

SUICIDE

Prevention & Response *Resource Handbook*

sadness. suffering access coping
anxiety
distress
anger behaviour

SUICIDE Prevention & Response *Resource Handbook*

If you or someone you know is thinking of suicide contact:

- Mental Health Crisis Service
toll free **1-866-588-1697**
 - Manitoba Suicide Line
toll free **1-877-435-7170**
 - 911 (if available in your community)
- or
- Go to the nearest Emergency Room

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The purpose of the Suicide Prevention & Response Handbook is to prevent suicide by providing resources:

- To help someone who is thinking of suicide;
- To help family members, caregivers, and community members to help someone who is thinking of suicide;
- To support family members, caregivers, and community members who have had someone they know and care about die by suicide.

The Suicide Prevention & Response Resource Handbook has been revised and distributed by the Southern Health-Santé Sud - Central Youth Suicide Prevention Committee.

for Suicide

People who are at increased risk for suicide include those who:

- Have had a previous suicide attempt;
- Face problems that they feel are out of their control (i.e. relationship break up, alcoholism, economic hardships, serious medical problems);
- Have suffered physical or sexual abuse;
- Are socially isolated, feel devalued or rejected;
- Have a mental illness;
- Have a family history of depression and/or suicide;
- Feel that their sexual, cultural and spiritual identity is not accepted by their family, community, or school environment;
- Have impulsive or aggressive tendencies;
- Have depression and/or anxiety;
- Have a suicide plan;
- Have experienced a suicide death of a family member/ loved one;
- Involved in problematic substance use;
- Have been separated from their families and/or are involved in the child welfare system;
- Have access to a lethal means such as a weapon or prescription medications.

of Suicide*

A person who is suicidal most often shows signs of their distress. Here's an easy-to-remember mnemonic to help learn the warning signs of suicide:

Is PATH warm?

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Changes

A person in acute risk for suicidal behavior most often will show:

- ▣ Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
- ▣ Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- ▣ Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

If observed, seek help as soon as possible by contacting a mental health professional or calling **1-866-588-1697** for a referral.

Additional Warning Signs:

- ▣ Increased **substance** (alcohol or drug) use
- ▣ No reason for living; no sense of **purpose** in life
- ▣ **Anxiety**, agitation, unable to sleep or sleeping all the time
- ▣ Feeling **trapped** - like there's no way out
- ▣ **Hopelessness**
- ▣ **Withdrawal** from friends, family and society
- ▣ Rage, uncontrolled **anger**, seeking revenge
- ▣ Acting **reckless** or engaging in risky activities, seemingly without thinking
- ▣ Dramatic **mood changes**.

If observed, seek help as soon as possible by contacting a mental health professional or calling **1-866-588-1697** for a referral. These warning signs were compiled by a task force of expert clinical-researchers and 'translated' for the general public.

*Excerpt taken from the American Association for Suicidology at <http://www.suicidology.org/web/guest/stats-and-tools/warning-signs>

Someone you know is Suicidal

If You Think

NOTE: If at any point in the conversation about suicidal thoughts or behaviors you feel uncomfortable or overwhelmed by the issues, reach out for further help. (See Resources section).

1. **Ask the direct question: “Are you thinking of killing yourself?”**
2. **Take the person’s answer seriously.** Check out the problem. Voice your concerns and tell them what you have observed.
3. **Listen.** Let the person express their feelings without judging or trying to change them.
4. **Accept** whatever the person may say matter-of-factly. Try to avoid expressing shock, fear, or horror.
5. **Validate the person.** They have done the right thing by getting in touch with you. No matter how negative the manner and content of the conversation, the person is doing a positive thing by talking to YOU and you are doing positive thing by listening and supporting them.
6. **Help** the person move away from identifying reason to die towards identifying reasons to live.
7. **Build a safety plan.**
 - Ask the person to make an agreement to stay safe. Parents/Legal guardians need to be informed.
 - Ask the person to take appropriate measures to disable their suicide plan.
 - List ideas for positive coping. (i.e. abstain from drug/ alcohol use)
 - Make a list of contacts with telephone numbers.
 - Link them to more resources in the community. (i.e. guidance counselor at school, clergy, Mental Health services, other counseling services)
 - **If the person is unwilling to agree to stay safe call 911 or, if it is safe to do so, take the person to the nearest hospital Emergency Department.**
8. **Debrief with someone.** It is extremely stressful to deal with a suicidal person so seek support and/or consultation to reassure you that your actions are appropriate. Share the difficult load with someone. Ensure that confidentiality is maintained with your supports.

