

## DOCUMENT RESUME

ED 444 101

CG 030 299

AUTHOR O'Halloran, Susan, Ed.; Coleman, Loren, Ed.; DiCara, Cheryl, Ed.

TITLE Maine Youth Suicide Prevention: Education, Resources and Support--It's Up to All of Us.

INSTITUTION Maine State Dept. of Human Services, Augusta.

PUB DATE 1999-06-00

NOTE 31p.

AVAILABLE FROM Department of Mental Health, Mental Retardation, and Substance Abuse Services, 159 State House Station, A.M.H.I. Complex, Marguardt Bldg., Augusta, ME 04333-0159. Tel: 800-499-0027 (Toll Free); 800-215-7604 (TTY); e-mail: osa.ircosa@state.me.us; Web site: <http://www.state.me.us/suicide>.

PUB TYPE Guides - Non-Classroom (055)

EDRS PRICE MF01/PC02 Plus Postage.

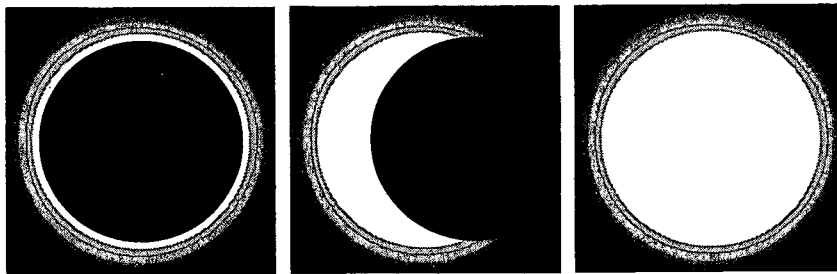
DESCRIPTORS \*Adolescents; Depression (Psychology); Instructional Materials; Intervention; Mental Health; Public Health; Public Service; \*State Action; \*Suicide; Youth Problems

IDENTIFIERS \*Adolescent Suicide; Maine; \*Suicide Prevention

## ABSTRACT

This booklet is designed to provide the citizens of Maine with general information they can use to help with the problem of youth suicide. It serves as part of the state's public education strategy to teach the citizens about suicide prevention. The booklet contains information concerning myths about suicide, the risk factors, warning signs, and motives. It discusses how depression can influence suicide behavior and how to enhance protective factors, which can combat the negative effects of depression. It considers how to respond to suicidal behaviors, how to persuade someone to get help, and important ways to save a life. Lists of resources to state and national hotlines and Web sites for prevention are included. (JDM)

Reproductions supplied by EDRS are the best that can be made  
from the original document.



# Maine Youth Suicide Prevention

Education, Resources and Support—It's Up to All of Us.

U.S. DEPARTMENT OF EDUCATION  
Office of Educational Research and Improvement  
EDUCATIONAL RESOURCES INFORMATION  
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

L. MORIN-PLOURDE

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

## Information Booklet

A program sponsored by:  
Governor Angus S. King, Jr., and  
The Maine Children's Cabinet

The eclipse symbolizes the frightening and temporary darkness experienced by a suicidal youth.

BEST COPY AVAILABLE

CG030299

“ I was so tired of the pain... the struggle. I just couldn't do it anymore. My friend really heard me and helped me get the support I needed. ”

*-survivor*

“ Unless you have been through the suicide of a youth who was close to you, it's difficult to fully understand the devastation and suffering caused by this loss to family, friends, classmates, and community members. ”

*- parent survivor*



“ Young people who complete or attempt suicide are in pain and they need our help. In response to recommendations made by our citizen based task force, we have developed a statewide program to decrease youth suicide. Even one youth suicide is too many and we invite you to work with us to address this serious problem in our state. ”

*-Governor Angus S. King, Jr.*

## Introduction

This booklet was designed for adults to provide general information on youth suicide prevention. There is also a resource guide for youths, the Teen Yellow Pages, which has been distributed to young people across the state. The material contained in both booklets is part of a public awareness strategy to reach every Maine citizen with basic information to help increase understanding about youth suicide. The booklet is not a comprehensive guide to youth suicide prevention. Training is available for gatekeepers, (individuals who are in frequent, direct contact with youth) to increase their ability to identify and assist a suicidal youth.

For additional copies of this or other informational materials on youth suicide prevention, contact: the Department of Mental Health, Mental Retardation, and Substance Abuse Services, Office of Substance Abuse Information and Resource Center,  
1-800-499-0027, TTY 1-800-215-7604,  
Email:osa.ircosa@state.me.us

**Web Address:** <http://www.state.me.us/suicide>

If you have questions about the use of this booklet, training, or how you can learn more about the Maine Youth Suicide Prevention Program, call the Maine Injury Prevention Program, Department of Human Services at 1-800-698-3624 or 287-5362.

