

An Informational Toolkit for

THE MEDIA

PROMOTING SUICIDE AWARENESS



This toolkit is donated by the

TODD WAITE LEGACY FOUNDATION

for suicide awareness

www.twlf4suicideawareness.com

Blessed are those who mourn 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 **THE MEDIA**

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

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 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
- 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.

Between 1984 and 1987, journalists in Vienna covered the deaths of individuals who jumped in front of trains in the subway system. The coverage was extensive and dramatic. In 1987, a campaign alerted reporters to the possible negative effects of such reporting, and suggested alternate strategies for coverage. In the first six months after the campaign began subway suicides and non-fatal attempts dropped by more than 80 percent. The total number of suicides in Vienna declined as well.

The Role of Media in Preventing Suicide

In a perfect world, the media's role of reporting the truth and its job of serving the public good would not conflict. In the real world, however, these two roles can clash-and one of the areas in which this clash occurs is the media's reporting on suicide. The suicide of an "ordinary" person can become news in his or her own community, and the suicide of a prominent person or celebrity can become national, and even international, news. For better or worse, violent deaths are always news-and the drama of death by a person's own hand adds to the public interest in such incidents.

Unfortunately, the very service of reporting a suicide can encourage some people to attempt suicide themselves. A task force commissioned to create recommendations for the media about reporting suicide concluded that the research on suicide has established that suicides can increase with media attention to suicide. While these suicides are not caused by media attention itself, there is a danger that people who are depressed or who perceive their personal problems as insurmountable may find in these reports a model of resolving their problems. People who feel lonely or undervalued may crave the attention given to those who have killed themselves. This is especially true when the suicide victim featured in the media is like them, for example, in age, ethnic background, race, and gender. Adolescents and the elderly seem particularly susceptible to this type of "suicide contagion".

Fortunately, as shown in the Vienna example above, reporting on suicide can be accomplished in ways that serve both the truth and the public health. There are steps the media can take to minimize the possibility that its coverage of suicide will contribute to additional suicides. There are also steps the media can take to proactively contribute to preventing suicide.

How the Media Can Help

There are several ways that the media can help prevent suicide.

Report Responsibly

Suicides and other forms of violent death are news. Your audience wants to know how and why such tragedies occur, and you have a responsibility to provide them with this information. Yet you also have a responsibility to minimize the effect that your report may have on other vulnerable individuals. And you have an ethical obligation to the friends and families of the deceased to minimize the emotional pain caused by media attention to the suicide.

Recommendations on reporting on suicide were developed by a consensus panel, including representatives from the American Foundation for Suicide Prevention, the Office of the Surgeon General, the Centers for Disease Control and Prevention, and the National Institute of Mental Health, among others. This panel recommended that the media do the following:

- Avoid romanticizing suicide, which can have a profound effect on at-risk teens.
- Refrain from detailed descriptions of the method of death. While you may need to provide a description of the cause of death, you should not provide a "how to" guide for dying by suicide.
- Do not portray suicide as an inexplicable act. Suicide has causes, even if these causes are not immediately obvious.
- Do not rely on immediate accounts of a suicide from shocked and grieving friends and relatives (such as statements that there were no warnings before the act).
- Be aware of the implications of language about suicide. For example, avoid using the term "failed suicide attempt," as it implies that a person who has survived such an attempt is a failure.
- Do not let the glamour of celebrity suicides obscure the reality of the act. A celebrity's suicide should be reported as a tragedy, not as a model for others.

Report Proactively on Suicide Prevention

Suicide, like cancer, HIV, and avian flu, is a public health problem. And, as with many public health problems, suicide is preventable. The media can play a valuable role in preventing suicide. The media can demystify suicide, assist people at risk in making informed decisions about how they can help themselves, and assist both laypeople and professionals in identifying and helping people who may be at risk of suicide. A high-profile suicide can provide an opportunity for public education on suicide prevention, just as a high-profile automobile collision can provide an opportunity to educate the public about the importance of safety belts.

