An Informational Toolkit for

PRIMARY CARE PROVIDERS

PROMOTING SUICIDE AWARENESS

This toolkit is donated by the

TODD WAITE LEGACY FOUNDATION

for suicide awareness

www.twlf4suicideawareness.com

Blessed are those who morn for they will be comforted

Matthew 5:4

The *TODD WAITE LEGACY FOUNDATION* for suicide awareness

was formed by family members on behalf of the Waite family. The Waite family lost their 19 year old son/brother Todd to suicide in July, 2010. They are now dedicated to spreading awareness about suicide so that others will never have to encounter the pain and loss that they feel.

In 2014 famous actor and comedian Robin Williams along with other celebrities took their own life as a result of a mental illness.

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

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

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

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

Visit our web site at – www.twlf4suicideawareness.com

Our e-mail address is - twlf4suicideawareness@gmail.com

Check out our Facebook page at - www.Facebook.com/twlegacyfoundation

All of our material is free of charge and can be downloaded from our web site.

Please help us to keep spreading the word about suicide awareness. Visit our web site for information on donations. We are a 501 (c) (3) non-profit organization.

20 Best Things to Say to Someone Who Is Depressed

1. "I love you!"

2. "I Care"

3. "You're not alone in this"

4. "I'm not going to leave/abandon you"

5. "Do you want a hug?"

6. "When all this is over, I'll still be here and so will you."

7. "All I want to do is give you a hug and a shoulder to cry on.."

8. "Hey, you're not crazy!"

9. "May the strength of your past reflect in your future."

10. "God does not play dice with the universe." -- A. Einstein

11. "A miracle is simply a do-it-yourself project." -- S. Leek

12. "We are not primarily on earth to see through one another, but to see one another through"

13. "If the human brain were simple enough to understand, we'd be too simple to understand it."

14. "You have so many extraordinary gifts -- how can you expect to live an ordinary life

15. "I'm sorry you're in so much pain. I am not going to leave you. I am going to take care of myself so you don't need to worry that your pain might hurt me."

16. "I listen to you talk about it, and I can't imagine what it's like for you. I just can't imagine how hard it must be."

17. "I can't really fully understand what you are feeling, but I can offer my compassion."

18. "You are important to me."

19. "If you need a friend..... "

20. "I'll stick with you no matter what."

PROMOTING SUICIDE AWARENESS FOR PRIMARY CARE PROVIDERS

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 suicid**e**

77% of individuals who die by suicide had visited their primary care doctor within the past year

45% had visited their primary care doctor within the month

THE QUESTION OF SUICIDE WAS SELDOM RAISED!!!!!!!!!

3 PRIORITY AREAS FOR CONSIDERATION

Issue One: Too many missed opportunities to save lives in primary care settings

Issue Two: Millions of Americans still lack access to evidence-based care and health based professionals that can reduce suicidal behavior

Issue Three: Too many discharged from emergency rooms/inpatient units following suicide crisis at significantly elevated risk yet 50% referred to care following discharge do not actually receive outpatient treatment

DAILY CRISIS OF UNPREVENTED AND UNTREATED Medical/Suicide attempts

Any Mental Illness:	45.1 million 37.9% receiving treatment
Suicide attempts:	22.5 million 18.3% receiving treatment
Diabetes:	25.8 million 84% receiving treatment
Heart Disease:	81.1 million 74.6% receiving screenings
Hypertension:	74.5 million 70.4% receiving treatment

PERCEPTION CHALLENGES

60% of people who experience mental health problems & 90% of people who experience substance abuse problems and need treatment do not perceive the need for care

Suicides vs. homicides - Suicides outnumber homicides by 3:2

Suicides vs. HIV/AIDS - Twice the number of people die by suicide than who die as a result of complications related to HIV/AIDS

WHAT AMERICANS KNOW

Most know *or* are taught:

Basic First Aid and CPR for physical health crisis

Universal sign for choking; facial expressions of physical pain; and basic terminology to recognize blood and other physical symptoms of illness and injury

Basic nutrition and physical health care requirements

Where to go or who to call in an emergency

Most do not know *and* are not taught:

Signs of suicide, addiction or mental illness or what to do about them or how to find help for self or others

Relationship of behavioral health to individual or community health or to health care costs

Relationship of early childhood trauma to adult physical & mental/substance use disorders

SO, HOW DO WE CREATE A PUBLIC HEALTH APPROACH THAT:

Engages everyone – general public, elected officials, schools, parents, churches, health professionals, researchers, persons directly affected by mental illness/addiction & their families

Is based on facts, science, common understandings/messages

Is focused on prevention (healthy communities)

Is committed to the health of everyone (social inclusion)

The *TODD WAITE LEGACY FOUNDATION* for suicide awareness is providing information about mental health and suicide prevention to anyone and everyone who comes in contact with people with mental health issues and suicidal tendencies, and the community-at-large to help identify those at risk, reduce stigma, and take other measures to deter and prevent suicides.

