

When Someone is Thinking of Suicide

Facts, Tips and Resources



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DISCLAIMER:

This booklet is meant to provide information to those who are thinking about suicide *and* for those who are looking to help someone who is thinking about suicide.

This book has been described as “a textbook of information”.

Know that, no matter what your circumstance is,
YOU ARE NOT ALONE

You do not have to help someone on your own.
You do not have to suffer in silence, alone
Talk to someone you trust.

Tell Someone.

DEFINITIONS AND STATISTICS

From 2003 to 2009, 93 people died by suicide in Oxford County¹

Suicidal behaviour is common to all cultures, all ages, and knows no barriers

Suicide

Any death where there is evidence that the individual intended to kill him/herself

Suicide Attempt

Any action resulting in non-fatal injury where there is evidence that the individual intended to kill him/herself. A suicide attempt may or may not result in injury

Suicidal Ideation/Thoughts

Thinking about, considering, or planning for suicide.

In Canada approximately 4000 die by suicide every year²

¹ Social Planning Council Oxford, *Just The Facts: Suicide*. 2012

² Statistics Canada, 2012

FACT OR FICTION

Fiction: You can't stop people who want to kill themselves.

Fact: Most suicidal people do not really want to die. They just want their pain to stop.

Fiction: Talking to someone about suicide will only make it worse.

Fact: Talking through feelings with someone you trust can help you realize the need for help. By showing concern and support, you can encourage your friend to talk to a professional they trust about getting help.

Fiction: Telling someone that my friend is talking about suicide is betraying their trust.

Fact: Depression and thoughts of suicide interfere with a person's ability to get help. It is an act of true friendship to share your concerns with someone you trust.



RISK FACTORS

Medical/Mental Health Factors

- Recent or severe injury or disability
- Chronic medical illness – especially chronic pain
- Alcohol or substance misuse
- Mental Health Diagnosis of Major Depression, Bipolar Disorder, Schizophrenia, or Borderline Personality Disorder
- Family history of mood disorder, alcohol or substance misuse, and/or suicidal behaviour

Psychological Factors

a) Feelings

- *Hopelessness/feel there is no reason to live*
- Low self-esteem/feelings of worthlessness
- Feelings of self-blame/ guilt

b) Behaviours

- *Previous suicidal behaviour is the best predictor of whether people will try to kill themselves again (35-50 times the risk of dying by suicide compared to the general population)*
- Frequent suicide threats over a period of time
- The more lethal the method the higher the risk
- Suicide note
- Attempt to put affairs in order (make a will, pay bills, say goodbye)
- Socially isolating from people
- Loss of interest in previously enjoyed activities
- Lack of motivation/energy
- Increased crying/sadness
- Increase in risk taking behaviours

c) Thoughts

- Limited problem solving skills
- Limited coping skills
-

Social Factors

- Social isolation
- Absence or lack of social support
- Losses (death, divorce, separation, job, finances or anniversary of a loss)
- Psychosocial stressors (abuse, family violence)

COMMON RISK FACTORS FOR SPECIFIC AGE GROUPS

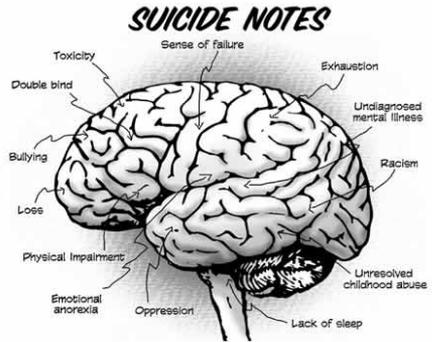
Child and Adolescent Suicide

- Depression
- Stressors
 - unrealistic parental expectations
 - failure in school
 - relationship break-up
 - parental break-up
 - involvement with the law
 - abuse: mental, physical, sexual, and emotional
 - bullying
 - questions about sexual identity
 - drug/alcohol misuse

Elderly Suicide

- death of a spouse or anniversary of the death
- age related losses (friends, status)
- retirement
- loneliness

- social isolation
- diminished functioning
- declining health
- dementia
- depression



