Suicide Prevention: A Resource Guide for Agency, Management and Personnel

Suicide Prevention Coalition Champlain East

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Preamble

Pain, fear and despair overwhelm hope. It is almost always preventable through caring, compassion, commitments and community. Preventing suicides and supporting those who have experienced a loss is what the Suicide Prevention Coalition / Champlain East aims to achieve.

The Eastern Ontario Health Unit released its Injury Report for Eastern Ontario in the fall of 2009 (**http://www.eohu.ca/_files/reports/report60.pdf**) and suicide was found to be the highest in terms of mortality and intentional injury in most populations in our region for both men and women. This data prompted the Canadian Mental Health Association/Champlain East and & EOHU to form a partnership and create the development of the Suicide Prevention Coalition / Champlain East in January 2010.

The Champlain East Suicide Prevention Coalition works in partnership with the community of Stormont, Dundas, Glengarry, Prescott, Russell and Akwesasne to develop and support comprehensive strategies to prevent suicide.

The Coalition is comprised of a Steering Committee and three Work Groups in the areas of suicide prevention, intervention and postvention. Our commitment is to look at how we can minimize the harmful consequences of suicide and create a suicide safer community.

Purpose of this Guide:

People at risk of suicide are seen in a wide variety of settings. Within the social and health services community, caregivers are likely to come into contact with suicidal clients frequently. This is true whether or not the specific mandate of the organization is the care of those at risk of suicide.

In fact, since suicidal feelings are common among many depressed or troubled clients, it is undesirable to have specific services that deal with just suicide. Suicidal feelings are outward manifestations of other problems like abuse, low self-esteem, family violence, mental illness, substance abuse and tragic loss.

The goal of this resource guide is to increase education and awareness on the topic of suicide and encourage organization to implement suicide prevention protocols / guidelines that would assist employees to respond to at risk individuals. With increased knowledge, it is our hope that the incidence of suicide and suicide attempt in Champlain East will be reduced.

This guide represents a compilation of suicide prevention information from various sources as noted throughout the document. The Suicide Prevention Coalition is not the sole author of this document.

Why have agency guidelines for suicidal clients?

Every health or social service, be it a counseling agency, a self-help group or a community health centre, might benefit from considering the services they provide to people at risk of suicide. Be it assessment and referral or long term psychotherapy, all community helping service should be prepared to assist those at risk of suicide to whatever degree is appropriate to their particular service.

It is suggested that specific guidelines or a protocol be developed to ensure that staff, volunteers, management and clients know both the mandate and limitations of their service.

Every service or group that could be considered a "helping" resource should train their staff to do accurate assessment and referral of people at risk of suicide. **Knowledge of the material in this document is not intended to replace adequate staff training.** Virtually all social services and community resources can play a supportive role for clients at risk of suicide. It is the hope of the Coalition, that eventually, this resource will make its way into the Human Resources Department of every business and organization in Champlain East.

What is meant by "suicidal behavior"?

The phrase "suicidal behavior" is a broad term used to describe a range of life threatening or self-destructive behaviours. There are many words used to describe the non-fatal suicidal behaviours; none are really correct or incorrect. In these guidelines the following definitions will be used. They are commonly accepted among helping professionals in our region and elsewhere.

- **Suicide**
  Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

- **Suicide attempt**
  A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

- **Suicidal ideation**
  Thinking about, considering, or planning for suicide.

Becoming Suicide Safer: A Guide for Service Organizations

How active is your organization in promoting suicide prevention and good mental health?

In Canada, suicide is a major public health issue. In fact, more than 3,500 people die by suicide in Canada every year, each death touching friends, family, coworkers, teachers and entire communities. At the same time, suicide or thoughts of suicide are often connected with stigma and feelings of shame, which can further isolate people when they need the support of others the most. Suicides are preventable, and your organization can play an important role in helping to keep people safe, alive and reconnect with hope.

Suicide affects us all, and we all have a responsibility to work towards a suicide safer society. Suicide prevention is everyone's business. As a member of your community, your organization is in a unique position to play a critical role in preventing suicides and connecting people to resources and supports when they need it. This pamphlet contains some simple but important ideas that can help you make your organization and community suicide safer.

Suicide is most often the result of pain, hopelessness and despair. It is almost always preventable through caring, compassion, commitment and community

Please consider the following questions carefully.

How suicide safe is your organization?

- ✓ Do you offer a confidential employee assistance program?
- ✓ Is the employee assistance program promoted and accessible?
- ✓ Are cards and posters for local helpline and crisis services available to staff and clients? Are they prominently displayed in public areas?
- ✓ Do your organizational policies reflect suicide safety? Do these policies encourage help seeking behaviors, and clearly communicate that talking helps? Is there a suicide prevention protocol in place?
- ✓ Does your webpage have a link to the Canadian Association for Suicide Prevention, www.suicideprevention.ca or other local/regional suicide prevention services?
- ✓ Do you include or consider the needs of survivors bereaved by suicide, caregivers of people struggling with suicidal thoughts and behaviours and those with lived experience in your program planning?
- ✓ Do you have information readily available on suicide bereavement and local suicide bereavement support groups?
- ✓ Do your workplace values reflect a genuine concern for the wellness of employees, promoting physical, mental and spiritual health?
- ✓ Do you have a workplace mental health program or strategy?

- ✓ Does your workplace offer mental health related benefits? Are they covered at the same rate as physical health benefits?
- ✓ Do staff members know when to ask about suicide?
- ✓ Do staff know how to ask someone about suicide?
- ✓ Does your organization promote work-life balance to increase mental and emotional resiliency?
- ✓ Is there universal screening for suicide in your organization?
- ✓ Is each client/patient assessed for suicide risk at regular intervals or when there is a change in their situation?
- ✓ Is each client/patient assessed for both protective and risk factors?
- ✓ Do staff feel confident in their skills to have a conversation about suicide?
- ✓ Do staff receive training in suicide intervention, prevention and postvention?
- ✓ Does your organization have mechanisms and supports in place that address immediate safety needs?
- ✓ Do you identify treatment and monitoring strategies to ensure client/patient safety?
- ✓ Do you follow up within 24 hours of discharge or the transition of care of people deemed to be at risk for suicide?
- ✓ Do you develop and document individual care plans for people deemed to be at risk for suicide?
- ✓ Do staff understand the difference between mental illness and mental health?
- ✓ Does your organization educate staff and clients about mental illness?
- ✓ Does your organization assess mental health issues routinely?
- ✓ Does your organization deliver services that are trauma informed?
- ✓ Does your organization routinely assess for trauma?
- ✓ Does your organization asses clients for drug and alcohol use?
- ✓ Does your staff have access to ongoing educational opportunities related to mental health and wellness?
- ✓ Does your organization work towards eliminating stigma related to mental illness such as participating in anti-stigma campaigns
- ✓ Does your organization take part in promoting and participating in World Suicide Prevention Day every September 10th?
- ✓ Do staff know where to get more information regarding suicide prevention, intervention and postvention?
- ✓ Is your organization a member of and support the Canadian Association for Suicide
- ✓ Prevention?
- ✓ Is your organization familiar with the work of the Mental Health Commission of Canada and the Mental Health Framework "Toward Recovery & Wellbeing"?
- ✓ Is your organization connected with or a member of your local suicide prevention committee?

