Family and Friend's Guide to Helping a Loved One Who is Suicidal

Informational packets sponsored by:
Peak View Behavioral Health
&
Pikes Peak Suicide Prevention

PEAK VIEW
BEHAVIORAL HEALTH

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www.pikespeaksuicideprevention.org

You are not alone.

Supporting a loved one who is struggling with thoughts of suicide can be difficult, but you can have a positive impact on your loved one's wellness. Help your loved one cope before, during and after and help them find the best treatment.

Get support.

What you can say to help:	What not to say:
How are you feeling today? You are important to me. Your life is important to me.	It's all in your head.
Tell me what I can do now to help you.	We all go through times like this.
You are not alone in this. I'm here for you.	You'll be fine. Stop worrying.
I understand you have an illness, and that's what causes these thoughts and feelings.	Look on the bright side.
I'm not sure how I can help in this situation, but I promise to stick with you through it.	You have so much to live for? Why would you want to end it all …. to die?
I may not be able to understand exactly how you feel but I care about you and want to help.	I can't do anything about your situation.
When you want to give up, tell yourself you will hold on for just one more day, hour, minute — whatever you can manage for today.	Just snap out of it.
I am here for you. We will get through this together.	Stop acting crazy.
How is your relationship with your counselor? When is your next appointment?	What's wrong with you?
Will you agree to talk with me if the suicidal feelings return? If not, is there someone else you can talk to?	Shouldn't you be better by now?

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Important Information About Suicide

The act of suicide is a desperate attempt to end the emotional or physical pain felt by an individual in crisis.

Take all suicide threats seriously.

DO NOT:

- Keep a secret
- Treat lightly or dismiss the threat
- Offer or suggest drugs or alcohol
- Try to be a counselor
- Leave the person alone
- Offer simple solutions
- Judge

Common Warning Signs:

- A previous suicide attempt
- Verbal threats — "I wish I were dead." "I just want to end it." "There is nothing worth living for."
- Behavioral changes — unusual risk taking or more reserved
- Making unusual purchases, such as a rope or weapon
- Giving away possessions
- Abusing alcohol or drugs
- Problems in school or work
- Isolation from others
- Themes of death
- Sudden, unexpected happiness
- "Taking care of business," such as making final plans, preparing a will or saying goodbye

How should I talk to my loved one in crisis?

- Stay calm. Talk slowly and use reassuring tones.
- Realize you may have trouble communicating with your loved one. Ask simple questions and repeat them if necessary, using the same words each time.
- Understand that the crisis may cause your loved one to say hurtful things. Try not to take these insults personally.
- Say "I'm here. I care. I want to help. How can I help you?" not "Get over it."
- Call family, friends, neighbors, people from your place of worship or from a local support group to help you. This situation is too large to handle alone.

Taking Care of Yourself and Your Family

After a suicide attempt, the family's energy easily can turn to the attempter alone. Although your loved one **does** need your support and care, the entire family needs to continue feeling cared for as normal. Even caregivers need to take care of themselves. The more rested and emotionally cared for you feel, the better prepared you will be to handle crises. A few things to keep in mind:

- Change is difficult for everyone. Each person in the house will respond differently to the suicide attempt because it changes the family dynamic.
- Solve big problems in small steps. Work one issue at a time with each family member, including yourself. Keep things cool and calm, not crisis-centered.
- Encourage counseling for everyone, not just the attempter. Each member of the family will need to feel heard, especially any younger siblings of the attempter who may not fully understand the situation.
- Maintain family routines as much as possible. You still are the same family, only with new challenges.
- Listen to each person in the family, including yourself. Encourage each person to journal about their feelings and observations of the family's situation and response. Don't try to make the fears from the attempt simply go away.
- List things to be grateful for each day. Research shows that daily expressions of gratitude can prevent depression from worsening.
- Continue to exercise and eat healthy to keep your body balanced.
- Consider attending support groups for family members of attempters.

