An Informational Toolkit for

MILITARY VETERANS

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

What about the shootings by people with mental illnesses at Sandy Hook Elementary School, Fort Hood, and other places around the world?

It is time to put an end to these tragedies!!

We need to start educating people about mental health, suicide awareness and prevention, and where to turn to for help or comfort in an otherwise confusing time. We have put together some informational toolkits and other literature to point people in the direction of areas for help and information.

Our mission is to spread suicide and mental health information and awareness to: churches, first responders, foster parents, funeral homes, the media, medical professionals, military veterans, police departments, retirement homes, schools, suicide victims, survivors of suicide, the workplace, and anyone or anyplace else that can benefit from our information.

Visit our web site at – www.twlf4suicideawareness.com

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 MILITARY VETERANS

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:

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.

From the moment I met him, I knew he suffered from issues of depression,"[said his widow. "When I told him that he needed to get some help, he said, 'I can't do that. It will damage my career.'"

She did everything she could to help her husband, and eventually his depression and suicidal behavior came to the Military's attention, and the Sgt. was hospitalized at one point and was later encouraged to take an extended leave of absence to get additional help. But in the end,

His suicide ripped a hole in the fabric of his family's life. His wife used to sit in his truck for hours, inhaling his fresh-out-of-the-shower scent, which still lingered on the seats. She finally sold the truck, no longer able to bear the reminder of how it often spirited him away from her.

His oldest daughter age 15, puts on a brave front and tries to help her mother with the younger children. His middle daughter, an 8-year-old, is angry and often sleeps with his shirt at night to console herself and writes poetry and songs about her dad.

"As long as a soldier does his job, everything is good, then when something like this happens the family is chastised, too, and it's like, 'Well, what did she do? How could she have prevented this? Spouses are looked at very harshly," his wife said.

"It hurts me more because I was so proud to be married to my husband, and he was such a dedicated, decorated soldier. I still believe in our military. But it hurts."

What do studies say about suicide in the Military?

- Of all active duty suicides between 2003 and 2009: 94.4% were male; modal age was 21; 74.3% were Caucasian; 52.1% were married; 57.1% were junior enlisted; 20.7% were in the infantry; 83.3% were Active Component; 69.3% had one or more deployments; 67.5% were by gunshot; 19.8 were by hanging; 4.6% were by overdose (drugs/alcohol).
- Historically, the Army suicide rate has been significantly lower than the civilian rate (the civilian rate, demographically adjusted, is typically about 19.2 per 100,000). However, suicide and accidental death rates began trending upward in 2004, and in 2008, the Army suicide rate crested above the national average and reached a record of 20.2 per 100,000.
- Veterans aged 20 through 24, those who have served during the war on terror, had the highest suicide rate among all veterans, estimated between two and four times higher than civilians the same age. (The suicide rate for non-veterans is 8.3 per 100,000, while the rate for veterans was found to be between 22.9 and 31.9 per 100,000.)
- For every suicide death in 2009, at least five members of the armed forces were hospitalized for attempting to take their life.
- According to the Navy Times, 2 percent of Army; 2.3 percent of Marines, and 3 percent of Navy respondents to the military's own survey of 28,536 members from all branches reported they had attempted suicide at some point.
- A 2007 CBS study put the suicide rate among male veterans aged 20 to 24 at four times the national average—more than 40 per 100,000 per year.
- The Department of Veterans Affairs reported in January 2010, that the suicide rate among 17 to 29-year-old male veterans jumped 26 percent from 2005 to 2007.
- On average, 18 veterans per day take their own lives.

What are some of the key suicide risk factors in the military?

- The most prevalent individual stressor was relationship problems, which were present in 58% of the suicide deaths in 2009.
- Data collected since 2005 show that approximately 29% of suicides included either drug or alcohol use.
- Almost 30% of the Army's suicide deaths from 2003 to 2009, and over 45% of the non-fatal suicide behavior from 2005 to 2009, involved the use of drugs or alcohol.
- The "Defense Survey of Health-Related Behaviors" found "dangerous levels" of alcohol abuse and the illicit use of drugs such as pain killers by 12 percent of military personnel.
- 25% had some form of closed or pending misdemeanor or felony investigation.
- Military or work stress, as defined in the Department of Defense Suicide Event Report, is recognized as the second most prevalent individual risk factor and has contributed to 50% of the suicide deaths from 2005 to 2009.
- A history of legal/law enforcement encounters and disciplinary/administrative actions were present in 34% of the suicide deaths between 2005 and 2009.
- A history of behavioral health diagnosis is strongly associated with increased incidence of high risk and suicidal behaviors.
- Diagnosed cases of PTSD have steadily increased in the Army since 2003. Untreated PTSD can lead to suicidal behavior.
- A study of veterans with PTSD published last August 2009 by the *Journal of Traumatic Stress* found that 47 percent had had suicidal thoughts before seeking treatment and 3 percent had attempted to kill themselves.
- In a study of 300,000 male U.S. Army soldiers, a definitive link between suicide and smoking was observed with those smoking over a pack a day having twice the suicide rate of non-smokers.

