An Informational Toolkit for

CLERGY

PROMOTING SUICIDE AWARENESS

This toolkit is donated by the

TODD WAITE LEGACY FOUNDATION

for suicide awareness

www.twlf4suicideawareness.com

Blessed are those who morn for they will be comforted

Matthew 5:4

The *TODD WAITE LEGACY FOUNDATION* for suicide awareness

was formed by family members on behalf of the Waite family. The Waite family lost their 19 year old son/brother Todd to suicide in July, 2010. They are now dedicated to spreading awareness about suicide so that others will never have to encounter the pain and loss that they feel.

In 2014 famous actor and comedian Robin Williams along with other celebrities took their own life as a result of a mental illness.

What about the shootings by people with mental illnesses at Sandy Hook Elementary School, Fort Hood, and other places around the world?

It is time to put an end to these tragedies!!

We need to start educating people about mental health, suicide awareness and prevention, and where to turn to for help or comfort in an otherwise confusing time. We have put together some informational toolkits and other literature to point people in the direction of areas for help and information.

Our mission is to spread suicide and mental health information and awareness to: churches, first responders, foster parents, funeral homes, the media, medical professionals, military veterans, police departments, retirement homes, schools, suicide victims, survivors of suicide, the workplace, and anyone or anyplace else that can benefit from our information.

Visit our web site at – www.twlf4suicideawareness.com

Our e-mail address is – twlf4suicideawareness@gmail.com

Check out our Facebook page at - www.Facebook.com/twlegacyfoundation

All of our material is free of charge and can be downloaded from our web site.

Please help us to keep spreading the word about suicide awareness. Visit our web site for information on donations. We are a 501 (c) (3) non-profit organization.

20 Best Things to Say to Someone Who Is Depressed

1. "I love you!"

2. "I Care"

3. "You're not alone in this"

4. "I'm not going to leave/abandon you"

5. "Do you want a hug?"

6. "When all this is over, I'll still be here and so will you."

7. "All I want to do is give you a hug and a shoulder to cry on.."

8. "Hey, you're not crazy!"

9. "May the strength of your past reflect in your future."

10. "God does not play dice with the universe." -- A. Einstein

11. "A miracle is simply a do-it-yourself project." -- S. Leek

12. "We are not primarily on earth to see through one another, but to see one another through"

13. "If the human brain were simple enough to understand, we'd be too simple to understand it."

14. "You have so many extraordinary gifts -- how can you expect to live an ordinary life

15. "I'm sorry you're in so much pain. I am not going to leave you. I am going to take care of myself so you don't need to worry that your pain might hurt me."

16. "I listen to you talk about it, and I can't imagine what it's like for you. I just can't imagine how hard it must be."

17. "I can't really fully understand what you are feeling, but I can offer my compassion."

18. "You are important to me."

19. "If you need a friend..... "

20. "I'll stick with you no matter what."

PROMOTING SUICIDE AWARENESS FOR CLERGY

The purpose of this Suicide Prevention Awareness toolkit is to provide information and educate everyone about the causes, and warning signs of mental illness and suicide.

The views and opinions expressed in this toolkit are those of the author who formed this information by researching many of the web sites listed in the back. The information in this toolkit may not reflect the policies of all mental health or suicide organizations.

Copies of this toolkit are available on line at
www.twlf4suicideawareness.com

Despite the high death toll of suicidal and mentally ill people, many people have failed to address the problem as a public health concern. Many people view mental illness and suicide purely in terms of its tragic consequences for individuals, not as a problem plaguing society as a whole. Complicating the issue is the stigma attached to suicide and mental health. As a result people with mental illness and possibly contemplating suicide and their families may be reluctant to seek help. Community members may be apprehensive about taking a proactive stance towards the problem.

