



Suicide Prevention Programs & Models at-a-glance:

Individuals or groups can be trained in any of the below models from certified trainers. These models have strong scientific backing and have proven outcomes.

- **LIVING WORKS:**
www.livingworks.net
- **CONNECT postvention:**
<https://theconnectprogram.org>
- **SOURCES OF STRENGTH:**
<https://sourcesofstrength.org/>

National Resources and Tools:

Active Minds

- a peer-focused nonprofit supporting mental health
- Get [gear](#)
- Book a [speaker](#)

AFSP

- American Foundation for Suicide Prevention is the national leader in research and policy.
- AFSP.org

Center for Healthy Minds

- <https://centerhealthyminds.org/>

SPRC

- The Suicide Prevention Resource Center is supported by US Department of Health and Human Services.
- [ZERO Suicide Toolkit](#)
- [Safe Messaging Guidelines](#)
- [Life Skills & Resilience Guidelines](#)

Trevor Project

- Support for LGBTQIA+ community members.
- [Support Center](#)

CRISIS TEXT LINE

- Text “Brave” to 741-741
- Free 24/7 support for anyone in crisis

Text from anywhere in the United States, anytime, about any type of crisis. A real-life human will receive the text and respond, all from a secure online platform. This trained, volunteer, crisis counselor will help you move from a hot moment to a cool moment.

NATIONAL SUICIDE PREVENTION LIFELINE

- Call 1-800-273-TALK (8255)
- Free 24/7 support for anyone in suicidal crisis

Call from anywhere in the United States. You will be routed to the closest crisis center in your area. Call for yourself or someone you care about. Your call is free and confidential.

DISASTER DISTRESS HELPLINE

- Call 1-800-985-5990

Text “TalkWithUs” to 66746

Free 24/7 crisis counseling and support for anyone experiencing emotional distress related to natural or human-caused disasters

Call for yourself or on behalf of someone else from anywhere in the United States to be connected to a trained counselor. Support is available in Spanish and more than 100 other languages. The service is free and confidential and provided by SAMHSA (the Substance Abuse and Mental Health Services Administration).

The helpline is for anyone experiencing emotional distress related to disasters such as hurricanes, wildfires, earthquakes, incidents of mass violence, infectious disease outbreaks, incidents of community unrest, and other traumatic events.

When to use the helplines and what to expect

Use the helplines as soon as you feel you or a friend are in crisis. Trauma, depression, substance abuse, difficulties with family, and high stress are all valid reasons to reach out. You should never feel your problem is too small or insignificant. The crisis counselor’s goal is to help you make healthy decisions and feel safe. You will be asked some questions about your feelings, social situation, safety, and any thoughts of suicide that you or the person you are calling about might be having. Answering truthfully will help the crisis counselor connect you to the resources you need.

Fireside Chat: Facts & Myths about Suicide

Developed by Dr. Christiana Degregorie

Myth: If somebody really wants to die by suicide, there is nothing you can do about it.

Reality: Making one form of suicide less convenient does not usually lead people to find another method. Some people will, but the overwhelming majority will not.

Myth: Asking about suicide may lead to someone taking his or her life.

Reality: Asking about suicide does **not** create suicidal thoughts. The act of asking the question simply gives the person permission to talk about his or her thoughts or feelings.

Myth: There are talkers, and there are doers

Reality: Many individuals who die by suicide or attempt suicide have given some clue or warning. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.

Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, "You'll be sorry when I'm dead," or "I can't see any way out" may indicate serious suicidal feelings.

Myth: If somebody really wants to die by suicide, there is nothing you can do about it.

Reality: Most suicidal ideas are associated with treatable disorders. Helping someone connect with treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.

Myth: He/she won't die by suicide because...

- He just made plans for a vacation.
- She has young children at home.
- He made a verbal or written promise.
- She knows how dearly her family loves her.

Reality: The intent to die can override rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate his or her condition and provide treatment as appropriate.