

Name: _____

Date: _____

Suicide

N H F S Z F A M I L Y F S Y W Q K
H K V U T N F T F V F R I P Z P Y
A N P I O V E R W H E L M E D M S
Z H C C O U N S E L L O R A T B T
L Y G I I M W P Q P N I P W S A H
S P N D Y W D L A P X T Q A D H G
V D I E L P B E A X H M U R N T U
I K V N N L E S R N E N T E E R O
X Q E S G O T H G P G I O N I E H
I V I I R J I Y S N Y G F E R A T
N C R K E E V S L T I B O S F T D
K M G Z U F G Y S S L L N S P A C
J Y Y U J Y M A N E H U E O V B Q
R I G D G L H T N E R D D E Z L I
U X U D P G Y A L E S P O A F E F
A A Z A C C H P A K E W E P X P K
Y U J S I A P L L W O T K D P P I

OVERWHELMED
AWARENESS
FEELINGS
FRIENDS
FAMILY

COUNSELLOR
TEENAGERS
GRIEVING
SUICIDE
HELP

DEPRESSION
TREATABLE
THOUGHTS
ADULTS
SAD