



Suicide Prevention program

(Latin suicidium, from sui caedere, to kill oneself) is the act of terminating one's own life. Many dictionaries also note the metaphorical sense of "willful destruction of one's self-interest". Suicide may occur for a number of reasons, including depression, shame, guilt, desperation, physical pain, pressure, anxiety, financial difficulties, or other undesirable situations. The World Health Organization noted that someone commits suicide every 40 seconds thus making

it one of the leading causes of death in the world. There are an estimated 10 to 20 million non-fatal attempted suicides every year.

WIKIPEDIA

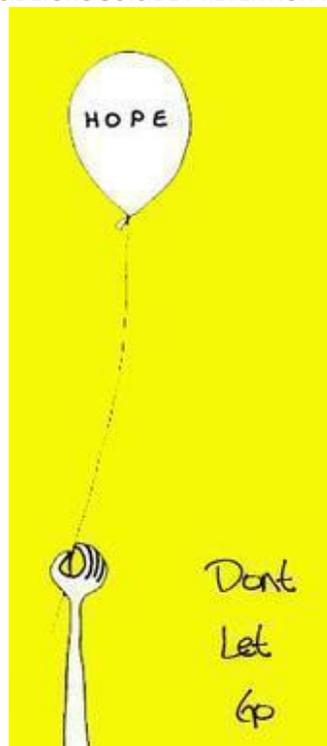
*SUICIDE IS NOT CHOSEN; IT HAPPENS
WHEN PAIN EXCEEDS
RESOURCES FOR COPING WITH PAIN.*

Suicide Prevention Program is Free and easy to implement.

(Based in the model from Suicide.org)

IT CAN BE USED FOR SCHOOLS, GROUPS, ORGANIZATIONS, POLICE DEPARTMENTS, FIRE DEPARTMENTS, THE MILITARY, ETC.

SO ANY GROUP OR ORGANIZATION OF ANY KIND THAT CAN BENEFIT FROM A SUICIDE PREVENTION PROGRAM CAN USE THE FREE SUICIDE.ORG SUICIDE PREVENTION PROGRAM.



HELPING A FRIEND

Did you know that 70% of people who die by suicide tell a loved one or show warning signs?

If you notice any signs in someone you care about, you are in a position to help, and need to take that responsibility seriously. It's important that you ACT now, just as you would to any medical emergency that your friend was facing. Because suicide is so often linked with mental illness, your friend may not be able to get the help he or she needs without you. Here's how to ACT to help a friend, co-worker or loved one that you are concerned about:

Acknowledge:

- * Take it seriously. Warning signs must be taken seriously, especially since most people who die by suicide do show warning signs before their death.
- * Be willing to listen. Even if professional help is needed, your loved one will be more willing to seek help if you have listened to him or her.

Care:

- * Voice your concern. Take the initiative to ask what is troubling your loved one, and attempt to overcome any reluctance on their part to talk about it.
- * Let the person know you care and understand. Reassure them that they are not alone. Explain that even if it seems hard to believe right now, suicidal feelings-although powerful-are only temporary, and that the usual cause (depression) can be treated.
- * Ask if the person has a specific plan. Ask if a suicide plan exists, and if so, how far has he or she gone in carrying it out? (Please note: asking about suicide does not cause a person to think about suicide. This is a myth!)

Treatment:

- * Get professional help immediately. You can find resources in your area by going to:

Mental Health Services <http://mentalhealth.samhsa.gov/databases/>

Psychologists <http://locator.apa.org/>

Psychiatrists <http://www.healthyminds.org/locatepsychiatrist.cfm>

- * If the person seems unwilling to accept treatment, call 1.800.273.TALK (8255) or a local emergency room for resources and advice.

- * If the person seems willing to accept treatment, do one of the following...

BRING HIM OR HER TO A LOCAL EMERGENCY ROOM OR COMMUNITY MENTAL HEALTH CENTER.

YOUR FRIEND WILL BE MORE LIKELY TO SEEK HELP IF YOU ACCOMPANY HIM OR HER.

CONTACT HIS OR HER PRIMARY CARE PHYSICIAN OR MENTAL HEALTH PROVIDER.



Suicide Warning Signs

Recognize the Signs of Depression and Possible Suicide Risk

- * Talking about Dying -- any mention of dying, disappearing, jumping, shooting oneself, or other types of self harm.
- * Recent Loss -- through death, divorce, separation, broken relationship, loss of job, money, status, self-confidence, self-esteem, loss of religious faith, loss of interest in friends, sex, hobbies, activities previously enjoyed
- * Change in Personality -- sad, withdrawn, irritable, anxious, tired, indecisive, and apathetic
- * Change in Behavior -- can't concentrate on school, work, routine tasks
- * Change in Sleep Patterns -- insomnia, often with early waking or oversleeping, nightmares
- * Change in Eating Habits -- loss of appetite and weight, or overeating
- * Diminished Sexual Interest -- impotence, menstrual abnormalities (often missed periods)
- * Fear of losing control -- going crazy, harming self or others
- * Low self esteem -- feeling worthless, shame, overwhelming guilt, self-hatred, "everyone would be better off without me"

* No hope for the future -- believing things will ever get better; that nothing will ever change

- Appearing depressed or sad most of the time.
(Untreated depression is the number one cause for suicide.)