SOURCE: Information was adapted from original sources:
Canadian Association for Suicide Prevention
www.suicideprevention.ca

Suicide Prevention Information:

Suicide Statistics

Canada and Ontario

The suicide rate for Canadians, as measured by the WHO, is 15 per 100,000 people. Yet, according to numerous studies, rates are even higher among specific groups. For example, the suicide rate for Inuit peoples living in Northern Canada is between 60 and 75 per 100,000 people, significantly higher than the general population. Other populations at an increased risk of suicide include youth, the elderly, inmates in correctional facilities, people with a mental illness, and those who have previously attempted suicide. According to Statistics Canada, between 1997 and 1999, there was a 10 percent increase in suicides across Canada, from 3,681 to 4,074. In Ontario alone, suicides rose from 930 in 1997 to 1,032 in 2001.

Gender

Men commit suicide at a rate four times higher than that of women. According to a report by the Canadian Institute for Health Information (CIHI), more men in Ontario committed suicide in the past 10 years than died in car crashes. Approximately 591 men committed suicide in Ontario between 1990 and 2000, while 558 men died in car crashes. Women, however, make 3 to 4 times more suicide attempts than men do, and women are hospitalized in general hospitals for attempted suicide at 1.5 times the rate of men. Studies indicate that there is a significant correlation between a history of sexual abuse and the lifetime number of suicide attempts, and this correlation is twice as strong for women as for men.

Age

In Canada, suicide accounts for 24 percent of all deaths among 15-24 year olds and 16 percent among 16-44 year olds. Suicide is the second leading cause of death for Canadians between the ages of 10 and 24. Seventy-three percent of hospital admissions for attempted suicide are for people between the ages of 15 and 44.

Suicide and Mental Illness

People with mood disorders are at a particularly high risk of suicide. Studies indicate that more than 90 percent of suicide victims have a diagnosable psychiatric illness, and suicide is the most common cause of death for people with schizophrenia. Both major depression and bipolar disorder account for 15 to 25 percent of all deaths by suicide in patients with severe mood disorders. According to Toronto Metro Police Mental Health Act data, the number of documented suicide attempts rose 14 percent from 1996 to 2001. Statistics Canada reports that suicide is the eleventh leading cause of death in Canada.

Seasons

Despite a commonly held myth that the Christmas season has the highest suicide rate of all the seasons, studies have proven that across North America, suicide rates are actually lower at that time of year. Studies suggest that while the holidays can bring up some very difficult emotions, they also tend to evoke feelings of familial bonds and these feelings may act as a buffer against suicide.

It is important to note, however, that while suicide rates do not increase over the holiday season, depression rates do. Numerous studies, as well as anecdotal evidence from the Mood Disorders Association of Ontario and the Toronto Distress Centre, confirm that both the number and severity of calls by depressed persons increases every year through November and December, returning to normal volume towards the end of January.

Late July and August have the highest suicide rate out of all the months of the year. Some studies suggest that the increase is due to the seasonal change and that this period is one that often brings about changes in personal situations as well. It is suggested that all these elements of change – whether there are dramatic changes happening in someone's life, or whether someone feels defeated because their situation seems to never change – can lead people to suicide. A number of studies indicate that an especially high-risk time for vulnerable teens is when they go back to school. Whatever the reason, the rates are so high among aboriginal youth at this time of year that the Centre for Addiction and Mental Health says autumn is referred to as the "suicide season".

Source: Canadian Mental Health Association - Ontario
http://www.ontario.cmha.ca/fact_sheets.asp?cID=3965

Suicide Facts & Myths

Myth: Young people rarely think about suicide.

Reality: Teens and suicide are more closely linked than adults might expect. In a survey of 15,000 grade 7 to 12 students in British Columbia, 34% knew of someone who had attempted or died by suicide; 16% had seriously considered suicide; 14% had made a suicide plan; 7% had made an attempt and 2% had required medical attention due to an attempt.

Myth: Talking about suicide will give a young person the idea, or permission, to consider suicide as a solution to their problems.

Reality: Talking calmly about suicide, without showing fear or making judgments, can bring relief to someone who is feeling terribly isolated. A willingness to listen shows sincere concern; encouraging someone to speak about their suicidal feelings can reduce the risk of an attempt.

Myth: Suicide is sudden and unpredictable.

Reality: Suicide is most often a process, not an event. Eight out of ten people who die by suicide gave some, or even many, indications of their intentions.

Myth: Suicidal youth are only seeking attention or trying to manipulate others.

Reality: Efforts to manipulate or grab attention are always a cause for concern. It is difficult to determine if a youth is at risk of suicide. All suicide threats must be taken seriously.

Myth: Suicidal people are determined to die.

Reality: Suicidal youth are in pain. They don't necessarily want to die; they want their pain to end. If their ability to cope is stretched to the limit, or if problems occur together with a mental illness, it can seem that death is the only way to make the pain stop.

Myth: A suicidal person will always be at risk.

Reality: Most people feel suicidal at some time in their lives. The overwhelming desire to escape from pain can be relieved when the problem or pressure is relieved. Learning effective coping techniques to deal with stressful situations can help.

Source: Canadian Mental Health Association - Ontario
http://www.ontario.cmha.ca/fact_sheets.asp?cID=3246

Protective Factors

A protective factor is a characteristic or attribute that reduces the likelihood of attempting or completing suicide. Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events. They enhance resilience and help to counterbalance risk factors. Protective factors can be considered to be either personal or external/ environmental.

Personal Protective Factors

- Attitudes, values, and norms prohibiting suicide e.g. strong beliefs about the meaning and value of life
- Social skills e.g. decision-making, problem-solving, and anger management
- Good health and access to mental and physical health care
- Strong connections to friends, family, and supportive significant others
- Cultural, religious or spiritual beliefs that discourage suicide
- A healthy fear of risky behaviors and pain
- Hope for the future; optimism
- Sobriety
- Medical compliance and a sense of the importance of health and wellness
- Impulse control
- Strong sense of self-worth or self-esteem
- Sense of personal control or determination
- Access to a variety of clinical interventions and support for help seeking
- Coping skills
- Resiliency
- Reasons for living
- Being married or a parent

External/Environmental Protective Factors

- Strong relationships, particularly with family members
- Opportunities to participate in and contribute to school and/or community projects/activities.
- A reasonably safe and stable environment
- Restricted access to lethal means
- Responsibilities/duties to others
- Pets

Increasing protective factors can serve to decrease suicide risk. Strengthening these factors should be an ongoing process to increase resiliency during the presence of increased risk factors or other stressful situations. However, positive resistance to suicide is not permanent, so programs that support and maintain protection against suicide should be ongoing.

***SOURCE**: Information was adapted from original sources:
Center for Disease Control and Prevention. Suicide Prevention Scientific Information: Risk and Protective Factors. Retrieved on August 2, 2010 from **http://www.cdc.gov/ncipc/dvp/suicide/Suicide-risk-p-factors.htm**

Suicide Prevention Resource Center. Risk and Protective Factors for Suicide. Retrieved on August 2, 2010 from **http://www.sprc.org/library/srisk.pdf**

Why Do People Die by Suicide?

There are many circumstances which can contribute to someone's decision to end his/her life, but a person's feelings about those circumstances are more important than the circumstances themselves. All people who consider suicide feel that life is unbearable. They have an extreme sense of hopelessness, helplessness, and desperation. With some types of mental illness, people may hear voices or have delusions which prompt them to kill themselves.