Suicide and mental health has lagged behind other social problems, such as child abuse and domestic violence, in gaining recognition as an issue that deserves public attention from individuals, organizations, and society. This kind of public attention is essential in order to identify or create the tools and knowledge to prevent suicide, help the mentally ill, and save lives.

Unlike distress signals resulting from physical trauma, such as a heart attack or deadly disease, the pain of people considering suicide may go unrecognized until it is too late. This is why a public health approach to suicide prevention is so important--targeting or identifying at-risk people before they appear in the emergency department of a hospital. Through increasing awareness in the community-at-large, the signs and symptoms of suicide and mental illness can be recognized and addressed.

More than 90 percent of people who die by suicide have depression and other mental disorders, and/or a substance-abuse disorder.

Suicide and mental illness is at the same level as breast cancer was a few years ago. No one dared talk about it and many women died because of the stigma associated with breast cancer. Suicide and mental illness has to be brought to the public attention. People need to be made aware of the symptoms of suicide.

IT IS TIME TO GIVE MENTAL HEALTH AND SUICIDE PREVENTION THE ATTENTION IT DESERVES!

SUICIDE – The Result of a Mental Health Problem

Much of the information listed on the following 3 pages is from SAMHSA's National Suicide Prevention Lifeline Crisis Centers Conference in Baltimore, MD • July 27, 2011

A special thank you to Pamela S. Hyde, J.D. SAMHSA Administrator for providing this information. SAMHSA stands for Substance Abuse and Mental Health Administration. (www.samhsa.gov - 1-877-SAMHSA-7 or 1-877-726-4727)

Here are some tough realities of suicide –

36,000 Americans die by suicide each year
1.1 million (.05 percent) Americans (18 & older) attempted suicide in the past year
2.2 million (1 percent) Americans (18 & older) made a plan in the past year
8.4 million (3.7 percent) Americans (18 & older) had serious thoughts of suicide in the past year
30 percent of deaths by suicide involved alcohol intoxication at or above the legal limit
2005-2009: 55% increase in emergency department visits for drug related suicide attempts by men 21 to 34
2005-2009: 49% increase in emergency department visits for drug related suicide attempts by women 50 or older
Every year some 650,000 persons receive treatment in emergency rooms following suicide attempts
50% of those who die by suicide were afflicted with major depression, and the suicide rate of people with major depression is eight times that of the general population
90% of individuals who die by suicide had a mental disorder
2005 – 2009: More than 1,100 members of the Armed Forces took their own lives; an average of 1 suicide every 36 hours
2010 Army suicide rate (active-duty) soldiers is down slightly (2009 = 162; 2010 = 156)
Number of suicides in the Guard and Reserve up by 55% (2009 = 80; 2010 = 145)
More than half of the National Guard members who died by suicide in 2010 had not deployed
Suicide among veterans accounts for as many as 1 in 5 suicides in the U.S.

MISSED OPPORTUNITIES = LIVES LOST

Individuals discharged from an inpatient unit continue to be at risk for suicide

10% of individuals who died by suicide had been discharged from an emergency room within the previous 60 days

8.6% hospitalized for suicidality are predicted to eventually die by suicid**e**

77% of individuals who die by suicide had visited their primary care doctor within the past year

45% had visited their primary care doctor within the month

THE QUESTION OF SUICIDE WAS SELDOM RAISED!!!!!!!!!

3 PRIORITY AREAS FOR CONSIDERATION

Issue One: Too many missed opportunities to save lives in primary care settings

Issue Two: Millions of Americans still lack access to evidence-based care and health based professionals that can reduce suicidal behavior

Issue Three: Too many discharged from emergency rooms/inpatient units following suicide crisis at significantly elevated risk yet 50% referred to care following discharge do not actually receive outpatient treatment

DAILY CRISIS OF UNPREVENTED AND UNTREATED Medical/Suicide attempts

Any Mental Illness:	45.1 million 37.9% receiving treatment
Suicide attempts:	22.5 million 18.3% receiving treatment
Diabetes:	25.8 million 84% receiving treatment
Heart Disease:	81.1 million 74.6% receiving screenings
Hypertension:	74.5 million 70.4% receiving treatment

