

*After an Attempt:
A Guide for Family & Friends*



WATERLOO REGION
Suicide Prevention Council

Disclaimers

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Help is Available

If you or someone you know is struggling and needs support, help is available.

Canada’s Suicide Crisis Helpline (24/7)
Call or Text 988

Hope for Wellness Indigenous Helpline (24/7)
Call 1-855-242-3310
Live chat available: www.hopeforwellness.ca

Boots on the Ground Peer Support for First Responders
Call 1-833-677-2668

More resources are available at www.wrspc.ca

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Introduction

You may have sought this guide out on your own, or it has been offered to you because someone you care about has made a suicide attempt or has demonstrated other suicidal behaviours. Through this experience, you may have endured a range of emotions and thoughts. This guide is intended as a start to help you to make sense of what you are going through. It provides:

- Information on what might happen at the hospital after a suicide attempt, including your loved one's rights, and your rights as a family member or friend.
- An understanding of what is happening for someone struggling with thoughts of suicide.
- Tips on how you can help and support someone after their attempt and during their recovery.
- Ways to take care of yourself during this difficult time.
- A list of resources and references.

Suicidal behaviour can be very distressing for both the person experiencing it, as well as those who care about them. It is important to remember that people not only move through these experiences, but positive changes can also occur. Going through crises can be taxing and difficult, but these same crises often lead to growth, increased self- understanding and awareness, and the discovery of new and more effective ways of coping. In the midst of chaos, fear, and upheaval, we can have compassion toward ourselves and those who are in distress. This compassion is what contributes to hope and resilience.

Remember that there is help available and that you can get through this.
You are not alone.

Understanding Suicidal Behaviour

If the person you care for wasn't in great distress, and if they were able to evaluate their options calmly and objectively, they would likely not choose suicide. Sometimes, even when surrounded by caring and concerned family and friends, your loved one may still feel severely disconnected from themselves and from others. Therefore, they may not be able to reach out for help on their own and it is important to understand this.

When people who contemplate suicide are unable to recognize and access their own internal resources and strengths to cope, they can lose hope that things will ever be better. If they are in great pain and suffering, sometimes they just can't see another way out. When this happens, they may not recognize or be able to accept the care that others are offering. The pain and suffering are just too intense for them to see the care around them.

There are many reasons that people attempt suicide; there is no single, simple explanation. Significant loss, psychological trauma, intergenerational trauma, depression, physical and mental illness, addiction, poverty, oppression, marginalization and stigma can all contribute to suicidal thoughts and behaviours. When life seems overwhelming, has lost its meaning and purpose, and when despair overcomes feelings of optimism, a person may feel so hopeless that they think suicide is the only way to stop and escape their intolerable pain and suffering.

There can be prejudice and judgment about people who are suicidal. These judgments may come from places of shock, denial, sorrow, and anger. However, remember that having thoughts of suicide does not make a person bad, crazy, weak, or flawed. They may not want to die, but they may have more pain than they can cope with right now. They just want the hurt and hopelessness to stop, and when there appears to be no other answers, suicide becomes a way to stop the hurt. There are many kinds of suffering, including physical, mental, emotional, and spiritual pain. The extent to how much pain or suffering is bearable will differ from person to person.

The point at which the pain becomes unbearable often depends on three things. One is about the accessibility and responsiveness of support and

coping resources a person has access to. The second is the capacity a person has to access their own internal coping skills and resources. The third is the level of pain and suffering the person is experiencing. It is also important to note that it can be someone's perception or experience of an event or situation that causes the suffering or distress, not necessarily the event itself. What one person experiences as painful or overwhelming might not be the same for someone else. And yet, we need to remember that blaming the person for their thoughts of suicide is unhelpful.

After an Attempt: What Happens at the Hospital

When a person has attempted suicide, a medical assessment is the first priority. The person should go to the nearest emergency department. Sometimes, close others can accompany them to the hospital, or there may be times when more urgent support (e.g. ambulance and police) needs to be contacted. Depending on the impact of the attempt, the person may or may not be able to speak for themselves. Family and friends can be a valuable source of information when medical personnel are making their medical and psychological assessments.

