To decrease suicides...

**‘ACT’ on the Risk & Protective Factors**

**‘SAD PERSONS CARE’**

**A**cknowledge that you see them suffering, being cognizant of the below-listed Suicide Risk Factors.

**C**aring words, which foster discussion. If Risk Factors & discussion cause you to question safety, ask: “Have you thought about suicide?” As indicated, ask: “What is your plan?”; “What keeps you from taking your life?” Pull for their thought that suicide would burden their loved ones forever.

**T**reatment is sought if your caring discussion will not keep them safe. Escort critically ill students.

**RISK FACTORS:**

**S**ex: Males are 4 times more likely to suicide than females. LGBTQ individuals are at increased risk.

**A**ge: At greatest risk are 15 to 24 year olds, largely due to their impulsivity. Older adults are at risk largely due to their losses.

**D**epression and other mood disorders: Risk increases with anger and with a family history of suicide.

**PREVIOUS ATTEMPT:** If previous attempt, student is 543 times more likely than peer to suicide in 1 year.

**ETHANOL AND OTHER SUBSTANCE ABUSE.**

**RATIONAL THINKING LOSS:** The risk of suicide increases: if one thinks the stigma of seeking help is too great; if one’s religious/cultural beliefs are that suicide is a noble resolution to problems; if one gives into the beliefs that prompt a suicide contagion. An infarct to their high social status could be life threatening.

**SICKNESS OR LONG-TERM HEALTH PROBLEM.**

**ORGANIZED PLAN OF HOW THEY WOULD SUICIDE.**

**NO SIGNIFICANT OTHER.** Includes the breakup of a close relationship.

**SOCIAL SUPPORT LACKING.**

**PROTECTIVE FACTORS:**

**COPING SKILLS,** such as: problem solving; assertiveness; conflict resolution; relaxation techniques; accurate thinking techniques; building social networks.

**ACCESS TO COMMON SUICIDE MEANS IS LIMITED.** Guns are used in 57% of suicides.

**RELIGIOUS AND CULTURAL BELIEFS THAT DISCOURAGE SUICIDE.**

**EASY ACCESS TO EFFECTIVE TREATMENTS.**

**SUICIDE PREVENTION**