www.pikespeaksuicideprevention.org

How to Help a Family Member or Friend

1. Be patient and accepting. Believe in the person's ability to get well.
2. After a hospitalization or treatment, help with health care and daily responsibilities. Offer to take them to appointments, do housework or grocery shopping until the person is well enough to do these tasks on their own.
3. Offer to help them find or communicate with health care providers.
4. Find contact information for the person's doctor, therapist, psychiatrist, hospital and other friends or family members who could help if needed.
5. Give hope by focusing on their strengths.
6. Help the person restore a positive self-image. Help them realize that their symptoms are not their true personality.
7. Recognize the person's symptoms and when they may be having trouble communicating their concerns or feelings.
8. Empower the person to take care of themselves by:
   - Keeping with a consistent sleep and wake schedule.
   - Eating nutritionally balanced meals.
   - Getting regular exercise or physical activity (take a walk together).
   - Encouraging your loved one to stay away from alcohol and illegal drugs.
   - Recommending some type of support group attendance.
   - Be present, take them to a new environment.
9. Help identify things they want to change. Assist in developing future goals.
10. Help them identify ways to incorporate the things they enjoy back into their lives (i.e., playing an instrument again).

Self-Injury

Self-injury, Self-harm & Cutting — Defined as deliberate injury to oneself through cutting, burning, carving, hair pulling or self poisoning. Self-injury is...

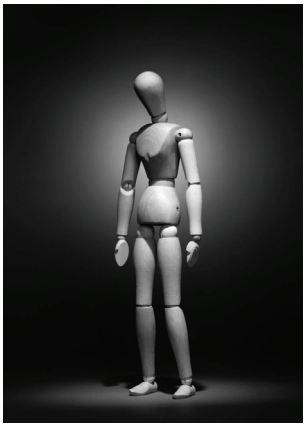
- Merely a coping method to deal with other emotional problems — the cry for help that something else is wrong in the person's life. Fifty percent of self-injurers are using the behavior to cope with childhood abuse.
- The fifth leading reason for emergency room visits.
- A repeated, addictive behavior. Self-injury becomes addictive because of the endorphins released by the body during the cutting behaviors.
- Evidenced by major depression, anxiety disorders, mood disorders such as bipolar or personality disorders such as borderline.
- Often accompanied with an eating disorder.
- NOT necessarily a suicide attempt. However, 40% of self-injurers will develop suicidal ideations and/or attempt suicide.

Why do people self-injure?

- To regain control over their body.
- Physical representation of self-hatred, shame and guilt.
- To escape feelings of tension, anxiety, loneliness, numbness or inadequacy.
- Provides a brief relief from intense emotional pain.
- Inability to verbally express emotions. To communicate pain physically.
- To experience a "high" from a biochemical release during self-injury.

Treatment of Self-Injurious Behaviors

- Most effective treatments include cognitive behavioral therapy, family therapy, medication and, in severe cases, hospitalization.
- Self-injury is often the only part of their lives they perceive they can control. Allowing the injurer to have choice and power in the decision-making process for treatment is vital to its success.
- Recovery is a multi-step process. Do not get angry with the person for continuing to engage in self-injury. Anger only adds to the feelings that make them want to self-injure. It will take time for the self-injurer to replace that coping skill with more healthy options.



- They will learn new ways to handle and express painful emotions (i.e., shame, betrayal, rage, sadness).
- Appropriate coping behaviors must be developed. Replacement behaviors such as tearing phone books in half or hitting a punching bag can be good alternative releases for intense emotions.
- Art therapy and writing therapy also can be good replacement behaviors that encourage healthy emotional expression.
- Once less harmful coping skills are developed, the underlying issue of abuse or other issues causing the pain can be explored. Do not try to address the causes of the pain until they have learned new coping skills.

[*] See "Psychotherapy Information" for a description.

