

An Informational Toolkit for

SURVIVORS OF SUICIDE

PROMOTING SUICIDE AWARENESS



This toolkit is donated by the

TODD WAITE LEGACY FOUNDATION

for suicide awareness

www.twlf4suicideawareness.com

Blessed are those who mourn for they will be comforted

Matthew 5:4

The *TODD WAITE LEGACY FOUNDATION* for suicide awareness

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

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

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

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

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

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

Visit our web site at – www.twlf4suicideawareness.com

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

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

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

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

20 Best Things to Say to Someone Who Is Depressed

1. "I love you!"
2. "I Care"
3. "You're not alone in this"
4. "I'm not going to leave/abandon you"
5. "Do you want a hug?"
6. "When all this is over, I'll still be here and so will you."
7. "All I want to do is give you a hug and a shoulder to cry on.."
8. "Hey, you're not crazy!"
9. "May the strength of your past reflect in your future."
10. "God does not play dice with the universe." -- A. Einstein
11. "A miracle is simply a do-it-yourself project." -- S. Leek
12. "We are not primarily on earth to see through one another, but to see one another through"
13. "If the human brain were simple enough to understand, we'd be too simple to understand it."
14. "You have so many extraordinary gifts -- how can you expect to live an ordinary life"
15. "I'm sorry you're in so much pain. I am not going to leave you. I am going to take care of myself so you don't need to worry that your pain might hurt me."
16. "I listen to you talk about it, and I can't imagine what it's like for you. I just can't imagine how hard it must be."
17. "I can't really fully understand what you are feeling, but I can offer my compassion."
18. "You are important to me."
19. "If you need a friend..... "
20. "I'll stick with you no matter what."

PROMOTING SUICIDE AWARENESS FOR **SURVIVORS OF SUICIDE**

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
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Copies of this toolkit are available on line at
www.twlf4suicideawareness.com

Despite the high death toll of suicidal and mentally ill people, many people have failed to address the problem as a public health concern. Many people view mental illness and suicide purely in terms of its tragic consequences for individuals, not as a problem plaguing society as a whole. Complicating the issue is the stigma attached to suicide and mental health. As a result people with mental illness and possibly contemplating suicide and their families may be reluctant to seek help. Community members may be apprehensive about taking a proactive stance towards the problem.

Suicide and mental health has lagged behind other social problems, such as child abuse and domestic violence, in gaining recognition as an issue that deserves public attention from individuals, organizations, and society. This kind of public attention is essential in order to identify or create the tools and knowledge to prevent suicide, help the mentally ill, and save lives.

Unlike distress signals resulting from physical trauma, such as a heart attack or deadly disease, the pain of people considering suicide may go unrecognized until it is too late. This is why a public health approach to suicide prevention is so important--targeting or identifying at-risk people before they appear in the emergency department of a hospital. Through increasing awareness in the community-at-large, the signs and symptoms of suicide and mental illness can be recognized and addressed.

More than 90 percent of people who die by suicide have depression and other mental disorders, and/or a substance-abuse disorder.

Suicide and mental illness is at the same level as breast cancer was a few years ago. No one dared talk about it and many women died because of the stigma associated with breast cancer. Suicide and mental illness has to be brought to the public attention. People need to be made aware of the symptoms of suicide.

IT IS TIME TO GIVE MENTAL HEALTH AND SUICIDE PREVENTION THE ATTENTION IT DESERVES!