But why wait? Every year, more than 30,000 Americans take their own lives. Almost a quarter-million Americans are treated at hospitals after suicide attempts. Responsible and informed media attention to suicide can contribute to reducing this toll, just as informed media attention is currently helping people prevent cancer by eating healthy foods, prevent heart disease by exercising and not smoking, and prevent motor vehicle-related injuries by using seat belts.

Keep Abreast of the Research

Inaccurate information abounds. For example, a study by the Annenberg Public Policy Center found that two-thirds of the end-of-the-year newspaper stories about suicide reported incorrectly that suicides increase during the holiday period. Friends and family of people who have died by suicide, local law enforcement and medical personnel, and even therapists and psychologists may not be familiar with the research on suicide and suicide prevention-particularly how their words and views can affect those at risk.

Whether you are reporting on a suicide or proactively reporting on suicide prevention, accurate information is essential. There is a wealth of research on suicide and suicide prevention available-much of it current and available online. Informed suicide prevention practitioners are also available in many areas. These experts can always be useful and provide an important context to any coverage of suicide.

ASPECTS OF NEWS COVERAGE THAT CAN PROMOTE SUICIDE CONTAGION

Clinicians, researchers, and other health professionals agree that to minimize the likelihood of suicide contagion, reporting should be concise and factual. Although scientific research in this area is not complete, it is believed that the likelihood of suicide contagion may be increased by the following actions:

- Presenting simplistic explanations for suicide.

Suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems. Public officials and the media should carefully explain that the final precipitating event was not the only cause of a given suicide. Most persons who have committed suicide have had a history of problems that may not have been acknowledged during the acute aftermath of the suicide. Cataloguing the problems that could have played a causative role in a suicide is not necessary, but acknowledgment of these problems is recommended.

- Engaging in repetitive, ongoing, or excessive reporting of suicide in the news.

Repetitive and ongoing coverage, or prominent coverage, of a suicide tends to promote and maintain a preoccupation with suicide among at-risk persons, especially among persons 15-24 years of age. This preoccupation appears to be associated with suicide contagion. Information presented to the media should include the association between such coverage and the potential for suicide contagion. Public officials and media representatives should discuss alternative approaches for coverage of newsworthy suicide stories.

- Providing sensational coverage of suicide.

By its nature, news coverage of a suicidal event tends to heighten the general public's preoccupation with suicide. This reaction is also believed to be associated with contagion and the development of suicide clusters. Public officials can help minimize sensationalism by limiting, as much as possible, morbid details in their public discussions of suicide. News media professionals should attempt to decrease the prominence of the news report and avoid the use of dramatic photographs related to the suicide (e.g., photographs of the funeral, the deceased person's bedroom, and the site of the suicide).

- Reporting "how-to" descriptions of suicide.

Describing technical details about the method of suicide is undesirable. For example, reporting that a person died from carbon monoxide poisoning may not be harmful; however, providing details of the mechanism and procedures used to complete the suicide may facilitate imitation of the suicidal behavior by other at-risk persons.

- Presenting suicide as a tool for accomplishing certain ends.

Suicide is usually a rare act of a troubled or depressed person. Presentation of suicide as a means of coping with personal problems (e.g., the break-up of a relationship or retaliation against parental discipline) may suggest suicide as a potential coping mechanism to at-risk persons. Although such factors often seem to trigger a suicidal act, other psychopathological problems are almost always involved. If suicide is presented as an effective means for accomplishing specific ends, it may be perceived by a potentially suicidal person as an attractive solution.

- Glorifying suicide or persons who commit suicide.

News coverage is less likely to contribute to suicide contagion when reports of community expressions of grief (e.g., public eulogies, flying flags at half-mast, and erecting permanent public memorials) are minimized. Such actions may contribute to suicide contagion by suggesting to susceptible persons that society is honoring the suicidal behavior of the deceased person, rather than mourning the person's death.