PERCEPTION CHALLENGES

60% of people who experience mental health problems & 90% of people who experience substance abuse problems and need treatment do not perceive the need for care

Suicides vs. homicides - Suicides outnumber homicides by 3:2

Suicides vs. HIV/AIDS - Twice the number of people die by suicide than who die as a result of complications related to HIV/AIDS

WHAT AMERICANS KNOW

Most know *or* are taught:

Basic First Aid and CPR for physical health crisis

Universal sign for choking; facial expressions of physical pain; and basic terminology to recognize blood and other physical symptoms of illness and injury

Basic nutrition and physical health care requirements

Where to go or who to call in an emergency

Most do not know *and* are not taught:

Signs of suicide, addiction or mental illness or what to do about them or how to find help for self or others

Relationship of behavioral health to individual or community health or to health care costs

Relationship of early childhood trauma to adult physical & mental/substance use disorders

SO, HOW DO WE CREATE A PUBLIC HEALTH APPROACH THAT:

Engages everyone – general public, elected officials, schools, parents, churches, health professionals, researchers, persons directly affected by mental illness/addiction & their families

Is based on facts, science, common understandings/messages

Is focused on prevention (healthy communities)

Is committed to the health of everyone (social inclusion)

The *TODD WAITE LEGACY FOUNDATION* for suicide awareness is providing information about mental health and suicide prevention to anyone and everyone who comes in contact with people with mental health issues and suicidal tendencies, and the community-at-large to help identify those at risk, reduce stigma, and take other measures to deter and prevent suicides.

The *TODD WAITE LEGACY FOUNDATION* for suicide awareness

wants you to know the warning signs of suicide and mental health. They may be listed more than once in this toolkit but they are worth repeating. Everyone needs to learn and know the warning signs. You could save a life!!

Warning Signs and Symptoms of Suicide

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss or change.

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawn or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

Additional Warning Signs of Suicide

- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people to say goodbye.
- Making arrangements; setting one's affairs in order.
- Giving things away, such as prized possessions.

Recognize the warning signs of suicide:

Here's an Easy-to-Remember Mnemonic:

IS PATH WARM?

- **I** Ideation
- **S** Substance Abuse

- **P** Purposelessness
- **A** Anxiety
- **T** Trapped
- **H** Hopelessness

- **W** Withdrawal
- **A** Anger
- **R** Recklessness
- **M** Mood Changes

Warning Signs and Symptoms of Mental Illness

The following are signs that your loved one may want to speak to a medical or mental health professional.

In adults:

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Delusions or hallucinations
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of obvious problems
- Numerous unexplained physical ailments
- Substance abuse

In older children and pre-adolescents:

- Substance abuse
- Inability to cope with problems and daily activities
- Changes in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Defiance of authority, truancy, theft, and/or vandalism
- Intense fear of weight gain
- Prolonged negative mood, or thoughts of death
- Frequent outbursts of anger

In younger children:

- Changes in school performance
- Poor grades despite strong efforts
- Excessive worry or anxiety (i.e. refusing to go to bed or school)
- Hyperactivity
- Persistent nightmares
- Persistent disobedience or aggression
- Frequent temper tantrums
- Recognize the warning signs:

2014 Facts & Figures on Suicide

Suicide is a preventable public health problem and a leading cause of death in the United States. More investment in suicide prevention, education and research will prevent the untimely deaths of thousands of Americans each year.

