

PROVIDING SUPPORT

Caregivers
need care
too



Introduction

“

I wasn't looking for help...just knowing that someone cares for me, and someone wants me around saved me from taking the step. She didn't even have any context of how I was feeling... but...yeah, her words had such a huge impact

- Pooja

(a suicide survivor referring to the support provided by her friend)

”

All of us who have undergone suicidal ideation can say with conviction that having even one person who believes in our struggle and is supportive, can make a world of a difference. Great friends, wonderful parents, reliable partner(s), helpful siblings, and/or empathetic colleagues/classmates are what we need when we are living through a difficult time. There is immense value in being taken seriously for concerns that may not be as apparent. So we commend you on taking the initiative of being there for your loved ones.

It's okay to feel scared or lost while addressing a loved one's mental health struggle. The lack of resources and stigma may make it harder to appropriately engage in a sensitive conversation. This handbook is for those of us who are unsure of the “right” things to say/do during such times. We understand the confusion that comes with navigating your own and your loved one's feelings around suicidality. Despite these challenges, your readiness to support in times of distress is truly appreciated.

This handbook has been curated based on the inputs of
(a) those who have experienced suicidal ideation and/or attempted suicide,
(b) those who have/are providing support to their loved ones undergoing suicidal ideation. We have drawn from their insights to understand the kind of support one needs while navigating suicidal feelings. Through this handbook, we have tried to shed light on the most common questions one could have while supporting someone through this sensitive period.

Supporting someone struggling with suicidality could be daunting and draining emotionally, mentally and maybe even physically. If you are helping someone get through feelings of suicidal ideation while also struggling with your mental health; we see you! We've been here and we know it's not easy. This path of being there for a loved one coping with suicidality is one that exhibits camaraderie. **Taking the step to offer support shows you are a beacon of love, light, and affection.**

Thank you for joining us on this journey!

Who we are

Suicide Prevention India Foundation (SPIF)

is a Section-8, not-for-profit incubated at IIM Bangalore. SPIF believes that suicide is the most preventable form of death and that suicidal behavior is an intersectional phenomenon. It aims to create a community base for organizations and individuals involved or interested in creating awareness, research, training, or advocating suicide prevention.

We, **Ayushi Agarwal** (Master's in Psychological Studies, University of Glasgow) and **Sowmya Vinjamuri** (Master's in Applied Psychology, specialization in Clinical Psychology, TISS - BALM), are suicide survivors and have provided support to loved ones struggling with suicidality. We have done thorough research and have consistently drawn from our lived experiences while curating this handbook. As Researchers and Psychologists, we are passionate about extending the discussion on suicide prevention. We certainly wish we had something like this available to us during our own struggles. We are grateful to be on this journey of healing together with you!

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Disclaimer

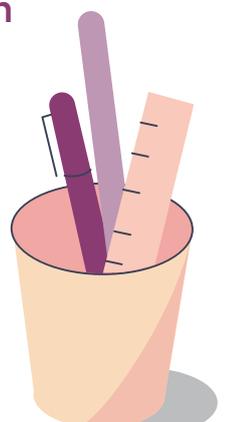
This handbook is designed to provide information, not medical advice. Support for coping with suicidality works differently for each person. The information provided in this handbook is not exhaustive of all the ways in which one can provide support. The aim of this initiative is to collate helpful information on being there for your loved one struggling with suicidality. It is not intended to be a substitute for professional medical help. If you think your loved one or you are experiencing any mental health issues, kindly seek immediate professional guidance. You can refer to the end of this handbook for available resources for mental healthcare providers across the country.

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01.

How do I know that I'm in a position to help someone suicidal?

Acknowledge your feelings: You may be confused whether you are capable/eligible to support your loved one feeling suicidal. You could feel a whole range of emotions like anxiety, powerlessness, helplessness and anger. **It's natural to feel this way.** The first step is to acknowledge the feelings that come up for you. It's only after you understand your feelings that you will be able to figure out the right course of action.

Be honest about your knowledge on this topic: Given the heavy stigma around the topic of suicide, it's okay to feel like you don't know enough about the pain one goes through and how to support them. Be honest with yourself to see if you have adequate information about suicide - **myths, facts, risk factors, protective factors, warning signs and types of treatment available.** If you think you don't know enough, it's never too late to start learning. You will feel more confident about supporting your loved one once you have done your research.

Check in with your mental health: If you are struggling with mental health issues/illness, it is possible for you to feel triggered while supporting your loved one. Perhaps it would be helpful for you to figure out your coping mechanisms before committing to supporting them. Know that it's okay for you to only prioritise your mental health over their recovery.

Check in with their requirements: It is important to understand what support looks like for your loved one. This will help you gain more **clarity of their needs.** It's only after this that you can assess if you are in a position to support them keeping their best interest in mind.





Check if you are ready for this journey: Supporting someone feeling suicidal has its own set of challenges. It could be a physically and emotionally draining process to witness suffering. You could experience feelings of anxiety, distress, anger, and a spectrum of other painful emotions. Though your support could be highly beneficial for your loved one, it might not be an easy ride for you. Have an honest check in with yourself to see if you can support your loved one while managing your own emotions.

If you consider suicide as a morally wrong decision: If you think someone considering suicide is doing something morally wrong, then you need to step away from passing such a judgement. Suicide is a highly personal and painful decision. No one chooses to feel this way, it's one's circumstances that lead to such a decision. The argument that you want to utilise cannot be one that emphasises on the religious or moral repercussions of considering suicide. This is your personal opinion and you are entitled to it. However, it would be unfair for you to expect one to reconsider their decision because of your opinion. In such a situation, it would be best to not get involved in your loved one's journey.

Suicide safety assessment: Take this suicide safety assessment to assess your risk for suicide. This would help you figure out if you are in an emotional space to support someone feeling suicidal. If your results denote that you are at risk for suicide, it's advised that you take a step back and seek help for your struggle first. It's only when you help yourself that you can help your loved one feeling suicidal.

02. Prompts to speak to someone feeling suicidal

Who

Anyone can struggle with suicidal feelings. It could be a family member, friend or a colleague. They could show the following warning signs and/or could be prone to suicidal ideation due to certain risk factors. Those feeling suicidal might not explicitly use the words “feeling suicidal”. If you seem to be noticing any concerning behaviour, it is important that you make space to have a conversation with them about it as soon as possible.

What

Knowing that someone you know is undergoing suicidal ideation is definitely hard. However, **addressing it is of paramount importance**. If you have taken the step to speak to someone who is feeling suicidal, you have already made them feel slightly safe and better. Acknowledging their pain is what could motivate them to seek help. Go ahead and ask them how they would like you to help them through this difficult time. Read ahead to know some prompts to start your conversation.

When

Your responsibility is to communicate your intention in a non-threatening and soothing manner. This can happen only when you give the individual experiencing suicidal ideation the agency to decide if they even want to open up to you. If they do not want to, it is not your space to push them as they are already going through a difficult time. However, if they do agree to speak to you, ask them **what would be a convenient time** for them to have such a conversation. If it is an alarming situation, do ask them if you could contact their loved one, a doctor or a therapist that they would like to speak to immediately.



Where

Instead of relying on assumptions or deciding by yourself, you could find out from them as to where they are most comfortable to speak to you about what they are going through. Ideally, a place that is comfortable for them where they feel **safe and free** to open up is suggested. Such a place when it is calm and not busy would be the best case scenario. However, everyone feels differently, some may not be comfortable talking about their feelings in person, they might prefer talking over the phone or chatting. So it's best you find out from them as to where they feel most comfortable.

How

It could be distressing to see someone you care for experience such painful feelings. However, this is about them so it's your responsibility to make them feel like everything that they say matters to you. Here are some prompts for you to begin and continue the discussion:



Start by saying:

“Thank you for speaking to me about what you are feeling. It requires great courage to open up about your mental health.”

“I am here for as long as it takes. Let me know when you want to talk, I am ready when you are ready.”

“I might not know what exactly you could be feeling but I do want to say that I am here, and that you could talk to me about whatever’s running on your mind.”

“I care about you, and I feel like you are struggling with something. We can talk about this if you are comfortable”

“Lately, I’ve noticed that you could be struggling with something, I am concerned for you and we can talk about this at your pace”



Ask the question:

"You seem low. Are you considering ending your life? I want you to know that I'm on your side and I believe we can get through this together. Would you be comfortable talking to me about it?"

"You seem a little low and I have been worried about you. Have you been thinking about suicide recently?"

"Has your recent struggle with mental health made you want to give up?"

"Do you ever wish you could go to sleep and never wake up?"

Ending a conversation:

"This definitely is very hard. I'm so sorry you're going through this. Please let me know how I could be there for you"

"I want you to know that you are important to me. Please share with me as to how I could support you"

"Asking for help is a sign of strength, we could try and speak to a mental health professional when you feel ready"

"I can only imagine how difficult it is for you to go on right now. This requires immense courage and I'm glad you're still here sharing this with me. Have you ever considered therapy? There's no shame in getting professional help. It would really help you. We can look for someone that fits your budget and criteria, together. I am happy to even book an appointment for you. Please know that I am here for you!"



03. Do's while speaking to someone feeling suicidal



Things to keep in mind while speaking to someone feeling suicidal:

-  Try and acknowledge what is being said with a **nod** or **"hmm"**. Reflect their emotions back to them in your own way to ensure that you have understood what they have said and to remind them that you are indeed listening to them.
-  Offer compassion throughout your conversation by saying things like, "That sounds hard", "That sounds difficult", "I can only imagine how you must be feeling right now". Remember to have a concerned but neutral tone that is non threatening and non judgemental.
-  Notice if the person sharing can slow down so you can nudge them towards that if they are feeling **breathless or look overwhelmed**. Ask them if they would like to have some water every now and then.
-  Take them seriously at all times. Even if they repeat their struggle to you, try not to get bored, irritated or impatient. They need to vent so **it's okay for them to repeat themselves**. Venting is more helpful than you think
-  See when you would like to physically support them. If they are someone who is comfortable with you, then you could try and hold their hand or place your hand on their shoulder/back as they are speaking.
-  You could **speak only when it's necessary**. Talk about their story and what you have noticed in them. This could make them feel like you do care for them.
-  Ask for what you could do towards the end of the conversation and make promises that you can stick to.
-  This doesn't have to be a solo endeavour for you or them. You could try **bringing in their friends** or others who they are comfortable talking to about this.
-  Focus on their strengths and on the things they have done right. You could say, "Despite all the difficulties, you've figured out quite a lot by yourself. That's a sign of strength and resilience"
-  You could try and ask them questions around how they are coping currently, if they haven't told you about it. Here's a prompt:

"Despite all the pain, you have found a temporary way to manage your problems. I'm proud of you for looking out for yourself. You and I, together, could look at a more long-term solution. Perhaps, you could give therapy a shot?"

04. Don't's while speaking to someone feeling suicidal

Things to avoid while speaking to someone feeling suicidal:



Do not make them feel like they are **just overthinking** this feeling.

Example: "Dude, it's not like this is the worst thing okay. Others have it worse than you".



Do not make them feel like this feeling will go away with time even if you can't think of an appropriate intervention at the moment.

Example: "Bro, you are so negative. You don't count your blessings enough. Everything happens for a reason. Think happy thoughts. Everything will be better"



Do not begin your stories on how to deal with difficult situations since **everyone has unique experiences**. Let this be their space to share; unless they ask for your journey. Then, stick to details that are helpful and keep it short.

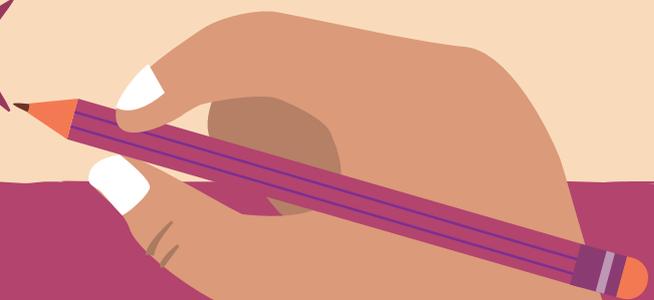
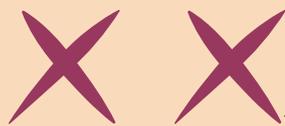


Do not rush them into speaking. They may **need some time** to open up to you. Let them know that you'll be there when they feel ready.



Do not judge them for considering suicide as a solution for their problems.

Example: "Don't tell me you want to give up just because of this!"





Do not show intense emotions in front of them, as that could overwhelm them and make them feel **like they are burdensome**. Let the focus be on **their story** and **their feelings**.

Example: “Oh my god, I feel so horrible for you. I knew something was up. You look miserable”



Do not push them towards anything that is hard for them to come to terms with. It is advised for them to do this in a **safe space** with a mental health professional.



Do not jump to **conclusions, suggestions or any other assumptions** that you think could help them. What they need right now is a listening ear, so don't pressure yourself/them to know all the answers.



Do not say anything that will either glorify their pain or trivialise it.

Example: “Just snap out of it man, it's not as hard as you think” or “This is the worst thing that can ever happen to you, I don't know how you will get over it!” or “You have so much to live for!”



Do not counsel the person yourself **even if you are a Mental Health Professional**. Encourage them to seek professional help instead.



