples include: “I’m a failure.” “Everybody hates me.” “Memories of my mother screaming at me, saying that I couldn’t do anything right.” “Thoughts of how good it would feel if I could just get rid of the pain.”

2. WHAT CAN I DO TO TAKE MY MIND OFF THESE THOUGHTS?

You learned earlier that it can be common to have suicidal thoughts after an attempt. While these thoughts may be common, it’s important to find ways to keep them from escalating into suicidal behaviors. One way is to do something that helps you feel better and takes your mind off your problems. For this step of the safety plan, you should think of internal coping strategies or things you can do when you’re by yourself. These strategies vary from person to person. To identify your internal coping strategies, ask yourself:

What can I do when I’m alone and I start to have thoughts of suicide? What can I do to take my mind off my problems? Examples include: reading a book, playing computer games, exercising, playing with my dog, shopping, or writing down my thoughts and feelings in a journal.

3. WHERE CAN I GO OR WITH WHOM CAN I TALK TO FEEL BETTER?

Another way to take your mind off your suicidal thoughts is through external strategies, like talking to certain people or visiting places that improve your mood. Finding places that make you feel better or people who cheer you up are good ways to keep your thoughts from escalating. Ask yourself:

Where can I go to be around other people in a safe environment? Who can I be around that makes me feel positive? Examples include: the coffee shop, the gym, place of worship, neighbors, friends, or family.

HOW HAVE OTHERS COPEd WITH SUICIDAL THOUGHTS?

“I journal, I call a friend, I remember what it would do to certain people. I remember how hard it is to recover physically and mentally if I don’t succeed. ...I keep busy at work; I volunteer my time to others who are in need of support. I take a mood stabilizer; I wait one more minute; I think it through while I wait.”

—Cathy Singer

“For me, recognizing automatic thinking was a big thing, challenging my thoughts, thinking of my suicidality as an entity rather than a part of me or who I am. I keep a folder of nice cards and emails I’ve received that make me feel like I’ve done something with my life or that I’m valued and cared about/for when I read them.”

—Heidi Bryan

4. WHOM CAN I ASK FOR HELP? WHO KNOWS THAT I'M STRUGGLING WITH THOUGHTS OF SUICIDE?

If the ideas above don't seem to be helping, you may need more specific assistance, like talking to someone with whom you feel comfortable sharing your thoughts of suicide. Ideally, this is a support person who already knows about your suicidal thoughts and is aware of his or her role as a support person in your plan. You may want to have several people listed here, if possible, in case your primary support person is unavailable. If it's difficult for you to ask people for support, you might say, "I'm calling you today because I feel like I might need to use my safety plan." Ask yourself:

Who do I feel comfortable talking to when I'm in crisis? Examples include: a trusted friend, parent, minister, or other family member.

5. WHAT RESOURCES CAN I CONTACT IF I'M IN CRISIS?

The next step of the plan involves contacting professionals who can offer assistance if the other parts of the plan don't seem to be increasing your ability to stay safe. Ideally, you want to have resources that are available 24 hours a day, 7 days a week. The National Suicide Prevention Lifeline (1-800-273-TALK (8255)) is a resource that's always available. You might also want to consider:

What professionals have I spoken to who can provide assistance? Who can I contact at any hour of the day or night? You may have a doctor, nurse, or counselor available. Other examples are urgent care centers, crisis hotlines, emergency departments, crisis teams, crisis respite centers, or (if it isn't an immediate crisis) warm lines in your area.

SURVIVOR STORIES

"Pain has a beginning and an end. It comes, then it goes. We need to make it to the finish line so we can feel the satisfaction of having made it through. We don't know what we might miss if we don't. It could be something really fantastic; you never know until you live to the next moment."

—Cathy Singer

"Suicide, for me, had become almost like a coping mechanism, and I learned in therapy that death wasn't the only way to end my pain. There were other ways to end my pain besides death. And one of them was developing coping skills and learning how to manage my feelings in a different way, which I did."

—Terry Wise

6. ARE THERE ITEMS AROUND ME THAT MAY PUT ME IN DANGER?

As an attempt survivor, it's likely that suicide became one of the strategies you developed to end a painful situation. It's natural for human beings to want to avoid pain. When pain is unbearable, you need relief and you probably want it quickly. While suicide may seem like a quick way to end your pain, it can have devastating consequences for you and the people who care about you

You can use your safety plan to help find alternate ways of relieving your pain that don't involve ending your life. However, if you forget to use your plan, or it doesn't make you feel better, having items close to you that you could use to harm yourself can create a dangerous situation. It's important, then, to remove items that you may use impulsively in a moment of unbearable pain.

Most suicide attempt survivors indicate that their thoughts of suicide changed over time. While they had periods when the pain seemed unbearable, those times didn't last forever. Removing dangerous items gives you time to allow the way you're feeling to change. Ask yourself:

What items am I most likely to use to harm myself?

