



A Guide for People and Families
Struggling with Suicide

Suicide is a leading cause of death in Canada and worldwide.

Niagara Region Public Health thanks St. Josephs Healthcare Hamilton for the creation of this important resource, and for permission to include Niagara resources for our residents.

As leaders in the provision of mental health and addiction services, St. Joseph's Healthcare Hamilton (SJHH) is committed to providing person-centred care that empowers and promotes hope among people struggling with thoughts of suicide and their families.

This guide and the resources within it are meant to support those who are experiencing thoughts of suicide, as well as their family members and loved ones who are alongside them in this journey. Suicide is not about wanting to die, but rather about not wanting to live. It is about trying to cope with unbearable pain. It is important to remember that talking about suicide with someone who is struggling will not make them think more about it or make them attempt suicide. By sharing information and working together, we hope we can make a difference by reducing stigma, serving and supporting those in crisis, and gaining a deeper understanding of and solutions for the mental anguish that can lead people to consider suicide.

Based on St Joseph's Healthcare Hamilton's Suicide Risk Assessment and Management

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Understanding that the Thoughts are Real

It is important for those around the person struggling with suicide to talk about the way(s) the person's suicidal thoughts or actions are understandable given their experience. A safety plan may help them realize that there are other solutions. Above all, respect their feelings and acknowledge how much the person is hurting. This can help to reduce their feelings of shame and help them work together with others to find solutions. Suicidal crises often have an ebb and flow pattern. Safety planning can help to prevent someone from acting on the suicidal feelings. This plan is a way that those who are struggling and their loved ones can develop ways to cope that work for them. The plan is a reminder that there are other ways to cope with the pain.

Practical things that you can do together to reduce suicide risk

We put this section first as it focuses on practical strategies for if you are really worried that you or someone you care about, are at risk of suicide. You might have just returned from an emergency department visit, or have just been discharged from hospital, for example.

Things you can do in the first 24 hours

If during this time you or your loved one has a mental health crisis, call the 24 hours Crisis Outreach and Support Team (COAST) at 1-866-550-5205 x 1 if you are in the Niagara area, or visit the nearest emergency department. If it is an emergency, call 911.

Removing access to lethal means

“Lethal means” refers to anything that could be used to cause death, or the things that could be used to follow through with a specific plan for suicide. It is important to work with the person and everyone around them to reduce access to lethal means. This may include removing, preventing access to, or hiding potentially lethal items from the home or places the person visits regularly. If, for example, the person has said that they would attempt suicide by swallowing pills, steps can be taken to make sure any potentially dangerous medications are locked away. Sometimes people worry that if we reduce access to one method of suicide, that individuals will simply switch to other methods of suicide. However, studies have shown that reducing access to one method of suicide does not inevitably lead to a rise in the use of others.

It is important that we know a person’s “preferred means” so that we can work together to remove any items that may be needed for their plan. If the person has not talked about a specific plan, it is still worthwhile to consider reducing access to items that could be used for suicide, such as guns and other weapons, or highly toxic medications.

While we can reduce risk by changing the environment and reducing access to means, we cannot completely eliminate access to all means of suicide. Talk about what items should be removed or hidden with the person who is suicidal to help to make the living space safer.

Create or review their safety plan

The creation of a safety plan is a type of clinical intervention aimed to reduce suicide risk. It is described in detail in Section 2 of this guide.

Spending time together

Doing things with others can be helpful. These can be simple things like watching a movie or talking over coffee or tea. It's important that the person struggling with suicidal thoughts decides how much time with others is needed or helpful. It's not good for anyone involved if the person feels intruded upon or like they are being monitored. While it can be helpful to remind your loved one of the importance of staying connected so they can be reminded of the support they have, their choices about being alone if they want to be should be respected.



Ensure the person knows they can talk to you about how they are feeling without fear of being judged or rejected. Encourage them to tell you how you can help them to feel safer, loved and valued.

