

**Know the Risk Factors.**

**Notice the Warning Signs.**

**Ask Questions and Save a Life.**

The information contained in this pamphlet is drawn from a variety of sources. Refer to the Organizations page for the main reference information. This pamphlet should not be considered a diagnostic tool. **Ask for Help, if you need it.** Printed July 2018.



The word **SUICIDE** caught your attention, didn't it?

The truth is suicide catches everyone's attention. It's the actions that lead up to suicide that go unnoticed.

Let's honestly talk about suicide and mental health. We desperately need a more grown-up discussion of the topic.

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## **See the Warning Signs of Suicidal Thinking**

### **Talk: If a person talks or texts about:**

- Wanting to die, even jokingly
- Feeling sad or hopeless (in despair) or having no purpose
- Feeling lonely, having no friends, not fitting in
- Feeling trapped, like there is no way out
- Hating oneself or saying no one cares, or being unimportant
- Talking about being a burden to others
- Threatening to hurt or kill oneself
- Seeking revenge
- Persistent feelings of failure
- Physical complaints (stomachaches, headaches, fatigue)

### **Behaviors: People who consider suicide may display:**

- Extreme sadness and dejection
- Reckless or rebellious behavior, increased impulsiveness
- Difficulty with concentration, appearing bored or distracted
- Isolation, withdrawing and preferring to be alone
- A loss of interest in activities previously enjoyed
- Dramatic personality changes or mood swings
- Unexplainable or uncontrollable rage
- A sudden unexplained recovery from depression

### **Actions: Some observable signs that may signal risk are:**

- Acting anxious, agitated or nervous over a period of time
- Death preoccupation displayed in writing, texting, music, reading, poetry, drawing, playing video games, watching movies
- Looking for a way to kill oneself, seeking access to lethal means
- Increased use of alcohol or substance abuse
- Change in sleeping habits, either sleeping too little or too much
- Change in eating habits (leading to obesity or anorexia)
- Running away from home
- Exhibiting self-harm or mutilation
- Changing in appearance (for the worse)
- Decrease in quality of schoolwork, lower grades, job performance
- Giving away prized possessions, putting affairs in order

## **Mental Health Screenings**

### **Your pediatrician and physician**

Pediatricians and physicians should screen children and youth for mental health conditions as updated and recommended by the American Academy of Pediatrics in March 2018. Medicaid actually requires screening Medicaid-eligible children for mental health conditions under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandate in federal law.

Taking a mental health screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition and over. Approximately 50% of chronic mental health conditions begin by age 14 and 75% begin by age 24. At the same time, the average delay between when symptoms first appear and intervention is 8-10 years. Mental health screenings allow for early identification and intervention and help bridge the gap.

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### **Online Screenings**

Several organizations provide brief online screenings for depression, anxiety, PTSD and other mental health conditions. These screenings are generally brief, free, anonymous and confidential. Online screenings are not a substitute for professional assessment and care. However, the journal "Academic Pediatrics" concluded: "The availability of brief, free Internet-based psychosocial screens might offer a viable way to identify at-risk youth and provide them with pathways to additional support and/or treatment."

Mental Health America

(<http://screening.mentalhealthamerica.net/screening-tools>)

Screening for Mental Health Inc. (SMH) (<http://helpyourselfhelpothers.org/>)

Heretohelp (<http://www.heretohelp.bc.ca/screening-self-tests>)

Psychology Today

(<https://www.psychologytoday.com/us/tests/health/mental-health-assessment>)

PsyCom (<https://www.psycom.net/quizzes>)

## Mental Health Insurance Coverage

### **Employer Assistance Plan (EAP)**

EAPs offer employees and family members assistance with a variety of issues, including mental health concerns, whether they are workplace related or not. Services are typically provided at no cost to the employee (although the number of sessions may be limited), and services may be delivered in person, by telephone, or through information technology media.