Written and edited by:  
Susan O'Halloran  
Loren Coleman  
Cheryl DiCara

Logo and booklet design by:  
Deb Merrill, MerrillDesign

# Table of Contents

Problem of Youth Suicide ..... 1

Maine Youth Suicide Prevention Program ..... 2

Suicide Myths ..... 3

Understanding Your Own Feelings..... 6

Risk Factors ..... 7

Note About Depression ..... 9

Protective Factors ..... 10

Warning Signs and Clues ..... 11

Motives for Suicide ..... 13

Responding to Suicidal Behavior..... 14

Persuading Someone to Get Help ..... 17

What if Help is Refused? ..... 18

An Important Way to Save a Life ..... 19

Supporting Parents of Suicidal Youth ..... 20

Suicide Prevention Resources ..... 21

# **T**he Problem of Youth Suicide

Youth suicide is a national problem. Each year in the U.S., there are about 5,000 suicides among youths under age 25. The Maine youth suicide rate is higher than the national average for youths under age 25. Suicide is the second leading cause of death for 15 - 24 year-olds in our state.

For every completed youth suicide, there are an estimated 20 or more suicide attempts by other young people. While more young women attempt suicide, more young men actually complete suicide. This is, in part, due to the use of more lethal means by males. Seven of ten youth suicides in Maine are committed with a firearm.

In the recent Maine Youth Risk Behavior Survey of high school students, one in four youths who responded indicated that they had seriously considered attempting suicide. One in five reported actually making a plan, and one in eleven reported making one or more attempts during the past year.

No one of us can solve this problem alone. The research tells us that, using a combination of methods, we can prevent this tragedy from occurring among many of our youths. Take the time to learn what you can do to help prevent one of the worst youth problems of our time.

Preventing youth suicide is up to all of us!

# **S**tate of Maine Youth Suicide Prevention Program

Governor Angus S. King, Jr., and the Maine Children's Cabinet have made youth suicide prevention a priority. A comprehensive youth suicide prevention program was developed to reduce the number of attempted and completed youth suicides. The program is supported by the Departments of Education, Human Services, Mental Health/Mental Retardation/Substance Abuse Services, Public Safety, and Corrections.

Strategies, designed to reach the general public, young people at risk, and individuals in direct contact with youths, include:

- ◆ Increase awareness of how to help prevent youth suicide
- ◆ Increase access to prevention and treatment services
- ◆ Reach all youths with prevention education and intervention information
- ◆ Provide, to youths at high risk, skill building and supportive services to improve individual and family functioning
- ◆ Encourage efforts that promote positive youth development

## **Highlights of program activities:**

- ◆ Statewide crisis hotline
- ◆ Statewide information and resource center
- ◆ Workshops/training seminars/conferences
- ◆ Educational materials
- ◆ School based or school linked behavioral health services
- ◆ Media guidelines for reporting on suicide
- ◆ Monitoring national, state, and local youth suicide trends.

# Suicide Myths

Myths about suicide may stand in the way of helping those in danger. By learning the facts, you will more easily recognize individuals at risk. Some of the most common myths are listed below. While this is not a complete list, it offers some important information to counter myths when you hear them.

**Myth:** People who talk about killing themselves rarely commit suicide.

**Fact:** Most people who commit suicide have talked about their intention.

**Myth:** Suicide happens without warning. People serious about suicide keep it to themselves.

**Fact:** There are almost always warning signs. Most people communicate their intent in the week preceding their attempt.

**Myth:** Once a person is intent on suicide, there is no stopping him or her.

**Fact:** Suicidal people are usually ambivalent about dying. Many will seek help immediately after attempting to harm themselves.

**Myth:** If you ask someone about their suicidal intentions, you will only encourage them to kill themselves.

**Fact:** The opposite is true. Asking directly about suicidal intentions often lowers the persons anxiety level.

Encouraging someone to talk about pent-up emotions through a frank discussion of their problems shows that you care and are willing to help.

**Myth:** A suicidal youth will be angry when someone tries to intervene and will resent the attempt to help.

**Fact:** Most young people are relieved to have someone recognize their pain. Resistance may indicate lack of trust or a test to see how much you care!



**Myth:** All suicidal people are deeply depressed.

**Fact:** Although depression is often closely associated with suicidal feelings, not all people who kill themselves are depressed.

**Myth:** Marked and sudden improvement in the mood of someone who has been depressed is a signal that the crisis period is over.

**Fact:** Improvement in mood may signify that a decision to commit suicide has been made to put an end to the pain. It is a critical time for direct intervention.

**Myth:** There is no correlation between alcohol use and suicide.

**Fact:** Alcoholism and suicide often go hand in hand. Alcoholics are at increased risk of suicidal behavior. Even people who don't usually drink will often drink alcohol shortly before killing themselves.