Do not dare them to attempt suicide. You may think that they keep saying they will end their life but they never end up doing it. Even as a joke don't dare them to do it. In reality, they are trying to end their pain, not their life.

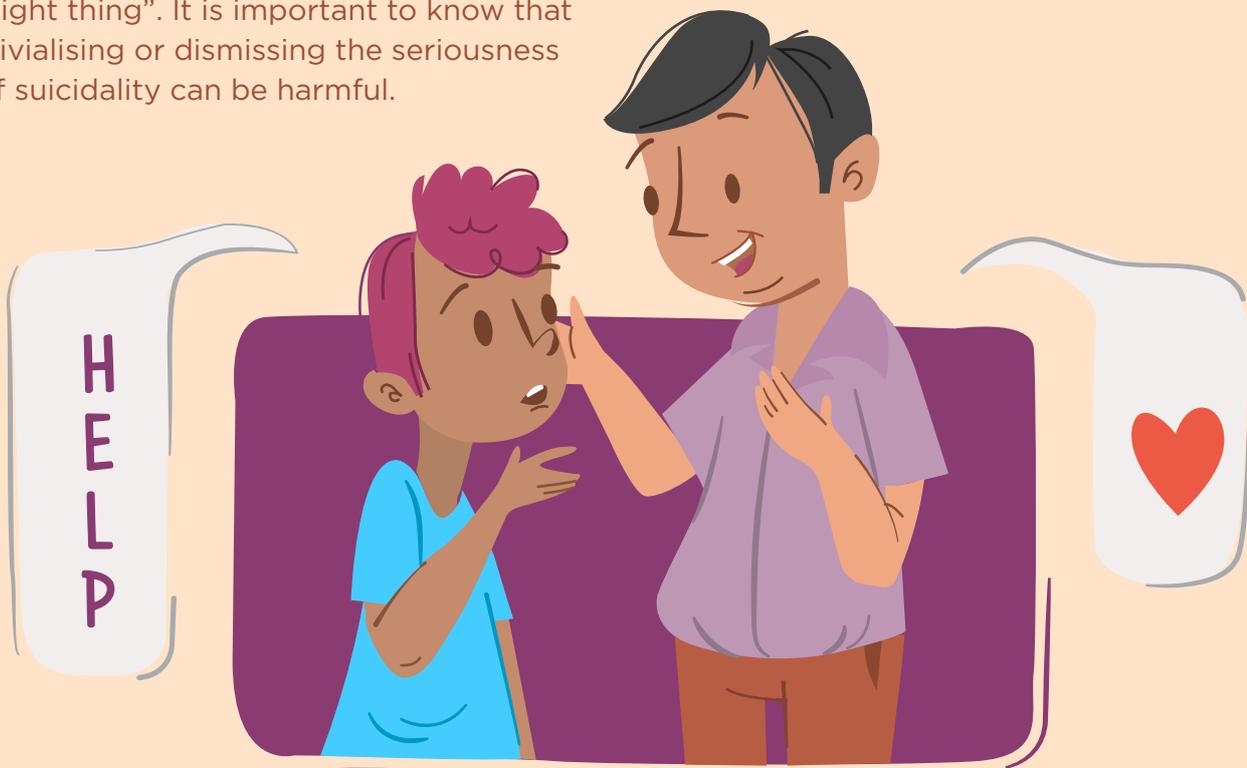


Don't make any promises that **you can't keep**. Most importantly, don't make promises about keeping suicide a secret under all circumstances. Inform them that **you will break confidentiality** in case of an emergency.



05. Why it's important to not trivialize/dismiss what your loved one is saying when they express feeling suicidal?

Learning that someone is struggling with suicidality can be upsetting and even surprising. Those who have mental illnesses are often misunderstood due to the lack of information around the topic. This can sometimes make it hard for us to say the “right thing”. It is important to know that trivialising or dismissing the seriousness of suicidality can be harmful.



Some ways we could be dismissing one's suicidal ideation are by:

1. Daring someone to do it because they've been saying it for a long time.
2. Neglecting it because they are **talking about it so openly**.
3. Brushing their suicidal ideation off by saying “don't take it too seriously, you will be better when you put your mind to other things”.
4. Saying that they are just **overthinking** this and that they need to really calm down
5. Advising them to not worry about having suicidal ideation because **it's just a “phase”**.
6. Saying “You cannot be so weak that you are thinking about suicide”
7. Diverting the conversation when they talk about their suicidal ideation to unrelated topics or thinking that distraction is always helpful.
8. Jumping to give solutions or conclusions without having heard them out completely.
9. Using mental illnesses like they are adjectives.
Eg: “you are so “Bipolar”, “I am OCD about being clean”

Some consequences of trivializing/dismissing are:

It is a common myth that by not talking about someone's suicidal ideation you are helping them forget about it. In reality, **trivializing** or **dismissing** suicidal concerns causes a lot of harm.

When we trivialise/dismiss someone's suicidal ideation, we could be making them feel shameful and worthless. This could cause one to feel guilty and **responsible** for their painful thoughts. They gradually internalise such shame and worthlessness causing them to question themselves and their judgement, as we try to make it seem "normal". In an already painful state, having to rethink their feelings could further discourage them from opening up about it and seeking professional help.

When one can't talk about their struggle or access help, they further begin to feel isolated and lonely. All this could end up turning into a vicious cycle where they oscillate among feeling suicidal, lonely, misunderstood and unheard. Thoughts about ending one's life are alarming. One considers suicide because **life is painful for them**. So, when we trivialize/dismiss their suicidal ideation, we are also trivializing/dismissing their pain.

Saying/implying the wrong thing, although unknowingly, could lead to a life being lost. It is of utmost importance that we are mindful of **how we speak** to; and support a loved one experiencing suicidal ideation.



Tips on how to avoid trivializing/dismissing:

- ♥ For starters, we need to understand that people **react** to stressful situations differently. We may not consider suicide during certain situations, but unfortunately there could be someone else who does. Therefore, being open to accepting that feeling suicidal is a possible solution could help us be more patient and empathetic towards them.
- ♥ We need to **stop joking** about someone's suicidal ideation. When we use mental illnesses as adjectives or when we say "I just want to die"; without any intention, we could be trivialising the seriousness of suicide. There is often limited vocabulary for those struggling with mental illnesses, and suicide. So, we need to be mindful to not equalise our struggle with someone who is indeed struggling.
- ♥ Given the stigma and lack of knowledge, it's okay to not know the "right thing" to say when someone is experiencing suicidal ideation. It is understandable that hearing about someone's struggle could be daunting and confusing. When we find ourselves not knowing what to say, we may end up saying/implying the wrong thing **causing more damage**. Therefore, it is advised to respond by saying "I am sorry you are going through this. I can only imagine how difficult this must be for you. I may not understand your pain completely but I am here for you". After this, researching more about supporting them to your best ability would be helpful.
- ♥ What we can do is **be kind** to those expressing feelings of suicidality. Those who express their struggle to you have done so, hoping for empathy. If you think you aren't in a space to support them, refer to "_____ " to know how to convey your situation to them politely. However, if you are in a position to speak to them, please refer to "_____ " to know the prompts that you can use in your conversation with them.

06. How do you encourage those feeling suicidal to seek professional help?

It surely is difficult to see someone you care for struggle with suicidal thoughts. Helping a loved one understand the benefits of utilising therapy during such hard times can be tricky. If you nudge them in the wrong way, then the entire idea could just backfire. However, there are some steps that you can take to communicate something so sensitive in an effective way.

Be there for them: You can begin by showing your support. A lot of times those who are struggling with suicidal thoughts are worried and apprehensive about seeking help because of the stigma and judgement that they could face. Which is why helping them realise that you are there for them by speaking in a non stigmatising language could help the situation.

Know when and where to speak: During concerns like this, it is particularly important to be mindful about the time and place. You need to make sure that both; them and you are physically and mentally prepared to have a conversation. This could be in person, on call or over text.

Be patient: It is vital to know that your effort to help could be met with resistance. Not everyone is willing to give a shot at therapy. You could however help them seek help by doing the following:

Start the conversation:

Communicate how important they are to you and how much your relationship with them means to you. You could try and talk about how much it hurts you to see them in pain. This could help them see why you think seeking help could be beneficial.





Prompt:

"I really want you to know that you mean a lot to me... It genuinely hurts me to see you in so much pain. I might not fully understand what you are feeling, but I do know that you are deeply hurting"

Do your research: Research on the benefits of seeking help. Give them real life examples of people who have sought help. You could also look up stories of people with lived experience online. As you are talking about this, make sure that you are not causing them emotional distress and that your tone does not sound like it's an ultimatum. After all, choosing to seek professional help needs to be a free will decision.

Prompt:

"I know of some people who have sought professional help and that seemed to have helped them. I have also been reading up online about the benefits of it. Would you be comfortable if we explore options for you?"

Focus on their strengths: Talk about their strengths and their much admired qualities. You could focus on how they have dealt with difficult circumstances in the past. This could help them see that they truly are capable of navigating their current situation. Let them know that there is hope for them to feel better.

Prompt:

"It is painful for me to watch you go through all this. If you could see yourself through my eyes, you would see how capable you are of healing from this"

Help them see why taking help is necessary: You could very gently make them aware of how their suicidal ideation could be hurting them. But remember, this needs to be done in a very non-threatening and non-judgemental manner. If they are aware of a mental illness that they are struggling with, you could indicate that their illness could be a starting point in therapy. Research has in fact shown that mental illness adds to feelings of suicidality. If you think your loved one cannot take it in the right spirit, then it's best to avoid talking about it.



Prompt:

“It hurts me to see you struggle with your mental health. Sometimes, an unaddressed mental illness could further make you feel this way. Maybe seeking therapy could help us know what exactly is going on”

Volunteer to help: You must also take responsibility to some extent once your loved one agrees to seek help. Ask them if they want you to hold their hand through this process. Oftentimes, the challenge is to overcome loneliness while seeking help. Let your loved one know that you would be there through this process, aiding them with what they need.

While doing so, remember to **make promises that you can keep**. The following are some ways you could help:

- Help them understand that therapy need not be a long term commitment. Let them know that they could meet the therapist and then decide if they would like to see them again or not.
- Offer to help them find a mental health professional (MHP), either through your contacts, or from SPIF’s Directory.
- You could also brief them about the MHP’s experience, qualification, style of therapy and any other relevant information.
- If you can, you could give a brief to the mental health professional about your loved one so they know what they are looking at and can be prepared. This would also lessen the burden on your loved one as they won’t have to disclose firsthand their feelings of suicidality.

Prompts:

“Would you like me to look for an MHP that would suit you best?”

“Hey, so I know a few people who have genuinely benefited from therapy, would you like me to share with you some numbers that you could reach out to?”

“Here’s the number of reliable therapists. Just talk to them and see if you feel comfortable. If not, we can always look for another one”

07. What to do if your loved one doesn't want your help?

If you find yourself asking this question, know that **you are not alone**. When a loved one is clearly struggling but won't or can't take the help you offer, it's normal to feel powerless, scared or angry. Having said that, it is also important to accept that they are an adult and you have limits to how much you can support them.

Know the difference: First things first, understand whether they don't want **'your'** help or help from **anyone altogether**. This will help you determine if there's something about you that is stopping them from getting the needed support or if they are struggling with accepting help for their struggle generally. Once you have made that distinction, it is important to understand what you can and can't do:



What you can do when they are not accepting your help:

Be patient: Don't be disheartened if your loved one shuts off a conversation or brushes you off when you offer help. You may not know their full story. There could be many reasons why they may be finding it difficult to ask for or accept your help. Be patient and keep checking-in on them. While doing so, remember that it's essential to be supportive and non-judgemental. The journey of accepting that they need help is theirs alone. You can get them started by asking questions, listening and offering support, but the decision is ultimately theirs to make.

Offer reassurance: Let them know that you care about them and you will be there for them when they decide to take your help. You could then start by giving them information on the **types of help available and how to get started**. Keep reminding them that with the right help and support there is scope to recover from their distress. Give them real life examples of this, if you know any.

Hang out with them: Your support does not end with offering help, you could simply have fun with them, **if they are willing to**, of course. This will also build a rapport and trust between you two and help your relationship stay healthy. You could do fun activities together like, exercise, watch movies, work/study together, or sports. For all you know, doing so might eventually make them feel comfortable to accept your help.

Involve others: If you've tried to reach out again and again, and they still continue to deny your help, it may be time to **involve others**. You could reach out to their friends, family members, school/work counsellor, therapist, doctor or colleague. This may upset them at first, but this could be crucial especially if they seem to be actively thinking about suicide. Reaching out to others does not mean you are incapable of helping them. It simply means you are looking for the most effective way to support them through their struggle. Pat yourself on the back for this!

Evaluate whether you are the best person for them right now: Sometimes, it is possible that your loved one is running away from you because you are not the best person for it. Step back and evaluate if you are coming from a place of love and support, and if you're doing things keeping their best interest in mind. It's okay to accept that there may be others who can help them better right now.



What you can't do when they are not accepting your help:

Force them to take your help: It may take time for your loved one to come to terms with their pain and talk about it openly. Be patient. Don't pressure them to confront their reality. While it may be coming from a place of love, there is a high possibility that your plan may backfire and they may stop considering taking help altogether.

