

### What to do about warning signs:

Call the suicide hot line for the county that you're in (on the next panel of this brochure) ASAP. Avoid leaving the person alone. Discourage use of alcohol or drugs. Try to get her or him away from anything that might cause self-harm *if this can be done safely*.

### When to get emergency help:

Seek *immediate* help if someone is:

- Voicing/e-mailing/texting that he or she is thinking of suicide
- Working out a specific suicide plan giving when and how
- Seeking a way to harm herself or himself (e.g., pills, gun, etc.)

Any one of these signals very high risk and you should:

- Call the local crisis center *now or*
- Ask if he or she will go to the nearest Emergency Department *now*
- If above are not doable call 911 *now*

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### SE PA Crisis Centers (24/7)

- Berks County  
SAM, Inc. 877-236-4600
- Bucks County  
Lenape Valley Fdn 800-499-7455
- Chester County  
Valley Creek Crisis 877-918-2100
- Delaware County  
Crisis Connections 855-889-7827
- Montgomery County  
Access Mobile Crisis 855-634-4673  
MCES 610-279-6102
- Philadelphia County  
Northeast 215-831-2600  
Northwest 215-951-8300  
North 215-707-2577  
CC/South 215-829-5249  
West/SW 215-748-8525



## Suicide Risk After Discharge

### What Family Members Need To Know

**Montgomery County  
Emergency Service  
50 Beech Drive  
Norristown, PA 19403  
610-279-6102  
[www.mces.org](http://www.mces.org)  
@MCES1**



The weeks after a psychiatric hospital stay may be a period of high suicide risk for persons with serious mental illness. Most recently hospitalized persons do not have thoughts of suicide but you need to know what to look for and do.

Risk may come from again facing overwhelming stressors, not following treatment plans, using alcohol or other substances, and losing the around the clock structure, supervision, and support given by the hospital staff.

Strong suicide risk occurs when a compelling intent to die and the capability for lethal self-harm come together. The desire to die may lift during hospitalization, but the capability for lethal self-harm remains. Past attempts, abuse, and trauma create a risk baseline. Feeling socially disconnected or that he or she is a burden to others adds to risk.

Before discharge every patient should :

- [ v ] Be assessed for suicide risk
- [ v ] Know suicide risk warning signs
- [ v ] Have a personal safety plan
- [ v ] Know how/when to use it
- [ v ] Have information on crisis services

Warning signs of suicide risk include:

- Feeling trapped, losing control
- Increasing alcohol/drug use
- Withdrawing from family/friends
- Anxiety/agitation/sleep problems
- Mood changes
- All or nothing, black/white thinking
- Giving away favored items
- Making final arrangements

**Some protective factors:**

These can deter suicidal thoughts.

- Believing in the value of life
- Having reasons for living
- Strong social connections and supports
- Hope for future—optimistic outlook
- Spiritual beliefs against suicide
- Managing anger and impulsivity
- Sobriety
- Feeling of personal control
- Sense of self-worth and self-esteem
- Willingness to get help

For those receiving mental health care, following their treatment plan by keeping appointments with their therapist or psychiatrist and taking medications as prescribed may block or help reduce the onset of suicidal thoughts.

**MORE INFORMATION ABOUT SUICIDE PREVENTION**