

***Among the communities sharing our beautiful coast hides a unique problem faced by the residents along our shoreline.***

Living along the coast is the envy of so many. But living along the coast brings its own challenges not necessarily understood by others: long distances from major cities, jobs tied to travel and tourism, lack of public means of travel, high expenses living in more isolated areas, the dangers of the fishing industry, social isolation and so much more.

***The bridges that connect and advertise us are both our fame and our curse.***

Pell, Verrazzano, Sakonnet and Mount Hope bridges - everyone along the coastline recognizes The Samaritans from the signs on the bridges. As beautiful as the bridges are everyone from our coastal communities knows someone who has lost a loved one to those very same bridges and by other means.

***Working together to prevent suicide along the coastal communities of Rhode Island.***

Since 1977, The Samaritans of Rhode Island has served our coastal communities. Working with local municipalities and community partners, we are united in spreading the word - depression is treatable and suicide is preventable.

***Would you know what to do if a family member or friend threatened suicide?***

We all know someone suffering from a mental illness or addictions or who is an overwhelmed caregiver or is struggling in this down economy. These are among many reasons fellow citizens turn to The Samaritans as they deal with pressure and contemplate suicide. If the same struggling loved one or friend threatened suicide, would you know what to do? Suicide is considered a missed

opportunity in prevention and it is imperative for everyone to learn more. The Samaritans offers the following guidance:

**(1) Understand the problem.**

The brain is one of the body's major organs like the heart, lungs, liver or kidneys. Just as you would not tell someone to get over a heart attack, high blood pressure, diabetes or cancer, so should you not tell someone to get over depression. Treat signs of depression and threats of suicide as part of a serious illness.

Additionally, changes in medications or diet, stress, lifestyle issues or previously undiagnosed medical problems can impact on a person's physical and behavioral wellbeing often causing chemical imbalances affecting a person's ability to cope.

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Experts tell us three things about the truly suicidal - they are **without hope, believe no one cares if they live or die, and in the end truly believe they are doing everyone a favor if they die by suicide.**

For suicidal individuals, life's circumstances are overwhelming; their coping skills are no longer adequate; and they believe no options exist except suicide.

At The Samaritans, we are often asked, "Would our loved one have done it if he or she knew how much pain they caused?" We are also asked, "Isn't suicide a selfish act?" For the suicidal, thoughts of others - even the closest family members - have been chased away by depression and mental illness.

***Is there time for you to do anything?***

There is usually time to intervene. Suicide is not usually spontaneous. Planning the time, the method and the means may take hours, days, weeks or more.

**(2) Ask "Are you suicidal?"** It is a myth to believe if you ask, the thought will be planted and the outcome inevitable. Tell your loved one, it's ok to talk to you, that you love and care about them and don't want them to die. Show you care by asking in a calm, concerned manner. Do not act shocked or afraid. Overreacting, speaking in a judgmental manner or closing the door with advice will push your loved one away. Take the time to listen, patiently. Ask your loved one what is bothering him or her the most. The answer may provide a clue to the problem and ways in which you can help.

**(3) Determine if everyone is safe.** Are there weapons? Are other persons, especially children, in the vicinity? In all life threatening situations, please call **Emergency 911** directly.

Are you contemplating reporting a suicidal person to the police and have concerns about your safety if you make such a report? Please call 911 or your local municipal police. Share your concerns about safety and ask for guidance.

**(4) Urge your loved one to visit the nearest acute care hospital or island health clinic for an emergency medical and psychiatric assessment.**

By law, the insured and uninsured must be treated at acute care hospital emergency rooms. Not all patients will be admitted, but hospitals can provide guidance on follow-up care and treatment.

**(5) Offer to go with your loved one as he or she seeks care.**

Often times, a depressed person is so hopeless and despairing he or she is unable to seek help. Offer to go along. Encourage your family member or friend to give his or her permission for you to speak on their behalf to emergency, primary and behavioral health care providers. Present your list of

concerns, observations and all background information.

***Your loved one won't give his or her permission?***

You still have options. Under the privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), medical personnel may not be able to talk to you about a loved one or friend, but you can tell medical professionals what you know and have observed. Hopefully, your input will help provide direction for emergency assessments, treatment and referrals.

**(6) From the emergency room, contact your loved one's pediatrician, family doctor, specialists or primary care facility.**

Family history, medications and undiagnosed medical problems are just a few issues that can impact on a person's physical and behavioral wellbeing and ability to cope. Knowledge of these changes could help in the assessment process.

***Request patient information between emergency room personnel and primary care as well as specialty care doctors be exchanged. Follow up to make sure medical records and reports were received on both ends.***

**(7) Not an emergency but still concerned? Ask for help and direction.**

Write a list of concerns, observations, past and current medical issues and health care challenges as well as any thoughts of depression and suicide. Share your concerns with a trusted family member or friend, emergency room personnel, primary health care doctor, health insurance company, behavioral health care provider or social service coordinator. Call The Samaritans Listening Line or visit our website for more information.

**(8) Is your loved one suffering from depression or are you a caregiver stressed by worry?**

Need to talk? Call a friend at The Samaritans of Rhode Island. If our lines are busy, feel free to contact our nearby sister agencies serving the southeastern coast of Massachusetts (New Bedford/Fall River or Cape Cod) identified on our website under "More Resources". The Samaritans, providing free confidential, nonjudgmental befriending, can be the gateway to care and a lifetime of support.

Note: The Samaritans of RI is an independent, nonprofit charitable organization. Our Hotline/Listening Line does not replace professional medical, mental health, social service or pastoral care. However, trained volunteers can provide supportive services between appointments or when family and friends are not available. Hotline/Listening Line support is also available to callers when professional services are no longer an option.

***\*If someone is at immediate risk of suicide, please call Emergency 911!***

Need to talk?  
Call The Samaritans of Rhode Island  
401-272-4044  
(RI Toll Free) 1-800-364-4044

Note: Our lines are open depending on the availability of volunteers.

For 24/7 information about suicide prevention resources in your city or town visit our website at

**www.samaritansri.org** 

***Depression is treatable and suicide is preventable but you have to ask for help!***



**Serving Rhode Island's Coastal Communities**



***A suicide emergency checklist for shoreline and island residents***

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