People who talk about suicide or make an attempt do not necessarily want to die. Often, they are reaching out for help. Sometimes, a suicide attempt becomes the turning point in a person's life if there is enough support to help him/her make necessary changes.

If someone you know is feeling desperate enough to commit suicide, you may be able to help him/her find a better way to cope. If you yourself are so distressed that you cannot think of any way out except by "ending it all," remember, help for your problems is available.

Suicide – Warning Signs

Suicide. We would rather not talk about it. We hope it will never happen to anyone we know. But suicide is a reality, and it is more common than you might think. The possibility that suicide could claim the life of someone you love cannot be ignored. By paying attention to warning signs and talking about the "unthinkable," you may be able to prevent a death.

Common warning signs include:

- Becoming depressed or withdrawn
- Behaving recklessly
- Getting affairs in order and giving away valued possessions
- Showing a marked change in behavior, attitudes or appearance
- Abusing drugs or alcohol
- Suffering a major loss or life change

The following list gives more examples, all of which can be signs that somebody is contemplating suicide. Of course, in most cases these situations do not lead to suicide. But, generally, the more signs a person displays, the higher the risk of suicide.

Situations

- Family history of suicide or violence
- Sexual or physical abuse
- Death of a close friend or family member
- Divorce or separation, ending a relationship
- Failing academic performance, impending exams, exam results
- Job loss, problems at work
- Impending legal action
- Recent imprisonment or upcoming release

- **Behaviours**
- Crying
- Fighting
- Breaking the law
- Impulsiveness
- Self-mutilation
- Writing about death and suicide
- Previous suicidal behaviour
- Extremes of behaviour
- Changes in behaviour

- **Physical Changes**
- Lack of energy
- Disturbed sleep patterns – sleeping too much or too little
- Loss of appetite
- Sudden weight gain or loss
- Increase in minor illnesses
- Change of sexual interest
- Sudden change in appearance
- Lack of interest in appearance

- **Thoughts and Emotions**
- Thoughts of suicide
- Loneliness – lack of support from family and friends
- Rejection, feeling marginalized
- Deep sadness or guilt
- Unable to see beyond a narrow focus
- Daydreaming
- Anxiety and stress
- Helplessness
- Loss of self-worth

WHO IS AT RISK?

People likely to commit suicide include those who:

- are having a serious physical or mental illness
- are abusing alcohol or drugs
- are experiencing a major loss, such as the death of a loved one, unemployment or divorce
- are experiencing major changes in their life, such as teenagers and seniors
- have made previous suicide threats

***SOURCE**: Information was adapted from original source*

Centre for Suicide Prevention
http://www.suicideinfo.ca

Identifying Risk of Suicide

Talking about suicide is not an everyday conversation that we have with people; yet you may encounter people who may be experiencing intense emotion and pain related to trauma or other life events, so it would be important to check out if they are thinking about suicide.

People who have had someone they know and care about die by suicide are at 40 X greater risk of suicide. (LivingWorks, 2006) and having these thoughts at a time of significant grief and acute stress is not uncommon.

It is helpful if you are the one to start the conversation about suicide so that the person has permission to talk about their thoughts and feelings and then you would have the opportunity to connect them to suicide intervention helpers if it is needed.

One best practice approach listed on many best practice registries that you could use is called safeTALK which focuses on being suicide alert and then activating help resources in the community. Below is a quick summary of the safeTALK steps, for more information or to attend the safeTALK training visit: **www.livingworks.net**

safeTALK could be incorporated into your department's CPR and First Aid training.

***SOURCE**: Information was adapted with permission on February 12, 2013, from original sources:
Source: SafeTALK Trainer Manual **(2007)** Lang, W., Ramsay, R., Tanney, B., Kinzel, T.
Suicide Alertness for Everyone. LivingWorks Education. SN1659 03/2007

Source: A Guide for Early Responders Supporting Survivors
Bereaved by Suicide / Winnipeg Suicide Prevention Network
http://www.suicideprevention.ca/wp-content/uploads/2012/03/Early-Responder-Final.pdf

Suicide Prevention starts with a Question

Here is a summary of the key elements taught in the LivingWorks Education safeTALK training. The information is not intended to replace the fundamental understandings and practical applications of the TALK steps learned in safeTALK. It is strongly recommended to attend a safeTALK training session to have a complete understanding of the TALK steps principles and application.

ARE YOU READY TO ASK IT?

Asking someone and talking about suicide can feel scary. Breaking the silence however sends a powerful message to someone that it is okay to talk about what they are feeling and thinking, that they are not alone, and that you care. When someone is feeling suicidal, it is often less about wanting to die, and more about feeling that they have run out of options and hope. The fear and shame surrounding these feeling keeps people isolated and cut off from accessing help, which allows their fear, hopelessness, and embarrassment to grow bigger and bigger.

Asking about and giving people permission to talk about suicide is the first step towards hope and almost always helps reduce the risk

Asking someone about suicide doesn't put the idea in their head, it gives them the chance to let their fear out and talk about other options. Breaking the silence surrounding suicide increases realistic opportunities to save lives and to reduce suffering.

Here is an example of how you may approach and about suicide using the TALK **steps from the SafeTALK educational program (LivingWorks, 2007):**

T-TELL: We would like the person to tell us openly and directly that they are thinking about suicide but often this does not happen. Instead we may need to tune into more subtle "invitations" to begin the conversation about suicide and inquire if thoughts of suicide are present.

The "invitations" may be things we see, hear, sense, or learn about the person, such as:

SEE: The person may be weepy or crying, unkempt in appearance, withdrawn or not communicating, giving away their possessions or those of the loved one who died by suicide (normal for people grieving but may also be something you see in people at risk of suicide).

HEAR: The person may use statements such as: "I understand why my loved one died the way he/she did", "I can't take this anymore", or "I hope others understand when I am gone" (these statements may be subtle messages of distress and hopelessness that needs to be explored).

SENSE: The person may have a range of emotions like feelings of hopelessness, despair, anger, numbness (common reactions in grief but also may be present when people are thinking about suicide).

LEARN: The person may share information with you about the trauma of losing other loved ones to suicide or other life events that have happened recently or in the past. (Life events that may put people at greater risk of suicide include rejection, loss, abuse, and their trauma experiences).

The above "Invitations" give us a starting point to inquire about suicide in a more conversational way.

A-ASK: It is okay to ask openly and directly about suicide.

This is not always the easiest question to ask but if the person is thinking about suicide it is important to do.

How can you ask?

Here are some ways to ask about suicide after you have connected with the person and have seen, heard, sensed or learned about the person in your brief conversation.

Ways to ask about suicide:

Ask Directly- It is a yes or no response and we need to be okay talking openly about suicide so that the person has permission to disclose their own thoughts of suicide to us:

"You have been through a very difficult experience; I need to ask, are you thinking about suicide?"
"Are you having thoughts about killing yourself?"

Summarize- It may feel more natural to restate to the person what we have seen, heard, sensed or learned about them and then ask about suicide:

"You look very sad and have told me that you can't take it anymore, sometimes when people are feeling this way they are thinking about suicide, are you thinking about suicide?"

Another example of a summary might be: "You seem very overwhelmed and this is understandable given your tragic loss, sometimes when people have a loved one die by suicide they think about suicide themselves, are you?"

By asking about suicide you are validating the person's pain and trauma and then taking the risk to check out how bad it is for the survivor, "Is it so bad for them that they are thinking of killing themselves?"

