

An Informational Toolkit for
MENTAL HEALTH ISSUES

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 PREVENTION
AWARENESS FOR
MENTAL HEALTH ISSUES

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.

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

Recognizing Early Warning Signs of Mental Illnesses

Major mental illnesses such as schizophrenia or bipolar disorder rarely appear “out of the blue.” Most often family, friends, teachers, or individuals themselves recognize that “something is not quite right” about their thinking, feelings, or behavior before one of these illnesses appears in its full blown form.

Being informed about developing symptoms, or early warning signs, can lead to intervention that can help reduce the severity of an illness. It may even be possible to delay or prevent a major mental illness altogether.

What are the Signs and Symptoms to Be Concerned About?

If *several* of the following are occurring, a serious condition may be developing.

- Recent social withdrawal and loss of interest in others.
- An unusual drop in functioning, especially at school or work, such as quitting sports, failing in school, or difficulty performing familiar tasks.
- Problems with concentration, memory, or logical thought and speech that is hard to explain.
- Heightened sensitivity to sights, sounds, smells or touch; avoidance of over-stimulating situations.
- Loss of initiative or desire to participate in any activity; apathy.
- A vague feeling of being disconnected from oneself or one’s surroundings; a sense of unreality.
- Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or “magical” thinking typical of childhood in an adult.
- Fear or suspiciousness of others or a strong nervous feeling.
- Uncharacteristic, peculiar behavior.
- Dramatic sleep and appetite changes or deterioration in personal hygiene.
- Rapid or dramatic shifts in feelings or “mood swings.”

One or two of these symptoms can't predict a mental illness. But a person experiencing several together that are causing serious problems in his or her ability to study, work, or relate to others should be seen by a mental health professional. Guidance counselors, teachers or classmates are often the first to notice symptoms.

Suicidal thoughts or attempts and bizarrely violent or homicidal thoughts require immediate attention.

Untreated, these early symptoms may progress to a psychotic episode. That is, the individual may develop irrational beliefs (delusions), serious disturbances in perception (hallucinations), and disordered thought and speech, or become otherwise out of touch with reality. A psychotic episode can develop very gradually and may go untreated for extended periods of time.

Shame, fear, denial, and other factors often prevent individuals or their families from seeking help, even though the emergence of these symptoms as early as the teenage years is not caused by bad parenting. But help is available and treatments for major mental illnesses are more effective than ever before.

When Should Treatment Begin?

Over a decade of research at centers around the world has shown that early intervention can often prevent a first psychotic episode and a hospitalization. Even if a person does not yet show clear signs of a diagnosable mental illness, these "red flag" early warning symptoms can be frightening and disruptive.

The minimal risk of starting treatment even before a mental illness appears in its full-blown, diagnosable form is outweighed by the degree of distress a person and their family may already be experiencing by the time they are referred for mental health screening.

At the very least, the affected person should:

- have a diagnostic evaluation by a trained professional;
- be educated about mental illness and signs and symptoms to watch for;
- receive supportive counseling about daily life and strategies for stress management; and
- be monitored closely for conditions requiring more intensive care.

Family members are valued partners and should be involved in treatment whenever possible. Ongoing family involvement may be essential when a person has not yet accepted the need for treatment.

Each individual's situation must be assessed carefully and treatment should be individualized. Medication may be useful in reducing some symptoms. Oftentimes, the best treatment involves both medication and some form of talk therapy.

Education about mental illness and what is happening in the brain can help individuals and families understand the significance of symptoms, how an illness might develop, and what can be done to help. For example, families can learn the harmful role that stress can play in accelerating symptoms, and ways to reduce it.

Ongoing individual and family counseling, vocational and educational support, participation in a multi-family problem-solving group, and medication when appropriate, can all be powerful elements of comprehensive treatment to prevent early symptoms from evolving into serious illness.

Just as with other medical illnesses, early intervention can make a crucial difference in preventing what could become a lifelong and potentially disabling psychiatric disorder.

