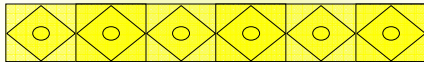


Suicidal Behavior

1. Previous suicide attempts, "mini-attempts".
2. Explicit statements of suicidal ideation or feelings.
3. Development of suicide plan, acquiring the means, "rehearsal" behavior, setting a time for the attempt.
4. Self-inflicted injuries, such as cuts, burns, or head banging.
5. Reckless behavior. (Besides suicide, other leading causes of death among young people nationally are homicide, accidents, drug overdose, and AIDS.) Unexplained accidents among children and the elderly.
6. Making out a will or giving away favorite possessions.
7. Inappropriately saying goodbye. Verbal behavior that is ambiguous or indirect: "I'm going away on a real long trip.", "You won't have to worry about me anymore.", "I want to go to sleep and never wake up.", "I'm so depressed, I just can't go on.", "Does God punish suicides?", "Voices are telling me to do bad things.", requests for euthanasia information, inappropriate joking, stories or essays on morbid themes.

A WARNING ABOUT WARNING SIGNS - The majority of the population at any one time does not have many of the warning signs and has a lower suicide risk rate. But a lower rate in a larger population is still a lot of people - and many completed suicides had only a few of the conditions listed above. In a one person to another person situation, all indications of suicidality need to be taken seriously.



Crisis intervention hotlines that accept calls from the suicidal, or anyone who wishes to discuss a problem, are:

♥ **National Suicide Prevention Lifeline**

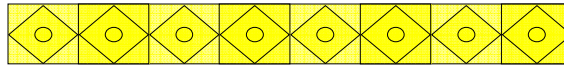
800-273-TALK (8255)

♥ **Ventura County Adult Crisis Team**
866 998-2243

♥ **Ventura County Children's Crisis Team (CIRT) 866 431 2478**

♥ **911 (Request a Crisis Intervention Team Officer)**


♥ **211 in some areas**



Helping a Suicidal Person



www.yellowribbon.org



This RIBBON IS A LIFELINE!

It carries the message that there are those who care and will help! If you, or a friend, are in need and don't know how to ask for help, take this card to a counselor, teacher, clergy, doctor, parent or friend and say:

"I Need to Use My Yellow Ribbon"

Handling a Phone Call From a Suicidal Person

1. **Be yourself.** "The right words" are unimportant. If you are concerned, your voice and manner will show it.
2. **Listen.** Let the person unload despair, ventilate anger. If given an opportunity to do this, he or she will feel better by the end of the call. No matter how negative the call seems, the fact that it exists is a positive sign, a cry for help.
3. **Be sympathetic, non-judgmental, patient, calm, accepting.** The caller has done the right thing by getting in touch with another person.
4. If the caller is saying "I'm so depressed, I can't go on," ask **The Question: "Are you having thoughts of suicide?"** You are not putting ideas in his head, you are doing a good thing for him. You are showing him that you are concerned, that you take him seriously, that it is OK for him to share his pain with you.
5. If the answer is yes, you can begin asking a series of further questions: Have you thought about how you would do it (PLAN); Have you got what you need (MEANS); Have you thought about when you would do it (TIME SET). 95% of all suicidal callers will answer no at some point in this series or indicate that the time is set for some date in the future. This will be a relief for both of you.
6. Simply talking about their problems for a length of time will give suicidal people relief from loneliness and pent up feelings, awareness that another person cares, and a feeling of being understood. They also get tired -- their body chemistry changes. These things take the edge off their agitated state and help them get through a bad night.
7. **Avoid arguments, problem solving, advice giving, quick referrals, belittling** and making the caller feel that has to justify his suicidal feelings. It is not how bad the problem is, but how badly it's hurting the person who has it.
8. If the person is **ingesting drugs, get the details**

(what, how much, alcohol, other medications, last meal, general health) and call Poison Control. A shift partner can call while you continue to talk to the person, or you can get the caller's permission and do it yourself on another phone while the caller listens to your side of the conversation. If Poison Control recommends immediate medical assistance, ask if the caller has a nearby relative, friend, or neighbor who can assist with transportation or the ambulance. In a few cases the person will initially refuse needed medical assistance. Remember that the call is still a cry for help and stay with him in a sympathetic and non-judgmental way. **Ask for his address and phone number in case he changes his mind.** (Call the number to make sure it's busy.) If your organization does not trace calls, be sure to tell him that.

9. **Do not go it alone.** Get help during the call and debrief afterwards. Your caller may be concerned about someone else who is suicidal. Just listen, reassure him that he is doing the right thing by taking the situation seriously, and sympathize with his stressful situation. With some support, many third parties will work out reasonable courses of action on their own. In the rare case where the third party is really a first party, just listening will enable you to move toward his problems. You can ask, "Have you ever been in a situation where you had thoughts of suicide?"