Every emergency department experience will be a little different because each hospital follows its own policies and procedures. However, there are some general guidelines of what you can expect when you are in the emergency department. In this section, you will find information about the triage and assessment process, involuntary assessments and admissions, discharge plans, and your rights as a family member or friend of the individual.

Triage

The triage process involves getting your loved one's personal information as well as recording details of the attempt. It is helpful to bring the following with you:

- Health Card.
- All medications and supplements in their bottles, including prescriptions, and over-the-counter medications
- The name of family doctor and/or psychiatrist/counsellor/mental health worker/spiritual caregiver that is working with the individual.

Note: The triage and ER assessment process takes time. Once immediate safety concerns have been met, you may have to wait a while, so it can be helpful to bring a book with you to pass the time, as well as some money for coffee, food, and parking, etc.

Medical Assessment

After the triage process, a doctor will assess your loved one and attend to their medical needs. This may include monitoring for a period of time to ensure their medical stability. You may want to ask the medical staff and your loved one if you can sit in on their evaluation. You may be able to provide critical information, such as:

- Any access to weapons, medications or other means of suicide
- Any changes in how medication is being taken.
- Any changes in access to professional help, such as whether they are attending appointments or not.
- Any changes in the person's thoughts or behaviours that might indicate a problem with their mental functioning
 - If a suicide note or will has been written
 - If possessions have been given away
 - If abuse is occurring currently or has in the past
 - Any history of past trauma or traumatic events
 - Significant anniversary date of a loss or an important event
 - Any alcohol and/or drug use or misuse
 - History of previous suicide attempts and successful aftercare or treatment
 - History of suicide amongst family members or friends
 - Any health diagnoses (including mental illness) and treatment plans, or lack thereof
 - A health directive, if one exists.

Mental Health Assessment

Once the person you care about has been triaged, they may see an ER doctor and/or speak with a Psychiatric Emergency Nurse (PEN). A PEN specializes in emergency psychiatry.

It is helpful to share information about your concerns in a descriptive way, e.g., "They are withdrawn, angry, drinking more for the last two weeks, pacing the house, not going to work," rather than simply saying, "They've changed". Any details are helpful for the emergency personnel to hear

because this can help them to fill in any gaps in information and may provide a more complete picture of what is going on.

Your loved one will be seen and assessed, and a plan will be made for their care. At some point in the process, the ER team will need to interview your loved one alone. This is so the team can hear directly from them and get their perspective. This can be a challenge for your loved one's care because they may not provide all the relevant information about what has led them to attempt suicide. People often carry shame about the reasons they made the attempt, so they may not feel comfortable sharing their full experience yet. Keeping this in mind is important so that you are able to navigate your own frustrations, while continuing to be supportive with your loved one that made an attempt.

A discharge plan from the emergency room may include one or more of the following: an admission to hospital, being held in the ER overnight, a referral to the Crisis Stabilization Unit, or a return home. Ask what follow-up care and treatment plan is being put in place for your loved one. Follow-up is especially important because it can reduce the chance of future attempts.

If your loved one is admitted to the hospital, ensure that you know which ward they are in and how to contact them. They may wish to have some comfort items brought to them as well. It can be helpful to discuss with the hospital staff which items are allowed for patients to have, as different wards or units may have different rules.

Being Discharged from the Hospital

If it has been determined that your loved one does not need to be admitted to hospital, they will likely be discharged. A good discharge plan includes some or all of the following:

- Any follow-up care and/or suggestions made by the assessment team
- Information about whether your loved one will be seen again, and if so, when, where, and by whom
- Details of any referrals made to services, and whether the referral process has been explained to you

- A safety plan that was co-developed with your loved one.
- A list of local resources, including the phone numbers of local crisis lines
- The medication management plan. If medications have been prescribed, particularly in the case of an overdose, you may be able to negotiate that they are given to you, and/or they be prescribed in a way (e.g. daily or weekly pick-up) such that the person is not being given large quantities at any given time.

Before you leave the hospital, make sure you and your loved one understand the discharge plan. The plan is most effective when everyone understands it. Have it in writing so you can refer to it later, and can provide a copy to other professionals who might ask for it.

If you feel uncomfortable at all with the discharge plan, tell the ER team and clearly explain why you feel this way. Again, be specific: “They threatened to kill themselves and told me they wouldn’t talk about it at the hospital,” rather than simply saying, “I’m worried”.

