

Suicide Loss: What Teens Need to Know

*Self-help for Young People
who have lost a Family
Member or Friend to Suicide*

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Dear Teen,

If you are reading this, you have likely already lost someone to suicide. We are deeply sorry for your loss. Losing someone to suicide is an emotionally devastating experience. No one is ever be prepared for it. The aftermath is often complicated by the misconceptions and stigma that surround suicide.

This booklet is for young people bereaved by a suicide. Sadly, this may be the reader's first experience with loss, which intensifies how acutely it is felt.

Much of what we have to say reflects the self-help philosophy of Survivors of Suicide (SOS), a group of individuals who have lost someone close to suicide. It also incorporates concepts about how young people experience bereavement and grief.

We use a question and answer format because the grief journey after a suicide is driven by a search for answers. We hope that this booklet can help you as you go through this complex grief process.

This booklet is not intended to replace the advice of qualified health care professionals. It is a good idea to talk to your health care provider as soon as possible after your loss. If you have a therapist or counselor, please contact them. If you are taking medications for mental illness, tell your doctor about your loss and your grief. Below is a number to call if you have thoughts of suicide. Or text HOME to 741-741.



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What is grief?

Grief is a natural, normal, personal, and internal response to loss. It is the emotional hurt that you feel when someone you love or care for deeply is taken away. Grief affects you as a whole person—mentally, physically, socially, and even spiritually.

Emotional reactions to grief may include confusion, anger, guilt, anxiety, sadness, numbness, shame, and despair. Physical reactions may include sleeping problems, changes in appetite, physical problems, or illness. Social responses may be changes in how you relate to your family, friends, and others. You may also begin to question or feel differently about long-held beliefs.

Grieving is a very individual experience. How you grieve depends on your personality, your coping style, and your life experience. It may also be influenced by your culture, religion, traditions, the nature of your loss, and how you dealt with any previous losses. No two people grieve the same way. There is no 'right' or 'wrong' way to grieve.

Grieving is process. It takes time. While it may not seem so now, feelings eventually lessen as you adjust to your loss. This can be helped along with support. Dealing with grief happens gradually; it cannot be forced or hurried. There is no set timetable for grieving. It is okay to deal with this loss at your own pace, even if it differs from your friends or family. Be patient and gentle with yourself as you go through this process.

The grieving process is usually longer and more intense after a sudden, unanticipated death. This is what happens when you grieve someone lost to suicide.

Grieving hurts because you lost someone that you cared for or loved. Grieving is how you come to terms with your loss.

What is suicide loss recovery?

Recovery means, "to regain," "to get back," or "to restore." Recovery is not "getting over it" or "finding closure." Those terms may apply to other deaths and losses, but they do not apply to what you have experienced.

A suicide, to some degree, always changes those that it affects. However, you can get back, recover, that sense of things being normal that you felt before your loss. You can get to a different normal, a "new normal." That is what recovery is all about.

Recovery from a suicide loss is a process of learning to deal positively with each day's challenges. It is adding or strengthening coping skills, and getting to a place where you are living with your grief rather than only grieving. You are already beginning your process of recovery by reading this self-help booklet. This is a good first step.

A significant easing of the emotions that you are feeling right now marks recovery. The anxiety, sadness, depression, stress, and pain gradually become manageable and eventually move more into the background. Your personal, social, school, or work-related activities become less of a strain and more routine again.

Recovery is not just letting things take their course. It is active. It is something that you have to work at. It is how you get back your well being and quality of life. Recovery is the goal of your journey through this suicide grief.

This active process may be challenging at times, but please do not give up.

How can I help myself with my recovery?

The first thing you need to do is to understand that what you feel is normal. You also need to get support, and try to gain insight into your loss.

You are probably asking: "How can what I feel possibly be considered 'normal'?" It is what happened to you that is not normal. Suicide is the most abnormal death; suicide loss is the most abnormal loss. Your emotional response to this is perfectly normal.

We talk about support a lot in the pages to follow. Support refers to the natural, informal assistance that people need to cope with the intense emotions and stress that are felt after a suicide. If possible, reach out to your natural supports such as parents, teachers, coaches and other trusted adults. Support may be given by others or achieved through self-help, which is what this booklet is about.