Examples include guns, pills, etc.

**How can I safely remove them for the time being?
Who can I call to come and get them?**

7. INCORPORATING REASONS FOR LIVING AND HOPE INTO YOUR SAFETY PLAN

Earlier, this booklet mentioned that when you're suicidal, you're likely to identify both reasons for dying AND reasons for living. Depression and suicidal thinking tend to make you focus only on your reasons for dying, while not allowing you to appreciate your reasons for living. It can be helpful to add your reasons for living into your safety plan as reminders of the things in life that are important to you, as well as the people whom you care about and who care about you. Reminding yourself of your reasons for living can help build hope and increase your motivation to stay safe.

TURNING POINTS FOR OTHER SURVIVORS

"I think the main difference is the coping abilities that I have now and the honesty that I have in being able to verbalize my thoughts and emotions with my depression."

—Jordan Burnham

"I recognized my value to other people."

—Suicide Attempt Survivor

"I found I could do something for someone else. I could do something useful with my life."

—Suicide Attempt Survivor

"I recognized the value of talking. Talking doesn't change the event, but it can change how I felt about it and can make me feel less alone."

—Suicide Attempt Survivor

"I realized depression was a disease."

—Suicide Attempt Survivor

"I accept that my feelings are not who I am. I am an intelligent, strong, determined woman."

—Cathy Singer

What should you do with your plan?

The exercise you just completed was designed to help you think of items to include in your personalized safety plan. You can find blank safety plans on pages 26–29 of this handbook into which you can transfer your ideas. When your plan is complete, you can tear it out and keep it with you. Be sure to add contact information for the resources and support people you included. You can also find a copy of a safety plan at www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf or download a free safety plan app—MY3—for your Android or Apple device.

Your plan is for your use, but it's a good idea to share it with a few other people. Your support person and backup person can do a better job in times of crisis if they have your most recent copy. If you're using a paper safety plan, you may want to keep multiple copies in various places so it's nearby whenever you need it. Your safety plan may change over time. You can add information to it in the future as you identify more triggers or want to change the names of contacts. You wouldn't want to search around for information in a crisis situation, so it's a good idea to keep contact information up-to-date.

There's one more thing about your safety plan that's very important—you have to actually use it! It's important to think about ways you can use it when you're afraid your suicidal thoughts might escalate to suicidal actions. For this reason, it should contain items and ideas that work for you, not things you feel others are forcing you to do. If you don't like the options or you feel they're unrealistic, say so. If you can't find options that are right for you, this may indicate that you need more support until you feel comfortable that you can stay safe. You may want to ask yourself:

How likely am I to use this plan when I'm feeling unsafe? What might keep me from using it? Is there anything about the plan that makes me uncomfortable?

With whom might I share my safety plan? Where will I keep my safety plan to make sure it's nearby when I need it?

SURVIVORS EXPERIENCES WITH SAFETY PLANS

"You don't realize what to do when you are in that situation (feeling suicidal). Having planned activities, like going to a coffee shop and remembering to breathe, were effective."

"It made me feel a little more comfortable knowing that I had a way to defuse the situation."

"Having a plan in place was comforting to myself and my spouse."

—Suicide Attempt Survivors

What can I do to make it more likely that I'll use the strategies in my plan to stay safe? Examples include:

keeping multiple copies close by, sharing it with others who will encourage you to use it, ensuring that you're comfortable with the contents, practicing using it, and talking with someone about how practicing went.

Finding a Counselor

Suicide attempt survivors and researchers who study suicide recommend professional help as your best bet for finding long-term strategies to ease the emotional pain that led to your attempt. And, of course, if you're in less pain, you're much more likely to experience joy and be motivated to keep yourself safe.

Making a decision to go to therapy can be intimidating. You might worry that it will be uncomfortable or that it could lead to hospitalization, but most people who give it a try find it really helps.

When looking for a counselor, it might be difficult to know where to start. It's always smart to ask others which counselors in your area have good reputations. Your doctor or the people that helped you in the emergency room might have suggestions. Here are other ideas:

- Call the National Suicide Prevention Lifeline (1-800-273-TALK (8255)). Lifeline crisis workers know their local communities and may be able to refer you to a counselor or support group in your area. Crisis workers are also available to talk with you about your suicidal thoughts until you find other sources of support.
- Check out the SAMHSA Behavioral Health Treatment Services Locator online at <https://findtreatment.samhsa.gov> or call them at 1-800-662-HELP (4357).
- In many communities, you can reach an information and referral hotline by dialing three simple digits: 2-1-1. If dialing 2-1-1 doesn't work for you, check out www.211.org for the seven-digit number of your local information and referral hotline.