Are there any false beliefs or misconceptions about suicide?
Yes. Here are five common misconceptions about suicide:

People who talk about suicide won't really do it.
This is False. Almost everyone who commits or attempts suicide has given some clue or warning. Suicide threats should never be ignored. No matter how casually or jokingly said, statements like "You'll be sorry when I'm dead," or "I can't see any way out" may indicate serious suicidal feelings.

Anyone who tries to kill him/herself must be crazy.
This is False. Most suicidal people are not psychotic or crazy. They must be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of severe mental illness or craziness.

If a person is determined to kill him/herself, nothing is going to stop him/her.
This is False. Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

People who commit suicide are people who were unwilling to seek help .
This is False. Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

Talking about suicide may give someone the idea.
This is False. You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true — bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

What should I do if a friend of loved one mentions suicide?
First, take seriously all suicide threats and all suicide attempts. If you think a person is having suicidal thoughts, get more information. Remember, asking questions will not increase the person’s suicidal thoughts. It will give you information that indicates how strongly the person has thought about killing himself or herself.

If someone I know mentions suicide, what should I ask?

- "Are you thinking about killing yourself?" (Ask directly if he/she is having suicidal thoughts/ ideas.)
- "Have you ever tried to hurt yourself before?" (A past history of suicide attempts is one of the strongest risk factors for death by suicide.)
- "Do you think you might try to hurt yourself today?" (Is the thought fleeting, or does the person have a clear plan and intent to commit self-harm imminently?)
- "Have you thought about ways that you might hurt yourself?" "Do you have pills/weapons in the house?" (Find out about the availability of lethal means to carry out the act).

Is there anything else I should do?
Yes, be sure to *take action*.

- If you think the person might harm himself or herself, do not leave the person alone.
- Say, "I'm going to get you some help."
- Call the National Suicide Prevention Lifeline, 1-800-273-TALK (8255). You will be connected to the nearest available crisis center. Or….
- If you're a health care worker, note that there is no evidence that "no-suicide contracts" prevent suicide. In fact, such contracts may give counselors a false sense of reassurance.

What if I lose someone to a suicide?
Individuals experience grief uniquely and at their own pace. For some, the experience of grief following a loss can be intense, complex, and long term, while others are able to more readily 'move on'. The grieving process varies from individual to the next because of many factors: having coped with prior losses; the quality of the relationship with the deceased; the availability of a support system, and so on. What is certain is that the lives of the survivors will be different.
At first, and periodically during the next days and months following the loss, survivors may feel an array of overwhelming emotions. The expression of varying emotions, sometimes accompanied by tears, is a natural part of grieving. Common feelings experienced during grieving include: abandonment, depression, hopelessness, sadness, anger, despair, loneliness, self-blame, anxiety, disbelief, numbness, shame, confusion, guilt, pain, shock, denial, helplessness, rejection, and, of course, general life stress.

With so many feelings to manage, how can I cope?

1. Take things one day at a time.
2. Know you can survive; you may not think so, but you can.
3. Consider getting professional help.
4. It is okay to not understand "why" it happened; suicide may be difficult to understand and we often are left with unanswered questions.
5. Know you may feel overwhelmed by the intensity of your feelings but that all your feelings are normal.
6. Contact a support group or organization for survivors such as TAPS. TAPS is the 24/7 tragedy assistance resource for anyone who has suffered the loss of a military loved one. Their toll-free hotline number is 1-800-959-TAPS (8277).
7. Find a good listener with whom to share. Call someone if you need to talk.
8. Don't be afraid to cry. Tears are healing.
9. Give yourself time to heal.
10. Remember, the choice was not yours. No one is the sole influence on another's life.
11. Expect setbacks. If emotions return like a tidal wave, you may only be experiencing a remnant of grief, an unfinished piece.
12. If possible, delay major decisions.
13. Be aware of the pain your family and friends may be feeling too. Talking about the person and grieving together can be healing.
14. Be patient with yourself and others who may not understand.
15. Set limits and learn to say no.
16. Avoid people who want to tell you what or how to feel.
17. Call on your personal faith to help you through.
18. It is common to experience physical reaction to your grief, e.g. headaches, loss of appetite, inability to sleep.
19. It is okay to laugh; it may even be healing.
20. Accept your questions, anger, guilt or other feelings until you can let them go.
21. Letting go doesn't mean forgetting.
22. Know that you will never be the same again, but that you can survive and even go beyond just surviving.

VA Strives to Prevent Veteran Suicides

By Donna Miles - American Forces Press Service

WASHINGTON, April 23, 2010 – With more than 6,000 veterans committing suicide every year –- and 98 veterans of Iraq and Afghanistan taking their own lives during fiscal 2009 alone -- the Department of Veterans Affairs is redoubling its outreach to veterans and promoting its toll-free suicide-prevention hotline.

National statistics show that veterans constitute about 20 percent of the 30,000 to 32,000 U.S. deaths each year from suicide. Of an average of 18 veterans who commit suicide each day, about five receive care through the VA health-care system. More than 60 percent of those five had diagnosed mental-health conditions.

Dr. Janet E. Kemp, VA's national suicide prevention coordinator, is committed to improving those statistics. She's heading up an aggressive outreach program to address problems that lead to suicide, and to ensure veterans as well as their loved ones know where to turn for help.

Speaking with reporters yesterday, Kemp cited mounting evidence that veterans in the 18- to 29-year-old age group who use VA health-care services are less likely to commit suicide than those who don't.

Based on statistical comparisons between the two groups, she estimated that 250 fewer veterans enrolled in the VA system take their own lives each year. She credited VA's screening and assessment processes designed to identify high-risk patients and provide intervention, as needed.

Yet, during fiscal 2009, 707 members of the general veteran population died at their own hands, and another 10,665 made unsuccessful suicide attempts. In addition to the 98 veterans of Iraq and Afghanistan who committed suicide – 94 men and four women – there were 1,868 who made non-fatal attempts on their lives. Of these, 1,621 were men and 247 were women, reflecting trends in the general U.S. population.

“Just one death is one too many,” said Dr. Antonette Zeiss, deputy chief for mental health services at VA’s central office. “The bottom line is, the efforts we put into enhancing overall mental health services have correlated with the reduction of suicide,” especially among males who served in Iraq and Afghanistan.

Alarmed by an increase in suicides among this population between 2003 and 2004, VA adopted a comprehensive mental health strategic plan in 2004 that has helped to bring the numbers down.

Much of the plan is dedicated to increasing veterans’ access to mental-health services. VA hired 6,000 additional mental-health professionals since 2004, bringing its full complement of providers to 20,000, Zeiss said.

“Access to care makes a difference,” she said. “We have worked on improving access to care for all veterans.”

VA mental health professionals are based at every VA medical center and the largest community-based clinic, and provide same- or next-day help to veterans in need, she said.

In addition, VA established a toll-free national suicide hotline in July 2007 that Kemp said receives about 10,000 calls a month from veterans as well as currently serving soldiers, sailors, airmen and Marines. Callers dial 1-800-273-TALK (8255), and then select option “1” to talk directly with a VA professional trained to deal with an immediate crisis.

Kemp credited the hotline with stopping 7,000 suicides in progress, in which callers were actively hurting themselves or in imminent danger of taking their own lives.

It Is Vital That Military Veterans 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.**

A Suicide Survivor's Béatitudes

LaRita Archibald

BLESSED are they that recognize suicide grief is compounded; that we grieve the death of a beloved person but first and foremost, we grieve the cause of the death.

BLESSED are they that give us permission to mourn the loss of one dearly loved, free of judgment, censure and shame.

BLESSED are spiritual guides who relieve our concerns for the repose of our loved one's soul with the truth that God is All-Knowing, All-Loving and All-Forgiving.

BLESSED are they that don't offer the meaningless cliché, "Time Heals", because, for a long while, the passing of time holds no meaning or value for us.

BLESSED are they that don't say, "I know just how you feel", but instead say, "I am here for you. I will not tire of your tears or your words of sorrow and regret."

BLESSED are they that have the patience and love to listen to our repetitive obsession with WHY? without offering useless answers or explanations.

BLESSED are they that reaffirm the worth of our deceased beloved by sharing memories of his/her goodness and times of fun, laughter and happiness.