WARNING SIGNS

- Talking and/or Thinking about death, dying, or suicide
- Reading and/or Writing about death, dying, or suicide, when these actions are out of the ordinary or the person
- Talking about feeling worthless and/or hopeless
- Withdrawing from friends, family, activities, hobbies, and things of interests
- Increasing drug or alcohol use
- Any changes from normal behavior; such as having problems at school, not wanting to go out with friends, isolation self from people and/or activities
- Feeling trapped, like there's no way out
- Acting reckless or engaging in risky activities
- Feeling anxious or agitated, being unable to sleep, or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living, or having no sense of purpose in life
- Researching methods for killing oneself; ie: searching online
- Talking about being a burden to others

WHEN SOMEONE IS THINKING ABOUT SUICIDE AND TALKS TO YOU

- Find a quiet, safe place to talk. Create a caring, safe atmosphere and encourage the person to talk to you; use non-judgmental listening, be patient
- Be honest and express your concern
- Listen and offer support
- Ask directly about thoughts of suicide
- Take the suicide threat seriously.
- Initiate contact with mental health professionals
- Offer to accompany them to seek help from someone they trust (maybe a family member, clergy (church) member, school counselor, mental health professional, crisis line, etc)

WHAT NOT TO DO

- Think it will go away
- Leave the person at risk alone
- Keep it a secret
- Argue with the person
- Do not assume the person isn't the suicidal "type". Anyone can be suicidal
- Think nothing can be done
- Think you can fix it all by yourself

DO NOT KEEP SECRETS

Do not feel like you have to help someone alone.

TELL SOMEONE YOU TRUST

This is not betraying the person, but instead, helping to keep them safe

YOU'RE TALKING ABOUT IT, NOW WHAT?

1. If someone has already attempted suicide call 911 immediately.
2. If someone has a plan and the resources available to carry out the plan and will not seek help even with your assistance call 911. **Do not keep secrets.**
3. If someone has a plan and is looking for help, refer to the resources listed in the back of this booklet and help them decide what services they would feel comfortable using. **Do not leave them alone until they are linked with emergency/crisis services.**
4. If someone has thoughts of suicide but no plan help them seek out appropriate supports. Refer to the supports listed at the back of this booklet and help them decide what service they would feel comfortable using.

Keep in mind that thoughts of suicide may turn to a plan and an action if appropriate supports are not put in place.

Contact the individual's support persons.

****Note persons who have been assessed for suicidal risk have stated that it is important that they never be left alone during the process. It is all very frightening for them.**

TIPS FOR TALKING TO YOU ABOUT SUICIDE

For professionals, trusted adults, and suicide first-aider's

First Establish rapport

- Non judgmental listening
- Allow yourself sufficient time to be spent with the individual

Determine the suicidal thoughts/behaviour

- The intent (are they thinking of suicide?)
- The suicidal plan (do they know how they will do it?)
- The lethality of the plan
- Planning the event (when will they do it?)
- Precautions in the plan to avoid discovery and ensure death
- Precipitating factors (What has happened to make suicide the only option?)

General Inquiry

- Any prescribed medications
- History of drug or alcohol abuse
- General emotional state
- Mental status
- Family and peer relations
- Psychiatric history
- Family history of domestic violence, suicide, emotional disorders, alcoholism
- Termination of affairs



Questions You May Find Helpful

- On a scale of 1 to 10, varying from little or no depression to extreme depression, how have you been feeling lately?
- Do you ever think of hurting/killing yourself? Have you tried to hurt/kill yourself before? When? How many times? What did you do? or What stopped you before? (looking for resources for now)
- Do you know anyone who has attempted or died by suicide?
- Is there anything you are looking forward to? (try to determine level of hopelessness)

Key Points:

- It is important to ask direct questions when determining whether or not an individual may be at a risk of suicide.
- Individuals who have made suicide attempts or who talk about suicide are at greater risk for future attempts.
- Listen for hints such as “maybe things would be better if I just went away” or “I won’t be a problem for them much longer” or “Nothing matters; it’s no use.”
- The majority of people are in a vulnerable state, typically experiencing ambivalence (uncertain feelings) and confusion. While you may feel uncertain and even scared yourself, it is appropriate to project a calm, confident manner.
- Be aware of the risk factors as outlined in this booklet.