Suicide loss makes you vulnerable to other problems. You may experience some or none of them, but you must be aware of them and alert for their signs in yourself and those who share your loss. Feeling extremely sad is common. Depression and severe anxiety also can occur. You may feel shocked for a while. Some people have trouble sleeping or concentrating.

We will discuss these needs and concerns.

Sometimes those who experience a suicide loss are troubled by thoughts of suicide. If this occurs, immediately contact a school counselor or your family physician. If you or someone who shares your loss feels a desire to die immediately, call the local crisis center or 9-1-1 or 800-273-TALK or text HOME to 741741. Always tell your parents or another trusted adult of any thoughts about suicide.

Does suicide loss recovery follow any pattern?

As we have mentioned, there isn't a standard grieving process. It is different for each of us. However, there seem to be some phases that we each experience. These do not necessarily unfold in order but it is easier to discuss them that way.

Most who lose someone to suicide seem to go through a phase after the loss when everything feels bad. The anguish and emotions are often very severe. There may be waves of panic, blame, denial, confusion, anger, and guilt. All of this occurs because a suicide is a sudden, unexpected, often violent death that leaves you feeling helpless and sometimes feeling responsible in some way.

You may also feel that you are breaking down emotionally. Pain, stress, and depression bring this about. You feel disconnected from those who do not share your loss and do not understand what you are going through. You may feel a loss of control over your life, a sense of powerlessness. If you are religious, you may question your faith.

These phases may last some time. Gradually, you will rebound emotionally. Your grief eases and becomes manageable. The emotional pain settles at a level you can bear. You seem to have more energy and some interests that were set aside may come back. You may find yourself laughing again. Daily life is not such a struggle. This is a kind of pre-recovery stage. You are moving in the right direction.

In the last phase, you arrive at a changed sense of who you are because of your loss. It does not make you "better" or "stronger." You are just different. What you have experienced affects your personal beliefs and values. Part of this is the emergence of a "new normal." Life is not the same as it was before your loss, but you can function better and you feel 'normal' once again.

Does grief affect young people differently?

Yes. Teens have different grief experiences than adults, even from their parents, or their younger brothers or sisters. These differences relate to age and to what's going on emotionally, psychologically, and socially in your life.

Teens are significantly affected by the suicide of a friend, a classmate, or a sibling. These are all peers and their death drives home the scary reality that anyone can die despite being young. Some young people almost feel immune to death or believe that it only happens to old people. A young person's suicide changes that.

Sometimes the person lost to suicide will be a parent. Even the natural death of a parent disrupts a young person's sense of stability, safety, and security. When it is a suicide, the impact is even more devastating and distressing. Teens who lose a parent to suicide may feel especially abandoned and alone, and different from their friends. It may be hard not to take their suicide death personally. You may worry excessively about something happening to your living parent.

Other times the loss may be a teacher, coach, or someone else in the school community. The suicide of anybody close to you or of someone that you identify with may make you feel vulnerable and threatened. You may feel that you could be destined to die the same way. This happens because you think what happened to somebody close to you might also happen to you. That is not true, but these thoughts and feelings may be strong enough to interfere with your recovery from the loss.

Part of being a teen is becoming more independent and self-reliant. You may pull away from your family and look for help from other young people. Sometimes these peers may not share the loss and be of little support. They may not understand what you are going through if they have not experienced this kind of loss themselves.

What are some ways to not deal with suicide loss?

While there are no right or wrong ways to be bereaved by a suicide, there are healthy and unhealthy ways to deal with this bereavement.

So far, we have suggested various ways to cope with your loss as positively as possible. Recovery from your loss depends on being able to accept and acknowledge the trauma that you experienced. The only way out of suicide loss is through it.

Some may find this hard to do. They find it easier to try to deny the tragedy and shut it out or if that's not possible to distract themselves from it. For some, distraction is accomplished by replacing the pain of grief with another kind, such as self-harm. This not only diminishes your prospects of a healthy recovery but also may make it more likely that you may become suicidal.

Numbing yourself to what you are feeling may cross your mind. Alcohol, street drugs, or abusing prescription medications may be easily available options. However, you already know that these are bad choices even when grief is not an issue. Turning to substances will not stop the pain. It will only bring on negative feelings such as depression, anxiety, stress, guilt, and shame.

