

RECOGNIZE & CONNECT!

The Connect Program:

Suicide Prevention and Student Wellness

NH School Transportation Association

Updated October, 2020



Training Professionals & Communities in
Suicide Prevention & Response®



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Suicide as a Public Health Issue

- 1999 Surgeon General's Report
- 2017-2020 National Strategy for Suicide Prevention
- 2003 New Freedom Report on Mental Illness
- 2017-2020 NH State Suicide Prevention Plan
- 2010 State Suicide Prevention Council signed into law
- 2020 NAMI NH Garrett Lee Smith (GLS) funding from the federal government

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Suicide is a Profound Loss

www.naminh.org for loss support groups

- All of us have been touched by loss at some point in our lives.
- Talking about suicide can bring up personal experiences for us.
- **We need to be sensitive to loss survivors, attempt survivors, or any of us at risk for suicide.**
- In talking about suicide, take care of yourself and seek support that would be helpful to you.



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Suicide is a Profound Loss

www.naminh.org for support groups and resources

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Public Awareness for Suicide Prevention

- **Recognize** – Risk factors and warning signs
- **Connect** – With the individual at risk
- **Connect** – The individual to an appropriate community resource or professional

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The Extent of Loss

- Nationally, there are **over 48,000 confirmed** suicide deaths each year.
- Someone attempts suicide every minute in the United States.
- Someone dies by suicide every 12 minutes.
- Suicide death often has serious impact on family, friends, co-workers, providers, and community members. **One is one too many.**

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"If Just One Person Shows That They Care"



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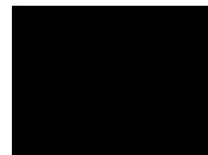
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Beyond Surviving: Hope is Visible

<https://vimeo.com/173263342>



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The “S” Word:
Why Don’t We Talk About It?



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Why We Don’t Talk About It

embarrassment doesn’t know what to say
failure doesn’t impact me
guilt seen as a sin
weakness
STIGMA
ANGER
TOO MUCH RESPONSIBILITY
not sure what to do
male stigma fear
CULTURAL TABOO
failure weakness shame
JUDGED BY OTHERS

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**Facts, Actions, and Responses
of Suicide Prevention**

Fact: Suicide is generally preventable.

Positive Action: Everyone has a role in
#1 suicide prevention.

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New Hampshire

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**Facts, Actions, and Responses
of Suicide Prevention**

Fact: Suicide is a public health issue.

Positive Action: We need to talk openly
#2 about the issue of suicide.

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Facts, Actions, and Responses of Suicide Prevention

Fact: There is a great deal of stigma and isolation around the issue of suicide.

Positive Action: Talking about suicide will help to reduce stigma and shame.

#3

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Facts, Actions, and Responses of Suicide Prevention

Fact: Talking about suicide does not cause someone to be suicidal.

Positive Action: Talking about suicide will connect an individual to help.

#4

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Facts, Actions, and Responses of Suicide Prevention

Fact: All Warning Signs should be taken seriously.

Positive Action: If Warning Signs are present, connect a person to help.

#5

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Facts, Actions, and Responses of Suicide Prevention

Fact: Most people who die by suicide (about 2/3) communicate their plans in advance. (Clark & Fawcett, 1992)

Positive Action: Get help if someone is talking or writing about death, dying, or suicide.

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Facts, Actions, and Responses of Suicide Prevention

Fact: Most people who contemplate suicide are unsure about dying even up to the attempt.

Positive Action: Reduce access to firearms and other lethal means to save a life.

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Facts, Actions, and Responses of Suicide Prevention

Fact: Most people (90%) who die by suicide have some type of mental health and/or substance use problem. (National Institute of Mental Health)

Fact: There is effective treatment for mental health and substance use problems.

Positive Action: Education about mental health issues can help lead to the right services.

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Recognize, Connect!

Talking about Suicide is the First Step to Preventing Suicide!