**Myth:** People who threaten suicide are merely seeking attention and/or trying to manipulate others.

**Fact:** All suicide threats must be taken seriously. This behavior may be a sign of depression and professional help is needed. While it may, in fact, be a manipulative act, it's one that can end in death.

**Myth:** Suicidal people are mentally ill.

**Fact:** Although many suicidal people are depressed and distraught, most have not been diagnosed as mentally ill; research suggests only about 25 percent of them are actually psychotic.

**Myth:** Once someone attempts suicide, they will always be suicidal.

**Fact:** Four out five persons who commit suicide have made at least one previous attempt. However, most people are suicidal for only a very brief period in their lives. If the person receives the proper support and assistance, he or she may not be suicidal again.

**Myth:** Suicide is more common among lower socio-economic groups.

**Fact:** Suicide crosses all socioeconomic groups. Income level does not cause suicidal behavior.

**Myth:** Suicidal youths cannot help themselves.

**Fact:** With appropriate support and treatment, most young people can manage their lives.

**Myth:** A promise to keep a note unopened and unread should always be kept.

**Fact:** Promises and confidences cannot be maintained when the potential for harm exists. A sealed note can be a serious warning sign of imminent suicidal behavior.

**Myth:** Only professional therapists can help suicidal people.

**Fact:** Psychotherapeutic interventions are very important, but many suicidal individuals never see a therapist. It's important that all people who interact with a suicidal person know how to help.

**Myth:** Most suicidal youths never seek help with their problems.

**Fact:** Most do share their plans with their peers. Many see a school counselor or medical doctor during the three months before they kill themselves. Often, they have trouble expressing themselves directly and verbally. We all need to help, but it's especially important for peers to understand the crucial role they can play in saving a life by refusing to keep this secret and helping their friend to find an adult who can help.

**Myth:** Being gay or lesbian is not a risk factor for youth suicide.

**Fact:** Discrimination, victimization, isolation, and identity confusion may increase the risk for these and other victimized youths.

# **U**nderstanding Your Own Feelings About Suicide

The issue of suicide often produces strong emotions of fear, anger, and disbelief.

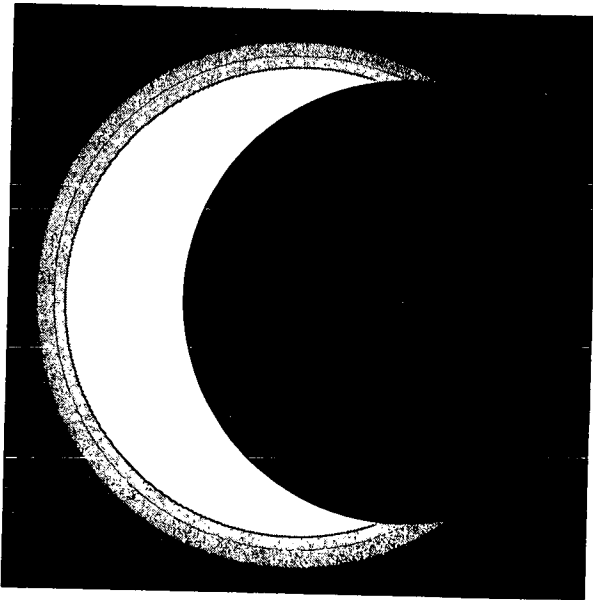
Hearing a person talk about suicide may cause you to overreact or not react at all. You may want to deny to yourself that suicide is a real possibility. You may also feel that the person is just talking about suicide to get your attention.

Ignoring the threat of suicide does not make it go away.

Responding in anger, instead of understanding, can make the situation even worse.

Being clear about your own feelings and limits is important before you try to help a suicidal person. You may not be the best person to help because of your personal relationship, your own experiences, or other reasons.

Recognizing and acknowledging your own feelings, reactions and your capabilities is important before you attempt to intervene with a suicidal youth.



# **R**isk Factors

Risk Factors are stressful events, situations, and/or conditions that may increase the likelihood of suicide. Some risk factors may have occurred early in life, some may be present at the time the person is feeling suicidal. Many of us will experience some of these risk factors at some time in our lives. It is the combination of risk factors, warning signs, and other kinds of clues that may lead to suicide.

Risk factors are generally divided into categories.

