

An Informational Toolkit for  
**COLLEGE STUDENTS**

**PROMOTING SUICIDE AWARENESS**



This toolkit is donated by the

*TODD WAITE LEGACY FOUNDATION*  
**for suicide awareness**

[www.twlf4suicideawareness.com](http://www.twlf4suicideawareness.com)

**Blessed are those who mourn for they will be comforted**

**Matthew 5:4**

# **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 July of 2011 Tom Heeren along with his wife, daughter, granddaughter and 3 other people were victims of a murder suicide by a person who had a bipolar disorder.

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](http://www.twlf4suicideawareness.com)

Our e-mail address is - [twlf4suicideawareness@gmail.com](mailto:twlf4suicideawareness@gmail.com)

Check out our Facebook page at - [www.Facebook.com/twlegacyfoundation](http://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** **COLLEGE STUDENTS**

**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.**

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***TODD WAITE LEGACY FOUNDATION***  
**for suicide awareness.**

**Copies of this toolkit are available on line at**  
**[www.twlf4suicideawareness.com](http://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](http://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 suicide

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

## **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.

*A young college student at a very large university is the type of place where it was easy for someone to get lost. Attendance is never taken, and no one noticed if a student stopped showing up in a class of 200 or 300 students. The residence assistants in the dorms were graduate students. They cared about their students but had no systematic way of checking up on everyone. The young college student started drifting from his friends. He was uncommunicative and withdrawn. He slept late and rarely left his room. When he did appear in the cafeteria or on the street, he looked more than a little frightened and unkempt. Everyone found it easier to avoid him than to confront him. Late one night, he tried to kill himself.*

College represents a huge transition for most young people. Many are living away from home for the first time. Even students who commute to school achieve a new level of independence and freedom in college. However, college also eliminates some of the safety nets available to young people living at home. It is easier for a young person's problems to go unnoticed when he or she is away at college and not under the eyes of parents, old friends, and high school teachers. College also provides a new opportunity for young people to experiment with drugs or alcohol.

College students have their own culture and language. You may know your college friends better than their own parents do. And you may be able to tell that something is wrong with one of your classmates when the professors and faculty advisors can't. You can use your insights to help your friends and classmates find help when they are having problems.

If one of your college friends confides in you that he or she has been thinking about suicide and tells you not to tell anyone, the best thing you can do as a friend is to get him or her immediate help.

While there is no foolproof method of determining that someone is thinking of hurting him- or herself, the following signs might indicate that a young person is considering suicide:

- **A suddenly worsening school performance.** Good students who suddenly start ignoring assignments and cutting classes may have problems—including depression or drug and alcohol abuse—that can affect their health and happiness and put them at risk of suicide.
- **A fixation with death or violence.** Young adults with problems may develop an unusual interest in death or violence, expressed through poetry, essays, doodling, or artwork; an obsession with violent movies, video games, and music; or a fascination with weapons. Older adults often cannot tell a “normal” interest in violent video games or music from an obsession, whereas peers know what is more typical for this age group.
- **Unhealthy peer relationships.** Students who don’t have friends, or suddenly reject their friends, may be at risk. A friend who suddenly rejects you, claiming, “You just don’t understand me anymore,” may be having emotional problems.
- **Violent mood swings or a sudden change in personality.** Peers who become sullen, silent, and withdrawn, or angry and acting out may have problems that can lead to suicide.
- **Indications that the student is in an abusive relationship.** Some young people may be physically or emotionally abused by a member of their family or their girlfriend or boyfriend. Signs that a person may be in an abusive relationship include unexplained bruises or other injuries that he or she refuses to discuss.
- **Signs of an eating disorder.** An eating disorder is an obvious sign that someone needs help. A dramatic change in weight that is not the result of a medically supervised diet may also indicate that something is wrong.