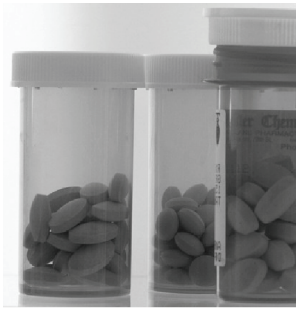
Medications for Depression

There are 4 main types of medications for mental illness:

- **Antidepressants** help lift the symptoms of depression. There are several types of antidepressants: Selective Serotonin Reuptake Inhibitors (SSRI), Tricyclic Antidepressants (TCAs) and Monoamine Oxidase Inhibitors (MAOIs).
- **Mood stabilizers** help balance the highs and lows of bipolar disorder.
- **Antipsychotic** medications are primarily used to treat symptoms of mania (extreme happiness). They help slow racing thoughts to a manageable speed.
- **Antianxiety** medications offer a calming effect on the mind and body.

Common Side Effects of Mental Illness Medications: Nausea, dry mouth, weight changes, problems sleeping, dizziness, weakness/loss of strength, drowsiness, headaches, constipation.
Contact your doctor with questions or concerns.

Things To Consider About Medications:



- Some medications need to be taken for days or weeks before you notice progress or before they become effective.
- Dosages need to be adjusted frequently, so stay in close communication with your doctor about how the medications are making you feel.
- People's bodies respond differently, so several brands may have to be tried.
- More than one medication may be needed to balance symptoms/side effects.
- Some people stop taking medications once they begin to feel better, thinking they are cured. Stopping suddenly is dangerous and may cause severe mood changes.

Reference: The COPE Program Guide, NAMI and AstraZeneca

Professional Therapy Resources

A **psychiatrist** is a physician who specializes in the diagnosis and treatment of mental health disorders. Psychiatrists treat patients privately and in hospital settings through a combination of psychotherapy and medication. Their training consists of four years of medical school, followed by four years of residency.

Clinical psychologists and clinical social workers (LCSW) often work in clinics, mental health centers, hospitals and private practices. They diagnose and evaluate mental and emotional disorders and use tools such as cognitive-behavioral, interpersonal psychotherapy and hypnosis to treat patients. Unlike psychiatrists, these professionals cannot prescribe medications but work closely with psychiatrists.

School psychologists are primarily interested in applying psychological knowledge to the resolution of schooling and learning problems. They provide consultation to teachers and parents, assessment of students (including special education assessment), intervention services, in-service education for staff, family intervention and program evaluation.

School counselors also work in schools, but work with students to foster social, relational, emotional and vocational development through counseling services, including college and career counseling.

Licensed counselors are professionally trained and provide psychotherapy services. The term counseling is often interchanged with psychotherapy.

Social workers are caseworkers who link clients with programs to meet their psychosocial needs. Social workers also work in counseling, human services management, social welfare policy analysis, community organizing, advocacy, teaching and social science research.

Hospitalization

How can I help a loved one who is hospitalized?

- Find out when patients are allowed phone calls and visits. If your loved one allows you to, stop by to say hello and bring a book, comfortable clothing, food or something else they value after you have checked with hospital staff. Some items (mirrors, belts, spiral notebooks, drawstrings) may not be allowed.
- Your loved one may not want to see anyone at first. Respect their wishes.
- Ask if the hospital offers a family support group.
- Learn about your loved one's illness and symptoms. Remind yourself that your loved one has an illness, not a character flaw. It is not anyone's fault.
- Help your loved one make a list of questions to ask hospital staff.
- If your friend or family member is not getting good care, say something.
- Ask if your loved one needs you to help with things like housework, care for children or pets, or phone calls to an employer during the hospital stay.

- Most hospitals have privacy regulations about treatment. These rules are there to protect your loved one, not to keep you uninformed. Ask hospital staff how you can find out more. Your loved one may be able to remove restrictions.
- If you have questions about the treatments your loved one is receiving, do not be afraid to ask detailed questions for clarification. Record the names of all professionals involved in his or her treatment. This will help you know who to ask the appropriate questions. Be patient, polite and assertive.
- Before your loved one is released, be sure there are written instructions for treatment, (medication doses, who to see for follow-up care and what professionals are available in case of emergency).