SUICIDE – The Result of a Mental Health Problem

Much of the information listed on the following 3 pages is from SAMHSA's National Suicide Prevention Lifeline Crisis Centers Conference in Baltimore, MD
• July 27, 2011

A special thank you to Pamela S. Hyde, J.D. SAMHSA Administrator for providing this information. SAMHSA stands for Substance Abuse and Mental Health Administration. (www.samhsa.gov - 1-877-SAMHSA-7 or 1-877-726-4727)

Here are some tough realities of suicide –

36,000 Americans die by suicide each year

1.1 million (.05 percent) Americans (18 & older) attempted suicide in the past year

2.2 million (1 percent) Americans (18 & older) made a plan in the past year

8.4 million (3.7 percent) Americans (18 & older) had serious thoughts of suicide in the past year

30 percent of deaths by suicide involved alcohol intoxication at or above the legal limit

2005-2009: 55% increase in emergency department visits for drug related suicide attempts by men 21 to 34

2005-2009: 49% increase in emergency department visits for drug related suicide attempts by women 50 or older

Every year some 650,000 persons receive treatment in emergency rooms following suicide attempts

50% of those who die by suicide were afflicted with major depression, and the suicide rate of people with major depression is eight times that of the general population

90% of individuals who die by suicide had a mental disorder

2005 – 2009: More than 1,100 members of the Armed Forces took their own lives; an average of 1 suicide every 36 hours

2010 Army suicide rate (active-duty) soldiers is down slightly (2009 = 162; 2010 = 156)

Number of suicides in the Guard and Reserve up by 55% (2009 = 80; 2010 = 145)

More than half of the National Guard members who died by suicide in 2010 had not deployed

Suicide among veterans accounts for as many as 1 in 5 suicides in the U.S.

MISSED OPPORTUNITIES = LIVES LOST

Individuals discharged from an inpatient unit continue to be at risk for suicide

10% of individuals who died by suicide had been discharged from an emergency room within the previous 60 days

8.6% hospitalized for suicidality are predicted to eventually die by suicide

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

45% had visited their primary care doctor within the month

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

3 PRIORITY AREAS FOR CONSIDERATION

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

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

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

DAILY CRISIS OF UNPREVENTED AND UNTREATED Medical/Suicide attempts

Any Mental Illness: 45.1 million 37.9% receiving treatment

Suicide attempts: 22.5 million 18.3% receiving treatment

Diabetes: 25.8 million 84% receiving treatment

Heart Disease: 81.1 million 74.6% receiving screenings

Hypertension: 74.5 million 70.4% receiving treatment

PERCEPTION CHALLENGES

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

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

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

WHAT AMERICANS KNOW

Most know *or* are taught:

Basic First Aid and CPR for physical health crisis

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

Basic nutrition and physical health care requirements

Where to go or who to call in an emergency

Most do not know *and* are not taught:

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

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

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

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

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

Is based on facts, science, common understandings/messages

Is focused on prevention (healthy communities)

Is committed to the health of everyone (social inclusion)

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

The TODD WAITE LEGACY FOUNDATION for suicide awareness

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

Warning Signs and Symptoms of Suicide

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

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

Additional Warning Signs of Suicide

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

Recognize the warning signs of suicide:

Here's an Easy-to-Remember Mnemonic:

IS PATH WARM?

I Ideation

S Substance Abuse

P Purposelessness

A Anxiety

T Trapped

H Hopelessness

W Withdrawal

A Anger

R Recklessness

M Mood Changes

Warning Signs and Symptoms of Mental Illness

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

In adults:

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

In older children and pre-adolescents:

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

In younger children:

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

2014 Facts & Figures on Suicide

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

Suicide - Basic Facts:

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

Suicide - The Cost:

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

Facts and Fiction About Suicide:

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

Fiction: Suicide usually happens with no warning.

Fact: Eight out of ten people who kill themselves give some sort of warning or clue to others, even if it is something subtle.

Fiction: There's always a note left behind when someone commits suicide.

Fact: Actually, in most cases, there is no suicide note.

Fiction: Someone who talks a lot about suicide is just trying to get attention.

Fact: It's just the opposite. More than 70% of people who kill themselves have previously threatened to do so or actually attempted to do so. When someone says they feel this way, take it seriously.

Fiction: People who are suicidal are intent on dying and feel there is no turning back.