Food and other comfort items

Make sure the person who is struggling with suicidal thoughts has food in their home that they enjoy eating. Perhaps a meal could be made that connects them to their culture or a special snack could be made or purchased. Make sure they have clean clothes that they like to wear that are comfortable. Consider things like the person's favorite scent (like from a candle or from incense), art supplies, bath products, or a new soft blanket/pajamas/bed sheets. Talk about and check the Safety Plan for other items that can be of immediate comfort.

Things you can do in the first few days to long-term ideas

Instilling hope

Sometimes people who are thinking about suicide need reminders about reasons to be hopeful. Some things that can help include:

- Increasing reasons for living by identifying the person's strengths. Sometimes people lose sight of the parts of themselves they should feel proud of, the things about them that others love and admire. If the person needs help thinking of their strengths, remind them by telling stories that highlight those strengths.
- Connecting with culture and community. This is especially important for people from equity-deserving groups like people who are Black, Indigenous, racialized and/or 2SLGBTQ+
- Helping them to make a 'Hope Box'. A Hope Box is a collection of items that promote hope (these may include meaningful items, pictures, songs, notes that represent a reason for living or a way to cope when they are feeling bad). This could also be done electronically by making play lists or albums.
- Doing things that they can feel proud of. This can be as simple as playing a video game or board game they are really great at, or visiting a child in their life who looks up to them.
- Doing something nice for someone. Giving back and helping others has been known to provide perspective, and triggers empathy which can spread to the giver and make them feel like they are making a difference.
- Doing things that help them feel more sympathy and compassion for themselves. Asking them to consider how they have supported others in their life, or what they might say to someone else in their position. This helps to gain a more compassionate and balanced perspective.
- Talking to a peer support person. Sometimes talking with someone who has been through a similar experience can help more than anything else. There is a sense of being understood that can bring relief to people struggling with thoughts of suicide. There is an on-line peer-support based community called *Together All* (togetherall.com) that may also be helpful.

- Setting realistic and achievable goals for themselves. These goals can start really small and can be about things they can do daily. For example, a goal might be to make your bed every day, talk with at least one person in a day, or provide care for a pet each day.
- Addressing their spiritual needs. If the person has an interest, they could re-connect with a religious community or explore their spirituality in others ways (like being in nature or watching a TED talk).

Working on risk factors that can change

By working on the changeable risk factors of suicide, the risk of suicide can be reduced. These may include: anxiety, sleep disturbances, or substance use withdrawal. There are many others. Reducing the negative effects of these factors by receiving treatment for them and increasing coping skills can really help.

It may be helpful to review these factors with the person and try focusing on one at a time, prioritizing the one affecting them the most. Help them develop a plan to address the identified factor e.g. make an appointment with their doctor to discuss medications that may be helpful, or help them get started/connected with a therapy to learn how to manage their anxiety. Consider online options (e.g. mindbeacon.com, bouncebackontario.ca or mindyourmind.ca for youth) or helping them connect to the Anxiety Treatment and Research Clinic at St. Joe's.

Targeting the drivers of suicide

Similar to working on risk factors that can change, this involves focusing on what is driving the individual's suicidal thoughts. Suicide 'drivers' can be described as the internal experiences, behaviours, and external situations that the individual links to their suicidal thoughts. Drivers are unique for each person and may include homelessness, depression, substance use, isolation, experiences of discrimination like racism, homophobia or transphobia and/or hopelessness. There are organizations that can help with some of these struggles. For example, there are housing workers that can help people find somewhere to live. Working on some of the practical things that are causing the person to feel suicidal can be something the person and their family/friends can do together as well. The person may be able to identify the factors driving their thoughts of suicide, or they may need to work with a health care professional to sort out drivers that need to change.

Connecting or reconnecting to supports

This means increasing the person's sense of belonging and connection with existing and potential supportive relationships. For example:

- Involving supportive family and friends. This could include visiting, doing things together, and planning future times together. This could also mean including them in planning about reducing suicide risk, if the person wants that to happen.
- Helping the person reconnect to other supportive relationships they might have become distanced from.
- Connecting with organized supports that interest them such as spiritual care, cultural communities, peer support, hobbies, or other activities they are interested in.