BLESSED are the mental health care providers who explain to us that, very probably, our loved one died of a terminal illness called depression.

BLESSED are they that challenge our sense of omnipotence with the reminder that no one has enough power or control over another to cause them to end their life.

BLESSED are the first responders to our loved one's suicide who try to relieve our sense of guilt and responsibility by assuring us "This death is not your fault".

BLESSED are they that lend acceptance to the value of the relationship we shared with the one who died by allowing us to speak of them and 'what might have been'.

BLESSED are they that allow and encourage us to use our loved one's death in a manner that gives our loss and grief meaning and purpose.

BLESSED are they that do not expect us to find "closure", "grief resolution", "recovery" or to "be healed", understanding that these terms define 'grief work in progress' that will take the rest of our life.

BLESSED are community caregivers who direct us to suicide bereavement support groups where our anguish is understood, our loss validated and where we are encouraged by the example of others who have traveled this road before us.

BLESSED are 'seasoned' suicide survivors who role-model not only can we survive, but, in time, we can thrive…we can regain peace of mind, restored confidence, renewed productivity and a revived zest for living.

BLESSED are all who honor our loved ones by remembering how they lived rather than how they died.

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

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

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

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

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

Start by considering this statement:

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

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

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

1. You need to hear that people *do* get through this -- even people who feel as badly as you are feeling now. Statistically, there is a very good chance that you are going to live. I hope that this information gives you some sense of hope.

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

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

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

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

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

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

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

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

Now: I'd like you to call someone.

10 Little Known Facts About Suicide

1. The word “suicide” comes from two Latin roots, *sui* (“of oneself”) and *cidium* (“killing” or “slaying”).

2. It is more likely someone will die from suicide than from homicide. For every two people killed by homicide, three people die of suicide.

3. In America, someone attempts suicide once every minute, and someone completes a suicide once every 17 minutes. Throughout the world, approximately 2,000 people kill themselves each day.

4. Suicide is the 8th leading cause of death in the United States.

5. The spring months of March, April, and May have consistently shown to have the highest suicide rate, 4-6% higher than the average for the rest of the year. Christmas season is actually below average. Some studies suggest greater seasonality in suicides in rural rather than urban areas.

6. Over the last decade, the suicide rate among young children has increased dramatically. In 2002, suicide was the sixth leading cause of death of five- to 14-year olds and the third leading cause of death in preteens. Suicidologists are alarmed that children as young as age two are also increasingly attempting suicide.

7. During 2008, 140 American soldiers committed suicide, breaking all previous suicide records in the military. In the first four months of 2009, 91 soldiers committed suicide. If this rate continues throughout 2009, by the end of the year more than 270 soldiers will have killed themselves, leading some scholars to claim there is a suicide epidemic in the military.

8. Although women attempt suicide about three times more often than men, men complete suicide about three times more often than women.

9. Four out of five people who commit suicide have attempted to kill themselves at least once previously.

10. In America, the most common suicide method for both men and women is firearms, accounting for 60% of all suicides. For women, the next most common method is ingesting solid and liquid poison or pills. The next most common method for men is hanging/strangling/suffocation.

Resources & Organizations

American Association of Suicidology
www.suicidology.org 202-237-2280

American Foundation for Suicide Prevention
www.afsp.org 888-333-2377

American Psychiatric Association
www.psychiatry.org 1-888-35-PSYCH or 1-888-35-77924

Kristin Brooks Hope Center
www.hopeline.com 202-669-8500

Mental Health America
www.mentalhealthamerica.net 1-800-969-6642

National Council for Community Behavioral Healthcare
www.TheNationalCouncil.org 1-202-684-7457

National Youth Violence Prevention Resource Center
www.safeyouth.org 301-562-1001

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov 877-SAMHSA-7

Suicide Awareness Voices of Education
www.save.org 888-511-7283

Suicide Prevention Action Network USA Inc.
www.spanusa.org 202-449-3600

Suicide Prevention Resource Center
www.sprc.org 877-438-7772

The Compassionate Friends
www.compassionatefriends.org 877-969-0010

The Jed Foundation
www.jedfoundation.org 212-647-7544

Yellow Ribbon Suicide Prevention Program
www.yellowribbon.org 303-429-3530

TODD WAITE LEGACY FOUNDATION  for suicide awareness

Informational Toolkit Order Form

Quantity	Toolkit
	Clergy
	College Students
	First Responders
	Foster Parents
	Funeral Directors
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	Mental Health Issues
	Military Veterans
	Nurses
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	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