- Focusing on the suicide completer's positive characteristics.

Empathy for family and friends often leads to a focus on reporting the positive aspects of a suicide completer's life. For example, friends or teachers may be quoted as saying the deceased person "was a great kid" or "had a bright future," and they avoid mentioning the troubles and problems that the deceased person experienced. As a result, statements venerating the deceased person are often reported in the news. However, if the suicide completer's problems are not acknowledged in the presence of these laudatory statements, suicidal behavior may appear attractive to other at-risk persons -- especially those who rarely receive positive reinforcement for desirable behaviors.

Recognizing and Responding to the Warning Signs

On November 15, 2004, Mohamed Alanssi, a Virginia resident who worked as an FBI informant, set himself on fire in front of the White House. In the weeks prior to his suicide attempt, Mr. Alanssi had given a series of interviews to a newspaper reporter in which he revealed he was despondent because he was not allowed to visit his family in Yemeni. The reporter said that he also had talked about suicide, but that she had not taken this threat seriously until he called her just prior to setting himself ablaze.

Journalists may find themselves speaking with people at risk of suicide. The question of when a reporter should intervene is a difficult one, especially since it is difficult for even trained clinicians to accurately assess an individual's risk of suicide. Still, most reporters would take action if they believed they could stop a murder. This same criteria should apply to situations in which reporters believe they could stop a suicide.

You should be especially alert for imminent warning signs that a person may be in danger of suicide, for example:

- Talking about suicide or death

- Giving direct verbal cues, such as "I wish I were dead" and "I'm going to end it all"

- Giving less direct verbal cues, such as "What's the point of living?", "Soon you won't have to worry about me," and "Who cares if I'm dead, anyway?"

- Expressing the belief that life is meaningless or hopeless

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

In a sense, responding to these warning signs is easier for people with an active, ongoing, and concerned role in a person's life (like parents, friends, teachers, or physicians) than it is for reporters, who have been trained to stay objective.

However, when reporters note warning signs that a person they have been interviewing may be suicidal; they may have to involve themselves until friends, family, or professionals can arrive.

If you have concerns that someone is in danger—in particular, imminent danger—you should seek immediate assistance. If no help is available on-site, call an emergency hotline (such as 1-800-273-TALK or 911) to obtain assistance. You should also:

- Tell the person at risk why the call is important and have him or her talk with the crisis worker
- Stay with the person until assistance arrives

It may be useful to advocate with the media outlet that employs you for a policy on how to handle potential suicides.

IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

DO THIS:

- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
- Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar in your article if possible.
- “A note from the deceased was found and is being reviewed by the medical examiner.”
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as “died by suicide” or “completed” or “killed him/herself.”

INSTEAD OF THIS:

- Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.
- Describing a suicide as inexplicable or “without warning.”
- “John Doe left a suicide note saying...”.
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

HELPFUL SIDE-BAR FOR STORIES AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades.

Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.

- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.

It Is Vital That The Media Knows 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 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

- | <u>Quantity</u> | <u>Toolkit</u> |
|-----------------|------------------------------|
| | Clergy |
| | College Students |
| | First Responders |
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| | Law Enforcement |
| | Mental Health Issues |
| | Military Veterans |
| | Nurses |
| | Primary Care Providers |
| | Senior Living Communities |
| | Survivors of Suicide |
| | Teachers & Youth Leaders |
| | Teenagers and High Schoolers |
| | The Media |
| | The Workplace |

Send toolkits to:

Name _____ Address _____

City _____ State _____ Zip _____

email address _____

Mail order form to: Todd Waite Legacy Foundation, 3857 Canal Ave., Grandville, Mi. 49418

email request to: twlf4suicideawareness@gmail.com or fax form to - 616-534-9708

visit our website at www.twlf4suicideawareness.com for more **Free** information