- **Difficulty in adjusting to gender identity.** Gay, lesbian, bisexual, and transgendered young people have higher suicide attempt rates than their heterosexual peers. These youth may be faced with social pressures that make life very difficult.
- **Depression.** Depression is an emotional problem that increases a person's risk of suicide. The following signs indicate that someone may be depressed:
  - A sudden worsening in school performance
  - Withdrawing from friends and extracurricular activities
  - Expressions of sadness and hopelessness, or anger and rage
  - A sudden, unexplained decline in enthusiasm and energy
  - Overreaction to criticism
  - Lowered self-esteem or feelings of guilt
  - Indecision, lack of concentration, and forgetfulness
  - Restlessness and agitation
  - Changes in eating or sleeping patterns
  - Unprovoked episodes of crying
  - Sudden neglect of appearance and hygiene
  - Seeming to feel tired all the time, for no apparent reason
  - An increase in the use of alcohol or other drugs

Some warning signs of suicide demand immediate action:

- Announcing that the person has made a plan to kill him- or herself
- Talking or writing about suicide or death

- Saying things like:
  - *I wish I were dead.*
  - *I'm going to end it all.*
  - *You will be better off without me.*
  - *What's the point of living?*
  - *Soon you won't have to worry about me.*
  - *Who cares if I'm dead, anyway?*
- Staying by him- or herself rather than hanging out with friends
- Expressing the belief that life is meaningless
- Giving away prized possessions
- Neglecting his or her appearance and hygiene
- Obtaining a weapon or another means of hurting him- or herself (such as prescription medications)



# **It Is Vital That College Students 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.

## **School-Based Suicide Prevention Programs**

Schools can help prevent suicide by providing teachers and students with the mechanisms necessary to identify and respond to students who are at risk of suicide as well as other risk and self-destructive behaviors. The following are some important steps that schools can take to reduce the risk of suicide among their students:

- **Implement a school-based prevention program.** These programs can be especially effective when implemented in the context of a comprehensive risk prevention or health promotion program. Such programs can reduce levels of self-harm and other risk behaviors as well as improve levels of wellness and the academic performance of the school.
- **Implement a gate keeping program.** Suicide prevention gate keeping programs train those who have regular contact with young people, such as teachers and youth leaders, to do the following:
  - Recognize behavioral patterns and other warning signs that indicate that a young person may be at risk of suicide
  - Actively intervene, usually by talking to the young person in ways that explore the level of risk without increasing it
  - Ensure that young people at risk receive the necessary services
- **Create a comprehensive school crisis plan.** A crisis plan helps a school respond to any emergency, from a natural disaster to violence in the school community. Such a plan should include procedures for addressing students who try to harm themselves as well as those who are only contemplating it. It should also provide some guidance for the role of individual teachers in identifying and responding to potential suicidal or violent behavior in students, and how to respond when actual violence takes place.
- **Be prepared to engage in postvention.** “Postvention” is a term used to describe prevention measures implemented after a crisis or traumatic event to reduce the risk to those who have witnessed or been affected by the tragedy. The suicide, or violent or unexpected death, of a student, teacher, or even a celebrity can result in an increased risk of suicide for other vulnerable young people. Although rare, a suicide in the community (or even a remote suicide that receives substantial press coverage) can contribute to an increased risk of suicide. Appropriately responding to a tragedy that may put students at risk is an essential part of any crisis or suicide prevention plan.

# 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 8<sup>th</sup> 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.

**IF YOU ARE THINKING ABOUT SUICIDE**  
**READ THIS FIRST!!!!**

If you are feeling suicidal now, please stop long enough to read this. It will only take about five minutes. I do not want to talk you out of your bad feelings. I am not a therapist or other mental health professional - only someone who knows what it is like to be in pain.

I don't know who you are, or why you are reading this page. I only know that for the moment, you're reading it, and that is good. I can assume that you are here because you are troubled and considering ending your life. If it were possible, I would prefer to be there with you at this moment, to sit with you and talk, face to face and heart to heart. But since that is not possible, we will have to make do with this.