- Feeling hopeless.
- Expressing hopelessness.
- Withdrawing from family and friends.
 - Sleeping too much or too little.
 - Feeling tired most of the time.
- Gaining or losing a significant amount of weight.
 - Making statements such as these:
 - "I can't go on any longer."
 - "I hate this life."
 - "There's no point to this stupid life."
 - "Everyone would be better off without me."
 - "Life is not worth living."
 - "Nothing matters anymore."
 - "I don't care about anything anymore."
 - "I want to die."
 - --And any mention of suicide--

- Writing notes or poems about suicide or death.
 - Acting compulsively.
 - Losing interest in most activities.
 - Giving away prized possessions.
 - Writing a will.
 - No sense of humor.
 - Facing a perceived "humiliating" situation.
 - Facing a perceived "failure."
 - Feeling excessive guilt or shame.
 - Acting irrationally.
 - Being preoccupied with death or dying.
 - Behaving recklessly.
 - Irritability
 - Frequently complaining about headaches, stomachaches, etc.
 - Neglecting personal appearance.
 - A dramatic change in personal appearance.
 - A dramatic change in personality.
 - Performing poorly at work or in school.
 - Abusing alcohol or drugs.
 - Inability to concentrate
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Other things to watch for- Suicidal impulses, statements, plans; giving away favorite things; previous suicide attempts, substance abuse, making out wills, arranging for the care of pets, extravagant spending, agitation, hyperactivity, restlessness or lethargy

Untreated depression is the number one cause for suicide.

Untreated mental illness (including depression, bipolar disorder, schizophrenia, and others) is the cause for the vast majority of suicides.

Also, some people are genetically predisposed to depression, and thus they may not appear to be undergoing any negative life experiences, yet still become depressed, and may die by suicide.

So, some people die by suicide because of a depression that was caused by genetics. You probably have heard about some individuals who died by suicide and did not exhibit any symptoms or appear to have any serious problems. In these cases, it is possible that the person had depression that occurred because of this genetic factor.

It is very rare that someone dies by suicide because of one cause. Thus, there are usually several causes, and not just one, for suicide.

Many people die by suicide because depression is triggered by several negative life experiences, and the person does not receive treatment – or does not receive effective treatment – for the depression. (Some people need to go through several treatments until they find one that works for them.)

Some of the negative life experiences that may cause depression, and some other causes for depression, include:

- * The death of a loved one.
- * A divorce, separation, or breakup of a relationship.
- * Losing custody of children, or feeling that a child custody decision is not fair.
- * A serious loss, such as a loss of a job, house, or money.
 - * A serious illness.
 - * A terminal illness.

- * A serious accident.
- * Chronic physical pain.
- * Intense emotional pain.
 - * Loss of hope.
- * Being victimized (domestic violence, rape, assault, etc.).
- * A loved one being victimized (child murder, child molestation, kidnapping, murder, rape, assault, etc.).
 - * Physical abuse.
 - * Verbal abuse.
 - * Sexual abuse.
 - * Unresolved abuse (of any kind) from the past.
- * Feeling "trapped" in a situation perceived as negative.
 - * Feeling that things will never "get better."
 - * Feeling helpless.
- * Serious legal problems, such as criminal prosecution or incarceration.
 - * Feeling "taken advantage of."
- * Inability to deal with a perceived "humiliating" situation.
 - * Inability to deal with a perceived "failure."
 - * Alcohol abuse.
 - * Drug abuse.
- * A feeling of not being accepted by family, friends, or society.
 - * A horrible disappointment.
- * Feeling like one has not lived up to his or her high expectations or those of another.
 - * Bullying. (Adults, as well as children, can be bullied.)
 - * Low self-esteem.

Again, the above causes may trigger depression, and untreated depression is the number one cause for suicide.

When You Fear Someone May Take Their Life

MOST SUICIDES GIVE SOME WARNING OF THEIR INTENTIONS. THE MOST EFFECTIVE WAY TO PREVENT A FRIEND OR LOVED ONE FROM TAKING THEIR LIFE IS TO RECOGNIZE WHEN SOMEONE IS AT RISK, TAKE THE WARNING SIGNS SERIOUSLY AND KNOW HOW TO RESPOND.

THE DEPRESSION AND EMOTIONAL CRISES THAT SO OFTEN PRECEDE SUICIDES ARE -- IN MOST CASES -- BOTH RECOGNIZABLE AND TREATABLE.