### **Employer-sponsored Health coverage**

If you are employed, your company may offer health insurance as a benefit package. Check your description of plan benefits — it should include information on behavioral health services or coverage for mental health and substance-use disorders. If you still aren't sure, ask your human resources representative or contact your insurance company directly.

### **Student health plans**

If you are attending a college or university, your school may offer a healthcare plan for you. Check with the Student Health Center.

### **Marketplace Health Insurance** <https://www.healthcare.gov/see-plans/>

As of 2014, most individual and small group health insurance plans, including plans sold in the Marketplace are required to cover mental health and substance use disorder services.

### **Medicaid** <https://medicaid.utah.gov/>

All state Medicaid programs provide some mental health services and some plans include substance use disorder services. Children enrolled in Medicaid receive a wide range of medically necessary services, including mental health services.

### **Children's Health Insurance Plan (CHIP)** <http://health.utah.gov/chip/faq.htm>

Services may include counseling, therapy, medication management, social work services, peer supports, and substance use disorder treatment.

### **Medicare** <https://www.medicare.gov/>

Medicare Part A (Hospital Insurance) covers inpatient mental health care services received in a hospital. Medicare Part B (Medical Insurance) helps cover mental health generally received outside of a hospital, including visits with a psychiatrist or other doctor, visits with a clinical psychologist or clinical social worker, and lab tests.

## Consider the Risk Factors

### **Demographic and Location Factors:**

- Age Groups: 15-24, 36-45, 75+
- Race: White
- Sexual orientation: LGBTQ
- Utah's suicide rate increased 46.5% since 1999. For Youth, Utah increased an average of 22.8% each year from 2011-2015.

### **Historical Factors:**

- Family history (suicide, mental health, substance abuse)
- Previous suicide attempts

### **Environmental Factors:**

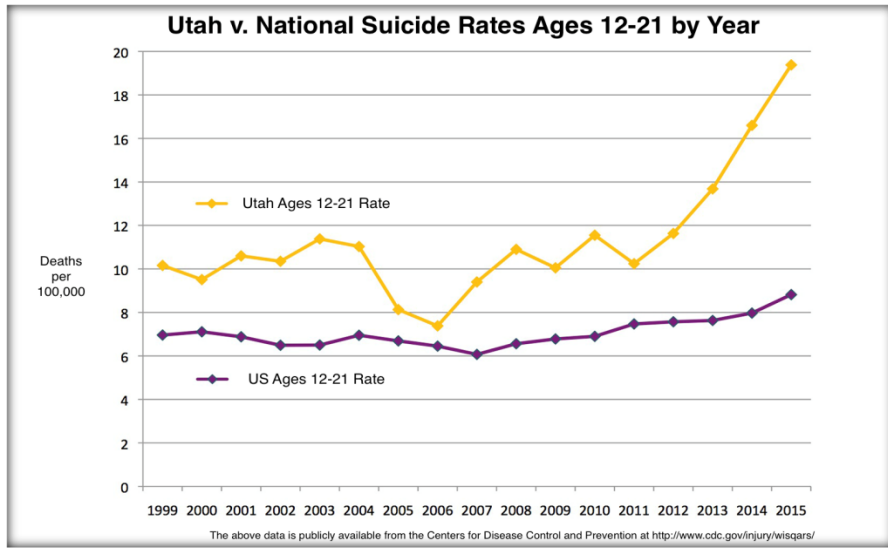
- Access to lethal means including firearms and drugs
- Access to alcohol or other controlled substances
- Family discord, arguments, financial difficulties, homelessness
- Childhood trauma, including physical or sexual abuse
- Loss of a loved one or friend (death, separation, divorce)
- Ending of a romantic relationship
- Exposure to other suicides and other suicide attempts
- Exposure to inappropriate suicide messaging
- Hostile social or school environments (harassment or bullying)
- Overexposure to school or job difficulties/stressors
- Social isolation, lack of an emotional support system
- Extended use of social media, smartphones and gaming devices
- Being in or recently released from prison or jail