## **Family Risk Factors:**

- ◆ Family history of suicide (especially a parent)
- ◆ Loss of parent through death or divorce
- ◆ Substance abuse, alcoholism in family
- ◆ Lack of strong attachment in the family
- ◆ Unrealistic parental expectations
- ◆ Violent, destructive parent-child interactions
- ◆ Inconsistent, unpredictable parental behavior
- ◆ Depressed, suicidal parents
- ◆ Physical, emotional, or sexual abuse

## **Behavioral Risk Factors:**

- ◆ A prior suicide attempt
- ◆ Alcohol/drug use and abuse
- ◆ Aggression, rage
- ◆ Running away
- ◆ School failure, truancy
- ◆ Fascination with death, violence, Satanism
- ◆ A detailed plan for suicide - how, when, where

### **Personal Risk Factors:**

- ◆ Mental illness, psychiatric condition
- ◆ Depression, anxiety
- ◆ Poor impulse control
- ◆ Compulsive, extreme perfectionism, unrealistic expectations of self
- ◆ Confusion, conflict about sexual identity
- ◆ Loss of significant relationships
- ◆ Lack skills to manage decision-making, anger, etc.
- ◆ Loss (or perceived loss) of identity or status
- ◆ Feelings of powerlessness, hopelessness
- ◆ Fear of humiliation, extreme shame
- ◆ Pregnancy, fear of pregnancy
- ◆ Inability to accept personal failure

### **Environmental Risk Factors:**

- ◆ Access to lethal means, especially a gun
- ◆ Moving often
- ◆ Religious conflicts
- ◆ Social isolation, alienation or turmoil
- ◆ Exposure to the suicide of a peer
- ◆ Anniversary of someone else's suicide
- ◆ Incarceration or loss of freedom
- ◆ High levels of stress
- ◆ Too much pressure to succeed
- ◆ Violence in mass media
- ◆ Threat of AIDS

# **A** Special Note About Depression

An important risk factor is depression. Most suicidal people, no matter what their age, suffer some degree of depression. In young people, depression often goes undiagnosed until a crisis occurs. Depression may leave a person feeling drained, "too tired" to carry out a suicide plan.

When depression begins to lift and there is a sudden improvement, be aware that this could be a very dangerous time. The three months following a period of depression is thought to be a critical time of suicide risk. The person has the energy to act, and may even appear cheerful and at peace with the world.

**Adolescent depression may also include aggressive or "masked" behaviors such as:**

- ◆ Hostile, uncommunicative, rebellious
- ◆ Running away from home
- ◆ Sexual promiscuity
- ◆ Truant, delinquent or antisocial
- ◆ Accident prone or reckless
- ◆ Obsessive/compulsive
- ◆ Temper tantrums
- ◆ Boredom, restlessness
- ◆ Complaints of physical illness

**The Four Most Common Factors in Youth Suicide\* are:**

- ◆ Depression, mood disorder, anxiety
- ◆ Conduct disorder
- ◆ Alcohol and other drug use
- ◆ Isolation, hopelessness

\* These do not cause suicide, but when other factors are present, these factors will make a difference.

# **P**rotective Factors

Protective factors allow a person to bounce back after difficult experiences. These factors can help keep a young person from taking his or her life in stressful times.

## **Personal Protective Factors**

Strong bonds with family members and other caring adults

A reasonably safe and stable environment

Restricted access to lethal means, especially a gun

Good health and easy access to health care

Close friends, caring relationships with significant others

Responsibilities, including pets to care for

Religious/spiritual beliefs, strong beliefs in the meaning and value of life

A healthy fear of risky behavior and pain

Hope for the future

Sobriety

Good self-care, following medical advice, taking prescribed medications

Strong sense of self-worth and high self-esteem

Decision-making, anger management, conflict management, problem solving, and other social and emotional skills.

A sense of personal control

# **W**arning Signs and Clues

Suicidal behavior is both complex and frightening. A young person in crisis is unlikely to self-refer to a mental health professional or even pick up a telephone and call a hotline. Unless someone recognizes the signs, responds appropriately, persuades the individual to get help, and helps with the referral process, a young person may not get the help (s)he needs.

It is easy to miss the warning signs, deny them, or decide that "things couldn't possibly be that bad." Warning signs are changes in a person's behaviors, feelings, and beliefs that are considered to be out of character. Research shows that almost all individuals who attempt suicide gave clues that they intended to kill themselves.

It is the combination of risk factors, warning signs, and other clues that can be deadly. Learning to recognize the warning signs and clues may help avoid a tragedy. These signs usually last for two weeks or longer.

## **Early Warning Signs of Suicide:**

- ◆ Overly pessimistic
- ◆ "Roller coaster" moodiness - more often and for longer periods than usual.
- ◆ Overly self-critical
- ◆ Persistent physical complaints
- ◆ Difficulty in concentration
- ◆ Preoccupation with death (often through music, poetry, drawings)



## **Late Warning Signs:**

- ◆ Talk of suicide, death
- ◆ Neglect of appearance
- ◆ Dropping out of activities
- ◆ Isolating self from friends, family
- ◆ Feeling life is meaningless
- ◆ Increasing hopelessness
- ◆ Refuses help, feels beyond help
- ◆ Puts life in order - makes a will
- ◆ Picks fights, argues
- ◆ Giving away favorite possessions

## **Sometimes, a Suicidal Person Gives Verbal Clues**

### **Examples of Direct Verbal Clues:**

- ◆ I wish I were dead.
- ◆ I'm going to end it all. I've decided to kill myself.
- ◆ I believe in suicide.
- ◆ If such and such doesn't happen, I'll kill myself.