The *TODD WAITE LEGACY FOUNDATION* for suicide awareness

wants you to know the warning signs of suicide and mental health. They may be listed more than once in this toolkit but they are worth repeating. Everyone needs to learn and know the warning signs You could save a life!!

Warning Signs and Symptoms of Suicide

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss or change.

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawn or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

Additional Warning Signs of Suicide

- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people to say goodbye.
- Making arrangements; setting one's affairs in order.
- Giving things away, such as prized possessions.

Recognize the warning signs of suicide:

Here's an Easy-to-Remember Mnemonic:

IS PATH WARM?

I Ideation
S Substance Abuse

P Purposelessness
A Anxiety
T Trapped
H Hopelessness

W Withdrawal
A Anger
R Recklessness
M Mood Changes

Warning Signs and Symptoms of Mental Illness

The following are signs that your loved one may want to speak to a medical or mental health professional.

In adults:

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Delusions or hallucinations
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of obvious problems
- Numerous unexplained physical ailments
- Substance abuse

In older children and pre-adolescents:

- Substance abuse
- Inability to cope with problems and daily activities
- Changes in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Defiance of authority, truancy, theft, and/or vandalism
- Intense fear of weight gain
- Prolonged negative mood, or thoughts of death
- Frequent outbursts of anger

In younger children:

- Changes in school performance
- Poor grades despite strong efforts
- Excessive worry or anxiety (i.e. refusing to go to bed or school)
- Hyperactivity
- Persistent nightmares
- Persistent disobedience or aggression
- Frequent temper tantrums
- Recognize the warning signs:

2014 Facts & Figures on Suicide

Suicide is a preventable public health problem and a leading cause of death in the United States. More investment in suicide prevention, education and research will prevent the untimely deaths of thousands of Americans each year.

Suicide - Basic Facts:

- An American dies by suicide every 13 minutes, and more than 40,000 die by suicide every year.
- 3,000 Americans attempt to take their life each day, resulting in over 1 million attempts each year.
- 90% of the individuals who die by suicide had a diagnosable psychiatric disorder at the time of their death.
- Depression, bipolar disorder and substance use disorders are among the leading causes of suicide.
- For every female suicide, there are four male suicides, but three times as many females as males attempt suicide.
- Suicide is the second leading cause of death among those 10-24 years old.
- Veterans make up 22% of suicides

Suicide - The Cost:

- Suicides in one year cost the U.S. over $20 billion in lost earnings
- 1.5 million years of life are lost to suicide annually.
- Suicide attempts requiring hospitalization cost the U.S. $44 billion each year in medical and work-loss costs

Facts and Fiction About Suicide:

Perhaps because suicide is rarely talked about openly, there are a lot of misconceptions about issues as to who is at risk, why and under what circumstances, and about how to get help. Knowing the facts is critical to taking action and essential to saving lives.

Fiction: Suicide usually happens with no warning.
Fact: Eight out of ten people who kill themselves give some sort of warning or clue to others, even if it is something subtle.

Fiction: There's always a note left behind when someone commits suicide.
Fact: Actually, in most cases, there is no suicide note.

Fiction: Someone who talks a lot about suicide is just trying to get attention.
Fact: It's just the opposite. More than 70% of people who kill themselves have previously threatened to do so or actually attempted to do so. When someone says they feel this way, take it seriously.

Fiction: People who are suicidal are intent on dying and feel there is no turning back.
Fact: Most people who are suicidal are actually of two minds about it. Part of them wants to die, but part of them doesn't. The main thing they want is to stop their pain.

Fiction: People who attempt suicide once are unlikely to try it again.
Fact: 80% of people who die from suicide have made at least one other attempt already.

Fiction: Someone who survives a suicide attempt is obviously not serious about it.
Fact: Any suicide attempt should be treated as though the person intended to die, and not simply dismissed as an attention-getting device.

Fiction: If you mention suicide to someone who seems depressed, you're just planting the idea in his or her mind
Fact: Discussing it openly can actually help, not hurt.