“Annette’s” struggles began at age 14, when she was diagnosed with bipolar disorder. It was at this time, that her mother, also suffering from this illness, committed suicide. When she needed friends the most, she was ostracized by her schoolmates once they learned of her illness. Throughout her life she had the loving support of her father and sisters. Annette's 26 year struggle to take control of her illness was sidelined numerous times due to repeated hospitalizations. For this reason, it took her 10 years to earn her Bachelor's Degree. Her efforts to be independent were also impacted by her illness costing her to lose employment several times.

Most people believe that mental disorders are rare and “happen to someone else.” In fact, mental disorders are common and widespread. An estimated 54 million Americans suffer from some form of mental disorder in a given year.

Most families are not prepared to cope with learning their loved one has a mental illness. It can be physically and emotionally trying, and can make us feel vulnerable to the opinions and judgments of others.

If you think you or someone you know may have a mental or emotional problem, it is important to remember there is hope and help.

What is Mental Illness?

A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life’s ordinary demands and routines.

There are more than 200 classified forms of mental illness. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia and anxiety disorders. Symptoms may include changes in mood, personality, personal habits and/or social withdrawal.

Mental health problems may be related to excessive stress due to a particular situation or series of events. As with cancer, diabetes and heart disease, mental illnesses are often physical as well as emotional and psychological. Mental illnesses may be caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these. With proper care and treatment many individuals learn to cope or recover from a mental illness or emotional disorder.

How to cope day-to-day

Accept Your Feelings

Despite the different symptoms and types of mental illnesses, many families who have a loved one with mental illness, share similar experiences. You may find yourself denying the warning signs, worrying what other people will think because of the stigma, or wondering what caused your loved one to become ill. Accept that these feelings are normal and common among families going through similar situations. Find out all you can about your loved one's illness by reading and talking with mental health professionals. Share what you have learned with others.

Handling Unusual Behavior

The outward signs of a mental illness are often behavioral. A person may be extremely quiet or withdrawn. Conversely, he or she may burst into tears, have great anxiety or have outbursts of anger.

Even after treatment has started, some individuals with a mental illness can exhibit anti-social behaviors. When in public, these behaviors can be disruptive and difficult to accept. The next time you and your family member visit your doctor or mental health professional, discuss these behaviors and develop a strategy for coping.

Your family member's behavior may be as dismaying to them as it is to you. Ask questions, listen with an open mind and be there to support them.

Establishing a Support Network

Whenever possible, seek support from friends and family members. If you feel you cannot discuss your situation with friends or other family members, find a self-help or support group. These groups provide an opportunity for you to talk to other people who are experiencing the same type of problems. They can listen and offer valuable advice.

Seeking Counseling

Therapy can be beneficial for both the individual with mental illness and other family members. A mental health professional can suggest ways to cope and better understand your loved one's illness.

When looking for a therapist, be patient and talk to a few professionals so you can choose the person that is right for you and your family. It may take time until you are comfortable, but in the long run you will be glad you sought help.

Taking Time Out

It is common for the person with the mental illness to become the focus of family life. When this happens, other members of the family may feel ignored or resentful. Some may find it difficult to pursue their own interests.

If you are the caregiver, you need some time for yourself. Schedule time away to prevent becoming frustrated or angry. If you schedule time for yourself it will help you to keep things in perspective and you may have more patience and compassion for coping or helping your loved one. Being physically and emotionally healthy helps you to help others.

“Many families who have a loved one with mental illness share similar experiences”

It is important to remember that there is hope for recovery and that with treatment many people with mental illness return to a productive and fulfilling life.

Common Misconceptions About Mental Illness

- Myth: “Young people and children don’t suffer from mental health problems.”

Fact: It is estimated that more than 6 million young people in America may suffer from a mental health disorder that severely disrupts their ability to function at home, in school, or in their community.

- Myth: “People who need psychiatric care should be locked away in institutions.”

Fact: Today, most people can lead productive lives within their communities thanks to a variety of supports, programs, and/or medications.

- Myth: “A person who has had a mental illness can never be normal.”

