

An Informational Toolkit for

THE WORK PLACE

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

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

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

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

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

Visit our web site at – www.twlf4suicideawareness.com

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

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

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

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

20 Best Things to Say to Someone Who Is Depressed

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

PROMOTING SUICIDE AWARENESS FOR **THE WORK PLACE**

The purpose of this Suicide Prevention Awareness toolkit is to provide information and educate everyone about the causes, and warning signs of mental illness and suicide.

The views and opinions expressed in this toolkit are those of the author who formed this information by researching many of the web sites listed in the back. The information in this toolkit may not reflect the policies of all mental health or suicide organizations.

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TODD WAITE LEGACY FOUNDATION
for suicide awareness.

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

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

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

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

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

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

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

SUICIDE – The Result of a Mental Health Problem

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

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

Here are some tough realities of suicide –

36,000 Americans die by suicide each year

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISSED OPPORTUNITIES = LIVES LOST

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

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

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

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

45% had visited their primary care doctor within the month

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

3 PRIORITY AREAS FOR CONSIDERATION

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

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

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

DAILY CRISIS OF UNPREVENTED AND UNTREATED Medical/Suicide attempts

Any Mental Illness: 45.1 million 37.9% receiving treatment

Suicide attempts: 22.5 million 18.3% receiving treatment

Diabetes: 25.8 million 84% receiving treatment

Heart Disease: 81.1 million 74.6% receiving screenings

Hypertension: 74.5 million 70.4% receiving treatment

PERCEPTION CHALLENGES

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

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

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

WHAT AMERICANS KNOW

Most know *or* are taught:

Basic First Aid and CPR for physical health crisis

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

Basic nutrition and physical health care requirements

Where to go or who to call in an emergency

Most do not know *and* are not taught:

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

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

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

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

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

Is based on facts, science, common understandings/messages

Is focused on prevention (healthy communities)

Is committed to the health of everyone (social inclusion)

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

The TODD WAITE LEGACY FOUNDATION for suicide awareness

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

Warning Signs and Symptoms of Suicide

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

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

Additional Warning Signs of Suicide

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

Recognize the warning signs of suicide:

Here's an Easy-to-Remember Mnemonic:

IS PATH WARM?

I Ideation
S Substance Abuse

P Purposelessness
A Anxiety
T Trapped
H Hopelessness

W Withdrawal
A Anger
R Recklessness
M Mood Changes

Warning Signs and Symptoms of Mental Illness

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

In adults:

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

In older children and pre-adolescents:

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

In younger children:

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

Facts and Fiction About Suicide:

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

Fiction: Suicide usually happens with no warning.

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

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

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

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

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

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

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

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

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

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

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

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

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

He had been working at his job for almost 7 years. He did not become good friends with any of his co-workers during that time. Recently, his boss noticed that he had changed. He had always kept to himself, but lately he seemed to avoid everyone as much as possible. He stopped eating in the lunchroom and ate by himself in the park across the street. He was becoming uncharacteristically abrupt with customers. And he looked sad all the time. On a number of occasions, He looked like he had been crying, but his boss felt like she would be intruding if she asked him about this. Instead, he asked another long-term employee whose judgment and discretion she trusted, if he thought anything was wrong with his fellow employee. He seemed relieved that someone else had noticed and confirmed all of his observations. He also said that he had told him that he had been “really upset about stuff going on in his life” and “didn’t know if he could go on like this.” His boss didn’t know what to do. She was concerned, but was not sure if this was really her business. The next day she saw him crying in the stockroom. She was determined to at least ask him if there was something that she could do to help. She mentioned this to her husband, who found a suicide prevention hotline number on the Internet and gave it to her, suggesting that she might want to give it to her employee when they spoke.

The Role of Employers and Co-Workers in Preventing Suicide

Suspecting that a fellow employee is considering ending his or her life can be frightening and confusing. You may not know when you should become involved in the problems of someone who is not a family member or close friend. You may be unsure of what you can really do to help someone with emotional difficulties or feel uncertain whether that person is actually in serious trouble. Being wrong could be embarrassing. But being right could save a life. These issues are especially complicated if you own a small business which does not have a human resources department or employee assistance program. This toolkit will help you recognize and assist an employee who may be considering suicide.

