



Charlie Health's Guide to Suicide Prevention



Letter from Charlie Health's Director of Crisis Response

To the Charlie Health community,

Suicide is tragically common among young people and is responsible for thousands of deaths each year. Still, it remains stigmatized, often talked about in hushed tones or behind closed doors. Talking about suicide, though, is essential for solving the youth suicide crisis. In fact, research shows that discussing suicidal thoughts can actually help decrease them.

That's why Charlie Health's Clinical Team helped create this comprehensive guide to suicide prevention. In it, mental health experts define key terms related to suicide, provide tips for how to talk with someone who may be considering suicide, and outline how to partner in safety planning.

We know that suicide prevention and healing are possible. Charlie Health research shows that most clients who reported active suicidal ideation before treatment were no longer suicidal at discharge. I hope this guide empowers you to offer support to others during moments of crisis and know when and how to find mental health and crisis services for yourself or a loved one.



Warmly,

A handwritten signature in black ink that reads "Maggie Vitello, LCSW".

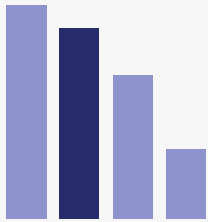
Maggie Vitello, MSW, LCSW

If you're experiencing suicidal thoughts or are in danger of harming yourself, this is a mental health emergency. Contact [The Suicide & Crisis Lifeline](#) 24/7 by calling or texting 988.

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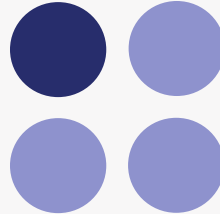
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Facts & Figures About Suicide



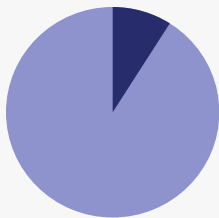
2nd

Where suicide ranks on a list of the leading causes of death for young people and adolescents (ages 10-34)



1 in 4

The number of young adults (ages 12-24) who reported seriously considering suicide in the past month (amounting to the highest percentage compared to any other adult age group)



9%

The percentage of high school students who reported attempting suicide in the past year; rates are higher for females and Black teens



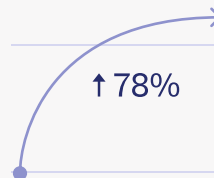
October

The month with the largest percentage increase in suicide between 2020 and 2021



5 times

The rate at which LGBTQIA+ high schoolers report attempting suicide as compared to non-LGBTQIA+ students



78%

The percentage that suicide rates increased among Black young people (ages 10-19) from 2000 to 2020 (amounting to the largest increase of any racial group)

Understanding Suicide: Defining Key Terminology

Using the correct terms when talking about suicide promotes clear communication and lessens the stigma around seeking help. Here, Charlie Health Primary Therapist Meghan Jensen, LPC, and Charlie Health writer [Alex Bachert, MPH](#), define key suicide-related terminology (and answer some frequently asked questions while doing so).

Suicidal ideation

Jensen defines suicidal ideation as thinking about, considering, or planning for suicide. However, there are actually two kinds of suicidal ideation: passive and active suicidal ideation.

Type of suicidal ideation	Definition	What it looks/sounds like
Passive suicidal ideation	Having thoughts of death without a clear plan or intent to actively end one's life.	<ul style="list-style-type: none">• "I hope I get into a car crash."• "I wish I was never born."• "I just don't want to wake up."
Active suicidal ideation	Having thoughts or plans of death and a clear intention to actively end one's life.	<ul style="list-style-type: none">• Researching methods of suicide• Saying goodbye to loved ones• Engaging in high-risk behaviors

Suicidal gesture

Also known as "parasuicidal actions," a suicidal gesture is an intentional self-injury or behavior meant to communicate distress without the intent to actively end one's life. Bachert explains that examples of suicidal gestures may include non-lethal overdoses, cutting that's not deep enough to cause serious blood loss, or risky behaviors like dangerous driving.

Warning signs

Defined by the Charlie Health Clinical Team as signs and behavior changes that indicate a person may be struggling with thoughts of suicide.

It's important to take these signs seriously and seek help if you observe them.

Potential warning signs include:

- Expressing feelings of hopelessness, wanting to die, or being a burden to others
- Withdrawing from social activities, friends, and family members
- Sudden and dramatic mood changes
- Loss of interest in activities they once enjoyed
- Self-harming behaviors
- Giving away possessions or making plans for what would happen if they were gone
- Reckless behaviors, including unsafe substance use

Risk and protective factors

Different factors at individual, relational, community, and societal levels can increase or decrease the risk of suicide. These factors are known as risk factors and protective factors, respectively. Some examples are as follows:

Risk factors

- A history of physical or mental health issues, including a prior suicide attempt
- Loss of relationships (from violence, bullying, etc.) resulting in social isolation
- Lack of access to resources, including healthcare
- Discrimination or community trauma
- Stigma associated with seeking help for suicide and mental health

Protective factors

- Strong sense of cultural and personal identity
- Effective coping and problem-solving skills
- Support from partners, friends, family, and community members
- Availability of consistent and high-quality physical and behavioral healthcare

Check out page 12 and 13 for more information on resources that can reduce the risk of suicide.

