Use S.A.V.E.*

Signs of suicidal thinking

- Look for hopelessness, disturbed sleep, social withdrawal, mood swings, increased use of alcohol or other substances

Ask the questions

- Have you had any more thoughts of killing yourself?
- If so, have you done anything to acquire the means to kill yourself?

Validate the experience

- Talk openly about the crisis, its seriousness, and continuing risk

Encourage ongoing help seeking

- Affirm that you and others care and are willing to assist in getting support or maintaining treatment

Some Online Resources:

- A Guide for Taking Care of Yourself after your Treatment in the Emergency Department. [https://store.samhsa.gov/](https://store.samhsa.gov/)

- A Journey Toward Health and Hope: Your Handbook for Recovery After a Suicide Attempt. [https://store.samhsa.gov/](https://store.samhsa.gov/)


*Adapted from the Veterans Administration S.A.V.E. Training Program*

This information is not meant to take the place of advice and help from qualified behavioral healthcare sources
**What is suicide crisis?**

An episode in which someone experiences any of the following:

- Having uncontrollable persistent thoughts of suicide
- Voicing explicit threats of suicide
- Describing a clear suicide plan
- Possessing or actively seeking means of suicide
- Attempting/trying to attempt suicide

**Why must you be concerned?**

Each of these conditions indicates high suicide risk and possible imminent danger. The underlying stressors that brought it about often remain even if the outward signs abate on their own or with help. Those close to a person who has had a suicide crisis must stay prepared for possible crises in the future. Suicidality may arise again. *A suicide attempt is the strongest risk factor for another attempt. Multiple attempts and injurious attempts raise the risk.*

**What is a personal suicide prevention safety plan?**

A written plan to use if thoughts of suicide occur. It should include this information:

- Warning signs – Thoughts, feelings, moods, behaviors, etc. that someone may have when becoming suicidal.
- Coping tactics – Self-help steps to deter/divert from suicidal thinking.
- Social/environmental supports – Friends/places/activities that can distract from suicidal thoughts.
- Family supports – Relatives who would be willing to help by just being there, caring, and listening.
- Providers – Peer specialists, recovery coaches, therapists, hot lines, warm lines that can be contacted for help.
- Harmful things – Items to dispose of (e.g., old meds, guns), places to avoid (e.g., bridges), and toxic persons who may be triggers.

**What to do after a suicide crisis?**

- A suicide crisis is traumatic for all who are affected. Be ready to deal with a lot of mixed feelings including fear and anxiety.
- Assure that those close to the person accept that the danger remains, they must be alert to any signs, and be ready to help
- Help the person develop a personal suicide prevention safety plan outlining the stressors and triggers that precipitate a suicide crisis and what to do
- See that any means of suicide (i.e., guns, medications, poisons, etc.) are removed from the person’s residence and any place they might be hidden
- Strongly encourage the person to engage with any behavioral health services and support resources that he/she has or is referred to.
- If the person has been admitted to a psychiatric hospital the risk of suicide is high for several weeks after discharge and possibly longer.