Following a Suicide

You and your community have experienced a tremendous amount of stress and will continue to work at coming to terms with a difficult loss. Following a traumatic event such as suicide, it is common for people to go through a period of emotional adjustment and to experience unsettling physical reactions for days and even weeks. These reactions are a normal response to coping with an event that is sudden and unexpected. The following is a list of common reactions and ideas for coping.

Common reactions experienced by friends and family following a death by suicide:

- Feelings of shock and disbelief, anxiety, fearfulness, confusion, disorientation and numbness are common afterwards.
- Difficulty making decisions due to feeling immobilized.
- Guilt feelings: "I should have . . . if only I would have . . ."
- Irritability.
- Difficulty concentrating, forgetfulness.
- Difficulty controlling emotions.
- Wanting to be alone.
- Preoccupation with the safety and wellbeing of others.
- Suicidal thoughts.
- Anger.
- Seeking to blame someone/something.
- Preoccupation with needing to know "why".
- Intense sadness.
- Shame.
- Lack of energy.
- Physical aches and pains, nausea, headaches, chills.
- Insomnia or dreams/nightmares.
- Under-eating or over-eating.
- Relief .

The above reactions are normal and expected following the suicide of someone you know and care about. If these reactions persist and impair the person's ability to function in their daily life, encourage the person to seek further professional support.

Following a Suicide

- Find a comfortable person with whom you can talk about your loved one's death.
- Allow yourself to tell the story again and again.
- Know that it is normal to repeatedly ask "why", and to be tolerant of this question for as long as you need.
- Ask for help and support. Allow others to help and support you.
- Maintain a routine of eating three meals a day and complete other routine tasks as a way to regain a sense of order and structure for yourself.
- Exercise regularly to help reduce the stress reaction and provide distraction and relaxation.
- Avoid alcohol and drugs.
- Keep in mind that everyone grieves differently and at their own pace. There is no set rhythm or timeline for healing.
- It may be helpful to seek out or connect with a spiritual influence, i.e. clergy, church community, Elder, nature, music.
- It is important to recognize that when people attempt suicide, they rarely are seeking to escape from life, rather are seeking to escape from pain.

How to Support Friends and Family who are Coping with a Death by Suicide

- Be available to listen.
- Expect that feelings are intense and that there is a need to tell and retell details as well as to repeatedly need to ask "why". Recognize that this is a necessary part of healing.
- Recognize that tears are also healing.
- Convey acceptance, compassion and patience.
- Listen without judgement and avoid giving advice or offering simplistic explanations or clichés.
- Try not to over-worry about how to respond, rather attentively concentrate on what is being said.
- Provide practical support (food, errands, and babysitting).
- Be aware of holidays, special events and anniversaries that hold meaning to the bereaved. Respect that pain experienced at these times is a natural and necessary expression of grief.
- Use the name of the deceased. Hearing that name can be comforting and confirms that you have not forgotten this important person.

Consult Community Resources & Supports List for more information and support.

Information adapted from: Survivors of Suicide: American Association for Suicidology; Survivors of Suicide: www.survivorsofsuicide.com

Words aren't Enough

Responding to those Bereaved by Suicide

Coping with death is never easy. Most people do not know how to respond, especially when the cause of death is suicide. Although there is not one right or wrong way to grieve a death by suicide, through talking to many survivors, SPEAK (Suicide Prevention Awareness and Knowledge) has come up with the following recommendations that have been found to be useful and relevant.

1. BEING THERE

Being there for someone is often enough – a call, an acknowledgement is often all that is needed and all a person can really do. It can be enough to pull you through **one hour, one day, and one week...at a time.**

2. EXPRESS SYMPATHY

Avoid statements like, "You'll marry again", or "At least you have other children" or "God needed another angel in heaven". These statements can be very upsetting. A heartfelt "I'm sorry for your loss" is appropriate.

3. UNDERSTAND THAT THE SURVIVOR MAY BE EXPERIENCING A NUMBER OF INTENSE EMOTIONS

Shock, pain, anger, bewilderment, disbelief, yearning, anxiety, depression and stress are some of the feelings expressed by some survivors. Do not take rebuffs personally, try another time to visit or chat.

