

## TOO YOUNG TO DIE

SUICIDAL PEOPLE HAVE A WAY OF DEFEATING THEMSELVES. MORE THAN ANYTHING, THEY WANT TO REACH OUT TO OTHERS. YET IN EVERYTHING THEY DO THEY TURN THOSE THEY NEED MOST AGAINST THEM. THEY MANIPULATE FRIENDS AND RELATIVES. THEY MAKE OTHER PEOPLE FEEL GUILTY AND RESPONSIBLE FOR THEIR ACTIONS, YET HOPELESS TO CHANGE THINGS. AND EVENTUALLY THE OTHERS BEGIN TO PULL AWAY, TO FREE THEMSELVES FROM THE BURDENS OF BEING IMPOSED ON THEM. MOST SUICIDAL PEOPLE DISLIKE THEMSELVES, AND THEY MAKE PEOPLE THEY KNOW DISLIKE THEM TOO. THEY SEEM TO INVITE "MEANNESS". BUT ALL THE WHILE THEY FEEL FRIGHTENED AND LONELY. AND THEY DESPERATELY NEED HELP.

FRIENDS, RELATIVES, REACHERS, CO-WORKERS - THE EVERYDAY PEOPLE IN A PERSON'S LIFE. THEY ARE THE PEOPLE WHO CAN GIVE THE MOST IMMEDIATE HELP IN A SUICIDAL CRISIS. A PERSON WHO MUST RESORT TO SUICIDE TO GET ATTENTION HAS LOST THE ABILITY TO COMMUNICATE IN NORMAL WAYS. IT BEGINS WHEN FEELINGS OF HOPELESSNESS AND HELPLESSNESS BECOME OVERWHELMING.

IF YOU SUSPECT SOMEONE YOU KNOW IS THINKING OF SUICIDE, LOOK FOR CLUES TO SUICIDE. HAS SOME EVENT PLUNGED THE PERSON INTO DEEP DEPRESSION AND FEELINGS OF WORTHLESSNESS. IS THE PERSON UNUSUALLY WITHDRAWN AND UNCOMMUNICATIVE, BECOMING INCREASINGLY ISOLATED FROM OTHERS? HAVE SUICIDAL THREATS BEEN MADE? DID THE PERSON EVER ATTEMPT SUICIDE BEFORE? DOES HE OR SHE SEEM PREOCCUPIED WITH THOUGHTS OF DEATH. HAS THE PERSON SUDDENLY GONE ON WILD BINGES OF DRINKING, TAKING DOPE, OR CARRYING OUT OTHER SELF-DESTRUCTIVE ACTS THAT REVEAL A PUSH TOWARD DEATH? HAS HE OR SHE SUDDENLY BECOME DISRUPTIVE OR VIOLENT IN DEALING WITH OTHERS? DOES THE PERSON ACT PECULIARLY OR IRRATIONALLY, SHOWING SIGNS OF SEVERE MENTAL ILLNESS THAT MAY LEAD TO SUICIDE? HAS THERE BEEN SOME CHANGE IN MANNER. AS QUICKLY AS YOU CAN, TELL OTHERS ABOUT YOUR SUSPICIONS.

AND DON'T BE PUT OFF IF OTHERS TRY TO PLAY DOWN YOUR PERCEPTION OF HOW SERIOUS A SITUATION IS. MANY PEOPLE, INCLUDING PROFESSIONALS MISS SUICISAL CLUES. IT'S A SAD FACT THAT ABOUT 75 PERCENT OF THE PEOPLE WHO COMMIT SUICIDE VISIT A PHYSICIAN WITHIN A MONTH OR TWO BEFORE THEIR DEATHS, AND IN MOST CASES THE PHYSICIAN EITHER DOES NOT PICK UP WARNING SIGNALS OR SIMPLY IGNORES THEM.

YOUR FIRST RESPONSIBILITY IN ANY SUICIDAL, SITUATION IS TO PRESERVE LIFE, NOT FRIENDSHIP. DON'T TRY TO PRESSURE SOMEONE WHO FEELS DEEPLY DESPAIRING THAT 'THERE'S NOTHING TO WORRY ABOUT. A PROBLEM THAT YOU MAY CONSIDER TRIVIAL MAY APPEAR INTOLERABLE TO SOMEONE WHO IS CONFUSED AND DEPRESSED. BY SHOWING THAT YOU SYMPATHIZE AND TO NOT CHALLENGE YOUR FRIEND'S SINCERITY, YOU MAKE HIM FEEL COMFORTABLE ABOUT REVEALING TROUBLING EMOTIONS AND THOUGHT TO YOU. YOU NEED NOT GIVE IN YOURSELF TO A FRIEND'S FEELINGS OF HOPELESSNESS. YOU CAN POINT OUT THAT SITUATIONS DO CHANGE, AND A PROBLEM THAT SEEMS INSURMOUNTABLE ONE DAY MAY BE SOLVED ON ANOTHER. LISTEN INTELLIGENTLY TO WHAT A DISTURBED PERSON SAYS TO YOU, AND TRY TO REFLECT BACK TO THE PERSON WHAT HE OR SHE MAY BE THINKING.

IF YOU BELIEVE A FRIEND OR RELATIVE FACES IMMINENT DANGER OF SUICIDE, STAY WITH THAT PERSON UNTIL YOU CAN GET OTHER HELP, OR UNTIL THE IMMEDIATE CRISIS PASSES. NOBODY REMAINS SUICIDAL ALL THE TIME. A CRISIS BUILDS, AND WITH THE AID OF OTHERS IT MAY TAPER OFF. WHEN YOU GO OUT OF YOUR WAY TO ANSWER AN URGENT CRY, YOU MAKE THE TROUBLED PERSON FEEL IMPORTANT AND WANTED. YOU HELP PUSH THE PENDULUM TOWARD LIFE.

WHERE TO CALL FOR HELP. HERE ARE SOME 24-HOUR HOTLINES STAFFED WITH TRAINED PERSONNEL WHO CAN PROVIDE CRISES COUNSELING, BACKED UP BY REFERRALS FOR MORE LONG-RANGE ASSISTANCE.

RESPONSE, FUNDED IN PART BY SUFFOLK COUNTY, HEALTH DEPARTMENT'S DIVISION OF MENTAL HEALTH:

(516) 751-7500

HELP-LINE CENTER, FOUNDATION FOR CHRISTIAN LIVING:

(212) 481-1070

MENTAL HEALTH INFORMATION AND REFERRAL SERVICE, NASSAU COUNTY MENTAL HEALTH ASSOCIATION:

(516) 489-2322

SUICIDE PREVENTION CENTER, KINGS COUNTY HOSPITAL:

(212) 462-3322