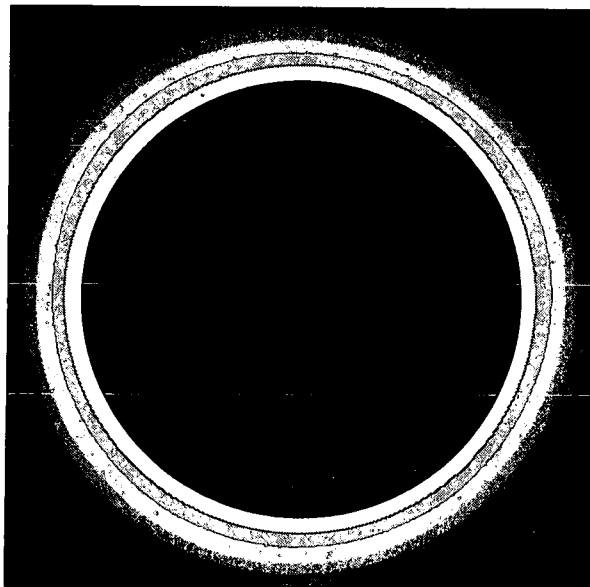
### **Examples of Less Direct Verbal Clues:**

- ◆ You will be better off without me.
- ◆ I'm so tired of it all.
- ◆ What's the point of living?
- ◆ I won't need this anymore.
- ◆ We all have to say good-bye.
- ◆ How do you become an organ donor?
- ◆ Who cares if I'm dead, anyway?

# Motives for Suicide

A suicidal person may feel so hopeless and helpless that suicide is seen as the only solution to stop the pain. Some common motives for youth suicide include:

- ◆ A cry for help
- ◆ To escape from an impossible situation
- ◆ To get relief from a terrible state of mind
- ◆ To try to influence a particular person
- ◆ To show how much they loved someone
- ◆ To make things easier for others
- ◆ To make people sorry, to get revenge
- ◆ To frighten someone or to get their own way
- ◆ To make people understand how desperate they feel
- ◆ To find out whether they are really loved
- ◆ To do something in an unbearable situation
- ◆ A way to control an out-of-control situation
- ◆ Desire to die
- ◆ To stop the pain



# **R**esponding to Suicidal Behavior

Suicide is an impulsive act that does not usually occur spontaneously. People do not just decide, all of a sudden, to end their lives. They first find themselves in increasingly difficult circumstances. Their coping skills are inadequate to deal with their problems. If someone does not intervene, eventually they are unable to cope and they see suicide as a solution to solving their problems.

Once the idea has been considered, they have to plan the time, place and means to complete the act. The process might take only a few hours, but typically it takes days, weeks, or months. While some young people behave very impulsively and move quickly towards suicide, the average crisis period lasts about two weeks. There is usually time to intervene. The earlier the intervention the better. Anyone can start the process to get help.

## **The goals of a suicide intervention are to help the person:**

- Get through the crisis without harm
- Know that hope exists
- See alternatives to suicide
- Identify and access available helping resources

## **Three things to do when dealing with a suicidal person:**

- Ask about suicidal intent
- Persuade the suicidal individual to get help
- Connect the suicidal person to local resources for help

# **A**sk a Question About Suicide

Asking a question about suicide does not increase the risk of suicide. It is very important to find words that are comfortable for you. A young person may resist your questions, but usually (s)he will feel relief that someone has finally recognized his or her pain. It is very important to keep the conversation going in a calm and reassuring manner.

It is important to talk to a suicidal person alone and in private to allow him or her to talk freely and be able to express emotions. Your role and relationship to the suicidal person determines how you set the stage for asking a suicide related question. The fact that you ASK the question is much more important than how you ask.

## **Examples of suicide related questions:**

Are you planning your suicide?

Are you thinking about killing yourself?

When people are in as much pain as you seem to be, they sometimes want to end their life. Are you feeling that way?

You seem very unhappy, are you thinking about ending your life?

## **Responding to the Answer**

When someone responds that they are thinking about suicide, it must be taken seriously. The basic guidelines on the next page outline how to be helpful.

- ◆ Listen with your full attention. Take your time, be patient.
- ◆ Speak slowly, softly, calmly.
- ◆ Acknowledge the pain.
- ◆ Reassure, be positive.
- ◆ Identify individuals (s)he can trust for support.
- ◆ Formulate a plan for getting help, building hope.
- ◆ Plan how to remove lethal means and substances immediately.
- ◆ Offer help/hope in any way you can. Know your own limits.