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NH Data: Leading Causes of Death 2014-2018

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+		
1	Shot 37	Congenital Anomalies	Malignant Neoplasms	Malignant Neoplasms	Unintentional Hurry	Unintentional Hurry	Unintentional Hurry	Malignant Neoplasms	Malignant Neoplasms	Heart Disease	Malignant Neoplasms	Malignant Neoplasms
2	Congenital Anomalies	Unintentional Hurry	Unintentional Hurry	Suicide	Suicide	Suicide	Unintentional Hurry	Heart Disease	Heart Disease	Malignant Neoplasms	Heart Disease	Heart Disease
3	Maternal Pregnancy Comp.	Homicide	Homicide	Unintentional Hurry	Heart Disease	Malignant Neoplasms	Suicide	Heart Disease	Unintentional Hurry	Chronic Low Respiratory Disease	Unintentional Hurry	Unintentional Hurry
4	Poisoning Disease	Influenza & Pneumonia	Benign Neoplasms	Congenital Anomalies	Malignant Neoplasms	Heart Disease	Heart Disease	Suicide	Chronic Low Respiratory Disease	Cerebro- vascular Disease	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease
5	Circulatory System Disease	Malignant Neoplasms	Heart Disease	Benign Neoplasms	Homicide	Liver Disease	Liver Disease	Liver Disease	Liver Disease	Alzheimer's Disease	Cerebro- vascular Disease	Cerebro- vascular Disease
6	Respiratory Disease	Diabetes Mellitus	Cerebro- vascular Disease	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease	Homicide	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Unintentional Hurry	Alzheimer's Disease	Alzheimer's Disease
7	Intrauterine Hypoxia	...	Congenital Anomalies	Influenza & Pneumonia	Congenital Anomalies	Cerebro- vascular Disease	Chronic Low Respiratory Disease	Suicide	Suicide	Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus
8	SEDS	...	...	Nephritis	Diabetes Mellitus	Congenital Anomalies	Chronic Low Respiratory Disease	Cerebro- vascular Disease	Cerebro- vascular Disease	Influenza & Pneumonia	Suicide	Suicide
9	Bacterial Sepsis	...	...	Pneumonia	Cerebro- vascular Disease	Chronic Low Respiratory Disease	Cerebro- vascular Disease	Septicemia	Septicemia	Nephritis	Influenza & Pneumonia	Influenza & Pneumonia
10	Three Teed	...	...	Benign Neoplasms	...	Congenital Anomalies	Complicated Pregnancy	Congenital Anomalies	Nephritis	Pneumonia	Nephritis	Nephritis

Source: CDC WISQARS 2014-2018



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NH Data: Leading Causes of Death 2014-2018					
Age Groups					
Rank	10-14	15-24	25-34	35-44	45-54
1	Malignant Neoplasms 14	Unintentional Injury 322	Unintentional Injury 795	Unintentional Injury 601	Malignant Neoplasms 891
2	Suicide ---	Suicide 154	Suicide 183	Malignant Neoplasms 210	Unintentional Injury 594
3	Unintentional Injury ---	Heart Disease 18	Malignant Neoplasms 60	Suicide 198	Heart Disease 562
4	Congenital Anomalies ---	Malignant Neoplasms 14	Heart Disease 51	Heart Disease 113	Suicide 281

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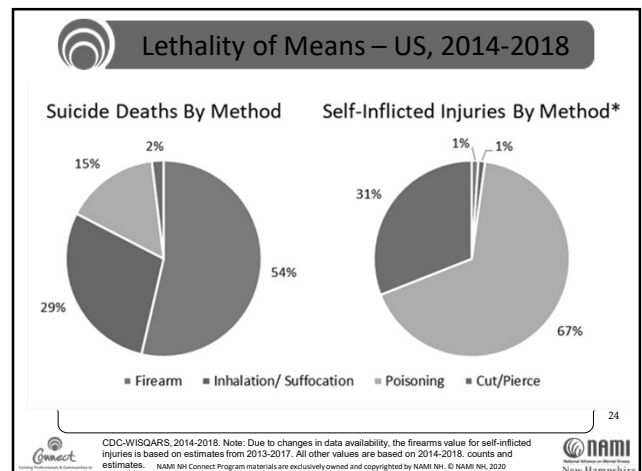
NH Data: Leading Causes of Death 2014-2018					
Age Groups					
Rank	45-54	55-64	65+	All Ages	
6	Diabetes Mellitus 97	Diabetes Mellitus 253	Unintentional Injury 1,539	Alzheimer's Disease 2,181	
7	Chronic Low Respiratory Disease 87	Suicide 219	Diabetes Mellitus 1,196	Diabetes Mellitus 1,583	
8	Cerebro-vascular 72	Cerebro-vascular 170	Influenza & Pneumonia 1,066	Suicide 1,263	
9	Septicemia 34	Septicemia 91	Nephritis 776	Influenza & Pneumonia 1,167	