See a doctor or a therapist on their behalf: You may be tempted to reach out to a doctor or a therapist to discuss solutions for your loved one. While that shows how much you care, know that this is not the most effective way to help them. They may be able to share general information about symptoms, diagnosis and possible solutions, but they won't be able to share details about your loved one without meeting them and getting their permission.



P.S: Refer to **“What to do if your loved one doesn't want help?”** if your loved one doesn't want any form of help from anyone at all.

08.

What to do if your loved one doesn't want help?

Seeing your loved one suffer through suicidal ideation is surely painful. It's natural to want to figure things out so that they feel better already. This, however, is not so simple especially if your loved one doesn't accept the need for help. It could be frustrating and scary to feel so helpless, when you can see a **"clear path to recovery"**. Know that you may not know their entire story. They could be finding it hard to accept help because of the stigma around suicide ideation/behaviour, lack of resources or maybe the hopelessness that this situation brings. It is important to understand that you can only nudge them towards help when they seem ready for it.



Under such circumstances it's helpful to be mindful of certain things, such as:

Listening and validating: We can't stress the importance of listening without judgment and controlling the impulse to suggest. Listening can go a long way when your loved one is struggling with suicidality since this is a cry for help. As you try to listen to their story, validate their concerns as it could make it easier for them to accept help from you.

Asking questions: There is a lot of pain and hurt that's beneath suicidal ideation. There could be a range of concerns that they need help with. Maybe you could start by asking them how you could be there for them, how certain things make them feel, what would make them feel more comfortable and if they are comfortable sharing all this with you.

Prompt:

"I see that you are not comfortable taking help from anyone right now. I can imagine how hard this must be for you. I would like you to know that I am here for you and I care for your well-being. Can we please discuss how I can ease your stress/worry?"



Resist your urge to “fix” them: We understand that it’s hard for you to see them struggle and you’d like for them to get better already. Remember that the more you push them towards getting help when they are not ready, **the more they would be repelled by it.** There is a time for advice and it comes when they ask for it or when you feel like they could be ready to listen to you.

Take care of yourself : This could be a hard time for you too. So please remember to take care of yourself. It’s only when you do this will you be able to support your loved one. Remember, you can’t pour from an empty cup!

Don’t avoid them: It’s not going to be easy to be supporting someone who is feeling suicidal. They are going through a difficult time and that could make you feel lost or overwhelmed as to how you could help them. But remember that if you avoid them because they are denying your help, they may find it **difficult to trust you.** This could make it harder for them to navigate their struggle.

Hang out with them: Being around them and doing activities that the both of you like, could give you both a break and help you bond as well. Not everyone enjoys having serious conversations all the time. It’s okay to have fun with them.

Know when to walk away: If it’s been a while and you seem to have tried your best, maybe it’s time for you to re-evaluate your energy spent on this. Sometimes, people just need time and perspective from other avenues to understand the seriousness of their situation. You can keep the door open if you feel like you can/willing to be available in the future to help them, **should they ask for it.**

Prompt:

"Hey, I know you are going through a difficult time. I feel like I have tried my best to help you. I don’t mean to push you for something that you are not comfortable with. I am unsure of how I can be there for you. You can let me know when you are up for talking about this. I want you to know that I genuinely love and support you"

**BE
KIND
TO
YOURSELF**



09

What can you do if those feeling suicidal are refusing to seek help?

It can be difficult to help those who are feeling suicidal, especially if they are refusing to seek professional help. Try to remember that getting help is a **big decision**, and they might still be coming to terms with their situation. You may feel lost and powerless, since your advice is being rejected – but you can still be there for your loved one; you might just need to take a different approach. Here's how:



Listen actively: Reflect their emotions back to them. “Yes, it can be really scary to see a therapist and tell a stranger how you feel.” Help them explore their concerns and options by asking questions. **Try to resist telling them what to do.** They need your attention more than they need your advice.

Respect their decision: Ask them if they want you to help. Give them the choice and control over the options: “We could do this or this. What do you think?” **Let them decide** the best course of action when things get really serious.

Be Informed: Do some research to find out what help is available in their area. This will be helpful if they decide to seek help. Access the SPIF Directory to browse some options.

Be Patient: Your loved one might need some time to let themselves get help. **Don't hurry them.** Let them know that you respect their decision to not seek help immediately; that you'll be there (within set boundaries) when they feel ready, and that they can take their time.



Be there for them: Even if they are not willing to seek help, you can still support them by being there for them as much as you can. Hang out, make plans and try to be around them in any form as permissible. For all you know, they might just get comfortable enough to take your advice to seek help.

Don't avoid them: You may be frustrated because you may have exhausted all your ways of helping them - but please don't avoid them. Doing so will only make them feel more isolated. Also, if and when they do feel ready to seek help, they won't feel comfortable reaching out to you.



Follow-up: Keep checking in on your loved one but don't be aggressive. Set these expectations from the start by **asking permission** to check in on them periodically.

Set Boundaries: You cannot be there for your loved one every moment of every day. Set some limits on what you can and cannot do - and stick to them! This will help you take care of your own mental health too.

Mobilise Support: This need not be a solo endeavour for them and you. Involve their trusted friends, family and colleagues for support. Seek the consent of your loved one before involving anyone else. Don't reveal any private details. You can break confidentiality if the person is feeling actively suicidal (as a last resort).



Don't pressure them: No matter how well-intentioned, if you pressure them to get help it can actually have the opposite effect to what you intend. It might turn your loved one off seeking help altogether. Support them irrespective of them seeking professional help. **It's only when you're there for them that you know how to support them.** The goal should be to collaboratively develop a solution that keeps their best interest in mind.

Take care of yourself: Helping someone refusing to seek professional help can be a frustrating and a daunting process. Don't forget to look after yourself too. It can get emotionally draining to be there for someone experiencing so much pain. It's best that you **seek professional help for yourself.** An added benefit of this would be that you would feel more informed on how to best support them.

10. What to do when a loved one seems to be at a high risk of attempting suicide?

We understand the worry and uncertainty that comes with knowing that your loved one is at a high risk of suicide. What being at “high risk” means is that they are actively thinking about suicide wherein they probably **have a plan**, and thoughts about ending their life are **far more intrusive** than before. Under such circumstances your responsibility could be a tad bit more demanding. Now more than ever, is when you can proactively make a difference in your loved one’s life by being there for them and continuously assessing the situation.

Here are some pointers to keep in mind as you support them through this difficult phase:

Take them seriously: Remember to take their behaviour and language very seriously since at this point you need to trust their instincts. Suicide attempts are also promoted by impulsivity which is why taking their word for it is important. This may also encourage them to speak to you about their feelings more openly.

Learn the warning signs: Be mindful of the warning signs they are displaying and keep a note of them. Here’s a list to get you started. This will help you if/when you are discussing their signs of distress with them/their mental health professional.

Be direct: Ask them about their feelings of suicide directly. We understand that this sounds hard to do, remember that this is crucial at this moment. Research shows that asking one directly about suicide can in fact make them feel relieved and be honest about it. You could do this every now and then. Make an effort to honestly have a conversation about their ideation and behaviour without judgments.

Hope box: Help your loved one create a Hope Box if they don’t have one already. This could help them delay or break the monotony that suicidal thoughts bring to their mind and provide an opportunity for a different perspective. To give you some quick tips - involve them in some grounding routines such as listening to music, some form of physical exercise, using a comfort item or even a pet, playing the **5** (things they can see), **4** (things they can touch), **3** (things they can hear), **2** (things they can smell), **1** (thing they can taste) game. Additionally you can also engage them with this list of activities that could also be used as a source of distraction for them.



Active listening: What could help you do this better is “Active listening”. This requires you to acknowledge their pain, reflect their emotions back to them and provide a safe space without judging or jumping to conclusions and giving solutions. Ask them direct and open questions about their feelings and respond to it in a hopeful and empathetic manner. Help your loved one know that you are there with them through this and that you care for them.

Safety plan: Help your loved one make a Safety Plan if they have not already made one. Ideally, it is made with an MHP when one is feeling relatively better. However, it can also be made along with a loved one. It consists of a list of warning signs, coping strategies, ways to reduce access to lethal means and emergency contacts. The safety plan basically creates a buffer between your loved one’s thoughts and them harming themselves.



Learn the protocol: Discuss with a medical or mental health professional if your loved one needs to follow a certain protocol. Examples include admitting them under in-patient care for a while until they are in a better position to make decisions for themselves. Use the SPIF Directory to become aware of in-patient hospitals in your area.



Be there for them: Though you already understand this, please remember the importance of sticking around. Your loved one could already be feeling like they are a burden on you/others. Do not give them opportunities that make them consider these feelings more seriously.

Creating a support system: We acknowledge that this could be a highly demanding situation for you. Which is why it is best if you involve more people so you are not the only person who is taking full responsibility. Discuss with your loved one as to who all can be included keeping in mind their comfort. If there is no one else, then, please discuss your needs and responsibilities as you try to remain your loved one’s support system.

Encourage seeking help: If they are not already seeking professional help, please remind them of the benefits of seeking help and know how to encourage them to seek help. Access the SPIF Directory for therapists experienced in taking on individuals who are feeling suicidal. You can remain a compassionate support system, but let them know that you can not compensate for professional help.

11.

What to do when someone has decided to attempt suicide?

Learning that your loved one has decided to end their life could make you feel helpless, powerless, upset or sad. We understand that this must be scary for you right now. However, don't lose hope since it's not too late. They are still here and you can still help them through this. Read ahead to know some things you could do to ensure their safety.

Acknowledge: Start by acknowledging their decision. Let them know that you understand how difficult it must be for them to have considered suicide.



Prompt:

“I understand the seriousness of your situation. I can see why ending it all seems like a better decision. Can we talk about this for a little while to see if there are other ways to get through this situation?”

After this, go on and tell them how important they are to you, how much you care about them, that you want them in your life and that you are here for them. This will help them feel loved and supported in a moment of distress.

Prompt:

“Please know that I care about you. It hurts me to see you in so much pain. I am here for you!”

Ask them to share their suicide plan: Ask them to share more details about their decision to attempt suicide. Find out the ‘how’, ‘where’ and ‘when’ details of their plan. This may sound difficult and direct but it is extremely crucial for you to know. Only through this information can you know how to help them. It will also help you reduce their access to lethal means and make their environment safe.

Prompt:

“Would you be willing to tell me how you plan on doing this?”
(Follow it up with the **‘where’** and **‘when’** questions based on the details they have given you)

Notice warning signs: Be mindful of all the warning signs they are displaying of suicide. Here’s a list to get you started but remember that their warning signs may be different from those mentioned here. The higher the number of warning signs you notice, the more likely it is that they will implement their plan. In such a case, call for help immediately.

Call for help: Don’t keep their plans of suicide a secret. The fact that they have a plan itself means that they are at a high risk. So, inform the people who live with them or close by so that they are aware and can be available if need be. Inform their doctor/therapist so that they can work with them to overcome this urge. Also, understand if there are any protocols that are to be undertaken, such as admitting them to the hospital.

Request them to delay their decision: In an empathetic and hopeful manner, request them to delay their decision. Remind them that suicide does not have to be the only solution to end their pain. Give them hope by taking names of the people that love them, by telling them that help is available, by listing their reasons to live and also by reminding them of their much admired qualities and strengths.



Prompt:

“I know this is very hard for you. Please hang in there for just today/just for a while. Let us see what can be done about this situation. Suicide doesn’t have to be the only solution. I strongly feel that there is another way out of this”

Ask for their safety plan: Immediately help them make a safety plan or have them make it with their doctor/therapist, if they don’t have one already. This plan will remind them of their reasons to stay alive, warning signs, emergency contacts and quick ways to cope with their distress.



Prompt:

“Have you ever considered making a safety plan? It’s a tool that will help you when you have the urge to act on your suicidal thoughts. I have read up on its benefits. Can we please make it together?”

Try to engage them with their Hope box: Hope Box has several activities to help them feel distracted, relaxed, inspired and calm. Engage them with these activities so that they are able to further delay their decision or even reconsider it. Doing so may remind them of their loved ones, feel inspired, and even hold off on their plans until they are able to think rationally.

Do not leave them alone: No matter what happens, do not leave them alone. Be with them throughout this time. Ask them how they would like you to be there for them. Involve others, if they are okay with it, to share the responsibility. If possible, hang out with them more often so they feel loved, supported and more comfortable with you. Loneliness can sometimes be a big risk factor of suicide so as their loved one, try and ensure that you become their protective factor.



P.S: The Mental Health Care Act of 2017 **decriminalizes attempt to suicide.** Suicide survivors are presumed to be under severe stress and therefore, are not punished for attempting it. As a friend/family member you can actively encourage your loved one to seek help without worrying about the legal hassles. You are no longer questionable by law under this act.

12. What to do you if your loved one has attempted suicide?



Stay with them: Stay with your loved one, on phone or in person, after they have informed you that they are hurt. Call the ambulance at **108** immediately. You could also do a basic first aid procedure after speaking to a doctor to ensure their wound is being taken care of until the right help arrives. If they feel comfortable, **call their family/friends or therapist to make them aware of the situation;** if need be. If none of this is possible, call up their neighbour so they can stay with them until help arrives.