Suicide - Basic Facts:

- An American dies by suicide every 13 minutes, and more than 40,000 die by suicide every year.
- 3,000 Americans attempt to take their life each day, resulting in over 1 million attempts each year.
- 90% of the individuals who die by suicide had a diagnosable psychiatric disorder at the time of their death.
- Depression, bipolar disorder and substance use disorders are among the leading causes of suicide.
- For every female suicide, there are four male suicides, but three times as many females as males attempt suicide.
- Suicide is the second leading cause of death among those 10-24 years old.
- Veterans make up 22% of suicides

Suicide - The Cost:

- Suicides in one year cost the U.S. over $20 billion in lost earnings
- 1.5 million years of life are lost to suicide annually.
- Suicide attempts requiring hospitalization cost the U.S. $44 billion each year in medical and work-loss costs

Facts and Fiction About Suicide:

Perhaps because suicide is rarely talked about openly, there are a lot of misconceptions about issues as to who is at risk, why and under what circumstances, and about how to get help. Knowing the facts is critical to taking action and essential to saving lives.

Fiction: Suicide usually happens with no warning.
Fact: Eight out of ten people who kill themselves give some sort of warning or clue to others, even if it is something subtle.

Fiction: There's always a note left behind when someone commits suicide.
Fact: Actually, in most cases, there is no suicide note.

Fiction: Someone who talks a lot about suicide is just trying to get attention.
Fact: It's just the opposite. More than 70% of people who kill themselves have previously threatened to do so or actually attempted to do so. When someone says they feel this way, take it seriously.

Fiction: People who are suicidal are intent on dying and feel there is no turning back.
Fact: Most people who are suicidal are actually of two minds about it. Part of them wants to die, but part of them doesn't. The main thing they want is to stop their pain.

Fiction: People who attempt suicide once are unlikely to try it again.
Fact: 80% of people who die from suicide have made at least one other attempt already.

Fiction: Someone who survives a suicide attempt is obviously not serious about it.
Fact: Any suicide attempt should be treated as though the person intended to die, and not simply dismissed as an attention-getting device.

Fiction: If you mention suicide to someone who seems depressed, you're just planting the idea in his or her mind
Fact: Discussing it openly can actually help, not hurt.

Suicide needs to be discussed by the religious community

There is a lot of debate on whether suicide is the unpardonable sin. Clergy must make up their own mind about the morality of suicide. There are several accounts in the Bible of how people took their own lives. Abemelich, Sampson, King Saul, and Judas Iscariot all took their own lives in the Bible. Does God condemn these people for taking their own lives? The Bible does not condemn or condone suicide. Nowhere in the Bible is the word suicide mentioned.

It should not matter to the clergy if he or she thinks suicide is an unpardonable sin or not, they should still learn all that they can about the signs of suicide and ways to try to stop someone from attempting suicide. More than 90% of people who die from suicide have a mental disorder which can be treated.

It is more important to recognize the signs of suicide and do what you can to prevent it than to discuss whether it is right or wrong. Survivors of suicide need comfort and understanding in their time of terrible tragedy. They do not want to hear about suicide being a terrible thing or the unpardonable sin. Suicide and suicide prevention needs to be talked about by the clergy in their churches, or places of worship. Suicide and suicide awareness needs to be brought out in the open and addressed. As a member of the clergy you can help save lives by discussing suicide and comfort those who have gone through a suicidal experience.

He came to my office to talk a few weeks before he took his life. He was obviously unhappy. We talked about a lot of things—his marital difficulties, his continuing unemployment, his general sense of despondency. But I remember one part of that conversation distinctly. He asked if God could forgive any sin. I asked him if he had done something that he thought I should know about. He said that he hadn't. I still think about that. I only wish that I had understood what he was trying to say and done something about it.

The Role of the Clergy in Preventing Suicide

As a member of the clergy, you have the vital yet daunting job of guiding people through many of life's challenges—marital discord, job loss, illness, death, and more. This unique role offers an opportunity to help people at risk of suicide in ways that even family members or mental health professionals cannot. By listening to people and getting them the help they need, you can make a difference.

