

TOP 5 WAYS YOU CAN HELP A SUICIDAL PERSON!

1. Take It Seriously...

Even if it sounds like a joke, seek immediate help for the person because it may be a real thought. **Call a hotline, tell a teacher or your pastor!**

2. Remember, Suicidal Behavior Is A Cry For Help...

The issue is always deeper than you may really know or understand.

3. Be Willing To Give Help Soon Rather Than Later...

Putting it off can allow the issue to grow and impose more of a threat.

4. No Secrets...

Don't be afraid you will get the individual into trouble; **you can help save a life!**

5. Urge Professional Help...

Tell the person to call the national anonymous hotlines listed in this brochure. Write these #'s down and keep them handy for your friends! You may not always be able to give the help a suicidal person may need.

Need Help...Get It Now!

If you or someone you know is having suicidal thoughts, these **ANONYMOUS** hotlines are available:

- U.S Dept. Of Human Services
1-800-273-TALK (8255)
24 Hours A Day / 7 Days A Week
1-800-999-9999
1-800-SUICIDE (800-784-2433)

MYTHS:

• The People Who Talk About It Don't Do It...

Studies have found that more than 75% of all successful suicides' behavior in the few weeks or months prior to their deaths indicated to others that they were in despair.

• Talking About It May Give Someone The Idea...

People already have the idea. There are usually a series of events leading up to one contemplating the idea.

• Anyone Who Tries To Kill Himself Has Got To Be Crazy... Not True!

People with mental disease only make up 10% of the suicidal population. Many people who commit suicide had gone about their lives regularly.

• If Someone Is Going To Kill Himself, Nothing Can Be Done To Stop Them...Not True!

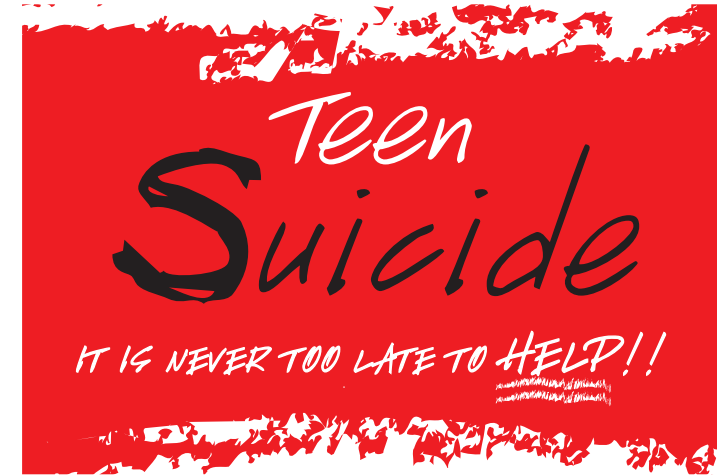
If they are still alive, there is ALWAYS time to help.

Other Sources You Should Visit:

- American Association Of Suicidology
www.suicidology.org
- Metanoia
www.metanoia.org
- National Institute Of Mental Health
www.nimh.nih.gov



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Suicide

IS NOT CHOSEN

**It happens when
pain exceeds resources
for coping with pain.**

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 one person, may not be bearable to another. The point at which the pain becomes unbearable depends on what kinds of coping resources one has. Individuals vary greatly in their capacity to withstand pain.

RISK FACTORS:

- Bullying.
- Child abuse and neglect.
- Alcohol or drug abuse.
- Stressful life event.
- Exposure to the suicidal behavior of others.
- History of depression or other mental illness
- Family history of suicide.

THE FACTS:

- Research shows that childhood violence is a risk factor for suicide in young people.
- Research shows that in the United States, female high school students were more likely to report having considered, planned and attempted suicide.
- Most youth suicide attempts stem from interpersonal conflicts. As a parent or friend, one may begin to see some of these conflicts, especially through change in behavioral patterns, such as loss of interest in activities, sudden difficulty in school and talking about feeling hopeless or guilty.
- Mood/personality changes that may come on QUICKLY.
- Child abuse has been found to be associated with suicide attempts and suicide ideation.
- Firearms account for 47% of all suicides. If they are kept in the home, they should never be in reach of the child or shown where they are stored.



WARNING SIGNS:

People who knew someone who committed suicide often knew of their thoughts to do so prior to the event, but never took it seriously or knew how to help.

- Increased substance (alcohol or drug) use.
- No reason for living; no sense of purpose in life.
- Anxiety, agitation, unable to sleep or sleeping all the time.
- Feeling trapped - like there's no way out.
- Hopelessness.
- Withdrawal from friends, family and society.
- Rage, uncontrolled anger, seeking revenge.
- Acting reckless or engaging in risky activities, seemingly without thinking.
- Dramatic mood changes.
- Threatening to hurt or kill him or 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.