TIPS IF YOU'RE CONCERNED ABOUT AFFORDING CARE

If payment is a problem, there may be ways to get low-cost or free help through various programs in your community.

If you have insurance:

Call your doctor and ask for a recommendation for a counselor/therapist. Your insurance provider should be able to provide a list of people in your area that take your insurance.

If you don't have insurance:

- You may be eligible for insurance coverage through the marketplace. For more information about your coverage options, visit www.healthcare.gov.
- It may not be simple to find a counselor if you don't have coverage, but it's not impossible. Most communities have counselors who provide low-cost or free counseling services.

Things to try:

- If you were in the hospital after your attempt, the staff there may be able to refer you to low-cost or free counselors in your area. Additionally, your primary-care doctor may know of options.
- See if your workplace has an Employee Assistance Program (EAP). Many businesses offer an EAP to their staff with access to free and confidential counselors.
- If you're a member of a church or other place of worship, you may want to check there. Sometimes they offer free counseling with clergy or other members of the congregation.
- If you live near a university with a school of psychology, or near a seminary, see if they have free or sliding scale fees for therapy.

- Try the Suicide Prevention Therapist Finder: <http://www.helppro.com/SPTF/BasicSearch.aspx>
- You can also check with a local chapter of a mental health organization, such as the American Psychiatric Association, American Psychological Association, Anxiety Disorders Association of America, Mental Health America, National Alliance on Mental Illness, or Depression and Bipolar Support Alliance.

Getting What You Need From Counseling

Selecting a counselor is an important decision, and you'll find many options for various types of therapy. When choosing a counselor, it's vital to find someone who is comfortable with and has experience talking about suicide. It's also important to remember that if drugs or alcohol played a part in the problems that led to your suicide attempt, your counselor should have experience in substance abuse treatment.

Medication could be an important part of your path to recovery, especially if you've ever been diagnosed with major depression, bipolar disorder, schizophrenia, or an anxiety disorder, or if your symptoms are so troubling that you're having problems getting through the day. This might include having serious problems sleeping; having no appetite or eating too much; thinking negative thoughts that you can't stop, no matter how hard you try; or hearing voices. If this sounds like you, you'll want to discuss medication with your counselor. Together you can find a doctor or psychiatrist who can work with you to determine whether medication might be helpful.

Different people have different needs, and sometimes it takes time to find a counselor who is right for you. This can be a frustrating process, but if one counselor, doctor, or type of therapy doesn't work, you have the right to keep trying until you find one that does. Think about your preferences in a counselor (or clinician, therapist, doctor, or psychiatrist): a man or a woman, their age range, ethnicity, language, etc. If you have a choice of counselors, call ahead for an interview or use the first session to get to know them better. Ask questions to see if they might be a good match for your style and needs.

The following questions can be helpful when selecting a counselor (Bryan and Cunningham, 2009):

1. What type of education do you have?
2. How long have you been practicing?
3. What types of treatment do you offer?
4. Do you specialize in any particular issues or treatment types?
5. Have you treated clients with problems similar to mine? Have you worked with a person who has survived a suicide attempt?
6. If I need help after regular business hours, how should I get it? Do you take after-hours/emergency calls?
7. What will you expect from me in therapy, and what can I expect from you?
8. How will your treatment help me with thoughts of suicide?
9. If I'm feeling suicidal, do you believe that the first course of action is for me to be in a hospital, or will you work with me on ways to stay safe in my home (or with family or friends)?
10. If I want to try medications, can you help me with that?

Remember, it's crucial that you be persistent. Any important decision requires some research, and sometimes it takes trial and error before you get it right.

While there are many different approaches to therapy, research shows that the following methods are especially helpful for those struggling with suicidal thoughts and attempts:

Cognitive behavioral therapy (CBT) is a short term, goal-oriented counseling approach. The premise behind CBT is that changing your thoughts can change the way you feel and behave. CBT has been used to treat a variety of disorders and issues, including helping people struggling with suicide.

Dialectical behavior therapy (DBT) combines techniques of cognitive behavioral therapy with additional skills of emotion regulation. A goal of DBT is to help you to accept the things you cannot change and change the things you can.

Collaborative Assessment and Management of Suicidality (CAMS) is an approach to suicide risk assessment and therapy that engages a person in a collaborative way and specifically works to address suicidal thinking and motivation.



The Lifeline was mentioned earlier as a source for finding referrals for counselors, but it's also a great place for support if you're in crisis. While not a substitute for ongoing therapy, the Lifeline is a network of confidential crisis hotlines across the country that are staffed by trained crisis workers. This means they won't be shocked or scared by what you say, and, importantly, they won't judge you. Lifeline crisis workers will talk with you about your suicidal feelings and brainstorm ways to help you stay safe. Crisis workers are available 24 hours a day, 7 days a week. Best of all, it's a free service.