Each year, more than 30,000 Americans will end their lives as a way to escape the intolerable pain of living. Many people, including clergy, find it difficult to understand why people take their own lives. The very thought of suicide has clear moral and spiritual implications in many religions. You have an opportunity to prevent suicide by taking threats seriously, recognizing many of the warning signs of suicidal behavior, and understanding the factors associated with such behavior.

A review of the literature revealed that fairly large numbers of people who are thinking of harming themselves turn to clergy rather than to mental health professionals, and that clergy could benefit from training on how to recognize and respond to people who may be at risk of suicide. Some research indicates that more than twice as many people with diagnosable mental health problems will see a cleric rather than a psychotherapist, for many reasons: People may be more comfortable with their cleric than with a therapist; religious counseling does not have the negative connotations that many people associate with mental health care; and many people are not able to afford mental health care.

Clergy are "key gatekeepers—people who regularly come into contact with individuals or families in distress. Clergy must be trained to recognize behavioral patterns and other factors that place individuals at risk for suicide and also be equipped with effective strategies to intervene before the behaviors and early signs of risk evolve further. However, it is important to remember that you cannot be all things to all people. You are a spiritual guide. You may have training in counseling. But you may not be qualified, on your own, to offer therapy to someone confronting mental illness or serious emotional problems. Even mental health professionals have difficulty assessing a particular individual's relative risk of suicide. It is essential that you know both the possibilities and the limits of your role and your training. You must do what you can—and defer to mental health professionals to do what you cannot.

Recognizing the Warning Signs

People who are considering suicide often display warning signs—sometimes directly, sometimes indirectly. You should be especially alert for imminent warning signs, for example:

- Talking about suicide or death
- Giving direct verbal cues, such as "I wish I were dead" and "I'm going to end it all"
- Giving less direct verbal cues, such as "What's the point of living?", "Soon you won't have to worry about me," and "Who cares if I'm dead, anyway?"
- Isolating him- or herself from friends and family
- Expressing the belief that life is meaningless or hopeless
- Giving away cherished possessions
- Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn
- Neglecting his or her appearance and hygiene

These signs are especially critical if the person has a history or current diagnosis of a psychiatric disorder or serious psychological problem, is abusing alcohol or other drugs, has attempted suicide in the past, or has had a suicide in his or her family. Young people who have experienced the suicide (of a friend, peer, or celebrity role model should also be taken very seriously if they display warning signs of suicide.

Responding to the Warning Signs

Your response to warning signs should be targeted at keeping the person safe, providing empathy and support, and ensuring that the individual receives the mental health and/or social services necessary to reduce his or her risk. As a cleric you can, and should, do the following:

- **Ask the difficult questions.** Science has not yet provided us with fail-safe methods of assessing the risk of suicide. However, you can ask the sometimes difficult questions that will provide you with more evidence about the individual's state of mind and intentions, for example:

  Do you ever wish you could go to sleep and never wake up?
  Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
  Are you thinking about killing yourself?

- **Recognize your limits.** Some clergy are trained and licensed as mental health counselors, but many are not. It is advisable to stay within your scope of competence and consult with or refer to other health care professionals who can best attend to the mental health needs of the individuals you work with. Medical, ethical, and legal issues can arise when clergy cross the line from offering faith-based listening and guidance to counseling someone in a therapeutic manner. Well-meaning clergy have been sued because they have overstepped appropriate boundaries while engaging in empathetic pastoral relationships. Be sure your congregants understand that while you are always willing to listen and minister to their spiritual needs, you may not be the best person to provide direct care for certain issues. Consider partnering with mental health and other health care professionals in your community, and maintain a list of therapists to share with troubled parishioners. You may be able to find professionals whose religious or cultural backgrounds are similar to your congregants', which will allow a troubled person to make an easier transition between you and a mental health professional.

- **Recognize the limits of confidentiality.** While confidentiality is critical to maintaining trust and openness, there are circumstances when disclosures should be made. These exceptions may vary depending on the code of ethics to which you adhere, but breaching confidentiality may be necessary to prevent a person from harming him- or herself.