Hospitalise them: After the ambulance arrives, take them to the Emergency Room (ER). Your loved one and you will be asked questions to understand the situation better. Your loved one may not be in the position to speak so **help them out by sharing the details you know.** Inform the hospital staff of their suicide plan, risk factors, underlying mental/physical health conditions and other information that your loved one is comfortable sharing.

After you take them to the hospital the following will take place:

- + On reaching the emergency room, they will provide the necessary medical or surgical treatment depending on how hurt your loved one is.
- + This will be followed by case registration, and admission (if required)

- + A mandatory psychiatric referral will be made to ensure a diagnosis, assessment, and treatment.
- + Both of you will also be informed about medico-legal procedures.
- + Followed by discharge and follow-up care planning in case of admission

This does not have to be a solo endeavor for your loved one or you. **Involve their friends and family members** (keeping in mind their comfort and confidentiality) so you have additional emotional support.

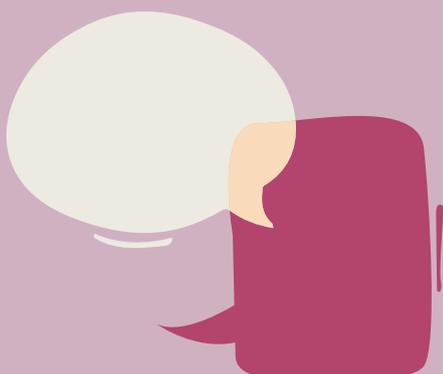


After discharge: After your loved one is discharged from the hospital, it may not be easy for them to get back to their “normal” life immediately. It could take them some time to recover from this event. Refer to **“How to support the recovery of your loved one after an attempt”** to learn more about supporting their recovery.

Keep their environment safe: It is advised to remove all the things they can use to hurt themselves in case a suicidal crisis arises in the future. Research has evidenced that within 3 months to one year post a suicide attempt, there is a high risk of re-attempt.

Become aware of the legal liabilities: It is advised to become aware of the legal scenario regarding suicide in India:

The Mental Health Care Act of 2017 **decriminalizes attempts to suicide.** Suicide survivors are presumed to be under severe stress and therefore, are not punished for attempting it. As a friend/ family member, you can actively encourage your loved one to seek help without worrying about the legal hassles as you are no longer questionable by law under this act.



Learn how to talk to a Suicide Survivor: It is crucial for you to be mindful of your tone, and language while you’re speaking to your loved one after they have recovered from their suicide attempt. Refer to **“How to talk to a Suicide Survivor”** to learn more about it.

13. How to talk to a suicide survivor

It's natural to feel confused and uncertain when you want to talk to someone who is a suicide survivor. You could be worried about saying the wrong things, their current mental state and whether talking about their attempt is okay or not. Here are some tips to help you with such a situation:



Please be patient: As survivors, they must be overwhelmed with their own feelings and about the possible reaction of those around them. Please **give them some time** before they feel comfortable to open up and speak to you. Reassuring them that they are under no obligation to disclose anything that they don't want, can be helpful. Let them take as long as they want, to tell their story, and let them know that you genuinely want to be there for them.



Listen closely as they share their story: Sharing something about suicide requires a lot of courage and immense trust in those they are confiding in. This is why it's best if you **don't interrupt** and ask any invasive questions and instead **listen actively** to what is being said. Validate their struggle through non-verbal cues such as expressions or you could hold their hand if they are comfortable.



It's okay if you don't know what to say: All this information could be overwhelming for you too. You could even be anxious about saying something wrong. Please know that at this point what they need is an **empathetic listening ear**. Even though you don't have much to say, if you are compassionate, that would serve the purpose. An honest, "This is hard, I don't know what to say, but I am here for you" can be sufficient.



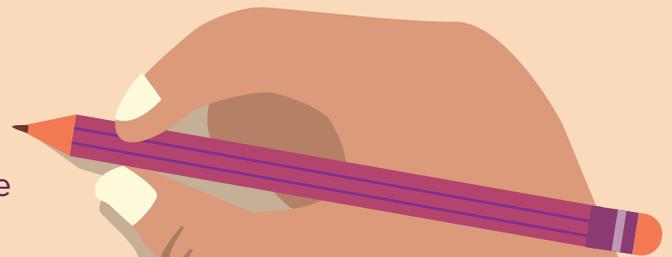
Offer help: Survivors could find it hard to reach out for help even though you have assured them to help them. A lot of times, offering help could sound like an obligation to them. This is why do your best to check in with them as and when it's possible. As you do this, you could repeatedly **let them know that you will be available at your best capacity**. You can also let them know of a specific responsibility that you are more equipped to handle, such as making/bringing them a home-cooked meal, running certain errands, offering to go for appointments, and offering financial resources (if you can afford it). Basically, help them take the load off!



Avoid giving advice: It's kind of you to want to make sure that a recent suicide survivor is taking care of their basic well-being (eating, sleeping, bathing, etc). However, any advice beyond that is not required unless and until it has been explicitly asked for.



Don't make remarks that shame them or their decision: Please go through don'ts with those who are feeling suicidal and avoid any such comments. A suicide attempt is a painful decision for them to have taken. What they need is **support and kindness** to feel like they matter. Do not assign blame since it's not their fault to be feeling this way. They are probably already facing discrimination and stigma at the hands of society. You could try to be **more sensitive** to their feelings.



Most importantly,

Don't Disappear: This could be overwhelming for both the survivor and you. But please know that it doesn't help when you disappear because you feel awkward or you don't understand how you can help. Just check in with them every now and then. Depending on the kind of commitments you have, **draw certain boundaries** with them. This would help you build a better rapport and understand how you can help.

14. How to support the recovery of your loved one after an attempt?

Acknowledge your feelings: When your loved one attempts to end their life, it can be a devastating experience. A whole range of emotions might come up for you, such as anger, guilt, shock, confusion, grief, or numbness. **Try not to panic.** Take some time to acknowledge these feelings as it is normal to feel them. It is also advised to speak to a loved one or mental health professional about this.

Acknowledge them: It can be difficult to find the right words to say when you are feeling overwhelmed and emotional. Start by acknowledging their struggle, this could make them feel loved and cared for.

Prompt:

“I’m so sorry you went through this. I understand the struggle you are going through to have considered the decision of attempting suicide. How are you feeling now? How can I best support you?”

“I can only imagine how difficult it has been for you to consider ending your life. I want you to know that I care for you and I’m here for you”

Avoid saying:

- ⊗ “Oh my God! What have you done? Did you not know that I care and that I would have helped you?”
- ⊗ “Are you so weak that suicide was the first thing that came to your mind when you were low?”
- ⊗ “I don’t know what to say to you. I can’t take this”



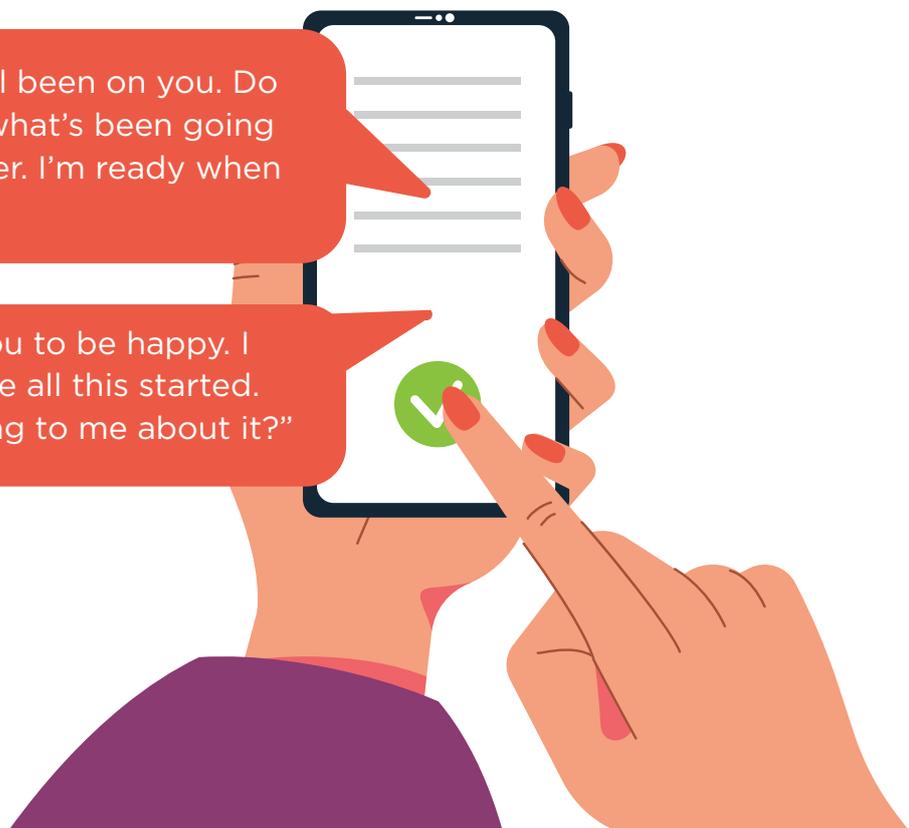
Remove their access to lethal means: It is advised to remove their access to any means they could use to end their life. This will reduce their chances of considering suicide as a solution again. Research has shown that within 3 months to one year post a suicide attempt, there is a high risk of re-attempt.

Ask the difficult question: Be prepared to ask them heavy questions about what has been going on in their life. **Do not judge them** for considering suicide as a solution to their problems. Everyone has a different way of coping with excessive stress. You may not consider suicide in difficult times but unfortunately, there are many who do.

Prompt:

“I can see how tough this has all been on you. Do you think we could talk about what’s been going on? This may help you feel better. I’m ready when you are!”

“I care about you and want you to be happy. I would like to understand where all this started. Would you be comfortable talking to me about it?”



Be there for them: Just try and be available for them (keeping your boundaries in mind) as much as you can. You need to let them know that **you care and are here to support them** through their recovery. This will help re-establish trust between you and your loved one, which may then lead them to open up to you about their struggle. An added benefit is that they might reach out to you IF a suicide crisis arises again.

Examples: share their workload, make plans to hang out with them, and help them identify small changes they can make in their lifestyle, such as staying physically active, cutting back on alcohol intake, or getting enough sleep.

Ask for their safety plan: Keep their safety plan handy so that you know how to support them better if and when such a situation arises again. The plan can help you remove their access to lethal means, contact their doctor, therapist, or a loved one, remind them of their reasons to live, and identify their warning signs. If they don't have a safety plan already, encourage them to make one with their therapist. If not, you could also offer to make it with them.

Encourage them: As a loved one, you could encourage them **to seek professional help** (free of cost or paid) for their concerns. You could offer to book an appointment or accompany them to their appointment. Make them aware of the resources available in their area. Let them know of any free counseling services available. You could also encourage them to engage in self-care activities, such as meditation, doing things they enjoy more often, and spending time in nature.



Explore a recovery plan together: The event may have been traumatic for them so it's necessary to chalk out a recovery plan. It is advised that you ask them the difficult question of how they plan to recover from their emotional pain when it is appropriate to do so. They could start with baby steps like creating a **safety plan**. You also could explore different long-term options, such as medication and counseling.

Involve others: Supporting your loved one through their recovery does not have to be a solo endeavor for them or you. Keeping in mind their comfort and confidentiality, involve their doctor, therapist, colleague, friends, or family members. This will help you take a break when you have to and still feel assured that they have a cushion to lay back on. It's important that there is someone around them **so they are not alone** or are feeling lonely. Research has shown that people are more likely to re-attempt suicide, especially if they have a mental illness, high levels of hopelessness, and lower levels of social support.

Most importantly,

Be hopeful: You could start by telling yourself that there is hope for them to recover and go on to live a fulfilling life and you could remind them of the same. There is a large pool of evidence of suicide survivors that support that. **Don't disappear out of their life.** Hang in there and tell them that with the right support and treatment, they can recover.



15. What to do if you end up triggering your loved one?

“Triggers” basically have to do with re-experiencing past trauma in the present time. A sign of being triggered is when your loved one disproportionately reacts to an event or their reaction is not reasonably related to the present facts.

Those feeling suicidal are already going through **severe distress**. This is why it is fair for them to not be in a position to “take a joke” that is necessarily problematic or put up with comments that hurt them. We understand that you might not always know what could trigger them, especially when they are feeling suicidal. Don’t blame yourself for anything that wasn’t deliberately said to hurt them or is not known to be problematic.

However, it is helpful to steer away from certain arguments such as:

- ⊗ They are doing something for attention
- ⊗ Treating them like they are crazy
- ⊗ Making a big deal about considering suicide
- ⊗ Indicating that they are weak
- ⊗ Bringing up distressing events unless and until they want to talk about it.
- ⊗ Reducing their personality to just being “suicidal”



I AM SO SORRY
FOR WHAT I
SAID/DID. I DID
NOT MEAN FOR IT
TO BE HURTFUL.