Using a problem-solving approach

Sometimes, when someone is facing many different problems, they can feel really overwhelmed. If the number of problems in a person's life is reduced, their feeling of being overwhelmed may go down. This can help decrease their risk of suicide. Problem solving involves recognizing the concrete steps needed to resolve a problem. First, problems need to be identified and labelled. Next, options for resolving the problems can be explored by the person either on their own, with supportive family/friends, a cultural/spiritual leader, or with a clinician. Breaking big problems into smaller tasks can help the person see a path forward.

Increasing coping skills

There are several strategies that people can use to help them cope with suicidal thoughts. These may include:

- Progressive muscle relaxation
- Controlled breathing exercises
- Self-soothing strategies (things we can do to calm ourselves)
- Distraction
- Urge-surfing suicidal impulses ("riding the wave").

Working with a clinician trained in teaching and building coping skills can be helpful.



The safety plan

Developing a safety plan is a clinical intervention that focuses on reducing suicide risk. A safety plan lists activities a person can do to reduce their thoughts of suicide. The idea is rooted in cognitive behavioural therapy, it is recovery-based and it is a recommended practice. Having a safety plan and talking about it will not increase a person's thoughts about suicide. A safety plan includes practical and easy strategies to help a person keep themselves safe.

Suicidal crises often have an ebb and flow pattern—sometimes the feelings/thoughts are stronger than at other times. Safety planning can help prevent people from acting on the suicidal feelings/thoughts when they start to have them. Our ability to think clearly and our problem-solving skills can be reduced when we are in crisis, so having a pre-written plan prepared to guide us can help us to cope.

The person struggling with thoughts of suicide develops the safety plan using their own ideas and in their own words, with support from loved ones and/or a clinical team if wanted. The safety plan should be discussed so that everyone understands it and can use it when needed. The plan should be kept in a place where everyone who needs it can find it easily and quickly.

The safety plan gives the person and their loved ones a list of individual coping strategies and sources of support that can be used if suicidal thoughts/feelings come back. Watching someone you love go through emotional pain is difficult for family and friends. These supportive people can refer to the safety plan to help their loved one cope with suicidal

thoughts. The plan can be changed or added to at any time, especially if it has been tried out and the person finds that there are some areas that don't work so well "in real life".

Safety plan sections

Warning signs

The safety plan starts with a list of the warning signs that come before suicidal thoughts and/or behaviours. These include thoughts, feelings, sensations, and activities. This section is very important and should help the person answer the question, "How will you know when the safety plan should be used?" The person can think about what they notice that is different about them when they are in crisis. Other questions that might help complete this section include:

- How will you know when you should use the safety plan?
- What do you notice is different about you when you are in crisis?
- When do you start to think about suicide or start to feel more and more distressed?
- Are there specific thoughts you are having, like: "I can't handle one more minute of this pain", "My family would be better off if I died", "I'm such a burden", or "I can't do anything right"?
- Are there sensations you are feeling in your body, like faster breathing, tense shoulders, stomach aches, a closed throat, or a clenched jaw?
- Are there things you are doing, like: pacing, not answering texts, closing curtains, laying in bed, watching depressing movies or shows?

Coping strategies

Coping strategies are ways people have of getting through difficult times. They can be strategies that have helped in the past, or they can be new ideas that can be tried. This section of the plan should include strategies that are realistic—ones that the person will really use. Some examples include:

- Holding an ice cube in your hand until it melts and focusing on how cold it feels.
- Focusing on your senses—the things that you can hear, see, smell and touch.
- Breathing exercises – "box breathing" (imagine the 4 equal sides of a box): inhale to the count of 3-4 seconds, hold breath for 3-4 seconds, exhale to count of 3-4 seconds and hold again for 3-4 seconds. Repeat twice.
- Getting outside.
- Cooking a favourite meal.