- **Do not leave a person at imminent risk of suicide alone.** If you have any suspicions that a person is seriously considering harming him- or herself, let the person know that you care, that he or she is not alone, and that you are there to help. You may have to work with the person's family to ensure that he or she will be adequately supported until a mental health professional can provide an assessment. In some cases, you may have to accompany the person to the emergency room at an area hospital or crisis center. If the person is uncooperative, combative, or otherwise unwilling to seek help, and if you sense that the person is in acute danger, call 911 or (800) 273-TALK (8255). Tell the dispatcher that you are concerned that the person with you "is a danger to [him- or herself]," or "cannot take care of [him- or herself]." These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make such a call if you suspect that someone may be a danger to him- or herself. It could save that person's life.

- **Do not put other people at risk by glamorizing suicide or those who have died by suicide.** As a spiritual leader, you may be asked to officiate at services for those who have died by suicide. In this role, it is essential that your desire to comfort survivors and memorialize the dead not put other vulnerable individuals at risk. The attention given to a person who has died by suicide can lead vulnerable persons who feel neglected to harm themselves. Avoid emphasizing that the person who died is "at peace" or has "found peace," and implying that suicide was a reasonable response to the stresses in the departed's life circumstances. It is important to make a clear distinction, and even separation, between the positive accomplishments and qualities of the deceased and his or her final act. Use the opportunity to remind people at risk that there are other options and to remind the rest of us to reach out to those in need and in pain. This is especially important when memorializing an adolescent, or someone that adolescents may look to as a role model, who has died by suicide. It is important to offer the youth practical steps they can take to ease their pain—including speaking with you or other trusted adults.

10 Little Known Facts About Suicide

1. The word “suicide” comes from two Latin roots, *sui* (“of oneself”) and *cidium* (“killing” or “slaying”).

2. It is more likely someone will die from suicide than from homicide. For every two people killed by homicide, three people die of suicide.

3. In America, someone attempts suicide once every minute, and someone completes a suicide once every 17 minutes. Throughout the world, approximately 2,000 people kill themselves each day.

4. Suicide is the 8th leading cause of death in the United States.

5. The spring months of March, April, and May have consistently shown to have the highest suicide rate, 4-6% higher than the average for the rest of the year. Christmas season is actually below average. Some studies suggest greater seasonality in suicides in rural rather than urban areas.

6. Over the last decade, the suicide rate among young children has increased dramatically. In 2002, suicide was the sixth leading cause of death of five- to 14-year olds and the third leading cause of death in preteens. Suicidologists are alarmed that children as young as age two are also increasingly attempting suicide.

7. During 2008, 140 American soldiers committed suicide, breaking all previous suicide records in the military. In the first four months of 2009, 91 soldiers committed suicide. If this rate continues throughout 2009, by the end of the year more than 270 soldiers will have killed themselves, leading some scholars to claim there is a suicide epidemic in the military.

8. Although women attempt suicide about three times more often than men, men complete suicide about three times more often than women.

9. Four out of five people who commit suicide have attempted to kill themselves at least once previously.

10. In America, the most common suicide method for both men and women is firearms, accounting for 60% of all suicides. For women, the next most common method is ingesting solid and liquid poison or pills. The next most common method for men is hanging/strangling/suffocation.

It Is Vital That the Clergy Know How To Recognize Suicide Risk and Prevent Suicide.

Here are some steps:

1. **Notice if the person appears quiet and withdrawn**, oversleeps, has crying episodes, has loss of appetite and energy, appears disheveled, the gaze is downward, the voice tone is flat, consistently negative comments, irritability, or says things like, "Life's not worth living," or "I hate my life," etc.

2. Ask: "How would you **rate your mood right now** on a scale of zero to ten with zero meaning life's not worth living and ten meaning life is great?"