### **Health Factors:**

- Depression and other mental health conditions: bipolar disorder, PTSD, Schizophrenia, Borderline Personality Disorder
- Alcohol and/or substance abuse disorders
- Concussions or Traumatic Brain Injury (TBI)
- Sleeping difficulties or sleeping all the time
- Chronic pain including Migraines or Chronic Daily Headache (CDH)
- Recent hospitalizations, illness or injuries
- Prescription medications with suicide ideation side effects (Accutane, Chantix, Prozac, and some seizure medications are examples)

## 7 Common Myths about Suicide

- Myth 1:** Talking about suicide may give someone the idea.  
**Fact:** The opposite is true—bringing up suicide and discussing it honestly and openly is one of the most helpful things you can do.
- Myth 2:** People who talk about suicide will not really do it.  
**Fact:** Almost everyone who attempts suicide has given some clue or warning. Do not ignore even indirect references to death or suicide. 50% to 75% tell someone about their intention.
- Myth 3:** Anyone who tries to kill him/herself must be crazy.  
**Fact:** Suicidal people may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.
- Myth 4:** If a person wants to kill him/herself, nothing will stop them.  
**Fact:** Even the most severely depressed person has mixed feelings about death, wavering until the very last moment. Most do not want death; they want pain or despair to stop. The impulse to end one’s own life, however overpowering, does not last forever.
- Myth 5:** People who die by suicide were unwilling to seek help.  
**Fact:** Studies of suicide victims show more than half sought medical help in the 6 months prior to their deaths.
- Myth 6:** Suicide is uncommon.  
**Fact:** Every day 123 people die by suicide in the U.S. In 2010, suicide took more lives than war, murder and natural disasters. 11 times as many people die by suicide in Utah than by homicide. Suicide is the second-leading cause of death among teenagers in the U.S. surpassing homicide and in 2014 it became the leading cause of death for teenagers ages 10 to 17 in Utah.
- Myth 7:** Schools can’t make an impact to prevent suicide.  
**Fact:** Teachers, counselors, mental health providers, and all other school personnel interacting with students play an important role in keeping students safe. They are more than likely to be first in identifying behaviors leading to suicide or to see a student in distress.



Utah Youth Aged 10-17 Suicides	2011-2015
Male	78.0%
Crisis within 2 weeks of death	55.3%
Left Suicide Note	47.2%
Affiliated with LDS Church	40.0%
Mental Health Diagnosis	35.2%
Depressed Mood	31.0%
Suicide Ideation/Suicide Attempt	29.6%
Talked about Dying	23.9%
History of Cutting/Self Harm	20.5%
Sexual Minority*	15.0%
Technology Restriction	12.6%

\*Only 27.4 percent of respondents in the study had available information on their sexual orientation, and 15 percent identified as gay or lesbian according to the CDC.

## Training

- **QPR: Question, Persuade, Refer** – Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis. Plan two hours.
- **safeTALK** - A three hour training focusing on being alert to the warning signs of a person at risk of suicide.
- **Youth Mental Health First Aid (YMHFA)** - An all-day training for adults who work with and/or assist young people.
- **Mental Health First Aid (MHFA)** teaches participants skills to help a person with a mental health problem or experiencing a mental health crisis.
- **Applied Suicide Intervention Skills Training (ASIST)** - A two-day interactive workshop to help someone who is suicidal.
- **CONNECT** teaches best practices to coordinate a comprehensive and safe response to a suicide including suggestions of how to talk to survivors of suicide loss to promote their healing.

Upcoming classes: <https://nuhopeutah.org/class-schedule>

## Initiatives

In January 2018, Utah Gov. Gary Herbert formed a community task force to attempt to tackle the state's youth suicide numbers. The task force identified 3 ways to address suicide:

- Improving crisis response
- Reducing risk factors
- Enhancing protective factors

HB370, sponsored by Rep. Steve Eliason, R-Sandy provided:

- 5 new mobile crisis outreach teams to respond to a person's home
- Spending on community-based mental health crisis training
- Expanding the required suicide prevention and training in schools to address underage drinking, family issues and "strengthening a youth's relationships in the school and community."
- A state suicide prevention fund, where individuals or organizations can donate to the cause.
- Suicide researchers with the medical examiner's office greater access to data of those who died by suicide, including education levels and court records.