Take It Seriously

- Seventy-five percent of all suicides give some warning of their intentions to a friend or family member.
- All suicide threats and attempts must be taken seriously.

Be Willing to Listen

- Take the initiative to ask what is troubling them and persist to overcome any reluctance to talk about it.
- If professional help is indicated, the person you care about is more apt to follow such a recommendation if you have listened to him or her.
- If your friend or loved one is depressed, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method in mind.
- Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand that he or she is not alone, that suicidal feelings are temporary, that depression can be treated and that problems can be solved. Avoid the temptation to say, "You have so much to live for," or "Your suicide will hurt your family."

Seek Professional Help

- Be actively involved in encouraging the person to see a physician or mental health professional immediately. Individuals contemplating suicide often don't believe they can be helped, so you may have to do more. For example, a suicidal college student resisted seeing a psychiatrist until his roommate offered to accompany him on the visit. A 17-year-old accompanied her younger sister to a psychiatrist because her parents refused to become involved.
- You can make a difference by helping the person in need of help find a knowledgeable mental health professional or reputable treatment facility.

In an Acute Crisis

- In an acute crisis, take your friend or loved one to an emergency room or walk-in clinic at a psychiatric hospital.
- Do not leave them alone until help is available.
- Remove from the vicinity any firearms, drugs or sharp objects that could be used in a suicide attempt.
- Hospitalization may be indicated and may be necessary at least until the crisis abates.
- If a psychiatric facility is unavailable, go to your nearest hospital or clinic.
- If the above options are unavailable, call your local emergency number or the [National Suicide Prevention Lifeline](#) at 1-800-273-TALK.

Follow-up on Treatment

- Suicidal patients are often hesitant to seek help and may run away or avoid it after an initial contact unless there is support for their continuing.

If medication is prescribed, take an active role to make sure they are taking the medication and be sure to notify the physician about any unexpected side effects. Often, alternative medications can be prescribed.

Suicide FAQ

What is the number one cause for suicide?

Untreated depression.

Why do people die by suicide?

Because they are in intense pain and they want the pain to stop.

I feel suicidal. What should I do?

Get help immediately. Go to the [home page](#) of this website and take action.

How many people die by suicide each year in the U.S.?

Approximately 30,000.

How many people attempt suicide each year in the U.S.?

Approximately 750,000.

Is it true that more people die by suicide than by homicide?

Yes. More people die by suicide than by homicide.

Do most people who attempt suicide actually die by suicide?

No. It is estimated that 1 person out of 25 who attempt suicide die by suicide.

If I have thoughts of suicide am I abnormal?

No. Thoughts of suicide are extremely common. But if you have thoughts of suicide you should seek treatment immediately.

If I think about suicide does that mean that I will die by suicide?

No. The vast majority of people who think about suicide do not attempt suicide or die by suicide.

Are people that die by suicide weak?

No. Most people who die by suicide are very strong, but they have untreated depression.

Do young people ever die by suicide?

Yes. Suicide is the third leading cause of death for those aged 15 to 24.

Do children die by suicide?

Yes. Some children under the age of 10 die by suicide.

Does suicide make pain go away?

No. suicide compounds pain exponentially. All of the suicide survivors feel excruciating pain. And the person who died by suicide can no longer feels, and thus there is no relief from pain.

Does suicide solve problems?

No. Suicide causes many problems and never solves any of them.

I want to die by suicide. Which method should I use?

You shouldn't use any method. You should not die by suicide. Period. You need to get help if you are suicidal. Make appointments with a doctor and a therapist immediately.

Do some people who attempt suicide end up brain damaged?

Yes. Many people who attempt suicide permanently damage their brains and oftentimes remain in a care facility for the rest of their lives.

My school does not have a suicide prevention program. Can you help us?

Yes. I have prepared a school prevention program that uses pages from this website. And there is no charge. Please visit the [Free Suicide Prevention Program for Schools](#) page for more information. All schools should implement a suicide prevention program.

I know someone who is suicidal. What should I do?

Get help for them immediately. Call 911 or call 1-800-SUICIDE.

I feel depressed and suicidal. Can I treat myself?

No. You need professional treatment. Never try to treat yourself for depression or suicidal thoughts. Make appointments with a doctor and a therapist immediately.

I'm depressed and suicidal but I don't want to take antidepressants. Do I really need to take them?

Your doctor or psychiatrist will need to make that decision with you. Taking medicine for depression is no different than taking medicine for any other illness.

