

**Anti-Carceral
Support for
People
Experiencing
Suicidality**

Any Way We Can Herbs

Suicidality is a common experience and doesn't always lead to an attempt. If a friend, comrade, or loved one confides in you that they are having suicidal thoughts or ideations, stay calm.

Get them talking.

Many people think that talking about suicide increases the likelihood, but that is not true. Talking about it actually drastically decreases the likelihood that they will make an attempt. This can feel scary, intimidating, overwhelming, upsetting. It is helpful to come up with some ways to ask, ahead of time.

The best possible time to make a care plan is while a person is not actively suicidal. If you experience suicidal ideations, it's a good idea to have a plan to share with ppl you trust, ppl you'd want on your care team. If you know a friend has suicidal ideations, ask if they would be down to make a care plan, and put together who would be on their ideal care team.

Not all of us have five trusted people, and that is okay. Everything about our society champions individuality, and there are so many things in place to intentionally keep us from connection and intimacy. Some of these people can be hotlines, warmlines, textlines, crisis response lines, etc.

We don't always get time to plan ahead. If someone told you they were feeling suicidal, how might you approach them?

Important things to remember:

- They are in control of their decisions. Respect people's dignity and autonomy at all times. Taking away someone's autonomy can escalate the crisis.
 - Do not tell anyone they don't want to tell, including family, partners, etc.
 - Do not call 911 if that is not part of their plan.
- Approach with curiosity
 - Ask them how they feel
 - Content of their thoughts
 - Are there any stories being replayed

- Why do they want to do it
- Are memories being brought up
- Don't tell them it will be okay. Don't problem solve, or minimize their pain.
 - It might not be okay
 - If someone tries to fix you, it often just makes you feel broken
 - Trying to problem solve can relay messages that you think you can think through their problems in ways they couldn't, that you know better, it can feel condescending, or insulting
 - Problem solving can be a way for you to avoid or push away feelings, but people need us to be able to be there with them, in their feelings
 - Problem solving can relay the message "you are too much" or that you as their support, cannot handle this
 - Positiveness can feel dismissive, fail to validate their reality
 - Problem solving, task oriented approaches, and logistical questions may be well intentioned, but it is likely not what they need.
 - Ask them if they want problem solving, emotional support, distraction, to be fed, held, etc
- They may not know what they need. Open ended questions can be difficult to answer. Offering options is more helpful.
 - Can i make you food?/Can i make you tea?
 - Do you want to scream into a pillow?
 - Can I call your friend/partner/comrade/sibling etc
 - Can we do some breathing exercises?
- Not everyone can communicate verbally while in crisis. Get a pen and paper, or ask if they can text you. Use signal, turn on disappearing messages, or ask yes or no questions they can nod or shake their head to answer.

- Talking about our feelings
 - This might feel uncomfortable for some, but it can be lifesaving.
 - Using a feelings wheel, get them to name all the things they feel. Describe them.
 - Where in your body are these feelings?
 - If you could take it outside of your body, what would it look like? Smell like? Feel like?

Some things that might be helpful to say

- I'm here, and I'm not going anywhere
- It sucks that you are in so much pain, and I understand why you might be thinking about ending your life
- What does it feel like?
- Where does it hurt?
- Would you like a hug, or to be held? (get explicit consent before hugging ppl, not everyone wants to be touched)
- What are you thinking right now?
- It can be helpful to ask someone to walk you through their plan. How would they do it? Who would they need to say goodbye to? What do they want to do before they do it?
- Trying to put it off, even temporarily, can be helpful.
- Talking it through, from beginning to end, sometimes is enough to alleviate the feelings of urgency around it.

Risk Assessment

Many people consider suicide without the intention to act on it. Assessing risk is an important step to find out how best to support someone. Don't be afraid to ask direct questions.

What are your suicidal ideations like? (find out if passive or active)

Do you have a plan or have you thought about ways you might act on these feelings?

(If they have a plan) **Do you have the means to carry out this plan?** If you don't, are you planning to take action to get what you would need to carry this out? Is it easy to get?

What thoughts are going through your mind? (help them talk about what they're thinking, and what they're feeling)

Where are you on a scale of 1-10, if 1 is fleeting thoughts, passive, like clouds drifting by, that you aren't actively controlling. Small, nothing you'd act on, and 10 is, "i have a plan, i have the means to carry out my plan, i have decided i am going to carry out the plan, this is when, and this is how."

If you are at a 9 or 10 and a suicide attempt is likely, what is your plan?

- text thrive lifeline (anti-carceral 24/7 text support, info below)
- if hospitalization is part of your care plan, do not call 911, because police often arrive before medics. If you would like to go to a hospital, have a trusted person accompany you and bring yourself to the hospital.
- if this happens, what needs to be done/who needs to be told?
- ask a trusted person to call work and say you are very ill/having a medical emergency/whatever explanation feels comfortable.
- ask a trusted person to call any other trusted people you want to be notified of where you are and how you are doing?
- do you have pets/children who need care? Who can care for them while you are getting support?
- If hospitalization is not part of your plan, who are the people you trust to reach out to and ask for support

If you are experiencing suicidality and you are not at risk of acting on it, but need support, what is your plan?