If the answer is yes, acknowledge that this is serious. Your next steps should be to:

L-LISTEN: Allow the person to share with you more about how they are doing and what has them thinking about suicide. By listening you are showing empathy and understanding, building rapport with the person so you can express your concern about needing to get help to keep the person safe.

K-KEEPSAFE: You need to get resources or helpers that can do a suicide intervention involved **today** to support the survivor so that they can keep safe.

Here is what you might say to introduce the topic of getting help: "You shared with me that you are having thoughts of suicide, this is serious and I am concerned about you… we need to get other people involved, can I share with you some options of helpers/resources who support people thinking about suicide"

Encouraging the use of other supports: "Who else have you told or who else can you tell about your thoughts of suicide so you have support?" This last statement is about natural supports such as friends or family who can perhaps stay with the person after your conversation with her/him ends.

It is important that a person with thoughts of suicide is not left alone and that they are connected to a helper or resource that can do a comprehensive suicide assessment and intervention today. (LivingWorks Canada, 2007)

If you would like more information on being suicide alert or to develop skills in suicide intervention please visit: www.livingworks.net or www.cmha-east.on.ca to find SafeTALK and ASIST trainings offered in your area.

***SOURCE**: Information was adapted with permission on February 12, 2013, from original sources:
Source: SafeTALK Trainer Manual **(2007)** Lang, W., Ramsay, R., Tanney, B., Kinzel, T. Suicide Alertness for Everyone. LivingWorks Education. SN1659 03/2007

Source: A Guide for Early Responders Supporting Survivors Bereaved by Suicide / Winnipeg Suicide Prevention Network
http://www.suicideprevention.ca/wp-content/uploads/2012/03/Early-Responder-Final.pdf

Grief after Suicide

The death of someone close to us is one of life's most stressful events. When the death is from suicide, family and friends must cope with sadness at the loss plus all their feelings of confusion and sometimes even anger. It takes time to heal and each of us responds differently. We may need some help to cope with the changes in our lives. But in the end, coping effectively with bereavement is vital to our mental health.

If someone close to you has just committed suicide, we hope this will help you understand that you are not alone in your struggle and that help is available. If you have a grieving friend or relative, this may help both of you understand and cope with this difficult time.

AM I TO BLAME? COULD I HAVE HELPED?

No, you are not to blame. After a suicide, family members and friends often go over the pre-death circumstances and events, blaming themselves for things they think they should or should not have done. "If only I had persuaded him to get help!" or "If only I hadn't told her I wanted a separation..." Even though suicide is an individual decision, it is a very natural and common reaction for survivors to feel guilt or responsibility. People who are left behind should seek out bereavement counselling or support groups to help relieve this feeling of responsibility.

WHAT ARE THE STAGES OF GRIEVING?

There are many different stages of grieving. The three stages outlined below are ones which most people will experience. However, people do not usually flow from the first stage through to the last in a logical order. Some people may jump back and forth between stages, and the length of time it takes to go through the different stages may vary.

Stage I - Numbness or Shock

Initially, people function almost mechanically. You may also feel anger, confusion or even relief depending on the circumstances. These feelings are normal. Many people at this stage will keep an emotional distance from others to protect themselves and to avoid discussing the death.

Stage II - Disorganization

It is normal to feel lonely, depressed and tearful at this point. You may have problems sleeping or eating. Some people may feel sorry for themselves and even hallucinate. You may agonize over things you think you could have done for the deceased. At this stage, you may need to reach out to someone and discuss your feelings.

Stage III - Re-organization

You will begin to feel more comfortable and may find that there are moments in your day when you do not think about your loss. Your feelings will not be as intense and you will be able to focus on daily tasks. At this point, most people need encouragement to re-enter life's mainstream.

But remember, there is hope and help. You may never get over the death itself, but you will overcome the grief.

IS ANGER OR RELIEF A NATURAL REACTION?

While all kinds of loss are painful, the issues are different when dealing with a death by suicide. The length of time it takes to work through the stages of grief also varies depending on the circumstances.

Feelings of anger, confusion and relief are natural. Do not deny them. If the deceased person had been depressed and/or had previously attempted suicide, there is nothing wrong in feeling relieved that the burden is gone or that you are angry because you have another burden to carry.

If you do not work through these feelings, you will prevent yourself from moving forward in the bereavement process. Not moving forward is dangerous; it can cause mental and physical illness and can tear families and friendships apart. It can stop people from coming to terms with the suicide. You must face your feelings before you can work them out.

***SOURCE**: Information was adapted from original sources:
Source: Canadian Mental Health Association, National
http://www.ontario.cmha.ca/content/about_mental_illness/suicide.asp

Postvention after the suicide death or attempt of a client

Workers functioning in a service which puts them into contact with people are likely to experience, (either directly or indirectly), a suicide death at some point. Suicide attempts can also cause the same stress, shock and guilt as a death. Protection of the client's privacy must be balanced with the need to debrief and support staff. Preplanning a postvention response for the staff ensures a prompt and supportive response to the tragedy.

One person should be designated to be in charge of the postvention response. That person should facilitate the events after the death which may include the following:

- **Notify those closest to the client.** This may include specific staff who worked with the client. They should be informed of the death and consulted as to their preferred strategy of informing others.

- **Notify other staff members.** Notification may be in the form of a group staff meeting or in individual consultations. Notification should occur as soon as possible after the death and should include all levels and types of staff and volunteers who may be affected by the event. Present the facts of the case and give the staff a chance to share their feelings in this confidential setting. No one should be left feeling guilty or to blame.

- **Consider who else needs to know and how they will be notified.** Sometimes there are others who knew the deceased client through your service. Members of a counseling group, fellow residents in a supportive housing facility are examples. Provide an opportunity for these people to vent feelings and ask their questions as the staff did.

- **Make individual support available for those close to the client.** A staff person who worked directly with the client may wish to discuss their feelings or seek other support privately after the event.

- **Review management procedures for suicide.** Have any internal procedures been identified for revision as a result of what the service has learned from the death? In many cases nothing could have prevented the suicide, but a standard review of procedures should still take place after the initial shock and grief have subsided.

- **Establish an ongoing system of peer support.** Supporting and counseling a person at risk of suicide can be tiring and depressing. All workers need to seek their fellow staff for debriefing and feedback after these sessions, whether the client actually attempts or completes suicide or not.

Suicide Postvention

It may be challenging for those bereaved by suicide to cope and function in the days and months following a loss by suicide. Some survivors compartmentalize their grief and keep it in a place deep within themselves. Most people are changed by this traumatic experience as it shakes their sense of security, sense of self, and causes people to question their ability and competence in other life areas. It is common that survivors are preoccupied by questions. These questions can be incessant and may be part of coping with the suicide loss. The unanswered questions may lead survivors to feeling responsible for their loved one's death and survivors may experience feelings of guilt and shame.

SUDDEN LOSS: What might survivors feel?

These altered perceptions of self, while often not accurate, can be intensified by societal judgments that produce stigma related to suicide. Although well intentioned comments such as: "Why did he/ she do this to you?", "What a selfish act", "What a coward" these are all very demeaning and judgmental and can add to the stigma and contribute to the shame and guilt felt by the survivor. In this guide we will offer suggestions of supportive comments and responses to encourage the survivor to express their feelings in a safe, non-judgmental and empathic dialogue.

Grieving is necessary and everyone grieves differently after the death of a loved one. It takes time to process what has happened, and the way grief is expressed may range from reactions that are quiet and private to expressions that are loud and public or anywhere in between.