- Spend time learning about your cultural identity and/or community.
- Listening to music—something that is an old favourite, that is calming, or that brings back good memories.
- Make some art like drawing, painting or using clay.
- Writing—using a journal, or electronic device to capture your thoughts and feelings.
- Post a favourite story, video or photo on social media.
- Getting through the next five minutes. Taking it one moment at a time; riding out emotions/thoughts until they pass.
- Being kind to yourself—talking to yourself like you would to a good friend. We are usually more compassionate and balanced when we help other people talk through their problems. An example of kind and “balanced” self-talk is “Although I am not feeling better yet, I am doing the best I can and there are more things I can try to learn that might really make a difference” or “Even though I have been struggling, I need to remember that I deserve love and patience just like others do.”
- Wrapping yourself in a cozy blanket with a warm drink of tea or hot chocolate.
- Watching a good movie, YouTube videos, or a favourite series.
- Taking a warm shower or bath—add some bubbles, a bath bomb, or some essential oil.
- Spending time with pets—snuggling them, brushing them, spoiling them with a favourite treat.
- Doing the Opposite Action – doing the opposite of the emotion urge – eg. If you feel sad and want to isolate and crawl into bed, you could leave the bedroom, connect with or at least be around people, go for a walk, listen to uplifting music or watch a funny movie.
- Making and using a “Coping Box” with soothing items that soothe the emotions and senses, distraction items.

Someone’s Suicide Risk Might Go Up When:

- There is an abrupt change in their mental health (either getting worse or getting a lot better.)
- There is a lack of improvement or gradual worsening despite treatment.
- An anticipation or experience of a significant personal loss or stressor (e.g., end of a relationship, financial loss, legal problems, personal shame or humiliation.)
- The beginning of a physical illness (particularly if it is a life threatening, disfiguring, or associated with severe pain or loss of thinking skills.)⁸

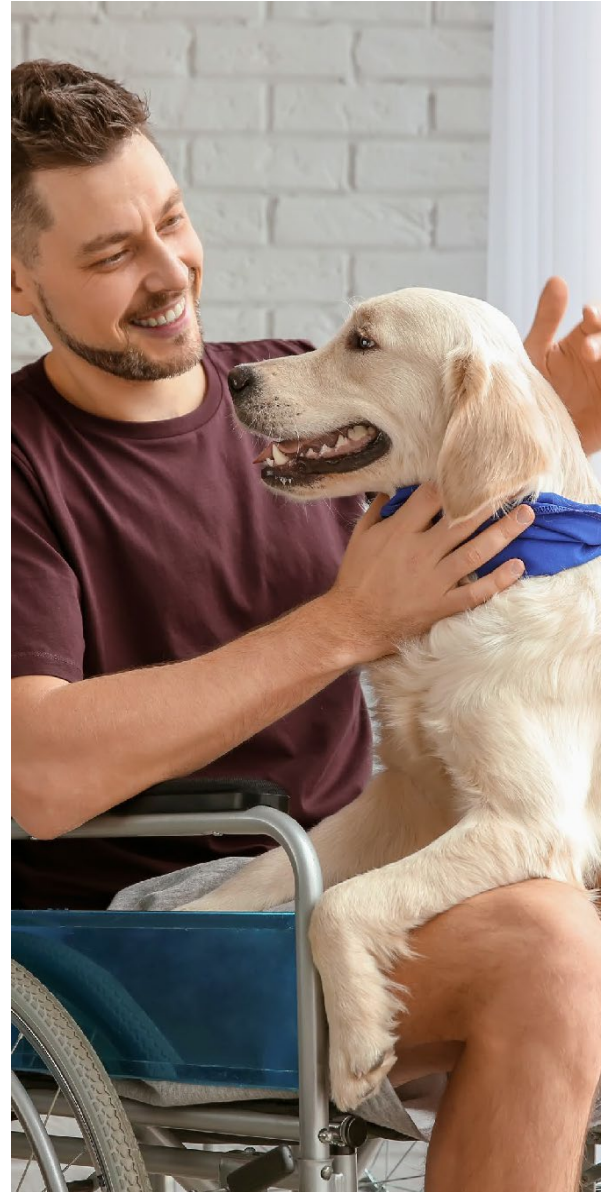
These are individuals that may be friends, family, professional supports, and peers that have also struggled with suicide who can help distract the person from their distress, or support the person directly with their suicidal thoughts. Even if the contact is just for a little while it can be helpful. The person might decide to call on different people for different reasons. For example, there might be some people on the list that help the person when they are experiencing suicidal thoughts, and others who would be called to decrease isolation. Supportive people might include:

- Significant others
- Family members
- Friends
- Roommates
- Pets! To some of us they count as people too
- School counsellors
- Faith-based, culture-based, or identity-based support people
- Peer support people who have similar experiences, like mental health struggles or experiences of discrimination
- People known through shared interests—either on-line or in person
- Members of the person's clinical team
- People the person can talk with, chat with, or text on crisis lines

Supportive places

These are places that someone can go to make them feel safe, healthy and connected. This might be as simple as spending time in one's bedroom, or in another safe room in the home. Other possible locations could be:

- A local coffee shop or small business where the people working there are familiar.
- A support group (on-line or in person) or drop-in centre.



- A neighbourhood park where you might bump into someone familiar, like a kind neighbour or someone out walking their dog.
- The library or a local recreation centre.
- A friend or family member's place where it feels welcoming.
- Getting out into nature—getting connected to the plants, trees and wildlife.
- A faith-based, culture-based, or identity-based location.

Environment safety

This section is about removing anything in the environment that may be:

- Triggering for the person (eg. make them distressed)
- Identified methods that the person might use to harm themselves
- Linked to an increased risk for harm to occur (eg. alcohol or other substances).

The goal is to list the harmful things, then reduce or remove them completely from the person's environment when needed. This should all be done in partnership with the person themselves. This might mean being a little creative. For example: walking a different route to school to avoid a bridge or putting potentially harmful items in hard to reach places, or hiding them so that more time is required to get to them.

Reasons for living

This section addresses protective factors—the things in someone's life that help remind them of the value of life, their own value as a person, feelings of happiness, and feelings of pride and accomplishment. These things can give the person hope, and should be visible in their environment. Examples might include:

- Photographs/images of loved ones—human and animal
- Photographs/images of places or communities that are important to you
- Things that remind you of good memories—you could have actual “things” in your environment, and/or you could create a post on social media
- Things that remind you of goals and dreams that you are working on
- Things you've already accomplished (a thank-you or congratulations card/text/email, certificates, report cards, awards, artwork, written work, a great recipe)
- Spiritual/religious beliefs and/or connections to a cultural or identity-based group
- Work that you have done to make your community better, like activism and volunteering

Barriers to the plan

This section is for brainstorming things that might get in the way of the person being able to use strategies listed in the Safety Plan. One way of thinking of barriers is to think about “how likely” the person really is to follow through on the activities in the plan. For example, if you have “calling a specific friend to go for coffee” in the “supportive people” section, you might want to talk through some of the following questions: Is calling them a barrier? Would texting or private messaging them be easier? Does the person have money to go out for coffee, or is that a barrier as well? Should the plan be to invite them for coffee at home instead?

Professional and personal contacts

This is a section that includes the names and contact information of the people and services that can be contacted when the person is in distress and feeling suicidal. The safety plan could also be shared with the people listed in this section.

The safety plan should be reviewed and revised as needed when something changes or part of the plan is no longer useful, or there is new information to add.

A safety plan template that you can complete is included as Appendix A.



Understanding why people struggle with suicidal thoughts and behaviour

People who live with suicidal thoughts and behaviour, often have common patterns of suffering, struggle, connection, turning points, and coping.

Suffering

- Suicidal behaviour can be driven by a desperate need to escape an intolerable emotional experience.
- People who consider suicide suffer from a significant amount of psychological pain and despair.
- In the face of unbearable pain, our thinking can change in a way that makes suicide more likely. The way we think can become limited. We might think that our problems cannot be fixed, or that nothing we try has or will change the situation. Our thoughts may become distorted, or focused only on short-term goals.

Struggle

- Struggling with a lot of types of issues at different points in time, which can feel overwhelming.
- For some, the struggle can become that of choosing to live versus choosing to die.

Connection

- A sense of disconnection from others, both interpersonal and spiritual is a common feeling. Reconnection with others and with culture and community is important to recovery.
- Interpersonal connections are key to inspiring hope, overcoming negative self-perceptions, and providing meaning.
- Getting help for mental health and substance use concerns may help increase self-understanding and the ability to problem-solve.

People with Long-term Struggles with Suicide

A person with long-term and ongoing suicidal behaviours may experience suicidal thoughts on a daily basis with changing intensity. Their risk of suicide can go up and down over the course of a day.

Creating a person-centred safety plan is especially important for people with long-term and ongoing struggles with thoughts of suicide. In the short term, an inpatient hospital stay may be a way to keep someone safe and make a treatment plan; however, some inpatient stays may not lower risk and may lead to cycles of repeat hospital stays.

Turning Points

- For some people, a turning point from thinking about suicide to choosing life was a specific event, a change in environment, and/or a connection with a supportive person or service provider.

Coping

- Suicide may be seen as both a coping mechanism and/or an inability to cope. Suicidal thinking may be seen by some as a way to seek control over overwhelming suffering and pain.
- Even if we believe that we cannot stand another minute, it is important to remember that feelings (loneliness, shame, anger, sadness) even at this intense level, don't last forever. Thinking that these feelings won't go away can be made worse when using alcohol or other substances.



Individual risk factors and protective factors

Individual risk factors refer to:

- A person's unique warning signs
- The types of mental health or substance use struggles they have now
- The types of mental health or substance use struggles they have had in the past
- How they are doing with their relationships, housing, school/work, finances, and any struggles with discrimination they might be facing due to race, culture, sexuality, gender, ability, religion, etc. These issues are sometimes called psycho-social factors.
- Each person's reasons for thinking about suicide.

Having any of the above risk factors are associated with an increased risk of suicide. Some can be changed and others cannot. Treating and working together on the risk factors that can be changed can reduce the risk of suicide.

Warning signs refer to behaviours, statements and symptoms that may indicate an increased or immediate risk of suicide. The signs or clues can be expressed directly or indirectly.

Warning signs

Warning signs may include behaviours such as:

- Talking about a suicide plan
- Trying to find items that are needed to act on the plan
- Saying goodbye to people
- Social isolation—withdrawing from people or activities that they used to care about
- Giving away things that they care about
- Engaging in reckless or risky behaviours (including increased substance use, gambling, excessive spending, uncharacteristic sexual behaviour, driving recklessly, walking into traffic, etc.)
- Talking about feeling hopeless or helpless
- Feeling like there is no reason or purpose for living
- Loss of interest in things they used to care about (like relationships, work, school, or their appearance)
- Feeling trapped
- Feelings of being a burden on others (thinking others would be better off without them)
- Feelings of guilt
- Feelings of inadequacy
- Being in unbearable pain
- Dramatic mood changes (this can be a sudden improvement that makes us think the person might be getting better)
- Increase in anxiety
- Ongoing sadness or depression
- Agitation or aggressive behaviour
- Abnormal sleep

Some of these warning signs are more worrying than others. Talking about a suicide plan, and saying goodbye to others, for example. If you are very concerned or not sure if there is an immediate risk of suicide, call a crisis service like COAST right away. A trained professional can help you determine if the risk is immediate.

Risk Factors that We Can Try To Change

Access to means

Access to suicide methods, particularly lethal methods such as access to a gun or large amounts of medications, increases suicide risk. Even if someone doesn't have a specific plan, impulsive actions may lead to suicide if lethal methods are readily available.

Symptoms

Suicide is more likely to occur when the person has lots of mental health symptoms. Symptoms linked with increased risk of suicide include:

- panic attacks
- severe anxiety
- anger/aggression or agitation (feelings of urgency)
- difficulty with concentration
- difficulties with sleep
- substance use
- not getting pleasure or joy from things that use to bring pleasure or joy
- hopelessness
- feelings of emptiness

Psychosocial stressors

Stressors associated with increased risk of suicide include:

- unemployment
- problems with school or starting a new school
- financial stressors
- relationship conflicts or breakdowns
- experiences of racism, homophobia, transphobia and other types of discrimination
- legal issues
- moving to a different home
- bereavement
- not having meaning, purpose or structure in your day

Risk factors that cannot be changed

History of suicidal thinking and behaviour: a past suicide attempt is the most significant risk factor for future suicide attempts.

Family history of suicide/exposure to other's suicide: The risk of suicidal behaviour is increased in individuals with a history of suicide among relatives through both genetic and environmental effects.

Trauma: A history of childhood abuse has been associated with increased rates of suicidal behaviours.

Chronic debilitating medical illness: Neurological disorders such as multiple sclerosis, Huntington's disease, and brain and spinal cord injury have been associated with increased risk of suicide, as well as HIV and AIDS, systemic lupus erythematosus, renal failure and heart disease. Chronic pain, disfigurement, and increased dependence on others have also shown to increase suicide risk.

A diagnosis of a mental health and/or substance use problem: More than 90% of people who die from suicide meet criteria for one or more mental health or substance use problems. All mental health or substance use struggles have been shown to increase suicide risk.

Demographics: Suicide risk increases with age. Rates of suicide for men are generally higher than those for women. With older adults, milder mental health or substance use symptoms may be associated with greater risk than moderate symptoms in younger adults. People who experience homophobia and transophobia are also at higher risk – especially if they do not have supportive families. The risk is also higher for people who have experienced racism and other types of systemic discrimination.

Protective factors

Protective factors are those that may help to lessen the risk of suicide. Thinking about protective factors helps to identify potential strengths and resiliency that can be used to help reduce suicide risk.



Protective factors include:

- religious or cultural beliefs
- social supports
- a strong therapeutic relationship with a clinician
- responsibility for others—including people and pets
- access to medical and mental health resources
- impulse control
- problem-solving and coping skills
- hope for the future
- a sense of belonging
- relief of not completing suicide

Evaluating risk

It is very difficult to accurately identify someone's risk of dying by suicide. There are so many individual factors and no "test" that someone can take to predict their risk. A history of thinking about suicide in the person's lifetime is associated with a higher risk of suicide. As someone begins to think about specific plans and preparation, the level of risk is greater.

Don't be afraid that asking someone about suicide will put their idea in their head—it won't! It may be a relief for them to openly talk about it.

One way to help measure if thoughts of suicide are getting worse or better is to use a scale from 1-10 to rate the thoughts. That way the person and their loved ones can keep track of the changes in the thoughts over time.

For some people, suicidal behaviour may occur on an impulse or within minutes of suicidal ideation entering their mind. So often, people are being truthful if they say they are not thinking about suicide when they are asked about it only a short time before they have an attempt.

Sometimes people won't tell others that they are thinking about suicide. Someone might deny they are thinking about it to a professional, but then tell their best friend that they are thinking about it. It is important to be able to talk openly and calmly with someone struggling with these thoughts, so that they feel accepted and able to talk about their thoughts openly.

Some of the reasons people might choose not to talk about the suicidal thoughts they are having include:

- Stigma associated with acknowledging symptoms of mental illness
- Belief that suicide is a sin or a sign of weakness (they feel ashamed)
- Belief that nobody can help (hopelessness)
- Fear of being made fun of, bad-mouthed, and/or judged negatively by others (they feel embarrassed)
- Fear of further rejection, abandonment, or being misunderstood by loved ones
- Fear of a loss of their independence and control over their life and choices
- Fear that a clinician might overreact and hospitalize them involuntarily (against their wishes)
- Worry that they are being a burden to the people they love and not wanting to cause them stress
- Worry that crisis services (the police or COAST) may come to their house and invade their privacy or be seen by neighbours
- They intend to die and don't want a clinician's decision to hospitalize them or not let them be released from hospital get in their way

How Clinicians and Mental Health Services Can Help

A person's suicide risk can be reduced through different mental health treatments, including by taking medication, psychological treatments, Indigenous and other non-Western approaches, behavioural changes and other health care intervention. Sometimes hospitalization can change the risk of suicide. Some types of mental health treatments that can help include:

Dialectical Behaviour Therapy (DBT)

Dialectical Behaviour Therapy (DBT) helps people build skills to regulate and tolerate painful emotions that can lead to suicidal thoughts and behaviours. Behavioural chain analysis is a specific approach within dialectical behavior therapy that can be useful. It consists of analyzing a chain of events leading up to suicidal/self-harm thoughts and behaviours, and looks at vulnerability factors, prompting events, behaviours, and consequences.

Skills for Safer Living

A 20 week peer-led educational therapy group to reduce risk factors for suicide related behaviours. Skills for Safer Living groups are offered regularly at St Joe's in Hamilton. You can find out more about the group here: www.stjoes.ca/hospital-services/mental-health-addiction-services/patient-and-family-collaborative-support-services

CAMS (Collaborative Assessment and Management of Suicide)

A framework for treatment that is specific to managing suicidality. This approach typically involves weekly individual sessions with a therapist to identify drivers to suicidal thoughts and track common indicators of suicidality (psychological pain, stress, agitation, hopelessness, and self-hate).

Contact Access Line Niagara at 1-866-550-5205 to find out where these programs may be offered in Niagara.

Communication

Effective communication is very important when someone is having suicidal thought and behaviours. This can be hard to do though. We are not taught how to talk about these difficult things with each other so it can feel awkward and uncomfortable. The person struggling with thoughts of suicide may not be able to express themselves well, and the loved ones around them may feel they do not know what to say. Using a safety plan can really help with communication as it gives us language to talk about suicide. You could start with something like “Let’s look at your warning sign list together because I think I am seeing some of the warning signs now”, or “Let’s pick a coping skill from your list to try”. Talking about a person’s thoughts of suicide will not increase their risk of dying. For many persons with thoughts of suicide, being able to share their thoughts without fear of judgement or rejection can help them to stay safe and feel understood.

If the person has a clinical team working with them, they can help by asking the person’s permission to include their loved ones (this could be family or close friends or both) in their care. Families and loved ones can help keep the person safe by:

- Bringing any concerns and their observations to the clinical team. If the risk of suicide is high then family members can share information with the clinical team without the person’s consent.
- Being involved in the care planning, safety planning, doing some of the practical things to help (in section 4 above), and encouraging engagement in treatment recommendations.

In certain situations, if a person is at elevated risk of a suicide attempt, the clinical team may inform family members of this without the person’s consent. Should this happen, the reasons for doing so would be carefully documented by the clinical team. Most times however, people want their family members to understand their distress so they want family members to be involved.

Feelings of Shame

Sometimes people who are struggling with mental health or substance use concerns feel a lot of shame if they are not getting better despite seeking help.

It is important to understand that sometimes recovery can take longer than you think it will.

Families and loved ones have an important role to play in helping to reduce shame and give hope to someone struggling with suicide.

Resources for further support

***If your safety is at risk, call 9-1-1 right away.**

9-8-8 Suicide Crisis Helpline confidential help, available 24/7

If you're thinking about suicide, or worried about someone you know, call or text 9-8-8 anytime for support.

Mental Health & Addictions Access Line confidential help, available 24/7

When you are looking for help with mental health or addiction, but don't know where to start, the Access Line matches you with the support you need from services across Niagara.

1-866-550-5205 Please press 1 if you are in crisis to be connected to Crisis Outreach and Support Team(COAST).

Appendix A: Safety Plan

Warning Signs

Thoughts, feelings, behaviours, sensations, images, voices when I am distressed and thinking about suicide:

Environment Safety

Things I can do to keep my environment safe (i.e. get rid of lethal means):

Coping Strategies

Things that I can do to help me stay safe when I am distressed/suicidal (i.e. comforting, calming measures, distraction):

Reasons for Living:

Supportive People

People I can talk with to help me stay safe:

Supportive Places

Places I can go to stay safe:

Barriers to Using My Safety Plan:

Professional and Personal Contacts

I am aware that I can contact the following supports, crisis and emergency services:

