

An Informational Toolkit for

# NURSES

## PROMOTING SUICIDE AWARENESS



This toolkit is donated by the

***TODD WAITE LEGACY FOUNDATION***

**for suicide awareness**

**[www.twlf4suicideawareness.com](http://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](http://www.twlf4suicideawareness.com)

Our e-mail address is - [twlf4suicideawareness@gmail.com](mailto:twlf4suicideawareness@gmail.com)

Check out our Facebook page at - [www.Facebook.com/twlegacyfoundation](http://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** **NURSES**

**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](http://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](http://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.

*He is a 52-year-old white male employed in a large steel mill. He has worked for the company for close to 20 years. He recently separated from his wife and is now living by himself in an apartment close to the foundry. He has no friends or family. Over the past three weeks, he has visited the employee health clinic with ongoing complaints of fatigue and gastric distress. He told the nurse, that he was worried that he had some type of lingering flu. On his last visit, he was particularly subdued. He avoided eye contact and spoke in a quiet monotone. He told the nurse that he knew she liked animals and asked her to take his pet dog because he did not feel able to care for it since his separation. The nurse asked him how he was spending his time—was that what was interfering with his ability to care for his dog? He said that he watched a lot of TV and thought a lot. He said that he felt too “shaky” to go places other than work and that he didn’t know anyone he could visit anyway. When the nurse asked if he had thought about harming himself, he looked startled at first, and then admitted that he had; he just felt like he could not continue without his wife. The nurse realized that he was in crisis. She asked the clinic secretary to sit with him while she discussed the situation with the physician and then made arrangements for an immediate assessment by the local mental health counselor.*

### **The Role of Nurses in Preventing Suicide**

Since physical illness itself is a risk factor for suicide, nurses and other health care providers are highly likely to see people who may be at risk of self-harm. Because nurses spend so much time with patients, a trusting relationship can develop, which may encourage patients to reveal their feelings to nurses even when they are reluctant to share this information with their family or their physicians. As a nurse, you are in a unique position to do several things:

- Observe changes in the mood and behavior of your patients
- Help patients recognize that the underlying source of their physical problems may be depression or another mental health concern
- Let patients know that there are alternatives to feeling depressed and that you can help them find services that can relieve their pain

## Recognizing the Warning Signs

People who are considering harming themselves may try to reach out to you—sometimes directly, sometimes indirectly. Rarely will patients immediately volunteer the information that they are thinking of harming themselves. Instead, they often describe their concerns in terms of physical symptoms. You should be especially alert for imminent warning signs 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?”
- Isolating him- or herself from friends and family
- Expressing the belief that life is meaningless or hopeless
- Giving away cherished possessions
- Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn
- Neglecting his or her appearance and hygiene

These signs are especially critical if the patient has a history or current diagnosis of a psychiatric disorder, such as depression, alcohol or drug abuse, bipolar disorder, or schizophrenia. Age is also a factor. Elderly patients are at an increased risk of dying by suicide. Research indicates that many older adults who visited a primary care physician within a month of dying by suicide had an undiagnosed mental illness associated with suicide, such as depression, or had a common medical condition associated with an increased risk of suicide, such as congestive heart failure, chronic obstructive lung disease, urinary incontinence, anxiety disorders, and moderate or severe pain.

Nurses should pay careful attention to elderly patients who are physically ill and who exhibit any of the following warning signs of suicide:

- Stockpiling medications
- Buying a gun
- Giving away money or cherished personal possessions
- Taking a sudden interest, or losing their interest, in religion
- Failing to care for themselves in terms of the routine activities of daily living
- Withdrawing from relationships
- Experiencing a failure to thrive, even after appropriate medical treatment
- Scheduling a medical appointment for vague symptoms

Adolescents are also at an increased risk of dying by suicide. School nurses, or other nurses working with adolescents, should be alert for these warning signs:

- Volatile mood swings or sudden changes in their personality
- Indications that they are in unhealthy, destructive, or abusive relationships, such as unexplained bruises, a swollen face, or other injuries
- A sudden deterioration in their personal appearance
- Self-mutilation
- A fixation with death or violence
- Eating disorders, especially combined with dramatic shifts in weight (other than those associated with a diet under medical supervision)
- Gender identity issues
- Depression

Recognizing the warning signs is the first step in preventing suicide.