It is a widespread misconception that substances lessen grief. You may see others who share your loss, including adults, misusing them for that purpose. They may even urge you to do the same. They may even put down your efforts to deal with your loss in a more positive manner. Keep this in mind: There is no quick fix for suicide grief out of a bottle, pill vial, or any other source,

Why do things seem out of control?

You have suffered a severe emotional shock. Suicide is the worst traumatic loss. Suicide destroys close interpersonal relationships and personal roles.

Suicide tears someone that you loved or cared for from your life, and it also temporarily shatters you emotionally and leaves you changed in many ways.

You may feel betrayed, angry, out of control, disoriented, and hurt. You may feel that the person you lost has let you down by leaving you behind to mourn. You may feel anger that he or she never gave you the chance to help.

You may feel guilt because you feel that you should have or could have done something. You may feel responsible because of something that you said or did. You need to know and remember that most suicides are the result of many things over time, often including mental illness, not just one event. This was not your fault.

Suicide overwhelms anyone whom it affects. It is not "painless." Suicide loss is incomprehensible to anyone who has not lived it and who cannot understand your loss.

What you are feeling **will** get better with time. How long this takes depends on you, your resilience, and the support that you give and receive. You can recover and come to terms with what has happened. You are taking some of the first steps in this process right now by learning some things that will help you on your way.

Repeat - **THIS IS NOT YOUR FAULT!** Even if you just had an argument or a fight with the person. You did not cause it.

Why did this happen?

This is the big question. It preoccupies everyone who loses a family member or friend to suicide. Your search for an answer may start before the tears have left your eyes. You may never get an answer. Hopefully, you may come to some understanding as to 'why' this happened.

Every suicide is different. Studies of suicide suggest that intense psychological pain and extreme feelings of hopelessness and worthlessness play a role.

Psychological pain can come from mental illness or a seemingly irresolvable and very frustrating life situation. This may be a compelling personal problem, financial stress or job loss, or something else. With teens, it may be a school-related problem.

Whatever the problem, it is something that an individual may find devastating and something they feel cannot be resolved. Coping and problem-solving skills do not suffice and self-esteem and control decline. Hopelessness can arise.

Psychological pain may become so unbearable that someone may believe (wrongly) that it can only be stopped by death. It may also come with the belief that you are a burden to those you care about and that they would be better off if you were dead. These beliefs may not be true but may set the stage for a suicide attempt.

Suicide risk is increased by drinking or using drugs. These lessen inhibitions, impair judgment, increase depression, and heighten impulsiveness. This makes thoughts of suicide more likely and makes things seem much worse.

Suicide is not predictable. We can sometimes determine if someone may be suicidal but we cannot tell if, when, or how a suicide attempt may occur. Suicide is generally the outcome of a process over time and not the result of a single recent experience.

Why didn't I know?

This is a question that you may struggle with for a long time. It is difficult to determine when someone is at risk of suicide. Some individuals share their feelings or show signs, but not all do.

Those who are feeling suicidal may make some effort to hide it. Often this is the case with male teenagers and men who may fear seeming weak if they ask for help.

While there are several distinct warning signs, not all suicidal individuals show any signs of their risk or danger. Even when there is concern, it is very hard to accept and realize that someone you know so well is in danger of suicide. It is hard for us to believe that someone that we care for dearly, someone that we would do anything for, may be suicidal.

This may happen with those who have made previous suicide attempts. We wanted to believe that our loved one or friend was no longer at risk. Not all who attempt suicide go on to die by suicide, but no one can tell for sure who will. It is important to take all talk or threats of wanting to die or speaking of suicide seriously.

Some individuals seem to be chronically suicidal. They are constantly troubled by suicidal thoughts and frequently make threats to harm themselves. They may not make an attempt or hurt themselves in any way but their danger may be growing. Those around them may not realize they were at risk until they make a suicide attempt.

Why didn't my loved one or friend tell me?

Some people find it very hard to ask for help. Suicidal individuals often believe that they are a great burden to others. This may keep them from saying anything even to those they most care for and who most care for them.

Some may feel shame at being suicidal. While suicide bears less stigma than in the past, it is still stigmatized. Many suicidal individuals stigmatize themselves. Personal and religious beliefs may also cause them to keep their feelings to themselves.

Psychological pain is distracting and consuming. It makes its sufferers feel self-centered and believe they are disconnected from those around them. Severe pain takes away this sense of control and the sense that anything can be done about it.

