An Informational Toolkit for

FIRST RESPONDERS

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 FIRST RESPONDERS

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.

He was part of a team that responded to an emergency call from a father whose daughter, age 17, had just fallen from the second-story porch of their house. When he arrived on the scene, the father was frantic. He assured the father that his daughter was in good hands and seemed to have survived the fall with only a broken arm and a bump on the head. He told the father that they would take his daughter to an emergency room for X-rays and a further evaluation just to make sure that she didn't have any other serious injuries. He was a bit puzzled as to how the girl could fall off a second-story porch surrounded by a waist-high railing. He asked the father what had happened and if the girl had any medical conditions. The father said that his daughter had been treated for depression. He asked if the father thought that she might have jumped from the porch. The father said that his daughter had never tried to hurt herself—that while his daughter had problems; she wasn't the type of person who would try to kill herself. He spoke with the young woman in the ambulance on the way to the hospital, telling her what had happened, where they were going, and what would happen when they arrived at the hospital. He asked her what had happened before the fall. The young woman replied that she wasn't sure. He spoke to the emergency physician at the hospital when they arrived and reported that this case could have been a suicide attempt. The doctor said that she would carefully assess the patient and thanked him for telling her about this possibility.

The Role of First Responders in Preventing Suicide

Each year, more than 30,000 Americans take their own lives. Another 500,000 visit emergency rooms for self-inflicted injuries. Suicides and suicide attempts take an emotional toll beyond those of unintentional injuries. Any sudden death is a shock to the family and friends of the deceased, as well as to bystanders and first responders. The shock to family and friends is compounded when the death or injury is self-inflicted, provoking disbelief, anger, and guilt. Those who have injured themselves during a suicide attempt can be confused and distraught, which can also be true of their friends and families. How first responders act in these situations can make a difference for the patient, as well as for the family and friends of a person who has died by suicide or tried to kill him- or herself. At the same time, responding to these incidents can also take a toll on the emotional health of EMTs and firefighters.

Helping Suicide Attempters

First responders spend much of their time responding to medical emergencies involving people who had no desire to be killed or injured. Having to use their time and resources on caring for people who intentionally inflict injuries on themselves may raise mixed emotions. It is important to understand that, in the in the United States, over 90 percent of suicides are associated with mental illness, including alcohol and/or substance use disorders. It is important to treat those with intentionally self-inflicted injuries as compassionately as you would treat those who are injured unintentionally. In particular, it is essential that you do not blame them for their injuries.

Compassion will also help you elicit the information you need to treat a person injured in a suicide attempt. Many people who survive suicide attempts feel embarrassed and ashamed. Some may deny that their injuries were self-inflicted. Some will attempt to refuse treatment. Establishing a rapport with your patient will help you provide effective treatment at the scene and assist the patient and other health care providers in finding appropriate long-term treatment that may prevent another suicide attempt.

The principles of facilitative communication can be useful in establishing a rapport with a person with self-inflicted injuries (or a person whose injuries you suspect are self-inflicted:

- **Genuineness.** Sincerity on your part can evoke sincerity on the part of your patient.
- **Respect.** Respect the patient, regardless of your personal feelings about suicide. Establishing a sense of self-worth is an important step toward recovery for a person who has attempted suicide.
- **Empathy.** Empathic understanding is the ability to perceive the client's understanding of life as if it were your own.
- **Concreteness.** Your ability to say precisely what you mean, rather than rely on abstraction or metaphor, will help you question the patient to determine vital information, such as the availability of a means to carry out suicide, the intensity of the patient's wish to die, the specific nature of any suicide plan, and the presence of associated risk factors. People who have harmed themselves may try to reach out to you—sometimes directly, sometimes indirectly. Warning signs that a patient may be at risk of suicide (even if the patient will not admit injuring him- or herself) include:
- 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?" or "Who cares if I'm dead, anyway?"
- Expressing feelings that that life is meaningless or hopeless

These signs are especially critical if the patient has a history or current diagnosis of a psychiatric disorder, such as depression, alcohol or drug abuse, bipolar disorder, or schizophrenia. Recent life events, including physical illness (especially if associated with pain) and emotional trauma (resulting from, for example, the loss of a job or a loved one), can also contribute to the risk of suicide.

Decisions about whether a person with self-inflicted injuries should be transported to an emergency room must take into consideration the person's emotional state as well as his or her medical condition. One of the primary risk factors for attempting suicide is a previous attempt. Thus, you should assume that any patient who has attempted suicide is at risk.

