

EAP Featured Article | September 2026



Suicide Prevention Awareness

Adapted from Anton C. Bizzell M.D.

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September is National Suicide Prevention Month in the U.S. The National Alliance on Mental Illness made this designation in 2008 to help destigmatize conversations about suicide, and to communicate vital information as well as hope to those affected by it.

Painful Suicide Statistics

It is difficult for us to comprehend the facts about suicide in our country. According to the CDC:

- Overall, suicide is the 9th leading cause of death among age groups 10-64 in the United States
- It is the second leading cause of death for people ages 10-14 and 25-34
- Suicide took the lives of nearly 49,000 people in 2024, about one every 11 minutes
- Suicide rates went up 32 percent between 2000-2024
- American Indian/Alaska Native and non-Hispanic White populations have the highest suicide rates
- LGBTQ+ young people have a higher rate of suicidal behavior and ideation than their straight peers
- In 2024, 14.3 million American adults thought seriously about suicide and 2.2 million attempted it.

Do Not Fall Victim to Myths

People trying to cope with the suicide death of a loved one sometimes falsely characterize that individual or what led them to choose death. The person who died by suicide is often termed “selfish” for leaving behind confused and grieving family, friends, and colleagues. A recent article points out that this is just one of many misconceptions about those who die by their own hand:

Assumption: They wanted attention.

Reality: In fact, many do not want to die but simply can no longer live with the emotional and/or physical pain they feel.

Assumption: They were weak.

Reality: In fact, they may have lived with excessive challenges and hoped for improvement for weeks, months, or years, and finally found it too difficult.

Assumption: They never tried to get help.

Reality: In fact, suicide is the last resort in most cases, when all their other efforts have failed.

Assumption: They did not consider how their death would affect others.

Reality: Many people considering suicide hang on because they do not want to hurt their loved ones. If they do die by suicide, they may think that will ease the burdens on those caring for them.

Keep an Eye Out for Triggers

Many feelings and experiences can induce suicidal thoughts; however, there are some frequent triggers:

- Guilt, shame, or a sense of worthlessness
- Social isolation or loneliness
- Serious health concerns
- Hopelessness for the future
- Severe mental health symptoms such as depression, post-traumatic stress, or psychosis

Not surprisingly, a person with depression is 20 times more likely to die by suicide than someone without the disorder. It is important to watch for symptoms of depression – such as sadness, irritability, less interest in favorite activities, sleeping too much or too little, change in appetite, forgetfulness, and lack of self-care – in family members or friends.

Most of all, do not be afraid to ask a person if she or he is having suicidal thoughts. You will not make that individual think about suicide by doing this... but indeed you may open a line of communication. Knowing they can discuss such thoughts with you, the person may be able to take a step forward towards assistance.

What to Say - and Not

Two-time suicide survivor Kimberly Zapata emphasizes that saying something to a person contemplating suicide is better than saying nothing. However, from her firsthand experience, it is important to say things that do not end up making that individual feel worse. Here are some of her suggestions for engaging with a suicidal person, and what comments and questions to avoid:

Avoid saying: "What's wrong with you?"

Say: "That must be scary, I'm sorry you've been feeling so alone."

Avoid saying: "It's not that bad."

Say: "That sounds awful. Would you like to tell me more about it?"

Avoid saying: "You have so much to live for."

Say: "You mean so much to me"

Avoid saying: "Cheer up!"

Say: "It must be so hard to feel so alone. What can I do to help?"

Avoid saying: "You're not going to do anything stupid, are you?"

Say: "I'm worried about you. Do you want to talk about your feelings?"

Avoid saying: "It will get better."

Say: "I'm here for you. You don't have to go through this alone."

Avoid saying: "Stay strong."

Say: "There is hope. Let me help you."

Identify Prevention Strategies and Programs

Once a person considering suicide is comfortable discussing those thoughts, help them take the next steps. If he or she is depressed, do what you can to get them professional mental health care. Treatment might include therapy, medication, or some combination of the two. Keep the lines of communication open and be a good listener. Support routines in their lives, which can be beneficial. You cannot maintain 24/7 contact with someone considering suicide. Be sure that person has information about other resources readily available.

On the national level, there are numerous organizations and agencies working to prevent suicide such as U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), American Foundation for Suicide Prevention (AFSP), National Center for Injury Prevention and Control (NCIPC), The Jed Foundation, The Trevor Project, and Children's Safety Network (CSN).

As a reminder, First Choice Health EAP is committed to providing comprehensive support to organizations, their employees, and . We are available for immediate, confidential phone support and consultation 24/7. Connect with us for in-the-moment counseling, confidential supervisor consultation, critical onsite trauma debriefing, and more. Call us at 800-777-4114.

If you or someone you know needs the Suicide and Crisis Lifeline, call or text 988 or use the chat function online at 988lifeline.org.