Fact: Most people who are suicidal are actually of two minds about it. Part of them wants to die, but part of them doesn't. The main thing they want is to stop their pain.

Fiction: People who attempt suicide once are unlikely to try it again.

Fact: 80% of people who die from suicide have made at least one other attempt already.

Fiction: Someone who survives a suicide attempt is obviously not serious about it.

Fact: Any suicide attempt should be treated as though the person intended to die, and not simply dismissed as an attention-getting device.

Fiction: If you mention suicide to someone who seems depressed, you're just planting the idea in his or her mind

Fact: Discussing it openly can actually help, not hurt.

When I got home, the police were at our house. I knew from her voice that something was very wrong. When I walked in the house I asked, "What happened?" My mother replied with words I will never forget: "Your brother is dead." I went numb and dropped to the floor. When I got back up, my mother told me that my brother had taken his own life. I couldn't believe it. Why? I am supposed to have a younger brother, and I didn't know how to make sense of it without him. I was devastated. As the weeks passed, I needed support, but my friends and family seemed uncomfortable talking with me about my brother's death. I felt alienated and alone. Finding a survivor support group helped me: at last it felt okay to talk about being angry at my brother and missing him at the same time. Although my life will never be the same, I am beginning to find time to focus on other things.

The Loss of a Loved One by Suicide

When suicide takes a life it reverberates through our homes, workplaces, schools, religious organizations, and the other social networks. Those experiencing the suicide of a family member, friend, or colleague are referred to as "survivors."

With suicide, survivors face not only the loss of someone close to them, but also the difficult feelings connected to the way the person died. Surviving a suicide can involve a range of feelings like shock, sadness, numbness, depression, guilt, anger, confusion, and relief. Some survivors may find they can't sleep or eat, or they may lack energy. Many survivors struggle to understand the reasons for the suicide, asking themselves "Why?" over and over again. They may replay their loved ones' last days, searching for answers. Survivors may also fear negative reactions from others, causing them to feel ashamed or isolated. They may find it challenging to talk with friends or acquaintances about the death.

What helps survivors to heal from suicide loss? Many survivors find it helpful to consider that events and circumstances leading up to a suicide are complicated, often involving a combination of painful suffering, hopelessness, and mental illness. In fact, most people who die by suicide have a diagnosable mental illness at the time of their death.

It helps survivors to know that they are not alone in their loss. Getting support from other survivors can help build understanding and reduce isolation. Some survivors have found or created resources that support their healing.

Taking Care of Yourself

Extra attention to self care is important, especially in the days and weeks immediately following the loss of a friend or loved one to suicide. Survivors have suggested the following ways to care for yourself if you have lost someone to suicide:

- Try to focus on what you need to do to heal, rather than replaying actions or events from the past.
- Understand that intense feelings of grief, anger, rejection, guilt, and regret are normal, as are confusion and forgetfulness.
- Keep in mind that family and friends may experience a feeling of relief when someone who may have been difficult for them dies by suicide. But relief may also be followed by guilt.
- Explain the situation to other people in the manner most comfortable to you. Many survivors find it best to simply acknowledge that the death was a suicide.
- In the days and weeks following a suicide loss, delay major decisions that can wait.
- Remember that people grieve in different ways. There is no one "right" way to mourn the death of a loved one.
- Spend time outdoors, listening to music, playing with a pet, or in other ways that bring comfort.
- Recognize that you will heal in time.

It can be helpful to find someone to talk with as you struggle with the loss. You might choose to talk to a friend, relative, religious or spiritual advisor, or mental health professional.

Survivor support groups can also be helpful. These groups offer an opportunity to share your feelings and experiences with others who have lost someone to suicide. Interacting with other survivors who are further along with grieving can bring hope.

Helping Young People Cope with Suicide

Understanding and coming to terms with a suicide loss can be difficult for all of us, but young people may find it especially hard. Though deeply affected by a suicide loss, children and adolescents may not have developed the same coping skills as adults and it may be many years before they are able to fully process the loss. Young people need help and guidance from trusted adults to mourn the loss of a loved one and cope with the range of feelings brought about by a suicide.

How do young people react to suicide loss? Children often lack a firm concept of death as being irreversible. Both children and adolescents personalize the behavior of others, which can create feelings of responsibility for actions over which they have no influence. They may feel grief, anger, confusion, and, often, abandonment. Some strive to become "perfect," believing that it was their bad behavior that caused the deceased to "leave." Others may act out and behave badly as a way to express their anger or confusion.

To support a young person who lost someone one to suicide, keep the following suggestions in mind:

- Offer simple statements, such as, "he/she died by suicide." Use words like "died" rather than "gone away" so there will be no misunderstanding.
- If mental illness was a factor, explain that the person died of an illness. For example, "many people who die by suicide suffer from an illness called depression." You may also want to reassure him or her that most people with depression do not die by suicide.
- Reassure him or her that that the death was not his or her fault.
- Return to normal routines when possible. Encourage him or her to continue seeing friends and engaging in social and recreational activities.
- Make sure that a trusted adult is always available.
- Get professional help if he or she behaves in a way that concerns you, especially if the behavior lasts for an extended period of time.
- Let his or her school know about the suicide so that teachers and counselors can be supportive.
- Don't hide your grief: children and youth learn to grieve by watching adults.
- Consider the resources below or the advice of a professional for specific ways to talk to a young person and support the healing process following a suicide loss.
- The suicide of someone in the community or media reports about suicide may influence vulnerable young people to think about suicide.

Supporting Survivors

When a loved one has died by suicide, survivors of suicide loss will experience feelings that are powerful and wide-ranging. What is the best way to help a survivor? Friends and family close to survivors can offer support in different ways, whether or not they themselves have survived a suicide loss. Survivors may be hesitant to reach out to friends or acquaintances because a great deal of stigma still surrounds suicide. If you are close to a survivor, this section describes different ways friends and family can help in the days, weeks, and months following a suicide.

Sometimes survivors find it particularly helpful to talk with other survivors. Survivors have formed organizations to support each other and to educate the public about suicide prevention. Many of these organizations hold regularly scheduled support groups and can provide information about local resources.

The following suggestions will help you understand what other survivors have found comforting. Before you assume any responsibilities, it's important to ask survivors whether they need your help. Some survivors gain strength from performing responsibilities, while others prefer to rely on friends or family. It may be reassuring to know that much of the recommended support is what you would offer a friend grieving any death.

To support survivors:

- Surround them with as much love and understanding as you can.
- Give them some private time. Be there, and let them know you are available, but allow them time on their own.
- Show love, not control
- Let them talk, and show you understand. Withhold advice unless they ask for it.
- Encourage the family to make decisions together.
- Expect that they will become tired easily, and arrange rest time for them.
- Let them decide what they are ready for. Offer your ideas but let them decide themselves.

It might be helpful for you to:

- Keep a list of phone calls, visitors and people who bring food and gifts.
 - Offer to make calls to people they wish to notify.
 - Keep the mail organized. Keep track of bills, cards, newspaper notices, etc.
 - Help with errands and routine household chores.
 - Offer to help with documentation needed by the insurance company, such as a copy of the death certificate.
 - Offer to help with the deceased's belongings by doing inventory, moving items to storage, distributing among family members, or donating items.
-
- Give special attention to members of the family -- at the funeral and in the months to come. Some survivors appreciate support on holidays or recognition of dates such as the deceased's birthday.
 - Allow them to express as much grief as they are willing to share.
 - Allow them to talk about the special qualities of the loved one they have lost.
 - Write down a story about their loved one (especially one that they might not know about) and give it to them to read when they feel ready.
 - Don't be afraid to say their loved one's name. Don't worry about making them sad; it hurts more when no one talks about the person they lost.
 - Let them know it's alright to ask for help and encourage them to seek specialized support if they need it.

