

## **HOW TO RECOGNIZE WHEN TO ASK FOR HELP**

Sometimes problems seem like they are impossible to solve for many different reasons. Sometimes we are not even fully aware a problem is building up. We just know something is wrong.

When problems build up, even the strongest individuals may think about suicide. Yet suicide is not the answer. Are you, or someone you know, at risk for suicide? Seek help if you notice any of the following warning signs:

- **Threatening to hurt or kill self**
- **Looking for ways to kill self**
- **Trying to get pills, guns, or other means to harm oneself**
- **Talking or writing about death, dying or suicide**
- **Feeling hopeless**
- **Experiencing rage, uncontrolled anger or seeking revenge**
- **Acting reckless or engaging in risky activities**
- **Feeling trapped, like there's no way out**
- **Abusing drugs or alcohol**
- **Withdrawing from friends or family**
- **Having dramatic changes in mood**
- **Feeling like there is no reason for living, no sense of purpose in life**
- **Sleeping too much or too little**
- **Giving away possessions**

If you are experiencing any of these warning signs, the first thing to do is ask for help. Asking for help can be as easy as picking up the phone and calling the Veterans Suicide Prevention Hotline at **1-800-273 TALK (8255) and pressing Option 1**. The hotline is staffed around the clock, 365 days a year by trained professionals who know how to get you the help you need.

Here are some typical myths and realities:

- **Myth:** Asking about suicide will plant the idea in a person's head.
- **Reality:** Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the veteran permission to talk about his or her thoughts or feelings.
- **Myth:** There are talkers and there are doers.
- **Reality:** Most people who die by suicide have communicated some intent. Someone who talks about suicide gives the guide and/or clinician an opportunity to intervene before suicidal behaviors occur.
- **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 find a safe environment for 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 really wouldn't commit 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 any rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate their condition and provide treatment as appropriate.

### **Veteran specific risks**

- Frequent deployments
- Deployments to hostile environments
- Exposure to extreme stress
- Physical/sexual assault while in the service (not limited to women)
- Length of deployments
- Service related injury