

UNDERSTANDING SUICIDE PREVENTION



A HANDBOOK FOR
FAMILY MEMBERS AND
CAREGIVERS



Waterloo Region
Suicide Prevention Council
www.WRSPC.ca

At A Glance

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Introduction

Over 4,000 Canadians die by suicide each year. Suicide is the second leading cause of death among Canadian youth aged 10 – 24, and the third leading cause of death among adults from ages 25 – 49 (Statistics Canada, 2009).

Suicide is the result of a complex set of thoughts and behaviours. Suicide risk moves on a continuum from ideas to actions. People who consider suicide often feel hopeless, helpless, worthless and desperate. Suicide may, at that time, seem like the only choice to escape painful feelings, and an unsolvable, painful problem or situation.

As individuals and as a community, there are many things we can do to help support people at risk of suicidal behaviour choose life. Knowing what the feelings and situations mean to the person is very important. If they feel their situation or struggles have a significant and negative impact on their quality of life, then the risk of suicide is increased.

However, it is important to have a balance between hope that the person will choose life, and the reality

that not everyone will make that choice. Like physical first aid, those who are helpers do the very best they can, however they may not be able to save a life every time. It is also true that sometimes, the smallest intervention can make a difference in someone's decision to stay safe. Therefore, it is always better to act by offering whatever help and support we can.

“I don't want to die, I struggle to live.”

- Suicide Attempt Survivor

Risk Factors for Suicide

Stressful Situations that May Increase Vulnerability to Thoughts of Suicide

Historical Factors (enduring factors or past situations)

- ♥ Having a mental illness or a family history of mental illness
- ♥ Loss of a relationship; lack of social supports
- ♥ Unemployment and financial difficulties
- ♥ Family history of suicide or suicide of a close friend
- ♥ Substance abuse or family history of substance abuse
- ♥ Difficulty with peer relationships
- ♥ Poor self-esteem; excessive feelings of shame or guilt

Current Factors (factors that create a crisis)

- ♥ Pressure to be successful (from self or others)
- ♥ Trouble with the law
- ♥ Loss of respect or status causing loss of self-worth

- ♥ Money problems
- ♥ Job loss, change, and/or retirement
- ♥ Discrimination
- ♥ Alcohol or substance abuse
- ♥ Serious illness
- ♥ Chronic pain
- ♥ Recent discharge from psychiatric care
- ♥ Preoccupation with aging and mortality
- ♥ Preoccupation with self-evaluation

Because suicide is a result of complex factors, it is very difficult to say that one situation or another leads a person to consider suicide as an option. We do know that certain stressful situations both present and in the past, can contribute to a person feeling overwhelmed and unable to cope. We also know that every individual is likely to respond to a similar situation in different ways. What may not be important to one person could be vital to someone else. It is not the situation itself that can lead to feelings of desperation and a sense of hopelessness, it is the meaning that an individual places on that situation or stressor that is important. How a person is affected depends on their perception of the impact on their life and their ability

to deal with that stressor or group of stressors. As helpers, it is important not to make assumptions, but to explore with the individual the meaning they attach to events and situations in their life.

"I needed help and love and support. I needed them to tell me that they loved me and that I was okay as a person, that I meant something to them and that I had value and worth. Most importantly, that I didn't need to be fixed. I just needed them to be there."

***- Kimberly, Suicide Attempt
Survivor***

Warning Signs of Suicide

Indication that Someone may be Thinking of Suicide

Many suicides can be prevented. Most people who are considering suicide do give some indications of their distress, either consciously or unconsciously. Risks related to suicide can be reduced by learning to recognize the signs of someone at risk, taking those signs seriously, and taking appropriate action to keep the person safe. Below are some things to look for if you are concerned about someone, especially if you know their past or present situation may make them vulnerable.

Talks About Suicide

- ♥ Seems to be preoccupied with death or suicide
- ♥ Says things like:
 - ♥ “I wish I were dead”
 - ♥ “I can’t take it anymore”
 - ♥ “People would be better off without me”
- ♥ Says they are having suicidal thoughts

- ♥ Talks about an actual plan to end their life
- ♥ Makes preparations such as obtaining a weapon or saving up medication

Expresses Negative Thoughts:

- ♥ Talks about feeling hopeless, helpless or worthless
- ♥ Appears to have a negative self-image
- ♥ Talks about feelings of hopelessness about the future
- ♥ Talks about feelings of guilt

Puts Personal Affairs in Order:

- ♥ Appears to be “tidying up loose ends”
- ♥ Lets people know of their final wishes
- ♥ Appears to be making preparations:
 - ♥ Makes or changes a will, checks on insurance policy
 - ♥ Mends grievances
 - ♥ Says goodbye to people as if they won't see them again
 - ♥ Makes late calls in the middle of the night to family and friends
 - ♥ Gives away personal or treasured

belongings

Significant Change in Behaviour:

- ♥ Seems unsure about things, great difficulty making decisions
- ♥ Complains of being misunderstood
- ♥ Appears confused
- ♥ Anxious or agitated

Signs of Anxiety:

Anxiety can be a contributing factor to suicidal behaviour

- ♥ Excessive worry
- ♥ Unwanted and distressing thoughts or images
- ♥ Intense fear or panic
- ♥ Physical symptoms such as tension, racing heart, trouble breathing, nausea

Signs of Depression:

Many people who attempt or die by suicide have depression

- ♥ Loss of interest in usual activities

- ♥ Changes in sleep pattern
- ♥ Loss of, or change in appetite
- ♥ Loss of energy or fatigue
- ♥ Saying negative things about oneself.

Some Things that Increase the Risk of Suicide Are:

- ♥ A plan for suicide
- ♥ If the person is feeling anxious, distressed, overwhelmed, desperate for relief from physical or emotional pain, feeling helpless or hopeless
- ♥ If the person is feeling vulnerable or overwhelmed because of a concern with their mental health
- ♥ If the person has attempted suicide before, particularly if they have not changed their coping strategies since that time
- ♥ Being impacted by the death of someone they know

Noticing some of the indications that someone may be thinking of suicide is an opportunity to talk to the person and find out more about how they are feeling about their situation. Ask the person directly if they

are thinking about suicide, and listen to them. This helps someone feel less alone, and may contribute to a person accepting help and support. Knowing risk factors can also help give a clearer picture of why someone may be vulnerable to suicide.

It can be frightening to know that someone you care about is suicidal. If you think a friend or family member is considering suicide, you might be afraid to bring up the subject. However, talking openly about suicidal thoughts and feelings can save a life. Suicide prevention begins with understanding signs of distress and taking them seriously.

"I wish they had seen the signs and asked if I was thinking about suicide... I don't know if it would have made a difference. It's just that so many people are scared to mention the 's' word, and think that asking someone if they're thinking of suicide is going to encourage them or put the idea in their head. That's not the case at all."

- Melanie, Suicide Attempt Survivor

Suicide and Youth

Because children and adolescents are at a different stage of life than adults, there are some risk factors and signs of distress that are different than those of adults:

- ♥ A change in the friends and the people they hang around with
- ♥ An obsession with death which might be seen through their artwork, writing, the music/lyrics that they listen to and the movies that they are watching
- ♥ The glorification of the death by suicide of a well-known person such as a musician
- ♥ Use of internet sites that talk about ways to take one's life; posting comments on social media; deleting search history so that others cannot see what the youth has been looking at.
- ♥ Changes in school performance:
 - ♥ lower grades
 - ♥ missing classes
 - ♥ not going to school
- ♥ Breaking up with a boyfriend or girlfriend

- ♥ An increase in the use of drugs and/or alcohol.
- ♥ Excessive risk taking
 - ♥ driving dangerously
 - ♥ sexual promiscuity
 - ♥ living on the street
- ♥ Changes in behaviour that result in antisocial or criminal activity:
 - ♥ rebellion
 - ♥ hostility (picking fights)
 - ♥ violence
 - ♥ excessive anger or impulsivity

There are also risk factors among this age group that might cause a crisis for a young person and lead them to consider suicide. Major crises drastically affecting a person's ability to cope with life may include the following.

- ♥ Family problems:
 - ♥ divorce or separation of their parents
 - ♥ alcoholism
 - ♥ physical or sexual abuse
 - ♥ financial difficulties
- ♥ Crises:
 - ♥ fighting with family, friends or teachers
 - ♥ disciplinary crisis or suspension

- ♥ running away
- ♥ court appearance
- ♥ pregnancy, miscarriage, abortion, birth of a baby or the anniversary of such an event
- ♥ Moving to a new neighbourhood, city, province or country
- ♥ Death of a loved one:
 - ♥ parent, sibling, grandparent, friend, teacher, pet
- ♥ Peer pressure:
 - ♥ for most young teens, friends are very important
 - ♥ when a teen does not fit in and does not feel part of a peer group, life can be very difficult
 - ♥ this is especially true for children and youth who experience bullying
- ♥ Sexuality:
 - ♥ LGBTQ youth are at greater risk of suicide
- ♥ Use of drugs and/or alcohol:
 - ♥ drugs and alcohol are often factors involved in suicide attempts or deaths by suicide
- ♥ Lack of adequate sleep

- ♥ Feeling that life has no purpose or meaning

Not all young people thinking of suicide show signs of distress. Some may be high achievers who have excessive pressure on themselves to succeed. In addition to community resources, schools often can provide help during times of crisis as well as ongoing support.

“I feel like people would always tell me, 'oh, but you don't have anything to be sad about. You have a great life. How could you be so depressed if you have such a great life? There's nothing wrong with your life,' which I also feel is a big problem, because that's what depression is: it's feeling that way with no reason.”

- Youth

Suicide and the Older Person

Older people have their own stressors associated with suicide:

- ♥ Death of a spouse and/or anniversary of that death
- ♥ Loss of friends, family or status
- ♥ Loneliness and social isolation
- ♥ Declining health
- ♥ Diminished functioning
- ♥ Chronic pain
- ♥ Dementia
- ♥ Depression
- ♥ Financial worries
- ♥ Feeling like a burden to others
- ♥ Loss of purpose/meaning (retirement)

An elderly person may not speak directly about their wish to die, though may make vague comments such as “I want to go jump in a lake” or “I want to just go to sleep and not wake up.” It is important to respond to these types of statements to gain understanding of what the person means. Asking directly about suicide is important.

Helping the Person at Risk

- ♥ Be attentive and reach out to the person.
- ♥ Take the person seriously.
- ♥ Remain accepting and non-judgmental.
- ♥ Assure the person that help is available.
- ♥ Ask the person directly about any intentions of suicide.
- ♥ Discuss your concerns openly and honestly.
- ♥ Offer support and encourage hope.

Get help. Never do it alone. Share responsibility by involving family, close friends, family doctor, clergy, and other support services.

- ♥ Stay calm
- ♥ Let them talk about their feelings
- ♥ Stay with the person until they are safe
- ♥ Do not promise to keep this a secret and do not try to solve their problems for them

People who receive support from caring family members and friends, and who have access to mental health services are less likely to engage in suicidal behaviour. Your involvement can play a critical role in suicide prevention.

If the person is showing signs of being suicidal, or has made statements, attempts or gestures about wanting to hurt him or herself, call a crisis centre. The number in Waterloo-Wellington for Here 24/7 is **1-844-437-3247 (1-844-Here 24-7)**.

The people who work at the crisis centre can give you the information that you need to get help for the person and can talk directly to the person or even come to see them if they are willing. You will find the telephone numbers of other emergency and mental health services at the back of this resource. Accompanying someone to the hospital can be helpful.

If the person is in immediate danger, call 911.

"Often when in crisis, I don't know how to act. If behavior is modeled (ie. Using a quiet and even tone of voice), then I may be able to pattern my own behavior according to what [you are] doing, and this will also help my de-escalation."

-Bergmans et al.

Hospital Admission

Individuals who are at immediate risk or who have made a suicide attempt should be referred or accompanied to the nearest hospital emergency department and/or emergency crisis services.

Individuals in immediate danger who refuse to go to the hospital can be taken to the hospital emergency department by police under the Mental Health Act for examination by a physician.

If a physician examines an individual and finds the person to be a danger to themselves, or others, the physician may complete a Form 1 which is an Application for Psychiatric Assessment. The person then becomes an involuntary patient of the facility for up to 72 hours. If, after 72 hours, the person needs to remain in hospital on an involuntary basis, then another physician can lengthen the admission by completing additional forms.

Patients have the right to have a Rights Advisor and Review Board hearing if an involuntary admission is extended beyond 72 hours.

Confidentiality

Health information is private. The person may ask the health care professional not to share information. Their wishes must be respected. This is the law. Usually, written consent from the person is necessary for health information to be shared outside the health care team. It can be difficult for family members to understand why information may not be shared with them. Most health care professionals try to share as much information with family members as possible. If the person does not give their consent for the health care team to share information there are other ways to be involved in the person's care:

- ♥ Family members and friends may give information to the health care professional, even if the health care professional cannot give information back
- ♥ Let the health care professional know that you are involved in the person's life, and that you would like to support them
- ♥ Talk to your family member or friend about your desire to be involved
- ♥ Encourage the person to sign a consent form so that the health care team can share

- health information with you
- ♥ Learn more about the supports that are needed to help your family member or friend.

“De-escalation works best for everyone when communication is shared between all members of my care team, who work collaboratively and with continuity...My partner, friends and family are partners in my care... ”

- Bergmans et al.

Discharge from Emergency Room or Hospital

If the person is discharged, the staff of the facility should provide them with a plan for follow up care.

The plan may include:

- ♥ A referral to or an appointment with a mental health provider (this may be a psychiatrist, family doctor, social worker, or self-help/peer support worker)
- ♥ Information on any treatments received (including medications) and what, if anything, the person will need to do about those treatments after leaving hospital
- ♥ Information about additional resources
- ♥ Safety planning

Medication can often have an important role in the treatment of mental health issues. Other approaches, such as counselling/therapy, may be recommended as well. If the person has been prescribed medication, follow the directions given by the doctor. They should not stop taking the medication without talking to the doctor who prescribed their medication. It may be helpful to stay on the medication to give it time to start working or to benefit from the therapeutic effects. Talk to the

person's doctor about any concerns regarding their medication, including side effects, and encourage the individual to do the same.

After having serious thoughts about suicide or having made a suicide attempt, your family member or friend may be experiencing exhaustion, fatigue, anger, embarrassment or shame. The person has to cope with a number of things: the attempt itself, the reactions of other people, transportation to a doctor or mental health agency or hospital, and treatment. They may be feeling overwhelmed. Once they are through the crisis, they may be ready to work on some of the problems or situations causing them distress. Suicidal people feel that their problems are out of control and that suicide is the only way out. The suicidal person's perception is that their life will never be better or less painful. They feel hopeless, helpless, and worthless. They cannot feel the love, support and acceptance of the people in their lives who care about them. They often hide their pain from those who care and those who can help.

After discharge from hospital, there are several things that a family member can do to help in the

person's recovery. One is to help create a Safety Plan.

A Safety Plan includes identifying:

- ♥ Situations or 'triggers' that cause distress and may increase the risk of an attempt
- ♥ Early warning signs that indicate a return of suicidal thoughts or feelings
- ♥ Coping strategies that help reduce suicidal thoughts or behaviors
- ♥ How other people can help in a crisis situation (what to do and what not to do)
- ♥ Steps that can be taken to reduce the risk of further suicidal behaviours. This may include removing methods of self-harm from the home
- ♥ When to seek additional support and crisis help
- ♥ A list of key contact persons. This includes the telephone numbers for hospital or crisis services, family physician, mental health workers and/or family members who can be called upon to help

Build a Support System

It is important that the individual have at least one person in their life whom they can turn to in times of need. It may be a family member, close friend or co-worker, member of the clergy, etc. – someone the individual trusts and can be very honest with.

CRISIS SAFETY PLAN

How do I know I'm in crisis? (warning signs/triggers)

1. _____
2. _____
3. _____

What can I do for myself?

1. _____
2. _____
3. _____

What do I want from others?

1. _____
2. _____
3. _____

Remind myself what is positive and hopeful.

1. _____
2. _____
3. _____

Self-Care

Living with someone who wants to die and may be contemplating suicide can be very difficult. You may feel guilty or afraid that anything you say or do (or don't say or do) will cause them to act on thoughts of suicide. Feeling responsible for someone else's life or death may be overwhelming. No one can be responsible for the choice another person makes about living or dying. The more you understand about this, the easier it will be to deal with someone you love.

You as a caring person may also find it helpful to get support after a crisis. Families commonly provide a safety net and a vision of hope for their loved one, and that can be emotionally exhausting. In order to be of help to the person you love, you first need to take care of yourself. When we don't take care of our own needs, we're more likely to become irritable, short-tempered, judgmental, and resentful – which can have a negative impact on everyone.

Use What You Know

Use the experience and expertise you have built up

caring for your family member or friend to guide you when new problems arise. Get as much support and practical help as possible from other family members, friends or other relatives. Talk over your problems with someone you trust. Problems are rarely solved on the first try. Attempt to separate the problem from the person you are supporting. Be aware of what you can and cannot control. Try to focus on the task of caring. This may help you to problem-solve. Try out a number of solutions until you find the ones that work for you. Find ways to strengthen hope – focus on the successes, no matter how small.

Learn New Ways to Respond

Living with suicide is difficult for everyone. Moods can change, and sometimes people are reluctant to share how they are really feeling. Many people find it difficult to know how to ask for help, so sometimes the person may “ask” through their behaviour. The person who is struggling may withdraw and reject your offers to talk or help. You may feel like you’re walking a tightrope – you don’t know when to reach out, and when to stand back. You, your friends and relatives may disagree about what to do. Normal

boundary setting or working out everyday difficulties may now feel much more daunting. Maintaining expectations that are too high, ignoring the problem, giving in continually, or allowing yourself to become victimized is neither healthy for you nor helpful to others. As a loving parent, partner, or friend, you want to make the best choices, however it may not be clear what decisions will have the most positive outcomes. Counselling or some type of professional help can be very useful to learn new ways to respond and help you understand the options that are available.

Change begins when a person believes that there is hope and help. We can provide networks of caring and support for both ourselves and our loved one. It is important to find safe places and supportive people willing to accompany you on this journey.

Take Care of Yourself

Recognize when you are feeling stressed and try to find ways to reduce your stress. Maintain daily routines. Eat nutritiously and exercise as often as possible. Find activities you enjoy. Try to maintain a healthy and balanced lifestyle for you and the rest

of the family. Each member of the family will have their own individual way of coping with the emotions and reactions they experience. You need to take care of yourself in order to be able to support another person. Your efforts to help your family member will be more effective if you are feeling well and strong yourself.

Reach Out for Support

Acknowledge and share your feelings with others who understand what you are going through. Find supportive relatives, friends, co-workers, anyone you feel comfortable talking to. There are support groups for families where you can connect with other families and learn from their experiences. Get as much help as you can from professionals and mental health organizations.

Know Your Limitations

Decide what level of support and care you are realistically able to provide. Let others involved in the care of your family know what your limits are. This will help in making arrangements for care. Sacrificing everything for your family member will

only exhaust you. Remember there is only so much you can do to help your family member. Recognize the limits of what you are able to do.

Set a Routine

Structure is important to maintain wellness

- ♥ eat nutritious food regularly
- ♥ establish a sleep routine
- ♥ exercise and get fresh air several times a week
- ♥ gradually re-engage in usual activities
- ♥ find a hobby or activity that involves interacting with others

Attend to Your Spiritual Needs

Find a place you can retreat to when you need a break. We all need to replenish our strength from time to time. Explore meditation, spiritual retreats, self-help courses, support groups, reading or music to find your inner peace and strength. Be patient with yourself – it takes time to adjust to significant changes.

If you find that you are struggling frequently with

your own mental health and experiencing some or many of the behaviours or feelings that indicate difficulty coping, it is very important to get support for yourself. Some of the things to be concerned about are:

- ♥ Isolation – cutting yourself off from other people
- ♥ Tears – crying a lot or constantly trying not to cry
- ♥ Lack of Concentration – having difficulty thinking clearly and focusing on tasks
- ♥ Bad Temper – losing your temper frequently and over small things
- ♥ Frequent Illness – Being susceptible to colds and other illnesses going around
- ♥ Pessimism – focusing on the negative and feeling hopeless that things will ever get better
- ♥ Overwhelmed – feeling overloaded with the situation to the point of exhaustion
- ♥ Missing Work or School – too worried or upset to maintain your daily routines
- ♥ Sleep Disturbances—having trouble sleeping or wanting to sleep all the time

Community Resources

- Waterloo Region Suicide Prevention Council (wrspc.ca)
- HERE 24/7 crisis services is your link to 12 agencies across Waterloo – Wellington. All you need to do is reach out to us. We do the intake, assessment, referral, crisis, waitlist and appointment booking work for these important programs. It's our job to be your guide, figure out your needs and help you navigate the system. This leaves you free to focus on maintaining hope and pursuing recovery.



1 844 437 3247
(HERE 24/7)

Call anytime to access
**Addictions, Mental Health
& Crisis Services**
Waterloo-Wellington-Dufferin

If you have concerns, we hope you'll reach out.
WE'RE HERE 24/7.

Here 24/7 and its service partners comply with Ontario's health privacy standards. Full details can be found at here247.ca/privacy

Addictions, Mental Health & Crisis Services

- Grand River Hospital: **519-749-4300**
- Cambridge Memorial Hospital: **519-621-2330**

- Crisis Respite: **519-576-7431**
or **1-866-797-7431**

Crisis Respite provides a short term, voluntary, non-medical, supportive residential environment. Individuals experiencing a psychosocial crisis or in need of a planned respite stay will find support and safety while working toward crisis recovery goals. The program provides assistance for people to work on issues related to their present situation. Crisis Respite also offers planned respite stays for individuals, providing family members with a break from caregiving.

- Police Dispatch: **519-653-7700**

Sources

Bergmans et al.

"Advances in Crisis Management of the Suicidal Patient: Perspectives from Patients." ; *Current Psychiatry Reports*, 2007, p. 75.

Lifeline for Attempt Survivors: www.lifelineforattemptsurvivors.org

Live Through This: www.livethroughthis.org

Canadian Mental Health Association: www.cmha.ca

Livingworks Inc.: www.livingworks.net

Statistics Canada: www.statcan.gc.ca

Centre for Suicide Prevention: www.suicideinfo.ca

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