## An Informational Toolkit for

# FOSTER PARENTS

## 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 FOSTER PARENTS

**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.

*As foster parents they had provided short-term foster placements for many kids with problems. But he was the saddest child they had ever met. His response to virtually every question or suggestion was a despondent "I don't care." One day they found him sitting in the kitchen holding a large knife. They took it away from him and returned it to the drawer. He wouldn't answer their questions about what he was doing or planning to do. They were upset – the knife was clearly dangerous and he wasn't talking to them. They finally decided that they needed to get professional help for him right away. They told him that they had cared for other children who felt like killing themselves and they were concerned about him. When they said it was important to keep him safe, he started to cry. They asked him to go with them to the emergency room. They were quite relieved when he agreed.*

**The Role of Foster Parents in Preventing Suicide**

Every year in the United States, more than 4,000 youth and young adults die by suicide. Approximately 130,000 others are treated in emergency rooms for injuries from self harm. Although suicide can strike any family, youth in foster care are at higher risk for attempting or seriously considering suicide. Fortunately, there are steps foster parents can take to identify at-risk youth and get help. Many young people who are thinking of killing themselves exhibit warning signs—behaviors and statements that indicate a high level of risk. Knowing the warning signs and risk factors can help foster parents intervene and get the youth connected to help. It also helps foster parents address issues and build protective factors that may minimize thoughts of suicide and suicide attempts for their foster children.

**Suicidal Behavior and Youth in Foster Care**

It is rare for a young person to take his or her own life: in fact, only one in 50,000 youth under age 18 die by suicide each year. Most youth who die by suicide have mental illness such as depression, other mood disorders, or substance use disorder. However, it is important to remember that among youth who have mental illnesses most do not attempt suicide. Youth who died by suicide but did not have mental illness may have experienced harmful events, such as repeated trauma, abuse, neglect, and loss, or other significant stressors.

Many youth are placed in foster care because they experienced abuse and/or neglect by their families: in fact, 54 percent of foster children had been sexually abused before they were placed with foster families, while another 28 percent had been physically abused or neglected. Their families may have been afflicted by violence, mental illness, and/or the abuse of alcohol and drugs. Once in foster care, they may struggle with separation from their parents and caregivers, further maltreatment in care, and frequent moves. For youth in foster care these stressors take a toll.

Youth in foster care have more mental illness and are more likely to be drug dependent than other youth, making their risk for suicide attempts and suicide higher. One study found that children in foster care were almost three times more likely to have seriously considered suicide and almost four times more likely to have attempted suicide than those never in foster care.

Almost all children in foster care, whether or not they come from families who have abused or neglected them, experience a deep sense of loss and sometimes shame when placed in foster care. In addition to losing their families, frequent moves mean that they often lose their other natural support systems, including their friends, school, and neighbors. They may frequently find themselves in a completely new environment with few established supports. The experiences of many foster children – loss, isolation, lack of social support – are all considered risk factors for suicide, so it is not difficult to understand why foster children may be at higher risk for suicide than their peers.

Typically, youth experience stresses in coping with their growing independence, challenging schoolwork and social conflicts, and developing identity and sexuality. Protective factors are characteristics and conditions that reduce the likelihood of suicide. Conversely, risk factors – such as mental illness or having access to a gun or drugs – make it more likely that a youth will attempt or die by suicide. Strong self esteem, a supportive family, caring adults, safe schools, and helpful friends are protective factors that can help youth through the challenges of adolescence and buffer them against the impact of risk factors. As a foster parent, you can play a key role in assuring your foster child's well-being by being emotionally supportive – such as being there and listening, having fun together, and showing that you care. In fact, feeling understood and connected to parents or caregivers may be the most influential protective factor for youth. For youth with mental health problems, an important protective factor is access to care, yet the majority of youth in foster care with severe emotional and behavioral problems receive no care .Sometimes supporting your foster child means advocating for services and assuring that your child gets them as quickly as possible.

**Recognizing and Responding to the Warning Signs for Suicide**

Given that youth in foster care are at higher risk for suicidal behavior, it is important that foster parents and other people in support roles should be familiar with warning signs listed below, and know how to help.

In addition to learning the following information, ask your state child welfare agency or foster care organizations or your state office of suicide prevention about training in youth suicide prevention. If you hear or see your foster child threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself; looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; or talking or writing about death, dying or suicide, when these actions are out of the ordinary for the child call 911 or seek immediate help from a mental health provider. These behaviors are considered signs of imminent risk. Talking about death can be direct, such as —I wish I were dead and —I'm going to end it all or indirect such as —You will be better off without me, —What's the point of living? —Soon you won't have to worry about me, or —Who cares if I'm dead, anyway?

