

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

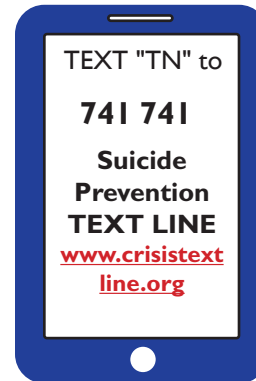


www.tspn.org

If you or someone you know is thinking about suicide, call **1-800-273-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.



Get the TSPN APP



ph:615-297-1077 www.tspn.org



<http://www.tennessee.gov/behavioral-health>
1-855-CRISIS-1 or 1-855-274-7471



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Saving GLBT Lives



Saving GLBT Lives in Tennessee



"Saving Lives in Tennessee"

The Facts

Recent high-profile suicides among GLBTQI (gay, lesbian, bisexual, transgender, questioning, and intersexed) youth are drawing attention to what we have known for years: that growing up gay can be a cold and frightening experience. But it shouldn't have to be a fatal one.

Precise numbers on the connection between sexual orientation and suicide risk vary, but the Centers for Disease Control and Prevention estimate that GLBTQI youth were four times more likely to attempt suicide than their heterosexual peers. The risk is especially high for transgendered persons. The National Center for Transgender Equity reports that 40% of transgendered persons attempt suicide during their lifetime, nearly nine times the frequency within the U.S. general population.*

Suicide is also a threat to GLBTQI adults affected by family rejection, social isolation, harassment, hate crimes, and job discrimination.

While the number of GLBTQI resources has increased in recent years, many mental health providers and physicians do not have accurate information about GLBTQI suicide risk. Consequently, their response to troubled and/or suicidal youth may be ineffective, cause further psychological damage, and/or discourage further disclosure attempts.

In regards to schools, the 2015 National School Climate Survey issued by the Gay, Lesbian, and Straight Education Network (GLSEN) found that most GLBTQI high-school students are verbally or electronically harassed because of sexual identity or gender expression, and at least 1 in 8 reported being physically assaulted during the past year.** Students affected by anti-gay harassment are more likely to skip or drop out of school, underachieve academically, and experience depression or low self-esteem. These effects can be mitigated by gay-straight alliances at school, curricula that include positive references to GLBTQI people or history, supportive teachers or staff, and school policy that addresses anti-gay harassment and bullying. However, these resources are all too often not in place.

Risk Factors

Generally speaking, the suicide risk factors and warning signs for GLBTQI persons are the same for other people, with a few additional risk factors. Following are some common causes of suicidal thoughts or behavior in GLBTQI youth and adults:

HARASSMENT is a major suicide risk factor for GLBTQI persons. The 2013 National School Climate Survey found that nearly 7 out of 10 GLBTQI students experienced harassment at school in the past year and nearly half felt unsafe because of their sexual orientation. People in rural communities or those with lower adult educational attainment typically experience hostile, even dangerous environments.

COMING OUT—disclosing oneself as non-heterosexual to family, friends, and others—can be a critical and even dangerous time. Research indicates that the first year after disclosure of sexual orientation to one's parents is a prime period for suicide attempts. An early, forced, mistimed, or forestalled coming-out process puts such an individual at increased risk. Also, a 2009 study by San Francisco State University found that GLBTQI teens who were rejected by their families were more than eight times the risk for a suicide attempt.***

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. When substance abuse is combined with depression and/or suicidal tendencies, both the depression and the addiction need to be treated—one affects the other.

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!*

*James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

**Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C. & Danischewski, D. J. (2016). The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN.

***Family Acceptance Project™. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*. 123(1), 346-52.