Being suicidal may distance those feeling this way from those who care about them. Most suicidal individuals do not really want to die. They want to end the pain and hopelessness.

Just because the one we lost did not or could not share their anguish does not mean that he or she did not care for those now suffering because of their loss. Tunnel vision is part of being suicidal. At-risk individuals are often so blinded by their intense emotional pain that they could not see whom they would be leaving behind.

Sometimes somebody may talk about thoughts of suicide and then deny them or even make those they told stay silent. Most young people will believe or trust the person. But, they may forget that request for confidentiality if the person later makes an attempt. Thinking about what you could of/should have done will not help. You may not have been the only one they confided in and now it is important that you take care of yourself and others affected by the loss.

Why didn't anybody do something?

Suicide is not predictable. To some degree, it can be determined that someone is *at risk* of attempting suicide. However, there is no way to know *if or when* a particular individual may attempt suicide.

Sometimes suicidal individuals do share their intentions with others. Those whom they tell may simply not believe them or may just not know what to do. They may not realize that risk is growing, or may let down their guard. Other times the people told may be asked to keep their friend's thoughts of suicide secret and they do.

Even professionals have a hard time seeing that someone is suicidal. Many suicidal individuals had contact with a health care provider shortly before their deaths. However, mental health professionals may miss warning and danger signs of suicide that are often subtle. Some people drop out of treatment before anyone can recognize they are at risk. Others hide their thoughts and feelings so well that no one knows they are in despair.

Suicides also happen because suicide prevention efforts are often limited. Crisis intervention services can help, but they may be called too late.

Treatment for mental illness can lower suicide risk that is related to mental illness. Suicidal persons may not even share their feelings with counselors or therapists or even play them down if asked about them.

What role does mental illness play in suicide?

Among the myths of suicide is the belief that mental illness causes suicide or that only those who are mentally ill die by suicide. Neither is true.

It is true that the incidence of suicide is high among those suffering from major depression, bipolar disorder, and schizophrenia than in those without these illnesses. However, even in these cases, mental illness is a risk factor for suicide, it is not a cause.

Other serious risk factors include abuse, trauma, alcohol, or drug use, poor problem-solving, a history of suicidality, social isolation, disability or chronic illness, or losing a loved one to suicide. Suicide is more common among those with mental illness because they are more likely have more risk factors than those without mental illness.

Ignorance about mental illness contributes to the incidence of suicide. Stigma keeps many people from seeking help. Worrying what others may think of them increases their suicide risk. This fear may stand in the way of them doing something about their problems.

How can I help myself get through my recovery?

Initially you can do two things. The first is to acknowledge your loss as a suicide and avoid denial. Don't adopt a mentality of silence. Try to avoid worrying about stigma by remembering that mental illness is a disease. If your loved one died of heart disease or cancer, you would not worry about stigma and you shouldn't here either. Try to talk about what happened. The second is to seek support, particularly from among those closest to you.

Next, you need to adopt a damage control mode. It is hard to stand against the emotional forces overtaking you. Try to resolve any feelings of anger and to move away from any sense of guilt. Suicide is something that happens to someone.

Find ways to deal with your array of feelings. For example:

- Exercise
- Join an Activity
- Listen to Music
- Journal Write
- Talk to a Friend
- Go for Ice Cream

Gradually self-help capabilities come back. Learning will come easier. You will be less encumbered by the emotion that you felt earlier. You may develop some understanding of the "why." You can more objectively examine feelings of guilt, blame, or responsibility to move past them. Self-worth and self-esteem can be rebuilt.

At some point, you develop a perspective on your loss that you can live with. This may make you feel uncomfortable. Don't feel guilty because you feel better. Remember that your loved one would want you to feel happiness and joy again. You need to get to a "new normal" and return to wellness. You are not leaving your loved one or friend behind and you will never forget them. You are outgrowing the more hurtful aspects of your loss.

What is a suicide loss support group?

Support is critical to recovery from suicide loss. Support groups provide this needed help. Schools often offer such groups after the suicide of a student or faculty member. Groups may also be available in your community.

Being part of a group provides a sense of belonging, acceptance, and normalization. Groups are a means of mutual self-help, helping yourself by helping others.