How to Help a Suicidal Person

by Kevin Caruso

If the suicidal person needs to be hospitalized (or is hospitalized),

- **Always take suicidal comments very seriously.** When a person says that he or she is thinking about suicide, you must always take the comments seriously. Assuming that the person is only seeking attention is a very serious, and potentially disastrous, error. Get help immediately.
- **Follow the information that is on the [home page of Suicide.org](http://www.suicide.org).** Feel free to view the home page of this site and to use it to help you. Dealing with a person who is suicidal is not easy, so following what is on the home page of Suicide.org can help you. And **always remember that you need to call 911 or your local emergency number immediately for anyone who is at a high risk for suicide.** Do not hesitate.
- **Try not to act shocked.** The person is already highly distressed, and if you are shocked by what is said, the person will become more distressed. Stay calm, and talk with him or her in a matter-of-fact manner, but get help immediately. If the person is at a high risk for suicide, call 911 immediately.
- **Get help immediately. Call 911, 1-800-SUICIDE, or 1-800-273-TALK.** This point cannot be overemphasized; a person who is suicidal needs immediate professional help.
- **Do not handle the situation by yourself.** A suicidal person needs immediate assistance from qualified mental health professionals. Again, call 911, 1-800-SUICIDE, or 1-800-273-TALK. And do not allow untrained individuals to act as the only counselors to the individual.

While you are waiting for help to arrive (or if there is no emergency):

- **Listen attentively to everything that the person has to say.** Let the person talk as much as he or she wants to. Listen closely so that you can be as supportive as possible, and learn as much as possible about what is causing the suicidal feelings.
- **Comfort the person with words of encouragement.** Use common sense to offer words of support. Remember that intense emotional pain can be overwhelming, so be as gentle and

- caring as possible. There is no script to use in situations like these, because each person and each situation is different. Listen carefully, and offer encouraging words when appropriate.
- **Let the person know that you are deeply concerned.** Tell the person that you are concerned, and show them that you are concerned. A suicidal person is highly vulnerable and needs to feel that concern.
 - **If the person is at a high risk of suicide, do not leave him or her alone.** Do not leave a critically suicidal person alone for even a second. Only after you get professional help for the person can you consider leaving him or her.
 - **Talk openly about suicide.**

Ask the person, "Are you feeling so bad that you are thinking about suicide?"

If the answer is yes, ask, "Have you thought about how you would do it?"

If the answer is yes, ask, "Do you have what you need to do it?"

If the answer is yes, ask, "Have you thought about when you would do it?"

Here are those four important questions in abbreviated form:

1. Suicidal?
2. Method?
3. Have what you need?
4. When?

YOU NEED TO KNOW AS MUCH AS POSSIBLE ABOUT WHAT IS GOING ON IN THE PERSON'S MIND. THE MORE PLANNING THAT SOMEONE HAS PUT INTO A SUICIDE, THE GREATER THE RISK. IF THE PERSON HAS A METHOD AND A TIME IN MIND, THE RISK IS EXTREMELY HIGH AND YOU CANNOT HESITATE TO CALL 911 AND ENSURE THAT PROFESSIONAL TREATMENT IS GIVEN.



- **If the person talks about using a firearm that he or she owns for suicide, call the police so they may remove the firearm(s).** Firearms are used in the majority of suicides, and those who use a

firearm usually do not survive. It is thus an emergency that needs to be handled by the police immediately.

- **Don't be judgmental.** Do not invalidate anything that the person says or feels. The person is probably suffering from a chemical imbalance in the brain, and thus could not possibly think clearly. Be supportive and caring, not judgmental, but get help immediately.
- **Be careful of the statements that you make.** You do not want to make the person feel any worse than he or she already does. Again, the person is probably suffering from a chemical imbalance in the brain and is thus extremely sensitive.
- **Listen, listen, and listen. Be gentle, kind, and understanding.** Again, allow the person to talk as much as he or she wants. Always listen very attentively, and encourage him or her to talk more. Be as gentle, kind, and understanding as possible.
- **Let the person express emotion in the way that he or she wants.** Allow the person to cry, yell, swear and do what is necessary to release the emotion. However, do not allow the person to become violent or harm himself or herself.
- **Again, use the [home page of Suicide.org](http://www.suicide.org) to help the person.** Make a copy of it and give it to him or her. This will not only help the person now, but also in the future when he or she needs help. You can also make copies of any of the pages of the Suicide.org site that you think will help the person, and give them to him or her. (There is no charge for distributing copies of pages of this site in print media, not on the Internet, for noncommercial, nonprofit use.)
- **After the person has received help and is no longer critically suicidal, help the person make an appointment with a medical doctor and a therapist.** If the person has not yet seen a medical doctor or a therapist, help him or her make the appointments. Suicidal feelings need to be dealt with on a professional level. Only trained professions should assume the care for the person. This is very important. Do not try to help the person by yourself. Make sure that the person is seen by a medical doctor and a therapist.
- **Before you leave the person, make sure that he or she has received professional help from qualified mental health professionals or that the risk of suicide has dissipated.** You cannot leave the person until the risk of suicide is gone or he or she is in treatment. A person who is suicidal is at risk of suicide at any juncture. Ensure that all appropriate actions are taken to help the person before you leave.
- **When in doubt about what to do, call 911 immediately. Be safe.** A suicidal person needs professional help. Period. If you are not sure what to do, it is certainly better to err on the side of caution and get professional assistance immediately. Again, if you are not sure what to do, call 911.
- **If someone tells you that you need to keep his or her suicidal intentions a secret, then you never can keep that "secret."** Under no circumstances can you keep a "secret" that could cause someone's death. You are not violating a privileged communication; you are taking the steps necessary to prevent a suicide. That is an expression of love, caring, and deep concern, and is the only ethical choice in a situation as serious as this.
- **Follow up with the person on a regular basis to make sure that he or she is doing okay.** Suicidal feelings can come and go, so follow up to see how the person is. It is very important to show continued support. If the person becomes suicidal again, take immediate action to help him or her.