Involuntary Admission

Involuntary admission means the doctor is concerned enough to believe that the person you care about is at a high risk of suicide. Involuntary admission means that your loved one will be held for observation for up to 72 hours. This allows the medical personnel to make a more accurate assessment.

During this time, your loved one will not be able to go out for coffee or on passes, unless it has been cleared by the doctor. If they are allowed to go out, you may be asked to accompany them and be responsible for getting them safely back to the unit. If you do not feel that you are up to this responsibility, you have the right and the responsibility to say no. It may feel awkward to say no, but taking care of someone who is working through suicidal thoughts and attempts is a significant responsibility. You might feel more comfortable being their escort when involuntary admission has been lifted.

Involuntary Assessment

If you believe that your loved one has attempted suicide or is in immediate danger of doing so, your first step always is to access emergency services (ambulance or police or mobile crisis). However, sometimes the person refuses help or convinces the emergency response team that they don't need help. If this happens, you may then choose to go before a Magistrate to apply for an order that your loved one be medically examined. This is called an [Application for an Order for Involuntary Medical Examination under The Mental Health Act \(1990\)](#).

You do not need a lawyer for this, but the application process can be complicated. You may be able to ask for assistance from your local Mobile Crisis Service. If you are unsure where to locate your local Magistrate, call your local Regional Health Authority or police detachment. Note that some Magistrates are available outside normal business hours.

Mental Health Advocate

[The Psychiatric Patient Advocate Office](#) (PPAO) provides individual and systemic advocacy. This office is an excellent source of expertise and education within the mental health system and to the public at large. Through education, the PPAO actively disseminates information so that consumers of mental health services have additional knowledge to enhance their own care, treatment, and recovery. Moreover, the PPAO promotes the realization and protection of mental health consumers' rights by raising professional and public awareness about existing safeguards in mental health and allied legislation.

The role of the PPAO is to help people navigate the system without taking over. The service does not advocate for the person but helps them advocate for themselves. As such, the PPAO provides information on rights and processes based on provincial legislation under the Mental Health Act, assists with letter writing or applications/appeals, attends meetings with the person, and supports the person's understanding about what makes sense for their particular situation.

If someone admitted to hospital does not agree with their patient status, the PPAO can also help them make an application to the [Consent and Capacity Board](#). However, The Board can only act on applications that are covered under legislation.

As a Family Member or Friend, What are Your Rights and Responsibilities?

As the family member or friend (often called the natural support) of someone who has attempted suicide, you may have rights to some, but not all the information about the patient. Provincial legislation provides guidelines to healthcare professionals regarding personal information.

[The Personal Health Information Protection Act](#) is provincial legislation and provides patients who are 16 years and older with the right to access their personal health information, and the right to have that information kept private. Health care professionals may share personal health information with you if your loved one is hurt and is unable to inform you themselves, or if the health professional believes that your loved one would not object to the information being shared.

Your loved one may authorize you to access their personal medical information on their behalf, by giving you a written, signed, and dated declaration, which you would present to medical professionals providing care to your loved one. This authorization may detail the information to which you have access, and the rights you can exercise on your loved one's behalf.

If you have access to personal health information and other information about your loved one, you have a responsibility to protect their privacy, and not share the information with others who are not involved in your loved one's medical care. For example, you should not share personal health information with employers, landlords, or others without the expressed permission of your loved one.

After an Attempt: Supporting Your Loved One

Your loved one will likely need your compassion, care, and support throughout their journey. This includes immediately after their suicide attempt, as well as during their recovery. The following sections provide information, tips, and resources on how to support your loved one during their journey.

Supporting Your Loved One Immediately After an Attempt

Once your loved one is out of immediate danger, and if they are open to the idea, you may want to try and talk with them about what has happened. They may feel devastated, lost, ashamed, embarrassed, guilty, fearful of the future, afraid that you will withdraw your love or judge them, and even angry that they received help. It is important to stay grounded by showing care, concern, and compassion. You may benefit from accessing support yourself so that you are able to show up in this way for your loved one. It is normal to experience a range of emotions in response to a loved one's attempt.