A support group is empowering and builds self-esteem and coping ability. Information sharing and education are key elements. Many suicide grievors describe support groups as "safe places" where they can be with others who understand their loss and their complex feelings. Many also learn helpful coping strategies from others in the group.

Recovery from suicide loss begins when you start to open up. By telling your story, you are organizing thoughts and feelings. This may be the first step in understanding the "why", "what ifs", and "why didn't I?"

Support group meetings involve introducing yourself, saying what you are comfortable in saying about your loss, sharing your feelings on grieving, and listening to others.

Support groups are not available in every community and those that are may not be open to young people. Your school counselor, social worker or psychologist may be able to help. We realize it takes courage to take this first step in seeking help.

What will I need later to help my recovery?

Your work is not over when you are able to put these first seemingly endless weeks and months behind you. You still have a long road to travel before you will feel that you have recovered from your loss.

You must be ready to deal with "triggers." These are things that may rekindle your grief and possibly cause you to lose ground on your movement towards recovery.

The most common triggers are occasions that remind you of your loss. Chief among these are anniversaries of your loss. Holidays, birthdays, or times usually spent with family or friends may also be tough. Graduations or other major school events may be troubling. Think about going out for dinner or changing your typical holiday plans to avoid seeing the empty chair where your loved one would have sat. Create new traditions. Some find it helpful to place a candle on a holiday table in memory of our loved one. It reminds us of good times and that they are not forgotten.

The best way to handle these occasions is to not go it alone. Draw on the support of those you trust. It is important not to isolate yourself. This might be a friend, counselor, parent, clergy, or another adult. Friends may not know if you want to talk about the deceased. Tell them that it is okay to bring him/her up and share memories.

Another trigger may be another death of someone close. You may find yourself taking this loss harder than you expected. This is because you still have some open grief wounds. Do not be reluctant to seek help if you feel that you need it.

We all grieve in our own way. We each have our own path to recovery from our loss. Proceed at your own pace. Do not set impractical goals or let others impose unrealistic expectations or timeframes for you.

Many teens say that their greatest challenge is grieving differently from other family members. Try to ask loved ones for what you need in your own grief journey.

What may complicate my grief?

Situations like these may worsen your loss experience:

- Inability to express your grief - You may be in a setting where open grieving is not possible or you may be around others who discourage your grieving or deny your loss. If you cannot control your circumstances, grieve as you can in private.
- Witnessing a suicide or finding the body - Being present when the suicide took place or coming across the body may increase the trauma you experience. Try to replace the image in your mind with that of a past pleasant memory or photo.
- Not being nearby when the loss occurred - Being away from those who share your loss may cause you to feel isolated in your pain. Try to find a way to pay your respects if you are unable to attend the service. A personal memorial may help. Try to reach out to those who ARE near you for support.
- Controversial suicide - Most suicides are only known to a few people. Others may be "newsworthy" because of the method or public stature of the victim. The media can be insensitive to the bereaved and their questions may be hurtful. If it is a public event, try not to read too much about it or follow it on social media.
- Legal issues - The police and the coroner are part of every suicide because it is an unnatural death. Their questions are necessary but may be painful.
- Problematic relationship - You may have been estranged from your friend or loved one at the time of her/his death. Our teenage years are also a time when we often seek independence from loved ones. Remember that this is normal and is a natural part of growing up. Try to set that aside and connect with the memory of a time when things were better. Again, no matter the relationship, the death was not your fault.

Can the Internet help with my grieving?

As has been noted earlier, coping with suicide loss, and working toward recovery require information and support. These can be found on the Internet.

There are many websites offering information about suicide and suicide loss. Most such sites are intended for general audiences. This means that they may not necessarily approach the topic in a manner that meets your needs as a suicide griever.

Some sites offer misinformation or perverse personal, political, philosophical, or religious views about suicide or its victims. There are also sites containing graphic images. Sites like this will be of little help and you should avoid them as they can be even more traumatic for you.

Here are two good places to visit for information about suicide:

American Foundation for the Prevention of Suicide (www.afsp.org)

American Association of Suicidology (www.suicidology.org)

There are fewer resource sites about suicide loss. These can be found by searching for "suicide survivor" or "survivors of suicide." A suicide survivor is a term referring to someone who lost a loved one to suicide.