How to Help a Suicidal Person Who Needs Hospitalization

by Kevin Caruso

IF SOMEONE YOU KNOW NEEDS TO BE HOSPITALIZED BECAUSE THEY ARE SUICIDAL, YOU SHOULD TAKE SEVERAL STEPS TO ENSURE THEIR SAFETY.

First off, realize that just because someone is in a hospital does not mean that he or she cannot or will not die by suicide. Some hospitals are great, but others are horrible. And the staff will rotate throughout the day, so whoever is working there when you arrive will be gone in a matter of minutes or hours.

So be sure to accompany the person to the hospital and take a good look at the facility. Ask a lot of questions. Talk with the doctors and nurses who will be treating the person you are bringing in. Get specific information about what the doctors and nurses will do with respect to assessment and treatment. If you are not satisfied with the hospital or the staff, then go elsewhere.

After you ask all of the questions that you can think of, do not leave. Keep in mind that medication can take time to work, so stay with the person.

Ideally, you want to stay with the person for all of the available visiting hours throughout his or her entire stay in the hospital. And if you can't do that, get help from others. You want to monitor

everything that is going on, ask ongoing questions, report problems, and comfort the person that you are with.

I want to emphatically repeat that just because someone is in a hospital does not mean that he or she will not die by suicide. So, again, stay with the person as much as possible.

Anytime that something occurs that you do not understand or agree with, speak up. Demand that the person you are with receives the very best treatment 100% of the time.

Also, make sure that there are no objects that can be used as a method for suicide that the person can get a hold of. People who are highly suicidal can use virtually anything to try to harm themselves, so do not assume that the hospital is a safe environment. If you want something removed from the room, speak up, or remove it yourself.

Appreciate that working with a suicidal person can be draining on you, so try to set up a support system for yourself. If other people can come in and visit with the person, so you have a small group together, that can ease your burden, and also act as a support structure for you.

When the person is discharged, you will need to be particularly careful because many suicides occur shortly after discharge. Again, stay with the person as much as possible.

And make sure that all follow-up care is provided.

To summarize: Stay with the person as much as possible before, during, and after the hospital stay. Ask a lot of questions, and realize that just because a person is in a hospital does not mean that he or she cannot die by suicide.

How to Talk to Suicidal Callers

IF YOU EVER RECEIVE A PHONE CALL FROM SOMEONE WHO IS SUICIDAL, THERE ARE SEVERAL THINGS THAT YOU WILL WANT TO DO:

Listen attentively to everything that the caller says, and try to learn as much as possible about what the caller's problems are.

Allow the caller to cry, scream or swear. Suicidal feelings are very powerful, so let them come out.

Stay calm, and be supportive, sympathetic, and kind.

Do not be judgmental or invalidate the person's feelings. Let the caller express emotions without negative feedback.

After you have a good understanding of the caller's problems, summarize the problems back to him or her. This helps to preclude misunderstandings and demonstrates to the caller that you are being attentive.

Then ask the caller, "Are you feeling so bad that you are thinking about suicide?"

If the answer is yes, ask, "Have you thought about how you would do it?"

If the answer is yes, ask, "Do you have what you need to do it?"

If the answer is yes, ask, "Have you thought about when you would do it?"

Here are those four important questions in abbreviated form:

1. Suicidal?
2. Method?
3. Have what you need?
4. When?

The reason for asking these questions is to assess the level of risk of suicide for the caller. If the caller answers yes to three or four questions, the risk is very high, and immediate treatment is necessary. Try to get the individual to call 911 or go to an emergency room.

If the caller answered yes to one or two questions, try to determine if immediate treatment is necessary. If you deem that it is, try to get the individual to call 911 or go to an emergency room.

At a minimum, you should try to get the individual to see a therapist and a medical doctor as soon as possible. Gently explain that he or she probably has clinical depression or something similar and thus has a chemical imbalance in the brain, and that this is a very common condition, but definitely needs to be treated.