If You Don't Go to Counseling

While it might be easier to recover from your suicide attempt with the help of a counselor, you may choose to try to get better on your own. This might be because you don't have insurance and can't afford counseling (if that's the reason, see the tips on page 17 for ideas on how to access affordable counseling services). Maybe you tried counseling, but had difficulty finding a counselor who was right for you. Maybe you don't feel like taking that step right now. It's important to remember that if struggles with a mental illness led to your suicide attempt, it might be difficult to get better and recover on your own. Just as with some physical ailments, you may find it particularly challenging to heal without medications or help from a professional.

Whatever your reason for not seeing a counselor, there are things you can do to get better on your own. The ideas already mentioned in this booklet are a good start. When you're ready, you might find the following options to be helpful as well. And even if you do have a counselor, these ideas can be great resources for additional support.

Call the National Suicide Prevention Lifeline.

The Lifeline can be a great resource for your friends and family as well. If they're having difficulty understanding your struggles with suicide or don't know how to support you, a crisis worker can speak to them about their concerns and give them ideas on how to help. Evaluations of crisis hotlines have shown that they can reduce emotional distress and suicidal thinking in callers (Gould, et al., 2007).

If talking about suicide is difficult for you, you may want to check out the Lifeline Website, www.suicidepreventionlifeline.org. The organization also provides an online chat service with crisis counselors.

Join a support group.

A support group is composed of people who meet regularly to talk about common concerns and look out for each other's wellbeing. Support groups can be helpful because they allow you to meet others who have had experiences similar to yours. It can be a huge relief to learn that you're not alone and that there are others who feel the way you do. It also can be helpful to learn about strategies others have found useful.

Just as there are different types of counselors, there are support groups for a variety of topics, such as:

- Depression
- Anxiety
- Substance abuse
- Self-esteem
- Anger
- Post-traumatic stress, sexual assault, and other traumas
- Hearing voices (e.g., schizophrenia)

A few communities across the country are even beginning to offer support groups **specifically for people who have survived a suicide attempt** or who are struggling with persistent thoughts of suicide.

Many times, support groups are led by an experienced counselor; other times they are peer-led by people who have experienced similar issues. If you don't have insurance to pay for individual counseling, a group may be one way to get help. They are often free of charge or much less expensive than seeing an individual counselor.

The information and referral hotline in your community (dial 2-1-1 or visit www.211.org) or the Lifeline (1-800-273-TALK (8255) or www.suicidepreventionlifeline.org) can give you more information about support groups in your area.

Read books or visit websites.

Sometimes, if you aren't ready or don't have access to a counselor, you can find helpful information on your own. There are many websites and books that address issues related to stress, depression, or other mental health issues. There are even several books written by people who have survived a suicide attempt.

SURVIVORS' EXPERIENCES TALKING TO PEERS

"(In a support group for survivors) we are in the same club of profound personal pain. And once you assure yourself that you are talking with someone like that, then you know that what you're going to get is understanding, compassion, and sympathy."

—Suicide Attempt Survivor

"There were things that I told complete strangers because I knew that they understood where I was coming from. And I couldn't say that to my therapist, I couldn't say that to my parents, I couldn't say that to my friends because they didn't truly understand the real Jordan, the real Jordan who hated himself, wondered everyday whether I should be here."

—Jordan Burnham

MOVING TOWARD A HOPEFUL FUTURE

After you've taken your first steps back into daily life, it might be time to consider taking on a few more challenges. You've already made it through the toughest part. Now it's time to think about doing some things that can give you a greater sense of wellbeing and happiness.

Many survivors talk about a "second chance," or slowly coming to value what would have been lost if their attempt had resulted in their death. Over time, they begin to reclaim a sense of purpose in their lives, a new sense of identity, and real reasons for hope.

Maintaining Hope

When you made your suicide attempt, you felt as if suicide was a way to end your pain. At that moment, in your mind, your reasons for dying outweighed your reasons for living. As you've learned, reconnecting with your reasons for living can help you build hope. Some survivors recommend putting together a "hope box" that can serve as a physical reminder of the things in your life that bring you joy. When you begin to feel bad about yourself or your life and feel depressed, the contents of your hope box can help lift your spirits. It also is a good place to keep your safety plan.

Staying in Control by Being Organized

Dealing with stress or emotional pain can feel overwhelming and lead you to neglect day-to-day tasks and responsibilities. Feeling like life is out of control can make anyone feel anxious. It might help to make a list of the things you have to do each day. That way, you won't forget important events or get distracted and not complete things you need to get done.

Checking items off a to-do list can also help you feel a sense of accomplishment. Keep it simple and short to begin with; you can always add more when you have more energy. Keeping a calendar and using a daily planner are great ways to help yourself stay organized and maintain a sense of control over your life.

