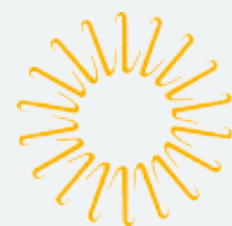




# September is Suicide Prevention Awareness Month

Together, we have the power to combat suicide. Annually, the Lifeline, along with numerous mental health institutions and dedicated individuals both in the U.S. and globally, amplify the message of suicide prevention during September, recognized as National Suicide Prevention Month.

**YOUR  
LIFE   
MATTERS**





Lifespan



**NexGenEAP**  
TOTAL WELLBEING



# Risk Factors

- A family history of suicide
  - Access to firearms
  - A serious or chronic medical illness
  - Gender
  - A history of trauma or abuse
  - Prolonged stress
  - A recent tragedy or loss
- **Substance use:** drugs can create mental highs and lows that worsen suicidal thoughts.
  - **Intoxication:** Analysis from the CDC indicates around 1 in 5 people who die by suicide had alcohol in their system at the time of death.
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# Warning Signs

- Increased alcohol and drug use/substance abuse
- Aggressive/irritable behavior
- Withdrawal from friends, family and community – isolation/feeling alone
- Dramatic mood swings
- Impulsive or reckless behavior
- Collecting and saving pills or buying a weapon
- Giving away possessions
- Saying goodbye to friends and family
- Tying up loose ends – organizing personal papers or paying off debts
- Making funeral arrangements
- Preoccupation with death – frequently talking about it
- Sudden cheerfulness or calm after a period of despondency
- Hopelessness or no hope for the future
- Self-harm may also be a warning sign

**According to the CDC and NIMH, nearly 46,000 lives were lost to suicide in 2020 alone. Comments or thoughts about suicide, also known as suicidal ideation, can begin small — for example, “I wish I wasn’t here” or “Nothing matters.” But over time, they can become more explicit and dangerous.**





# Common Misconceptions



## Non-Suicidal Self-Injury

just because someone is self-harming (cutting, burning, etc.) does not mean they want to die – for some it is a release and coping skill (maladaptive).



## Passive SI/Concerns

it is normal to have feelings about no longer being alive or giving up. It can be normal to voice these feelings. What matters is whether or not someone has the intention to do so and/or a specific plan.




## Motivations for Suicide

to end the pain, not actually die. Viewed as a "permanent solution to a temporary problem." People often truly believe they are a burden, others would be better off without them, without thinking of how it might truly impact the people around them and who knew them.



## Unintentional Overdoses

in some cases we cannot be certain that an overdose is intentional.





# Level of Risk



## High Risk

**Suicide ideation with intent or intent with a plan in the past month or suicidal behaviors within the past 3 months.**

- Call 911 or mobile crisis.
- Call your community crisis line to provide an onsite evaluation.
- Emergency department.
- Stay with them until help arrives and remove any means that can be used for self-harm.
- Notify support system.
- Call EAP for in-the-moment support.



## Medium Risk

**Suicide ideation without plan, intent or behavior in the past month or suicide behavior more than 3 months ago**

- Have a supportive conversation.
- Encourage professional help and support system.
- Provide information and resources.
- Check on them
- Consider calling 911, mobile crisis or ED depending on the severity of their thoughts.
- Encourage EAP utilization to schedule an appointment with a mental health specialist

## Low Risk

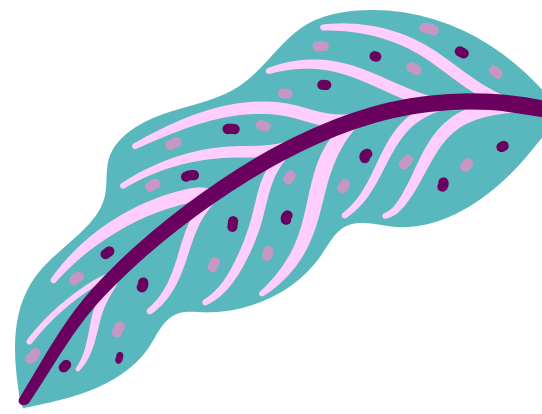
**Wish to die without plan, intent, or behavior. Suicide ideation more than one month ago without plan, intent or behavior**

- Offer emotional support
  - Provide information and resources.
  - Encourage utilizing support system or personal provider
  - Suggest a professional consultation.
  - Encourage EAP utilization to schedule an appointment with a mental health specialist.
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# Supporting Someone in Crisis

- Assess current risk and safety factors.
- Talk openly and honestly. If you're nervous, try not to fidget or pace. Be patient.
- It is ok to be direct. Don't be afraid to ask questions like: "Are you thinking about suicide? Have you thought about how you would do it?"
- Remove means such as guns, knives or stockpiled pills.
- Call a therapist or psychiatrist/physician or other health care professional who has been working with the person.
- Calmly ask simple and direct questions, like "Can I help you call your psychiatrist?"
- If there are multiple people around, have one person speak at a time.
- Express support and concern.
- Avoid arguing, threatening language or raising your voice.
- Don't debate whether suicide is right or wrong.
- Call the National Suicide Prevention Line at **1-800-273-8255** or call **911**.