Only let the person go when you are sure that he or she is not in immediate danger of suicide. And, again, before you let the person go, emphasize that it is imperative that treatment is received. It is not an option, it is a requirement.



No-Suicide Contracts - What they are

and How You Should Use Them

NO-SUICIDE CONTRACTS GO BY MANY NAMES, INCLUDING THE FOLLOWING:

- No-suicide contracts
- No-suicide agreements
- No-suicide promises
- No-suicide commitments
- Suicide contracts
- Suicide agreements
- Suicide prevention contracts
- Suicide prevention agreements
- No-harm contracts
- No-harm agreements
- No-harm promises
- No-harm commitments

.and many more.

But regardless of what you choose to call them, no-suicide contracts can be useful tools in helping to prevent suicides.

Please note that no-suicide contracts are not legal documents; they are agreements that outline what a person needs to do if he or she becomes suicidal.

They have been used by clinicians in the U.S. since 1973, and are growing in popularity among family members and friends of individuals who are or have been suicidal.

The first and most important section of no-suicide contracts is the unequivocal agreement that the individual signing the contract will, under no circumstances, die by suicide. Then the next section lists names and phone numbers that an individual needs to call if he or she becomes suicidal.

No-suicide contracts also need to emphasize that the individual must call 911 or the local emergency number if he or she is in immediate danger of dying by suicide; and if the suicidal thoughts are relatively mild, then he or she will call 1-800-SUICIDE or any of the other listed numbers.

By the way, unlike traditional contracts which can be long, complex, and filled with abstruse legalese, no-suicide contracts need to be very short and easy to understand. Anything that is not necessary should not be put in the contract.

After the agreement has been completed, both parties sign and date the contract.

The objectives of no-suicide contracts include:

- 1) Establishing a mindset in which the individual realizes that it is never okay to die by suicide.
- 2) Giving the person a way to get help if he or she is suicidal -- most people are in deep emotional pain, very confused, and unsure of what to do when they are suicidal, so by writing down a list of things to do and people to contact, they will not have to "think things out" - the information will be right in front of them.

Anyone who has been (or is potentially) suicidal should sign a no-suicide contract with his clinician and with family or friends.

After the contract is signed, review the terms of the contract and make sure that there are no misunderstandings about what will be done if the individual becomes suicidal.

And, most importantly, make sure that the individual agrees that he or she will not die by suicide under any circumstances.

Lastly, ensure, that the no-suicide contract is kept in a secure place and is easy to find. So if the individual who signed it becomes suicidal, he or she will be able to easily find it.

I have used innumerable suicide contracts with suicidal individuals that I have assisted and I have found that they work very well. They certainly are not a panacea, but they are one more tool that can be used in the prevention of suicide.

Please note that a no-suicide contract is not a substitute for assessment and treatment. All suicidal individual should be professionally assessed and treated immediately. Again, a no-suicide contract is one additional tool that may be used in conjunction professional treatment.

And if the individual does not want to sign it or does not like the idea of a contract, then you can VERBALLY come to an agreement about what the person needs to do if he or she becomes suicidal. If you can write down a list of phone numbers together, then that certainly would be a positive step. Make sure that the person keeps the list of numbers in an accessible location.

Do not try to force anyone to sign a no-suicide contract, gently persuade the person by pointing out its importance -- it can help save his or her life.

Again, try to come to some type of an agreement about what the person will do if he or she is suicidal, and try to get the person to make a commitment that he or she will not die by suicide under any circumstances. Ideally, that will be done with a no-suicide contract; otherwise, try to get the phone numbers down on paper and reach a verbal understanding about what needs to be done when the person is suicidal.

Clinicians who use no-suicide contracts should be aware that they are not afforded impunity from civil action by the mere usage of the contracts. Thus the use of no-suicide contracts as an attempt to thwart liability by clinicians is not only patently unethical but also completely ineffectual.

And everyone should clearly understand that using a no-suicide contract in no way guarantees that an individual will not die by suicide.

Suicide.org offers a free no-suicide contract - all you need to do is print it and fill in the blanks.



SOMETIMES PEOPLE NEED ADDITIONAL PRIVATE HELP BEFORE THEY ARE READY TO TALK WITH SOMEONE IN PERSON. HERE ARE THREE BOOKS YOU COULD READ ON YOUR OWN IN PRIVATE. I KNOW FROM PERSONAL EXPERIENCE THAT EACH ONE HAS HELPED SOMEONE LIKE YOU.