Grief following a suicide is always complex. (Wolfelt, 2007) One point to highlight is that **whatever reactions, feelings or questions the survivor has… this is understandable and alright considering the terrible situation and loss they have experienced. There is no right or wrong way to feel, respond or grieve.**

The best approach that Early Responders can take to allow survivors bereaved by suicide to process the trauma is:

- To recognize, acknowledge and allow the survivor to feel what they are feeling
- To be respectful of the person's needs, allowing the survivor to be in control of the pace of the conversation and the decisions to be made
- To let the person know you are there to listen IF they need to talk
- To let the person share their experience only IF they want to, not forcing disclosure or sharing that the person is not ready for
- To offer support and information about who else they could talk to such as people they have turned to for support in the past, resources in the community that help people who are bereaved by suicide. Being present and genuine with the person in their time of grief and acknowledging their tragic loss shows real concern and acknowledges for all involved the impact that death has had.

This range and difference in feelings, responses and experience is common and expected and understandable given the tragedy that has happened. There is no one way to respond to the trauma of suicide, you may notice some emotions, responses, and reactions such as:

Shock and Numbness - turning off some emotions, not wanting or ready to feel the intense pain, feeling shaky, numb and empty.

Deep Sadness - including helplessness, hopelessness, fear, anxiety, feelings of rejection and abandonment. Life may not seem to make sense anymore.

Anger and Blame - towards self or others including health care providers, family, friends or the person who died, feeling angry at the unfairness of life.

Guilt - feeling like something was missed or that warning signs of distress were ignored, or the survivor may feel guilty about being alive while their loved one is dead.

Shame - intense fear of being judged, or judging and blaming themselves for the death.

Relief - may be experienced if the person who died was suffering in some way or if the relationship was very difficult or chaotic with the deceased.

What to Say: Helpful Ways to Communicate

Here are some suggestions about what can be said and helpful to the person bereaved by suicide:

"What do you need right now?"

- Then try to meet a basic need (water, food, comfort) and or facilitate connections to what is needed (ride home, calling a support person).

"Can I call someone for you?"

- Providing a phone, sitting with the person if they want while they make a call to a support person.

"Who and what has helped you before during a difficult time?"

- A supporting family member or neighbour, a counsellor, a spiritual care provider or self-care strategies.

"This is a very difficult time for you, can I help in anyway?"

- Validates the person's experience and opens the door to offer access to resources such as basic needs, security and comfort, connecting the person to help resources if needed (SPRC, 2005).

"Would it be helpful for you to talk about what has happened?"

- Taking the time to listen, and be present with the person allowing them to share as much as they want. Validating and normalizing their feelings can contribute to the survivor feeling heard, understood, and supported. Respecting the person's privacy if they chose not to talk and open up about their feelings is very important.

"Sudden death can be a traumatic, shocking and overwhelming. Your reaction and feelings are quite normal and understandable"

- Recognizes the range of reactions and emotions that are understandable given the tragic loss and validates the person's feelings and experience.

"When you are ready, you may want to talk to someone who can help you sort through this experience and all the feelings and thoughts you are having"

- Letting people know that it is okay to reach out for help. Sometimes, knowing that they are not alone, and that there are help resources (counsellors) who work with people every day who have gone through what they have, can make a difference.

"When someone dies by suicide, it may seem to overshadow everything else, even the way we think about the person who died. How someone died does not define who your loved one was or your relationship with them"

- Suicide is a trauma and it is okay to say that the way a person has died does not determine their value, identity, and their importance. It does not diminish love felt for the person who has died or the love he or she may have had for others.

Be patient, sometimes the survivor may find processing information difficult, and their ability to communicate is affected. You may find yourself needing to repeat the same information or answer the same question.

Those bereaved by suicide may also find themselves replaying and reconsidering over and over again the circumstances of the death. This is both normal and necessary. (Wolfelt, 2007). Normalizing that it is common to have difficulties concentrating and offering to write down for them any information they want for reference later can be a very helpful gesture.

***SOURCE**: Information was adapted from original sources:
A Guide for Early Responders: Supporting Survivors Bereaved by Suicide.
Winnipeg Suicide Prevention Network. Pages 7-11

Education & Training

Awareness vs. Skills Training

Awareness

An awareness program, like LivingWorks' suicideTALK, can serve a number of purposes. This presentation is for persons interested in learning more about suicide and what can be done to help those at risk. They are designed to stimulate or build on concern about suicide. They often provide basic information about signs of suicide risk along with initial helping steps. Some address the needs of those bereaved by suicide. Sometimes, broader issues about building more supportive suicide-aware networks in communities, schools and workplaces are discussed.

These programs usually provide basic information but do not offer opportunities to develop suicide intervention skills. Some find that attending an awareness presentation is sufficient for their needs and interest. Others choose to become more involved and recognize that they will need more skills to do this effectively.

Awareness presentations are shorter and aimed at the large number of persons who are sensitized to the problem of suicide. The goal is that members of the audience will identify ways that they can help. It is hoped that members of the audience will support suicide prevention and life-assisting programs in their communities and be more willing to refer persons at risk to helpers who are prepared to intervene. Most awareness audiences will recognize that there is more to learn before they feel willing, ready and able to intervene to prevent the immediate risk of suicide.

Intervention Skills

Crisis intervention training programs, like LivingWorks' Applied Suicide Intervention Skills Training (ASIST), equip people to respond knowledgeably and competently to persons at risk of suicide. Participants learn and practice skills in identifying and responding to people at immediate risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Skills training programs should address caregiver attitudes towards suicide since these personal elements affect willingness to help and the effectiveness of the help. Such programs also typically explore options for linking people with resources for ongoing help.

Skills training programs are longer and aimed at persons in positions of trust. The persons best able to provide suicide first aid are the persons others turn to in times of trouble. In intervention skills programs, such persons are typically called caregivers or gatekeepers.

Intervention training programs are skills-based and provide a solid foundation for intervention and follow-up. Those participating in a suicide intervention skills workshop should leave feeling willing, ready and able to intervene to prevent the immediate risk of suicide. Thus empowered, participants from an intervention skills training are often more willing to take a leadership role in suicide prevention and life-assisting programs.

Both awareness and intervention skills are essential

Every community needs people who support suicide prevention as well as caregivers who are prepared to intervene.

LivingWorks

We help people prevent suicide and communities become suicide-safer

LivingWorks programs provide caregivers and other helpers with awareness and skills that help to save lives. These programs are part of national, regional and organizational suicide prevention strategies around the world. The learning experiences are interactive, practical, regularly updated and adaptable.

Comprehensive, layered and integrated, there is a program for everyone who wants to help.

Why it matters

Every year more people die by suicide than from all of the armed conflicts around the world and, in many places, about the same or more than those dying in motor vehicles. For every suicide, up to 100 others may be injured by non-fatal suicidal behaviors. In any year, as many as 6% of the population have serious thoughts of suicide.

We know that most people considering suicide would choose to live if they had support to deal with painful problems in living. We also know that most people considering suicide communicate their intent, directly or indirectly. Our programs provide caregivers and other helpers with awareness and skills that help to save lives.