A critical factor to consider is if your foster child has recently experienced the loss of a relationship or a reduction in his or her status, whether this is real or anticipated: events that lead to humiliation, shame, or despair. These losses and events can elevate suicide risk. The loss of a friend, an expected poor grade at school, or getting into trouble with the law – each can feel earth-shattering to a young person.

If you sense your foster child exhibiting one or more of the feelings or behaviors listed below, seek help by contacting a mental health professional or calling 1-800-273-TALK (8255) for a referral.

o Hopelessness
o Rage, uncontrolled anger, seeking revenge
o Acting reckless or engaging in risky activities, seemingly without thinking
o Feeling trapped - like there's no way out
o Increased alcohol or drug use
o Withdrawing from friends, family and society
o Anxiety, agitation, unable to sleep or sleeping all the time
o Dramatic mood changes

It may be difficult for foster parents to distinguish between warning signs of suicide and a child's emotional reaction to being placed in foster care. The unfamiliarity of his or her new living situation as well as the uncertainty of his or her future can affect their moods, schoolwork, and relationships. It is important, however, to pay attention and to try to explore any indication that something is bothering a child. Use these warning signs as a starting point to talk with your foster child about what they are feeling and how they are doing. Be sure to regularly report your observations of your foster child's mood and behavior to the child's social worker or a staff member at the foster care agency. It may help to call the National Suicide Prevention Lifeline to talk with trained crisis center staff. Crisis center staff can help suicidal youth or adults directly and can also support family and friends who are concerned. The service is free and confidential.

**Risk for Suicide**

Although most youth in foster care do not think about, attempt, or die by suicide, they are at higher risk for suicidal behavior. Youth with more risk factors and fewer protective factors are more likely to attempt or die by suicide than other children. Understanding your foster child's risk and protective factors can help you decide whether you need to contact a mental health professional for a full assessment of your child.

**Depression.** Most people with depression do not attempt or die by suicide. But depression significantly increases the risk for suicide or suicide attempts. Symptoms of depression in youth can include

o deterioration of academic performance;
o withdrawing from friends and extracurricular activities;
o expressions of sadness, hopelessness, anger, or rage;
o a sudden decline in enthusiasm and energy;
o overreaction to criticism;
o lowered self-esteem or feelings of guilt;
o indecision, lack of concentration, or forgetfulness;
o restlessness and agitation;
o changes in eating or sleeping patterns;
o unprovoked episodes of crying;
o sudden neglect of appearance and hygiene;
o fatigue; and
o use of alcohol and other drugs.

**Previous suicide attempts.** A previous attempt is one of the strongest risk factors for suicide. Youth who have made previous attempts should be carefully watched for recurring behaviors.

**Other mental illnesses and personality attributes** including mood disorders, substance abuse, conduct disorders (especially aggressive behavior), anxiety disorders, borderline personality disorder, impulsivity, aggressiveness and loneliness.

**Access to lethal means.** Lethal means are instruments a person can use to end his or her life and include firearms, prescriptions, over-the-counter medications, and alcohol. An at-risk youth with access to lethal means is at even greater risk for suicide. A youth in crisis can act impulsively but if lethal means aren't readily available, the crisis may resolve itself quickly. Reducing access to lethal means is an important strategy for foster parents to keep their youth safe: see the section below for specific steps to take.

**Self-injury.** Some youth injure themselves (for example, by cutting or burning) to relieve intense feelings such as pain, anger, or tension. Self-injury is a sign that a youth needs help developing alternative ways for dealing with emotions.

**Other risk-taking behaviors.** Risk-taking behaviors can be symptoms of emotional or social problems. Behaviors such as unprotected or promiscuous sex, drug or alcohol use, driving recklessly or without a license, petty theft, or vandalism, can indicate that something more is wrong – especially if they begin suddenly or represent a change.

**Eating disorders.** Any indication that a youth is suffering from eating disorder is a sign that the youth needs help.

**Minority sexual orientation or gender identity.** Gay, lesbian, bisexual, and (most likely) transgender youth think about suicide and make suicide attempts more than their peers.

**Bullying.** Youth who are bullied, as well as those who bully, are at increased risk for depression and suicidal ideation.

**Caring for Your Foster Child's Mental Health and Building Protective Factors**
You may be reluctant to explore your foster child's emotional or behavioral issues. It is difficult to know where to draw the boundaries when caring for someone who is your responsibility but who may have been with you only for a short time. You may fear uncovering problems which might require getting outside support. But there are steps you can take to address his or her issues and promote mental health.
Increasing family connectedness, getting access to effective care, providing supervision by caring adults, and restricting access to lethal means will help build your foster child's protection from suicide. Some ways to do this are described below.