What you can do when you unknowingly trigger your loved one:

Apologise and take responsibility: When you realize that your comment/action has triggered your loved one, you need to own up to it. Whether this was something that you meant or it was a genuine mistake, you **need to acknowledge** the situation. Otherwise, they would be on a downward spiral of painful thoughts that they might or might not express to you. The fight or flight response could be different for everybody. This is why even if you don't see an explicit reaction, please check in with them and **apologize**.



Prompt:

“I am so sorry for what I said/did. I did not mean for it to be hurtful. I can only imagine the feelings that this could have brought up. I am very sorry”

“I spoke/did this only because I wanted you to know of this. I did not anticipate the impact this would have on you. I am very sorry for hurting you”

De-escalating the situation: You could ask your loved one how you could make this situation better for them. You could change the physical space they are in, change the conversation, or maybe leave for a few minutes so they have some time to settle down their thoughts. If you think your loved one can't be alone right now, see if you could arrange for someone else to be there to support them.

Prompt:

“I know I am the reason for some painful feelings. Can you please tell me what I can do to make you feel better?”

“I am unsure of what can be done, but I know I want to make you feel better. Do you think you would like to discuss this with me or would you like me to give you some space?”

Coping with signs of being triggered: If they want you to be there, then help them breathe. Breathing during a triggered episode helps bring equilibrium. Engage them with the Hope Box so they could be involved with some calming/distracting/relaxing activities. Bring them some food and water if need be. Let them know that you care for them by asking them what you could do for them.



Prompt:

“I care for you and your well-being. Can we discuss how we can make you feel better?”

“It must be very difficult for you right now. I want to be there for you through this if you don’t mind?”

Assure them that they are safe: When one is triggered, it is difficult to get past that feeling and come back to “normalcy” immediately. What would help is for them to re-evaluate the current situation. Help them understand that they are in a safe space and that you would do what is comfortable for them.

Prompt:

“I feel bad that you are overwhelmed because of something I did/said. I genuinely want you to know that I care for you and hope that this doesn’t affect your feeling safe around me. If it does, could we talk about what we can do moving forward?”

Let them take their time: Let your loved one take some time to react to the triggering situation. Don’t suppress this because you are worried about their reaction or because you are guilty you caused it. They are already feeling overwhelmed, so **don’t hurry them** by asking them to get over it already. Understand that such responses can last for a while and you can check in every now and then.



How you can avoid this situation in the future: Know that there is no practical way to avoid triggering your loved one altogether in the future. They are vulnerable and this makes them more prone to feeling triggered. There is no way you can determine what could trigger them. What you can do instead is genuinely **understand their feelings**, and be more mindful of what you speak around them. Also, try to ensure that the current situation doesn’t arise again.

16. What to do if your loved one blames you for their struggle with suicidality?

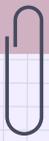
If your loved one who's struggling with suicidality appears to be blaming you for their pain when you are only trying to help them, it's natural for you to feel upset. After all, you are trying to support them through this very difficult time and you have every right to expect dignity and acknowledgement for all that you are doing for them.

Struggle with suicidal ideation could manifest in different ways, while for some it comes out in the form of sadness and lethargy; for others, it could be anger and frustration. Having said that, **this in no way justifies their disrespectful behaviour.** If you are contemplating “giving up” or “letting go” because you want to protect your own emotional well-being, we understand where you are coming from. Here's what you can do to communicate how you feel:



Creating boundaries: Your mental health is important and caregiving in no way can take that away from you. We understand that “setting boundaries” is easier said than done, so here's how you can get started:

1. Let your loved one know that even though they might not be able to control how their suicidal ideation makes them feel, they can work on monitoring and controlling their actions. Since the power to make that choice is in their hands, let them know that they could try and work on improving their **communication skills.**



Prompt:

“I understand that you are going through a difficult time. But that doesn’t allow you to be insensitive towards me. The power to change is only in your hands. So I would appreciate it if you are mindful of the way you speak to me moving forward”

2

Let your loved one know that even though you fully acknowledge that they are deeply hurting; that in no way justifies their disrespectful behaviour. You could **clearly communicate** this by suggesting that when you see them behave in a manner that is not acceptable to you, you will leave the conversation.



Prompt:

“I know that you are struggling with something very painful. I am trying my best to be there for you. But at this point, it is getting hard for me to not take your rude behaviour personally. I am sorry but I will have to leave the conversation and continue to/next time you say something disrespectful/hurtful”.

3

Let your loved one know that even though you genuinely care for them, you will not stand to be blamed for no fault of yours. That you will stay only when you feel respected in your relationship.

Prompt:

“Seeing you struggle is painful for me too. As much as I want to be there for you, I cannot do it at the cost of my self-respect and mental health. I am still willing to be there for you if you can be respectful towards me.”

Know when to walk away: Please understand that as real as their struggle may be, they possibly cannot justify their unfair behaviour in the name of their pain. Such justification is nothing less than being toxic. You have every right to **let it go** when you know that your mental health is taking a toll because of your association with them. You cannot solely be responsible for everything that’s going on in their life even if they say so.

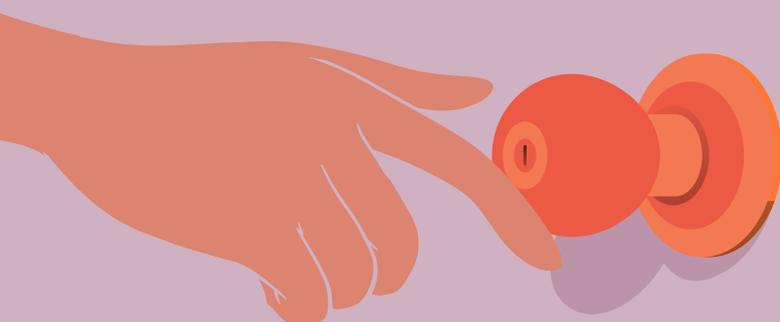
How to walk away: Letting your loved one know that you aren't able to support them anymore because of the toll that's taking on you is definitely hard. However, lingering around might only strengthen their belief that such behaviour is acceptable. Please know that the following steps can be painful and do what you can do since you **cannot be neglecting yourself**. Here's what you can do to distance yourself:

1. Let them know how you have been feeling ever since you realised that their behaviour has been hurting you. You could be sensitive while explaining that, but also own your struggle. Remind them of all that you did to help them and why you feel helpless right now.

Prompt:

"I haven't been feeling good ever since our last conversation about setting boundaries. I am afraid I don't see an improvement in your behaviour. This has been taking a toll on me. I am sorry for walking away but I will have to. I need to take care of myself before I can think of being there for you"

2. Let them know of other friends/ family that they could reach out to. Ask them who they would be **comfortable** with, so you can explain the situation to them. Please do this only if you have the strength to. It's understandable if you don't want to do that either.
3. If they want you to stay in touch do so only on your terms. Set some ground rules on acceptable language. Remind them that good communication will only help them. Tell them how and when you can be available. Know that it is fair for you to completely distance yourself from them until you feel **ready again**.
4. Let them know that they could try seeking professional help for their struggle if they haven't been doing that already. Here's **SPIF's directory** to guide them.



P.S: Please understand that if you decide to leave, you are not doing anything wrong. **You are not selfish** even if they say/make you feel so. You may think that it's selfish because you are choosing to walk away from someone who is struggling. Remember that you have done your best and that's the only thing that matters now.

17.

What to do if your loved ones' coping mechanisms seem unhealthy, unusual and scary?

DRUGS

ALCOHOL

OVER EATING

All of us experience stressful life events. As we go through them, we look for means to cope. While some coping mechanisms don't hurt people in the short or long run, there are many who rely on unhealthy/unhelpful coping mechanisms.



Unhealthy coping mechanisms

These are anything that brings one **temporary relief** by numbing them from their pain. Such coping mechanisms could hurt both their health and finances in the short or long run. Oftentimes, they only mask stress from showing itself on an individual for a short period of time. Therefore, they can become **addictive**; as the need to escape from their pain even for that short span of time, could seem attractive in spite of its implications.

Seeing your loved one have suicidal ideation/behavior could in itself be stressful for you. We can imagine how you must be feeling knowing that your loved one is holding on to unhealthy means to cope with their pain. What we need you to understand is that **this is not an easy time** for your loved one. They might or might not know how their coping mechanisms could be hurting them. However, they most likely won't be in the position to quit immediately, since that unhealthy coping mechanism is probably the only way they feel a sense of relief.

Here's what you can do to understand their struggle and eventually be able to figure a way out along with them:

- ♥ **Understand how their coping mechanisms make them feel:** There is a range of unhealthy coping mechanisms. Sometimes doing something in excess could be unhealthy. Try and observe under what situations is your loved one most likely to employ such coping mechanisms. We understand the worry, but for now, try to **talk to them** about how using such means to cope with stress makes them feel and why they choose to rely on such means.

Prompt:

“Am I right in thinking that you rely on _____ when you feel overwhelmed /distressed? Have you thought of why this happens? Would you be comfortable talking about this with me?”

- ♥ **Avoid confirming or denying their strategies:** Your loved one may or may not be able to express the entirety of their feelings. This could be because they are afraid of judgment, they don't want to lose you, or because a lot may be running through their mind. Therefore, to make it easier for them to open up, it's helpful if you neither confirm nor deny their unhealthy coping mechanisms. For now, **just listen** to what they have to say.

- ♥ **Ask them how they've handled stress in the past:** We are not born with unhealthy coping mechanisms. Most of the time, it's what we have picked up from our surroundings. Find out how they handled stressful situations in the past. Even if they haven't faced such a situation before, you could still find out if there was ever a time when they relied on other means when they faced difficulties. This could give you an **insight** into activities that you could engage them with when they seem to be more ready to try a different path.



- ♥ **Discuss alternatives with them:** You may begin discussing once they feel ready about possible alternatives that could be used. They need not completely replace it, maybe doing it once in a while could also be helpful. A small example of this could be buying one cigarette at a time instead of a whole packet, so they would have to walk every time they have to buy one more. This may not completely help them quit smoking but could give them time to think of other means. Try and initiate **small and meaningful** discussions on why healthier coping mechanisms could help.
- ♥ **Don't pressure them to change quickly:** Going cold turkey is in fact more harmful. This is because they could have severe withdrawal symptoms and chances are, they might go back to their unhealthy coping mechanisms. They could also search for newer and faster ways to cope that could be equally bad or worse because of stress. Give them **time to understand** what exactly is happening so they can consciously build healthier means to cope with stress.
- ♥ **Encourage them to seek professional help:** When they feel up to it, let your loved one know that you are not equipped with the skills to deal with their current difficulties. MHPs look at addiction and unhealthy coping mechanisms in an unbiased and research-informed process. Encourage them to seek help so they can explore better means to cope with their stress. **Please look up how to encourage your loved one to seek professional help** to know more.

Understand that this is a gradual process. There could be chances of relapse, and we can imagine how worrying that could be for you. Know that your support is what could keep them going. Help your loved one, believe in themselves and the possibility of recovery.





**YOU
ARE DOING
THE BEST
YOU CAN**



18. What are the benefits of seeking help?

The conversation around mental health is growing rapidly in India. More and more people have started considering therapy to handle their struggle with mental health. However, the idea of seeking professional help can be **daunting and confusing**. Becoming aware of the immediate and long-term benefits can reduce the anxiety and confusion around seeking therapy. It will also help you better encourage your loved one to seek help.



Read ahead to know what the benefits are:

Unbiased and research-informed guidance: Struggling with mental health issues is often a lonely experience. While loved ones continue to support and care, seeking professional help will ensure that they are receiving unbiased and research-informed guidance on handling concerns in the best way possible.



Gets to the root cause of a problem: Therapy fosters self-awareness and aims at understanding the root cause of an issue. This will not only help the individual heal the problem from its core but also make one more cognizant of how certain life experiences have shaped them to become the person they are.

Creates a safe space: The core of therapy is to provide a safe space for an individual to be candid and vulnerable. This will allow them to let their guards down and speak of concerns they haven't gathered the courage to share yet.

Improves physical health: Mental health and physical health are deeply interconnected. Since one impacts the other, improving mental health through therapy will automatically improve the physical health of the individual. Some common ways in which poor mental health deteriorates physical health are: poor sleep cycle, sleep disorders, digestive problems, fatigue, obesity, and headaches.



Develops coping skills: It helps in developing coping skills. Therapy equips individuals to navigate challenging situations by focusing on their strengths of an individual. This also leads to higher self-esteem, self-worth, and building resilience.



Builds and strengthens relationships: As one connects with themselves in therapy, they would be able to connect with others more authentically. Additionally, with the added self-awareness, one would be able to communicate their needs better and set clear boundaries in their relationships.

Acts as a protective factor: It is advisable to create as many protective factors as possible when one is struggling with suicidality. Protective factors are personal, social, and environmental characteristics that reduce the risk of suicide. Therapy can be a valuable protective factor. It also equips an individual to regulate their emotions better which further acts as a protective factor.

Reduces suicide risk: Therapy helps one address underlying stress/worry/mental health issues. Suicidal feelings are often built up over time. Research has shown that mental illness is a big **risk factor** for suicide.



19. How do you create a support system for your loved one?

We are social animals who require the support of people from time to time. There is no denying that we all have difficult moments in our lives. One of the things that could really make such a situation less scary is; going through it with people who genuinely care for us. A support system can consist of friends, family, colleagues, mentors, and anyone else who **sincerely** wants to be available in person or online.