WHO/WHAT MIGHT BE HELPFUL FOR SOMEONE WHO HAS SUICIDAL THOUGHTS

Note: If an individual is at high risk, access appropriate emergency services (see back of booklet)

See a Family Doctor

- Your family doctor is an important partner in the care and recovery for you or a family member who is experiencing suicidal thoughts.
- You can help your loved one by attending the doctor's appointment with them.
- Keep in mind that individuals will often present their doctor with a list of symptoms. *They may need help letting the doctor know of the suicidal thoughts.*
- Your doctor may need to assess you or your loved one to rule out medical problems, major depression, or other medical/mental health concerns
- Your doctor is usually very good at facilitating access to additional, needed supports and resources.
- If the person has symptoms of a mental illness doctors may treat with medications and/or request a consult with a psychiatrist.

Providing them with this option may offer the hope for life that they are currently lacking.

Although hospitalization may be suggested, it is important to note that NOT everyone with suicidal thoughts require hospitalization.

It will depend on the assessment made by the doctor and/ or mental health professional and the individual's ability to agree to a safe plan.

The following are symptoms that may result in hospitalization

- Out of touch with reality
- Severely depressed
- Definite suicidal plan
- Suicidal attempt that has failed to effect a positive change in their environment
- Lack of reliable support system
- Recently drawn up a will or given others indications of suicide
- Plans/thoughts of harming others

Outpatient Treatment (no hospitalization)

- If the person has a complicated problem which may be represented by recurrent suicidal ideation, excessively demanding or hostile and noncompliant behaviour they may be referred to a mental health professional.
- If the person is not hospitalized outpatient care is often recommended
- The person may see a doctor regularly and may be given appropriate medication
- They may be seen frequently until signs of improvement are noted with a focus on the future.
- Supportive counseling may be provided



OXFORD COUNTY RESOURCES

Your Family Physician or Walk-in Clinic

Your Employee Assistance Program (EAP) Provider

**Canadian Mental Health Association-
Oxford County Branch**

519.539.8055 or 1.800.859.7248

- Information and referral service
- Community Support and housing support for individuals with a serious mental illness
- Court Diversion/Court support for individuals with a serious mental illness, dual diagnosis, or acquired brain injury

CMHA 24 hour crisis response line

519.539.8342 or 1.877.339.8342

**Mental Health Services of Oxford County
(Woodstock Hospital)**

519.421.4223

Adult and Child & Youth Mental Health Services

- Mental health assessments and treatment
- Individual, family and group counseling
- Psychiatric consultations
- Medication Clinic
- Inpatient Unit
- Day Hospital program
- PEPP-Oxford (Prevention and Early Intervention Program for Psychoses)
- Eating Disorders Program for Youth Adults

Oxford Elgin Child & Youth Centre

519.539.0463 or 1.877.539.0463

Urgent Services

519.539.5857 or 1.877.539.5857

- Mental health services for children to the age of 18
- Offices in Woodstock, Ingersoll and Tillsonburg
- Walk-in Counseling (call for day and time)

Oxford Self Help Network

519.539.8055 xt 263 or 1.800.859.7248 xt 263

- Information and support to people and their families as they deal with mental health issues
- Self Help Groups

County of Oxford Public Health and Emergency Services

- Health Matters Line **519.539.9800 or 1.800.755.0394**

Women's Emergency Centre-Oxford

519.539.4811 or 1.800.265.1938

- Abused Women's Helpline & Sexual Assault Crisis Line

Your Clergy Your Teacher Your Guidance Counselor

**Call the National Suicide Prevention
Lifeline at 1.800.273.TALK**





SERVICES SOMEONE WHO HAS LOST A LOVED ONE TO DEATH BY SUICIDE?

Bereaved Families of Ontario

519.686.1573

- Support group for parents grieving the death of a child
- Youth/young adult grief workshops.
- Lending library of bereavement resources.