**Avoid:**

- ◆ Acting shocked.
- ◆ Reacting with anger.
- ◆ Interrupting and offering advice.
- ◆ Minimizing or discounting the problem.
- ◆ Arguing about suicide being "right" or "wrong".
- ◆ Judging, condemning.
- ◆ Causing guilty feelings.
- ◆ Getting over-involved or owning the problem.
- ◆ Offering unrealistic solutions.

**Never:**

- ◆ Ignore the behavior.
- ◆ Promise total confidentiality or agree to keep a secret.
- ◆ Try to physically remove a weapon.
- ◆ Leave a youth alone if you think there is an imminent danger of suicide.

## **P**ersuading Someone to Get Help:

Feelings of hopelessness and helplessness are common to suicidal people. Your support in building hope and finding help can make the difference between life and death.

Trust your instincts and take action when you think someone might be suicidal. Talk to him or her, making it clear that it is OK to talk about suicide thoughts and feelings and that helping resources are available. Seek professional help as soon as possible. Ask directly:

Will you let me help you get help?

Whom would you like to contact for help?

Will you go with me to get help?

### **How to Refer Someone for Help**

Efforts to persuade someone to live are usually met with relief, so do not hesitate to intervene.

The best way is to take the person directly to someone who will help.

If that is not possible, get the person to agree to get help, and assist with making arrangements for that help as soon as possible.

A third alternative is to get a promise from the suicidal person that they will not kill themselves and that they will seek help.

If you believe a person to be in danger of committing suicide, it is up to you to use your judgement to see that they get the help they need. Call for Emergency Assistance - the statewide crisis hotline, police, emergency services or other resources familiar to you.



## What If Help Is Refused?

When a youth is suspected to be suicidal, the first course of action for a professional service provider is to follow the protocol of the local institution, agency, or facility.

Parents or guardians should be involved as soon as possible. They must be informed in good faith why the child is suspected to be suicidal. If parent(s) or guardian(s) refuse to get services or deny services to any child up to the age of 18, it meets the definition of placing the child in jeopardy, deprivation, or lack of proper care. (Maine Revised Statutes Annotated [M.R.S.A.], Title 22, Section 4002.)

This means that any individual who is mandated to report suspected abuse or neglect is required to call the Department of Human Services, Child Protective Services and make a referral regarding a young person who is a danger to him or herself. Anyone can file a report with DHS anonymously.

Sometimes involuntary treatment may be necessary. By calling the statewide crisis hotline, **1-888-568-1112**, you will access the appropriate crisis intervention agency in your area. These mental health agencies offer professionals who have the skills, authority, and responsibility to formally assess the risk factors and level of care necessary. Treatable mental or emotional illness often underlies suicidal behavior. Treatment can work even if it has to be forced. It is important that each suicidal person at the very least, has the opportunity to get help.

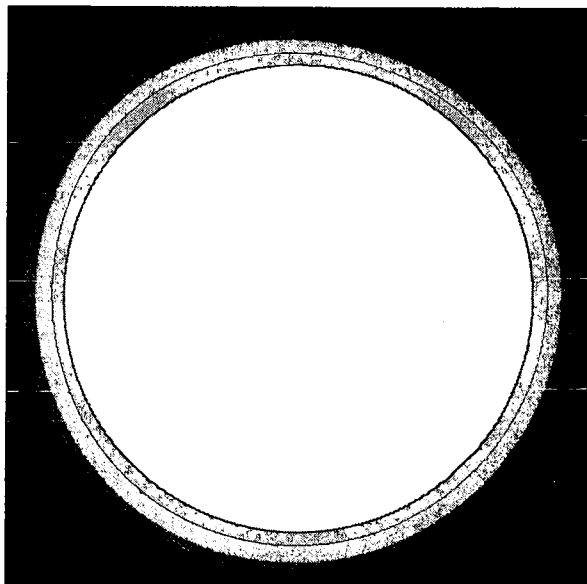
# **A**n Important Way to Save the Life of a Suicidal Adolescent

A lethal weapon available to a youth in the depths of despair can end a life in an instant! Seven of ten youth suicides in Maine are committed with a firearm, usually a rifle or a handgun. The risk of suicide is five times greater if a firearm is in the house, even if the firearm is locked up.

Evidence suggests that one of the most effective ways to prevent youth suicide is to keep a suicidal youth away from firearms. Removing guns and other lethal means from the environment of a suicidal youth is like not giving the car keys to a person who has had too much to drink.

It is important for friends, parents and other family members or guardians to know that they can reduce the risk of suicide by removing firearms from their homes. Learn about different ways to dispose of, or at the very least, limit access to a firearm.

Officers from local police departments, sheriffs' offices, or state police barracks are able to assist in the temporary or permanent disposal of firearms.





