When You Hear or Observe Suicidal Language or Behavior:

- **AS+K?** about suicide.
- **Seek** more information.
- **Safety First** by considering ways a person at risk can find immediate support
- **Secure Lethal Means** to help put time and distance between someone at risk and lethal means.
- **Know** where and how to refer (take action).

**AS+K? About Suicide to Save a Life**

- How to **AS+K?**
  - Make a connection, Stay non-judgmental and practice active listening.
- Ways to **AS+K?**
  - “Sometimes when people are sad, as you are, they think about suicide. “Have you ever thought about it?” or “Do you want to go to bed and never wake up?”
  - “Have you thought about suicide?” “Do you want to end your life?” “Are you thinking about suicide?”
- **Always AS+K?** – it is the most important step! If you cannot do it, find someone who can. **Call 988 for assistance.**

**Seek More Information**

- Seek a private area to talk. Seek to establish a relationship through continued active listening. Comment on what you see and observe non-judgmentally. Listen for:
  - Perceived problems or challenges they are facing.
  - Support network and persons who have helped or are helping.
  - Help seeking behavior they have used in the past.

**Safety First**

- Find out who and where they normally go for help (family, friends, faith leader, neighbor, roommate). Find out if they have a regular doctor, mental health provider or counselor. **Always include: 988 Suicide & Crisis Lifeline – Call, Text or Chat 988**
- Connecting someone at risk to caring support systems is an important element of keeping someone safe.
- Connecting to support conveys the message that help IS available and there is **HOPE**.
Secure Lethal Means

- If appropriate, consider safe storage and access to highly lethal means.
- Putting time and distance between someone at risk of suicide and highly lethal means can help save a life.

Know How and Where to Refer

- 988 Suicide and Crisis Lifeline – call, text or chat 988. If you are military or veteran connected, Press 1.
- Texas crisis lines can be found at: https://dshs.texas.gov/mhsa-crisishotline/

Suicide in Texas

- Based on current data, there close to 4,000 suicide deaths in Texas annually – about 1.5 times more suicide deaths than homicides, averaging almost 1 Texan every 2 hours.
- Suicide is a top leading cause of death for children, older teens, college age youth and young adults.
- The highest rates of suicide (suicides per 100,000 population) occur in seniors and middle-aged adults.

What do we know about suicide?

- Research indicates there is no single cause of suicide, however it is suspected that many of those who die by suicide have an underlying mental health or substance misuse condition. The most common mental health condition is depression.
- Research indicates that more males die by suicide, but more females attempt suicide.
- Some of the highest death rates (numbers per 100,000 population) are in our Indigenous communities and among adult white males.

Suicide is Preventable: AS+K?

Warning Signs: Take Immediate Action - Do not leave someone alone if you hear or observe:

- **Talk:** Talking, planning or writing about death, dying, suicide, feelings of hopelessness, feeling trapped, unbearable physical or emotional pain.
- **Behavior:** Substance use, looking for lethal means, withdrawing or isolating from family, friends or social activities, giving away possessions, saying goodbye, seeking access to lethal means such as medication or firearms.
- **Mood:** Depression, anxiety, loss of interest, irritability, humiliation/shame, agitation, anger, relief/sudden improvement.

If you perceive immediate risk: Call 911, go to the nearest emergency department, health, or mental health provider, or call your county’s mobile crisis outreach team. If you are calling law enforcement, ask for a mental health officer.

Take All Signs Seriously and Refer to a Health or Mental Health Professional – signs such as:

- **Feelings or Emotional Signs:** no reason for living; feeling trapped; hopelessness; dramatic mood changes (high or low); anxiety, agitation or feeling like they are a burden to others.
- **Behavioral Signs:** increased substance abuse; withdrawal from friends and social connection; rage, anger, revenge; reckless or risk activities; and/or: unable to sleep or sleeping all the time.

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1 Data from suicidology.org, and CDC’s WISQARS system
**Risk Factors**

- Risk factors are characteristics that make it more likely that individuals will consider, attempt, or die by suicide. They include:
  - Mood and substance use disorders, often co-occurring, are significant risk factors for suicide. Unipolar depression, bipolar disorder, and schizophrenia are strongly associated with suicidal behavior.
  - Previous suicide attempt(s),
  - Loss (job, financial, relationship), access to lethal means, and exposure to clusters of suicide.
  - Social-Cultural factors can include lack of social support, mental health stigma, barriers to health and mental health care, and cultural or religious beliefs that normalize suicide.

**Protective Factors**

- Protective factors are positive conditions, personal and social resources that make it less likely that individuals will consider, attempt, or die by suicide. They include:
  - Effective clinical care
  - Improve problem solving skills
  - Connectedness to peers, schools and social organizations, military/veteran transition programs, faith organizations, and others.
  - Contact with care givers
  - Securing access to lethal means

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**MENTAL HEALTH AND CRISIS RESOURCES**

For more information on trainings in Texas, go to: [TexasSuicidePrevention.org](http://TexasSuicidePrevention.org)

**Additional Resources and Crisis Lines**

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<tr>
<th>Texas Crisis Lines</th>
<th>Texas Military Veteran Peer Network</th>
<th>Trans Lifeline</th>
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<tbody>
<tr>
<td>Dial 211 or call 877-541-7905 <a href="http://211texas.org">211texas.org</a></td>
<td><a href="http://Milsetepeer.net">Milsetepeer.net</a></td>
<td><a href="">877-565-8860</a> <a href="http://Translifeline.org">Translifeline.org</a></td>
</tr>
<tr>
<td>AgriStress Helpline for Texas 833-897-2474 <a href="http://Agrisafe.org">Agrisafe.org</a></td>
<td>Texas Suicide Prevention Collaborative <a href="http://TexasSuicidePrevention.org">TexasSuicidePrevention.org</a></td>
<td>TX Health &amp; Human Services <a href="http://Hhs.texas.gov">Hhs.texas.gov</a> or <a href="http://mentalhealthtx.org">mentalhealthtx.org</a></td>
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ASK was developed by Merily H. Keller with contributions from Lloyd Potter, PhD, MPH, University of Texas at San Antonio, John Hellsten, PhD, Jennifer Battle, MSW, The Harris Center and the Texas Suicide Prevention Council. AS+K? update includes contributions and/or review by: Merily H. Keller, Elaine Frank, Eileen Zeller, MPH, LCSW, and the Master Trainers for AS+K? at the Texas Suicide Prevention Collaborative The views expressed in this publication and training are for information purposes only and do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, Texas HHS or DSHS; the Texas Suicide Prevention Collaborative, its employees, contractors, or volunteers.