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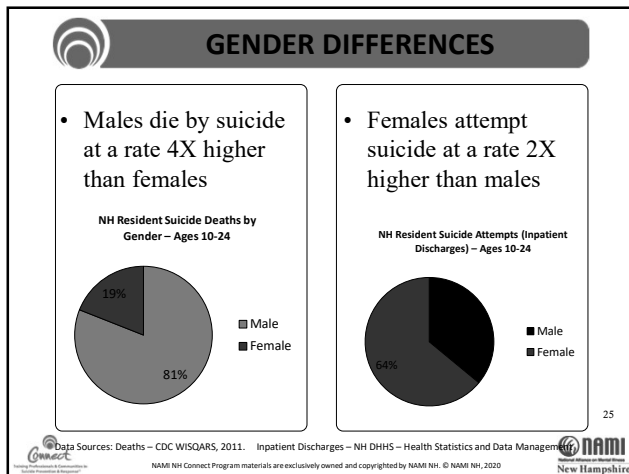
Suicide in New Hampshire

- ❖ Some features that compare to states with high suicide rates are:
 - Rural settings
 - Long, cold winters
 both of which may contribute to isolation.
- ❖ Firearms are the primary method used (in all hunting states as well).

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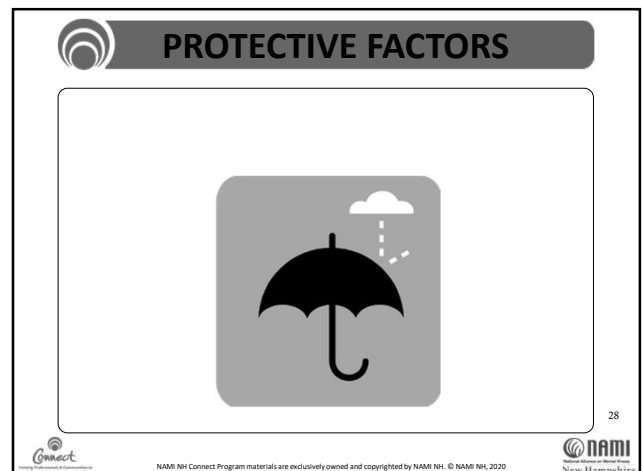
Increased Risk Factors for Suicide

- ❖ Research has shown that persons who have **mental health or substance use issues** have an increased risk for suicide.
- ❖ **Co-occurring and eating disorders** also have higher risk for suicide.
- ❖ A significantly higher risk for suicide is having a **prior suicide attempt history**.

➤ In spite of this higher risk, however, *90% of all suicide attempt survivors do NOT go on to die by suicide.*

Data Source: Simon, R. (2003). *Guidelines for clinically based risk management*. American Psychiatric Publishing, Inc.
 Simon, D., Horrocks, J., and House, A. Fatal and non-fatal repetition of self-harm: systematic review. *British Journal of Psychiatry*. 2002;181:181-186.
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Legislation as a Community Protective Factor

- **NH RSA 193-F – Pupil Safety and Violence Prevention Act** addresses bullying/cyber-bullying in all NH schools
- **SB 33 – 3 hours of Suicide Prevention Training every two years of recertification** for Mental Health Providers in NH
- **6 hours of Suicide Prevention Training** required for Certified Recovery Support Worker (CRSW) application
- **SB 282 – (July 2020) 2 hours of Suicide Prevention Training every year** for all school staff across NH

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Positive School Climate

- **Welcomes diversity** of ethnic, social, LGBT, gender, and other cultural aspects.
- **Positive relationships** with students will increase the likelihood that school personnel can recognize and respond to youth at risk.
- **Involving all members of the school community** will create a strong safety net for youth.