## A Parent Checklist

- LISTEN**
  - Take suicidal threats seriously
  - Spend time together, engage in conversation
  - Don't assume you know what is important, ask what is
  - Be vigilant, watch for changes in behavior.
  - Check-in and directly ask "How are you feeling today?"
- SAFETY**
  - LOCKUP** #1 Alcohol, #2 Firearms, #3 Medications, #4 Poisons
  - Provide a stable (both physical and emotional) home
  - Put into place clear, reasonable, agreed upon boundaries
  - Discourage using alcohol and controlled substances
  - Know and understand potential side effects of medications
  - Go to the doctor for annual physicals or when injured
- Be INVOLVED**
  - Know who their friends are and talk to them, too
  - Attend Parent Teacher Conference, games, events
  - Provide opportunities to find oneself (Education, Community)
  - Have 3 or more sit-down, family meals per week
  - Intervene early in stressful life events
  - Understand and discuss the movie "13 Reasons Why"
- PROMOTE**
  - Good hygiene (showering, dental care daily)
  - Sleeping 8 to 10 hours every night
  - Social interaction: decrease time spent on technology, social media, using smartphones, video games, binge watching
  - Connection to a greater power or spirit
  - Healthy eating habits: include vegetables, fruits, and foods with B6, B12, D, zinc calcium, chromium, folate, iron, and magnesium
  - Drinking plenty of water
  - Wearing helmets (Bike, ATV, Skateboard, Motorcycle)
  - Relationships with other adults: include at least 3 other adults in the teen's life besides a parent or guardian
  - Downtime, humor, fun

**Finally, seek advice or help from professionals, if in doubt**

# In an average American classroom with 30 students ...



**8** will report feeling sad and hopeless



**4** will have seriously considered suicide



**4** will have made a suicide plan



**2** will have attempted suicide one or more times



**1** will have had medical treatment for a suicide attempt

SOURCE: Centers for Disease Control and Prevention  
DESERET NEWS GRAPHIC

## Grief Support for those Impacted by Suicide

*We run from grief because loss scares us, yet our hearts reach toward grief because the broken parts want to mend. ~Brené Brown, Rising Strong*

**Caring Connections** – Adults grieving the death of a family member or friend to suicide (8 week commitment held January, May, and September)  
UUHC Greenwood Health Center  
7495 South State Street, Salt Lake City | 801-585-9522  
<https://healthcare.utah.edu/caring-connections/support-groups/>

**Loved Ones Suicide Survivor (LOSS)** - support group for anyone over age 18, and especially for those who have lost a loved one to suicide  
Meets first and third Tuesday of every month at 7 p.m., no need to RSVP  
Intermountain Medical Center's Education Center  
5121 Cottonwood St, Murray  
For more information email: [notaloneinloss@gmail.com](mailto:notaloneinloss@gmail.com)

**Support After Suicide** - provides a safe place for suicide survivors.  
Meets the 4th Tuesday of every month, 6:30-8:30 p.m.  
South Mountain Community Church - Fusion Clubhouse  
14216 Bangerter Parkway, Draper  
Contact email: [amber.rose.smcc@gmail.com](mailto:amber.rose.smcc@gmail.com) | 801-637-8785  
<https://smccevents.churchcenter.com/groups/draper-groups/support-after-suicide>

**The Bradley Center West Jordan** - a peer group grief support program  
<https://bradleycentergrief.org/>  
Contact email: [customerservice@bradleygrief.org](mailto:customerservice@bradleygrief.org) | 801-302-0220

**The Cole Project** – a music-based grief support service for youth  
<https://www.thecoleproject.org/>

**The Sharing Place** - offers grief support groups for children ages 3-18  
1695 East 3300 South, Salt Lake City | 801-466-67303  
<http://www.thesharingplace.org>

**Alliance of Hope for Suicide Loss Survivors** – An online forum  
<https://forum.allianceofhope.org/>

## Organizations Taking Action

**American Foundation of Suicide Prevention** [www.afsp.org](http://www.afsp.org)

Prevention and education programs on risk factors and warning signs.