**Ask the tough questions.** Although many parents are afraid to ask their foster child if he or she has considered suicide or other self-destructive acts, asking youth if they have thought about suicide does NOT increase their risk. In fact, the youth may feel relief and reassurance to know that in this foster home, it is okay to talk about these feelings. Your interest can counter his or her feeling that no one cares or understands. A child might want to open up to you but is afraid to do so unless asked. If you are concerned that your foster child may be considering suicide, you need to ask some very specific and difficult questions in a manner that doesn't judge or threaten your child. You may want to be very direct and simply ask the question: *Are you thinking about killing yourself?* Or you might start the conversation indirectly using one of the following phrases:
*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?*

**Encourage your child to talk to you.** Your comfort in speaking with a foster child about suicide (and his or her willingness to talk to you about these issues) may depend on many issues: your experience as a foster parent, how long the youth has been with you, his or her family's cultural background, and whether the child is used to speaking with adults about difficult topics. For example, some families talk things over, while other families are reluctant to discuss personal issues. Some families have a tradition of mutual support, while others encourage their members to be self-reliant. A family is shaped not only by its own history, but by the cultures the family belongs to. All of this affects the approach you select when initiating a conversation with your foster child about how he or she feels.
Another factor unique to foster children is the possible fear that sharing their suicidal thoughts will result in being removed from your home. This may influence whether a foster child will admit to feeling suicidal. It is important to let foster children know that they can talk to you about their problems and that you will make every effort to keep them with you. Foster parents can help by not automatically moving a child who expresses suicidal feelings.
Most individuals who are suicidal are safely maintained in their homes or a community setting and are not hospitalized. Foster parents who work together with the social worker or placement agency and with a mental health professional to get a thorough assessment and follow up plan are often able to maintain a suicidal youth in their homes. Experiencing the disruption of another placement could increase the level of risk for the child.

**Get support and be ready for emergencies.** If you feel that you cannot talk to your foster child about these issues or a child refuses to talk with you directly, find someone who can build that rapport. For support, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). The Lifeline helps people who are suicidal and also families who are concerned about their loved ones. It is important that you know the policy of your foster agency in regard to seeking emergency help, as well as the procedures for notifying the agency (and the child's caseworker) about an emergency.

**Stay with your child if you think he or she is at imminent risk of suicide.** If you think your foster child is in imminent danger, stay with him or her until you have found help. You need to keep the child safe until a mental health professional can assess risk. If you have reason to believe that there is immediate potential for self-harm, call 911 or get immediate help. While this step can be difficult for you and frightening for your foster child, it may be necessary to assure his or her safety. If at all possible, accompany the child to the emergency room. Your presence and support is important.

**Reduce access to lethal means for suicide.** You need to provide a safe environment for your foster child, especially if he or she is in crisis or emotionally distressed. Foster parents can make it more difficult for their foster children to get highly dangerous means at home by taking these steps:

o Remove firearms from your home. Give them away or have a relative or friend (who is not accessible to your foster child) hold them for you for safekeeping.

o If removal is not an option, a second best option is to store firearms in a gun safe or tamper-proof storage box with the ammunition locked in a separate location, preferably not in your home.

o Keep medications secure. Store only the dose you need at home, rather than stockpiling.

o Alcohol use can increase the chance that a youth will make bad choices, such as attempting suicide. Alcohol can also increase the lethality of a medication or drug overdose. It makes sense to keep only small quantities of alcohol at home.

**Be persistent.** A foster child may feel threatened by your concern. He or she may become upset or deny having problems. Remain firm and supportive and ask your foster child often how he or she is doing. Remind the youth that you or another caring adult will be there to listen when he or she is ready to talk.

**Request a full risk assessment by a trained mental health professional.** Do not rely on a promise by the youth or a ―safety contract‖ that they will not harm themselves or attempt suicide. The promise cannot replace a full risk assessment by a trained mental health professional. A ―safety contract should not be used by anyone other than a mental health professional.

**Getting Professional Help**

The emotional problems associated with suicide require professional intervention. One of the most important things you can do for a child considering suicide is to find professional help. This may require overcoming your foster child's reluctance to go to a mental health practitioner. Foster parents may have to advocate with the child's caseworker to ensure that this help is found quickly.

To find mental health help in your area, contact your health insurance carrier, the National Suicide Prevention Lifeline at 800-273-TALK (8255), local crisis and information hotlines, community mental health organizations, or the Mental Health Services Locator, a national online directory of mental health services by that can be searched by location and type of service.

Warning Signs of Acute Risk:

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

- # It Is Vital That Foster Parents 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.**

# 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$^{th}$ 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**

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**Informational Toolkit Order Form**

| Quantity | Toolkit |
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| | Clergy |
| | College Students |
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| | Foster Parents |
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| | 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