The most important pain-coping resource is the help of a trained mental health professional. A person who feels suicidal should get help, and get it sooner rather than later.

www.healthyplace.com

Myths & Misunderstandings about Suicide

Take it seriously - **Myth:** “The people who talk about it don’t do it.” Studies have found that more than 75% of all completed suicides did things in the few weeks or months prior to their deaths to indicate to others that they were in deep despair. Anyone expressing suicidal feelings needs immediate attention.



Myth: “Anyone who tries to kill himself has got to be crazy.” Perhaps 10% of all suicidal people are psychotic or have delusional beliefs about reality. Most suicidal people suffer from the recognized mental illness of depression; but many depressed people adequately manage their daily affairs. The absence of “craziness” does not mean the absence of suicide risk.

“Those problems weren’t enough to commit suicide over,” is often said by people who knew a completed suicide. You cannot assume that because you feel something is not worth being suicidal about, that the person you are with feels the same way. It is not how bad the problem is, but how badly it’s hurting the person who has it.

Remember: suicidal behavior is a cry for help

Myth: “If a someone is going to kill himself, nothing can stop him.” The fact that a person is still alive is sufficient proof that part of him wants to remain alive. The suicidal person is ambivalent - part of him wants to live and part of him wants not so much death as he wants the pain to end. It is the part that

wants to live that tells another “I feel suicidal.” If a suicidal person turns to you it is likely that he believes that you are more caring, more informed about coping with misfortune, and more willing to protect his confidentiality.

No matter how negative the manner and content of his talk, he is doing a positive thing and has a positive view of you. Be willing to give and get help sooner rather than later - Suicide prevention is not a last minute activity. All textbooks on depression say it should be reached as soon as possible.

Unfortunately, suicidal people are afraid that trying to get help may bring them more pain: being told they are stupid, foolish, sinful, or manipulative; rejection; punishment; suspension from school or job; written records of their condition; or involuntary commitment. You need to do everything you can to reduce pain, rather than increase or prolong it. Constructively involving yourself on the side of life as early as possible will reduce the risk of suicide.



Listen - Give the person every opportunity to unburden his troubles and ventilate his feelings. You don’t need to say much and there are no magic words. If you are concerned, your voice and manner will show it. Give him relief from being alone with his pain; let him know you are glad he turned to you. Patience, sympathy, acceptance. Avoid arguments and advice giving.

ASK “Are you having thoughts of suicide?” - Myth: “Talking about it may give someone the idea.” People already have the idea; suicide is constantly in the news media. If you ask a despairing person this question you are doing a good thing for them: you are showing him that you care about him, that you take him seriously, and that you are willing to let him share his pain

with you. You are giving him further opportunity to discharge pent up and painful feelings. If the person is having thoughts of suicide, find out how far along his ideation has progressed. If the person is acutely suicidal, **do not leave him alone** - If the means are present, try to get rid of them. Detoxify the home.

Urge professional help - Persistence and patience may be needed to seek, engage and continue with as many options as possible. In any referral situation, let the person know you care and want to maintain contact.

No secrets - It is the part of the person that is afraid of more pain that says “Don’t tell anyone.” It is the part that wants to stay alive that tells you about it. Respond to that part of the person and persistently seek out a mature and



compassionate person with whom you can review the situation. (You can get outside help and still protect the person from pain causing breaches of privacy.) **Do not try to go it alone.** Get help for the person and for yourself. Distributing the anxieties and responsibilities of suicide prevention makes it easier and much more effective.

From crisis to recovery - Most people have suicidal thoughts or feelings at some point in their lives; yet less than 2% of all deaths are suicides. Nearly all suicidal people suffer from conditions that will pass with time or with the assistance of a recovery program. There are hundreds of modest steps we can take to improve our response to the suicidal and to make it easier for them to seek help. Taking these modest steps can save many lives and reduce a great deal of human suffering than later.

www.healthyplace.com

Warning Signs of Suicide

Conditions associated with increased risk of suicide:

1. Death or terminal illness of relative or friend.
2. Divorce, separation, broken relationship, stress on family.
3. Loss of health (real or imaginary).
4. Loss of job, home, money, status, self-esteem, personal security.
5. Alcohol or drug abuse.

Depression: In the young, depression may be masked by hyperactivity or acting out behavior.

In the elderly it may be incorrectly attributed to the natural effects of aging. Depression that seems to quickly disappear for no apparent reason is cause for concern.

The early stages of recovery from depression can be a high risk period. Recent studies have associated anxiety disorders with increased risk for attempted suicide.

BE A LINK! - SAVE A LIFE!

If you have received this Card, it is a cry for help

• Stay with this person, you are their lifeline!
Listen, really listen. Take them seriously!

• Get or call help immediately:
Children’s Crisis Team (CIRT) 866-431-2478
Adult Crisis Team 866 998-2243
911 (Request a CIT officer, Crisis Intervention Trained)