I have known a lot of people who have wanted to kill themselves, so I have some small idea of what you might be feeling. I know that you might not be up to reading a long book, so I am going to keep this short. While we are together here for the next five minutes, I have five simple, practical things I would like to share with you. I won't argue with you about whether you should kill yourself. But I assume that if you are thinking about it, you feel pretty bad.

Well, you're still reading, and that's very good. I'd like to ask you to stay with me for the rest of this page. I hope it means that you're at least a *tiny* bit unsure, somewhere deep inside, about whether or not you really will end your life. Often people feel that, even in the deepest darkness of despair. Being unsure about dying is okay and normal. The fact that you are still alive at this minute means you are still a little bit unsure. It means that even while you want to die, at the same time some part of you still wants to live. So let's hang on to that, and keep going for a few more minutes.

Start by considering this statement:

**Suicide is not chosen; it happens  
when pain exceeds  
resources for coping with pain.**

That's all it's about. You are not a bad person, or crazy, or weak, or flawed, because you feel suicidal. It doesn't even mean that you really *want* to die - it only means that you have more pain than you can cope with right now. If I start piling weights on your shoulders, you will eventually collapse if I add enough weights... no matter how much you want to remain standing. Willpower has nothing to do with it. Of course you would cheer yourself up, if you could.

Don't accept it if someone tells you, "That's not enough to be suicidal about." There are many kinds of pain that may lead to suicide. Whether or not the pain is bearable may differ from person to person. What might be bearable to someone else, may not be bearable to you. The point at which the pain becomes unbearable depends on what kinds of coping resources you have. Individuals vary greatly in their capacity to withstand pain.



When pain exceeds pain-coping resources, suicidal feelings are the result. Suicide is neither wrong nor right; it is not a defect of character; it is morally neutral. It is simply an imbalance of pain versus coping resources.

You can survive suicidal feelings if you do either of two things: (1) find a way to reduce your pain, or (2) find a way to increase your coping resources. Both are possible.

Now I want to tell you five things to think about.

- 1 You need to hear that people *do* get through this -- even people who feel as badly as you are feeling now. Statistically, there is a very good chance that you are going to live. I hope that this information gives you some sense of hope.
- 2 Give yourself some distance. Say to yourself, "I will wait 24 hours before I do anything." Or a week. Remember that feelings and actions are two different things - just because you *feel* like killing yourself, doesn't mean that you have to actually *do* it right this minute. Put some distance between your suicidal feelings and suicidal action. Even if it's just 24 hours. You have already done it for 5 minutes, just by reading this page. You can do it for another 5 minutes by continuing to read this page. Keep going, and realize that while you still feel suicidal, you are not, at this moment, acting on it. That is very encouraging to me, and I hope it is to you.
- 3 People often turn to suicide because they are seeking relief from pain. Remember that relief is a *feeling*. And you have to be *alive* to feel it. You will not feel the relief you so desperately seek, if you are dead.
- 4 Some people *will* react badly to your suicidal feelings, either because they are frightened, or angry; they may actually increase your pain instead of helping you, despite their intentions, by saying or doing thoughtless things. You have to understand that their bad reactions are about *their* fears, not about you.

But there *are* people out there who can be with you in this horrible time, and will not judge you, or argue with you, or send you to a hospital, or try to talk you out of how badly you feel. They will simply care for you. Find one of them. Now. Use your 24 hours, or your week, and tell someone what's going on with you. It is okay to ask for help. Try:

- Call the National Suicide Prevention Lifeline at 1-800-273-8255 (TTY:1-800-799-4TTY)
- (In Australia, call Lifeline Australia at telephone: 13 11 14)
- Teenagers, call Covenant House Nine Line, **1-800-999-9999**
- Look in the front of your phone book for a crisis line
- Call a psychotherapist
- Carefully choose a friend or a minister or rabbi, someone who is likely to listen

But don't give yourself the additional burden of trying to deal with this alone. Just talking about how you got to where you are, releases an awful lot of the pressure, and it might be just the additional coping resource you need to regain your balance.