## **S**upporting Parents of Suicidal Youth

Seeking help is crucial for the family of a suicidal youth. The family may be in a state of confusion or distress, without support and without information about where to turn for help. Parents are not expected to face the struggle alone. By having the courage to seek appropriate help when it is needed, parents can be a valuable resource to their suicidal youth.

### **Parents may be feeling or thinking:**

- ◆ Nothing is what I thought it was
- ◆ Paralyzed by fear, shame, anger, denial
- ◆ A strong desire for "normalcy"

### **Types of support that may be helpful for parents:**

- ◆ Support for recognizing the importance of getting professional help
- ◆ Help identifying their own support systems
- ◆ Help understanding the importance of removing lethal means, especially firearms, from the house
- ◆ Establishing some hope for the future

### **Suicide Bereavement**

The suicide of a family member evokes a special form of grief including shock, denial, disbelief, guilt, and shame. It is important to acknowledge this loss in some way that is comfortable for you. Being able to listen, or even sending a note, a card, or other expression of caring is very important.

### **Grief Support Resources:**

To find a Bereavement Support Group in your area, call Luanne Crinion, RN, MSN, at DHS, Lewiston 1-800-482-7517, ext. 4450 or Barbara Wilkinson, MD, Maine Medical Center 207-773-5219.

# **S**uicide Prevention Resources

## **In the Community:**

- ◆ Hotlines
- ◆ Crisis and counseling professionals
- ◆ Religious leaders
- ◆ Emergency medical service providers
- ◆ Mental health clinics or hospitals
- ◆ Primary care physicians, Psychiatrists
- ◆ Support groups
- ◆ Police officers

## **At School:**

- ◆ Peer Helpers and their adult advisors
- ◆ Any trusted adult
- ◆ School administrators
- ◆ Teachers
- ◆ School Nurses
- ◆ Social Workers or Guidance Counselors
- ◆ School Psychologists

## **Statewide Emergency Numbers:**

Statewide Crisis Hotline 1-888-568-1112.  
Poison Control Center 1-800-442-6305  
Maine State Police 1-800-432-7381  
Child Abuse & Neglect 1-800-452-1999  
Trauma Survivor Hotline 1-800-871-7741  
Sexual Assault Support Hotline 1-800-871-7741  
TTY 1-800-458-5599

# **A**ccessing Mental Health Resources:

## **Family or individual counseling resources**

For information about local mental health centers or private counselors in your community, consult the telephone book for listings.

## **Maine Alliance for the Mentally Ill**

An organization which offers support, advocacy, and information for families and friends of loved ones living with mental illness. 1-800-464-5767

## **Statewide Crisis Prevention and Intervention Services System of the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS)**

Provides help to children, adults, family members, and guardians during and after a crisis. Crisis services are described below:

### **Prevention Services**

Proactive, comprehensive and individualized services to assist children, teens, families and their supporters to develop a prevention plan and successfully work through difficult situations.

### **Telephone Services**

Available 24 hours a day and provide immediate contact with the nearest local crisis service provider. If you or someone you know is in a crisis, call 1-888-568-1112 to be connected to supportive counseling, problem solving, and information and referral for persons in distress.

### **Walk-In and Triage Services**

Available 24 hours daily for face-to-face evaluation to assess the type and level of care needed. The evaluation reviews the individuals functioning ability, health, and safety concerns. Services are usually provided at a community mental health center or the emergency room of the local hospital.

## **Mobile Outreach Services**

Provided wherever the crisis is occurring, in a private home, emergency room, work-site or anywhere in the community. Supportive counseling, on-site assessment, emergency consultation, crisis planning, and case management services can be provided by outreach workers. When possible, the individual is stabilized and returned to his or her residence.

## **In-Home Services**

Available 24 hours a day and include a full range of in-home family supports when and as needed. Supports may include psychiatric evaluation, risk assessment, planning services, personal care attendant services, and in-home respite services.

## **Residential Services**

Provided in short term, highly supportive and supervised community homes, where the individual can become stabilized and readjust to community living. Staff are present 24 hours a day to provide a safe environment and to promote healthy coping skills. Staff also monitor medications, assist in daily living skills and behavior management, and provide counseling and case management services.

## **Psychiatric Consultation Services**

Available statewide through the local crisis system by phone around the clock. Face-to-face evaluation within 24 hours of the initial request.

# **M**aine Suicide Prevention Resources:

**Maine Youth Suicide Prevention Program,  
Maine Injury Prevention Program,  
Department of Human Services**

Call for information about program activities or to learn more about training opportunities. 287-5362 or 1-800-698-3624. M-F 8-5

**Office of Substance Abuse Information Resource Center,  
Department of Mental Health, Mental Retardation, and  
Substance Abuse Services**

Call for additional copies of this booklet or other materials and resources on youth suicide prevention.