Recognizing Warning Signs and Risk Factors

Experiencing a suicide loss can make maintaining health – including mental health – difficult. In addition, for some survivors losing a friend or loved one to suicide may elevate the risk for thinking about, attempting, or even dying by suicide. Survivors, friends or family of survivors, and other people in support roles should be familiar with warning signs, risk factors, and protective factors listed below, and know how to help.

Warning Signs for Suicide Prevention

Warning signs identify a person who may be at risk for suicide. Recognizing the warning signs and getting help for someone at risk may save his or her life.

If someone you care about:

- threatens to hurt or kill him/herself, or talks of wanting to hurt or kill him/herself,
- looks for ways to kill him/herself by seeking access to firearms, available pills, or other means, or
- talks or writes about death, dying or suicide, when these actions are out of the ordinary for the person,

Call 9-1-1 or seek *immediate* help from a mental health provider. These behaviors can indicate that a person is at serious near-term risk for suicide.

If you think someone exhibits one or more of these warning signs:

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities
- Feeling trapped - like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family and people
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic mood changes

or if you feel concerned about him/her, contact a mental health professional or the National Suicide Prevention Lifeline at 1-800-273-8255 for a referral.

In addition to the warning signs above, events that trigger shame, despair, or humiliation can play a role in suicide risk. In particular, losses can elevate suicide risk. Losses – which can seem more profound to vulnerable people – can include loss of relationships, financial security, or status, or a decline in health. Some people anticipate losses and negative outcomes before they actually occur—such as when a job layoff is impending or a relationship is threatened—and experience the full distress of a loss. These people may become extremely distressed before a loss and need help urgently.

Risk Factors

Risk factors are characteristics and conditions that could be associated with higher a risk of suicide. The presence of risk factors does not mean a survivor will automatically develop suicidal thoughts or behaviors. However, because survivors may be vulnerable, it is important to consider risk factors in addition to the Warning Signs (above).

- Previous suicide attempt or multiple attempts
- Mental illness, substance abuse, or co-occurring mental illness and substance abuse
- History of trauma and abuse
- Family history of suicide
- Stigma associated with help-seeking
- Barriers to accessing health care
- Major loss (job, financial, social)
- Local clusters of suicide that have a contagious influence
- Access to lethal means, especially firearms

To explain a bit about the last point, if a person has access to lethal means, making them less available reduces his or her risk for suicide. Because firearms are the most lethal among suicide methods, it is important that you remove them, or, second best lock them and store the ammunition separately.

If you are concerned about someone, contact a mental health professional or other care provider. They can help determine the level of risk and how best to respond.

Protective Factors

Protective factors are characteristics and conditions that reduce the likelihood of suicide and can counterbalance risk factors. The protective factors listed below are those that can be influenced by survivors and people supporting them.

- Strong family relationships
- Strong religious beliefs
- Connections to community support
- Effective clinical care if a person has mental, physical, or substance use disorders
- Support for help-seeking behavior
- Reduced access to lethal means of suicide
- Problem-solving and conflict resolution skills

Relationships are key to many of the protective factors listed above, helping people to cope with loss and build resilience.

Survivors: Getting Involved

Grieving the loss of a friend, colleague, or loved one to suicide is a different process for each individual survivor. For most, the deceased is never forgotten but with time the intensity of feelings related to the loss diminishes. For some survivors, getting involved in suicide prevention efforts is a way to bring some meaning to their loss.

Some survivors become involved by participating in local events or community or statewide suicide prevention coalitions. Others participate in or lead survivor support groups. Some survivors support national suicide prevention or mental health organizations, or advocate for policies that advance suicide prevention.

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.

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.

It Is Vital That Survivors of Suicide 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.**

Don't be afraid of being wrong. It is difficult for even experts to understand who is at serious risk of suicide and who is not. Many of the warning signs for suicide could also indicate problems with drug or alcohol abuse, domestic violence, depression, or another mental illness. Young people with these problems need help—and you can help.

