Optum

Suicidal Thoughts or Threats

Suicide is a leading cause of death for people in most age groups. But often people who seriously consider suicide don't really want to die. They may think that suicide is the only way to solve their problems and end their pain.

People who have suicidal thoughts may not seek help because they feel helpless, hopeless, or worthless. These feelings may come from having a mental health problem, such as depression. These problems can be treated. It's important to seek help when suicidal thoughts occur. With treatment, you can feel better.

Many people have fleeting thoughts of death. These are less of a problem and are different from actively planning to try suicide. The risk of suicide is higher if someone often thinks about death, killing themselves or if they have made a suicide plan.

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Who's at risk

Most people who seriously consider or attempt suicide have one or more of the following risk factors: a personal history of suicide attempts, a family history of suicide attempts or completed suicide, a personal or family history of severe anxiety, depression, or other mental; a health problem, such as bipolar disorder or schizophrenia and/or a drug or alcohol problem (substance use disorder).

Warning signs

The warning signs of suicide may change with age. For example:

- In children and teens, they may include the recent breakup of a relationship.
- In adults, they may include a recent job loss or divorce.
- In older adults, they may include the recent death of a partner or being diagnosed with a life-limiting illness.

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Those who are feeling suicidal need our compassion and support.

What to do in a suicide crisis

If you or someone you love is experiencing a suicide crisis, it may be hard to know what to do. Don't be afraid to talk to someone if you're worried about them. Talking about suicide may actually help to prevent suicide.

If you've taken steps to consider suicide, take a minute to remind yourself that:

- Feelings of hopelessness can negatively affect your thoughts about life right now.
- Thoughts and feelings change, so give yourself time and reach out for help.
- Hope is possible.

If you're the caregiver of a loved one who is in a crisis, here are some ways to help de-escalate the situation and better understand the risk of imminent danger:

- Let your loved one know you're there for them.
- Listen patiently and let them know you care.
- Remove items that are a threat, such as a gun, knife or meds.
- Talk openly and without judgement, asking questions like, "Do you have a suicide plan?" People who are at the highest risk of imminent suicide usually have a plan, a way to carry it out, a time set and an intention to go through with it.
- Give your loved one space, so they don't feel trapped.
- Don't argue, threaten or raise your voice. Be careful not to use words that could cause feelings of guilt or shame.
- Move slowly and calmly, and ask how you can help.

Next steps

While evaluating the situation and talking to your loved one, it's important to take action quickly. Ask yourself these questions:

- Do you think the person is in danger of hurting themselves or others?
- Do you have time to call a mental health professional?
- Could emergency assistance help?

Where to get help 24 hours a day, 7 days a week

Consider saving these numbers in your phone.

If you need immediate crisis help, you can call or text the National and Idaho Suicide & Crisis Helpline at **988**, or chat at **988lifeline.org**. Someone is available to help you 24/7.

2-1-1 Idaho Careline: Dial **211** or **1-800-926-2588** or text **898211** to speak with a resource specialist for health and human services available in your community.

Optum Idaho's 24/7 Member Access and Crisis Line: 1-855-202-0973 (TDD/TTY services at **711** for the hearing impaired) or visit **optumidaho.com**.

Free Mental Health First Aid classes available from Optum Idaho can help better equip you to help someone in crisis. For more information about upcoming classes in your local area, email <u>idaho.communications@optum.com</u>.