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What families can do to help their children feel connected:

Children who eat regularly with their families are less likely to smoke, drink, use illegal drugs, have sex at young ages, get into physical fights, be suspended from school, or have thoughts of suicide.

"The Importance of Family Dinners"
The National Center on Addiction & Substance Abuse (CASA), 2006

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Safe Messaging as a Community Protective Factor

- | Promote | Avoid |
|---|---|
| <ul style="list-style-type: none"> • Information on where/how to get help <ul style="list-style-type: none"> - NSPL: 1-800-273-TALK (8255) - Crisis Text Line: TEXT 741741 - NH Crisis Addiction Line: 2-1-1 • Warning signs for suicide • Early help for mental health and substance use problems • Local efforts to prevent suicide • Died by suicide/lost life to suicide/ended one's life | <ul style="list-style-type: none"> • Giving detailed descriptions of a suicide incident • Making the person a saint or a celebrity • Oversimplifying causes • Overstating the frequency of suicide (e.g. an "epidemic") • Using terms like failed/successful/completed/committed/chose to... |

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TJ

What Would You Do?



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**SCENARIO 1:
He Didn't Really Seem Different
than any Other Kid**

- Starting the 9th grade was uneventful, having lived in the same small town and same school system most of his life.
- His school work was okay; never great but not poor enough to call attention to his work.
- The age of 13 was rough. He was close to his dad, who had died suddenly last year.
- Rumor had it that his dad had killed himself, but no one has ever said that out loud.

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**SCENARIO 2:
What Happened in the 9th Grade?**

- TJ's mom loved him. She was grieving the loss of his dad, but she tried to be there for TJ. TJ avoided talking about his dad for fear of upsetting her.
- Since his dad died, his mom had to work full time. His older brother Gary was no longer at home, so TJ went home alone after school.
- If she wasn't so busy working, maybe they could spend some time together like they used to as a family.
- Things were hard financially, too. TJ thought about how he could help support the family.

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**SCENARIO 3:
TJ: Peeking Out from the Inside**

- Going to the pizza place after school was great if you were hungry and not ready to face an empty house.
- Most of his friends went with girlfriends. TJ told his friends he had a girlfriend, but his friends doubted this. Since she was never at the pizza place, they teased him that maybe she didn't really exist.
- Going to the pizza place was no longer comfortable. He didn't have much appetite for pizza anyway.

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SCENARIO 4:

Is it Getting any Better?

- TJ's grades didn't get any better, and nobody noticed that his concentration was not good. It seemed harder to focus in school.
- Some of the best days were those where he could play video games for hours on end.
- Some of the worst days felt like there was no way to make things better for him or his mom.

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Review Risk and Protective Factors

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Warning Signs and Statements for Suicide



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Examples of Suicide Risk

- ❖ Difficulties at school, work
- ❖ Neglect of appearance, hygiene
- ❖ Dropping out of activities
- ❖ Sudden improvement in mood after being down or withdrawn
- ❖ Giving away favorite possessions

Positive Action:

- Look for combinations of risk factors
- Look for changes in behavior/mood

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Warning Signs Specific to Schools

- Artwork, including doodling
- Homework, term papers, journal entries
- Notes passed between students
- Notes found
- Graffiti
- Text messaging
- Social networking sites

Risk is increased if youth has had problems at school/work with:

- Acting out behavior: swearing, agitation
- A bad report card/poor performance review
- Suspension or other disciplinary action
- A fight or falling out with peers/co-workers

Positive Action: Find out if parents/guardians will be home after school/work and are able to supervise. Advise them of your concerns.

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Warning Signs for Suicide

- ❖ **Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself**
- ❖ **Looking for ways to kill oneself** by seeking access to firearms, available pills, or other means
- ❖ **Talking or writing about death, dying, or suicide**

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Take Immediate Action!