1-800-499-0027, M-F 8-5

TTY 1-800-215-7604, Email: [osa.ircosa@state.me.us](mailto:osa.ircosa@state.me.us)

Web Address: <http://www.state.me.us/suicide>

**Maine EMS Suicide Prevention Training Program,  
Department of Public Safety**

Visit the web site for information on this statewide training program for EMS workers.

Web Address: <http://janus.state.me.us/dps/ems/ems-c.htm>

# **N**ational Suicide Prevention Resources:

## **American Association of Suicidology**

AAS provides public awareness programs, education and training for professionals and volunteers and serves as a national clearinghouse for information on suicide.

202-237-2280

Web address: <http://www.suicidology.org>

## **American Foundation for Suicide Prevention**

AFSP reaches out to survivors for help in accomplishing its mission of preventing suicide through research and education.

Toll-free line for survivors 888-333-AFSP

others call 212-363-3500

Web address: <http://www.afsp.org>

## **Suicide Prevention Advocacy Network**

SPAN is an organization working to raise awareness of suicide and to advocate for a national suicide prevention policy.

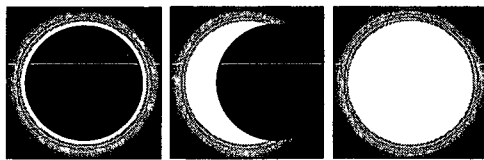
Phone 770-998-8819

Web address: <http://www.spanusa.org/>

## **Samaritans**

The Samaritans offers confidential emotional support to the suicidal individual by phone, visit, and through letters. Trained volunteers read and reply to mail daily.

Web address: <http://www.samaritans.org.uk/>



## Maine Youth Suicide Prevention

Education, Resources and Support—It's Up to All of Us.

Printed with funds from the Maternal & Child Health Block Grant  
account # 015-10A-2120-012

June 1999



**U.S. Department of Education**  
Office of Educational Research and Improvement (OERI)  
National Library of Education (NLE)  
Educational Resources Information Center (ERIC)



## REPRODUCTION RELEASE

(Specific Document)

### I. DOCUMENT IDENTIFICATION:

Title: <i>Maine Youth Suicide Prevention: Information Booklet</i>	
Author(s): <i>Cheryl Di Cara, Loren Coleman, Susan O'Halloran</i>	
Corporate Source: <i>Maine Youth Suicide Prevention Program of the Governor's Children's Cabinet</i>	Publication Date: <i>1999</i>

### II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic media, and sold through the ERIC Document Reproduction Service (EDRS). Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to the document.

If permission is granted to reproduce and disseminate the identified document, please CHECK ONE of the following three options and sign at the bottom of the page.

<p>The sample sticker shown below will be affixed to all Level 1 documents</p> <div style="border: 1px solid black; padding: 10px;"> <p align="center">PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY</p> <p align="center"><i>Sample</i></p> <p align="center">TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)</p> </div> <p align="center">1</p> <p align="center">Level 1</p> <p align="center"><input checked="" type="checkbox"/></p>	<p>The sample sticker shown below will be affixed to all Level 2A documents</p> <div style="border: 1px solid black; padding: 10px;"> <p align="center">PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY</p> <p align="center"><i>Sample</i></p> <p align="center">TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)</p> </div> <p align="center">2A</p> <p align="center">Level 2A</p> <p align="center"><input type="checkbox"/></p>	<p>The sample sticker shown below will be affixed to all Level 2B documents</p> <div style="border: 1px solid black; padding: 10px;"> <p align="center">PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY</p> <p align="center"><i>Sample</i></p> <p align="center">TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)</p> </div> <p align="center">2B</p> <p align="center">Level 2B</p> <p align="center"><input type="checkbox"/></p>
--	---	---

<p>Check here for Level 1 release, permitting reproduction and dissemination in microfiche or other ERIC archival media (e.g., electronic) and paper copy.</p>	<p>Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only</p>	<p>Check here for Level 2B release, permitting reproduction and dissemination in microfiche only</p>
--	---	--

Documents will be processed as indicated provided reproduction quality permits.  
If permission to reproduce is granted, but no box is checked, documents will be processed at Level 1.

*I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate this document as indicated above. Reproduction from the ERIC microfiche or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.*

*Leanne Morin-Plourde*

Signature: <i>Leanne M. Morin-Plourde</i>	Printed Name/Position/Title: <i>Research Librarian</i>	
Organization/Address: <i>Maine Office of Substance Abuse #159 State House Station AmHI Complex, Marquardt Bldg. Augusta, ME 04333</i>	Telephone: <i>(207) 287-8916</i>	FAX: <i>(207) 287-8910</i>
	E-Mail Address: <i>Leanne.Morin-Plourde@me.state.us</i>	Date: <i>08/17/00</i>

**Sign here, please** →