**Utah Suicide Prevention Coalition** [www.utahsuicideprevention.org](http://www.utahsuicideprevention.org)

Crisis counseling, mental health information and referrals in your county

**NUHOPE** <https://nuhopeutah.org/>

A task force increasing suicide awareness and prevention in Northern Utah.

**Living Hannah's Hope** <http://livehannahshope.org/>

Empower youth; reduce suicide via research, education, awareness, advocacy

Contact: Laura Warburton

**Utah Pride Center** <https://utahpridecenter.org/>

An LGBTQ Health and Education resource center

1380 Main Street, Salt Lake City

**Encircle** <https://encircletogether.org/>

An LGBTQ+ Family & Youth Resource Center

91 W 2000 S, Provo | 331 S 600 E, Salt Lake City

**Hope4Utah** <http://hope4utah.com/>

School programs, Community Connections, HopeSquads

Contact: Greg Hudnall | 801-342-3444

5455 North River Run Drive, Provo

**Sign Wolf Pack** <https://www.signwolfpack.org/>

Inspiring teens to love without condition, to be an example while staying true to themselves

Contact: RobinTowle, Mrs. Utah 2018

**Quit Trip'n** <https://twitter.com/quittripln?lang=en>

Free support groups for Youth: Trauma, Depression, Anxiety, Bullying, Self-harm

Contact: David Kozlowski

**90&9** <http://90and9.org/>

Supports suicide prevention and healthy living through the arts.

8496 S Harrison St Ste 111 Midvale, UT 84047 | 385-223-9810

## 13 Reasons Why

**13 Reasons Why** is a fictional drama series on Netflix tackling real-life issues experienced by teens. Filmed in a candid and often explicit manner, it contains a graphic depiction of suicide and rape, bullying and other mature content. Netflix renewed *13 Reasons Why* for a second season. The second season contains a rapist on trial, another graphic rape, a funeral, locker-room sex, and an attempted mass shooting. A third season was ordered in June 2018 and is set to be released in 2019.

The series generated massive amounts of online conversation, including 11 million tweets within its first four weeks of availability. In response to concerns from mental health professionals, Netflix added a warning card and from March 2018, a video that plays at the start of each season warning viewers about its themes.

### **What to Consider:**

1. Psychiatrists express grave concerns because the show ignores the World Health Organization's guidelines for preventing suicide.
2. Data also suggests viewers may be taking some form of inspiration from the show. Google searches for "how to commit suicide" rose by 26% following the show's release. What particularly worries researchers is the proven connection between suicidal thoughts and suicide attempts.
3. Graphic depictions and messaging not offering hope can actually cause a contagion effect for people at risk for suicide. In the series, the act of suicide is glorified by the main character and suicide is presented as an effective way to get messages across to those left behind. However, in reality, suicide is never a solution.

### **What Parents can do:**

1. **Watch:** If your Teen is watching the series, watch it with them. Hit pause and talk about an issue during an episode. Discuss your experiences and what might be dramatized.
2. **Think:** How do teacher and counselors behave differently than portrayed? Ask for examples. Assure your teen that, if they seek help, they will get help.
3. **Engage:** Continue the conversation after watching an episode and listen to your teen's responses.