Creating a support system: Mental well-being extends outside of maintaining one's biological and psychological factors. It involves creating and sustaining a supportive environment as well. What you as an existing member of the support system can do is, help your loved one **create and maintain** their support system. Exploring ways in which they could utilize people and resources, so they can experience a little kindness could go a long way in making their struggle with suicidality manageable.

You could start off by helping your loved one and identify areas in which they require more support. Give them ideas of different ways they could build more support - **professionally and personally**.



Professional:

1. Try and talk to your loved one about people in their workspace that make them feel comfortable.
2. Encourage them to share their story with people that they think they can open up to.
3. Encourage them to attend work events and build networks that will help them get through their office hours.

Personal:

1. Accompany them in new social situations. You can join a club with them, volunteer, play sports, take a class, join a - support group, book club, or gym.
2. They could meet people online where they can exchange emails, text messaging, and video calls.
3. Help them think of friends and family who could be kind to their struggles. Reassure your loved one that you could help them tell their story in ways they are comfortable with.

How does creating a support system help:

It could also be difficult for a person struggling with suicidal ideation to repeatedly explain their situation in an attempt to gather more support. What you can do is remind them of the benefits and help them develop a healthy support system for themselves.

A healthy support system can help in several ways, such as:

- ♥ Providing monetary help
- ♥ Providing a safe and non-judgemental space
- ♥ Offering to run errands
- ♥ Collaborate on creating a safety plan or hope box
- ♥ Providing a compassionate ear
- ♥ Encouraging them to seek professional help
- ♥ Accompanying them to their appointment with a therapist or doctor.
- ♥ Identifying triggering situations or signs of distress that need immediate attention
- ♥ Helping in building resilience to handle moments of distress
- ♥ Most importantly, ensuring that they feel less alone while navigating the daunting experience of suicidal ideation/behavior.



Maintaining a support system: If you feel comfortable, you could build a rapport with the other members of your loved one's support system. This could help them and you to feel seen and heard. It's only when one feels like their presence matters that they can continue to be there providing their input and support. Here are some ways you could sustain such a support system:

- + Help your loved one understand that **sharing their pain is going to ease the struggle** for them and make the members of their support system feel valued.
- + They can **choose the details** they want to share. But you can remind their support system that even if some details aren't shared sometimes, their support still means a lot.
- + As an existing support system you could **ease** newer people into the circle. You could let them know of some helpful ways, from your experience, to tackle certain situations in which your loved one could be highly vulnerable.
- + Try and talk to people in your loved one's support system, whenever you can. You may try to talk about things other than your loved one's struggle with suicidality. Try and make **deeper** long-lasting connections that would help both of you feel closer.
- + Know when to maintain or break the confidentiality of your loved one. It is important for you to **not let out** details that your loved one has shared exclusively with you. Only break confidentiality when your loved one seems to be at a high risk of suicide.

20.

How can you set boundaries with a loved one struggling with suicidal thoughts?

What helps you maintain that healthy balance between being available for your loved one struggling with suicidality and being there for your own well-being is **boundaries**.

We have repeatedly talked about setting boundaries and their importance. However, we understand that establishing boundaries is not all that easy. Especially in situations where you are supporting someone struggling with suicidal ideation/behavior. It is important for you to understand that **you are not solely responsible** for your loved one's safety. We want you to know that you deserve space and time for yourself. It's only when you take care of yourself, then you can take care of your loved one.

Here are some kinds of boundaries that you can try and establish with them that would help both of you maintain a healthy relationship:

1. Time Boundaries:

Your time is precious and you have every right to decide how you would like to utilize it. Setting boundaries with time is important since you can avoid overcommitting to your loved one while also setting time aside for other important responsibilities. It's only when you **understand your priorities** that you would be able to sincerely help your loved one. It is paramount to let your loved one gently know that it's only when you are able to fulfill your other responsibilities that you would be able to support them. Have an **honest** discussion with them about when you can definitely be available for them and what they could do when you are unavailable in case of an emergency.

Prompts:

"As much as I want to be there for you, I can't skip this important work meeting/commitment. I shall respond to you once I get the chance"

"I understand that you need help at the moment. I care for you and I want to be there for you. However, I need to take some time to fulfill other responsibilities. I hope you understand that this in no way means that I am avoiding you."



2. Financial/material boundaries:

Struggling with suicidality could impair one's functionality severely. This could lead to one having financial troubles as well. If you are supporting your loved one undergoing suicidal ideation who has a financial crunch, please know that you can put a **hard stop** to how much you can help. Everyone has different ways to help and if you aren't comfortable or are not in a position to provide support in monetary terms, you can kindly explain that you can't help them on that front. However, if you do support them financially, help them understand what your prerequisites are. This could be the mode of transfer, where and how you would like to sponsor them and whether or not they need to pay back eventually. Let them know of your conditions beforehand and release smaller amounts until you are able to fully trust them.



Prompts:

"I won't be able to lend you money until we are clear on where and how you're going to be spending this money. I also expect to be paid back by the end of this month."

"I know I have encouraged you to seek professional help. However, I am not in a financial position to help pay for it. You would have to look for other sources."

3. Emotional boundaries:

It is surely exhausting and painful to take care of your loved one feeling suicidal. There could be times when you could be losing hope, and feel tired and burnt out. To avoid such a situation, you could start by maintaining emotional boundaries. This means that you recognize how much energy you are spending on supporting them and gently conveying to them if/when you don't have the emotional capacity to be there for them. If your loved one, despite all your effort, is treating you poorly and your efforts are going unrecognized or being dismissed; you have every right to be **upfront** about your pain. Emotional boundaries are about establishing the kind of language being used by your loved one, how much energy you can spend on validating their struggle, and them respecting your well-being.



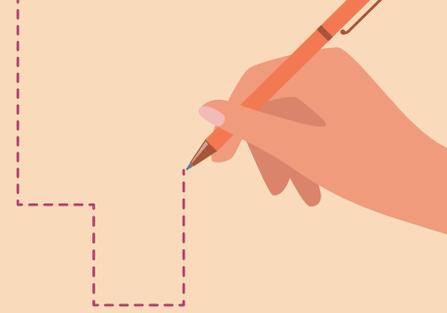
Prompts:

"I'm not in an emotional state to be present to you/have this conversation right now. Can we do this at a later time when we are both ready?"

"I feel judged and criticized while I'm there for you. I can only openly share my thoughts if you are able to respond to me respectfully"

4. Physical boundaries:

Drawing physical boundaries is important when your loved one is feeling suicidal and you are unable to be there for them. You can have boundaries around your personal space, taking rest, having healthy food, and other needs that you require for maintaining your mental health. When you share a physical space with your loved one, it could be hard for you to concentrate on yourself when you clearly see them suffering. Therefore, letting them know of your schedule where you abide by a certain time for food, sleep, reading, and the like, could help them know what your day looks like and respect it.



Prompts:

“I need to step away for a minute and eat something. My hunger is making me cranky so I can’t be fully present to you right now”

“I have a certain schedule that I like to abide by. I can’t promise to be there for you every time you need someone to talk to.”

5. Expectation boundaries:

Having and setting high expectations is going to be hard as time progresses. Your loved ones’ reliance on you could become harder if you have not set some expectation boundaries. Your loved one could take your support for granted while you see your relationship differently. Setting boundaries on time, emotions, physical space, finances, and many other aspects that are important to you, are all part of the **expectations** that your loved one could have from you. Discussing their expectations and your limitations could leave less room for disappointment.

Prompt:

“I would like to talk about it and sort it out but I don’t think now is the right time for it. I need you to understand that I have other commitments as well”

“I see where you are coming but I feel differently about this situation. We can agree to disagree. Having said that, you should know that it makes me sad when you take my presence for granted”



21. Importance of a Safety Plan and a Hope Box

A Safety plan and a Hope Box are both important tools to use when your loved one is struggling with suicidality.

Safety Plan

A safety plan is a technique used in Cognitive Behavioral Therapy (CBT) that guides and supports an individual when they are having suicidal thoughts or are experiencing an urge to act on their suicidal thoughts. It helps an individual to **self-manage** before their suicidal thoughts/urges fully emerge. It is generally created in collaboration with a mental health professional. If not, it can also be created with a friend or a family member they trust and are comfortable with. It is often curated when an individual is not in a suicide crisis. It may also be developed after a suicide crisis has been averted, but not during it.

The plan requires a person to list their **warning signs, coping strategies, emergency and trusted contacts, contacts of their doctors or mental health professionals, and ways to limit their access to lethal means**. This plan can change as the circumstances of the person change.

It is important for you to encourage your loved one to make a safety plan as its effectiveness in reducing suicide risk has been researched. An important way to be there for your loved one is by having their safety plan with you **handy** so that you are aware of their warning signs, coping strategies, and social contacts, and use them when the need arises.

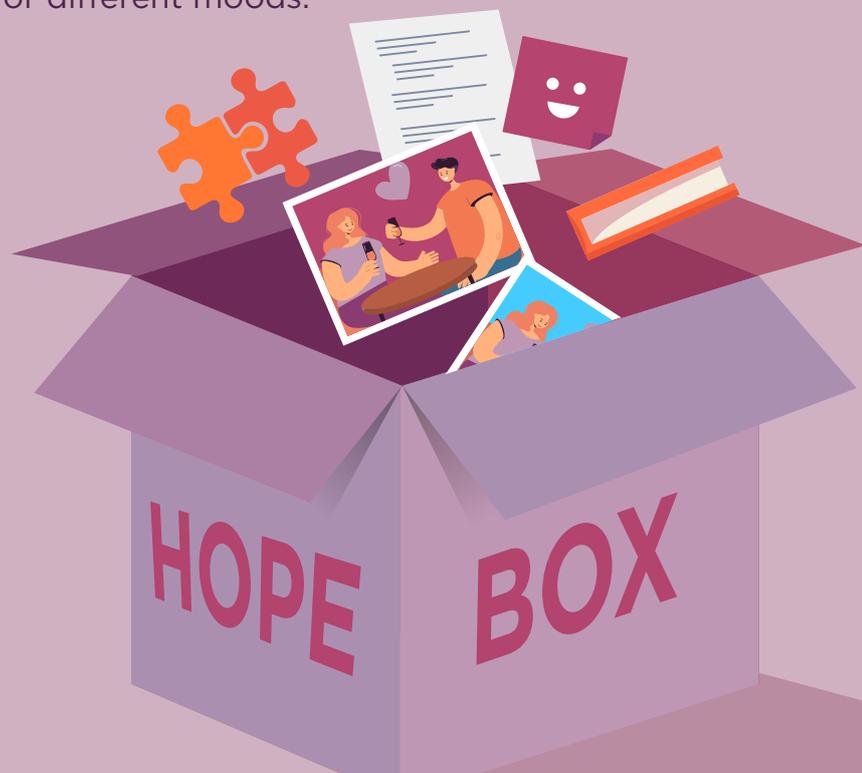


Hope Box

The Hope Box is a technique used in CBT that helps in **reducing** feelings of hopelessness, helplessness, and worthlessness. It is either made in collaboration with a loved one or the person struggling with suicidal ideation makes it by themselves. There are four components within the hope box - **distraction, relaxation, inspiration, and coping tools**. As evident by their names, each of these serves a different purpose in helping the person with suicidal ideation tide over a crisis.

1. **Distraction:** your loved one can play fun and mindless games, take a quiz on general knowledge or about themselves, read comic strips or solve a puzzle. Research shows that healthy distraction tools are highly effective in delaying suicide plans.
2. **Relaxation:** your loved one could attach letters, cards, or printed emails from someone they care about, pictures that bring up positive memories (of family, friends, or vacations), lyrics to meaningful songs, art that they have created or that someone has made for them, or their favorite book or magazine
3. **Inspiration:** your loved one can add their reasons to stay alive, hopeful and reassuring messages from strangers, meaningful articles and poems, religious verses, special and inspirational quotes, and success documents to remind them of their strengths.
4. **Coping tools:** your loved one can create what are called 'coping cards' by themselves or along with someone, for different emotions. They could also engage in guided meditation for different moods.

It is important for you to encourage your loved one to make a Hope Box as its effectiveness in reducing suicide risk has been widely researched. It can help a person **restore** some hope to fight off their tunnel vision and distorted thinking in a moment of crisis.



22. Practical support you can offer someone struggling with suicidality

It is common to wonder what are the most practical and efficient ways to be there for your loved one, through their struggle with suicidality. Even if you are a counselor or a doctor, it is not ethical for you to compensate for professional help. However, you can surely help them in other ways, such as:

- ♥ **Be informed:** You could start by reading up **more about suicide** - causes, warning signs, risk factors, protective factors, myths, and facts. This will help you understand the issues they are facing. Next, look up resources, both pro bono (free of cost) and paid, in their area. This would enable you to help them ease their search for an MHP. Access the **SPIF directory** to get started. Research the **benefits of seeking** help so that you can further encourage your loved one. Refer to ____ to learn tips on encouraging them to seek help.
- ♥ **Ask them how you can be there for them:** Don't forget to ask them how they would like your support to look like and whether they want it at all. It's important to keep checking if you are making them feel **safe and cared for**. Be open to making changes to your approach if they feel otherwise. This experience can be daunting and draining for you as well. Nobody is perfect, it's okay to make mistakes!