LivingWorks Programs:

suicideTALK **An exploration in suicide awareness**

safeTALK **Suicide alertness for everyone**

ASIST **Applied Suicide Intervention Skills Training**

suicideCare **Aiding life alliances**

suicideTALK

suicideTALK An exploration in suicide awareness

suicideTALK is a 60- to 90-minute session that invites interested community members to become more aware of the many things that can be done to prevent suicide. Dealing openly with the stigma around suicide, this exploration focuses on the question, "Should we talk about suicide?" Intriguing questions and a number of handouts stimulate learning.

esuicideTALK, an online based program, developed from the original face to face program for delivery with anyone over the age of 15 years. The program maintains the integrity of the original suicideTALK program: **an exploration in suicide awareness**.

It provides a structure in which session members can safely explore some of the most challenging attitudinal issues about suicide, and encourages every participant to find a part that they can play in preventing suicide.

The online version is designed to suit the schedule and lifestyle of any participant. It can be easily accessed and taken on any computer, notebook, tablet or smartphone with Internet connection.

- This newest version employs three guiding members of the **suicideTALK Team**.
- A **narrator** of choice to provide overview and continuity information,
- A session **companion** of choice to be part of the exploration experience, and
- **"Maria"** sharing some of what it was like to be a person at risk of suicide.

This e-version of suicideTALK uses interactive conversational-like exchanges with the participant and provides a series of optional quizzes at the end of each learning chapter that the session member can take to show learning changes between the pre-session and the post-session.

Learning outcomes

By the end of the session, participants will be better able to:

- understand how personal and community beliefs about suicide affect suicide stigma and safety
- appreciate how the skills taught in safeTALK suicide alertness training can be used to help prevent suicide by choosing ways to help protect,
- preserve and promote life in a suicide-safer community

The role of suicideTALK in a suicide-safer community

suicideTALK helps to create a climate for open and direct talk about suicide, reducing stigma and supporting life-protection, preservation and promotion activities.

safeTALK

safeTALK is a three-hour training program that prepares helpers to identify persons with thoughts of suicide and connect them to suicide first aid resources. Most people with thoughts of suicide, either directly or indirectly, invite help to stay safe. Alert helpers know how to identify and work with these opportunities to help protect life. Powerful videos illustrate both non-alert and alert responses. Discussion and practice stimulates learning.

Who can attend?

Anyone who might want to help; minimum age 15 years.

Learning outcomes

By the end of the training, participants will be better able to:

- move beyond common tendencies to miss, dismiss or avoid suicide
- identify people who have thoughts of suicide
- apply the *TALK* steps *(Tell, Ask, Listen* and *KeepSafe)* to connect a person with thoughts of suicide to a suicide first aid intervention caregiver

The role of safeTALK in a suicide-safer community

safeTALK complements ASIST, ensuring that persons with thoughts of suicide are identified and linked to suicide intervention caregivers.

ASIST

ASIST Applied Suicide Intervention Skills Training

ASIST is a two-day interactive workshop that prepares caregivers to provide suicide first aid interventions. Small group discussions and skills practice are based on adult learning principles.

ASIST teaches the *Suicide Intervention Model,* a practical guide to doing suicide interventions. Powerful videos support learning.

Who can attend?

All caregivers, formally designated or not; minimum age 16 years.

Learning outcomes

By the end of the workshop, participants will be better able to:

- identify people who have thoughts of suicide
- understand how beliefs and attitudes can affect suicide interventions
- seek a shared understanding of the reasons for thoughts of suicide and the reasons for living
- review current risk and develop a plan to increase safety from suicidal behavior for an agreed amount of time
- follow up on safety commitments, accessing further help as needed

The role of ASIST in a suicide-safer community

ASIST caregivers complete the process that safeTALK helpers start, providing life-saving suicide first aid interventions.

suicideCare

Aiding life alliances

suicideCare is a one-day seminar that introduces participants to advanced clinical competencies beyond suicide first aid. The focus is on suicide-specific tools that are rarely provided in formal training. Pre-session activities, structured handouts and case studies guide large and small group work. A structured clinical risk assessment informs the matching of an appropriate helping strategy with the needs of the person at risk.

Who can attend?

Mental health clinicians and other helping professionals; ASIST is a pre-requisite.

Learning outcomes

By the end of the seminar, participants will be able to:

- distinguish four helping approaches (first aid, management, treatment and therapy)
- clarify the helping roles associated with these strategies and recognize which role they are fulfilling with a person at risk
- integrate the actions *(Tasks)*, competencies *(Tools)* and helper characteristics *(Traits)* needed to implement these roles effectively
- assess the beliefs, attitudes and practices that facilitate or impede an effective helping relationship

The role of suicideCare in a suicide-safer community

suicideCare complements ASIST, providing help for persons who need help beyond the first aid intervention.

LivingWorks programs provide caregivers and other helpers with awareness and skills that help to save lives. These programs are part of national, regional and organizational suicide prevention strategies around the world. The learning experiences are interactive, practical, regularly updated and adaptable.

Comprehensive, layered and integrated, there is a program for everyone who wants to help.

Contact the Canadian Mental Health Association / Champlain East at 1-800493-8271 or **www.cmha-east.on.ca** for awareness sessions and training dates a. For information about becoming a trainer of any of these programs, contact LivingWorks at **1-888-733-5484** or visit **www.livingworks.net**.

Conclusion

This guide is designed to increase the reader's knowledge of suicide, suicidal behaviours and the related issues, and to increase knowledge regarding suicide specifically in the Champlain East. Areas mentioned include dispelling myths and facts about suicide, discussing why people die by suicide, warning signs, protective factors as well as offering concrete skills in the form of identifying suicidal risk, actively working towards prevention, and what to do after a suicide has occurred (postvention).

This guide also addresses longer term strategies for dealing with grieving clients and becoming a suicide safer community, and assessing how suicide safe our individual agencies are. We have also learned where and how to get suicide specific training through Living Works and how to access further information and community resources both for ourselves, for our clients, coworkers or loved ones. With this greater knowledge and understanding it is the hope of the coalition that area agencies and businesses can move forward with a common strategy to lower the rate of suicide in Champlain East.

Community Resources Champlain East

Emergency Help Numbers:

Mental Health Crisis Line	1-866-996-0991
AIDS Hotline	1-800-668-2437
Child Abuse Hotline	1-866-939-9915
Child, Youth & Family Crisis Line	1-877-377-7775
Cornwall Community Police	613-932-2110
Drug/Alcohol Helpline	1-800-565-8603
Kids Helpline	1-800-668-6868
Ontario Problem Gambling	1-888-230-3505
Ontario Provincial Police	1-888-310-1122
Rape/Sexual Assault Crisis Line	1-800-461-8192
Women's Abuse Crisis Line	1-800-267-4930
Women's Helpline	1-877-336-2433

Community Support Numbers:

Akwesasne Child And Family Services	613-575-2341
Akwesasne Family Violence Program	613-937-4208
Bereaved Families – Cornwall & Area	613-936-1455
Canadian Mental Health Association	1-800-493-8271
Centre De Santé Communautaire De L'Estrie	613-937-2683
Centre Royal Comptois	613-632-0139
CHEO	613-737-7600
Children's Aid Society Of SDG	1-866-939-9915
Children/Youth Counselling Services	613-932-1558
Cornwall Community Hospital	613-932-3300
Counseling & Support Services Of SDG	613-932-4610
Eastern Ontario Health Unit	1-800-267-7120
Équipe Psycho-Sociale	613-938-7112
Glengarry Memorial Hospital	613-525-2222
Hawkesbury General Hospital	613-632-1111
Montfort Hospital	613-746-4621
Seaway Valley Community Health Centre	613-936-0306
Tri County Mental Health	613-932-9940
Valoris Pour Enfants, Adultes De P&R	1-800-675-6168
Winchester Memorial Hospital	613-774-2422