Fact: People with mental illnesses can recover and resume normal activities. For example, Mike Wallace of “60 Minutes”, who has clinical depression, has received treatment and today leads an enriched and accomplished life.

- Myth: “Mentally ill persons are dangerous.”

Fact: The vast majority of people with mental illnesses are not violent. In the cases when violence does occur, the incidence typically results from the same reasons as with the general public such as feeling threatened or excessive use of alcohol and/or drugs.

- Myth: “People with mental illnesses can work low-level jobs but aren’t suited for really important or responsible positions.”

Fact: People with mental illnesses, like everyone else, have the potential to work at any level depending on their own abilities, experience and motivation.

How You Can Combat Stigma:

- Share your experience with mental illness. Your story can convey to others that having a mental illness is nothing to be embarrassed about.
- Help people with mental illness reenter society. Support their efforts to obtain housing and jobs.
- Respond to false statements about mental illness or people with mental illnesses. Many people have wrong and damaging ideas on the subject. Accurate facts and information may help change both their ideas and actions.

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

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

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

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

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

Start by considering this statement:

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

That's all it's about. You are not a bad person, or crazy, or weak, or flawed, because you feel suicidal. It doesn't even mean that you really *want* to die - it only means that you have more pain than you can cope with right now. If I start piling weights on your shoulders, you will eventually collapse if I add enough weights... no matter how much you want to remain standing. Willpower has nothing to do with it. Of course you would cheer yourself up, if you could. Don't accept it if someone tells you, "That's not enough to be suicidal about." There are many kinds of pain that may lead to suicide. Whether or not the pain is bearable may differ from person to person. What might be bearable to someone else may not be bearable to you. The point at which the pain becomes unbearable depends on what kinds of coping resources you have. Individuals vary greatly in their capacity to withstand pain. When pain exceeds pain-coping resources, suicidal feelings are the result. Suicide is neither wrong nor right; it is not a defect of character; it is morally neutral. It is simply an imbalance of pain versus coping resources. You can survive suicidal feelings if you do either of two things: (1) find a way to reduce your pain, or (2) find a way to increase your coping resources. Both are possible.



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

- 1 You need to hear that people *do* get through this -- even people who feel as badly as you are feeling now. Statistically, there is a very good chance that you are going to live. I hope that this information gives you some sense of hope.
- 2 Give yourself some distance. Say to yourself, "I will wait 24 hours before I do anything." Or a week. Remember that feelings and actions are two different things - just because you *feel* like killing yourself, doesn't mean that you have to actually *do* it right this minute. Put some distance between your suicidal feelings and suicidal action. Even if it's just 24 hours. You have already done it for 5 minutes, just by reading this page. You can do it for another 5 minutes by continuing to read this page. Keep going, and realize that while you still feel suicidal, you are not, at this moment, acting on it. That is very encouraging to me, and I hope it is to you.

3 People often turn to suicide because they are seeking relief from pain. Remember that relief is a *feeling*. And you have to be *alive* to feel it. You will not feel the relief you so desperately seek, if you are dead.

4 Some people *will* react badly to your suicidal feelings, either because they are frightened, or angry; they may actually increase your pain instead of helping you, despite their intentions, by saying or doing thoughtless things. You have to understand that their bad reactions are about *their* fears, not about you. But there *are* people out there who can be with you in this horrible time, and will not judge you, or argue with you, or send you to a hospital, or try to talk you out of how badly you feel. They will simply care for you. Find one of them. Now. Use your 24 hours, or your week, and tell someone what's going on with you. It is okay to ask for help. Try:

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

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

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

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

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



Now: I'd like
you to call
someone.

Resources & Organizations

American Association of Suicidology
www.suicidology.org 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
	Foster Parents
	Funeral Directors
	Law Enforcement
	Mental Health Issues
	Military Veterans
	Nurses
	Primary Care Providers
	Senior Living Communities
	Survivors of Suicide
	Teachers & Youth Leaders
	Teenagers and High Schoolers
	The Media
	The Workplace

Send toolkits to:

Name _____ Address _____

City _____ State _____ Zip _____

email address _____

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

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

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