THINGS TO THINK ABOUT

Creating a Hope Box

Your hope box can contain anything that might help you put aside painful thoughts or negative emotions and instead remind you of things in life that you enjoy. Decorating the box can be fun, as well. Here are some ideas for things to include:

- Photos or letters from people you care about.
- Poems, books, or scripture passages that lift you up.
- Movies or music you like.
- Note cards with uplifting words or thoughts, things that have kept you going in the past, or memories of happy times.
- Special trinkets or mementos that help you feel grounded.
- Your safety plan.

Your box can contain actual objects or be a collection of links or digital files on your computer, cell phone, e-reader, or other device.

You can also download a free "Virtual Hope Box" app for your Android or Apple phone or tablet. **What would you put in your hope box?**

Getting in Touch With Your Spirituality

Some suicide attempt survivors find comfort in spirituality. Spirituality can mean different things to different people, and for some it can provide a feeling of being connected to something larger than themselves. Some may experience this by attending churches, temples, synagogues, mosques, and other places of worship. Others discover deeper meanings in nature, philosophy, or music. Would getting in touch with your spirituality bring you comfort and peace? Only you can answer that, but it does help some people.

Maintaining a Healthy Lifestyle

Maintaining a healthy lifestyle can affect the way you feel, not only physically, but emotionally. If you feel depressed or overwhelmed emotionally, it's easy to forget the basics of taking care of yourself physically. It will make a difference if you maintain a healthy lifestyle during your recovery. Of course this means limiting your use of alcohol and eliminating other drugs, as these can negatively affect your emotions, but it's more than just that. Getting enough sleep, eating well, and exercising are also crucial to your recovery.

SURVIVOR STORY

"I contacted a church and found faith, which gave me a lot of coping skills. And then I started opening up."

—Suicide Attempt Survivor

Sleep

A link between sleep and depression is well-documented. When depressed, many people find themselves sleeping a lot more than usual, while others are unable to sleep adequately. Poor sleep can lead to fatigue, inactivity, anxiety, and irritability, making depression or other mental health issues even worse. Insomnia can also be associated with suicidal thoughts and actions. If you have depression that includes sleep disturbances, certain kinds of talk therapy (like CBT) can help, as well as medication. So it is important to discuss sleep problems with your counselor or psychiatrist.

Getting enough sleep is crucial because your body restores itself during sleep. For more information you can read Healthy Sleep Tips from the National Sleep Foundation (<http://sleepfoundation.org/sleep-tools-tips/healthy-sleep-tips>).

Diet

Appetite changes—either poor appetite with weight loss or increased appetite with weight gain—also can be symptoms of major depression. If your appetite has changed and you have low, depressed mood, please talk with your psychiatrist or counselor about whether you should consider medication.

While no particular diet has been proven to decrease depression and anxiety or improve emotional health, there does seem to be a correlation between what we eat and how we feel. A healthy diet is recommended as a key part of the overall treatment for depression. Additionally, ensuring that your body has the nutrients it needs can increase your energy level.

Enrolling in a healthy cooking class can help you find ways to eat well and meet new people. You also can find out how to prepare healthy food online.

The United States Department of Agriculture (USDA) has a diet and nutrition website: <http://snap.nal.usda.gov/basic-nutrition-everyone> that could be a good starting point.

Exercise

When you exercise, your body releases endorphins, a chemical that affects how people perceive pain. It's believed that the release of endorphins can help people feel more energized and even improve their emotional states, allowing them to be more hopeful about life. In fact, some studies suggest that exercise can be an effective treatment for depression.

Given that exercise can improve your mood, you might want to join a local gym, take a walk every day with a friend, or do exercises at home. Incorporating an exercise plan into your daily life (exercising three or more times each week) is highly recommended. You can find more information about depression and exercise online. The National Alliance on Mental Illness (NAMI) has resources about exercise and mental health at <http://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Taking-Care-of-Your-Body>.

For more information about maintaining a healthy lifestyle, see SAMHSA's Wellness Strategies at <http://www.samhsa.gov/wellness/strategies>.

Taking Medication

If you choose to go to counseling, your counselor may recommend taking medication to improve your mood, especially if maintaining a healthy lifestyle and counseling aren't giving you the results you're looking for. You may struggle with the decision to take medication and feel as though it's a sign of weakness. It's important to remember that people take medications for all sorts of illnesses, and there is no reason to be embarrassed if you choose to try medications to alleviate depression, anxiety, or another mental health concern that causes you pain.

Certainly, only you can decide if you want to take medication; however, many people have felt that their depression and anxiety improved after taking medication. Most people (including researchers) indicate that counseling combined with medication provides the best results.