Recognizing the Warning Signs

Each year, more than 30,000 Americans take their own lives. An additional 500,000 Americans visit emergency rooms for injuries related to suicide attempts. A large number of suicides and suicide attempts are related to treatable emotional conditions including depression and other mood disorders as well as alcohol and drug abuse. People may be embarrassed by those problems or fear that public disclosure will hurt their careers – although the Americans with Disabilities Act (ADA) prohibits discrimination in employment because of mental impairment.

People who are in danger of suicide often display warning signs. You may be in a good position to recognize such signs in your employees – even if they are trying to conceal their problems. You see your employees on a regular basis and know how they talk, act, behave, and react to stress in the workplace. You can recognize changes in their behavior, personality, or mood. Such changes may be the proverbial “cry for help.” Signs that a crisis is imminent can include:

- Talking about suicide or death
- Making statements like “I wish I were dead.” and “I'm going to end it all.”
- Less direct verbal cues, including “What's the point of living?” “Soon you won't have to worry about me” and “Who cares if I'm dead, anyway?”
- Uncharacteristically isolating themselves from others in the workplace
- Expressing feelings that life is meaningless or hopeless
- Giving away cherished possessions
- A sudden and unexplained improvement in mood after being depressed or withdrawn
- Neglect of appearance and hygiene
- Sudden unexplained deterioration of work performance or productivity

Responding to the Warning Signs

You should respond to warning signs that a fellow employee may be thinking of suicide. If you are comfortable speaking with this person, you should ask the difficult questions that can help you understand that person's state-of-mind and intentions. Don't be afraid to approach the issue directly and just ask: "Are you thinking of killing yourself?" or "Do you feel like you want to die?" If their response gives you any indication that they have been considering suicide or having suicidal thoughts, ask them to find help immediately. Offer to accompany them to your company's employee assistance program (EAP) and make an appointment with a counselor. If your company does not have an EAP, offer to help them find another source of mental health counseling. You can also suggest that they call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). The Lifeline provides crisis counseling and referrals 24 hours a day, seven days a week.

Some of your fellow employees may be your personal friends. You may maintain a more professional relationship with others. And some of your work relationships may be strained or even antagonistic. If your relationship with a fellow employee who may be thinking about suicide is such that you do not feel he or she will talk to you about the issues, express your concern to someone else – perhaps another employee who is friendly with that person or a member of the human resources department or EAP (if you have one). But you cannot delegate or assign responsibility to fellow employees to help one another with emotional issues. If you think a person is in immediate danger, do not leave him or her alone until you have found help. This may require mobilizing other employees or the person's friends or family. If a crisis seems imminent, accompany your employee to an emergency room or community mental health center. If your employee is unwilling to seek help or is uncooperative or combative, call 911 or 1-800-273-TALK (8255). Tell the dispatcher that you are concerned that the person with you "is a danger to themselves," or "they cannot take care of themselves." These phrases will alert the dispatcher that there is an immediate threat. Do not hesitate to make such a call if you suspect someone may be on the verge of harming him or herself.

Seeking Professional Help

The emotional problems associated with suicide – including depression, bipolar disorder, and the abuse of alcohol and other drugs – are difficult conditions requiring professional intervention. One of the most important things you can do for a fellow employee who may be considering suicide is help him or her find professional help. This may require overcoming his or her reluctance to go to a mental health professional. Larger companies which have access to a human resources department or an employee assistance program have an advantage in locating such help. You do have some control over the work environment. If your fellow employee tells you that conditions in the workplace – perhaps stress or conflicts with other employees – are contributing to their depression or suicidal feelings, take action to fix this problem or relieve this stress -without violating the employees' right of confidentiality regarding his or her mental condition.

If A Suicide Happens

The suicide of an employee – even if it does not occur on the job – can have a profound emotional effect on the workplace. Owners, managers, and co-workers may struggle with guilt and unanswered questions. Some people may experience depression or suicidal thoughts after such an experience. Many EAPs or private mental health professionals offer grief counseling or “postvention” services for these situations.

It Is Vital That Employers and Employees 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

<u>Quantity</u>	<u>Toolkit</u>
	Clergy
	College Students
	First Responders
	Foster Parents
	Funeral Directors
	Law Enforcement
	Mental Health Issues
	Military Veterans
	Nurses
	Primary Care Providers
	Senior Living Communities
	Survivors of Suicide
	Teachers & Youth Leaders
	Teenagers and High Schoolers
	The Media
	The Workplace

Send toolkits to:

Name _____ Address _____

City _____ State _____ Zip _____

email address _____

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

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

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