

## Make Sure to Take Care of Yourself!

# Self-Care Tips

*Supporting someone in a suicide crisis can be emotionally draining, stressful and exhausting. It is impossible to watch over someone 24/7—family members need to be supported to deal with their own feelings/reactions.*

- ◆ It is ok to ask for help caring for your loved one.
- ◆ Reach out to trusted friends, community members and spiritual supports for help and encourage the rest of family to do the same.
- ◆ It is critical to understand that this is not your fault.
- ◆ Make sure you allow yourself a break from supporting your loved one to take care of yourself.
- ◆ Take time to do things that are important and enjoyable.
- ◆ Pay attention to your physical health and wellbeing.
- ◆ Ensure that you are eating properly and getting a good nights sleep.
- ◆ Consider strategies to reduce your stress such as: listening to music, enjoying the outdoors, exercising, massage, relaxation, yoga, meditation, reading, etc.
- ◆ Consider talking to a mental health professional for additional support.
- ◆ Reach out to your local National Alliance on Mental Illness (NAMI) to learn more about what your loved one is experiencing, how to help and receive support for yourself.

## If the Crisis Worsens:

...and there is an *immediate* threat or risk of harm... call

# 9-1-1

Additional Resources:

**Northwest Connections**

**1-888-552-6642**

**National Suicide Hotline**

**1-800-273-TALK (8255)**

**Wisconsin HOPELINE**

**Text “HOPELINE” to 741741**

**NAMI Chippewa Valley**

**715-450-6484**

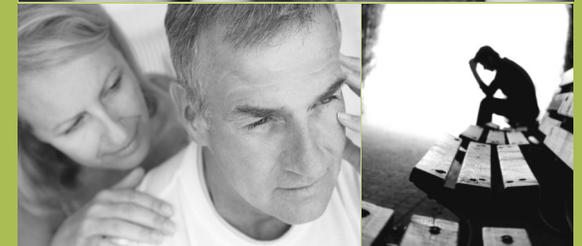
**prevent suicide**

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# Supporting Your Loved One Through a Suicide Crisis



## What to Ask Before Leaving the Provider

Ask Your Loved One:	Ask the Medical Provider:
“Do you feel safe to leave the hospital, and are you comfortable with the discharge plan?”	“Do you feel comfortable for discharging my loved one from the emergency room?”
“How is your relationship with your doctor/therapist, do you know when your next appointment is?”	“Why did you make the decision(s) that you did about my loved one’s care or treatment?”
“What has changed since your suicidal feelings or actions began?”	“Is there a follow-up appointment scheduled? Can it be moved to an earlier date?”
“What else can I do to help you after you leave the emergency department?”	“What is my role as a family member in the safety plan?”
Will you agree to talk with me if your suicidal feelings return? If not, is there someone else you can talk to?”	“What should I look for and when should we seek more help, such as returning to the emergency department or contacting other local resources and providers?”

Were these two things done prior to your loved one’s discharge:  
 A Crisis or Suicide Risk Assessment?  
 A Safety Plan Created?

## What to say to your loved one:

- “I’m sorry you’ve been feeling so awful. I’m so glad you’re still here.”
- “I’m here for you. Remember that you can always talk to me if you need to.”
- “I want to help you. Tell me what I can do to support you.”
- “I’m sorry I didn’t realize you were in such pain.”
- “I can’t imagine how bad you must have felt.”
- “You may not have hope now, but I have hope for you.”

## After Discharge...

### Tips to Stay Safe at Home



- Follow safety plan that was included in discharge instructions.
- Remove access to guns, sharp objects, prescription and over-the-counter medications. IF your loved one needs a medication, dispense the appropriate dose.
- Stay close to your loved one, offer support.
- Monitor online activities. Watch for triggers, suicidal communications, and ensure your loved one is not accessing pro-suicide content.
- It is important for your loved one to assume as much responsibility as possible for their own welfare as they are capable of at that time. This might be difficult for you, as a caregiver.
- Enlist the help of others and make sure you get family and friends to assist you to support your loved one.

## Unhelpful Reactions

It is important to consider how your own feelings and reactions could trigger negative responses from your loved one.

- ◆ **Panicking:** “*This can’t be happening. I don’t know what to do—what do we do?*”
- ◆ **Name-calling:** “*You’re a real psycho.*”
- ◆ **Criticizing:** “*That was such a stupid thing to do!*”
- ◆ **Preaching or lecturing:** “*You know you shouldn’t have done that; you should’ve asked for help.*”
- ◆ **Ignoring:** “*If I just pretend this didn’t happen, it’ll go away.*”
- ◆ **Abandoning the person:** “*I can’t take this, I have to leave.*”
- ◆ **Punishing the person:** “*I’m not talking to them until they straighten themselves out.*”
- ◆ **Dramatizing:** “*This is the worst possible thing you could have done!*”
- ◆ **Simplifying things or using a ‘quick-fix’ approach:** “*You just need some medication, and then you’ll feel better again.*”
- ◆ **Being angry or offended:** “*I can’t believe you’d try that!*”
- ◆ **Making the person feel guilty or selfish:** “*How did you think this would make me feel?*”