Prompt:

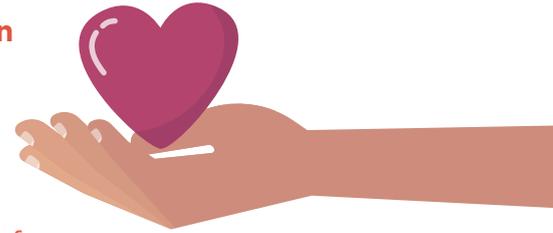
"Hey! I would really like to be there for you through your struggle. How would you like me to be there for you? I don't want to overwhelm you with things you won't feel comfortable with. Can we discuss this?"

- ♥ **Offer to book appointments and accompany them:** After you have informed them of the benefits of seeking help and provided them with contact details of a suitable mental health professional, offer to book an appointment for them. For many, taking the first step is the hardest so volunteering to book an appointment could help them feel supported. Offer to **accompany** them to the appointment, if they are okay with it. You could really push them positively and be there for them through this. Sometimes, it's the loneliness that leads one to reconsider their decision of seeking help.



♥ **Help them understand what they would like to work on, in therapy:** Help them introspect on the issues they would like to work on if they are comfortable. Whether it's an underlying mental illness, suicidal ideation, or general stress and worry. You could help them come up with a list. Doing this could reduce their worry about where to get started in therapy.

♥ **Offer emotional support:** Listen. Provide them with a safe space so they feel comfortable to open up about their struggle. Stay calm and be patient. Don't jump to conclusions. Hear them out completely. If they are finding it difficult to open up, let them know that you'll be there **when they are ready**. When they do open up, acknowledge their pain. Reassure them that there is hope and that you care.



♥ **Be available:** Be there for them. Whether it is in the form of providing emotional support or just hanging out with them. Having serious, vulnerable conversations continuously can be draining. It's okay to have fun with them. Plan activities together and offer to share their workload as well. While you're at it, remember to do this within your boundaries!

♥ **Help them create a Hope Box:** A hope box has been widely researched upon to be helpful for people who are struggling with suicidal thoughts. Refer to _____ to know the importance of it. Help them create it so that they can engage with it every time they feel overwhelmed by suicidal thoughts.



♥ **Keep their safety plan handy:** Keep their **safety plan** handy. This will equip you to support them in a time of crisis. It will help you become aware of their warning signs, emergency contacts, and coping strategies. If they don't have one, encourage them to make one with their therapist or you could also collaborate with them to make this.

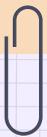
♥ **Help them strengthen their protective factors:** Last but most importantly, help them develop/strengthen their protective factors. These are personal, social, and environmental factors that reduce the risk of suicide. You could **encourage** them to seek therapy, create a support system for them, and help them create a Hope Box and a Safety Plan. Refer to this **list** to know more about these factors.



23. How do I communicate to someone that I'm not in a state to help them/ How can I refer them to someone else without dismissing their concern

'It's okay to say no', we hear this often but sometimes struggle with actually doing it, more so when you have to say no to helping someone struggling with suicidal ideation. While it is important to set boundaries and take care of yourself, it is also important to **say no politely**. Remember to be mindful of not making one feel like they are a burden and bombarding them with all the reasons you can't be available for them right now. Here are some ways you can communicate your unavailability to them:

- 1. Be kind:** Someone who is experiencing suicidal ideation is quite vulnerable. So, it is likely that they expressed their feelings because they trust you with helping them out. This is why, even if you can't help at the moment, acknowledge their situation and gently say that you are unavailable.



Prompts:

"Thank you for sharing this with me. I can only imagine how difficult it is for you right now. As much as I want to help, I am unavailable to respond to your concerns at the moment."

"Thank you for trusting me with your thoughts. I am sure it wasn't easy for you to share this. I am really sorry but I am unable to support you right now"

- 2. Give your reasons:** Saying "no" under other circumstances might not need you to reason with them. However, in situations when someone is feeling suicidal, you might not be able to say that you aren't available as easily. Having said that, you should be mindful of not dismissing their concern if you are occupied at the moment. What you can do instead, is politely give them reasons for your unavailability.



Prompts:

"I am sorry but I am caught in a personal/professional emergency. I request you not act on your suicidal thoughts. Hang in there"

"I have been having a bad mental health day today. I am not in a state to be fully present to your concerns"

- 3** □ **Say “Not now”:** Instead of saying “no”, you could communicate that “you are not available now”. Again, you may have to give your reasons. Leaving the door cracked open could give those feeling suicidal an opportunity to discuss with you under different circumstances where you might be ready.

Prompts:

“I want to be there for you but I will need some time until I finish _____. After this, I will be able to support you to the best ability”

“Can you promise me to not act on your suicidal thoughts until evening/night so that I can make myself free and get back to being there for you?”

- 4** □ **Offer Reassurance:** Let them know that even though you are not available currently, there is hope and that they could seek help elsewhere.

Prompts:

“I am sorry I am not available right now. This could be hard for you. Is there anyone else/anything else that could help you get through this difficult time?”

“You could try engaging with your hope box for a few hours after which I promise I will be available for you”

- 5** □ **Refer them to someone else:** Even though you are unable to help them under your current circumstances, it’s important that those feeling suicidal continue this conversation about their feelings. If you have the time and bandwidth, try and find out through a quick conversation, depending on your relationship with them, as to who they are **comfortable** speaking with at this moment. It could be a friend, family member, colleague, mentor, spiritual guide, or anyone else.

Prompts:

“Although I am unavailable right now, there are other people you could reach out to/other things you could do to handle your urge to act on your suicidal thoughts”

“Do you want to try reaching out to your friends/family member/therapist as I am unavailable until tonight/tomorrow?”



24. How do you take care of yourself as you support your loved ones undergoing suicidal ideation?

As you are taking care of someone experiencing suicidal ideation, you could likely be feeling highly stressed and emotionally drained. It's only when you take care of yourself physically and mentally that you can support your loved ones.

Here we have some ideas on how you could be there for yourself as you are available for them:

1. **Distraction:** your loved one can play fun and mindless games, take a quiz on general knowledge or about themselves, read comic strips or solve a puzzle. Research shows that healthy distraction tools are highly effective in delaying suicide plans.

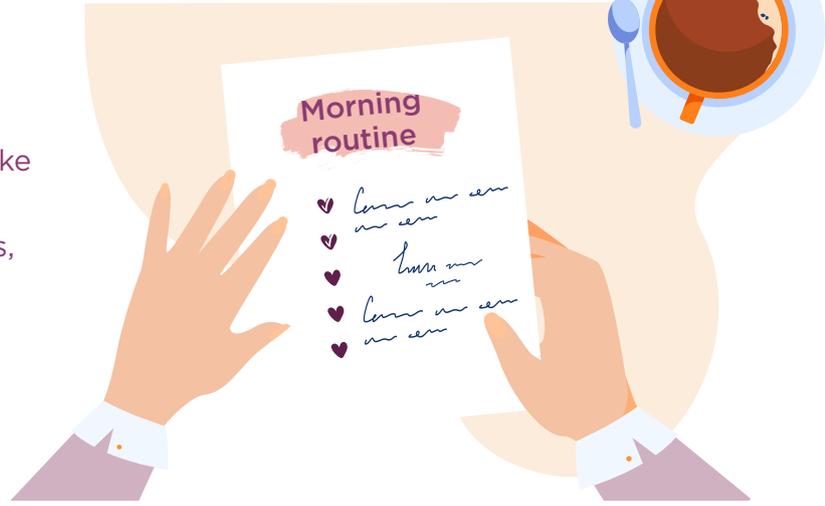
2. **Take time to reaffirm the positives:** Progress of your loved one could be slow, and the improvement could look negligible on some days. Sometimes, an improvement means something as small as waking up to brush their teeth or making themselves a meal. For those experiencing suicidal ideation, these improvements could be commendable. It could be likely that your positive presence is what has helped them to get there. Pat yourself on the back even if you don't hear it enough from them.

3. **Gather strength from your support system:** You could join a support group, and talk about it with friends and family (without breaking confidentiality) that understand you. This could help you get some perspective about your feelings and emotions through this difficult time.

4. **Set boundaries:** While you want to be there for them to your best effort, don't pressure yourself to get out of your way and alter your schedules for them. Set ground rules on availability and expectations beforehand.



- 5 **Create a routine:** You could also take care of yourself by creating stable routines around eating healthy meals, exercising (including relaxation exercises), and sleeping enough. During this time, it is advised to limit and maybe even avoid alcohol or any drug usage.



- 6 **Make time for yourself:** As you have to navigate between your responsibilities in your professional career and other obligations, it could be hard to think about yourself. Making some time for things that you enjoy could ideally be spread across the week, so you can keep yourself motivated and feel emotionally better.

- 7 **Be mindful of stressors:** Try and recognize what kind of impact stress shows on you. Some physical signs of stress are headaches, low energy, upset stomach, insomnia, and muscle tension to name a few. Look out for when these symptoms begin to present themselves so that you are better prepared to take care of yourself.



- 8 **Just be their loved one:** Do not try to be their therapist even if you are a certified mental health professional. Let them know that your being there does not substitute for the need for a therapist. Your job is to support them through healing, not uncover their trauma by questioning things that may not be ready for and you are not equipped to deal with.

- 9 **Build your emotional resilience:** To be able to deal with the setbacks in your loved one's journey through recovery, you may need to navigate your feelings as you see them suffer through this. The ups and downs in their journey could have an impact on you. Which is why developing emotional resilience is important. Such resilience could be built by going for therapy yourself, giving yourself some space to reflect, building meaningful connections, and understanding that everything is not up to you.



Note: Remember that you too are important. If you are struggling with a mental illness then it is particularly essential that you take care of yourself. It is advised that you be mindful of your triggers. This is especially possible if you have in the past/are currently struggling with suicidality yourself. During a trigger, remember to step back from the situation and reach out to a mental health professional, friend, or family member.

Appendix



Understand Suicide

Myth	Fact
Talking to someone about suicide will plant the idea in their head	As a matter of fact, most people are relieved to finally be able to talk honestly about their feelings, and this alone can reduce the risk of an attempt. Research suggests that talking about suicide openly and mindfully allows a person with suicidal ideation know that they are not alone and that there are people who want to listen and help.
If my friend/colleague/patient dies by suicide, it is my fault	Death by suicide has a devastating impact on friends and family members. It might seem like you could have done more to make them feel supported and cared for. However, it is crucial to note that no matter how well-intentioned and diligent your efforts may have been, there is no way of preventing all suicides.
Only those with mental health issues (depression, Bipolar Disorder, etc) are suicidal	Anyone can be at risk of suicide. Everyone responds to adversity differently, for some suicide may be a reaction to experiencing stressful life events. However, research suggests having a predisposing condition such as depression, bipolar disorder, and the like, increases the likelihood of someone considering suicide. Having said that, it is important to note that not everyone with a mental health condition is suicidal and not everyone who attempts or dies by suicide has a mental disorder.
Confronting a person about suicide will only make them angry and increase the risk of suicide	Asking someone directly about suicidal intent lowers anxiety, opens up communication, and lowers the risk of an impulsive act.

Myth	Fact
Only experts can prevent suicide	Suicide prevention is everybody's business and anyone can help prevent the tragedy of suicide.
Suicidal people keep their plans to themselves	Most people with suicidal ideation communicate their intent sometime a while before their attempt as warning signs.
Those who talk about suicide, don't do it	People who talk about suicide may attempt and even die by suicide. It might be one of the verbal warning signs. However, one's responsibility when they are aware of such an intent is to spot the warning, ask whether they are suicidal, provide emotional support, and refer them to help.
Once a person decides to die by suicide, there is nothing anyone can do to stop them/ No one can stop a suicide, it's inevitable	Suicide is the most preventable kind of death and almost any positive action may save a life. Most people with suicidal ideation are desperately seeking a way out of unbearable emotional pain but are unsure about ending their own lives. After receiving help to overcome this pain, many people go on to live fulfilling and meaningful lives, never again seriously contemplating suicide. See SPIF's advice on preventing suicide as an individual , at a school or workplace , and as a mental health professional .
People who talk about suicide are attention seekers/ People who talk about suicide are usually joking	No, all suicide attempts are cries for help by individuals experiencing a notable amount of distress. Talking about dying by suicide is not a normal response to stress and should be taken seriously. Up to 80% of suicidal individuals convey their suicidal intentions to others, in the hope that the signs will be acknowledged as a cry for help. These signs include making a joke or threat about suicide or talking about being dead. We could take these signs seriously and ask them if they mean what they are saying. For all that we know they could be 'joking'. However, not checking in with them could result in a far worse outcome.