- **If the person is in immediate danger**, call 911, or an ambulance, to take them to the Emergency Department.
- **Do not leave the person unattended**, even briefly.

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Warning Signs for Suicide

- ❖ **Feeling hopeless**
- ❖ **Feeling rage or uncontrollable anger**
- ❖ **Feeling trapped** – like there's no way out
- ❖ **Dramatic mood changes**
- ❖ **Seeing no reason for living** or having no sense of purpose in life

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Warning Signs for Suicide

- ❖ **Acting reckless** or engaging in risky activities – seemingly without thinking
- ❖ **Increasing alcohol or drug use**
- ❖ **Withdrawing** from friends, family, and society
- ❖ **Being unable to sleep, or sleeping all the time;** feeling anxious or agitated

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Don't Worry Alone!

- If there is no immediate risk, use your judgment about who to call first.
- Never feel you must handle this alone.
- Ask yourself: **who do I know/trust that can assist and advise me in this situation?**

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Who Would You Talk to if You Were Worried about Someone?

<i>School Counselor/ Student Assistance Counselor/ School Nurse</i>	<i>Teacher</i>	<i>Police/ Law Enforcement; School Resource Officer</i>	<i>School Administrator; Principal; Bus Driver; Coach; Custodian; Cafeteria Staff</i>
<i>Clergy or Faith-Based Organization</i>	<i>Medical Personnel (i.e. PCP, or EMS)</i>	<i>Social Service Agency</i>	<i>Counselor or Therapist</i>
<i>Neighbor or Another Parent</i>	<i>Friend of the Youth</i>	<i>Employer, if Working</i>	<i>The Youth or the Youth's Parent</i>
<i>Youth Organization</i>	<i>NH Crisis Addiction Line: 2-1-1</i>	<i>Suicide Lifeline: 1-800-273-TALK (8255)</i>	<i>Crisis Text Line: TEXT 741741</i>

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Verbal Statements of Suicidal Intent

Direct Statements: Cause for Immediate Action!

- "I wish I were dead."
- "I'm going to end it all."
- "I've decided to kill myself."
- "If [such and such] doesn't happen, I'll kill myself."

Less Direct Statements: Take Action!

- "You'd be better off without me."
- "What's the point of living?"
- "Here, take this. I won't be needing it anymore."
- "Pretty soon you won't have to worry about me."
- "Who cares if I was dead anyway?"

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What Happened Next in T.J.'s Life?

- If T.J. couldn't keep up his grades and he couldn't work to support the household, he felt he wasn't much use to his mother.
- Sooner or later she would discover that his English grade was slipping, and that would add an extra burden to her worries.
- He used to like playing video games, but that no longer seemed like fun.
- None of his friends noticed he wasn't going to the pizza place after school anymore.
- He felt like no one would care if he were dead.

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When a Student has been Identified as Suicidal: *Who is Responsible?*



In a school role, **EVERYONE** has the responsibility to respond to a student who is suicidal.



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Suicide Prevention & Response®

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OUR CHAIN OF COMMAND FOR CRISIS RESPONSE



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OUR WRITTEN POLICIES/PROCEDURES



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Ask Directly about Suicide; Gather as Much Information as Possible

- “Are you thinking of killing yourself or ending your life?”

If the answer is yes:

- “How are you planning to kill yourself?”
- “When and where are you planning to end your life?”
- “Who else knows about your plans?”
- “What is happening in your life that makes you want to die?”

If the answer is no: Listen to your gut sense. Stay connected with the person and seek help.

Note: Do not rely on their promise or contract for safety. A promise of safety is NOT a substitute for a mental health assessment.

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They Promised me they Would be Okay. Is it OK?



- Do not rely on a promise of safety. **Seek help.**
- If you are concerned about a person's safety, **do not leave him/her alone**; keep him/her talking until you can get help.
- **Listen to your gut:** If you are bothered, then something is probably wrong!
- *****Don't worry alone. Know that there are others who can help.**

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Being Prepared to Communicate with Family Members

- Recognize that the information you have to share with them may be difficult for them to hear.
- The same stigma and hesitation that we feel in discussing suicide may apply to the family.
- **Offer to assist family members in getting appropriate resources.**

Positive Action: Offer empathy and time to allow family members to come to terms with this information.