If you do choose to try medication, here are a few important things to remember:

- It can take some time for medication to have an effect. While some medications (for instance, sleep medication) may work immediately, medications for depression may take up to 8 weeks to reach their full effect. Your psychiatrist or doctor can tell you what to expect.
- You must take your medication as directed, without skipping dosages, for it to be effective.
- It's important to continue taking your medication for the entire period it is prescribed. You may be tempted to stop taking medication when you start to feel better. Stopping too soon can cause a relapse. Always work with your psychiatrist or doctor if you want to stop or change your medication.
- If your thoughts of suicide increase after you start taking medication, be sure to contact your psychiatrist or doctor immediately.
- Different medications work for different people. Be patient; sometimes it can take time to find the medications that work best for you. If one medication doesn't work, that doesn't mean none of them will. Finding the right medication can take persistence.

SURVIVOR STORY

"I believe that like treating any other chronic illness, [with depression] I have to be vigilant about maintaining a healthy lifestyle."

—Heidi Bryan

Advocating for Others to Support Your Recovery

When you're feeling stronger, you may find that helping others who are facing suicide can help you, too. Sharing your experiences and wisdom might save other lives. And saving lives can be a source of pride and accomplishment for you. Speaking about your experience also helps to break the guilt and shame that can be associated with suicide and lets others know they're not alone.

You should give serious consideration to whether you're ready to talk openly about your suicide attempt before deciding to advocate for others. It's important to ensure that you've given yourself enough time to heal and learn from your experience before using it to help others. Some questions you might ask yourself include:

- Am I ready to speak? Have I healed enough to speak?
- Am I prepared for my family's reactions to going public?
- Am I prepared for the possible social effects of going public with my story?
- Am I familiar with the resources available to help others?
- How will I take care of myself?

The American Association of Suicidology has a helpful guide, "Special Considerations for Telling Your Own Story: Best Practices for Presentations by Suicide Loss and Suicide Attempt Survivors." You may want to read the entire article before making the decision to share your story.

For more information, visit: <http://www.suicidology.org/suicide-survivors/suicide-attempt-survivors>

SOME WAYS TO HELP OTHERS WHEN THE TIME IS RIGHT INCLUDE:

- Becoming a member of a national organization that advocates for suicide prevention
- Helping raise funds for suicide prevention
- Participating in a suicide prevention walk
- Volunteering at a crisis hotline
- Organizing an attempt survivors' support group
- Writing or talking with others about your journey to raise public awareness about suicide and recovery

Hopes for a Safe Journey

The time after your suicide attempt is an important one. It can be a turning point in your life. Often, your suicide attempt can break the silence that surrounded the problems you were experiencing and your suicidal thoughts. Making a choice to be open about how you're feeling and seeking help, when you're ready, can be the first step on the path to a more fulfilling life.

As discussed, recovering from your suicide attempt is a process. It will likely have its ups and downs. You may feel overwhelmed or sad at times, and you may experience suicidal thoughts again. However, it's important to remember that feelings change. Finding ways to cope with those negative feelings while staying alive will give you a chance to enjoy the positive things life has in store for you. The stories and tools in this booklet can help you feel better. They've worked for other people, and they may work for you, too.

The survivors, researchers, SAMHSA and Lifeline staff, and many others who contributed to this booklet sincerely hope it will help you. We ask you always to remember our message:

- You are not alone.
- You matter.
- Life can get better.
- It may be difficult, but the effort you invest in your recovery will be worth it.

THERE IS HOPE

“Everything will feel different if we just live long enough to see and be the difference.”

—Cathy Singer

“You may think things will never get better, but you never know. You may think you know, but you don't know. And you may think nobody cares about you or that you're worthless, but that's not true. This is just your disease talking, and you can't listen to it. It will pass and eventually, sometimes longer than other times, it will get better.”

—Heidi Bryan

“If I were to sum up my life today, the word that I would use to describe it is fulfilling. I live a very enriched life.”

—Terry Wise

“You are not ‘crazy’ or lessened in any way by your experience. Many more people than you can imagine, even among people you know, have had suicide attempts or suicidal thinking themselves. You have a lot of company from people of all backgrounds, even if the majority of that company may be too scared to admit it. Be strong. Don't let yourself get pushed around. You can move on.”

—Cara Anna

SAMPLE SAFETY PLAN 1

STEP 1: Warning signs:

1. _____
2. _____
3. _____

STEP 2: Internal coping strategies—Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

STEP 3: People and social settings that provide distraction:

1. Name: _____ Phone #: _____
2. Name: _____ Phone #: _____
3. Place: _____
4. Place: _____

STEP 4: People I can ask for help:

1. Name: _____ Phone #: _____
2. Name: _____ Phone #: _____
3. Name: _____ Phone #: _____

STEP 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name: _____ Phone #: _____

Clinician Pager or Emergency Contact #: _____

1. Clinician Name: _____ Phone #: _____

Clinician Pager or Emergency Contact #: _____

3. Suicide Prevention Lifeline: 1-800-273-TALK (8255)

4. Local Emergency Service: _____

Emergency Services Address: _____

Emergency Services Phone: _____

STEP 6: Making the environment safe:

1. _____

2. _____

3. _____

4. _____

The one thing that is most important to me and worth living for is: _____

KEEPING YOURSELF SAFE

SAMPLE SAFETY PLAN 2

Step 1: Know the warning signs

Many suicide attempt survivors indicate that their suicidal thinking became almost automatic over time. When something negative occurred, they started to have negative thoughts. These thoughts included, "Nobody cares about me," "I can't take it anymore. I wish I were dead." These warning signs can include personal situations, thoughts, images, thinking styles, moods, or behaviors and can help you know when to use your plan.