When does a person need psychiatric hospitalization?

Sometimes hospitalization can be the best option to keep the person safe and stabilize symptoms.

People may need to go to the hospital if they...

- Are delusional or experiencing hallucinations (hearing or seeing things).
- Threaten or try to take their lives or hurt themselves or others.
- Have problems with alcohol or substances.
- Have not eaten or slept for several days.
- Are unable to care for themselves or their families.
- Have tried treatment with therapy and medication but still have symptoms.
- Require medical supervision for significant changes in medication.
- Have symptoms of mania or depression that significantly inhibit daily life.

How can I convince my loved one to check in voluntarily?

- Talk with your loved one about behaviors you have seen that indicate the hospital may be a better place for them right now.
- Explain that hospitalization is a safe place to allow severe symptoms to pass and medication to be adjusted and stabilized. It is a place to get well.
- Reassure your loved one that hospitalization is a private matter. No one outside the family needs to be told about the hospitalization.
- Tell your loved one that getting help does not mean someone has failed. A mood disorder is an illness that needs treatment, like diabetes or heart disease. Hospitalization is nothing to be ashamed of.
- Call the hospital and find out more about admission, treatment and policies.
- Offer the person choices, such as going to the hospital with you or with another loved one.

Psychotherapy: How It Works and How It Can Help

Psychotherapy is a set of skills intended to improve mental health — emotional or behavioral issues. Talk therapy is not just talking about your problems; it is working toward solutions. Therapy involves partnership, communication, goals, collaboration, trust, understanding and action. Successful therapy can help a person change thoughts, beliefs, perceptions, actions and moods for the better.

Therapy can help...

- Overcome fears or insecurities.
- Make sense of past traumatic experiences.
- Establish a stable, dependable routine.
- Identify triggers that may worsen your symptoms.
- Improve relationships with family and friends.
- Separate your true personality from the mood swings caused by illness.
- Develop a plan for managing stress and crises.
- End destructive habits (drinking, using drugs or alcohol, overspending, risky sex).
- Address symptoms like changes in eating or sleeping habits, anger, anxiety, irritability or other emotions.
- Overcome barriers that prevent permanent, healthy changes.

Some ways to find a therapist include:

- Ask your doctor, a family member or friend for a recommendation.

http://therapists.psychologytoday.com/rms/

Common Therapies for Depression or Bipolar Disorder

Interpersonal therapy (IPT) was originally developed to treat depression and has been adapted for bipolar and other disorders. It addresses a person's symptoms, social relationships and roles. IPT focuses on what is happening "here and now" and attempts to help a person change, rather than just understand his or her actions and reactions. The patient and therapist examine current and past relationships. IPT does not focus on unconscious or subconscious motivations, wishes or dreams. It looks at choices, actions and how a person socially interacts with others.

The therapist helps the patient review his or her symptoms and relate these symptoms to one of four things: unresolved grief over a loss, interpersonal role disputes (conflicts with others), role transitions (changes in life status such as moving or changing jobs) or interpersonal deficits (isolation or lack of social skills). The therapist and patient then work through specific situations to relieve symptoms and stress.

Cognitive-Behavioral Therapy (CBT) combines cognitive and behavioral therapies. The cognitive aspect of CBT helps a person recognize the automatic thoughts or core beliefs that contribute to negative emotions. The person realizes some of these thoughts and beliefs don't make sense and begins to change them. Types of automatic thoughts may include focusing on one negative detail and applying the negative quality to everything, perceiving things as "all good" or "all bad."

Dialectical Behavior Therapy (DBT) is a treatment model effective with both personality and mood disorders. It is based on the belief that most disorders have biological and social origins. The therapy has two parts: skills group and individual therapy. Skills of controlling emotions, mindfulness, interpersonal communication and stress management are taught in a group(s) once a week.

Self-Defeating Thought	Reality-Based Response
No one likes me.	People like me.
I am worthless.	I am a valuable person.
I'm a loser.	I assume the very best from myself.
I can't do anything right.	I do many things right.