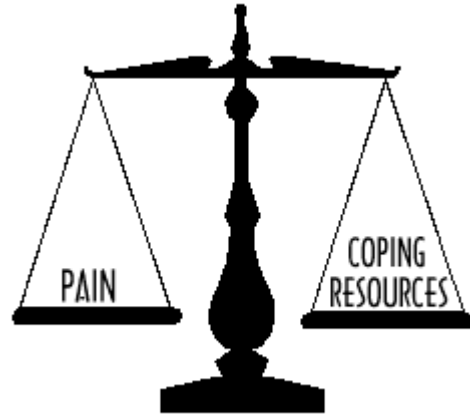
**5** Suicidal feelings are, in and of themselves, traumatic. After they subside, you need to continue caring for yourself. Therapy is a really good idea. So are the various self-help groups available both in your community and on the Internet.

Well, it's been a few minutes and you're still with me. I'm really glad.

Since you have made it this far, you deserve a reward. I think you should reward yourself by giving yourself a gift. The gift you will give yourself is a coping resource. Remember, back up near the top of the page, I said that the idea is to make sure you have more coping resources than you have pain. So let's give you another coping resource, or two, or ten...! until they outnumber your sources of pain.



Now, while this page may have given you some small relief, the best coping resource we can give you is another human being to talk with. If you find someone who wants to listen, and tell them how you are feeling and how you got to this point, you will have increased your coping resources by one. Hopefully the first person you choose won't be the last. There are a lot of people out there who really want to hear from you. It's time to start looking around for one of them.



**Now: I'd like**  
**you to call**  
**someone.**

## Resources & Organizations

**American Association of Suicidology**  
[www.suicidology.org](http://www.suicidology.org) 202-237-2280

**American Foundation for Suicide Prevention**  
[www.afsp.org](http://www.afsp.org) 888-333-2377

**American Psychiatric Association**  
[www.psychiatry.org](http://www.psychiatry.org) 1-888-35-Psych or 1-888-35-77924

**Kristin Brooks Hope Center**  
[www.hopeline.com](http://www.hopeline.com) 202-669-8500

**Mental Health America**  
[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net) 1-800-969-6642

**National Council for Community Behavioral Healthcare**  
[www.TheNationalCouncil.org](http://www.TheNationalCouncil.org) 1-202-684-7457

**National Youth Violence Prevention Resource Center**  
[www.safeyouth.org](http://www.safeyouth.org) 301-562-1001

**Substance Abuse and Mental Health Services Administration (SAMHSA)**  
[www.samhsa.gov](http://www.samhsa.gov) 877-SAMHSA-7

**Suicide Awareness Voices of Education**  
[www.save.org](http://www.save.org) 888-511-7283

**Suicide Prevention Action Network USA Inc.**  
[www.spanusa.org](http://www.spanusa.org) 202-449-3600

**Suicide Prevention Resource Center**  
[www.sprc.org](http://www.sprc.org) 877-438-7772

**The Compassionate Friends**  
[www.compassionatefriends.org](http://www.compassionatefriends.org) 877-969-0010

**The Jed Foundation**  
[www.jedfoundation.org](http://www.jedfoundation.org) 212-647-7544

**Yellow Ribbon Suicide Prevention Program**  
[www.yellowribbon.org](http://www.yellowribbon.org) 303-429-3530



*TODD WAITE LEGACY FOUNDATION* for suicide awareness

### Informational Toolkit Order Form

- | <u>Quantity</u> | <u>Toolkit</u>               |
|-----------------|------------------------------|
|                 | 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](mailto:twlf4suicideawareness@gmail.com) or fax form to - 616-534-9708

visit our website at [www.twlf4suicideawareness.com](http://www.twlf4suicideawareness.com) for more **Free** information