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

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

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

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

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

Start by considering this statement:

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

That's all it's about. You are not a bad person, or crazy, or weak, or flawed, because you feel suicidal. It doesn't even mean that you really *want* to die - it only means that you have more pain than you can cope with right now. If I start piling weights on your shoulders, you will eventually collapse if I add enough weights... no matter how much you want to remain standing. Willpower has nothing to do with it. Of course you would cheer yourself up, if you could.

Don't accept it if someone tells you, "That's not enough to be suicidal about." There are many kinds of pain that may lead to suicide. Whether or not the pain is bearable may differ from person to person. What might be bearable to someone else, may not be bearable to you. The point at which the pain becomes unbearable depends on what kinds of coping resources you have. Individuals vary greatly in their capacity to withstand pain.



When pain exceeds pain-coping resources, suicidal feelings are the result. Suicide is neither wrong nor right; it is not a defect of character; it is morally neutral. It is simply an imbalance of pain versus coping resources.

You can survive suicidal feelings if you do either of two things: (1) find a way to reduce your pain, or (2) find a way to increase your coping resources. Both are possible.

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

- 1 You need to hear that people *do* get through this -- even people who feel as badly as you are feeling now. Statistically, there is a very good chance that you are going to live. I hope that this information gives you some sense of hope.
- 2 Give yourself some distance. Say to yourself, "I will wait 24 hours before I do anything." Or a week. Remember that feelings and actions are two different things - just because you *feel* like killing yourself, doesn't mean that you have to actually *do* it right this minute. Put some distance between your suicidal feelings and suicidal action. Even if it's just 24 hours. You have already done it for 5 minutes, just by reading this page. You can do it for another 5 minutes by continuing to read this page. Keep going, and realize that while you still feel suicidal, you are not, at this moment, acting on it. That is very encouraging to me, and I hope it is to you.
- 3 People often turn to suicide because they are seeking relief from pain. Remember that relief is a *feeling*. And you have to be *alive* to feel it. You will not feel the relief you so desperately seek, if you are dead.
- 4 Some people *will* react badly to your suicidal feelings, either because they are frightened, or angry; they may actually increase your pain instead of helping you, despite their intentions, by saying or doing thoughtless things. You have to understand that their bad reactions are about *their* fears, not about you.

But there *are* people out there who can be with you in this horrible time, and will not judge you, or argue with you, or send you to a hospital, or try to talk you out of how badly you feel. They will simply care for you. Find one of them. Now. Use your 24 hours, or your week, and tell someone what's going on with you. It is okay to ask for help. Try:

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

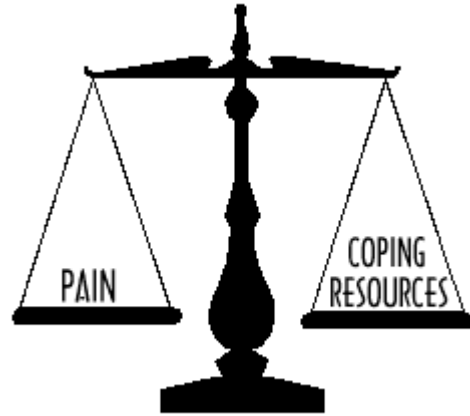
But don't give yourself the additional burden of trying to deal with this alone. Just talking about how you got to where you are, releases an awful lot of the pressure, and it might be just the additional coping resource you need to regain your balance.

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

Well, it's been a few minutes and you're still with me. I'm really glad.

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

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



Now: I'd like
you to call
someone.

Resources & Organizations

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

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

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

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

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

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

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

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

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

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

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

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

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

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



TODD WAITE LEGACY FOUNDATION for suicide awareness

Informational Toolkit Order Form

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

Send toolkits to:

Name _____ Address _____

City _____ State _____ Zip _____

email address _____

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

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

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