Information & Referral

24 Hour Information & Referral	211
Single Point Access	613-938-9909
Local Resources	www.ementalhealth.ca

Links & Resources

The following organizations provide information and resources to promote mental health and prevent suicide:

Canadian Coalition for Senior's Mental Health: Resources and Publications
www.ccsmh.ca/en/projects/suicide.cfm

Honouring Life - The National Aboriginal Health Organization offers culturally relevant information and resources on suicide prevention for Aboriginal youth
www.honouringlife.ca

Kids Help Phone offers on-line information and counselling for children and youth 1-800-668-6868
www.kidshelpphone.ca

LGBTQ Youth Line 1-800-268-9688
www.youthline.ca

Mental Health Central is an information exchange and public forum for individuals, organizations and professionals looking for or offering mental health services or products **www.mentalhealthcentral.ca**

Mental Health First Aid is a two day certified program of the Mental Health Commission of Canada
www.mentalhealthfirstaid.ca

Mind your Mind is a website for youth created by youth offering information, resources and the tools to help manage stress, crisis and mental health problems
www.mindyourmind.ca

Mobilizing Minds: Pathways to Young Adult Mental Health is a mental health project led by young adults, community organizations, researchers and health professionals **www.mobilizingminds.ca**

River of Life program provides on-line training about Aboriginal youth suicide **www.riveroflifeprogram.ca**

Suicide Prevention among Older Adults: A Guide for Family Members
www.ccsmh.ca/pdf/ccsmh_suicideBooklet.pdf

Teen Mental Health provides information about adolescent mental health to advance the understanding of mental illness and to improve the lives of young people with mental disorders. **www.teenmentalhealth.org**

The Trevor Project provides information about suicide prevention for LGBTQ youth
www.thetrevorproject.org

Yoomagazine from IWK Health Centre is an interactive health magazine for schools, youth and parents
www.yoomagazine.net

Your Life Counts is a website for youth to share thoughts and get help with their problems
www.yourlifecounts.org

Reachoutnow.ca offers on line information on suicide prevention and local resources for the Champlain East area.
www.reachoutnow.ca

The following organizations provide information on suicide and suicide prevention:

Canadian Association for Suicide Prevention works towards reducing suicide and its impact in Canada, through advocacy, support and education
http://www.suicideprevention.ca/

Centre for Suicide Prevention **http://www.suicideinfo.ca/**

Ontario Association for Suicide Prevention **http://www.ospn.ca/**

American Association for Suicidology works to understand and prevent suicide through research, training, and promotion.
www.suicidology.org

American Foundation for Suicide Prevention **http://www.afsp.org/**

International Association for Suicide Prevention
http://www.iasp.info/

Canadian Mental Health Association **www.cmha.ca**

Living Works offers training in Applies Suicide Intervention Skills Training (ASIST), safeTALK as well as other suicide awareness and prevention training programs.
www.livingworks.net

Mental Health Commission of Canada
http://www.mentalhealthcommission.ca/English/Pages/default.aspx

Reasons to Go on Living Project **http://www.thereasons.ca**

The Jack Project **http://www.thejackproject.org/**

Suicide Prevention Resource Centre provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies. **www.sprc.org**

Working Minds provides tools and networks to organizations to help them with suicide prevention, intervention and postvention.
www.workingminds.org

Klinic Community Health Centre has developed a tool kit designed to help service providers and organizations deliver services that are trauma informed.
www.trauma-informed.ca

These links to third-party websites are provided solely as a convenience. The Suicide Prevention Coalition / Champlain East (SPCCE) has no control over these websites or their contents and in no way endorses any linked third-party sites. The SPCCE does not make any representations of any kind regarding such linked content, including the accuracy, completeness, or non-infringement thereof. The SPCCE does not assume any responsibility or risk for use of these links. Use the contents of these websites at your own risk.

Supporting Resource for the development of this guide:

- A Guide for Early Responders: Supporting Survivors Bereaved by Suicide.
- Winnipeg Suicide Prevention Network
  http://www.suicideprevention.ca/wpcontent/uploads/2012/03/Early-Responder-Final.pdf
- Canadian Association for Suicide Prevention: Becoming Suicide Safer, a Guide for Service Organizations Canadian Association for Suicide Prevention
  www.suicideprevention.ca
- Canadian Association for Suicide Prevention
  www.suicideprevention.ca
- Center for Disease Control and Prevention. Suicide Prevention Scientific Information: Risk and Protective Factors. Retrieved on August 2, 2010 from
  http://www.cdc.gov/ncipc/dvp/suicide/Suicide-risk-p-factors.htm
- SafeTALK Trainer Manual (2007) Lang, W., Ramsay, R., Tanney, B., Kinzel, T.
- Suicide Alertness for Everyone. LivingWorks Education. SN1659 03/2007
- Canadian Mental Health Association - Ontario
  http://www.ontario.cmha.ca/fact_sheets.asp?cID=3965
- Suicide Prevention Resource Center. Risk and Protective Factors for Suicide. Retrieved on August 2, 2010 from **http://www.sprc.org/library/srisk.pdf**
- Canadian Mental Health Association, National
  http://www.ontario.cmha.ca/content/about_mental_illness/suicide.asp

Coalition Member Agencies

- Addiction Services of Eastern Ontario
- Bereaved Families Of Ontario
- Canadian Mental Health Association Champlain East Branch
- Catholic District School Board of Eastern Ontario
- Centre de santé communautaire de l'Estrie
- Centre Roberts/Smart Centre
- The Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry
- Conseil des Écoles publiques de l'Est de l'Ontario
- Conseil scolaire de district catholique de l'Est ontarien (CSDCEO)
- Cornwall Community Hospital
- City of Cornwall Social & Housing Services
- Eastern Ontario Health Unit
- Hôpital Général de Hawkesbury & District General Hospital
- L'Équipe Psycho Sociale
- Legal Aid Ontario
- Mohawk Council of Akwesasne
- Ontario Association for Suicide Prevention
- Prescott-Russell Community Crisis Intervention Service
- Prescott-Russell United Counties
- Seaway Valley Community Health Centre
- Services aux victimes Prescott-Russell Victim Services
- Upper Canada District School Board
- Valoris for Children and Adults of Prescott-Russell
- Victim Services of Stormont, Dundas, Glengarry & Akwesasne

Appendix 1: TALK Steps

Here is a summary of the key elements taught in the LivingWorks Education safeTALK training. The information is not intended to replace the fundamental understandings and practical applications of the TALK steps learned in safeTALK. It is strongly recommended to attend a safeTALK training session to have a complete understanding of the TALK steps principles and application.

T-TELL: We would like the person to tell us openly and directly that they are thinking about suicide but often this does not happen. Instead we may need to tune into more subtle "invitations" to begin the conversation about suicide and inquire if thoughts of suicide are present.

The "invitations" may be things we see, hear, sense, or learn about the person.

A-ASK: It is okay to ask openly and directly about suicide.

This is not always the easiest question to ask but if the person is thinking about suicide it is important to do.

How can you ask?

Here are some ways to ask about suicide after you have connected with the person and have seen, heard, sensed or learned about the person in your brief conversation.