**More Information available at:** [www.afsp.org](http://www.afsp.org)

## Suicide Crisis Outreach



### **If you're in a crisis...**

**National Suicide Prevention Lifeline** [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
24-hours/day: 1-800-273-TALK (8255)

**Veterans Crisis Line** [www.veteranscrisisline.net](http://www.veteranscrisisline.net)  
1-800-273-8255 (Press 1) or Text to 838255  
Confidential help for veterans and their families

**SafeUT Smart Phone App** - [www.healthcare.utah.edu/uni/programs/safe-ut-smartphone-app](http://www.healthcare.utah.edu/uni/programs/safe-ut-smartphone-app)  
24-hours/day: Download the APP at the Apple Store or Google Play  
Real-time crisis intervention; confidential tip line

**The Alex Project** - [www.alexproject.org](http://www.alexproject.org)  
24-hours/day: Text LISTEN to 741741  
Giving all youth in crisis the chance to reach life-saving help

**The Trevor Project** [www.thetrevorproject.org](http://www.thetrevorproject.org)  
24-hours/day: 1-866-488-7386  
24-hour services geared toward LGBT teens in crisis

**LDS Hospital Behavioral Health Access Center**  
324 9th Avenue, Salt Lake City (enter from the north entrance)  
Daily walk-in hours: 2 p.m. to 10 p.m. | 801-408-8330  
[www.intermountainhealthcare.org/locations/lds-hospital/medical-services/behavioral-health/behavioral-health-access-center/](http://www.intermountainhealthcare.org/locations/lds-hospital/medical-services/behavioral-health/behavioral-health-access-center/)

## Concerned? Let's Talk

**Call 911 or go to the emergency department for anyone who is suicidal.**

### **Ways to start a conversation:**

"I have been feeling concerned about you lately."  
"I noticed some differences in you and wondered how you are doing."  
"I wanted to check because you haven't seemed yourself lately."

### **Questions to ask:**

"When did you begin feeling like this?"  
"Did something happen that made you start feeling this way?"  
"How can I best support you right now?"  
"Have you thought about getting help?"

### **What to say:**

"You are not alone in this. I'm here for you."  
"You may not believe it now, but the way you're feeling will change."  
"I may not be able to understand exactly how you feel, but I care about you and want to help."  
"When you want to give up, tell yourself you will hold off for just one more day, hour, minute—whatever you can manage."

### **When talking to a suicidal person**

#### **Do:**

- Be yourself. The right words are often unimportant. If you are concerned, your voice and manner show it.
- Listen. Let the suicidal person unload despair, vent anger.
- Be sympathetic, non-judgmental, patient, calm, accepting.
- Offer hope. Reassure the person help is available and suicidal feelings are temporary.
- Take the person seriously. It is OK for them to share with you.

#### **Do Not:**

- Argue with the suicidal person.
- Act shocked, lecture on the value of life, or say suicide is wrong.
- Agree to confidentiality. A life is at stake and you may need to speak to someone in order to keep him or her safe.
- Offer ways to fix their problems, give advice, force them to justify their suicidal feelings, or validate their feelings.
- Blame yourself. Their happiness or lack thereof, is not your responsibility.



## YOU MAKE A DIFFERENCE


### Get the Facts

Sound mental health is fundamental to the health and well-being. Learn more about mental wellness, suicide prevention, and how to help yourself, your family, or a friend.

### Become an Advocate

Your voice matters. Speak up for a friend, host an event, or spread awareness. Actions **YOU** take make extraordinary differences.

### Partner with Organizations

We need YOU to **#bethevoice** and help us **#stopsuicide** on Twitter 

**Change the Direction Campaign** (<https://www.changedirection.org/>)

Changing the culture of mental health. Know the 5 signs.



### **American Foundation for Suicide Prevention (AFSP)**

(<https://afsp.org/chapter/afsp-utah/>)

Prevention and education programs on risk factors and warning signs.

### **The Jed Foundation** (<https://www.jedfoundation.org/>)

Teaching skills and providing support to teens.

### **Project; "your story is not over"** (<https://projectsemicolon.com/>)

Connecting community and providing greater access to information and resources to prevent suicide.