Canadian Mental Health Association- Oxford County Branch

519.539.8055 or 1.800.859.7248

- Suicide Bereavement Mutual Support Group
- Information and referral service for mental health supports and services

CMHA 24 Hour Mobile Crisis Response Line

519.539.8342 or 1.877.339.8342

- Professional Crisis Support Workers respond by phone and or personal contact to individuals experiencing a sudden or unexpected event that places them in distress.

Mental Health Services of Oxford County- Woodstock Hospital

519.421.4223

- Services available to all residents of Oxford County including adults, children, adolescents and families.
- Individual and group Bereavement counseling available

Your Employee Assistance Program (EAP) Provider

Oxford County Critical Incidents Stress Management Team Dispatch

519.537.2323

- Providing education, stress management and critical incidents debriefing **for emergency service personnel...**
Police > ambulance firefighters > hospitals > doctors > nurses

Victim Assistance Services of Oxford County

519.537.2824

- Provides short-term emotional and practical assistance 24 hours a day 7 days per week.
- Services activated after hours by calling your local police.

**DO YOU WANT TO LEARN MORE ABOUT SUICIDE
AND SUICIDE PREVENTION?
OR WHERE TO GO FOR HELP?**

Suicide Information and Education Collection (SIEC)
www.suicideinfo.ca

Canadian Association for Suicide Prevention (CASP)
www.suicideprevention.ca

Centre de Recherche et d'intervention sur le suicide et
l'euthanasie
www.crise.ca/fr/indes.asp

Mind Your Mind
www.mindyourmind.ca

Oxford Youth Expression (OYE): A website *for* youth made
by youth: Ask an Expert Page
www.oxfordyouthexpression.ca

Mental Health 4 Kids: resources for kids, youth, parents and
service providers
www.mentalhealth4kids.ca

Canadian Mental Health Association-Oxford:
For information, the online version of this booklet, and an
online version of our "Suicide, Let's Talk About It" brochure
www.cmhaoxford.on.ca

Oxford County Suicide Prevention
facebook.com/Oxford-County-Suicide-Prevention

Find us on Facebook

Oxford County Suicide Prevention
Canadian Mental Health Association - Oxford

SUICIDE EDUCATION AND TRAINING PROGRAMS

Suicide Training Programs

www.livingworks.net

Applied Suicide Intervention Skills Training Work Shop (ASIST)

This workshop is held over two consecutive days. All participants must complete both days. The workshop requires active participation. The main learning activities address competencies in attitude, knowledge and intervention skills. Upon completion you come away with a certificate of participation, a model for suicide intervention and a suicide intervention handbook. This workshop is available through the Canadian Mental Health Association-Oxford County Branch. **519 539-8055 or 1 800-859-7248 xt 211.** (suitable for all professionals and volunteers)

safeTalk

This is a 3 to 4 hour presentation that prepares community members of all kinds to be suicide alert helpers. It teaches community members to recognize persons with thoughts of suicide and to connect them to suicide intervention resources. Participants can expect to be challenged, expect to have feelings, expect to be hopeful and learn clear and practical information on what to do. **Suicide alert helpers are part of a suicide-safer community.**

Call the Canadian Mental Health Association-Oxford County Branch to book a presentation for your organization or business.

519 539-8055 or 1 800-859-7248 xt 211



WHO DO I CONTACT FOR IMMEDIATE ASSISTANCE?

Emergency/Crisis Contacts

CALL Ambulance, Fire, Police

911

Go to the Emergency Department of your local Hospital

CALL Canadian Mental Health Association-Oxford

24 hour Crisis Response Line

519.539.8342

Toll free 1.877.339.8342

CALL Oxford-Elgin Child and Youth Centre

Urgent Services for Children

519.539.0463

Toll-free 1.877.539.0463

CALL TELEHEALTH

1.866.797.0000

CALL Your Family Doctor

CALL Your Employee Assistance Provider (EAP)

GO to a walk-in clinic

CALL KIDS HELP PHONE

1.800.668.6868

CALL LESBIAN GAY BI TRANS LINE

1.800.268.9688

CALL The National Suicide Prevention Lifeline

1.800.273.TALK