Myth	Fact
<p>Those who have attempted suicide once are no longer at risk</p>	<p>Research suggests that a history of a suicide attempt is a strong predictor of subsequent attempts. In fact, the risk of suicide increases with the number of suicide attempts in the past. Having said that, receiving proper treatment after a suicide attempt may cause some people to never experience suicidal thoughts again.</p>
<p>A sudden improvement in a suicidal person's mental state means that they are not suicidal anymore</p>	<p>The opposite may be true. The apparent improvement in the mood could also be a warning sign. This may mean the person has made a firm decision to die by suicide and feels better because of this decision.</p>
<p>Only a weak person would consider suicide/Suicide is a cowardly act</p>	<p>Considering suicide does not make someone weak, cowardly, or selfish. Sometimes people are unable to see beyond their intense thoughts and feelings, therefore, considering suicide as an option. Experts in the field suggest that a suicidal state of mind is constricted and usually filled with a sense of self-hatred, rejection, and hopelessness. Constant feelings of hopelessness can lead one to indulge in stress-induced impulsive decisions. Impulsivity and distorted thinking can also lead one to attempt suicide.</p>
<p>Young people don't think about suicide, they hardly have problems and they have their entire life ahead of them</p>	<p>Suicide is the leading cause of death among people between the ages of 15-29 in India. 28 students die by suicide every day in our country. Young people often face several challenges and suffer in silence. Impulse is closely related to suicide in the youth because they are not yet adept at processing difficult feelings. It is crucial for us to learn to spot warning signs and encourage them to seek professional help.</p>
<p>Providing a suicidal individual with just a helpline number is enough to bring them out of it</p>	<p>There are more than one ways to help a person with suicidal ideation. While suicide helplines are effective, providing them with just that, is not enough. Most persons with suicidal intent want someone to provide them with a safe space where they can speak without the fear of judgment. Take</p>

Myth	Fact
	<p>the 1 hour long QPR training online course provided by SPIF to learn how to question, persuade & refer suicidal individuals. Apart from this, encouraging and accompanying someone to seek professional help is also helpful. If someone is refusing to seek help then follow SPIF's advice on handling such a situation. Also, go to the 'You can help' section of the app to know more.</p>
<p>Only people of a certain gender, race, financial status, age, etc die by suicide</p>	<p>Suicide knows no boundaries, it is intersectional and can impact any gender, race, caste, or class. However, there is an established link between an increase in suicide ideation and persons undergoing psychological illnesses. Therefore, anyone who is known to have a psychological illness and has presented with a history of suicidal behavior is considered to be at risk. Additionally, anyone who is experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation could strongly ideate toward suicidal behavior. Persons who are refugees, migrants, indigenous people, and persons who identify as LGBTQIA+ individuals are considered to be highly vulnerable.</p>
<p>Once someone feels suicidal, they will always be suicidal</p>	<p>Acute suicide risk is often situation-specific or short-term. Suicidal thoughts may come and go but they are not permanent. Suicidal ideation and attempt are a part of the story, not the end. Survivors do go on to live long and fulfilling lives.</p>
<p>People who feel suicidal want to die</p>	<p>Sometimes a suicidal person feels so much pain that they can't seem to see other options. Oftentimes they feel that they are a burden to others. As a result of such desperation, they consider death as a way to escape their overwhelming pain. In reality, individuals feeling suicidal want to end their pain, not their life.</p>
<p>Suicidal individuals do not seek help</p>	<p>Contrary to popular belief, suicidal individuals often reach out for help because the intention is to end their pain, not their life. 8 out of 10 suicidal individuals display verbal and behavioral warning signs. It is our collective responsibility to equip ourselves to spot them and persuade them to seek help.</p>

Myth	Fact
<p>Alcohol and drug abuse do not have much to do with suicide</p>	<p>Research has consistently shown a strong link between suicide and substance abuse disorders. Alcohol is a depressant, it impairs judgement, increases impulsivity, and may also worsen underlying mental illnesses. Individuals with a substance use disorder (ie, either a diagnosis of abuse or dependence on alcohol or drugs) are 6 times more likely to attempt suicide at least once in their lifetime compared to those without a substance use disorder.</p>
<p>All those who self-harm are suicidal</p>	<p>Self-harm is dangerous and should be taken very seriously; however, it is not always an indication of suicide. There are two types of self-harm: 1) self-harm with an intent to end one's life, and 2) self-harm with no intention to end one's life (NSSI). In the latter, individuals self-harm as a perceived coping mechanism for several reasons, such as to process their negative feelings, numb their emotions, or punish themselves for something they think they have done wrong. The only way to be sure if one is self-harming with an intention to end their life is to ask. Check out the 'Guidance for Support' section.</p>
<p>Suicide is hereditary</p>	<p>Suicide is multi-factorial with genetic predisposition being one of the risk factors. This does not mean that suicide is inevitable for individuals with a family history. Some genes such as BDNF may get triggered due to a stressful life event, however, genes are not the only factor that impacts suicide. Research evidence shows that 90% of individuals who die by suicide have a mental illness (BiPolar disorder, schizophrenia, etc). Since it is widely known that mental illnesses are hereditary this also adds to the risk of suicidality.</p>
<p>If I help a suicidal individual I will be legally liable</p>	<p>The Mental Health Care Act of 2017 decriminalizes attempt to suicide. Therefore, suicide survivors shall be presumed to have severe stress and shall not be tried and punished. Friends and family members can actively encourage the distressed to seek help without worrying about the legal hassles as they are no longer questionable under the law for this act.</p>

Risk Factors

These are personal and environmental characteristics that increase the risk of suicide. These factors are the pre "bad" or "difficult" events that may initiate feelings of hopelessness and helplessness. These may not necessarily be signs of an impending suicide attempt, but they do suggest the need for evaluation and perhaps counseling or treatment.

- Any past suicide attempt may indicate the risk for a future suicide attempt.
- The presence of depression, moodiness, hopelessness, or helplessness especially in young people.
- Any kind of unexplained anger, aggression, or irritability
- The death of a spouse, a child, or best friend, especially if by suicide. The loss of a spiritual guide/ anchor, therapist, counselor, or teacher/ mentor may also be a crisis point for many people.
- The diagnosis of a serious or terminal illness, chronic disease, or sudden disability.
- The sudden unexpected loss of freedom, for example, being faced with a jail term, or the fear of punishment or social isolation may trigger thoughts of suicide.
- The anticipated loss of financial security
- Lack of access to mental/physical health care and belonging to marginalized social groups.
- The fear of becoming a burden to others, childhood abuse, neglect, trauma
- Separation from loved ones, divorce, war, famines, calamities.
- Victims of bullying and assault
- The inability to express themselves freely, often as a result of their sexual orientation in a highly conservative society.
- Cultural, religious, or personal beliefs that portray suicide as a resolution of personal problems.
- Suicide cluster in the community, the unhelpful portrayal of suicide on media





Warning Signs

These indicate that one may be at immediate risk of suicide. Increased awareness about suicide and its warning signs is the first step towards reducing the stigma behind it, shifting the blame away from the individual, and preventing suicide.

Verbal Cues

If the person talks about:

- Wanting to die or kill themselves
- Experiencing unbearable pain
- Seeking revenge
- Feelings of hopelessness, helplessness, worthlessness, and perceived burdensomeness

They may refer to it indirectly and say things like:

“If _____ does/ not happen, I’ll kill myself.”

“I’m tired of life, I just can’t go on.”

“My family would be better off without me.”

“I won’t be around much longer.”

“Pretty soon you won’t have to worry about me.”

Behavioral Cues

If their behavior signals:

- Any previous suicide attempt
- Drug/ alcohol abuse, or relapse after a period of recovery
- Sleeping too much or too little
- Isolating from friends and family
- Stockpiling pills/ poison (everyday use lethal means)
- Co-occurring depression, mood disorder
- Unexplained anger, aggression, and irritability
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion

Emotional Cues

If they show:

- Sudden mood swings
- Feelings of hopelessness, helplessness, worthlessness and perceived burdensomeness
- Feelings of shame/ humiliation, guilt
- Feeling trapped/ thwarted
- Unexplained anger, aggression, irritability or relief
- Stress, anxiety, and restlessness
- Depression/low moods
- Loss of interest
- Dissociation/ cognitive dissonance
- Intense feelings of Rejection and Disappointment.

Protective factors

Protective Factors offer a safety net to protect them from suicide. These are personal and environmental characteristics that reduce the risk of suicide. Some of them are a result of the environment or come naturally to the individual while some can be cultivated regardless of age, sex, gender, and cultural diversity.

1. Availability of **effective physical/mental health care**
2. **Currently seeking therapy** - A person who is seeking help to handle their problems is less likely to be thinking of ending their life by suicide.
3. **Social connectedness** to friends/family/community helps them feel safe and belonged.
4. **Life skills** like problem-solving, impulse control and emotional resilience go a long way in helping them face their problems.
5. **Positive self-esteem and a sense of purpose** or meaning in life give the person motivation to find solutions that are life-affirming.
6. **Cultural, religious, or personal beliefs that discourage suicide** can reduce the likelihood of them ending their life.
7. **Limited access to lethal means** prevents suicide since many suicide attempts can be impulsive reactions to a stressor.
8. **Responsibility/duty to others** (as a caregiver, to a pet, etc.) dissuades them from considering suicide as they feel an obligation to others.
9. **Sobriety** - this is one of the most important protective factors. Alcohol consumption reduces people's inhibitions as well as their ability to think well, encouraging them to make impulsive decisions against the living.
10. **Financial stability and good physical health** provide them security against suicide, as they are encouraged to focus on the possible solutions to their problems.



Glossary

Suicide prevention can sometimes include language you may not be familiar with. The following are terms used commonly when talking about it:

Term	Definition
Suicidality	An umbrella term for suicide ideation, plans, behavior, attempts, and suicide.
Suicidal behavior	A spectrum of activities related to death by suicide, non-fatal suicide attempts, self-harm, and suicide ideation. A suicide attempt is characterized by features such as: <ul style="list-style-type: none">a) There exists self-initiated, potentially injurious behaviorb) There is the presence of intent to diec) It ends in a nonfatal outcome.
Suicide ideation	Thoughts of taking one's own life. They can be either passive ("Life is not worth living"; "It wouldn't be so bad if I died") or active ("I can't do this anymore. I'm going to end it.").
Active Suicidal Ideation	There is "Active" suicidal ideation which implies that an individual is currently experiencing specific suicidal thoughts and there exists a conscious desire to act on them.
Passive Suicidal Ideation	The second variation is known as "Passive" Suicidal Ideation. Here one experiences a general wish to die, however, there is no specific plan towards self-harm and employing lethal means to die. If there exists no intervention to maintain one's life, then this too can turn fatal.

Suicidal plan	A plan to complete suicide that includes when, how, and where
Suicide intent	Determination to self-harm to end own life
Suicide attempt/ Suicidal act	Acting on the suicidal thoughts through a non-fatal self-injurious behavior with an intention to die as a result of it. It may or may not result in injury.
Suicide loss survivors	Someone who has lost a loved one or an immediate family, friend or acquaintance to suicide
Suicide attempt survivor	Individuals who have survived a previous suicide attempt
Parasuicidal behaviours	Having thoughts of suicide and engaging in non-lethal self-harming behaviours with or without the intent to die
Assisted suicide	When a person assists another person to take their own life by providing the knowledge or the means to do so
Physician assisted suicide	When a doctor assists their patient to take their own life, usually by providing a prescription of lethal medication
Suicide contagion/ Copycat suicide	When one suicide or suicidal act within a family, peer group, school or community increases the risk of others attempting suicide
Suicide prevention	A strategy or approach that reduces the likelihood or delays the risk of suicidality
Suicide warning signs	Verbal, non-verbal or behavioural signal that a person uses to indicate that they are at risk of suicide

Imminent risk	When a person's current actions are believed to be indicative of his/her completion of suicide
Suicide postvention	A strategy or approach implemented after a suicide attempt or crisis has occurred
Suicide Intervention	A strategy or approach intended to prevent a person from taking their own life intentionally
Substance abuse	A pattern of harmful use of substances such as alcohol, illegal drugs and some substances that are not drugs at all for mood altering purposes. It's called abuse because they are used in a way that is not recommended, prescribed, or intended.
Gatekeepers	Individuals such as non-mental health professionals, administrators, coaches, home health aides, and others trained to identify persons at risk of suicide and refer them to treatment or medical services as appropriate.
Protective factors	Factors that make it less likely that an individual will attempt/complete suicide. These factors may encompass biological, psychological, social, individual, family, and environmental.
Risk factors	Factors that make it more likely that an individual will attempt/complete suicide. These factors may encompass biological, psychological, social, individual, family and environment
Lived experience of suicide	The personal experience of suicide, suicidal thoughts or a suicide attempt, caring for someone during a suicidal crisis, bereavement by suicide, or being affected by suicide in any other way.
Suicide rate	A rate of 10 suicide deaths per 100,000 means that there are 10 suicides for every 100,000 of that population
Non-Suicidal Self Injury (NSSI)	Intentionally injuring oneself without suicidal intent

Deliberate self-harm	Is frequently used as an encompassing term for self-injurious behavior both with and without suicidal intent that has non-fatal outcomes.
Medically Serious Suicide Attempt (MSSA)	More than 24-hour hospitalization for treatment in an intensive care unit (ICU) or surgery under general anesthesia after a suicide attempt.
Non-Medically Serious suicide Attempt (NMSSA)	Admission to the emergency room or hospital admission for self-harm.



