

Suicide Risk Health Card

Symptoms & Clues	What I Can Do	What You Can Do
<ul style="list-style-type: none"> • “I have no reason to live” • “I don’t have a purpose in life” • “If I see you again...” • “Everyone would be better off without me” • Extreme irritability • Self-loathing • Hopelessness • Sense of perceived isolation • Neglect in my appearance • Big changes in my routine or activity level • Sustained lack of interest in physical health • Uncontrolled rage or extreme anger • Persistent hopelessness • Expressing persistent sadness or emptiness • Hostility • Isolation and withdrawal • Sleep disturbances, either always sleeping or having trouble sleeping • Dramatic mood changes • Looking for ways to kill myself with pills or weapons or by other means • Giving away my belongings • Talking about saying goodbye or going away forever 	<ul style="list-style-type: none"> • Go to the hospital or call local emergency numbers - AHS Mobile Mental Health Team (780-342-7777) or AHS Adult Crisis (780-482-0225) or AHS Stabilization Unit (780-342-7692). • Remind myself that although my negative thoughts may feel real, they are my depressed state talking and not based on full facts. • Avoid drugs and alcohol. This will make my negative thoughts even stronger. • Remove unsafe objects, such as knives, pills, guns, ropes, etc and ask someone to keep them for now. • Remember that “these feelings will pass.” • Talk to someone. Don’t keep these thoughts to myself. Inside my own head they will fester and gain even more control. • Identify what my triggers were and add these to my trigger list. • This is about wanting the pain gone. Commit to deciding healthy ways that I can make the pain less. This action may have to wait until I am more clear headed and able to take action, but commit to doing once I feel better. • Remember that survivors from the Golden 	<ul style="list-style-type: none"> • Tell me you care about me. Consider saying something like, “I have been feeling concerned about you lately,” or “Recently, I have noticed some differences in you and wondered how you are doing,” or “I wanted to check in with you because you haven’t seemed yourself lately.” • “How can I make you feel more safe?” • Understand that I may be ashamed, embarrassed, or afraid to talk about my suicidal ideation. Simply tell me you are worried and that if I am suicidal, you will be able to listen or find someone who can. • Check in with me, not judgementally or intrusively, but as per our agreement. You can say something like, “I’m just checking in to see how safe you are.” • Tell me the specific behaviors that you are concerned about, but please don’t tell me what I should be doing. • Please don’t ask me open ended questions like, “What would you like to do to feel better?” I probably won’t know the answer when I am in this state. I’d like it if you just remind me gently about the things I wrote down ahead of time (on this health card) that help me or just suggest

<ul style="list-style-type: none"> • Writing, or talking, more frequently than usual about dying, death, or suicide • Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again. • Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish." • A sudden sense of calm and happiness after being extremely depressed. This may mean that I have made a decision to commit suicide and in some sense feel a release of burden. 	<p>Gate bridge, when interviewed, all said they regretted once they jumped. These urges are temporary. Get myself somewhere safe until these suicidal urges pass and impulsivity is less of a risk.</p> <ul style="list-style-type: none"> • If I can't find someone to talk too (they may legitimately be busy), then get out in public around other people so I am not alone. • Get outside. • Get moving so the stress hormones can discharge out of my body. • Set a routine and stick to it even if I feel like a robot. • Wake up at the same time so my internal clock is working properly and my mood can improve. • 	<p>we do one or two of them.</p> <ul style="list-style-type: none"> • Please don't try to argue or talk me out of my suicidal thoughts. This will just cause me to shut down. Instead, please find a way to just listen to them, let me know that you know I'm having a hard time and that many of my current thoughts, although they feel real, are likely due to feeling depressed. You don't believe them yourself, but you know they feel real to me right now. • Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or "Look on the bright side." • If my suicidal threat is imminent, please do not leave me alone until you have found someone else that can stay with me. This may be another trusted family member, friend, my therapist, or a community emergency support such as the hospital or AHS Mobile Mental Health team (780-342-7777) or AHS Adult Crisis (780-482-0225) or AHS Stabilization Unit (780-342-7692). Call the police if necessary. • Don't promise confidentiality. Refuse to be sworn to secrecy. • Remove potential means of suicide, such as pills, knives, razors, pills, or firearms. This is what I'd like you to do.
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Information compiled by Samantha Pekh, Pekh Psychological & Assessment Services, www.samanthapekh.com

References: (Health Card Idea taken from Julie Fast and Dr. Preston, www.juliefast.com). HelpGuide.org website. Article Suicide Prevention: How to Help Someone who is Suicidal. Authors: Melinda Smith, M.A., Jeanne Segal, Ph.D., and Lawrence Robinson. Last updated: September 2014.