### **Responding to the Warning Signs**

Your response to any warning signs should be targeted at keeping the patient safe, providing empathy and support, and ensuring that the patient receives the mental health and/or social services necessary to reduce his or her risk.

Science has not yet provided us with fail-safe methods of assessing the risk of suicide. However, if there's a chance that your patient may be at risk, you can ask the sometimes difficult questions that will provide you with more evidence about the patient's state of mind and intentions, for example:

- Do you ever wish you could go to sleep and never wake up?
- Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
- Are you thinking about killing yourself?

You should act immediately if you have any reason to believe that the patient is in imminent danger or poses a grave danger to him- or herself. Immediate action should also be taken when warning signs are combined with any of the following risk factors:

- Past incidents of suicidal behavior or self-harm
- A family history of suicide
- A history of psychiatric disorders or the abuse of alcohol or other drugs
- The patient's admission that he or she has considered suicide
- The patient's expressed wish to die
- Any evidence of a current psychiatric disorder

In an inpatient or other clinical setting, mental health resources may be available on-site. In other cases, you may have to call a mental health clinic or emergency hotline to obtain assistance. Every health care facility, including private physician's offices, hospitals, and school health clinics, should have a procedure for responding to persons at risk of suicide and should know whom to call for assistance. If you are alone with a client, as might be the case in a home care visit, a call to the local mental health crisis line, emergency department, or National Suicide Prevention Lifeline at (800) 273-TALK (8255) can be helpful. Carry these numbers and have them readily available, especially if you are a home care or private duty nurse.

You should also do the following:

- Tell the patient why the call is important and have the patient talk with the crisis worker.
- Stay with the patient until assistance arrives.
- Call 911 if it looks like the patient is in an immediate crisis requiring hospitalization or medical intervention and the patient has no safe way to get to a hospital or emergency room or refuses to go voluntarily. Patients should never be permitted to drive themselves to the hospital.
- Involve family members and significant others (when possible) in supporting any decision for hospitalization.
- Err on the side of caution.

If you have any suspicions that a patient is seriously considering harming him- or herself, let your patient know that you care, that he or she is not alone and that you are there to help. You may have to work with the patient's family to ensure that he or she will be adequately supported until a mental health professional can provide an assessment. In some cases, you may have to accompany your patient to the emergency room at an area hospital or crisis center. If the person is uncooperative, combative, or otherwise unwilling to seek help, and if you sense that the person is in acute danger, call 911 or (800) 273-TALK (8255). Tell the dispatcher that you are concerned that the person with you "is a danger to [him- or herself]" or "cannot take care of [him- or herself]." These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make such a call if you suspect that someone may be a danger to him- or herself. It could save that person's life.

As a nurse, you can play a powerful role in preventing suicides and detecting mental health crises among your patients—but you should not have to handle these emergencies alone. If your place of work does not have a crisis intervention plan or does not provide training for crisis intervention, advocate for the implementation of a clear, concise crisis intervention plan. Ensuring that all members of a health care team know what to do in a crisis situation helps to empower nurses and keep clients safe from self-harm.