A website that offers information on suicide loss for teens is here:

<https://www.dougy.org/resources/audience/teens?how=suicide&who=&type=>

There are also e-mail lists, message boards, and chat rooms for suicide grievers of all ages. These offer a readily accessible source of support and mutual self-help. They have their downside, which will be discussed in the next section.

You should use the same caution that you would in using any interactive resource. Remember that all the participants are as sensitive and vulnerable as you may be, and some may need much more help than can be had online.

What about social media?

You are probably very active on many social media sites and have been since you were much younger. You may have often turned to "friends" on these sites for advice or consolation with problems or maybe just to vent. Your social media accounts may be helpful to you now, but you may need to be careful about how you use them for support or to talk about your feelings.

As noted above, online suicide loss support groups have been available for some time. Social media creates an entirely different grief sharing and support experience. It can connect those who share the same loss or those who share the same kind of loss.

Both offer one advantage - they are always available and easily accessible. It is usually safer and more effective to rely on friends online who are really friends and whom you know and trust. This is especially true early in your grieving when you may be most sensitive and vulnerable. You might limit your interactions with other connections to talking about coping rather than sharing feelings.

It is good to keep in mind that social media can be a very effective way for teens to express more positive thoughts and happy memories about the person that they lost or about their experiences in recovering from their loss.

As helpful as social media can be it should not be the only source of support for recovering from a suicide loss. Connecting only through social media may lead to disconnecting from those who are closer and even to greater social isolation.

Our intent is not to lecture you on using social media. You are hopefully aware of its obvious dangers. We will just remind you of the risks of oversharing personal information, possible encounters with stalkers, judgmental persons or cyber-bullies, and potentially harmful advice on how to handle your grief.

Will I need any special help?

Most deal with a suicide loss without counseling or therapy. You may want to talk to someone early on to get a read on where you stand, and to have someone to turn to if you need help later. A school counselor, family doctor, or a clergyperson may help.

Typically, getting more insight into the loss, reaching out to a trusted adult, and developing some means of support will be sufficient to aiding your recovery. Here are some situations when you need more help:

- Past suicidality - If you have had past thoughts of suicide or made an attempt, experiencing a suicide may trigger the return of these thoughts or behaviors.
- Past suicide loss - If you have experienced a suicide loss at another time in your life, you may have a much harder time coping. Old memories and concerns may return.
- Pre-existing mental illness - If you are coping with any form of mental illness, you need to let your therapist or counselor know about your loss ASAP because grief is a powerful stressor and may affect your illness.
- Severe anxiety or depression - If you have trouble sleeping or eating, withdrawing from family or friends, drug or alcohol use, or you have lost interest in your usual activities, you may need help.
- Negative sentiments - Suicide is the subject of many myths. Some ignorant or ill-formed people may hassle you about your loss. Also sometimes those close to you may not understand why you feel as you do.

If any of the above apply to you, be sure to seek help right away. Don't wait, seek help. It is important to help yourself in your own recovery.

If you are having current suicidal thoughts, seek help IMMEDIATELY.

What can I do about suicide?

Many suicide survivors want to “do something” about suicide having felt the devastating impact that it had on them and those around them. Suicide survivors created most of the suicide prevention organizations and programs that exist worldwide.

First, you don't have to do anything. Your primary responsibility is to take care of yourself. However, we will provide a few “doable” suggestions if you want to become active in suicide prevention. Please do not get involved in anything to do with suicide prevention until you are ready emotionally to hear about suicide without becoming upset.

Suicide Prevention Awareness Raising

- The first full week of September is Suicide Prevention Week. While this is a busy time in the school year, it might be possible to have a speaker come or make literature (handouts, flyers) available
- Out of Darkness Walks are held by American Foundation for Suicide Prevention chapters in most areas. These are opportunities for groups and families to do something to promote suicide prevention

Suicide Prevention Trainings

- QPR (Question, Persuade, Refer) is a 1-2 hour training on recognizing the warning signs of suicide and how to respond.
- Mental Health First Aid is not about suicide but provides information and skills on dealing with mental health and substance abuse issues related to suicide

Competitive Activities

- Suicide prevention poster contests
- Suicide prevention essays

Memberships

- Youth suicide prevention task forces

These are just basic ideas. Please keep in mind that we see these activities as forms of self-help and self-support that can facilitate recovery from suicide loss.