Some things that may be helpful to say or do during this time are:

- Using empathetic, nonjudgmental, and supporting statements such as:
 - It sounds like what you were experiencing felt intolerable and overwhelming, and I am here if you want to talk about it.
 - I love you and care for you, no matter what.
 - I want to help and would like to hear how I can help. It's okay if you don't know what would be helpful, I can just listen.
 - You don't have to talk if you don't want to, but know that I am available to listen if you do.
 - I can tell that something is wrong and that you are hurting. I'm here for you.
- Providing them with some of their favourite comfort items, such as a special blanket, piece of clothing, or stuffed animal.
- Learning about and sharing community and professional resources that are available to help support you and your loved one.
- Communicating your own limitations. It is important to let your loved one know what you can and cannot do, and what you will and

will not do. As much as possible, do not create expectations that you may not be able to meet or fulfill.

Some things that may not be helpful as you support your loved one are:

- Focusing all your attention on the person to the exclusion of everyone else, including yourself
- Hovering and monitoring every action of your loved one for a long period of time
- Blaming yourself or others
- Acting as though the attempt never happened and/or can never happen again.
- Saying judgmental things like:
 - How could you do this to me?
 - What on earth were you thinking?
 - Pull yourself together and snap out of it.
 - What's wrong with you?
 - You're just like "X" (a family member or friend that you have difficult feelings towards).

How you choose to support your loved one may look different depending on your relationship with them. The suggestions above are a few ideas to help get you started. If you have further questions about the best way to support your loved one, it can be helpful to connect with hospital staff, members of your loved one's support team, or a local mental health or suicide prevention organization. It is also extremely important that you find a safe place to make sense of your full range of feelings around this attempt. Connecting with a supportive loved one who wasn't impacted, or professional support such as counselling, can really assist you in processing what you are feeling. This will allow you to show up more compassionately for your loved one that made the attempt.

How a Suicide Attempt Can Affect Your Relationship

When someone has attempted suicide, your feelings toward them and your interactions with them may change. For example, how do you talk to them now? How do you perceive them? Can you look at them in the eye? Do you

feel awkward with them? Do you think you need to take more care of them? Are you more anxious, involved, or on edge than usual? You might feel or act more protective, altogether and being more distant. It can be hard to know how to balance between being involved and being intrusive. It is important to remember that after a suicide attempt, the relationship might also feel different for the person who made the attempt. They too, might feel awkward and try to avoid you. Sometimes, it can be helpful to tell them, in a non-judgmental way, how you feel. This can give you both the opportunity to decide how you will relate to and communicate with each other.

Remember that it's okay, and in fact necessary, to set limits and to let people know what those limits are. If you are clear about what your limits are, then you can more easily communicate with them in a sensitive and caring way. Take some time and space to refuel and come back refreshed. Share with your loved ones what you can and cannot do, and what you will and will not do.

It may take some practice to learn when and how to set boundaries with compassion and care. One guideline to follow is to remember that helping someone is good, unless it leaves you feeling hurt, angry, resentful, or exhausted. That's when you can say something like, "I'd really like to help you out with that, but that's not something I can do right now. I can help you find someone else who can, or help you look at other resources, so you don't have to do it on your own."

Supporting Your Loved One in Recovery

Recovery from a suicide attempt and preventing future attempts requires a good support system and reconnecting with feelings of hope, meaning, and purpose. Communication is essential to recovery. Everyone wants to be seen, heard, and understood because this helps us reconnect with ourselves, with others, and with hope.

In order to help your loved one, show them compassion. Be willing to hear about their suffering as an equal, with a desire to help, and without judgement. While it is ultimately your loved one's responsibility to keep themselves safe, they may need your help and support to do so.

People often survive suicidal feelings if they can find healthy ways to reduce the pain and/or increase their consistent use of coping mechanisms.

Both of these are possible with your help. As your loved one begins their recovery journey, you can consider the following:

- How involved you can be with your loved one over the next while
- Your limits, boundaries and your comfort
- What feels safe to you, the extent of your own skills, and what time and energy you can commit.
- What support system have you created for yourself, and who can you reach out to when you need support

There are many ways that you can support your loved one during their recovery journey. For example, you can:

- Be involved in their medical care as a support or advocate
- Tell them they can turn to you with honest thoughts and feelings, especially if they are having thoughts of suicide again.
- Encourage them to let a trusted supporter or mental health professional know if they have thoughts of suicide any time in the future.
- Help them connect with a mental health provider.
- Be a part of their safety planning.