- **Suicide: The Forever Decision** by Paul G. Quinnett, PhD (Continuum, 1989, \$8.95, ISBN 0-8264-0391-3). Frank and helpful conversation with a therapist who cares.
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- **Choosing to Live: how to defeat suicide through cognitive therapy** by Thomas E. Ellis PsyD and Cory F. Newman PhD (New Harbinger Publications, 1996, \$12.95, ISBN 1-57224-056-3). Another conversational book with practical help for suicidal persons.
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- **How I Stayed Alive When My Brain Was Trying to Kill Me: One Person's Guide to Suicide Prevention** by Susan Rose Blauner (William Morrow, 2002, \$17.47, ISBN 0066211212). A very practical survival guide by an actual survivor.
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- **Out of the Nightmare: Recovery From Depression And Suicidal Pain**, by David L. Conroy, PhD (Authors Choice Press, 2006, ISBN 0595414974). As if suicidal persons weren't feeling bad enough already, our thoughtless attitudes can cause them to feel guilt and shame, and keep them from getting help in time. Dr. Conroy blasts apart the myths of suicide, and looks at suicidal feelings from the inside, in a down to earth, non-judgmental way. This is a book that will save lives by washing away the stigma of suicide and opening the door to a real way out of the nightmare

Suicide Hotlines

Suicide Hotlines in the United States

Please click on your state below:

[Alabama Suicide Hotlines](#)

[Alaska Suicide Hotlines](#)

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[South Carolina Suicide Hotlines](#)

[South Dakota Suicide Hotlines](#)

[Tennessee Suicide Hotlines](#)

[Texas Suicide Hotlines](#)

[Utah Suicide Hotlines](#)

[Vermont Suicide Hotlines](#)

[Virginia Suicide Hotlines](#)

[Washington Suicide Hotlines](#)

[Washington D.C. Suicide Hotlines](#)

[West Virginia Suicide Hotlines](#)

[Wisconsin Suicide Hotlines](#)

[Wyoming Suicide Hotlines](#)

International Suicide Hotlines

International Suicide Hotlines (Outside of the United States)

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[Australia Suicide Hotlines](#)

[Austria Suicide Hotlines](#)

[Barbados Suicide Hotlines](#)

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[Botswana Suicide Hotlines](#)

[Brazil Suicide Hotlines](#)

[Canada Suicide Hotlines](#)

[China Suicide Hotlines](#)

[Croatia Suicide Hotlines](#)

[Cyprus Suicide Hotlines](#)

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[Fiji Suicide Hotlines](#)

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[Philippines Suicide Hotlines](#)

[Poland Suicide Hotlines](#)

[Portugal Suicide Hotlines](#)

[Russian Federation Suicide Hotlines](#)

[Somoa Suicide Hotlines](#)

[Serbia Suicide Hotlines](#)

[Singapore Suicide Hotlines](#)

[South Africa Suicide Hotlines](#)

[South Korea Suicide Hotlines](#)

[Spain Suicide Hotlines](#)

[Sri Lanka Suicide Hotlines](#)

[St. Vincent Suicide Hotlines](#)

[Sudan Suicide Hotlines](#)

[Sweden Suicide Hotlines](#)

[Switzerland Suicide Hotlines](#)

[Taiwan Suicide Hotlines](#)

[Thailand Suicide Hotlines](#)

[Tobago Suicide Hotlines](#)

[Tonga Suicide Hotlines](#)

[Trinidad and Tobago Suicide Hotlines](#)

[Turkey Suicide Hotlines](#)

[Ukraine Suicide Hotlines](#)

[United Kingdom Suicide Hotlines](#)

[Zimbabwe Suicide Hotlines](#)



Resources:

[alt.suicide.holiday](#)

A newsgroup on general discussion of suicide & techniques.

[Preview Website](#) - 27-Feb-2000 - Hits: 1709 - [Rate This](#) | [Details](#)

[Befrienders Worldwide](#)

We work worldwide to provide emotional support, and reduce suicide. We listen to people who are in distress. We don't judge them or tell them what to do - we listen.

[Preview Website](#) - 8-Oct-2006 - Hits: 125 - [Rate This](#) | [Details](#)

[End All the Pain](#)

This site provides an interactive and encouraging place where you can discover how to overcome whatever you are struggling with by helping you understand and come to the root of

the problem. You will then be able to go forward, living the life intended for you! Offering awareness, information and support, the topics covered on this site include abuse, rape, self-injury, anorexia, bulimia, general mental disorders and more.

[Preview Website](#) - 30-Jan-2004 - Hits: 723 - [Rate This](#) | [Details](#)

[Friends & Families of Suicides](#)

We are a support group for friends and family members of suicide victims. Together we will walk the journey to healing after the loss of our loved one's. Sharing our experiences and feelings in an attempt to help each other and offering hope.

[Preview Website](#) - 19-Jun-2003 - Hits: 1063 - [Rate This](#) | [Details](#)

[Hope for Suicide Attempters](#)

This group is for those who have attempted suicide and for self-injurers. We are offering hope and friendship as a tool to prevent future attempts.