Information on Mental Illness

Situational Depression or Depressive Episode — Involves sadness and/or anxiety brought on by traumatic or stressful situations in the person's life. Symptoms may be similar to clinical depression, but will be less severe and temporary.

Clinical Depression — Involves a deep sadness that cannot be willed or wished away, no longer allowing the person to function as normal at work and at home. Symptoms will vary in severity for each person, but a combination of symptoms must persist for two-plus weeks to be diagnosed as clinical depression. Depression can be a one-time event or have multiple recurrences; it can appear gradually or suddenly, and last for a few months or become a life-long disorder.

Symptoms of Clinical Depression

- Prolonged sadness lasting two weeks or longer
- Noticeable appetite and sleep changes
- Excessive worry or anxiety
- Irritability, agitation, anger
- Negativity, pessimism, lack of interest
- Decreased energy, sluggish
- Complaints of aches and pains
- Lack of concentration
- Social withdrawal
- Feelings of guilt, hopelessness and worthlessness
- Alcohol or substance abuse

Bipolar Disorder (Manic Depression) — Involves extreme changes in mood, thought, energy and behavior. A bipolar person has moods that typically alternate between extreme happiness/hyperactivity, called mania, and extreme depression. These changes or "mood swings" can last for days, weeks or months.

Generalized Anxiety Disorder — Involves feeling very worried and anxious almost every day for six months or more.

Social Anxiety Disorder — Involves strong feelings of tension, nervousness and fear of being watched by others in social situations, or in the spotlight.

Panic Disorder — Involves sudden feelings of intense fear. Symptoms can include: pounding heart, chest pains, feeling short of breath, dizziness, tingling or numbness, hot flashes or chills, nausea or feeling suffocated. The strongest symptoms usually peak within 10 minutes but can last longer. Caffeine, alcohol or medications can trigger panic attacks but typically come on with no warning.

Obsessive Compulsive Disorder — Involves an obsession or thoughts that repeat over and over and a compulsion or repeated actions. Obsessions take the form of extreme fears, nagging doubts, aggressive feelings and embarrassing sexual urges.

Compulsions help to ease the anxiety by repeating activities such as washing and cleaning, counting, storing, arranging and checking.

Posttraumatic Stress Disorder — Involves living through a major stressful or painful event such as child abuse, combat, physical assault, serious accident or natural disaster. Symptoms include nightmares or memories (flashbacks) of the painful event that cause strong feelings of anger and fear and disrupt your daily life; avoidance of feelings, friends and reminders of the painful event; grouchy or restless feelings; trouble concentrating or sleeping; and headaches, stomach problems, dizziness, chest pain and other pain.

Borderline Personality Disorder — Characterized by a pervasive instability in mood, interpersonal relationships, self-image and behavior. The name of this diagnosis is derived from the comment that these persons struggle with living on the line of psychosis, always wrestling with seeking emotional stability and losing emotional control. This diagnosis is associated with a very high rate of anorexia, self-injury and suicidal thoughts.

Reference: www.nimh.nih.gov

Frequently Asked Questions

What biological factors increase risk for suicide?
Researchers believe that both depression and suicide can be linked to decreased serotonin in the brain. Scientists have learned that serotonin receptors in the brain increase activity in persons with major depression, which explains why medications that desensitize receptors have been found effective in treating depression. Currently, studies are underway to examine to what extent medications can reduce suicidal behavior.

Can the risk for suicide be inherited?
There is growing evidence that familial and genetic factors contribute to the risk for suicidal behavior. Major psychiatric illnesses, including bipolar disorder, major depression, schizophrenia, alcoholism and substance abuse, and certain personality disorders, which run in families, increase the risk for suicidal behavior. This does not mean that suicidal behavior is inevitable for individuals with this family history; it simply means that such persons may be more vulnerable and should take steps to reduce their risk, such as getting treatment at the first sign of mental illness.

Do suicides occur more frequently around the holidays?
Nationally, suicides are not more frequent during the holidays. Suicide rates tend to be highest in April and the summer months of June and July.

