Do’s...
Take all suicidal threats seriously
Let the person know that you care and want to help
Be willing to listen
Be non-judgmental
Offer hope that it can be solved by other means
Call 911 if there is an immediate risk

Don’t’s...
Don’t try to minimize the person’s feelings or situation
Don’t try to tell the person that everything will be okay
Don’t agree to keep the person’s suicidal thoughts a secret
Don’t leave the person alone until you can arrange for support
If you suspect that a friend or family member is thinking about suicide, you can call, chat online or text with a staff member at FrontLine Service 24 hours a day 7 days a week at 216.623.6888, www.FrontLineService.org or text “FLS” to 741741

AVAILABLE RESOURCES
When a person is in crisis he or she may have difficulty identifying people/organizations within the community who can provide assistance and support. Below is a list of such persons and organizations. Please contact them if you or someone you know needs help.

PROFESSIONAL SOURCES OF HELP
• community mental health agency
• private therapist or counselor
• member of the clergy
• family physician
• suicide prevention or crisis center

ADDITIONAL SOURCES OF HELP
24-Hour Mental Health Crisis Team
(216) 623-6888 or text “FLS” to 741741
Chat online at www.frontlineservice.org

FOR MORE INFORMATION
American Foundation for Suicide Prevention
www.afsp.org
Suicide Awareness Voices of Education (SAVE)
www.save.org
Suicide Prevention Resource Center (SPRC)
www.sprc.org

FrontLine Service Mission:
Reaching out to adults and children in Northeast Ohio to end homelessness, prevent suicide, resolve behavioral health crises, and overcome trauma.

24/7 Hotline
216.623.6888
Text “FLS” to 741741
Chat online Mon-Fri 3-9pm
www.FrontLineService.org
Symptoms of Depression

- Sad, anxious or “empty” mood
- Declining school performance
- Loss of pleasure/interest in social and sports activities
- Sleeping too much or too little
- Changes in weight or appetite
- Negative feelings about oneself
- Inability to concentrate or pay attention
- Increased agitation
- Increased substance use

Although these symptoms of depression may fit all children and adolescents at one time or another, it is the change in behavior and the duration of those behaviors that are important. If any abrupt change occurs in the child/adolescent and if this change lasts approximately two weeks or longer, it would be wise to consult a mental health professional for an evaluation.

Do not hesitate to contact someone for help any time you are concerned about the safety of a child.

Risk Factors

- Previous suicide attempt(s)
- Close family member or friend who has died by suicide
- Social isolation: The individual does not have social alternatives or skills to find alternatives to suicide
- Recent losses: This may include the death of a relative, a family divorce, or a breakup with a girlfriend/boyfriend
- Drug or alcohol abuse: Drugs decrease impulse control making impulsive suicide more likely. Additionally, some individuals try to self-medicate their depression with drugs or alcohol
- Exposure to violence in the home or the social environment: the individual sees violent behavior as a viable solution to life problems
- Past psychiatric hospitalization
- Handguns in the home, especially if loaded

To prevent suicide attempts, we must recognize common crises and “warning signs” that may precipitate a suicide attempt. It is then that we can reach out to engage those who may be at risk. Warning signs include:

- Talking about suicide
- Preoccupation with death
- Signs of depression
- Behavioral changes
- Giving away special possessions and making arrangements to take care of unfinished business
- Difficulty with appetite and sleep
- Taking excessive risks
- Increased drug use
- Loss of interest in usual activities
- Irritability

Suicide is the 2nd leading cause of death among young people.