4. REMEMBER THAT GRIEF IS AN INTENSELY INDIVIDUALISTIC JOURNEY

Although you may have experienced grief in your life, avoid statements like "I know how you feel", and don't compare the survivors loss to losses that you may have experienced.

5. LISTEN

Listening is the most helpful thing you can do for a survivor. Acknowledge the difficulty of the situation and make yourself available if the survivor wants to talk. Take the initiative yourself, survivors have many things on their minds and social protocol is not one of them.

6. HUGS

Sometimes a hug is worth more than a thousand words. A hug is a sign that you are there for your friend/family member and your feelings for them and the deceased will never change.

Southern Health-Santé Sud Mental Health Services

Mental Health Crisis Service (urgent/emergent):

Toll Free..... 1-866-588-1697

Mental Health Access (non-urgent):

Toll Free..... 1-888-310-4593

Dakota Tipi Health Centre

Phone 204-857-9715

Emaildthc@mts.net

Kids Help Phone

Kids Help Phone provides counselling, referrals, & information for abused &/or troubled children & youth ages 4 to 20. All calls are toll-free & confidential. Operates a 24 hour toll-free, bilingual counselling service

Toll Free..... 1-800-668-6868

Klinic 24 Hour Crisis Line

Toll Free..... 1-888-322-3019

Manitoba Farm & Rural Stress Line

The Manitoba Farm & Rural Stress Line offers confidential information, support, counselling & referrals for farm & rural families.

Mon – Fri, 10 a.m. - 9 p.m.; Sat, 12-5 p.m.

Toll Free..... 1-866-367-3276

Manitoba Suicide Line

Offers 24 hour, 7 days per week counselling for those thinking about suicide, those who are concerned about someone they know who is suicidal, and for those bereaved by a suicide death.

Toll Free..... 1-877-435-7170

Onlinewww.reasonstolive.ca

Sexual Assault Crisis Line

In Winnipeg 204-786-8631

Toll Free..... 1-888-292-7565

Southern Health-Santé Sud Mental Health Services

RESOURCES

SPEAK – Suicide Prevention Education Awareness

Knowledge

SPEAK offers peer support to those bereaved by the suicide death of a loved one.

Winnipeg 204-831-3610

Toll Free..... 1-877-838-3610

Other Local Contacts/Supports:

BIBLIOGRAPHY

Canadian Association for Suicide Prevention (2004) Blueprint for a Canadian National Suicide Prevention Strategy

LivingWorks Education Inc. (2004). Suicide Intervention Handbook. www.livingworks.net

Mood Disorders Association of Manitoba Inc. Provincial Office:
4-1,000 Notre Dame Ave., Winnipeg Manitoba R3E 0N3
E-mail: sdmdm@depression.mb.ca

Suicide Prevention Education Awareness Knowledge (SPEAK)
www.speak-out.ca

Suicide Awareness Voices of Education (SAVE) www.save.org/basics/facts

American Association for Suicidology
www.suicidology.org/web/guest/stats-and-tools/warning-signs

American Association for Suicidology
www.suicidology.org/web/guest/survivor-resources

Survivors of Suicide www.survivorsofsuicide.com



Respect
Compassion
Intégrité Integrity
Excellence

For more information,
please contact:

Dana Human

Regional Director - Mental Health & Spiritual Care

SOUTHERN HEALTH-SANTÉ SUD

180 Centenaire Dr I Southport MB R0H 1N1

T 204 428-2767 or 1 800-742-6509

F 204 428-2774

Email: dhuman@southernhealth.ca

www.southernhealth.ca

A copy of this document is available in French upon request.

Guideline

Safety Plan

What will you do to stay safe? (For example: Handing over weapons, pills, car keys, arrange for accompaniment etc.)

List ideas for positive coping. (For example: connect with people, go for a walk with someone, telephone someone, do something active, abstain from drug/alcohol use, etc.)

Link to resources – Who will you call? (i.e. Formal supports: crisis line, 911, resources in this handbook; Informal supports: friend, pastor, family member, etc.)

Can we share this information with any of these people now? (Who and How?)

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | Tel.# | _____ |
| 2. | _____ | Tel.# | _____ |
| 3. | _____ | Tel.# | _____ |
| 4. | _____ | Tel.# | _____ |

* Once completed this plan should go with the client.