Who is at highest risk for suicide in the U.S.?
Males aged 35-55 experience the highest rates for suicide, which increase significantly with age. Males use more lethal methods (i.e., firearms) and are less likely to talk about their plans. Teen girls, ages 15-19 years, have the highest rates of suicide attempts.

Are gay, lesbian, bisexual, transgender youth at high risk for suicide?
Regarding *completed suicide*, there are no national statistics for suicide rates among gay, lesbian, bisexual, transgender or questioning (GLBTQ) persons. Sexual orientation is not a question on death certificates. Sexual orientation is a characteristic that people can, and often do, choose to hide. This is a problem when considering GLBTQ youth, who may be less certain of their sexual orientation and less open. GLBTQ youth also face additional stigma and trials because of their sexuality. State and national studies indicate that high school students who report to be homosexually or bisexually active have higher rates of suicidal thoughts and attempts in the past year compared to heterosexual youth.

What is the most frequent method of suicide?
Eighty percent of all people who complete suicide do so with a firearm, accounting for more than 18,000 deaths each year in the U.S. Firearms are now the most frequent method of suicide for men and women of all ages, including boys and girls ages 10-14 years.

Apart from encouraging a suicidal person to go for counseling, what else can we do?
Going with someone to the counselor often helps. If the person won't listen to you, you may need to talk to someone who might influence him or her. Saving a life is more important than keeping their intentions a secret. There are support groups and services listed on the "Resources for Help" page.

People often get uncomfortable when someone discloses suicidal thoughts. What can be done to reduce the stigma of suicidal thoughts or depression?
Attitudes about suicide will begin to change as people begin to recognize that suicidal behavior is a symptom of a medical illness, not a sign of weakness or a character defect.

References: www.nimh.nih.gov/research/suicidefaq.cfm

Goal Setting For Attempter

This is a plan that should be completed with the attempter and a support person.

"Plan for Life"

I Promise Myself:

If I start to think about suicide, I will contact the following people:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

- □ Call my doctor or a suicide hotline, 844-493-8255, or go to a mental health facility or hospital if necessary. SEE RESOURCES PAGE FOR HELP
- □ Remember that suicidal thoughts are a treatable symptom of my illness.
- □ Remember that my life is valuable and worthwhile, even if it doesn't feel that way right now.
- □ Stick with my prescribed treatment plan.
- □ Remember to take my medications as prescribed.
- □ Remember to see my counselor/therapist/psychiatrist.
- □ Remember to call my doctor if I don't feel safe or if I'm having problems.
- □ Get in contact with people who are supportive of me.
- □ Stay away from alcohol and drugs not prescribed to me.
- □ Have someone take away anything I could use to hurt myself.
- □ Be aware of my moods, know my warning signs and get help early.
- □ Be sure to get adequate rest, water, and nutritional food.
- □ Be kind to myself.

Safety Plan

Making a plan, before a crisis, or after a crisis, can permit everyone involved to know how to help. These are questions you might consider:

When I am feeling well, I am (describe yourself when you are feeling well):

The following symptoms indicate that I am no longer able to make decisions for myself or able to be responsible for myself:

What I want from my supporters when I am experiencing these symptoms:

DOCTORS:

Primary Care Provider

Name: _____

Address: _____

Phone: _____

Therapist

Name: _____

Address: _____

Phone: _____

_____

Health Insurance/ HMO/ Medicaid Provider (have a copy of ID card)

Name: _____

Phone: _____ Policy Number: _____

Support Group

Contact Name: _____

Phone: _____

Medications I'm taking (for all illnesses):

1. _____**Dosage/Time:** _____
2. _____**Dosage/Time:** _____
3. _____**Dosage/Time:** _____

SUICIDE-SPECIFIC RESOURCES

Pikes Peak Suicide Prevention .....(719) 573-7447
www.pikespeaksuicideprevention.org 704 N. Tejon St, 80903

Free and confidential support groups for adults and adolescents with thoughts or actions toward suicide. Support groups for family members of attempters. Children Left Behind by Suicide: weekly grief support groups for youth who have lost someone to suicide. Please call or check website for group meeting days and times.