What triggers your suicidal thoughts? _____

Step 2: Internal coping strategies

One way to take your mind off your suicidal thoughts is to do something that helps you feel better. What can you do when you're alone and you start to have thoughts of suicide? What can you do to take your mind off your problems and help yourself feel better? Examples include reading a book, playing computer games, exercising, playing with your dog, shopping, or writing down your thoughts and feelings in a journal.

Step 3: External coping strategies

Another way to take your mind off your suicidal thoughts is through external strategies like talking to certain people or visiting places that improve your mood. Finding places that make you feel better or people who cheer you up are good ways to keep your thoughts from escalating. Where can you go to be around other people in a safe environment? Who can you be around that makes you feel positive? Examples include the coffee shop, the gym, your place of worship, friends, or family.

Step 4: Who can you ask for help?

It can be helpful to have someone with whom you feel comfortable sharing your thoughts of suicide.

Ideally, this is a supportive person who already knows about your suicidal thoughts before a crisis occurs and is aware of his/her role as a resource in your plan. Having several people listed here, if possible, is best in case your primary support person is unavailable. Who do you feel comfortable talking to when you're in crisis?

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Step 5: Professional resources

What professionals or agencies can offer assistance if the other parts of this plan don't seem to be helping you stay safe? Ideally, you want to have resources that are available 24 hours a day, 7 days a week.

Clinician's Name: _____ Clinician's Phone #: _____

Local Emergency Dept.: _____ Phone #: _____

Local hotline: _____

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Step 6: A safer environment

At times, you may forget to use your plan or it doesn't make you feel better. Having items close to you that you could use to harm yourself can create a dangerous situation. It's important to remove items that you may use impulsively.

What items do you have nearby that you could use to harm yourself? How can you safely remove them for the time being? Examples include pills, guns, knives, poison, or rope. To whom can you give them?

Reminders of hope and reasons for living

Things that are important to me and give me hope include:

PLACES TO GET MORE INFORMATION

If you're in crisis anytime, day or night

National Suicide Prevention Lifeline: 1-800-273-8255. Live chat: www.suicidepreventionlifeline.org

Veterans Crisis Line and Military Crisis Line: 1-800-273-8255 (press 1). Text to 838255.

Live chat: <http://www.veteranscrisisline.net/>

The Trevor Project: 1-866-488-7386 (For LGBTQ young people, their friends, and allies)

<http://www.thetrevorproject.org/>

Warm Lines

National Consumer Self-Help Clearinghouse: Technical assistance center that includes several resources for locating warm lines. <http://www.mhselfhelp.org/>

National Empowerment Center: NEC maintains a webpage on peer-run warm lines. <http://power2u.org/>

Suicide Attempt Survivor Websites

The National Suicide Prevention Lifeline's With Help Comes Hope website has information for survivors, friends and family, and clinicians. It also includes a therapist and support group finder, videos, and a timeline of the attempt survivor movement. <http://lifelineforattemptsurvivors.org>

The American Association for Suicidology's (AAS) Suicide Attempt Survivor webpage: This website includes up-to-date links, resources, personal stories, support groups, videos, and more for suicide attempt survivors and those who care about them. AAS is a professional organization with an "Attempt Survivor/Lived Experience" division where attempt survivors have a collective voice in the field of suicide prevention.

<http://www.suicidology.org/suicide-survivors/suicide-attempt-survivors>

Suicide Prevention Information/Organizations

National Action Alliance for Suicide Prevention: Public-private partnership that advances the National Strategy for Suicide Prevention (<http://store.samhsa.gov/product/PEP12-NSSPGOALS>) in areas requiring coordination and leverage at the national level. Its Suicide Attempt Survivor Task Force wrote *The Way Forward* (see below).

<http://actionallianceforsuicideprevention.org>

Suicide Prevention Resource Center: Federally funded national resource center that provides technical assistance, training, and materials to increase knowledge about preventing suicide, and promotes collaboration within the field of suicide prevention. Excellent website for cutting-edge information about suicide and suicide prevention.

<http://www.sprc.org/>

National Council for Suicide Prevention: Coalition of national organizations working to prevent suicide.