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What if the Parents/Guardians Refuse to Respond or Seek ANY Treatment?

If the situation is not high risk:

- Express your concerns to the parents/guardians.
- Be direct about the risk and possible consequences.
- **Urge them to reduce access to any lethal means.**
- Offer to help in any way that you can.
- If not, are there other providers the parents/guardians trust who can assist in this issue?

If the situation is high risk:

- **You may be responsible/liable** for getting immediate medical attention (seek consultation).
- **In some situations,** policies allow for a school to have qualified personnel examine the student.
- **If you believe the parents'/guardians' failure to get treatment constitutes neglect,** you are required to report to the Division for Children, Youth, and Families (DCYF).
- In matters of safety, you should also **contact the police.**
- **Err on the side of caution.**

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Lethal Means Reduction

- Inform family/support system that you believe individual may be at risk for suicide (and why).
- Tell them that reducing access to firearms and other lethal means (such as ropes, extension cords, Tylenol) can greatly reduce risk to the individual.
- **Convey the idea that Lethal Means Reduction is an effective suicide prevention practice.**
www.meansmatter.org (Harvard site)
www.sprc.org (CALM* 2 hour online training)

**Counseling on Access to Lethal Means*

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Stay Connected with the Person, if Possible

The person turned to you because he/she trusted you.

<http://www.youtube.com/watch?v=3BByqa7bhto&feature=youtu.be>



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Mental Health and Well-Being

www.afsp.org

1. Separate what is in your control from what is not.

i.e. Limit your consumption of news.



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Mental Health and Well-Being

2. Do what helps YOU feel a sense of safety.

i.e. Take your vitamins.



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Mental Health and Well-Being

3. *Get outside in nature.*

Vitamin D and fresh air are essential.
Exercise also elevates both physical and mental health.



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Mental Health and Well-Being

4. *Challenge yourself to stay in the present.*

Practice mindfulness; it will help you stay grounded.



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Mental Health and Well-Being

5. *Stay connected with supportive others and reach out if you need more support.*

You don't have to be alone with your worry.



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Mental Health and Well-Being

CHOOSE
HOPE

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Websites & Resources for More Information

- National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)
- Crisis Text Line: TEXT 741741
- NH Crisis Addiction Line: 2-1-1
- The Connect Program: www.theconnectprogram.org
- NAMI NH: www.naminh.org
- Mental Health America: www.mhanational.org
- Action Alliance for Suicide Prevention: www.actionallianceforsuicideprevention.org
- American Association of Suicidology (AAS): www.suicidology.org
- American Foundation for Suicide Prevention (AFSP): www.afsp.org
- Suicide Prevention Resource Center (SPRC): www.sprc.org

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LGBTQ Resources

- The Trevor Project (Suicide Hotline): (866) 488-7386
- Native PFLAG: (602) 803-3907 www.NativePFLAG.org
<https://www.facebook.com/nativepflag/>
- PFLAG National: (202) 467-8180 www.pflag.org
- Human Rights Campaign (HRC): 1-800-777-4723 www.hrc.org
- Gay, Lesbian & Straight Education Network (GLSEN): (212) 727-0135 www.glsen.org
- Gay and Lesbian Alliance Against Defamation (GLAAD): (323) 933-2240 www.glaad.org
- Lambda Legal: (212) 809-8585 <http://lambdalegal.org>
- Gay-Straight Alliance (GSA) Network: (415) 552-4229 www.gsanetwork.org
- National Center for Transgender Equality: (202) 903-0112 <http://transequality.org>
- Gay & Lesbian National Hotline: (888) 843-4564 Provides vital peer support, community connections and resource information to people with questions regarding sexual orientation and/or gender identity.
- 1N10: (602) 400-2601 www.oneten.org Support for young adults ages 14-24
- TransLifeline: (877) 565-8860 www.translifeline.org

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