Never leave a person who has attempted suicide alone. You can help protect a patient by doing the following:

- Transporting the patient to an emergency room where he or she can be kept under observation and further evaluated.
- Helping the patient's family, friends, or caregivers develop a plan so that someone is with the patient at all times.
- Helping the patient's family, friends, or caregivers make sure that lethal means, especially firearms and medications, are not available to the patient.

Helping Suicide Survivors

If you respond to a situation in which a person has died by suicide in a home or workplace, you probably will be faced with distraught friends, relatives, and co-workers. Those who were close to or affected by a suicide are called "suicide survivors." Survivors may be overwhelmed with grief, anger, or disbelief. They may, for example, want to see the body because they cannot believe that their friend or loved one has died. You may need to gently explain why it is necessary to secure the area until, for example, the coroner arrives. Family members may resent strangers (even those who came to help) "taking over" their home following a suicide. They may be in psychological, or even physical, shock. They can respond with anger, which may be directed at you or others at the scene. They may also have a need to tell you about their relationship with the deceased.

You should prepare them for what is going to occur at the scene, such as the arrival of the coroner. Friends and family also need emotional support during the crisis caused by a suicide—sometimes more than you can, or should, provide. While you can offer some support, it is far more effective in the long run to help survivors mobilize their own support networks, including friends, relatives, and clergy. Offer to call family or friends for them. There are suicide survivor support groups throughout the United States. Let survivors know that such help is available and that you can help them find these groups.

You may find yourself being questioned by journalists at the site of a suicide. It is extremely important to be sensitive to the family (and to investigations in process) after a suicide. It is also important not to contribute to news coverage of suicide, as research has shown that this can contribute to suicide attempts by other vulnerable people. The easiest response to media requests for information is to refer the media to the designated communication or press officer at the local police department, fire department, or hospital. If you do speak to the press, it is important that you don't glamorize suicide, defame or criticize the victim, or portray suicide as an inexplicable or senseless act about which nothing can be done. If at all possible, use press coverage of a suicide to convey the message that people who are considering hurting themselves should get help by talking to a friend, a family member, a mental health professional, or the National Suicide Prevention Lifeline at (800) 273-TALK (8255).

Helping Yourself and Your Fellow First Responders

Job stress is common for EMTs and paramedics, due to their irregular hours and constant need to treat patients in life-or-death situations. This stress can result in post-traumatic stress disorder (PSTD) and other problems that can affect first responders' emotional, professional, and personal lives. The stress and emotional weight of the work takes a toll and needs to be addressed in order for first responders to maintain their professionalism and effectiveness.

Responding to a suicide, in particular, can be stressful. It can be helpful to discuss these situations with colleagues and supervisors afterward.

A colleague who is considering harming him- or herself may try to reach out to you—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 “Maybe I’ll just kill myself”
- Giving less direct verbal cues, such as “Soon you won’t have to worry about me,” and “People would be better off if I didn’t exist”
- Isolating him- or herself from friends and family
- Indicating that they feel 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 this individual has attempted suicide in the past or has a history or current problem with depression, alcohol, or PTSD. Research indicates that a combination of alcohol use and PTSD produces a tenfold increase in the risk of suicide. The American Psychiatric Association outlines three categories of PTSD symptoms:

- **Intrusion.** Flashbacks or sudden and dramatic re-experiences of a traumatic episode.
- **Avoidance.** Shunning or evading personal bonds with family, friends, or colleagues.
- **Hyper arousal**. A constant feeling that danger is imminent; it can be characterized by irritability, nightmares, and insomnia.

If you believe that a colleague is thinking about suicide, you can ask that person directly, in private. If your colleague admits that he or she is thinking about suicide, or you have a serious concern that your colleague will harm him- or herself in spite of your colleague's denials, there are a number of steps you can take:

- Express your concern to an appropriate person, such as a line supervisor or your agency's mental health professional or consultant. It is important that you seek support in your efforts.
- Ask your colleague to call the National Suicide Prevention Lifeline at (800) 273-TALK (8255).
- Offer to help your colleague find, or accompany him or her to, a mental health professional who is better able to evaluate your colleague's risk and to recommend next steps.
- Help your colleague's family and friends develop a plan so that someone is with your colleague at all times until the crisis is resolved.

Responding to a colleague in need may not be easy. You may feel like you are meddling or overstepping your role and intruding into your colleague's personal life. But coming to the assistance of a colleague in crisis can be as important as responding to a serious motor vehicle collision or fire.

It Is Vital That First Responders 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.**

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.

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.

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
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	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