I was seeing a new patient—a young woman presenting with symptoms of a urinary tract infection. I thought the visit would be fairly routine. But on entering the examination room, I noticed that the patient seemed almost overly alert. As I moved closer, I saw small reddened areas on her arm as though she had been scratched or cut. Her boyfriend sat silently next to her as, in response to my questions, she gave me a list of medications she was taking, both for her chronic back pain and her depression and anxiety. The patient also detailed a long psychiatric history, as well as multiple hospitalizations for back pain. She could not remember the names of any of her previous doctors or her psychiatrist. Almost as an afterthought, she confided that she had tried to stab herself with a knife earlier in the day. Somehow her boyfriend had gotten the knife away from her. Her boyfriend calmly confirmed her story. I thought that this situation was beyond my expertise. I suggested that it might be a good idea to call a mental health clinic for an evaluation. The patient immediately became agitated and started loudly accusing me of calling her "crazy." I didn't know what to do. I felt as though my suggestion had made things worse. I excused myself from the room to allow her to calm down and to consider my best course of action. Although I didn't have a complete picture of the patient, I thought that she might have some type of personality disorder. I found a chance to question the patient's boyfriend in private. He assured me that he had been through similar episodes with her and would not, under any circumstances, leave her alone that night. I gave him the number of the local suicide crisis line and the number of the closest mental health clinic. But I lost sleep that night. I wished I had been better prepared for this situation.

The Role of Primary Care Providers in Preventing Suicide

Since physical illness itself is a risk factor for suicide primary care and other health care providers are highly likely to see patients who are depressed and may be at risk of suicide. Most people who take their lives signal their intention to do so before they act, and they often display these distress signals to their doctors. A substantial percentage of people who die by suicide have visited their primary care provider in the month prior to their suicide; this is especially true for of elderly people. Successful intervention will depend on your ability to recognize the warning signs of suicide and to make sure that your patient receives immediate and appropriate care for what, after all, is a life-threatening condition. This document will provide you with an overview of some of the roles primary care providers can take to prevent suicide attempts.

Prevention of Suicide Risk

There are four key roles primary care clinicians can play to lower the risk for suicide in all their patients.
The first is to screen for and aggressively treat or refer for treatment major depressive disorders and substance (especially alcohol) abuse and dependence.
The second is to assess and treat the health problems commonly seen in primary care practices that are key risk factors for suicide: insomnia, chronic pain, and severe anxiety disorders (including PTSD).
The third is to provide education to all patients on the warning signs of suicide and provide them with the number for the National Suicide Prevention Lifeline (800) 273-TALK (8255).
Finally, primary care practices should teach patients the benefits of safe firearm and ammunition storage practices.

Recognizing the Warning Signs

People who are in danger of harming themselves may try to reach out to their primary care providers sometimes directly, sometimes indirectly. Rarely will patients immediately volunteer the information that they are thinking of harming themselves. Instead, they display any number of warning signs. You should be alert for imminent warning signs that a patient may be at risk of suicide: Strongest Warning Signs – Take Immediate Action to Protect Person: Full Risk Assessment Warranted:

Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself
Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
Talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person
Other warning signs of suicide
Anxiety, agitation
Insomnia or sleep disturbance
Increased alcohol or drug use
Purposelessness—no reason for living
Hopelessness
Withdrawing from friends, family and society
Rage, uncontrolled anger, seeking revenge
Acting reckless or engaging in risky activities, seemingly without thinking
Dramatic mood changes
Feeling trapped - like there's no way out

These signs are especially critical if the patient has a history or current diagnosis of a psychiatric disorder (e.g., major depression, alcohol or drug abuse, bipolar disorder, or schizophrenia), a severe chronic illness (especially CNS disorders, including traumatic brain injury), and/or has recently experienced a personal event leading to humiliation, shame or despair (i.e., loss of relationship, financial or health status—whether real or anticipated). People of different ages are at different levels of risk and display different types of warning signs. 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 anxiety or had a common medical condition associated with an increased risk of suicide, such as congestive heart failure, chronic obstructive lung disease, urinary incontinence, and moderate or severe pain. Providers should pay careful attention to elderly patients who are physically ill and socially isolated, particularly in the presence of any of the risk factors just listed. Adolescents are also at an increased risk of suicidal behaviors, though their key risk factors and warning signs may be different than adults.