# How to Talk About Suicide



## It is better to say:

- Died by suicide.
- Completed suicide.
- Ended his/her/their own life.
- Killed himself/herself/themselves.
- Suicide attempt.

## *Say something like:*


- “Are you thinking about suicide?”
- “Do you have a plan? Do you know how you would do it?”
- “When was the last time you thought about suicide?”
- “You are not alone. I’m here for you.”
- “I may not be able to understand exactly how you feel, but I care about you and want to help.”
- “I’m concerned about you, and I want you to know there is help available to get you through this.”
- “You are important to me; we will get through this together.”



## Avoid Saying:

- Committed suicide – it’s not a crime.
- Successful suicide
- Failed suicide attempt

## *Say something like:*

- Nothing—ignoring or “pretending” you didn’t hear what the suicidal person was saying or implying.
  - “Why? You have so much to live for.”
  - “But think about your kids, family, friends, good life, etc.”
  - “But killing yourself is a sin/wrong/unfair.”
  - “You’re being dramatic.... overreacting.... c’mon man.....you’re not serious, right?”
  - “We all go through tough times like these. You’ll be fine.”
  - “It’s all in your head. Just snap out of it.”
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# Tips to Prepare for Conversation:

- Take a deep breath.
- Create a safe environment.
- Give yourself plenty of time (don't rush).
- Be prepared with resources and for their response (yes or no).
- Listen more than you talk.
- Make sure to have your own support(s) in place.








# Words & Actions

## Helpful Words/Actions:

- “Thank you for telling me...I know that must have taken a lot of courage.”
- “I’m sorry that you are in so much pain.”
- “Who else knows that you are having thoughts of killing yourself?”
- “I care about you, and I want to help you.”
- “Do you have any thoughts about what I can do for you right now?”
- “I’m happy you’re alive.” and/or “You mean a lot to me.”
- **Self-Care** – Make sure you are checking in on your own **physical, mental, emotional, spiritual, and social** areas of well-being.


## Unhelpful Words/Actions

- Don’t promise secrecy.
  - Don’t debate the value of living or argue that suicide is right or wrong.
  - Don’t ask in a way that indicates you want “No” for an answer.
  - Don’t try to handle the situation alone.
  - Don’t try to single-handedly resolve the situation.
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# For Lifespan Employees:

## NexGen Employee Assistance Program

- **NexGen EAP** is a no-cost, confidential total well-being benefit available to Lifespan employees and eligible family members.
  - HIPAA Compliant – 100% Confidential
  - Live Response 24/7/365 – Barrier-free, easy access to all services:
    - Call or Text 1-888-213-0153
    - Web Portal: [nexgeneap.com](https://nexgeneap.com)
    - Mobile App: NexGenEAP
    - Company ID: \*Please contact your HR Solution Center to retrieve your NexGen EAP company ID\*
  - Access resources for assisting with day-to-day stressors, life events, mental well-being, work/life balance, and more.
  - Call/ Text 1-888-213-0153 to be connected with our team for in-the-moment support and to review resources.
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## **Rhode Island Crisis Support:**




- BH Link 401-414-5465, 975 Waterman Ave, East Providence, RI
- The Samaritans of RI 401-272-4044 or 1-800-365-4044
- Butler Hospital 401-455-6200, 345 Blackstone Blvd, Providence, RI

## **Local and National Resources:**

- 988 Suicide and Crisis Lifeline - Call or Text 24/7 OR988lifeline.org if you prefer to chat online.
- Text NAMI to 741-741 or call 1-800-950-6264 - get connected to a trained crisis counselor.
- Utilize your local ED or Mobile Crisis Unit

## **Local and National Support Groups:**

*In-Person and Online  
Options are available*

- Hope Health - offers online and in-person grief support groups and resources.
  - Good Samaritans of RI - 24-hour crisis and listening hotline, programs, and resources.
  - 7 Cups Website - Anonymously chat and get emotional support from trained volunteer listeners or participate in support groups.
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## More Resources

- **BH Link:**
  - <https://www.bhlink.org/>
- **The Samaritans of RI:**
  - <http://www.samaritansri.org/>
- **Butler Hospital:**
  - <https://www.butler.org/>
- **988 Suicide and Crisis Hotline:**
  - **Call or Text 24/7 OR visit**  
[988lifeline.org](https://988lifeline.org)



# Take Action: The Out of the Dark Community Walk

The Out of the Darkness Community Walk is a journey of remembrance, hope, and support. It unites our communities and provides an opportunity to acknowledge the ways in which suicide and mental health conditions have affected our lives and the lives of those we love and care about.



Date: 9/23/2023

Location: Roger Williams Park, Providence, RI

Check-in Time: 9:00 am

Walk Start Time: 10:00 am

Contact Information

Walk Chair: Kim Lees, 401-487-1111, northernriwalk@gmail.com

Staff: Kerrie Constant, kconstant@afsp.org



[Click Here to Register for the Walk](#)





# Your Life Matters

For more information, to register for the Suicide Prevention and Awareness Presentation, or to contact NexGen EAP, use the button below to visit our site.



[Click Here to Visit NexGen EAP's Site](#)



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