During recovery, it is important to engage in open, honest, and respectful communication. It can be helpful to ask your loved one the following questions to better understand how they would like to be supported. It might be helpful to begin this type of conversation when they are feeling less intense pain.

- How can I be helpful to you when you are struggling? (Ask them to be as specific as they can. They might need help with medical care, advocacy, or finding and connecting to resources).
- How do you want to be treated when you are struggling? How can I make sure I am treating you with respect?
- Can I check in on you, and how often is okay with you? What is the

best way to reach out to you?

- What are some signs that I can recognize that will let me know that I should intervene?
- How can I intervene or help you if you are not feeling safe?
- How do you know when you are not safe? Let's talk about those time and those guideposts.
- What are the things that might cause you to feel upset or have thoughts of suicide?
- What is helping you right now? What keeps you going?
- What helps you to cope and gives you strength?
- What emotions and feelings are most difficult to cope with?
- What do you find helpful and what do you find not helpful?
- What are your reasons for living?

Knowing When to Ask About Suicide

While supporting your loved one, it is helpful to be aware of the warning signs of suicide and to know when to ask them if they are having thoughts of suicide. Asking someone if they are thinking about suicide does not increase the risk of suicide. Instead, it can encourage help-seeking behaviour by giving the person permission to talk about what they are experiencing. So, let the person know that it is okay to tell you about any thoughts of suicide they might have. Getting comfortable with the gentle yet direct language around addressing suicide is difficult, but it gets more comfortable with practice. Some examples of how you can ask about suicide include:

“When you talk like this, I just wonder if you have been thinking of suicide.”

“You know, the more you're sharing, the more I am concerned about what this is leading to. So I need to ask you if suicide has crossed your mind.”

“You've got a lot going on and it's been hard for you to feel hopeful. I'm hearing a lot of tiredness. Have you been wanting to die by suicide?”

Remember that naming suicide is important. It could be that your person looks at you and emphatically says that they have not thinking this. But, asking directly about suicide opens a door to talk about what is happening for them, irrespective of whether they are thinking about suicide. Others will acknowledge that they have indeed been thinking of suicide. When you ask someone about suicide it lets them know that you are concerned, that you care, and that you want to be there for them. It also communicates that you are comfortable talking about suicide, which is important as people often feel shame around speaking about their thoughts of suicide.

Warning Signs for Suicide

The phrase “IS PATH WARM” was developed by a task force of expert clinical researchers and adapted for the general public. It is an easy way to remember the warning signs of suicide.

IS PATH WARM?

- I** **Ideation:** are they having thoughts of dying?
- S** **Substance Abuse:** are they misusing alcohol or drugs?

- P** **Purposelessness:** are they avoiding activities which normally provides them with a sense of meaning or purpose?
- A** **Anxiety:** are they worried or fearful about the future more than you might expect, given their circumstances?
- T** **Trapped:** are they feeling like they cannot cope with and/or escape their pain and suffering?
- H** **Hopelessness:** do they look forward to or have plans for the future?

- W** **Withdrawal:** have they stopped seeing friends or family, or have missed significant amounts of school or work?
- A** **Anger:** do they seem more angry or full of rage than you would expect them to be, given their circumstances?
- R** **Recklessness:** have they taken risks that they normally would not take, or that are impacting their ability to make safe decisions?
- M** **Mood Changes:** have there been any significant mood changes? This can include changes that may be seen as positive, such as someone suddenly acting happier or calmer.

A more detailed list of risk factors, protective factors, and warning signs for suicide can be found at www.wrspc.ca.

Warning Signs of Immediate Risk

A person who is at a higher or more immediate risk of suicide will most often show the following warning signs:

- Threatening to hurt or kill themselves, or talking of wanting to hurt or kill themselves; and/or
- Looking for ways to kill themselves by seeking access to firearms, available pills, or other means; and/or
- Talking or writing about death, dying or suicide, when this is out of the ordinary for them.

These signs might only be expressed as ideas. Regardless, if you see any of these signs, seek help quickly by contacting a mental health professional or calling your local crisis line for a referral.