## Local Counseling Services

### **If you need long-term support...**

**Jordan West Family Counseling** <http://www.jwfc.info/>

9263 S Redwood Rd, West Jordan | 801-566-0749

**Monarch Family Counseling Services** <http://monarchfamilycounseling.com/>

5627 W 13100 S, Herriman | 801-349-9606

**Lighthouse Counseling Services** <http://www.lighthousemhcounseling.com/>

3409 W 12600 S Ste 230, Riverton | 385-237-4943

**Best Practice Counseling** <http://www.bestpracticecounseling.com/>

11576 State St suite 1001, Draper, UT 84020 | 801-988-9807

**Pilot Adventure** <http://www.pivotadventure.com/>

7528 S Grant St #5 Midvale, UT | 801-408-8330 | Contact: Josh Allred

Eight week adventure therapy course (Teens/Adults)

**Family Counseling Center** [www.familycounselingcenterutah.com](http://www.familycounselingcenterutah.com)

650 E 4500 S, Ste. 300, Murray | 801-261-3500

General mental health services with sliding scale fees based on income

**Valley Behavioral Health** [www.valleycares.com](http://www.valleycares.com)

280 E 600 S, Salt Lake City | 800-697-3811

Sliding scale fees based on income; serves Medicaid and Medicare patients

**Volunteers of America/Cornerstone Counseling Center** [www.voaut.org](http://www.voaut.org)

435 W Bearcat Dr., Salt Lake City | 801-363-9414

An outpatient mental health program with a sliding scale

**UT Riverton LDS Family Services**

<https://providentliving.lds.org/lds-family-services?lang=eng>

3740 W Market Center Dr, Riverton | 801-240-9436

**Jordan Family Education Center**

<https://jordandistrict.org/departments/jfec/>

River's Edge School - 319 W 11000 S, South Jordan | 801-565-7442

Support services and classes for families/students in Jordan School District

## Suicidal Deliberation

While some suicides involve careful planning, many are impulsive. A Houston study interviewed 153 survivors of nearly-lethal suicide attempts, ages 13-34.

**1 in 4 deliberated for less than 5 minutes!**



- 24% said less than 5 minutes
- 24% said 5-19 minutes
- 23% said 20 minutes to 1 hour
- 16% said 2-8 hours
- 13% said 1 or more days

And, at least 1/3 of suicide decedents under age 18 experienced a crisis within 24 hours of taking their life. And, over 50% experienced a crisis within the prior 2 weeks.

## MEANS REDUCTIONS SAVES LIVES

Too often youths use their parents' guns. An NVISS study of firearm suicides among youths ages 17 and under occurring over a two-year period found **82%** used a firearm belonging to a family member, usually a parent. About two-thirds of the firearms were stored unlocked. Among the remaining cases in which the firearms were locked, the youth knew the combination or where the key was kept or broke into the cabinet.



**Trigger Locks** are a simple and affordable option for preventing a gun from being loaded or fired by an unauthorized user. They should never be installed on loaded guns. **These are FREE at the emergency department or your local police department.** Also, Walmart \$6.



A **biometric lock** gives you the chance to designate exactly who has access to the firearm. Only those who have scanned their fingerprint under your direction can open a biometric safe, keeping the firearm secured.

## Make Safety a Priority

*Safety is ultimately an individual's responsibility, but often a person who feels suicidal has a difficult time making good choices.*

### Reduce Risk at Home

- Properly secure firearms or remove them from the home. In 2016, firearms accounted for 51% of all suicides in the U.S.
- Keep medications in a locked container. Remove unused or expired medicine. Keep only small quantities of pain relievers.
- Lock up or remove alcohol and poisons.

### Create a Safety Plan

- Know "triggers" such as an anniversary of a loss, alcohol, stress from relationships, and other stressful, violent or harmful situations.
- Build a network of support with mental health professionals, family, friends, and community resources.
- Promote open communication and honesty in your relationships
- Download the SafeUT App to chat or speak with a counselor.



### Maintain Hope, You Are Not Alone

- Never try to handle this situation alone.
- In crisis? Need to talk? If you or someone you know needs help, call:

