Development of a Suicide Awareness Resource

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The procedures in this staff training manual/workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff. The manual is created by a student and is meant for resource purposes only. It cannot and should not replace actual suicide intervention training.
DEDICATION

Mom thank you for telling me I could do this, especially when I doubted myself.

Dad thank you for always being so proud of me.
I miss you.
ABSTRACT

It is estimated that 5%-14% of women experience suicidal ideations during pregnancy (Lindahl, Pearson & Colpe, 2005). Therefore it is important for pregnancy care centres to be equipped with suicide intervention skills that will help caregivers to be better able to assist their clients who are experiencing feelings of suicide. The main purpose of this thesis was to create a Suicide Awareness Resource for a community pregnancy care agency. The Suicide Awareness Resource was created for staff and volunteers at the agency as a way to increase their knowledge about suicide and suicide intervention/prevention strategies. The resource focuses on the importance of recognizing warning signs, asking the client if she is thinking about suicide, listening to the client, caring for the client, and helping the client come up with reasons for living. The information in the Suicide Awareness Resource was compiled using information that was gathered from the researched literature. It is recommended that in the future actual data collection be taken as a way to assess the effectiveness of the information that is included in the Suicide Awareness Resource.
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Chapter I – Introduction

Every 40 seconds someone, somewhere in the world commits suicide (World Health Organization, 2012). In 2009 there were 3,890 deaths in Canada filed as a suicide; however, suicide is still under reported due to its taboo nature (Statistics Canada, 2012). Suicide does not just affect those whose lives were lost, but it also affects those left behind. When someone commits suicide, those left behind are left wondering why such a tragedy had to occur. When it comes to suicide intervention and prevention, it would be beneficial for the general population, as well as professionals, to be prepared to support someone who may be feeling suicidal. It has been shown that early intervention when dealing with suicidal individuals decreases the chances of a completed suicide (Robinson, 2008).

Suicide awareness research and intervention programs are beginning to make an impact in the field of suicide prevention. There is a lot of literature on the treatment of suicidal individuals; however, there is sometimes a lack of suicide specified training when it comes to treatment strategies and approaches (Silverman & Maris, 1995). Researchers and practitioners would likely agree that amongst community agencies there needs to be more awareness about suicide, suicidal ideations, and how to handle someone who is in a crisis.

During the time of a woman’s pregnancy it is possible that she will experience feelings of suicide or depression. Although suicide in pregnant women is not commonly heard of, it has been stated that between 5%-14% of women may experience suicidal ideations at some point in their pregnancy (Lindahl, Pearson & Colpe, 2005). It is important for pregnancy care centres to be equipped with better suicide risk assessment and suicide intervention skills that may help caregivers to be better able to assist their clients who are experiencing feelings of suicide. It is unfortunate that due to lack of funding and resources some community agencies may not have certain resources available to them. A useful way to gain suicide awareness is for suicide intervention resources to be made available to staff and volunteers at community pregnancy care agencies. A Suicide Awareness Resource would be a useful and extremely valuable source of information for staff and volunteers until they are able to take part in a professional, certified suicide intervention program.

The Suicide Awareness Resource was created as a guide for staff and volunteers at a community pregnancy care agency, as a way to help them learn skills and strategies that could help them to identify clients at risk. It was created with the intention that it would be used as a valuable psychoeducational tool that could be added to their resource library.

The literature review covers general information about suicide, provides insight into reasons why people commit suicide, and examines suicide in relation to gender and age. Information is provided about pregnancy and how it affects the body in regards to depression and possible suicidal ideations that may arise. Following the literature review information about the agency, the intended audience and the rationale for the development of the resource is explained. There is also information about the process in which the resource was developed and a brief explanation about the design and layout of the resource. The results section gives an overview of each chapter going into more detail about the contents of the Suicide Awareness Resource. Finally, the discussion examines the strengths and limitations of the project, and provides recommendations for future research.
Chapter II - Literature Review

SUICIDE

The first act of suicide is thought to have occurred before the beginning of written records (Hatton, Valente, & Rink, 1977). The definition of suicide is the act or instance of taking one’s own life voluntarily and intentionally (Merriam-Webster Dictionary, 2012). When looking into the global statistics associated with suicide, the number of documented cases can be quite shocking and overwhelming. It is estimated that every year one million people die from suicide, with a global mortality rate of 16 per 100,000 people (World Health Organization, 2012). In some areas in the world, suicide is among the three leading causes of death for those aged 15-44 years, and the second leading cause of death for those aged 10-24 years (World Health Organization, 2012).

In 2009, there were 3,890 reported suicides in Canada; which is a rate of 11.5 per 100,000 people (Statistics Canada, 2012). Suicide is the one of the top ten leading causes of death in Canada and has steadily been increasing over the past 60 years (Canadian Association for Suicide Prevention, 2011). Suicide affects people of all ages; however, it has been found that those aged 40-59 have the highest rates (Statistics Canada, 2012). When looking into suicide rates for 2009, there were three age groups that Statistics Canada used in order to compare suicide rates between ages. Those aged 40-59 accounted for 45% of all suicides; those aged 15-39 had a rate of 35%, and those aged 60 and above were at 19% (Statistics Canada, 2012). There were no suicides noted for anyone under the age of 10. In recent years the world wide suicide rate among young people has been increasing, making them one of the highest groups at risk of suicide (World Health Organization, 2012). In Canada suicide is the second leading cause of death among Canadians aged 15-34 (Statistics Canada, 2012).

REASONS WHY PEOPLE COMMIT SUICIDE

There are many reasons why people commit suicide and although it is a complicated topic, awareness needs to be brought to the forefront. Even though there is no one cause of all suicides, there are a number of different contributors. One of the major risk factors for suicide is mental illness (Statistics Canada, 2012). Research has shown that roughly 90% of people who commit suicide have either a mental disorder, or some type of addiction (Statistics Canada, 2012). Currently depression is the most common illness found amongst those who commit suicide. Marital breakdown, financial hardships, medical problems, loss of a family member or someone important, and a lack of social supports are all possible factors that contribute to suicide (Statistics Canada, 2012). Dispositional vulnerability factors such as impulsive aggression, problem solving deficits, and perfectionism are common traits that found in those who are experiencing suicidal ideations (Wenzel & Hyman, 2012).

SUICIDE AND GENDER

When looking into suicide and gender, there is in fact a difference between the rates in which men and women commit and attempt suicide. When comparing the number of suicides between male and females, 77 % of the suicide deaths were male and 23% were female. Males are three times more likely to die by way of suicide than females (Statistics Canada, 2012). Men often choose methods that have a high lethality, such as hanging or shooting (Statistics Canada,
Although males are more likely to complete a suicide, females attempt suicide three to four times more often than males and are hospitalized for attempts 1.5 times more frequently (Statistics Canada, 2012).

It has been found that worldwide roughly 121 million people have depression, with 5.8% being men and 9.5% being women (World Health Organization, 2011). Women are almost twice as likely to have depressive episodes when compared to males (Women’s Health Matters, 2013). There are many reasons why women experience depression more than men. There are certain reproductive life stages that are exclusive to women, all which have been related to depression. Symptoms of depression can be found in premenstrual dysphoric disorder, postpartum depression, perinatal depression, and menopausal depression; all of which are reproductive cycles where hormones fluctuate and are strictly limited to women (Women’s Health Matters, 2013). Like men, women are also genetically predisposed to depression if there is a family history of depression. Women are more likely to be sexually assaulted throughout their lives; bringing forth possible trauma which could be another reason why women may be more prone to depression. For many women the shift in hormones that they experience in their bodies has an extreme impact on why women are more susceptible to depression.

PREGNANCY AND THE BODY

Depression is highest in women during the years which they are pregnant (Evans, Heron, Francomb, Oke, & Golding, 2001). There are many explanations as to why women often become depressed both before and after pregnancy. Having a child is not only physiologically exhausting, but also psychologically draining (O’Keane & Marsh, 2007). The hypothalamic pituitary-adrenal axis is often seen as the body’s stress system, because it helps to regulate the way the body reacts to stress, trauma, and injury (Dellwo, 2011). When a woman becomes pregnant there is an increase in activity in the hypothalamic pituitary-adrenal (HPA) axis which has been known to be associated with depression (O’Keane & Marsh, 2007). Pairing together the increase in the HPA axis, with the demands of motherhood can cause a woman to experience feelings of depression. Pregnancy is demanding both biologically and psychologically which has an impact on the way a woman feels during her pregnancy. Pre-eclampsia, low fetal growth, and even premature delivery have all been associated when mood symptoms go untreated (Gentile, 2011). This could lead to a number of complications for the unborn child at birth and later on in life (Gentile, 2011). The child may experience a number of neurocognitive and psychological delays or issues, due to maternal depression (Gentile, 2011). Women who are experiencing extreme maternal depression may see suicide as an option that will ease their pain and rid them of their depressive feelings. Fortunately many women do not succeed in their quest for suicide. However, the long-term complications that can come from a failed suicide attempt (e.g., overdosing on pills, poisoning) can have long term effects which can keep the child from developing normally (Newport, Levey, Pennell, Ragan & Stowe, 2007).

In the world today a lot of expectations are placed upon mothers; and, as a society we fail to understand when a woman cannot meet the expectations that are asked of her (Pacific Post Partum Support Society, 2001). Society tends to assume that when a woman gets pregnant the child was planned, and that the woman will feel positive emotions such as happiness and excitement. However, this is not always the case. More than ever in history women in society are trying to move forward with their education and attempt to have a career outside the home; therefore, women also expect to plan their pregnancies for when it is most convenient and less
likely to interfere with their own aspirations (Misri, 2005). It can be a stressful and scary time for someone whose pregnancy was unplanned. It is a big decision to have a child and it is one that could affect them for the rest of their lives.

SUICIDAL IDEATIONS AND PREGNANCY

When looking into information and the rate of suicide attempts in pregnant women, data is fairly limited for North America (Lindahl, Pearson & Colpe, 2005). Although specific percentages are rare and difficult to find, suicidal ideation does occur in women who are pregnant. It has been reported that between 5%-14% of women have admitted to having suicidal ideations at some point in their pregnancy (Lindahl, Pearson & Colpe, 2005). The data and information available can help aid caregivers by helping them to focus on what needs to be improved on in order to help and support women who are in a suicidal crisis during their pregnancy. It is important for awareness and support to be readily available to all caregivers who may come into contact with someone who is suicidal.

SUICIDAL IDEATIONS AND POSTPARTUM

Feelings of depression are not just limited to those who are going through the pregnancy process. Suicidal feelings are not unusual for someone in a postpartum depression (Pacific Post Partum Support Society, 2001). Women who have already given birth have been known to get the “baby blues.” It is not uncommon for women who have the baby blues to be content and joyful one minute and extremely depressed the next. The baby blues are usually short because they last for about 10-14 days until a woman’s hormones get back to normal (Venis & McCloskey, 2007). Symptoms of the baby blues include irritability, mood swings, tearfulness and anxiety (Venis & McCloskey, 2007). However, when a woman experiences a longer depression or if the baby blues just will not go away, this is known as postpartum depression (Canadian Mental Health Association, 2012). Women who get postpartum depression often feel overwhelmed with the new responsibility they have been given (Dalfen, 2009). In her book, *When baby brings the blues: Solutions for postpartum depression*, Dr. Ariel Dalfen (2009) explains that a woman’s suicidal thoughts usually emerge after a new mothers has been suffering with her depression and anxiety in silence. Dalfen explains that many mothers in this situation truly believe they are “bad” for feeling the way they do, that they are terrible mothers, and sometimes even think they do not deserve the child they have been given. Women who have postpartum depression sometimes turn to suicide because they feel there are no treatments available to them (Dalfen, 2009). They are ashamed about the thoughts they are having or the feelings they are experiencing with regards to their new baby.

After a woman has had her baby she typically anticipates that she is going to be happy and that everything is going to be perfect; however, this is not always the case. Although some women experience unhappiness after her child is born, it is unfair to say that those who are unhappy after their baby is born do not or will not love their child. Many mothers are extremely ashamed because of their unhappy feelings, and often are afraid of how they will be judged by health care professionals (Dalfen, 2009). Some women are afraid to reach out for help out of fear that they may get their child taken away from them because they may be seen as mentally unfit. Many women who experience postpartum depression show many of the same symptoms that people considering suicide show. They lose interest in a lot of things, they have trouble sleeping, they cannot focus, their appetite can be either increased or decreased, and they may cry a lot.
These are only a few very common symptoms that a woman suffering from a postpartum depression may exhibit. It is extremely important that community agencies and care workers are able to understand, recognize and identify these symptoms in women who may be suffering from a postpartum depression. For so many suffering with postpartum depression being heard is one of the first steps in their healing process (Pacific Post Partum Support Society, 2001). By raising awareness it is possible that with early prevention a woman will be able to enjoy her new baby, and ultimately it may save her life.

**SUICIDAL IDEATIONS AND POST-ABORTION**

Another group of women who may be prone to strong feelings of depression are those in the post-abortion phase. It is important to remember that not all women will feel depressed after their abortion. Some are completely accepting of their choice to terminate their pregnancy and they are able to go on with their lives experiencing little to no emotional affects (Vitz & Vitz, 2010). However, some women are faced with very strong feelings and emotions in regards to their terminated pregnancy. It has been found that emotional distress and suicidal risk increases after a woman terminates her pregnancy (Gentile, 2011). The decision to terminate a pregnancy may seem rational in terms of a long term goals, interests, and chosen values (Vitz & Vitz, 2010). Even though a woman may seem sure of her decision at the time, her emotions may become too overwhelming. A woman can feel guilty after she has terminated her pregnancy, which can lead to her feeling that she may have made the wrong choice. Vitz and Vitz (2010) give some reasons as to why women may become depressed following their abortions. They hypothesize that because women’s brains tend to be more centred towards relationships, a woman may realize that she became closer emotionally with her fetus than she thought. These strong emotions may then lead the woman to feel guilty about how she handled her relationship with her baby.

**SUICIDE INTERVENTION APPROACHES**

Even though suicide is a longstanding issue, treatments to prevent suicidal behaviour have only recently begun to be created (Wenzel & Hyman, 2012). Traditionally, caregivers put a lot of emphasis on addressing the patient’s depression rather than dealing with the suicidal behaviour itself (Linehan, 2000). This approach brings with it a lot of limitations. It assumes that all patients who have suicidal ideations are depressed, it does not address the way the mind is functioning during a suicidal break, and it does not allow for the exploration of other modifiable risk factors for future suicidal behaviours (Wenzel & Hyman, 2012). Treatments that view suicidal behaviour as the primary focus have been demonstrated to be beneficial to clients who live with a number of psychiatric disorders (Wenzel & Hyman, 2012). It is important for caregivers to engage patients in treatment. There are many ways to do this with clients who are experiencing thoughts and feelings of suicide. It is important to encourage hope, confidence and willingness with patients so that they can begin to recognize that the distress and suffering they are feeling can be understood and overcome. It has been stated that four out of five people who attempted suicide once will eventually try again later in their life (Canadian Mental Health Association New Brunswick, n.d.). A statistic such as that demonstrates that there is in fact a need for strong suicide intervention and prevention skills.
When therapists are working with suicidal patients a very important step in the healing process is the creation of and implementation of a safety plan (Wenzel & Hyman, 2012). Developing a safety plan is possibly the most important activity that can take place during a suicidal crisis because it is the first tangible tool that clients can take home and utilize later if needed (Wenzel & Hyman, 2012). The safety plan helps to introduce suicide warning signs, coping skills that can be used, and connections that can be utilized during a suicidal crisis. Safety plans also place emphasis on the removal of any lethal methods that may be available to the suicidal individual.

A program created by Living Works has been demonstrating for over 25 years that suicide awareness, intervention, and prevention does actually work (Living Works, 2011). The program is called the Applied Suicide Intervention Skills Training (ASIST) and it is a workshop for caregivers who want to increase their comfort and confidence level when dealing with people who may be at immediate risk of suicide (Living Works, 2011). Trillium Health Centre conducted a study on the effectiveness of the ASIST program. The ASIST program was chosen because it combined both a consistent model for assessing and responding to suicide risk, along with a standardized training for staff (McAuliffe & Perry, 2007). Two hundred twenty mental health staff and 50 other individuals from other areas of the hospital participated in the study. They also included 150 staff and students from local community health and social service agencies. The participants took part in the ASIST training and were tracked over four years as a way to evaluate how the ASIST training changed the way staff interacted with suicidal clients (McAuliffe & Perry, 2007). The staff and students were measured on how the ASIST training helped. During the first two years of the project no clients who received support from staff who took the ASIST program died by suicide. However, there were four suicides for the remainder of the project. Those suicides were investigated further and it was found that the suicidal ideations were down played by the family and the clients in order to avoid admission in to the hospital. Overall, this study helped to show that suicide intervention and prevention has the potential to be helpful for clients who are facing suicide.

Hatten, Valente, and Rink (1977) offered caregivers many pieces of valuable information about assessing, intervening and supporting a suicidal individual. A lot of insight and information is included which helps caregivers to notice important red flags that could be signaling that someone is thinking about suicide. Hatten et al. (1977) stress the importance of asking the client directly and honestly if they are thinking about suicide. The wording of the initial question is one of the most significant steps when helping a suicidal individual. Asking the question, not only directly but non judgmentally allows the client to feel as though his/her current feelings of suicide can in fact be helped. Asking the question also stresses the seriousness and permanence surrounding suicide. It is crucial to observe as many areas of the suicidal individual’s life in order to make a proper assessment. Hatten et al. (1977) go extensively into the suicide intervention process, which puts emphases on the importance of a very concrete caregiver and client relationship. The authors focus on establishing a relationship, building trust, making the inquiry about suicide, looking out for current hazards, and evaluating safety strategies, all as tools that caregivers can use so they can adequately assist an individual who is thinking about suicide.
PRESENT STUDY

Throughout the past years there have been a number of advances and improvements in the field of suicide intervention and prevention. The creation and implementation of suicide awareness and social support in community agencies can help to reduce suicide risks. It has been suggested that an increase in social support may work to reduce the risk of suicide in pregnant women (Lindahl, Pearson & Colpe, 2005). However, there is a lack of suicide specific programming for pregnancy and motherhood. The purpose of this project was to design a Suicide Awareness Resource for a community care agency.
Chapter III – Method

Setting

The agency offers women a confidential and non-judgemental environment to talk about issues concerning their pregnancy. The issues can range from concern over an unplanned pregnancy, an unwanted pregnancy, adoption support, and if needed information in regards to abortion. The centre also provides women in a post-abortion phase support if they need assistance with coming to terms with their decision to terminate their pregnancy. Free pregnancy tests, clothing and diapers are offered to those who may require material support.

The placement site requested the creation of a Suicide Awareness Resource. The agency believed that a Suicide Awareness Resource would be both useful and beneficial to have in their resource library. Although the agency had not experienced a case of a suicidal client, the agency director felt that staff and volunteers, both present and future, should be better equipped with information and skills just in case the situation were to arise. The resource is not intended to replace suicide intervention training, but it is meant to serve as a stop-gap measure for staff and volunteers.

Target Population

The Suicide Awareness Resource was created with the intention that it would be used by staff and volunteers at a community pregnancy care agency. The staff and volunteers at the agency range in age and have completed extensive peer training in order to be fully qualified to provide peer counselling to the clients the centre support. Staff and volunteers are both equally responsible for supporting clients that visit the agency. The Suicide Awareness Resource is intended to be added to the list of resources that staff and volunteers are required to read in addition to their training.

Development of Resource

The Suicide Awareness Resource was created by gathering research and information from different tools, books and online resources that relate to suicide intervention and prevention. The Awareness Resource was created with language that was appropriate for the demographic that would be using it. The ASIST model by Living Works was used as a guide to make sure the layout and information that was being used was appropriate for the topic being covered. A book called Suicide Assessment & Intervention by Hatten, Valente, and Rink (1977) was used as a guide very similar to the way the ASIST model was used. An abortion recovery peer counselling manual was also used as a guide to see what information might be included in a manual. The information found within either manual was not copied; however, if anything was used it was cited and referenced in the back of the resource.

Design and Layout of the Resource

The Suicide Awareness Resource (Appendix A) included a lot of valuable information that would be considered useful if staff or volunteers ever came in contact with a client who may be experiencing feelings of suicide. The resource included four main sections labelled: “Facts and Information”, “At Risk?”, “How to Help” and “Resources”.

**Facts and Information**
The Awareness Resource offers a section that provides staff and volunteers valuable information, facts and statistics with respect to suicide. The reader is also met with common myths that usually surround the topic of suicide.

**At Risk?**
Included in this section is beneficial information that gives the reader more insight into reasons why someone might commit suicide. Risk factors that could reside both past and present are listed and explained in detail. Noticeable changes in regards to physical, behavioural and emotional factors are introduced as a way to inform staff and volunteers of what risk factors may look like.

**How to Help**
This section of the Suicide Awareness Resource explains in detail the skills and steps that staff and volunteers would need to follow if a suicide crisis was to occur. The areas in this section centre upon noticing warning signs, listening to the client, assessing and caring. When put together these sections offer staff and volunteers extremely valuable information with regards to suicide and helping someone who is currently suicidal.

**Resources**
A list of resources which are both local and non-local are offered in the back of the Awareness Resource. These resources can be used as support for clients even after they leave the agency. A pre-post test questionnaire was created and included in the back of the Resource. The questionnaire was not evaluated, but was included as a way for staff and volunteers to assess their own personal growth in regards to suicide awareness.

**Questionnaire**
A questionnaire was created for the staff and volunteers as a pre-post test measure. It was created as a tool for staff and volunteers to use as a way to track their suicide awareness knowledge before and after they had read the Resource. The questionnaire included a variety of questions that could be used as a way for staff and volunteers to test their knowledge in regards to suicide. There are true / false questions, likert scale, multiple choice, case study and open-ended questions. The questionnaire asked questions that were based on what was included in the awareness resource. The questionnaire assesses general knowledge about suicide, risk factors, red flags and how much the individual taking the questionnaire knows about the suicide intervention process. It helps to give staff and volunteers a better idea about the areas they may need to concentrate on when reading the Suicide Awareness Resource. The questions were created using information gathered from the research.

**Procedures**
The Suicide Awareness Resource was given to the agency, and placed on file as a required piece of training material for staff and volunteers. The agency can copy the resource and have multiple copies available for complete access at all times.
Chapter IV – Results

The Suicide Awareness Resource (Appendix A) that was created contained a lot of valuable information that could be used as a way to help staff and volunteers at the agency if they were to ever encounter a client who needed suicide crisis support. The Suicide Awareness Resource was compiled of five chapters that were aimed towards helping the caregiver to be better prepared in the area of suicide crisis support.

Chapter One offers the audience an introduction to the Awareness Resource. The introduction aims to give its audience insight into why having knowledge of suicide and suicide crisis intervention tips would be beneficial not only for their own knowledge, but more importantly for the women they support. Chapter Two of the Resource gives insight into some facts and information in regards to suicide. In this section the reader is given the chance to learn some general information about suicide. People are often misinformed or uneducated when it comes to the topic of suicide. There is a section that gives the reader data and statistics about suicide, as well as addresses some common myths surrounding the subject.

Chapter Three of the Awareness Resource includes more details and information that would be useful to those who would be using the Awareness Resource. The resource includes information about individuals who may be more at risk to commit suicide due to some of their own situational issues. Included is information about how pregnancy related concerns may lead a woman to experience thoughts or feelings of suicide. There is important information in the resource that would help the reader to notice any behavioural, physical, or emotional clues that could be displayed by the client that could indicate that they may be thinking about suicide.

One of the most important sections in the resource is Chapter Four. This chapter explains in detail the skills and steps that staff and volunteers would need to follow if a suicide crisis was to occur. A main focus of this chapter is on the five steps that can be used to help the client work through their current crisis. The first step stresses the value of noticing some of the warning signs that had been mentioned earlier in the Suicide Awareness Resource. After the caregiver notices some of the warning signs they are taught the importance of asking the client straight forwardly if they are thinking about suicide. Once the caregiver asks the client about their suicidal intentions the importance of listening to the client is taught. The caregiver is shown how it is beneficial to listen to both the clients’ reasons for living as well as their reasons for dying. Assessing the lethality of the suicidal plan is also stressed as very important whenever someone is helping a suicidal individual. The last step the reader is introduced to is caring. The reader is given skills such as creating a contract with the suicidal individual that can be used in order to help keep the client alive after the immediate suicide crisis has been dealt with.

Chapter Five of the Resource offers information on community resources that the client can use after they leave the agency and the company of the caregiver. Some of the community resources offer 24 hour help which could be extremely helpful for a client who may be feeling suicidal even after the implementation of the previously learned skills. In the resource section there are also contacts which are not local community resources. They are all 24 hour call in centres that can offer immediate help until a community resource can become available.

In addition to the Suicide Awareness Resource a questionnaire was created and included in the last content chapter of the resource. The questionnaire was compiled of a mix of true/false
and multiple choice questions. The questionnaire was created and included in the resource as a measure for staff and volunteers to use, that way they could track their knowledge both before and after they read the Awareness Resource. Those that choose to complete the pre-post test will be able to simply compare their answers before and after they fully read the Suicide Awareness Resource.
Chapter V – Discussion

Suicide has become a worldwide issue that requires immediate attention. Too many lives are being lost each year. Although in recent years more suicide intervention strategies and techniques have begun to be created and enforced, there is still a lack of pregnancy specific resources available to those in community pregnancy care centres. This thesis attempted to show that there is in fact a need for suicide intervention and prevention programs when supporting pregnant women. Although suicide amongst pregnant women is not often seen, it is still a matter that needs to be addressed. It is extremely important to remember that even though suicide awareness resources and manuals may be beneficial when assisting suicidal clients, they are not intended to replace official suicide intervention training sessions.

This thesis provided information in regards to the creation of a Suicide Awareness Resource created for staff and volunteers in a community pregnancy care agency. Information pertaining to suicide and gender, age, pregnancy, postpartum, post-abortion and intervention approaches have all been presented. The Resources design and layout was introduced along with information detailing the general topics and material included in the Suicide Awareness Resource.

Strengths

The Suicide Awareness Resource itself offers useful knowledge, skills and strategies that staff and volunteers could find to be helpful in the agency setting with clients they assist. The suicide awareness skills learned are not just limited to pregnant women who are feeling suicidal. Suicide is a worldwide issue and is found in many individuals throughout the community. The staff and volunteers who use the resource may be able to take the skills outside of the agency to the general population where they may be better equipped to help someone who may be in a suicidal crisis.

For agencies that rely strongly on community involvement and volunteering, it is extremely valuable that they are prepared with a manual that will be beneficial to their agency. The creation of a Suicide Awareness Resource allows the agency to have access to information that otherwise may be costly to obtain. Although it is not meant to replace formal training, the resource is useful in aiding staff and volunteers until professional training becomes available to the agency in the future.

Limitations

As stated in the literature, there is a lack of data when looking into the rates of suicide in regards to pregnancy and women. Although there is some data it is quite difficult to find data that is recent, readily available, and geared towards pregnancy. The data surrounding pregnant women and suicidal ideations may be under reported because many women may be reluctant to reach out for help. There is a need for research specifically geared towards pregnant women facing a suicidal crisis.

A limitation of this thesis is that there was no data taken on whether the information included in the Suicide Awareness Resource proved to be useful for staff and volunteers. Limitations in regards to time kept the resource from being given to the agency with enough time to collect data on its effectiveness.

During the creation of the resource time was a factor which impacted the timeline in which the agency actually received the finished product. It would have been more beneficial to
the thesis if formal feedback was collected as a way to measure the usefulness for staff and volunteers.

Another limitation (although seen as a good limitation) is that because of the rarity of suicidal ideations found among clients, it may be unknown how effective the information in the resource would be when supporting and helping those who are in a suicidal crisis.

MULTILEVEL CHALLENGES

Client Level

Suicide is a worldwide issue facing thousands of individuals in a number of different countries. For individuals who are facing a suicidal crisis it can be an extremely frightful event. Many individuals may be afraid to reach out and ask for help due to the stigma that often is associated with mental illness. Some clients may not know how to access resources that may be available to them; therefore, this may keep clients from finding resources that may be beneficial towards their overall quality of life. When dealing with pregnant women and new mothers, it is possible for women to fear losing not only her newborn child, but any other children that she may already have. A woman may lose her child because those in a position of authority may see her as mentally unfit, therefore putting any child who is in her care at risk.

Program Level

As with the client level, it would be difficult to measure how beneficial the Suicide Awareness Resource would be to the staff and volunteers at the centre. The staff and volunteers would most likely need to rely on the scores from the pre/post test in order to adequately observe if the resource helped them to increase their knowledge and comfort in regards to suicide intervention and prevention. It is important to remember that some of the information or skills in the resource may be overwhelming for the staff and volunteers to initially comprehend. However, as the staff and volunteers continue to read the Resource it is hoped that staff and volunteers will become more comfortable with the content and subject matter. As the staff and volunteers progress through the Resource it is important for them to remember that under no circumstance is the resource meant to replace certified suicide intervention training.

Organizational Level

Although though suicide awareness is extremely important to the agency, because it is not part of the formal training enforced by the pregnancy care centre’s headquarters it may not get as much attention as it may deserve. Although the Suicide Awareness Resource is going to be kept as a required read for staff and volunteers at the agency, it is still going to come after the more important counselling and client care skills that are taught to all staff and volunteers. As with many community agencies there is a lack of overall funding that would allow agencies to build up their support resources. It can be costly for agencies to send all their staff and volunteers to get fully certified in suicide intervention. Overall a lack of funding can lead to a lack of resources simply because community agencies are unable to afford certain resources that would be valuable tools within the agency.
Societal Level

When observing suicidal ideations from the societal perspective it is not uncommon for those who are experiencing feelings of suicide to be met by social stigmas that are often associated with mental illness. Society often stereotypes and labels those who are diagnosed with a mental illness. This situation can be seen as an issue for the obvious reason that if society places a stigma on mental illness, individuals who are in distress may avoid getting much needed help out of fear of how other people may act towards them.

Contributions to the Behavioural Psychology Field

The Suicide Awareness Resource is also beneficial to the Behavioural Psychology field. The Behavioural Psychology field places a lot of emphasis on supporting and assisting clients using skills and resources that can be used to help them better the quality of their life. The Suicide Awareness Resource offers clients and caregivers a valuable tool that can be used as an aide to helping clients to deal with their feelings and suicidal ideations.

There is an obvious lack of literature in regards to pregnancy and suicidal ideations. The thesis helps to bring to light some of the future recommendations and approaches that can be taken when looking into pregnancy and suicide.

Future Recommendations

For future studies it is suggested that thorough data be taken on the effectiveness of the information that is included in the Suicide Awareness Resource. It is suggested that data collection be taken as a way to evaluate how useful the Resource was in helping staff and volunteers to gain valuable knowledge and understanding in regards to suicide intervention and prevention. In addition to measuring the usefulness to staff and volunteers, data should also be collected to observe whether the skills and services included in Suicide Awareness Resource was beneficial in helping the clients ease their feelings of suicide.
REFERENCES


APPENDICES
Appendix A: Suicide Awareness Resource
This awareness resource was created by a 4th year Behavioural Psychology student from St. Lawrence College. The information is intended to be used purely as a resource tool. The information found in this resource is not meant to replace any formal suicide intervention training that may be offered from an accredited source.
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CHAPTER 1

INTRODUCTION
This Suicide Awareness Resource was created with the intention that it can be used as a tool at the Kingston Pregnancy Care Centre. There will be a lot of useful information that can be used to help and support people who may be considering suicide. As an individual using this resource you will learn strategies that can be used not only within the centre, but can also be generalized for use with other individuals you may encounter throughout your life.

**Note:** It is important to remember that this manual was created by a St. Lawrence College student. The information found in this manual is not meant to replace any formal suicide intervention training that may be offered.
Introduction to the Resource

You are so alone. No one cares. You have been let down and kicked down by so many people in your life. What is the point? No one loves you, cares for you, everyone will be better off without you. To your family you are nothing but a burden. Sure they may miss you a bit, but after a while they will realize that with you not around anymore things will be easier. Your life is dark, black and gloomy. If you wake up in the morning, you do your best to get out of bed and survive. Sometimes you stay in bed all day. Food, you don’t care much for it, kind of like people. You hoped everyone would go away, but now that they have you feel even more alone than before. The world will go on without you, so why bother?

Take a second and think about what you just read. How do you feel? Heavy, sad, burdened? To so many people considering suicide this is how they feel. They feel alone, scared and unwanted. They ask themselves every day that they are alive what the point is in all this suffering. They want so badly to tell someone how they feel but they are so embarrassed that they just cannot reach out. Feeling like suicide is your only answer to what you are feeling can be one of the scariest and most terrifying things that you can experience in your life.

In today’s society there seems to never be enough time in the day. We seem to always be running from point A to point B, barely getting a breath in. The constant feeling of rushing can cause many people to feel stressed and overwhelmed with their lives. These feelings of stress and being overwhelmed never stop and can often feel like a tonne of bricks on someone’s shoulders. Sometimes life hands you more than you feel you can handle, so how do you cope with it? Some people are able to handle things when life throws a curve ball or two, they accept it, deal with it and move on from it, while other people find it so difficult to even look forward or even imagine the next day. Feeling so down and helpless is so shameful for some people, that they cannot ask for help. They are afraid of judgement from others so they live with their pressures and worry all alone.
It is not uncommon for people who are dealing with thoughts of suicide, to feel ashamed and embarrassed about how they are feeling. Sometimes all it takes is for someone to sit down and talk to the individual about how they are feeling.

SITTING DOWN AND TALKING TO SOMEONE CAN HELP THE SUICIDAL INDIVIDUAL REALIZE THAT SHE IS NOT ALONE, HER THOUGHTS ARE NOTHING TO BE ASHAMED ABOUT, AND THAT **THERE IS HOPE.**
The Resource

Suicide is a fragile subject for so many people. For some the topic brings up so many difficult and challenging emotions that they avoid the topic all together.

Throughout this resource you will learn a lot of useful information that you can use when helping someone who may be suicidal. The suicide awareness resource is separated into five chapters. The resource begins with general information and facts about suicide in Canada.

Next you will learn how certain life situations could potentially contribute to one’s suicide. Life is so complicated and hectic that if stresses are not dealt with in a healthy manner it could lead to further issues. The types of life situations that may be involved are:

- Finances
- Situations
- Medical
- Mental Health
- Alcohol and Drug Abuse
- Family
- Loss
- Previous Suicide Attempts

After you learn some information about how life situations can contribute to suicide, you will learn about some tips that you can use as an aide to recognize how the following can give hints (RED FLAGS) that someone is thinking about suicide:

- Actions
- Feelings
- Thoughts
- Physical
You will learn how to help someone who is thinking about suicide, and help her to work through reasons to live. You will also be able to help her create a plan that will help to keep her safe. The steps you will learn to follow when helping someone who is suicidal will be to:

- Notice
- Ask
- Listen
- Assess
- Care

The last chapter in the awareness resource is something that can be very helpful to you as a caregiver. The last chapter has some community resources that you can use and refer clients to after the suicide crisis has been acknowledged and talked about. Once the immediate crisis has been dealt with it is important to connect clients with resources in the community that they can use to not only better their current life situation, but for their life in the future. This chapter includes:

- Community Resources
- Questionnaire
- Quick Guide

It is very important that as you help and support someone who is in a suicidal crisis, you remember that they are reaching out for help and this is a scary time for them. As the caregiver they are looking to you to offer a little bit of stability in what could be a very chaotic world.
AGAIN IT IS IMPORTANT TO REMEMBER THAT THIS MANUAL WAS CREATED BY A ST. LAWRENCE COLLEGE STUDENT. THE INFORMATION FOUND IN THIS MANUAL IS NOT MEANT TO REPLACE ANY FORMAL SUICIDE INTERVENTION TRAINING THAT MAY BE OFFERED. ANY TIME YOU COME INTO CONTACT WITH A SUICIDAL CLIENT YOU ARE TO NOTIFY THE DIRECTOR IMMEDIATELY. IT IS VERY IMPORTANT THAT YOU ALSO HAVE SUPPORT WHEN TRYING TO HELP SOMEONE WHO IS CONSIDERING SUICIDE.

YOU ARE NEVER ALONE IN THIS. JUST LIKE THE CLIENT IT IS IMPORTANT TO ASK FOR HELP.
CHAPTER 2

FACTS & INFORMATION
Who Commits Suicide?

Why on earth would anyone want to kill themselves? They must be crazy right? It is a very common misconception that only ‘crazy people’ commit suicide. However that could not be farther from the truth. Many of these views are very old fashioned but they continue to stay ‘valid’ because suicide is not talked about and discussed enough.

What ‘type’ of person kills themselves? The quiet, withdrawn, and reserved individuals? Or the spunky, energetic, and lively? Truth is it can be anyone. There is no way to narrow down who is going to kill themselves. Someone could look fine and lively today and unfortunately they could take their life tomorrow.

Even though it is difficult to point to what type of person commits suicide, there is some truth to the notion that there are certain groups who are at a higher risk to commit suicide.

- Gays/Lesbian
- Minority Groups
- Individuals with Mental Illnesses
- Individuals with Substance Use and Abuse
- Those who have Suffered Emotional and Physical Abuse
- Divorced and Widowed Individuals

It is common that those who commit suicide have an underlying mental illness, but not everyone who has a mental illness commits suicide. It true that even those who don’t have a mental illness may experience feelings or thoughts of suicide throughout their life. Sometimes people who kill themselves have not yet been diagnosed with a mental illness and unfortunately they had not received help and support that was so needed.
Suicide

It is unfortunate to know that suicide for the most part is completely preventable and most people who commit suicide want to survive. For many people suicide is a topic that is rarely or never addressed. When people think of suicide there are many emotions and thoughts and emotions that are associated with the word. Suicide is not a new concept. Suicide exists in virtually all cultures and nations throughout the world. Those aged 40-59 accounted for 45% of all suicides, those aged 15-39 had a rate of 35%, and those aged 60 and above are at 19%. It has been reported that 20%-60% of deaths that are suicide occur among people who have a mood disorder.

Suicide is one of the top ten leading causes of death in Canada. In 2009 approximately 3,890 deaths were ruled as a suicide.

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,989</td>
<td>901</td>
</tr>
<tr>
<td>17.9% per 100,000</td>
<td>5.3 % per 100,000</td>
</tr>
<tr>
<td>Highest: 30-34 Years Old</td>
<td>Highest: 20-24 Years Old</td>
</tr>
</tbody>
</table>

It is a proven fact that men are at a much higher rate to die from suicide, however women are actually four times more likely to attempt suicide. The reason men have a higher suicide death rate is because the methods they use are usually more lethal (hangings and firearms) than the ones women use (pills and self-harm). Even though men succeed more often, every suicide threat made by a client should be taken seriously and should not be taken lightly.
Although women are successful with suicide much less than men, it is still important to be mindful and take any threat of suicide seriously. Women are about two to three times more likely to attempt suicide than men and are twice as likely to be diagnosed with depression. Men are less likely to get treated for depression than women making it more likely that their depression will get worse as it is untreated.


Misconceptions

There are many myths and misconceptions surrounding suicide. Some are more popular than others. These misconceptions are made popular by miscommunication and more commonly poor education and awareness about suicide. The following are the common myths associated with suicide.

**Myth #1: Only crazy people with a mental illness commit suicide.**

- Although many people who commit suicide do in fact have an underlying mental illness, many who have a mental illness do not commit suicide. For many people their current situational difficulties in their lives impact how they are feeling and the actions they take when coping with their struggle.

**Myth #2: Talking to someone who may be suicidal about suicide will ultimately aide in their decision to commit suicide.**

- When someone reaches out for help and confides in you about their decision to commit suicide it is a sign that they want to talk about it, they want to talk about their feelings. Talking with them will help them to realize that they are not alone in the world and that someone is there to help them work through their problems.

**Myth #3: Most people kill themselves without giving any warnings to anyone.**

- People communicate how they are feeling in a variety of different ways. Many people who commit suicide often give off hints or RED FLAGS that can signal that they may be thinking of taking their own life. Warning signs can be direct, indirect, physical, behavioural, or emotional.
**Myth #4:** Those who talk about suicide are just looking for attention and will not actually kill themselves.

- Those who talk about suicide are looking for someone to share their feelings with. In a society where suicide is often seen as taboo it is hard to find someone who will talk about their pain and how they are feeling.

**Myth #5:** Those who are serious about dying will choose only the most lethal methods, everyone else is just bluffing.

- It is true that those who use guns as their chosen method die more often than those who use pills or poisoning. However this should not be the only grounds you use to assess how serious someone is about their potential suicide. All methods should be taken seriously regardless of its lethality.

**Myth #6:** If someone is serious about dying, there really is nothing you or anyone else can do to stop them. All suicidal persons want to die.

- Not all suicidal persons want to die. A lot of the time they are just looking for someone to help and support them with their current struggle.

**Myth #7:** Those who have tried to commit suicide in the past will not try again.

- It is very common for those who attempt suicide and fail to try again. Four out of five people who attempt suicide once will eventually try again later in their life.
**Myth #8:** Once the initial suicide crisis has been averted the individual is no longer thinking about taking their own life.

- When you are supporting someone it is important to remember that even if they seem to be feeling better, they may still be thinking about taking their own life. It is possible whenever you are helping anyone who is suicidal that they may tell you what you want to hear in order to get you off their back or make you think they are feeling 100% better.
CHAPTER 3
At Risk?
At Risk?

It is often difficult to ‘just know’ if someone is thinking about suicide. As you interact with people you will come across many different stories and experiences. The way people handle things in their lives differs from one person to the next. There are so many different circumstances and situations that can occur in one’s life that can be difficult to handle. Mood disorders such as depression, bi-polar, and schizophrenia often go hand in hand with suicide. Those who have experienced stressful life situations, have medical illness and who have a family history of suicide are more likely to die by suicide.

There is no one way to narrow down who is at risk and who is not. It is important to be mindful of individual circumstances and be understanding to those who are in crisis.

Everyone reacts and copes differently to certain situations. It is very important to keep an open mind and remain non-judgemental when dealing with and supporting those who are in a suicidal crisis.
**Depression**

Depression often brings with it so many feelings that can make someone feel so alone, so helpless that sometimes the client may feel suicide is the answer. Those who are suffering from depression often tend to feel guilty for the way they are feeling. Depression can be so debilitating that those who are depressed can feel like they have failed and that they are weak. To the family, friends or caregivers of the depressed, it can often feel as though the individual has given up on life, and it can arguably be just as frustrating to those looking on. About 60% of people who succeed in taking their own life have depression. It is said that roughly 121 million people in the world have depression. The rates at which men and women have depressive episodes vary with 5.8% being men and 9.5% being women.

**Pregnancy**

When a woman becomes pregnant there is an increase in activity in the hypothalamic pituitary-adrenal axis which has been known to be associated with depression. The mix of hormones and emotions that are going in a woman’s body during pregnancy can cause her to experience feelings of depression. A woman often thinks about all the thoughts, emotions and feelings that come with the news that she is pregnant. So many different factors need to be considered. She has to think of her partner, finances, her job, her body, and most importantly this new life she is carrying. All these factors can cause immense stress in a woman’s life.
Unplanned Pregnancy

Sometimes pregnancies are unplanned. When a woman finds out about a surprise pregnancy they can are often met with a wave of unsettling emotions. The woman must now decide what she has to do. In many cases the unborn child is met with acceptance. However some may be in a point in their life where a child is just not an option. They must now decide whether they are going to keep the baby, put the baby up for adoption, or terminate their pregnancy. These are very difficult life changing decisions that a woman must go through. If a woman is not careful to monitor and deal with her feelings they can cause her such grief and disturbance that she may see suicide as her only way out.

Post-Partum Depression

Reports say that roughly 8%-15% of new mothers will face manageable post-partum depression. After a woman has had her baby, it is expected to be the happiest moment of her life. Some women thrive in their role as a new mother and caregiver. Others are met with such immense feelings of being overwhelmed and uncertain of their new role that it can lead to a depression after their baby is born. It is unsettling to know that suicide is the leading external cause of death among new moms. When you take into account all the new responsibilities that come along with being a new mom, and pair that with the fluctuation in hormones it is not surprising that some women develop a depression. The highest risk is during the first year after childbirth.
Post Abortion

When a woman decides to terminate a pregnancy there can be many things that factor into her decision. She could be forced by family or a partner, or she herself could be certain that it is the right life decision for her. Sometimes women think that their termination is what they really and truly want, but only once it is done do they realize they may have been wrong. Some women who are post abortive get feelings of depression and guilt. Sometimes the guilt gets to be so much for the woman that they consider suicide as a way to escape their guilt. It is helpful to be aware that these feelings may arise with clients who are post abortive.
Why Do People Commit Suicide?

When someone commits suicide usually the first question everyone asks is why? Why did they feel they had no way out? Why did they think this was their only option? Why? When someone turns to suicide they are experiencing so much emotional pain for them it is just unbearable. To those considering suicide, the moral judgement and disgrace that often accompanies the act is the farthest thing from their thoughts. They just want their pain, helplessness and sorrow to end.

There are many reasons why someone may kill themselves. It is important to remember that everyone handles things differently. A situation that bothers one client may not be as big of a deal to another client. Having an unplanned pregnancy may not be as devastating to one client as it may be for another.

The situation that occurs in someone’s life does not necessarily have to take place in current time. It is important to remember that the situation could be from the past and could have occurred during childhood, adolescent, young adulthood etc. The ways people deal with things are individualized to each person and something that could have happened when someone was eight years old could still be affecting them at the age of 28 years old. If the individual never dealt with their emotions properly it is very possible that the feelings and emotions could carry on into their adolescence and late adulthood.

When someone is feeling suicidal it is so incredibly difficult for them to see other solutions to how they are feeling.

A single life situation is not likely to be the sole cause of one person’s suicide even though it may trigger or set off the individual. There is no one reason as to why people commit suicide. However there are a few situations that can occur in someone’s life that can be so overwhelming that it could lead them to feeling as though suicide is the answer.
Even though the reasons someone would want to kill themselves is important, it is the way the individual feels and copes with the issue that is imperative. The following are a few reasons and risk factors that have been known to be more common in those who have committed suicide:

- **Financial**
  It can be very difficult for families/individuals to make ends meet. Some people have to choose between having food for their family or having hot water. Being under financial pressure can cause someone to feel overwhelmed and helpless. When a family or individual is already in a position of financial crisis, and they find out they are expecting a new member to the family, they can be met with so many different feelings and emotions.

- **Situational**
  Life happens. People have unplanned pregnancies, people lose jobs, family members die, homes get destroyed, and families fall apart. These are just a few examples of situational events that can cause someone immense feelings of distress and anxiety. Everyone handles situational issues differently. The death of a loved one might make one individual feel stronger or more at peace, while another individual might be left to wonder what the point of continuing on in life is? Either way situational issues no matter how big or small they may seem, affect everyone differently and may draw some towards suicide.

- **Medical**
  There are some cases where someone is diagnosed with a medical issue. When they are diagnosed they are met with feelings of hopelessness, anger, and understandably fright. To them suicide may seem like the only way out. Some may feel like they will be a burden to their families and those they love. Others just cannot accept the pain and anguish that might be coming their way.
• **Mental Health (Bi-Polar, Depression, Schizophrenia, etc)**
  In Canada 20% of all Canadians will experience mental health related issues at some time in their life. That is a huge statistical number. Schizophrenia, depression and bi-polar disorders are all major risk factors that are found in some people who commit suicide. The depressive disorders are the ones that are most likely to be associated with suicide. It is completely unfair to say that everyone with a mental disorder will commit suicide, because that is not the case. However, many who do commit suicide do have an underlying mental illness.

• **Alcohol and Drug abuse**
  Alcohol and drug abuse can lead individuals into a spiral of despair and depression. They can feel that there is no hope for them and that they are completely alone in their struggles. In many cases their family may have abandoned them, they may have lost a job, financially things are difficult, and they cannot kick their habit. That is a lot of situational things that have happened because of an addiction.

• **Family Situations**
  There are numerous family situations that could occur that may have the potential to make someone think about suicide. Many of the reasons already discussed can also be applied to family matters. Divorce, finances, medical etc. are all reasons in which the family dynamic is affected.

• **Loss**
  The loss of a loved one is a very emotionally draining time. The powerful emotions that those left behind may feel can be so overwhelming and difficult to handle it may lead them to wonder “what is the point”? The loss of a loved one is not just geared towards human loss. Sometimes the loss of a pet can be such devastation. Sometimes individuals think that their pet is the only person in the entire world who loves and cares for them. When they lose that important friend, they can be left feeling alone and scared.
• **Previous Suicide Attempts.**
  This is such a huge factor and red flag when you are trying to assess if someone is a suicide risk. Those who have attempted suicide in the past have a slightly higher chance at succeeding in killing themselves if they were to attempt again. This is an important thing to find out when you are working with the client and trying to assess her risk level.
Noticeable Changes

Some individuals believe that people kill themselves without giving any warning or prior clues. However when looking back after someone’s suicide the warning signs that were missed are then noticed.

When someone is struggling and dealing with thoughts of suicide it makes an impact on so many areas of their life. It is important to remember that just because someone is expressing some of the following signs, it does not necessarily mean they are automatically thinking about suicide. Everyone is different and there is no one way to tell if someone is thinking of suicide. The signs can be quite direct or quite indirect; it really truly all depends on the individual person. A noticeable lack in hygiene is one of the physical traits that someone can portray when thoughts of suicide have consumed their being. Being realistic it is possible that someone simply did not have time to shower or brush their teeth that morning. However it could also mean that they are thinking about suicide and their appearance no longer matters at all to them. Either way it is very important to further explore these somewhat noticeable changes.

Trust your instincts when it comes to questioning someone about their intentions. If you are concerned about well-being, it is important to ask them if suicide is something that they are thinking about.

The following lists are meant to be a guide. It is important to keep in mind that if someone fails to exhibit the following it does not necessarily mean they aren’t thinking of suicide. The opposite can be said as well. If someone is showing some of the following symptoms it does not mean they are thinking of suicide. The only real way to know is to ask.
**Physical**

If a client that you have seen on a fairly regular basis comes in and you notice that their clothes look dirty, they look like they have lost weight, and they look tired it is very important that you ask them if everything is alright. You wouldn't want to jump right in and ask them if they are thinking about suicide right away. However noticing some or a few of the following could give you some indication that they might be. While you speak with the client if you have a feeling suicide may be a concern it would be important to ask them if they are experiencing any other physical symptoms that might not be too obvious at the present moment (i.e. changes in appetite or sleeping). Now just because someone may look a little messy or extremely tired, it does not necessarily mean they are thinking about suicide. That is why more than anything it is important to ask the client directly what physical symptoms they may be experiencing.

- Changes in appetite (increase or decrease)
- Changes in sleep (increase or decrease)
- A decrease in many things that were once pleasurable
- Feeling physically exhausted all the time
- Changes in hygiene

**Behaviour**

When someone is struggling with their difficult feelings it is possible that it can make them act out behaviourally in some pretty extraordinary ways. When someone is in the midst of a suicidal crisis individuals who may be thinking about suicide will often exhibit many of the following symptoms.

- Withdrawing (from family, friends, jobs, other areas of their lives)
- Crying
- Increase/Decrease in emotional response
- Fighting
- Breaking the law and reckless actions
- Giving away personal possessions
- Increase in alcohol/drug use
Thoughts
The thoughts that a client can deal with during a suicidal crisis can be some of the most terrifying and miserable that they have ever experienced. When someone is living out their crisis first hand these thoughts that run through their mind just add so much negativity to their already scary situation. The thoughts that a suicidal individual thinks contribute a lot to how the individual acts during their suicidal crisis.

- “There is no hope for me now”
- “I am going nowhere with my life”
- “I wish this would all end”
- “I want to die”
- “I just can’t take it anymore”
- “Why am I here?”

Feelings
For so many individuals who commit suicide the feelings that accompany them before they kill themselves can be so shameful. There are an array of feelings and they can contribute greatly to someone’s unsettling decision to commit suicide. Feelings can be so difficult and overwhelming to handle that sometimes they really do become too much. Those who are suicidal are often too embarrassed or ashamed to talk to someone about how they are feeling. Just listening and more importantly acknowledging how they are feeling can be such a load off their shoulders.

- Escape
- Guilt
- Hopeless and helpless
- Alone
- Sad
- Anger
- Shame
- Worthless
- Powerless
- Lonely
- Talking about and planning for ‘the end’
- Desperate
CHAPTER 4

How to Help
The Helper

The role of the helper is a very important and vital role when it comes to supporting someone who is suicidal. It can be extremely difficult to listen and support clients through their emotional turmoil, and it is not uncommon for caregivers to experience a ‘burn out’. There is no telling when a burn out will occur because like everything else, each individual deals with feelings and emotions differently. However as you support clients who may be suicidal it is important to keep your mental health and feelings in check. In order to effectively support individuals in need you need to recognize your own feelings. If you ever feel that your emotions are negatively getting in the way of the client’s healing process, it would be helpful to ask for support from a fellow staff member or volunteer. It may be possible that a client may come into talk to you, and a lot of the feelings and emotions they are explaining to you, you may be experiencing yourself.

Anytime you are dealing with a suicidal client it is imperative that you do not deal with it alone. It would be beneficial for yourself and the client if you were to communicate your concerns with the Director or whoever is in charge. Never promise the client you will keep a secret when it comes to their personal safety. Let the client know that you need to inform someone else of their suicidal intentions. It is very possible that they will get angry with you because they may feel as though you are betraying them, or that you are ‘like everyone else’. You can handle this best by being honest with them and letting them know that their safety is your number one concern.
Helping

When it comes time to help someone who is suicidal, there are very useful and effective ways to approach their individual situation. There are steps that you can take as a way to help a client really sort out their emotions. Your goal with the individual who is suicidal is to help them work through their current ideations of suicide, and ultimately keep them safe. You want to work with them to explore their options, assess their life and in the end come up with a plan that will help to keep them safe in their future.

When you are helping the suicidal individual it is important to remember that as much as you want to take over and help them, it is their life. Rather than make all decisions for them, help them to really search and find their reasons for wanting to end their life. Work with them, not for them.
Below is a flow chart that shows you the five steps that you can use when you are moving into the helping phase.

These five steps are so crucial when assisting someone who is actively thinking about suicide.
NOTICE

It is not very often that someone just impulsively takes their own life. They usually give off many of the clues that were talked about in Chapter 3. These clues can often be known as the RED FLAGS. If you notice some of these clues or red flags it is very important that you act on your intuition and simply (even though it is not so simple) ASK them.

A client named Alice has been a regular at the centre for the past six months. She comes in for her appointment and you notice that she looks tired, more tired than usual, and that she has lost weight. She lost her job three months ago, and financially she and her husband are struggling. As you continue on in the session you can tell that things are really beginning to weigh down on her.

Alice: “I have let down my family and my husband, I am such a failure. Maybe things would just be better off if I was not around anymore”
ASK

You need to trust your gut feeling and ask them directly if they are thinking about suicide. It is extremely beneficial and important that you use the word ‘Suicide’ or ‘Kill Yourself’. Avoid using statements like “Are you thinking of harming yourself?” or “Are you thinking of doing something irrational?” Calmly and confidently ask them “Are you thinking about suicide?”

It is a common fear among many people that if you are talking to someone who you ‘think’ might be suicidal and you ask them the question you will either give them the idea that suicide is the way out or that you will make it more likely that they will succeed in killing themselves. This belief is very untrue. In fact talking about suicide to a suicidal individual can help to save their life. When you openly talk about suicide with someone in crisis you are letting them know that someone would genuinely care if they were not around anymore. Avoiding the topic once they have made the initial connection leaves them feeling more alone, foolish or embarrassed to ask for help again.

The reason you want to be direct with the client is because not only does it bring to light the seriousness of the topic, but it makes what they are planning to do more real. By asking directly “Are you thinking about suicide” you are confirming with them what they are planning to do, that way there are no mixed messages for either party.

Alice has just told you she thinks everyone would be better off without her. This makes you question whether or not she might be thinking about taking her own life. You do not want to throw her off, but a lot of things about the way she is talking and acting are worrying you. You decide to question her.

You: “Alice I have noticed that you have said a few things during this session that have really concerned me. You just told me that you think everyone would be better off without you. Are you thinking about suicide?”
LISTEN

After you have explored the idea that suicide is what the individual is thinking about, it is time to put on your listening ears. You want to listen to the client talk about two things, their reasons for living and their reasons for dying. It is absolutely crucial to listen and explore both areas, because there is no point in pretending one exists without the other. Let them talk about whatever is important to them at the time of their crisis. It is so important for them to feel heard, understood and cared about. They need support. They need someone to just listen. This is where you come in.

You do not necessarily want to go in to great detail about EVERY single thing wrong in their life at this time; however it is extremely beneficial to explore the things that are making them want to commit suicide at the moment.

Alice: “Yes I am thinking about suicide. In my mind right now it is the best option”.

You: “Alice that really concerns me”.

Alice: “Yeah oh well. My life sucks”.

You: “Care to expand on things?”

Alice: “I can barely afford to keep food on the table; I am just an extra mouth to feed. My husband tries but he just doesn’t make enough money to fully support our family. Bills... the bills. We are so behind. Our power got cut off last week, I had to ask my sister Sharon for money, do you know how embarrassing that was? My son, his shoes are ripped and I can’t even buy him a new pair. He has a school field trip to go on, and even though it is only $50.00 I do not know how I am going to get the money. I am going to have to ask my mom for help. The bank called yesterday too. I missed a lot of payments. If I don’t find money to pay them soon they will be taking action, I could lose my home, our home. I just don’t have it in me anymore. It just seems everyone needs money that I do not have”.
Alice has just given you her list of reasons for dying. It is important to try and get her to explore her reasons for living (if the conversation flows in that direction).

**You:** “Wow Alice, you really do have a lot going on right now. All this financial stress has you thinking about suicide”.

**Alice:** “Yeah it does. I just feel like I have a lot to die for you know?”

**You:** “I can definitely understand why you would think that. It seems as though none of your financial issues are going away, so you might as well. I heard you talk about your reasons for dying. Would you be interested in exploring with me some of your reasons to live? Would that be ok with you?”

**Alice:** “Yeah, I guess so. Reasons for living... Well if I had to pick two things first it would without a doubt be about my son Charlie. Next would be for my husband.”

She has just told you about two really solid reasons she should live. Explore those with her.

**You:** “That is good Alice. Tell me about them, about Charlie and your husband.”

**Alice:** “Charlie. Charlie is perfect. I never thought it would be possible to love someone so much. He is so smart, funny, caring. He is everything a mother could want. I want him to succeed in life. Be happy and healthy. I love him so much. My husband is amazing too. He is such a kind and caring man. I am lucky to have him.”

**You:** “Sounds like they really mean a lot to you.”

**Alice:** “They mean the world to me. Without them I really am nothing.”

This would be a good time to work on Alice and assess her suicide plan that she has.
ASSESS

Trying to assess whether someone is a suicide risk is an extremely daunting task. You may feel that you are holding someone’s life in your hands. There are certain questions that you can ask the suicidal individual that can help you to assess their level of planning. Regardless if the individual does or does not have a solid answer to some of these questions, you should still take every red flag seriously. It is important to assess and ask the following questions.

1. **The Plan**
   When trying to gauge someone’s suicide risk it is important to find out as much information about their plan as you can. You need to ask questions that will give you insight and more knowledge about how prepared they are. It is important to ask the following questions:
   - **How they plan to do it**
     - Has the client chosen a specific method (Shooting, hanging, self-harm, poisoning)
   - **Lethality**
     - How lethal is the method (Guns tend to be more effective than pills), if the client tells you they are going to kill themselves by method of gun this should be a big cause for concern considering its lethality.
   - **Do they have what they need to follow through with a successful suicide**
     - Does the client have access to things that will make it easier for them to kill themselves? They may not have access to a gun, however it the fact that they are thinking of suicide is a big enough risk and it should not be undermined,
• What steps they have taken to prepare
  o They may have planned to do it when their family has gone away for a weekend or a time when they know they will not be interrupted.
• How soon they plan to do it
  o Depending on how specific they are with when they plan to kill themselves it can tell a lot about the lethality of their plan.

2. **Drugs and Alcohol**
   It could be beneficial for you to enquire into their drug and alcohol abuse. Make sure you let them know that you are not trying to be nosy, but you have a purpose for asking. You should let them know that when someone is under the influence of drugs and alcohol it may lead them to become more impulsive and do things without fully thinking them through.

3. **Previous Attempts**
   As scary as it sounds it is possible that the individual has tried to commit suicide before. If they have attempted suicide before it is important to find out a little more information about their previous attempt. Finding out information about their previous attempt will help you to assess the lethality of their current crisis.

**You:** “Alice have you thought about how you would do it?”

**Alice:** “Well, my husband is taking Charlie with him this weekend. He is going to see his parents. It will be good to be alone”.

**You:** “Are you not going with them?”

**Alice:** “Not this time. I have been thinking how easy it would be. They would be gone. No one would be home to ‘save me’. It really is the best time you know?”

**You:** “What do you mean the best time? The best time to commit suicide?”
**Alice:** “Yeah absolutely. Think about it. My husband would be gone. I wouldn’t have to risk my son finding me. I have not really thought about how I would do it, this weekend would just be convenient you know?”

She has just told you that she does not have a method, but she is going to be alone this weekend. It is important that you now work with her to come up with a safe plan. She should not be left alone this weekend. She is at a high risk because she will be alone this weekend, but because she does not have a definite plan there is room for you to work with her to help keep her safe with a safe plan.

**You:** “Alice I am really concerned that if you are left alone this weekend you might kill yourself. I understand that this is a very stressful time for you. You have just expressed that you will be alone this weekend and that you think suicide may be a possibility. We need to figure out a way to keep you safe. I worry for you and I want to help.”
CARE

A very important part of helping someone who is in crisis is helping them to create a plan to help keep them safe. As the caregiver you need to work with and include them in the process of creating an agreement that they can use after the session.

There are so many important things that need to be carried out when trying to help someone who is in a suicidal crisis.

1) The Promise
   It may be hard to believe but getting the suicidal individual to agree to not killing themselves actually helps to keep them alive. Many people think that if someone wants to kill themselves they will and getting them to promise to not kill themselves is pointless. It is unfair to assume that because they agreed to not commit suicide they are guaranteed to honour that promise. As the caregiver you can ask them to fill out and agree to a suicide contract. This contract that they will sign will be used as a measure to keep them safe. It helps to give the client a sense of accountability in regards to their current or previous plans and thoughts of suicide.

2) The Contacts
   Help the client to come up with a list, or at least one number that can be considered her safety number. After the individual leaves your presence realistically thinking their suicidal feelings are not going to just ‘go away’. Having a number or contact that she can call is extremely beneficial to the individual. It helps them to really realize they are not alone and that there is a support just a call away. This number can be in the form of a crisis line, or even a friend that she can trust enough to contact when she really questions her safety.
3) **The Help**

In the community there are numerous resources that are available to someone who is in a mental health crisis. As the caregiver it is important for you to try your best to help guide the individual in the right direction, and this can also include helping them to get in touch with any community resources that may be available to them. There is a list of community supports resources that can be found at the back of this resource. The resources can be used to help you refer clients to accessible support that can be found in the community.

<table>
<thead>
<tr>
<th>24 HOUR</th>
<th>LONG-TERM</th>
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| ➢ Family and Friends
➢ Hospitals | ➢ Therapist
➢ Mental Health Workers
➢ Family and Friends |

**Alice:** “You do not need to worry about me. I am fine. I probably wouldn’t hurt myself. It is just my thoughts you know?”

**You:** “Alice I am glad to hear you say you will not commit suicide, but I still worry. Will you work with me, and come up with a safe plan or a contract that we can both agree on. You may not see it now but you can get through this. It will be hard but we will get you help. You are not alone in this.”

**Alice:** “Well what do you want me to do?”

**You:** “I want you to work with me, to keep you alive… Safe. First things first. I need you to make me a promise.”

**Alice:** “What kind of promise? A promise that I will not kill myself? That is ridiculous.”

**You:** “Not at all ridiculous Alice. I want you live. Will you promise that if at any point this weekend you are thinking you will be at an immediate danger to yourself you will tell someone? Who is someone you could call to help you?”
Alice: “Even though it would scare her, I know I could call my sister. She would help me.”

Alice has just taken a really big step. Not only has she given you a glimpse into another support system, but she has agreed to call them.

You: “That is great Alice! Can you think of something else you can do this weekend that can keep you alive?”

Alice: “I guess I could go with my husband to visit his parents? That would definitely keep me around people. It would be almost impossible to be alone if I went with them.”

Just the fact that Alice is acknowledging the fact that it is an option for her to go with her family this weekend lets you know that she is willing to stay safe. Review what you guys have talked about and agreed to.

You: “Alice we have talked about a lot today. You admitted to me that suicide was something you were thinking about. We spoke about your financial difficulties and how they are making you feel stressed, overwhelmed and ashamed. We talked about your reasons for living, as well as your reasons you feel like death is an option. How am I doing so far?”

Alice: “Just fine.”

You should now go into the safe plan that you both agreed to. It is beneficial for you to get the individual to express back to you the plan that you both agreed to.

You: “We also agreed and spoke about a safe plan. Can you maybe remind me of our agreement?”

Alice: “Well, for starters I am going to join my husband and son this weekend on their visit with my husband’s parents. That will keep me from being alone too much, and it will keep me busy I guess. I also agree to call my sister if I need to talk to someone immediately.”

Alice has relayed back to you the safe plan. Before you end the session you need to remind her that you need to inform someone else of her thoughts because you cannot promise to keep her thoughts a secret.

You: Alice when we first started seeing each other I told you that everything would be confidential unless you told me you were going to harm yourself or someone else? I need to tell someone about what you disclosed with me today. I need to tell my supervisor because I cannot be the only one who knows about your suicidal thoughts. You mentioned that your sister would be your go to call. Can we call her and discuss what we talked about today and what her role might be if you need her?”
It is very important to ask and include the individual in the decision making process. They may be reluctant or even disagree with you when you remind that you need to tell someone else about their intentions. If things really become too much to handle you may need to get emergency services involved, but that should really be a last resort.

**Alice:** “Yes we should call her together. She knows I can get depressed sometimes, but it might be better if we talked to her while I am here that way she freaks out just a little less.”

**You:** “Ok let us sign your suicide contract and then we will call your sister together.”
SUICIDE CONTRACT

I ____________ agree to the following suicide contract. By signing this contract I agree to the following:

✓ I will keep myself safe

✓ If I have any feelings of suicide or fear that I will kill myself I will call my safety contact _________ Sharon _________ to let her know what I am thinking about doing

✓ I understand the permanency and seriousness of what I would be planning to do

✓ I WILL KEEP MYSELF ALIVE

Name: _______ Alice _______

Date: ________ July 19, 2012 ________

Peer Counsellor or Helper: _______ You _______
Review

The example with Alice is a clear cut example and most cases where you are dealing with a suicidal individual will not be that easy. It is important to remember the steps when helping a client who is thinking about suicide.
Remember:

- A client may give off certain clues and **RED FLAGS** that might catch your attention and help you to **NOTICE** that they may be thinking about suicide.

- If you are concerned that suicide may be on someone’s mind do not avoid the topic or try to ask them in a roundabout way if they are thinking about suicide, **ASK** them. Use the words “Are you thinking about suicide?” or “Are you thinking about killing yourself”.

- If they agree that suicide is in fact what they are thinking about, then it is extremely important that you **LISTEN** to them. Listen to them and explore both their reasons for dying as well as their reasons for living.

- Find out as much as you can about any current plans they may have in regards to a suicide plan. Make sure you **ASSESS** their plan, lethality of said plan and if they have access to what they need to successfully kill themselves.

- Help them to come up with a safe plan that works for them. Send them with contacts and community resources that they can use to support them if they cannot find the immediate help they need. It is important that you help them come up with a plan to help them **CARE** for themselves.

- **NEVER PROMISE TO KEEP A SECRET ABOUT SOMEONE’S PLANS TO COMMIT SUICIDE.**

- **ALWAYS TELL SOMEONE ELSE WHO IS IN A POSITION OF AUTHORITY, YOU SHOULD NEVER DEAL WITH SOMEONE ELSE’S SUICIDAL PLANS ALONE.**
CHAPTER 5

Resources
Where to turn?

We are fortunate enough that we live in a country that offers many resources for those who may be struggling with mental health issues. The community resources are out there and should be utilized.

It is really important to remember that these resources are out there for people to use. Although many clients may be embarrassed or ashamed to use these community resources, it is extremely beneficial to the client if you remind them that these agencies are here to be used, and that there is support for them out there.

Resources and Community Contacts

Kingston Emergency Services  24 Hours
911
These contacts are useful when absolute immediate services are needed. If the suicidal individual cannot safely make it to the hospital on their own or with support from family and friends this is a suggested contact.
LOCAL

Frontenac Community Mental Health & Addiction Services (FCMHAS)  • 24 Hours
(613)544-4229
A phone line open to individuals in crisis. This service is available 24 hours a day 7 days a week. They are confidential and available to support those who need immediate support.

Frontenac Community Mental Health & Addiction Services (FCMHAS)  • MOBILE
(613)544-4229
A mobile crisis team is available Monday to Friday 8:30 AM to 12 AM and Saturday and Sunday 12 PM to 12 AM. The mobile unit team is available to make house calls or go out to meet the individual who is in a suicidal crisis.

Hotel Dieu Hospital  • 8:00 AM to 10:00 PM Daily  • 166 Brock Street
(613)544-3310
Emergency and urgent care services are offered from 8 am to 10 pm daily. This is a good support for individuals to go to when in crisis.

Kingston General Hospital (KGH)  • 24 Hours  • 76 Stuart Street
(613)548-2333
Emergency and urgent care services are offered 24 hours. If immediate help is needed or other community services are closed this is a great support for someone in crisis.
Telephone Aid Line Kingston (TALK)  7 PM to 3 AM Nightly
(613) 544-1771
A phone line open 7pm to 3 am every night to offer those in crisis a place to talk that is confidential, non-judgemental and anonymous.
**OTHER**

**Frontenac Community Mental Health & Addiction Services (FCMHAS) ● 24 Hours**
1-866-616-6005 (TOLL FREE)
A phone line open to individuals in crisis. This service is available 24 hours a day 7 days a week. They are confidential and available to support those who need immediate support.

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**Mental Health Service Information Ontario ● 24 Hours**
1-866-531-2600 ● http://www.mentalhealthhelpline.ca
The Mental Health Service hotline provides individuals with mental health related advice. When clients call they are connected with a mental health specialist who can assist them. There is also an online feature that clients can use 24 hours a day to talk in real time over the computer if they are unsure about calling the hotline number.

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**Telehealth Ontario ● 24 Hours**
1-866-797-0000
Telehealth Ontario is a hotline that provides individuals with health advice or provides them with information on local contacts in the community. The client would be talking with a registered nurse who would help to assess the serious of the problem at hand.

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**The Salvation Army Hope Line ● 24 Hours**
1-855-294-4673 (HOPE)
The Salvation Army Hope Line offers free immediate crisis support. They work with the suicidal individual and help them to stay safe and work though their current crisis.
Quick Guide

**Signs** that may lead you to think someone is suicidal:

- Saying they are going to hurt or kill themselves
- Talking about suicide
- A noticeable change in mood
- Feeling like there is no way out or no purpose in life
- Expressing or showing feelings of anxiety and agitation
- Withdrawing from friends, family or other areas of their life
- Disturbances in sleep (either increase or decrease)
- Disturbances in appetite (either increase or decrease)

**Steps** to helping someone who may be suicidal:

1. **NOTICE**
2. **ASK**
3. **LISTEN**
4. **ASSESS**
5. **CRISIS**
6. **CARE**
SUICIDE CONTRACT

I ____________________ agree to the following suicide contract. By signing this contract I agree to the following:

✓ I will keep myself safe

✓ If I have any feelings of suicide or fear that I will kill myself I will call my safety contact ______________ to let her know what I am thinking about doing

✓ I understand the permanency and seriousness of what I would be planning to do

✓ I WILL KEEP MYSELF ALIVE

Name:__________________
Date:__________________
Peer Counsellor or Helper:__________________
Remember:

- A client may give off certain clues and **RED FLAGS** that might catch your attention and help you to **NOTICE** that they may be thinking about suicide.

- If you are concerned that suicide may be on someone's mind do not avoid the topic or try to ask them in a roundabout way if they are thinking about suicide, **ASK** them. Use the words "Are you thinking about suicide?" or "Are you thinking about killing yourself".

- If they agree that suicide is in fact what they are thinking about, then it is extremely important that you **LISTEN** to them. Listen to them and explore both their reasons for dying as well as their reasons for living.

- Find out as much as you can about any current plans they may have in regards to a suicide plan. Make sure you **ASSESS** their plan, lethality of said plan and if they have access to what they need to successfully kill themselves.

- Help them to come up with a safe plan that works for them. Send them with contacts and community resources that they can use to support them if they cannot find the immediate help they need. It is important that you help them come up with a plan to help them **CARE** for themselves.

- **NEVER PROMISE TO KEEP A SECRET ABOUT SOMEONE'S PLANS TO COMMIT SUICIDE.**

- **ALWAYS TELL SOMEONE ELSE WHO IS IN A POSITION OF AUTHORITY. YOU SHOULD NEVER DEAL WITH SOMEONE ELSE'S SUICIDAL PLANS ALONE.**
**Test Your Knowledge**

The following is a self-test questionnaire that you can use after you use the resource as a way to help measure your knowledge in regards to suicide.

1) Rate what you feel your current level of knowledge in regards to suicide intervention is on the scale.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Not Knowledgeable At All</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Very Knowledgeable</td>
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</table>

2) Have you ever had any suicide intervention training in the past? If yes please describe the training you had.
   a. Yes
   b. No

3) When looking at the subject of suicide, what is it you hope to gain from the manual? (You may circle more than one)
   a. Knowledge and facts about suicide
   b. Intervention procedures
   c. Steps to take when dealing with a suicidal individual
   d. Risk factors
   e. Creating a safety plan
   f. Other: __________________________

4) It is important to ask the person at risk for suicide how likely they are to take their own life.
   a. True
   b. False

5) Suicide intervention is only done with someone who is in the process of taking part in suicidal behaviour.
   a. True
   b. False

6) If a woman says she is only having occasional thoughts about taking her life but not all the time, a suicide intervention is not the first thing that should be done.
   a. True
   b. False
7) Talking about suicide with someone who may be suicidal may lead them to kill themselves. It is best to approach the subject with caution or even avoid it all together until later, when they are feeling calmer.
   a. True
   b. False

8) If someone does in fact let you know that they are thinking about suicide you should not ask them if they have thought about how they would do it. By asking them you run the risk of actually helping them come up with a plan, especially if they have not already made one.
   a. True
   b. False

9) Is someone wants to take their own life they will, and there is little we can do to stop them.
   a. True
   b. False

10) Most people who kill themselves give no clues that they are considering suicide.
    a. True
    b. False

11) Only those who have a mental illness will kill themselves.
    a. True
    b. False

12) Rate the steps from 1-5 listing them from what should be done first and last when dealing with someone who may be suicidal.
    ___ Create a safety plan.
    ___ Listen to why she wants to die.
    ___ Review her risk (ie: will she be alone at home, who can she call).
    ___ Ask her if she is in fact thinking about suicide.
    ___ Follow up on the safety plan that was created.

13) If a client were to come into the centre and confide in you that she may be having thoughts of hurting herself what would you ask her as a way to clarify what she means by "hurting yourself".
    a. Ask her if she is thinking about suicide
    b. Ask her why she feels like hurting herself
    c. Ask her what she is feeling
14) "My family is going to kill me when they find out I am pregnant. This must be what the end of the world feels like". What would be the most appropriate response?
   a. "I am sure that your parents really do love you, and once they adjust things will not be so hard"
   b. "I know it may feel like it, but it is not the end of the world"
   c. "You must be feeling very afraid of what might happen and what your family might say and do"

15) Rate what you think your current comfort level is in regards to suicide intervention on the scale and how you would handle it.

   0  1  2  3  4  5
   Not Comfortable  At All  Very Comfortable

16) Sarah a client aged 17 comes into the centre. She explains to you that she has taken a pregnancy test and that it has come back positive. She tells you that she is feeling very alone in the world and that everything is getting very overwhelming for her. She explains that her family will kill her when they find out she is pregnant so she might as well beat them to it. What do you think is the most appropriate response to handle this statement?
   a. "Sarah, you are not alone we are here to help you"
   b. "Sarah are you thinking about suicide? Is that what has crossed your mind?"
   c. "Did you use protection?"
   d. "I know it feels overwhelming, but things could be worse"

17) Sarah tells you she is in fact thinking about suicide. Now that she has admitted her feelings what is your next step?
   a. Review her risks
   b. Listen to her talk about her reasons for dying
   c. Come up with a safety plan
   d. Thank her for coming in, make another appointment and send her on her way

18) Sarah tells you about all the reasons she feels like killing herself. A big reason for her is the fact that she feels like she will disappoint her parents because of her pregnancy. What is the next step?
   a. Review her risks
   b. Listen to her
   c. Come up with a safe plan
   d. Thank her for coming in, make another appointment and send her on her way
19) Sarah has answered no to a lot of the risk factors. What could this tell you?  
    a. She was simply over reacting to the situation, and she really did not want to die  
    b. Take it as an opportunity to review her reasons for living  
    c. Her risk to suicide was just part of her overwhelming situation and she just needed to talk to someone  

20) You and Sarah continue to talk and you together you make progress. She has admitted she wants help telling her parents and that she would be willing to tell them and then come back to see you tomorrow, too let you know how it went. By taking this step Sarah has:  
    a. Shown her trust in you  
    b. Lowered her risk to follow through with suicide  
    c. Agreed and committed to a safe plan  
    d. Made a goal that she plans to keep  

21) If you were to develop a safety plan with a client, what do you think the first step should be?  
    a. Immediately link them to resources in the community that they can use  
    b. Ask them to create their safe contacts  
    c. Have the client promise that they will commit to keeping themselves safe and that they will not act upon any thoughts of suicide.  

22) When looking at a client’s risk alerts what is the number one clue that puts them at a higher risk of suicide?  
    a. Has current thoughts about suicide  
    b. Feeling alone  
    c. Previous suicidal behaviours/actions  
    d. Has a current suicide plan  

23) List some general factors that could put an individual at a higher risk to suicide. (Write as many as you can)  
    a.  
    b.  
    c.  
    d.  
    e.  
    f.  

24) In regards to a woman list some risks that could put her at a risk to suicide. (Write as many as you can)
   a. __________________ 
   b. __________________ 
   c. __________________ 
   d. __________________ 
   e. __________________ 
   f. __________________ 

25) List some physical symptoms someone may be showing that could give clues that they may be thinking about suicide. (Write as many as you can)
   a. __________________ 
   b. __________________ 
   c. __________________ 
   d. __________________ 
   e. __________________ 
   f. __________________ 

26) When listening to someone explaining their thoughts, list some clues that they may give that could tell you that suicide is something they may be thinking about. (Write as many as you can)
   a. __________________ 
   b. __________________ 
   c. __________________ 
   d. __________________ 
   e. __________________ 
   f. __________________ 

27) List some behaviours that someone might take part in that could hint that they may be thinking about suicide. (Write as many as you can)
   a. __________________ 
   b. __________________ 
   c. __________________ 
   d. __________________ 
   e. __________________ 
   f. __________________
CHAPTER 6

References
REFERENCES