What You Can Do When Someone is at Risk

If you are trying to help someone who is suicidal, your first concern will be their immediate safety. Do not leave them alone while you are trying to get help. If you need to leave, ask another friend, family member or colleague to

stay with them to ensure their immediate safety.

Here are some practical and immediate things that you can do to help:

ASK - when you think that someone might be thinking of suicide, ask them about suicide as clearly and directly as you can.

LISTEN - encourage the person to talk to you, and ensure you are a good listener by staying focused on them. Talking to someone who is truly listening can be very helpful for the person at risk.

KEEP SAFE - if there is an immediate risk of suicidal behaviour, your first priority is to help to keep them safe. This is not the time to solve life's problems, nor is it the time to promote secrecy. Safely remove anything that they could use to complete a suicide act.

GET HELP - If there have been any suicidal actions or you believe the individual cannot keep themselves safe, get professional help immediately by calling an ambulance or going to a hospital. At the hospital, you can be an advocate for their medical care, or you can help them be their own advocate.

REASSURE THEM - let the person know that they can get through this, and things can change. Let them know that there are people out there who can help, who will not judge, and who will listen, hear, and understand. You can also:

- Let them know that they are not 'crazy'. Not only is it okay to have thoughts of suicide, but it is also often understandable
- Remind them that most times when people have thoughts of suicide, they do not go through with it. Having a thought does not mean it will be put into action.
- Remind them that you love them, care about them, and are concerned for them.
- Be there with them, even if they do not want to talk.
- When in doubt about what you should do to help, call your local emergency services (ambulance or police), or a Mobile Crisis Service.

Reducing the Risk of Future Attempts

Research shows that people who have attempted suicide are at greater risk of attempting suicide again. However, support and care from a strong social network can significantly reduce this risk and increase their reasons to live. Your loved one is likely to need considerable time and support from a range of people to manage the problems and feelings that first led to the suicide attempt. It can be important to remember that their thoughts of suicide or suicidal behaviour are not your fault. In anticipation of what might happen in the future, you may experience feelings of exhaustion, and may find yourself being hyper-vigilant with your loved one. Remember to reach out for support for yourself and take steps to care for yourself as well. While safety is ultimately their responsibility, the following may be helpful in supporting them.

Safety Plan

A safety plan is a set of instructions that is followed by the person when they have thoughts of suicide. The plan works best if it is created when the person at risk for suicide is well and can reflect on their experiences. Those creating the plan should include: the person at risk, their doctor, therapist, or other professional helpers, and close others, like yourself. Some elements to include in the plan are:

- When the plan should be used- i.e. signs that your loved one can identify that indicate they are in crisis or at risk for suicide.
- A list of calming or comforting things that they can do or places they can visit.
- A list or pictures of reasons for living.
- A list of safe and trusted people to call or talk to. Make sure that these people are aware they are part of a safety plan.
- A list of professional resources to call.
- Ways to make their home, school, or work environment safer.
- How to access emergency services

Safety At Home

There are actions you can take at home to help keep the environment safer for your loved one and for yourself. This includes removing access to any means of suicide and keeping small quantities of alcohol, drugs and medications in the home, or none at all. It can also be helpful to have the safety plan in writing and kept in an accessible place for you and your loved one.

Your loved one may resist some of these actions for different reasons. They may be feeling a loss of control or uncertainty or may not understand why creating a safe environment is important. As much as possible, work with them to understand their concerns and collaborate on solutions that are comfortable for everyone involved. Being intentional and compassionate in this process can help to promote a sense of trust and connection which can help your loved one reach out for help and support in the future.

Promoting Hope in Recovery

Hope comes in many shapes and sizes. It can be as simple and profound as the voice of another human being who hears our fear. Hope may come with knowing that the sun will rise tomorrow, or hope may come as a reminder from the smell of a fresh summer rain. We might also see hope within the first snowflakes of the season, or when we look at a picture of someone we love. Sources of hope are different for each and every one of us, so identify what hope is for you, and hold onto it.