Colorado Crisis Services (24 hour hotline) .....(844) 493–TALK (8255)

.....Or text "TALK" to 38255

Heartbeat
www.heartbeatsurvivorsaftersuicide.org .....(719) 337-6640

Monthly support groups for adults who have lost someone to suicide
from 7-9pm on 1st Tuesday of each month at
East Methodist Church 1505 E. Monument St, 80903

INPATIENT / OUTPATIENT SERVICES

Peak View Behavioral Health .....(719) 444-8484
www.peakviewbh.com 7353 Sisters Grove, 80923

Inpatient and outpatient care for youth 7-17, adults, and seniors. Offers both mental health and substance use treatment. Free level of care/needs assessments offered 24/7. Accepts all major insurances including Tricare.

Crisis Stabilization Unit .....(719) 572-6100
www.aspenpointe.org 115 S. Parkside Dr., 80910

Open 24-hours-a-day, seven days a week and is available for all ages, regardless of ability to pay. Access to licensed professional counselors, peer specialists and care coordinators.

Cedar Springs Hospital .....(719) 633-4114
www.cedarspringshospital.com 2135 Southgate Rd, 80906

Programs treating all ages. Offers acute and residential inpatient psychiatric treatment, medical detox and rehab, and outpatient services.

NEARBY INPATIENT/ OUTPATIENT SERVICES

Highlands Behavioral Health (Littleton, CO).....(866) 974-4445
www.highlandsbhs.com 8565 South Poplar Way, 80130

Parkview Medical Center Behavioral Health (Pueblo, CO) ...(719) 595-7891
www.parkviewmc.com Provides inpatient treatment of mental health and substance abuse. Short-term crisis intervention, evaluation and stabilization for acute mental health admissions as well as medical detoxification, medication management and substance abuse treatment for those suffering from drug/alcohol abuse or dependence.

MILITARY-SPECIFIC RESOURCES

Peak Military Care Network .....(719) 955-0742
http://www.pikespeak.co.networkofcare.org/veterans

Extensive directory of all local services, and state and national resources, for veterans, active duty personnel, National Guard and Reserve members, and their families.

Military 1 Source (hub for all military related services).....(800) 342-9647

ADVOCACY/ SELF-HELP/ SUPPORT GROUPS

Pikes Peak Suicide Prevention.....(719) 573-7447

Depression and Bipolar Support Alliance (DBSA).....(719) 477-1515

National Alliance of Mental Illness (NAMI) .....(719) 473-8477

Empower Colorado (support groups for families with children)...(866) 213-4631

HOTLINES

24-hour Hotlines: For emergencies (Medical/Police) CALL 911

Colorado Crisis Services (Any crisis) (24 hour hotline). (844) 493–TALK (8255)

.....Or text "TALK" to 38255

Alcoholics Anonymous ..... (719) 573-5020

Domestic Violence/Sexual Assault (TESSA) ..... (719) 633-3819

Aspen Pointe Lighthouse ..... (719) 572-6340

Self-Injury Hotline (800) DON'T CUT ..... (800) 366-8288)

Suicide Prevention (National).....(800) 273-TALK (8255)

The Trevor Project ..... (866) 488-7386
www.thetrevorproject.org

The only national 24/7 crisis intervention and suicide prevention lifeline for LGBTQ young people (ages 13-24). Or text "TREVOR" to .... (202) 304-1200

National Veterans Crisis Line..... (800) 273-8255 /press 1

Vets 4 Warriors (answered 24/7 by veterans)..... (855) 838-8255

Safe2Tell ..... (877) 542-SAFE (7233)

DETOX

El Paso County Detox ..... (719) 390-2046

2721 E. Las Vegas St. 80906
24/7, call/walk in, for those under the influence or experiencing withdrawal symptoms

For an extensive list of Community Resources: DIAL 211, Pikes Peak United Way