- text thrive lifeline (anti-carceral 24/7 text support, info below)
- five trusted people who can be on your crisis support team

1. Name _____ Number _____

2. Name _____ Number _____

3. Name _____ Number _____

4. Name _____ Number _____

5. Name _____ Number _____

Regulatory exercises/distraction plan

1. _____

2. _____

3. _____

4. _____

5. _____

Hospitalization

Many people do not include hospitalization in their plan due to medical abuse, racism, transphobia, ableism, sanism, maltreatment, neglect, etc. Being hospitalized or institutionalized against your will can be incredibly traumatic. Being hospitalized when you have chosen it can still be traumatic, dehumanizing, and scary. The mental health system is totally fucked and extremely harmful. However, there are people who have had different experiences with hospitalization, and there are people who choose hospitalization. If this is what you or a person you are supporting choose:

- it is much better to sign yourself in than to be hospitalized against your will.
 - They may tell you that you can leave whenever you'd like, but in most cases even when you sign yourself in this is not true.
- If you have a therapist you trust, sign a release of information that allows your therapist to speak to the hospital staff, to advocate for you
- Have friends call and come visit to check on you
- Depending on how the hospital runs, you may or may not be allowed to refuse the medications or treatments they decide are best for you
 - This can include electroconvulsive therapy, mood stabilizers, antipsychotics, isolation, long term hospitalization, etc.

Assembling a care team

- If someone confides in you that they are suicidal, ask them who else they have told, and urge them to ask others for support. It is not possible for one person to be an entire care team on their own.
 - It is okay to say you need support and cannot do this on your own. Someone else having needs doesn't mean you need to silence your own. Sacrificing your own needs will lead to burnout, and then you cannot help anyone.
- It is best to take shifts and get breaks. If you can, take 4, 6, or 8, or 12 hour shifts, and make sure you are eating, sleeping, drinking water, connecting to other humans or more than human friends, and seeking support of your own.
- Activities that release serotonin or activate the vagus nerve are really helpful. Actions that relieve stress are as well.
 - Exercise
 - Sex/orgasm/pleasure/physical touch
 - Singing
 - Humming
 - Artistic pursuits
 - Breaking shit
 - Screaming
 - Stretching
 - Massage

Self-harm

Self-harm is not always indicative of suicidality. Sometimes, self-harming keeps people safe. By which I mean, less likely to do other things that may result in worse injury, or death. When people are in distress, are dysregulated, or in tremendous emotional pain, self-harming floods the body with all kinds of responses to ease pain. Natural painkillers, endorphins, and all kinds of physiological responses happen, which also help ease the emotional pain they are experiencing. In a sense, self-harming can be viewed as an act of self care. Ideally, we can have other resources and support, but self-harming is stigmatized in ways that aren't very accurate or helpful.

If someone is self-harming, it is more helpful to approach from a harm reduction framework.

- Can they use a clean blade instead of: a rusty blade, piece of glass, or dull object, that might cause infection?
- Can they clean the area afterward and bandage it?
- Maybe they want to take up stick n poking instead of cutting or burning, as it is a more socially acceptable form of self-harm? (not everyone tattoos themselves because they want to self-harm, but tattoos do hurt, and do initiate the same physiological responses)
- Have they thought about where they are harming, and whether or not they want scars in visible places? Can they cut in places where there aren't major arteries?
- Sometimes, people who self-harm also experience suicidality, and it is okay to ask.

Therapists

Therapists are required, by law, to report if clients are suicidal, homicidal, or if there is child or elder abuse. If you tell your therapist you are suicidal they may call a hospital. They are allowed to use their own judgement, and not everyone will report you for talking about suicidality so long as you tell them you don't have a plan, and don't intend to act on your thoughts. Some therapists are more competent than others. Some, however, will call 911 at any mention of suicidality, even fleeting passive thoughts.

If you have a therapist, it is wise to ask very explicit and direct questions around their mandated reporting policies and practices, so you know what is safe and what is not safe to disclose. Even radical therapists who would not report you must discuss their cases with their supervisor. Their supervisor can choose to report you even if your therapist does not. Their supervisor may not inform your therapist of their actions.

This is not shared to scare you. Many therapists are not upfront about this information, and don't address the power they have. More and more therapists are starting to, as the radical mental health movement

pushes on, but it is important to be wary of who you trust. The mental health field is still carceral, and therapists, psychologists, psychiatrists, etc, still have the ability to institutionalize us against our will.

That being said, it is okay to ask for help. Just choose wisely how much you disclose, and to who, and do not call 911 on your friends.

Sometimes, no matter what we do, people attempt and complete suicide. It is not your fault if someone you love chose to no longer be a human in this world. It is not their fault, either. The more marginalized we are, the more we experience systemic oppression and state violence, the harder it is to survive. The systems at work are failing so many of us, and you cannot take on the blame.

We keep each other safe, and we can do our best to learn these skills so that we are safe people for our loved ones to confide in in times of crisis. Part of keeping each other safe is also learning to mourn, to grieve, and to process pain, loss, death. None of this work can be done in isolation. We need each other.

Resources to share with client, and client's support people

1. <https://projectlets.org/questions-to-ask-before-giving-up> Questions to ask before giving up
2. <https://projectlets.org/s/ScreenShot2017-12-15at33949PM.pdf> Where do we start?
3. <https://static1.squarespace.com/static/5a75d2f2c027d8bcb6dae62b/t/6118064f1b32ac0c9144ed8b/1628964432138/Common+Support+Mistakes.pdf> Common Mistakes Made While Supporting Someone Who's Struggling with Suicidality

THRIVE Lifeline: offers 24/7 text-based crisis support to anyone 18+ with specific focus on multiply marginalized communities. They do not engage in non-consensual active rescue and prioritize the texters consent and autonomy.

- In crisis? Text: **+1.313.662.8209**
- For non-crisis related email inquiries:
info@thrivelifeline.org

