Helping Someone You Love

A family guide to depression support, suicide warning signs, and a practical safety plan

Your role matters—and has limits

Family members can be powerful allies to someone living with depression. Your role is to listen, notice changes, help them reach appropriate care, and remain connected. You do not need to diagnose them, solve every problem, or become their therapist. Depression is a treatable health condition, not laziness, selfishness, or weak faith.

How to offer support that actually helps

- Begin gently: “I’ve noticed you seem worn down and less like yourself. I care about you. How are things really going?”
- Listen without arguing, correcting, preaching, or immediately offering solutions. Acknowledge pain: “That sounds exhausting.”
- Be specific and practical. Offer a ride to an appointment, help finding a clinician, grocery shopping, or an invitation to a short walk.
- Encourage professional assessment and treatment. Offer to sit with them while they make a call or to accompany them, if they want you there.
- Maintain steady contact even if they decline invitations. Try short, low-pressure check-ins instead of demanding that they “cheer up.”
- Respect privacy and autonomy when possible, but do not promise secrecy about suicide risk or imminent danger.
- Ask how treatment is going and what support they want; follow their preferences rather than controlling their care.

What to avoid

Avoid “snap out of it,” “others have it worse,” “just think positively,” or suggesting prayer or exercise alone is adequate treatment. Do not shame, threaten, blame, or make promises you cannot keep. Do not assume that someone who seems productive, smiles, or says “I’m fine” is necessarily safe.

Notice changes—not just words

Depression can look like loss of pleasure, fatigue, isolation, trouble focusing, sleep or appetite changes, irritability, and neglect of ordinary routines. Pay particular attention after painful losses, relationship disruption, job loss, major stress, medical illness, or other destabilizing events. These experiences do not mean suicide will occur, but they can signal a need for more support and assessment.

A helpful family check-in

Ask: “What feels hardest right now?” “Have you been able to eat and sleep?” “Would it help if I made an appointment with you?” “Who else do you feel safe talking to?” If you are concerned about suicide, ask directly: “Are you thinking about suicide?” Asking does not put the idea in someone’s head.

RECOGNIZE SUICIDE WARNING SIGNS

Signs that call for prompt attention

Seek help quickly when a person shows new, intensified, or concerning changes—particularly following a painful event. Warning signs may include:

- Talking about wanting to die, feeling trapped, hopeless, unbearable pain, or being a burden
- Researching suicide methods, describing a plan, gathering pills, or obtaining a weapon
- Giving away treasured possessions, saying unusual goodbyes, or putting affairs in order
- Sudden withdrawal, increased alcohol or drug use, reckless behavior, rage, or intense agitation
- Extreme mood changes, including an abrupt calm after severe distress
- Marked changes in sleep, appetite, or ability to function

No checklist predicts suicide with certainty. Take concerning words, behavior, and intuition seriously; do not wait until every sign appears.

If your loved one might be thinking about suicide

1. Ask directly and calmly: “Are you thinking about killing yourself?” Then listen without judgment. Do not debate or minimize what they say.

2. Ask about immediacy: “Do you have a plan?” “Have you taken anything or hurt yourself?” “Do you have access to what you would use?” You are not performing a clinical risk assessment; these questions help determine whether urgent emergency action is needed.

3. Stay connected and act: If there is immediate danger, an attempt, a specific imminent plan with available means, or you cannot keep the person safe, call 911. Do not leave them alone if you can remain safely, and follow dispatcher instructions.

4. For suicidal thoughts or a crisis without clear immediate danger, call or text 988 together for real-time guidance. You can contact 988 yourself about someone else. Arrange urgent professional evaluation and a collaborative safety plan.

5. Reduce access to lethal means: With help from the person, other trusted adults, or professionals, securely remove or lock up firearms, medications, and other potentially lethal items. Do not put yourself in danger confronting someone with a weapon.

What to say—and what not to say

Try: “Thank you for telling me.” “I’m here with you.” “We can get help together.” Avoid: “You’re being dramatic,” “You wouldn’t really do that,” or “Promise me you’ll never think this again.” A promise or “no-suicide contract” is not a substitute for a safety plan.

BUILD A FAMILY SUPPORT AND SAFETY PLAN

Make the plan before a crisis whenever possible

Work collaboratively with your loved one and, ideally, a mental health professional. Keep a copy on the phone and somewhere easy to find. Review it after major changes. A safety plan is not a guarantee; it is a practical tool for responding early.

1 | Personal warning signs Write down the thoughts, situations, moods, and behaviors that tell this person their depression or suicide risk is getting worse.

2 | Coping steps List simple things the person agrees may help them get through the next minutes or hours, such as breathing, grounding, music, or moving to a safer shared space.

3 | People and places that help Name two or three people or safe settings that offer connection or distraction; include phone numbers.

4 | Trusted people to call Identify family members or friends the person can tell plainly, “I am not safe” or “I need help now.” Decide who will check in and when.

5 | Professional and crisis contacts Record treating clinician, after-hours number, local urgent care/emergency department, and 988. For immediate danger, call 911.

6 | Make the environment safer Agree in advance who will secure or remove firearms, excess medication, or other lethal means and how to do it safely.

A family coordination plan

Choose one primary contact and one backup, with the loved one’s agreement when possible. Set a manageable schedule of check-ins. Decide who can help with transportation, meals, appointments, and medication reminders. Write down what change triggers a call to their clinician, to 988, or to 911. After an emergency, arrange follow-up and keep checking in; recovery is rarely linear.

Care for the supporters, too

Supporting someone through serious depression can be exhausting. Share responsibilities, keep reasonable boundaries, and seek your own counseling or support when needed. You cannot control another person’s illness or guarantee an outcome, but you can act early, consistently, and compassionately.

The Lifeline Project offers education and referrals, not crisis response or clinical treatment. In the U.S., call or text 988 for mental health crisis support; call 911 for immediate danger.

Reliable sources & further reading

NIMH, Depression: nimh.nih.gov/health/publications/depression
NIMH, 5 Action Steps: nimh.nih.gov/health/publications/5-action-steps-to-help-someone-having-thoughts-of-suicide
988 Lifeline, Warning Signs: 988lifeline.org/learn/warning-signs/
988 Lifeline, Safety Plan: 988lifeline.org (search “Safety Plans Work”)