Keep in mind: words matter

Talking about suicide with care and compassion is crucial. By choosing words carefully, we're able to avoid stigma and use language that can make people feel understood. That being said, everyone will still slip up from time to time, and that's okay; what's important is to correct yourself and turn the conversation into a learning experience.

Instead of this...	Say this	(and here's why)
"Commit suicide"	"Died by suicide or lost their life to suicide"	"Commit" may suggest that suicide is something criminal or a personal choice. Using neutral language removes the elements of shame and blame.
"[Name] is suicidal"	"[Name] is thinking of suicide or has struggled with suicidal thoughts"	People are more than their suicidal thoughts. Use humanizing language that acknowledges that suicidal thoughts aren't the totality of their identity.
"Suicide victim or victim of suicide"	"Person who died by suicide"	Using "victim" for someone who died by suicide can make them seem helpless. "Person who died by suicide" respects their autonomy and recognizes the complexity of their death.



What You Need to Know About Suicide, According to Experts

Although suicide is tragically common, it remains misunderstood by many. To separate myth from fact, we asked several Charlie Health clinicians what they wish everyone knew about suicide.

Here, Clinical Director Sam Adams, Clinical Supervisor Tracye Freeman Valentine, and Psychiatric Mental Health Nurse Practitioner Rebecca Holland share their insights.

Talking about suicide doesn't cause suicide

In fact, all of the clinicians we spoke with said that the opposite is true: talking about suicide can reduce suicidal ideation and help people get the mental health support they need (points substantiated [by research](#)). Adams said that when people share their thoughts of suicide, it signifies trust, and it's important to respond appropriately.

You need to learn how to discuss suicide

Since talking about suicide is an essential form of suicide prevention, the clinicians we spoke with recommend that everybody learn how to discuss suicide in plain terms (especially parents, guardians, and those working with young people). Check out page 10 for more practical tips on talking with someone who may be suicidal.



Suicide is not a sign of weakness

Like many mental health conditions, suicide is stigmatized, and people wrongly connect it to personal shortcomings. Instead, Holland urges people to consider the role systemic and social factors—namely isolation—play in suicide. “Suicidal ideation is one of the loneliest experiences of a lifetime,” she said.

People may self-harm without suicidal intent

Self-harm is not always a sign that someone is planning to end their life, so it's essential to ask someone why they are self-harming, said Freeman Valentine, pointing to the importance of communication.

There are ways to manage suicidal ideation at home

Adams explained that some people who are suicidal can receive mental health treatment without hospitalization, noting that there are different levels of risk associated with suicidal ideation. Decisions about treatment, though, should be made with the support of a licensed mental health professional.

Know when to get someone emergency support

That being said, the clinicians we spoke to all said that if someone with suicidal thoughts is in danger of harming themselves, they should receive treatment immediately. One way to get support for this kind of mental health emergency is to contact The Suicide & Crisis Lifeline 24/7 by calling or texting 988. People may also call 911 or go to an emergency room for immediate care.



Those with a suicidal loved one deserve support, too

Supporting someone in crisis is essential, but can also be overwhelming. “Many times, we overlook the family and loved ones who have been thrown into emotional chaos by experiencing the fact that a loved one wants to end their life,” said Freeman Valentine. If you are supporting a loved one dealing with thoughts of suicide, your mental health matters, and it’s important to seek support or therapy.

How to Talk About Suicide

While it can feel intimidating, asking, acknowledging, and talking about suicide actually reduces suicidal thoughts. Having these conversations signals to anyone struggling that they are seen, heard, and loved. Below is a simple step-by-step guide from Charlie Health's Clinical Team on how to talk about suicide.

1. Choose the right time and place

Find a private setting where you can talk without interruptions and you both have enough time for a meaningful conversation. This will help create a safe space for them to open up.

“Can we find a quiet spot to talk about something important for the next while?”

2. Express concern and care through calm, active listening

Start the conversation using non-judgemental language and ask directly about suicidal ideation. Continue discussing their feelings by actively listening and asking open-ended questions, even if their responses are distressing.

While being a supportive listener, avoid promises of secrecy. In case of immediate danger, you may need to involve professionals to ensure their safety.

“I’ve noticed that you’ve had a lot on your mind, and I’m here to listen and support you. I want to ask you a difficult question because your safety is important to me. Have you had thoughts of suicide?”