<http://www.thencsp.org/>

Mental Health and Mental Illness Websites

Substance Abuse and Mental Health Services Administration: A part of the federal Department of Health and Human Services (HHS), SAMHSA's mission is to reduce the burden of substance abuse and mental illness on America's communities. <http://www.samhsa.gov/>

National Institute of Mental Health: A part of HHS and the National Institutes of Health, NIMH's vision is to transform the understanding and treatment of mental illnesses. www.nimh.nih.gov. For information about mental health medications, see <http://www.nimh.nih.gov/health/publications/medications-listing.shtml>.

Depression and Bipolar Support Alliance: Provides hope, help, support, and education to improve the lives of people who have mood disorders. <http://www.DBSalliance.org>

Mental Health America: Dedicated to helping all Americans achieve wellness by living mentally healthier lives. <http://www.mentalhealthamerica.net/>

National Alliance on Mental Illness: Dedicated to building better lives for the millions of Americans affected by mental illness. <http://www.nami.org/>

Therapists and Support Groups

Behavioral Health Treatment Locator: SAMHSA's on-line tool for persons seeking treatment facilities in the United States or U.S. territories for substance abuse/addiction and/or mental health problems. <https://findtreatment.samhsa.gov/>

Known Attempt Survivor Support Groups: <http://attemptsurvivors.com/support-groups/>

Depression and Bipolar Support Alliance Support Groups: http://www.dbsalliance.org/site/PageServer?pagename=peer_support_group_locator

Psychiatric Advance Directives

Psychiatric advance directives are legal documents that can be prepared in advance by people who are concerned that they might be subject to involuntary psychiatric treatment or commitment in the future. The National Resource Center on Psychiatric Advance Directives has more information. <http://www.nrc-pad.org>

Peer Mentoring and Peer Specialists

ASHA International: Peer specialists provide support, encouragement, and specialized services. <http://www.myasha.org/programs/peer-mentoring/>

Directory of Consumer Organizations National Mental Health Consumer Clearinghouse: <http://www.cdsdirectory.org/>

Certified peer specialist programs: Compilation of peer specialist training and certification programs. <http://tucollaborative.org/community-inclusion/resources/peer-supportconsumer-run-servicespeer-specialists/>

International Association of Peer Supporters: <http://www.inaops.org>

Apps

MY3 Safety Planning App: Available in the Apple App Store and Google Play, free of charge.

Virtual Hope Box: Available in the Apple App Store and Google Play, free of charge.

Suicide Safe: Designed by SAMHSA for health care providers to assist patients at risk of suicidal ideation and behaviors. Available in the Apple App Store and Google Play, free of charge.

Publications and Videos

The Way Forward: Pathways to hope, recovery, wellness with insights from lived experience. Written by the Suicide Attempt Survivors Task Force of the National Action Alliance for Suicide Prevention, this report has groundbreaking recommendations for supporting anyone who has been suicidal. It includes a comprehensive resource section.

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf>

Order these free from the SAMHSA Store (<http://store.samhsa.gov/home> or call 1-877-SAMHSA-7):

- *Stories of Hope And Recovery: A Video Guide for Suicide Attempt Survivors.* DVD of three people who tell about their journeys from attempting suicide to lives of hope and recovery.
<http://store.samhsa.gov/product/Stories-Of-Hope-And-Recovery-A-Video-Guide-for-Suicide-Attempt-Survivors/SMA12-4711DVD>. Order No. SMA12-4711DVD.
- *A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department.*
<http://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-Yourself-After-Your-Treatment-in-the-EmergencyDepartment/SMA08-4355>. Order No. SMA08-4355
- *A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department.*
<http://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-Your-Family-Member-After-Treatment-in-the-Emergency-Department/SMA08-4357>. Order No. SMA08-4357
- *Shared Decision Making in Mental Health: Considering the Role of Antipsychotic Medications in your Recovery Plan.* CD-ROM and online tool to help people make choices about treatment and mental health services, including an interactive decision aid on medication-assisted therapy.
<http://store.samhsa.gov/product/Shared-Decision-Making-in-Mental-Health-Decision-Aid/SMA12-4696>
Order No. SMA12-4696
- *Taking Action: A Mental Health Recovery Self-Help Educational Program.* Introduces a recovery educational curriculum that offers self-help concepts, skills, and strategies for adults with mental illness, including those dealing with substance use disorders. Promotes wellness, stability, recovery, and life transformation.
<http://store.samhsa.gov/product/Taking-Action-A-Mental-Health-Recovery-Self-Help-Educational-Program/SMA14-4857>. Order No. SMA14-4857



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"This course was developed from the public domain document: Substance Abuse and Mental Health Services Administration. A Journey Toward Help and Hope: Your Handbook for Recovery After a Suicide Attempt. HHS Publication No. SMA-15-4419. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2015."