Ways to ask about suicide:

Ask directly- It is a yes or no response and we need to be okay talking openly about suicide so that the person has permission to disclose their own thoughts of suicide to us:
"You have been through a very difficult experience; I need to ask, are you thinking about suicide?"
"Are you having thoughts about killing yourself?"

Summarize- It may feel more natural to restate to the person what we have seen, heard, sensed or learned about them and then ask about suicide:
"You look very sad and have told me that you can't take it anymore, sometimes when people are feeling this way they are thinking about suicide, are you thinking about suicide?"

By asking about suicide you are validating the person's pain and trauma and then taking the risk to check out how bad it is for the survivor, "Is it so bad for them that they are thinking of killing themselves?"

If the answer is yes, acknowledge that this is serious. Your next steps should be to:

L-LISTEN: Allow the person to share with you more about how they are doing and what has them thinking about suicide. By listening you are showing empathy and understanding, building rapport with the person so you can express your concern about needing to get help to keep the person safe.

K-KEEPSAFE: You need to get resources or helpers that can do a suicide intervention involved **today** to support the survivor so that they can keep safe.

Here is what you might say to introduce the topic of getting help: "You shared with me that you are having thoughts of suicide, this is serious and I am concerned about you… we need to get other people involved, can I share with you some options of helpers/resources who support people thinking about suicide"

Encouraging the use of other supports: "Who else have you told or who else can you tell about your thoughts of suicide so you have support?" This last statement is about natural supports such as friends or family who can perhaps stay with the person after your conversation with her/him ends.

It is important that a person with thoughts of suicide is not left alone and that they are connected to a helper or resource that can do a comprehensive suicide assessment and intervention today. (LivingWorks Canada, 2007)

If you would like more information on being suicide alert or to develop skills in suicide intervention please visit: www.livingworks.net or www.cmha-east.on.ca to find safeTALK and ASIST trainings offered in your area.

Appendix 2: Helpful Ways to Communicate to person bereave by suicide

WHAT TO SAY: Helpful Ways to Communicate

Here are some suggestions about what can be said and helpful to the person bereaved by suicide:

"What do you need right now?"

- Then try to meet a basic need (water, food, comfort) and or facilitate connections to what is needed (ride home, calling a support person).

"Can I call someone for you?"

- Providing a phone, sitting with the person if they want while they make a call to a support person.

"Who and what has helped you before during a difficult time?"

- A supporting family member or neighbour, a counsellor, a spiritual care provider or self-care strategies.

"This is a very difficult time for you, can I help in anyway?"

- Validates the person's experience and opens the door to offer access to resources such as basic needs, security and comfort, connecting the person to help resources if needed (SPRC, 2005).

"Would it be helpful for you to talk about what has happened?"

- Taking the time to listen, and be present with the person allowing them to share as much as they want. Validating and normalizing their feelings can contribute to the survivor feeling heard, understood, and supported. Respecting the person's privacy if they chose not to talk and open up about their feelings is very important.

"Sudden death can be a traumatic, shocking and overwhelming. Your reaction and feelings are quite normal and understandable"

- Recognizes the range of reactions and emotions that are understandable given the tragic loss and validates the person's feelings and experience.

"When you are ready, you may want to talk to someone who can help you sort through this experience and all the feelings and thoughts you are having"

- Letting people know that it is okay to reach out for help. Sometimes, knowing that they are not alone, and that there are help resources (counsellors) who work with people everyday who have gone through what they have, can make a difference.

"When someone dies by suicide, it may seem to overshadow everything else, even the way we think about the person who died. How someone died does not define who your loved one was or your relationship with them"

- Suicide is a trauma and it is okay to say that the way a person has died does not determine their value, identity, and their importance. It does not diminish love felt for the person who has died or the love he or she may have had for others.

Be patient, sometimes the survivor may find processing information difficult, and their ability to communicate is affected. You may find yourself needing to repeat the same information or answer the same question.

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Source: A Guide for Early Responders: Supporting Survivors Bereaved by Suicide.
Winnipeg Suicide Prevention Network. Pages 7-11

Appendix 3: Help Card www.reachoutnow.ca

EMERGENCY HELP NUMBERS:

MENTAL HEALTH CRISIS LINE	1-866-996-0991
AIDS HOTLINE	1-800-668-2437
CHILD ABUSE HOTLINE	1-866-939-9915
CHILD, YOUTH & FAMILY CRISIS LINE	1-877-377-7775
CORNWALL COMMUNITY POLICE	613-932-2110
DRUG/ALCOHOL HELPLINE	1-800-565-8603
KIDS HELPLINE	1-800-668-6868
ONTARIO PROBLEM GAMBLING	1-888-230-3505
ONTARIO PROVINCIAL POLICE	1-888-310-1122
RAPE/SEXUAL ASSAULT CRISIS LINE	1-800-461-8192
WOMEN'S ABUSE CRISIS LINE	1-800-267-4930
WOMEN'S HELPLINE	1-877-336-2433

COMMUNITY SUPPORT NUMBERS:

AKWESASNE CHILD AND FAMILY SERVICES	613-575-2341
AKWESASNE FAMILY VIOLENCE PROGRAM	613-937-4208
BEREAVED FAMILIES – CORNWALL & AREA	613-936-1455
CANADIAN MENTAL HEALTH ASSOCIATION	1-800-493-8271
CENTRE DE SANTÉ COMMUNAUTAIRE DE L'ESTRIE	613-937-2683
ROYAL-COMTOIS CENTER	613-632-0139
CHEO	613-737-7600
CHILDREN'S AID SOCIETY OF SDG	1-866-939-9915
CHILDREN/YOUTH COUNSELLING SERVICES	613-932-1558
CORNWALL COMMUNITY HOSPITAL	613-932-3300
COUNSELLING & SUPPORT SERVICES OF SDG	613-932-4610
EASTERN ONTARIO HEALTH UNIT	1-800-267-7120
ÉQUIPE PSYCHO-SOCIALE	613-938-7112
GLENGARRY MEMORIAL HOSPITAL	613-525-2222
HAWKESBURY GENERAL HOSPITAL	613-632-1111
MONTFORT HOSPITAL	613-746-4621
SEAWAY VALLEY COMMUNITY HEALTH CENTRE	613-936-0306
TRI-COUNTY MENTAL HEALTH	613-932-9940
VALORIS POUR ENFANTS, ADULTES DE P&R	1-800-675-6168
WINCHESTER MEMORIAL HOSPITAL	613-774-2422

INFORMATION & REFERRAL:

24 HOUR INFORMATION & REFERRAL	211
SINGLE POINT ACCESS	613-938-9909
LOCAL RESOURCES	ementalhealth.ca

IF YOU OR SOMEONE YOU KNOW:

- threatens suicide
- talks about wanting to die
- shows change in behaviour, appearance, mood
- abuses drugs, alcohol
- deliberately injures themselves
- appears depressed, sad, withdrawn

YOU CAN HELP:

- stay calm and listen
- let them talk about their feelings
- be accepting: do not judge
- ask if they have suicidal thoughts
- take threats seriously
- don't swear secrecy - tell someone

GET HELP.YOU CAN'T DO IT ALONE.

CONTACT:

Family, friends, relatives, clergy, teachers, counsellors, doctors, crisis lines, mental health services or hospital emergency departments.

More information available at:

(Adapted from Thunder Bay Youth Suicide Prevention Task Force)