3. Encourage professional help

Waiting to offer solutions or advice is important, as people sometimes just need to be heard. However, later on, offer to help them find a therapist or crisis helpline. You can also reassure them of your support and companionship on their journey. If they are in immediate danger, do not leave them alone; seek help immediately.

“You’re going through so much right now, and you deserve support. I’m here for you and can help you find someone to talk to, like a therapist or crisis counselor.”

4. Follow-up

After the initial conversation, follow up with them regularly to check on their well-being. Ongoing support is crucial for someone struggling with suicidal thoughts.

“I know things felt really hard when we last spoke, and I wanted to check in and see how you’re doing. Remember, I’m here for you whenever you need someone to talk to.”

5. Take care of yourself

Supporting someone in distress can feel overwhelming, especially when that person is a loved one. Remember that just showing up and not being afraid to talk about hard things makes a big difference when someone feels hopeless and alone. It’s also important to take care of yourself and turn to self-care activities or professional support that renew your energy and help you stay grounded.

“I deserve to take care of myself, too. What’s one way I can prioritize self-care and make sure I’m connected to the support that I need right now?”



Reducing the Risk of Suicide & Seeking Lifesaving Support

There are strategies and interventions that can reduce the risk of suicide and save lives. Below, Charlie Health's Clinical Team outlines how to create a safety plan and treatment options for suicidal thoughts.

Making a safety plan

A safety plan is a list of coping strategies and resources for people who may be at a high risk for suicide. It's designed to be used before or during a moment of crisis and is written in a person's own words. Safety planning is most effective when done with the support of a licensed mental health professional. Here are some key components of a safety plan (and you can check out our [Crisis Toolkit](#) for a sample safety plan).

✓ Triggers and warning signs

People begin a safety plan by considering the thoughts and situations that they experience when starting to think about suicide. These triggers and warning signs will serve as a guide for when the safety plan should be used.

✓ Support system

Identify the people someone can connect with to take their mind off of a crisis or talk through their feelings, also known as "safe people." This may include friends, family members, teachers, or other trusted adults. A safety plan also often includes "safe places," areas where a person can relax, such as a friend's house or a favorite coffee shop.

✓ Treatment options

With proper care and support, healing from suicidal thoughts is possible. There are actually several evidence-based treatments that have been proven to help manage suicidal thoughts and behaviors, including [cognitive behavioral therapy \(CBT\)](#), [dialectical behavior therapy \(DBT\)](#), and [group therapy](#). The expert clinicians at Charlie Health use these modalities and more to provide holistic, more than once-weekly support for people struggling with thoughts of suicide.

✓ Coping strategies

Brainstorm healthy ways to cope with triggers. Coping strategies are the tools in someone's own toolbox and may range from a cold shower or deep breathing exercise to positive affirmations or time spent with a pet.

✓ Emergency mental health support

Create a list of clinical professionals who can provide support during a crisis. This can include therapists, local emergency room services, and mental health crisis services (more on this on page 13).

Mental Health Crisis Resources

The Suicide & Crisis Lifeline


 Call or text 988 (or chat online)

 Available 24/7

Free and confidential support for people in crisis in the U.S. The 988 Lifeline also offers prevention and crisis resources for you or your loved ones, plus guidance on best practices for mental healthcare professionals. Note: press 2 for Spanish.

<https://988lifeline.org/>

The Trevor Project


 Text 'START' to 678-678 or call 1-866-488-7386 (or chat online)

 Available 24/7

Free and confidential crisis support for LGBTQIA+ young people in the United States via text, chat, or phone. Counselors in Mexico are available online, via text (text 'comenzar' to 67676), or on Whatsapp (text 55 9225 3337).

<https://www.thetrevorproject.org/>

Crisis Text Line

 Text 'HOME' to 741741 (or chat online)

 Available 24/7

Free mental health support via text in the United States for any crisis. Affiliate services are available in the United Kingdom (text "SHOUT" to 85258), Canada (text "CONNECT" to 686868), and Ireland (text "HOME" to 50808). Spanish options are available, as well as messaging on WhatsApp.

<https://www.crisistextline.org/>

Other free, confidential national mental health services (available 24/7)

The National Domestic Violence Hotline
(text 'START' to 88788 or call 800-799-7233)
<https://www.thehotline.org/>

The National Sexual Assault Hotline
(call 1-800-656-4673)
<https://www.rainn.org/resources>

The SAMHSA National Helpline
(call 1-800-662-4357)
<https://www.samhsa.gov/find-help/national-helpline>

The National Human Trafficking Hotline
(call 1-888-373-7888 or text 233733)
<https://humantraffickinghotline.org/en>

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