Be alert for the following:

- Conduct problems (anti-social, aggression, impulsivity)
- Depression
- ADHD
- Volatile mood swings or sudden changes in their personality
- A sudden deterioration in their personal appearance
- Self-injury
- Increased risk taking behavior
- Eating disorders
- Gender or sexual orientation issues
- Family chaos
- History of physical or sexual abuse
- Romantic breakups

Recognizing the signs or risk is the first step in preventing suicide.

Responding to the Warning Signs

There are no hard and fast guidelines for determining a patient's 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 his or her 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.

• The patient's admission that he or she is seriously considering suicide or has a suicide plan.

You can help protect a patient by doing the following:

• Referring the patient to a mental health professional who may be better able to evaluate the patient's risk and recommend treatment.

• Being available to provide medical management of the patients psychiatric symptoms in collaboration with a non-physician mental health professional.

• Helping the patient's family, friends, and caregivers develop a plan so that someone knowledgeable of patient's situation can be with him or her at all times.

• Helping the patient's family, friends, and caregivers make sure that lethal means, especially firearms and medications, are not available to the patient.

• Hospitalizing the patient, if necessary.

The use of medications (especially antidepressants) should always be considered when developing a comprehensive treatment plan for patients with a major depressive disorder, or patients who express suicidal ideation, intent, or plans. Antidepressants are effective in reducing the symptoms of depression, as well as other problems, including obsessive-compulsive disorders and panic disorders. The Food and Drug Administration has determined that there is some evidence for an association between the class of antidepressants known as —selective serotonin reuptake inhibitors and the emergence of suicidal ideation, particularly in youths and young adults up to age 25.

Although this is a relatively rare occurrence, mental health professionals should carefully monitor the signs and symptoms of depression during the first few months of treatment with any antidepressant medication. Careful monitoring might include frequently contacting the client (in person or by telephone) to ask about suicidal thoughts, teaching the client's family and support network to monitor the emergence of suicidal ideation and behaviors, and providing emergency contact information, including the National Suicide Prevention Lifeline number, 1-800-273-TALK (8255). If you have any suspicions that a patient is seriously considering harming him- or herself, speak with your patient honestly and non-judgmentally about their suicidal thoughts, let them know you care and that he or she is not alone-- you are there to help. Work to ensure that he or she will be adequately supported until a mental health professional can provide a thorough assessment. In some areas of the country, this can be accomplished by a mobile crisis team. In other areas, a staff person may have to accompany your patient to a nearby emergency room. A call to the National Suicide Prevention Lifeline (800-273-TALK [8255]) is another option, linking the patient with a trained crisis caller at a nearby certified 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. 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. You may determine that a patient needs an inpatient assessment or treatment. It is always preferable for patients to be active participants in the decision to be hospitalized—to voluntarily agree to be hospitalized and to —sign in on their own, taking full responsibility for their decision and acknowledging the purpose of the hospitalization. If a patient is incapable of signing in voluntarily or refuses to do so, it will be necessary for you, ideally in collaboration with the patient's family, to initiate an involuntary commitment process. You should familiarize yourself with your state's policies about both voluntary and involuntary admission procedures.

Responding to a health crisis in your office is never easy—a mental health crisis is no different. Having a plan already in place to handle mental health problems involving suicide risk before the crisis is ideal. You wouldn't wait until a patient presents with a myocardial infarction to develop an office protocol for cardiac emergencies; nor should you wait for a suicidal patient to develop a suicide crisis management plan. This plan may include arrangements for someone to remain at the side of the at-risk patient until family, friends, a mental health professional, a mobile crisis team or an ambulance arrives. It also should define confidentiality guidelines for the at-risk patient and specify local laws and procedures for involuntary commitment. Every primary care office should have a crisis intervention plan and should train its staff on the plan.

Helping Yourself and Your Colleagues

Along with recognizing warning signs in your patients, it is equally important to recognize warning signs among your colleagues and in yourself, and to take protective measures when necessary. Healthcare professionals are not immune to suicide. The culture in which they work and live often prohibits any complaints about the exhaustion and stress associated with long hours of work and minimal sleep. Grueling schedules coupled with the knowledge that a missed —cue or clinical finding could lead to the illness, injury or death of a patient places a great deal of stress on clinicians. An American Foundation for Suicide Prevention consensus statement on depression and suicide among physicians cited a lack of attention in this area, and urged more attention be given to the treatment of depression and prevention of suicide among providers. The statement recommends a shift in professional attitudes and institutional policies—one that encourages healthcare professionals to seek help and obtain treatment for mental illnesses whenever they are present.

It Is Vital That Primary Care Providers 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 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
	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
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visit our website at **www.twlf4suicideawareness.com** for more **Free** information