

what to do

- Take the risk factors and signals seriously. If you think someone is considering suicide, ASK HIM OR HER “Are you suicidal?” or “Do you want to kill yourself?” If the answer is “yes,” GET HELP.
- Show interest in the person and be supportive of him or her.
- Offer hope that there are alternatives to suicide.
- Take action. Remove methods the person might use to kill him or herself.
- Seek help from his or her family, friend, physician, clergy, etc.
- IMMEDIATELY contact a person or organization that specializes in crisis intervention or suicide prevention for help. (See the back of this brochure).

what to avoid

- Avoid acting shocked or lecturing the person on the value of life.
- Avoid taunting or daring him or her to “do it.”
- Avoid judging. Allow him or her to express his or her thoughts or feelings.
- Avoid debates over whether suicide is right or wrong.
- Avoid offering easy reassurance—it may make the person feel as if you really don’t understand or care about him or her.
- Don’t keep yours or another person’s suicidal thoughts a secret. GET HELP.

where to get help

If you or someone you know is thinking about suicide, call **800-273-TALK** (8255).

The National Suicide Prevention Lifeline will automatically connect you with a certified local crisis center 24 hours a day, 7 days a week.



For additional information on suicide prevention or publications contact:



Funding for this brochure was provided under grant numbers 1H79SM062098-01 and 1U97SM061764-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

ph: 615-297-1077 f: 615-269-5413
www.tspn.org

Saving African-American Lives



Saving African-American Lives in Tennessee



the facts

Suicide is less common among African-Americans than other racial groups, but this does not mean that suicide does not affect people of color. In fact, suicide is the third-leading cause of death among African-Americans aged 10-24 in Tennessee. And even one life lost to suicide is one too many.

Many people within the African-American community think depression and suicide is only a problem for middle-class whites, and many communities of faith condemn suicide as a mortal sin. These attitudes can keep troubled individuals and their loved ones from seeking the help they need, or complicate the grieving process when a suicide does occur. They can also compromise community mental health outreach efforts.

According to the 2013 Tennessee Youth Risk Behavior Survey, one in four African-American high school students reported experiencing an extended period of sadness or hopelessness over the past 12 months. 1 out of 9 seriously considered suicide at some point, and developed an actual suicide plan. These numbers are similar to those reported by their white classmates.

risk factors

Suicide is never caused by a single event. It is the result of many factors over a period of time. Research shows that some African-Americans who die by suicide show few warning signs or symptoms of depression before the act, so awareness of the risk factors is crucial.

DEPRESSION is the psychiatric diagnosis most commonly associated with suicide. Depression is more than just “sadness” that all people experience occasionally. It is a deeper and more long-lasting illness with feelings of hopelessness and despair. Depression can be treated successfully.

OTHER MENTAL ILLNESSES like bipolar disorder and schizophrenia can also lead to suicide. While current surveys put the rate of mental illness among African-Americans at roughly equal to that of whites, a report from the Office of the U.S. Surgeon General suggests higher rates might be evident if more researchers included psychiatric hospitals, prisons, and poor rural communities in their studies.

SUBSTANCE ABUSE, which may involve prescription drugs as well as alcohol or controlled substances, is a major risk factor for suicide. The interplay between the substances involved, the brain’s own chemistry, and personal problems can be overwhelming. *(cont’d)*

HIGH-RISK BEHAVIORS such as unsafe sexual behavior, reckless spending, or self-injury behaviors are a way that some people cope with feelings of depression or loneliness. But these behaviors usually magnify the feelings from which the person is trying to escape.

signals

There are some behaviors that signal possible suicidal thoughts and attempts. Knowing these signals and taking action may help you save someone’s life. A person might be suicidal if they:

- Have sadness or depression that will not go away.
- Become withdrawn or isolate themselves from family and friends.
- Give away prized possessions.
- Increase their use of alcohol and drugs.
- Acquire a firearm.
- Lose weight or have a decrease in appetite.
- Change their sleeping patterns.
- Engage in reckless and risk-taking behavior
- Talk about or threaten suicide. (If this happens, **TAKE IMMEDIATE ACTION**).

Remember.....

Any one of these signals alone doesn’t necessarily indicate a person is suicidal. However, several signals may be cause for concern. Signals are especially important if the person has attempted suicide in the past. Listen. Be a friend. Get professional help. *Your actions may save a life!*