

If you are thinking about suicide, read this first:

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

That is what it's all about. You are not a bad person, or crazy, or weak, or flawed, because you feel suicidal. It doesn't even mean that you really want to die; it only means that you have more pain than you can cope with right now. If someone starts piling weights on your shoulders, you will eventually collapse no matter how much you want to remain standing. Willpower has nothing to do with it. Of course you would cheer yourself up, if you could.

IF YOU ARE SUICIDAL, HERE ARE FIVE THINGS TO CONSIDER FIRST:

- 1. You need to hear that people do get through this**—even people who felt as badly as you are feeling better now. Statistically, there is a very good chance that you are going to live. You have to set your mind to it, and say ‘I WANT TO LIVE.’
- 2. Give yourself some distance.** Say to yourself, “I will wait 24 hours before I do anything.” Or a week. Remember that feelings and actions are two different things- just because you feel like killing yourself, doesn't mean you have to actually do it right this minute. Put some distance in your thoughts, then seek help from someone, anyone, because people care.
- 3. People often turn to suicide because they are seeking relief from pain.** Remember that relief is a feeling. And you have to be alive to feel it. You will not feel the relief you so desperately seek, if you are dead.
- 4. Some people will react badly to your suicidal feelings,** whether because they are frightened, or angry, or because they too are scared. Remember their bad reactions are about their fears, not about you.
- 5. Suicidal feelings are, in and of themselves, traumatic.** After they subside, you need to continue caring for yourself. Therapy is really a good idea. There are groups and organizations, some of which are free, that can and will help you through this.

ON-CAMPUS PHONE NUMBERS
EMERGENCIES DIAL: 911
Campus Police: (254) 526-1200/1427
Substance Abuse Resource Center: (254) 526-1166

OFF CAMPUS HOTLINES AND SUPPORT GROUPS

National Hope Line Network
1-800-784-2433
Central Counties MHMR
1-254-298-7000
National Suicide Prevention Hotline
1-800-273-TALK (8255)

Siblingsurvivors.com
Suicidegrief.com
Chooselifeoversuicide.com
Grievingasoulmate.com

WWW.CTCD.EDU



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Central Texas College District is an Affirmative Action/Equal Opportunity Educational Institution. Minorities and females are encouraged to apply.

SUICIDE: ARE YOU AT RISK?

Suicide Prevention Through
Education and Awareness



FOR STUDENTS OF
THE REAL WORLD.

2015-2016

Substance Abuse Resource Center
P.O. Box 1800 • Killeen, Texas 76540-1800
(254) 526-1166 • Bldg. 119, Rm. 116



MISCONCEPTIONS ABOUT SUICIDE

HOW TO APPROACH A PERSON AT RISK

RISK FACTORS

The following can be associated with risk for suicide. The more factors a person has experienced and the greater the severity, the higher the risk for suicide.

1. Talks about suicide
2. Recent significant loss
3. Preoccupation with death
4. Increased isolation/social withdrawal
5. Poor class attendance
6. Poor academic performance
7. Concerns about sexual orientation or sexual promiscuity
8. Alcohol or Drug use and/or abuse
9. Failure to live up to one's own expectations
10. Loss of interest in things one cares about
11. Change in personality
12. Giving away possessions
13. Previous suicide attempts
14. Comments about not wanting to be around or about death

People who kill themselves usually do so because they feel it is the only way to escape overwhelming and unbearable feelings. Very often people see suicide as their only alternative. The same distress that causes people to consider suicide also makes it hard for them to see other solutions that are available.

The following are some common misconceptions about Suicide:

1. "People who talk about suicide won't really do it."

NOT TRUE: Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," - no matter how casually or jokingly said may indicate serious suicidal feelings.

2. "Anyone who tries to kill him/herself must be crazy."

NOT TRUE: Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

3. "If a person is determined to kill him/herself, nothing is going to stop him/her."

NOT TRUE: Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

4. "People who commit suicide are people who were unwilling to seek help."

NOT TRUE: Studies of suicide victims have shown that more than half had sought medical help within six months prior to their deaths.

5 "Talking about suicide may give someone the idea to do it."

NOT TRUE: You do not give a suicidal person morbid ideas by talking about suicide. The opposite is true—discussing suicide openly is one of the most helpful things you can do.

- Express your concern to the person citing the risk factors you have observed.

- Ask about suicidal thoughts, directly use the word suicide. This does not increase the risk of a suicide occurring, in fact students are often relieved to have someone to talk to.

- Assist the person to find solutions to their problems other than suicide.

- Never agree to keep serious suicidal thoughts in confidence. It is important that an employee or student with serious suicidal thoughts meet with a counseling professional so the person can receive the support they need.

- Be supportive and follow-up with the person, refer them to the Substance Abuse Resource Center. SARC offers assessment, referral and short-term counseling to students, employees and faculty in the following areas: substance abuse education and preventive measures, anxiety/stress management, personal loss/grievance, interpersonal/partner relationship issues, depression management and issues-related group (may be gender related). The SARC is committed to providing students, employees and faculty members with the highest most confidential service.

PREVENTION: WHAT YOU CAN DO

If the person has made a suicide attempt, call 911 or EMS immediately. Also notify the Campus Police at 526-1427. If the person has serious suicidal thoughts or appears to be not thinking clearly, they need to be seen immediately by a medical professional. Notify the Campus Police and allow them to notify the parents, spouse or EMS. If the officer determines that the person is a threat to themselves or others, the Police may opt to do an emergency committal/referral to a local mental health facility.