[Preview Website](#) - 19-Jun-2003 - Hits: 610 - [Rate This](#) | [Details](#)

[Lifeline](#)

This is an open list for all who are in the middle of a life-and-death crisis --To subscribe to this mailing list, you will need to compose a short email. Click on the link above and enter this text into the body of your email message (leave the subject line blank): **subscribe lifeline**

Mailing list: <mailto:zipmail@bellsouth.net> - 20-Feb-2000 - Hits: 231 - [Rate This](#) | [Details](#)

[National Alliance of Mentally Ill, Essex County](#)

NAMI and IFSS have teamed up to bring you a comprehensive list of resources, advocacy topics, events, and support groups in Essex County, New Jersey.

[Preview Website](#) - 1-Apr-2008 - Hits: 163 - [Rate This](#) | [Details](#)

[Parents of Suicides](#)

We are a support group exclusive to parents who have lost a child to suicide. Together, sharing our experiences, we will walk the journey to healing together while offering hope.

[Preview Website](#) - 19-Jun-2003 - Hits: 402 - [Rate This](#) | [Details](#)

[soc.support.depression.crisis](#)

A newsgroup on personal crisis situations.

[Preview Website](#) - 25-Feb-2000 - Hits: 372 - [Rate This](#) | [Details](#)

[Suicidal feelings & thoughts](#)

This email address is staffed by trained volunteers from The Samaritans, a UK-based charity. If you just need someone to email to, all you need do is send a regular email to this address and you will receive a quick reply. This is a free service. Also check out [The Samaritans Web site](#) for additional information and resources.

Mailing list: <mailto:jo@samaritans.org> - 20-Feb-2000 - Hits: 375 - [Rate This](#) | [Details](#)

[Suicide Discussion Board](#)

The Suicide Discussion Board is open for the purpose of suicide awareness, support, and

education for those whose lives have been affected by the suicide and for those who want to discuss and learn. It is an outreach project of the on-line communities Friends & Families of Suicides (FFOS), Parents of Suicides (POS) and Suicide Awareness Education and Support (SASE).

[Preview Website](#) - 8-Oct-2006 - Hits: 177 - [Rate This](#) | [Details](#)

[Suicide Forum](#)

An active set of support forums for people who are dealing with suicidal thoughts or feelings, and for anyone in immediate need or crisis.

This is a pro-life support forum for people in crisis. Suicide Forum does not provide or share suicide methods. Their rules include: Do not provide other members with knowledge on how to harm or terminate themselves in any way; do NOT encourage self harm, eating disorders, violence against others or suicide. Illegal activities are also not encouraged at this site, this includes encouraging underage sex and illegal drug use.

[Preview Website](#) - 22-Mar-2007 - Hits: 215 - [Rate This](#) | [Details](#)

[Suicide Support Group List](#)

A list of online support groups for suicide.

[Preview Website](#) - 13-Jul-2001 - Hits: 778 - [Rate This](#) | [Details](#)

[Suicide, Spiritual approaches to...](#)

To subscribe to this mailing list, you will need to compose a short email. Click on the link above and enter this text into the body of your email message (leave the subject line blank): **subscribe suicide Your-name**

Mailing list: <mailto:listserv@listserv.icors.org> - 23-Feb-2000 - Hits: 160 - [Rate This](#) | [Details](#)

[Surviving Siblings of Suicides](#)

We are a support group exclusively for siblings suffering a loss after suicide. Together we will walk the journey of healing, sharing our experiences and offering hope.

[Preview Website](#) - 19-Jun-2003 - Hits: 323 - [Rate This](#) | [Details](#)

[Teen Moods](#)

Teen Moods is a popular, well-designed depression support community created by a teen with depression. Open to all including Teens, Parents, Doctors, ect. Highly recommended for teens dealing with depression looking for others who face similar kinds of feelings.

[Preview Website](#) - 19-Jan-2003 - Hits: 1524 - [Rate This](#) | [Details](#)

[The Scott Willard Foundation](#)

A non-profit organization established for and dedicated to children who have lost a parent to suicide. The organization's services are free to children.

[Preview Website](#) - 18-Jul-2004 - Hits: 188 - [Rate This](#) | [Details](#)

[Victim Assistance](#)

[Preview Website](#) - 23-Feb-2000 - Hits: 165 - [Rate This](#) | [Details](#)

[xFinding The Lightx](#)

A peer to peer support forum for people suffering from depression, anxiety, self harm, and eating disorders. Our emphasis is on healing and helping each other "find the light" in the darkness of depression. Anyone is welcome!

[Preview Website](#) - 3-Oct-2005 - Hits: 371 - [Rate This](#) | [Details](#)

[YOUTH-FFOS-of-SD](#)

We are a support group exclusively for youth who are suffering from a suicide loss of a friend or family member. The membership is made up of 10-17 year olds. The unique connection of youths to suicide victims will be acknowledged and explored.

[Preview Website](#) - 19-Jun-2003 - Hits: 113 - [Rate This](#) | [Details](#)

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