

Suicide Prevention Information

NDSCS cares and wants you to know the signs and symptoms of suicide. If you or someone you know is thinking about suicide, please call NDSCS Counseling Services – 701.671.2286, the National Suicide Prevention Lifeline – 1.800.273.8255, or 911. Help is available.

Signs and Symptoms

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Making a plan or looking for a way to kill themselves, such as searching online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain (emotional pain or physical pain)
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently. One resource is the [National Suicide Prevention Lifeline](#), **1-800-273-TALK (8255)**. The Lifeline is available 24 hours a day, 7 days a week. The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799-4889.

Risk Factors

Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex and there is no single cause. In fact, many different factors contribute to someone making a suicide attempt. But people most at risk tend to share certain characteristics. The main risk factors for suicide are:

- Depression, other mental disorders, or substance abuse disorder
- Certain medical conditions
- Chronic pain
- A prior suicide attempt
- Family history of a mental disorder or substance abuse
- Family history of suicide

- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Having recently been released from prison or jail
- Being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities

Many people have some of these risk factors but do not attempt suicide. It is important to note that suicide is not a normal response to stress. **Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.**

Often, family and friends are the first to recognize the warning signs of suicide and can be the first step toward helping an at-risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions. See the resources on our "[Find Help for Mental Illnesses](#)" page if you're not sure where to start.

Do gender and age affect suicide risk?

Men are more likely to die by suicide than women, but women are more likely to *attempt* suicide. Men are more likely to use deadlier methods, such as firearms or suffocation. Women are more likely than men to attempt suicide by poisoning. The most [recent figures released by the CDC](#) show that the highest rate of suicide deaths among women is found between ages 45 and 64, while the highest rate for men occurs at ages 75+. Children and young adults also are at risk for suicide. Suicide is the second leading cause of death for young people ages 15 to 34.

What about different racial/ethnic groups?

[The CDC reports](#) that among racial and ethnic groups, American Indians and Alaska Natives tend to have the highest rate of suicides, followed by non-Hispanic Whites. African Americans tend to have the lowest suicide rate, while Hispanics tend to have the second lowest rate.

Treatments and Therapies

[Research has shown](#) that there are multiple risk factors for suicide and that these factors may vary with age, gender, physical and mental well-being, and with individual experiences. Treatments and therapies for people with suicidal thoughts or actions will vary as well. NIMH has focused research on strategies that have worked well for mental health conditions related to suicide such as depression and anxiety.

Psychotherapies

Multiple types of psychosocial interventions have been found to be beneficial for individuals who have attempted suicide. These types of interventions may prevent someone from making another attempt. [Psychotherapy](#), or "talk therapy," is one type of psychosocial intervention and can effectively reduce suicide risk.

One type of psychotherapy is called cognitive behavioral therapy (CBT). CBT can help people learn new ways of dealing with stressful experiences through training. CBT helps individuals recognize their own thought patterns and consider alternative actions when thoughts of suicide arise.

Another type of psychotherapy, called dialectical behavior therapy (DBT), has been shown to reduce the rate of suicide among people with borderline personality disorder, a serious mental illness characterized by

unstable moods, relationships, self-image, and behavior. A therapist trained in DBT helps a person recognize when his or her feelings or actions are disruptive or unhealthy, and teaches the skills needed to deal better with upsetting situations.

NIMH's [Find Help for Mental Illnesses](#) page can help you locate a mental health provider in your area.

Medication

Some individuals at risk for suicide might benefit from medication. Doctors and patients can work together to find the best medication or medication combination, as well as the right dose.

Clozapine, is an antipsychotic medication used primarily to treat individuals with schizophrenia. However, it is the only medication with a specific [U.S. Food and Drug Administration \(FDA\) indication](#) for reducing the risk of recurrent suicidal behavior in patients with schizophrenia or schizoaffective disorder who are at risk for ongoing suicidal behavior. Because many individuals at risk for suicide often have psychiatric and substance use problems, individuals might benefit from medication along with psychosocial intervention.

If you are prescribed a medication, be sure you:

- Talk with your doctor or a pharmacist to make sure you understand the risks and benefits of the medications you're taking.
- Do not stop taking a medication without talking to your doctor first. Suddenly stopping a medication may lead to "rebound" or worsening of symptoms. Other uncomfortable or potentially dangerous withdrawal effects also are possible.
- Report any concerns about side effects to your doctor right away. You may need a change in the dose or a different medication.
- [Report serious side effects](#) to the U.S. Food and Drug Administration (FDA) MedWatch Adverse Event Reporting program [online](#) or by phone at 1-800-332-1088. You or your doctor may send a report.

Other medications have been used to treat suicidal thoughts and behaviors but more research is needed to show the benefit for these options. For basic information about these medications, you can visit the [NIMH Mental Health Medications](#) webpage. For the most up-to-date information on medications, side effects, and warnings, visit the [FDA website](#).

- **NDSCS Counseling Services offers free and confidential counseling to address a variety of needs. Please call 701.671.2286 regarding any questions or if you would like to make an appointment at NDSCS-Wahpeton.**
- **Counseling is also available at NDSCS-Fargo. To schedule an appointment in Fargo please call – 701.671.2784.**

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