# It Is Vital That Nurses Know How To Recognize Suicide Risk and Prevent Suicide.

Here are some steps:

1. **Notice if the person appears quiet and withdrawn**, oversleeps, has crying episodes, has loss of appetite and energy, appears disheveled, the gaze is downward, the voice tone is flat, consistently negative comments, irritability, or says things like, "Life's not worth living," or "I hate my life," etc.
2. Ask: "How would you **rate your mood right now** on a scale of zero to ten with zero meaning life's not worth living and ten meaning life is great?"
3. If the person rates the mood as 5 or under, ask: "Have you had any **thoughts of suicide** or of harming yourself?" \*
4. If the person indicates yes, go to the next step. If the person says, "**I don't know**," hear this as a "yes" to the question in #3.
5. Ask: "Have you **thought about how you might end your life**?" If the person says yes, the risk is increased.
6. Ask: "**What have you thought about as how you might do it**?" If the means is ineffective or non-lethal, such as cutting wrists, risk is lower. If the means is lethal such as using a gun or jumping from a bridge, etc., risk is higher.
7. Regardless of the means, ask: "**Can we agree together** that if you have thoughts of killing yourself, you will speak to me personally (not my voice mail) before carrying out a plan to harm yourself?"

8. If the person says "no" or "I don't know," to the question in #7, say: "What I am hearing is that you are in a lot of pain right now and thinking of ending your life, so **I am going to take you to get help** right now to help to feel better right away. Will you go? I will make sure you get there safely. Is there a family member or someone I can call to go with you?" Or tell the person you will go with them yourself.

9. Arrange for the person to **be accompanied to a help center**, (a hospital or mental health facility) and **call 911 or 1-800-273-TALK (8255)** to tell emergency staff you are coming.

10. If the person refuses, then ask the person to wait there with someone while you **call police** in another room to report that the person has threatened suicide with lethal means. Ask the police to come and accompany the person to a help center.

**\*Note: If the person rates the mood as 6 or over (in answer to the question in #3), after feeling consistently depressed, and she/he now reports life is great and she/he is smiling, the risk may be increased because she/he has decided to end their life and have made all arrangements.**

# 10 Little Known Facts About Suicide

1. The word “suicide” comes from two Latin roots, *sui* (“of oneself”) and *cidium* (“killing” or “slaying”).
2. It is more likely someone will die from suicide than from homicide. For every two people killed by homicide, three people die of suicide.
3. In America, someone attempts suicide once every minute, and someone completes a suicide once every 17 minutes. Throughout the world, approximately 2,000 people kill themselves each day.
4. Suicide is the 8<sup>th</sup> 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](http://www.suicidology.org) 202-237-2280

**American Foundation for Suicide Prevention**  
[www.afsp.org](http://www.afsp.org) 888-333-2377

**American Psychiatric Association**  
[www.psychiatry.org](http://www.psychiatry.org) 1-888-35-PSYCH or 1-888-35-77924

**Kristin Brooks Hope Center**  
[www.hopeline.com](http://www.hopeline.com) 202-669-8500

**Mental Health America**  
[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net) 1-800-969-6642

**National Council for Community Behavioral Healthcare**  
[www.TheNationalCouncil.org](http://www.TheNationalCouncil.org) 1-202-684-7457

**National Youth Violence Prevention Resource Center**  
[www.safeyouth.org](http://www.safeyouth.org) 301-562-1001

**Substance Abuse and Mental Health Services Administration (SAMHSA)**  
[www.samhsa.gov](http://www.samhsa.gov) 877-SAMHSA-7

**Suicide Awareness Voices of Education**  
[www.save.org](http://www.save.org) 888-511-7283

**Suicide Prevention Action Network USA Inc.**  
[www.spanusa.org](http://www.spanusa.org) 202-449-3600

**Suicide Prevention Resource Center**  
[www.sprc.org](http://www.sprc.org) 877-438-7772

**The Compassionate Friends**  
[www.compassionatefriends.org](http://www.compassionatefriends.org) 877-969-0010

**The Jed Foundation**  
[www.jedfoundation.org](http://www.jedfoundation.org) 212-647-7544

**Yellow Ribbon Suicide Prevention Program**  
[www.yellowribbon.org](http://www.yellowribbon.org) 303-429-3530



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### 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](mailto:twlf4suicideawareness@gmail.com) or fax form to - 616-534-9708

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