3. If the person rates the mood as 5 or under, ask: "Have you had any **thoughts of suicide** or of harming yourself?" *****

4. If the person indicates yes, go to the next step. If the person says, **"I don't know,"** hear this as a "yes" to the question in #3.

5. Ask: "Have you **thought about how you might end your life**?" If the person says yes, the risk is increased.

6. Ask: "**What have you thought about as how you might do it**?" If the means is ineffective or non-lethal, such as cutting wrists, risk is lower. If the means is lethal such as using a gun or jumping from a bridge, etc., risk is higher.

7. Regardless of the means, ask: "**Can we agree together** that if you have thoughts of killing yourself, you will speak to me personally (not my voice mail) before carrying out a plan to harm yourself?"

8. If the person says "no" or "I don't know," to the question in #7, say: "What I am hearing is that you are in a lot of pain right now and thinking of ending your life, so **I am going to take you to get help** right now to help to feel better right away. Will you go? I will make sure you get there safely. Is there a family member or someone I can call to go with you?" Or tell the person you will go with them yourself.

9. Arrange for the person to **be accompanied to a help center**, (a hospital or mental health facility) and **call 911 or 1-800-273-TALK (8255)** to tell emergency staff you are coming.

10. If the person refuses, then ask the person to wait there with someone while you **call police** in another room to report that the person has threatened suicide with lethal means. Ask the police to come and accompany the person to a help center.

***Note: If the person rates the mood as 6 or over (in answer to the question in #3), after feeling consistently depressed, and she/he now reports life is great and she/he is smiling, the risk may be increased because she/he has decided to end their life and have made all arrangements.**

Don't be afraid of being wrong. It is difficult for even experts to understand who is at serious risk of suicide and who is not. Many of the warning signs for suicide could also indicate problems with drug or alcohol abuse, domestic violence, depression, or another mental illness. Young people with these problems need help—and you can help.

Resources & Organizations

American Association of Suicidology
www.suicidology.org 202-237-2280

American Foundation for Suicide Prevention
www.afsp.org 888-333-2377

American Psychiatric Association
www.psychiatry.org 1-888-35-PSYCH or 1-888-35-77924

Kristin Brooks Hope Center
www.hopeline.com 202-669-8500

Mental Health America
www.mentalhealthamerica.net 1-800-969-6642

National Council for Community Behavioral Healthcare
www.TheNationalCouncil.org 1-202-684-7457

National Youth Violence Prevention Resource Center
www.safeyouth.org 301-562-1001

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov 877-SAMHSA-7

Suicide Awareness Voices of Education
www.save.org 888-511-7283

Suicide Prevention Action Network USA Inc.
www.spanusa.org 202-449-3600

Suicide Prevention Resource Center
www.sprc.org 877-438-7772

The Compassionate Friends
www.compassionatefriends.org 877-969-0010

The Jed Foundation
www.jedfoundation.org 212-647-7544

Yellow Ribbon Suicide Prevention Program
www.yellowribbon.org 303-429-3530

TODD WAITE LEGACY FOUNDATION  for suicide awareness

Informational Toolkit Order Form

Quantity	Toolkit
	Clergy
	College Students
	First Responders
	Foster Parents
	Funeral Directors
	Law Enforcement
	Mental Health Issues
	Military Veterans
	Nurses
	Primary Care Providers
	Senior Living Communities
	Survivors of Suicide
	Teachers & Youth Leaders
	Teenagers and High Schoolers
	The Media
	The Workplace

Send toolkits to:

Name_____ Address_____

City _____ State_____ Zip_____

email address_____

Mail order form to: Todd Waite Legacy Foundation, 3857 Canal Ave., Grandville, Mi. 49418
email request to: **twlf4suicideawareness@gmail.com** or fax form to - 616-534-9708
visit our website at **www.twlf4suicideawareness.com** for more **Free** information