When despair overwhelms us, we might feel disconnected from ourselves and from hope, and this leads to feeling lost and isolated. What we need most in these moments is a way to reconnect and to feel a sense of belonging. If you are struggling to maintain hope, or to help your loved one have hope, here are some questions that may help to define the meaning of hope for you and for them:

- Who are the most hopeful people you have known in your life?
- Who would you call to remind you about being hopeful right now?
- What images or sensations do you have of hope: music, smells,

objects, colours, etc.?

- How do you nurture and care for your hope? What do you do to increase and strengthen it?
- What most threatens your hope?
- Where do you look for hope when you feel hopeless?
- Can you remember a story of hope from your own life?
- When you close your eyes and try to imagine a picture of hope, what do you see?
- If right now a child asked you “What is hope?”, how would you respond?
- Do you have a practice of hope? What if you began each day asking yourself, “What do I hope for in this day?” What if you ended each day with the reflective question, “Where did I find hope today?”

Sometimes hope is too hard for your loved one to imagine, and talking about hope might be distressing for them because it feels like too much pressure. At these times, the best you can do is carry hope for them, and let them know you have it and will share it with them when they are ready.

Taking Care of Yourself

Your emotional reactions to a suicide attempt can be intense and complicated. A suicide attempt is a traumatic event that affects everybody. You might feel overwhelmed. Your sense of security may be threatened. You could second-guess yourself or your ability to cope. Below is a list of common reactions to a traumatic event. **If you experience some or all of these things, consider reaching out to medical professionals for support.**

- Are you on a rollercoaster of emotions that include fear, shame, anxiety, insecurity, shock, numbness, helplessness, guilt, betrayal, confusion, or even anger at the person who made the attempt?
- Do you find normal everyday functions difficult, such as sleeping, concentrating, and staying motivated? Do you feel exhausted or fatigued, or want to avoid reminders of the event or the person? Are you criticizing yourself or blaming yourself for what happened?
- Have your spiritual beliefs and values been shaken? Are you feeling a temporary loss of faith?
- Are you having family or work conflicts that were not there before?

When someone we care about attempts suicide, our reactions can be affected by past traumas and significant losses that we have experienced in our own lives. As a result, we might react to someone else's pain, suffering and suicidal behaviour as a potential threat to our own sense of well-being, safety, and security. As well, caring for someone who is suicidal or has attempted suicide can be mentally, emotionally, physically, and spiritually exhausting. It is natural to worry about your loved one, and it can be difficult to balance supporting them and taking care of yourself. Eventually, you may end up putting your own needs on the back burner.

However, it is important that you do not neglect your own self-care. Allow some time every day to take care of yourself- this is necessary for you to stay grounded and be able to hold space for others. Don't try to handle this situation alone, and seek help from your family, friends, community and local organizations. Sometimes it can help to talk about your experience with a professional on your own. Remember what helps you cope when you are stressed and find ways to do them. For example, what healthy activities bring you comfort and help you to feel calmer and safer when things are difficult?

We help others best when we have enough capacity and compassion to do so, which is why it is important that you take care of your own needs. There are many other ways to attend to your own well-being, such as going for walks, visiting friends, and taking time each day to do something that helps you feel calmer, happier, and more connected with yourself and others.

Final Thoughts

Supporting a loved one after they have attempted suicide can be overwhelming. With intention and care, you can provide support to your loved one while also taking care of yourself.

Remember, recovery is possible and help is always available.

Resources

Canada's Suicide Crisis Helpline: Call or Text 988 for confidential support for yourself or someone you care about. Available 24/7 across Canada.

www.988.ca

Kids Help Phone: Kids Help Phone is Canada's only 24/7 e-mental health service offering free, confidential support to young people in English and French. Youth can access telephone counselling or crisis text support.

www.kidshelpphone.ca Phone: 1-800-668-6868 or Text: 686868.

Canadian Association for Suicide Prevention: The Canadian Association for Suicide Prevention (CASP) is a pan-Canadian organization that provides advocacy, communication, and resources on suicide prevention and life promotion.

www.suicideprevention.ca

Centre for Suicide Prevention: The Centre for Suicide Prevention (CSP) is an education centre, a centre of excellence, based in Calgary, Alberta. Their focus is on equipping Canadians with the information, knowledge and skills necessary to respond to people considering suicide. CSP's library of over 50,000 suicide-specific items, is the largest English-language collection of its kind.

www.suicideinfo.ca



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