

# SFPO

SASKATCHEWAN FEDERATION OF POLICE OFFICERS



## Suicide Prevention Awareness

### Inside This Issue:

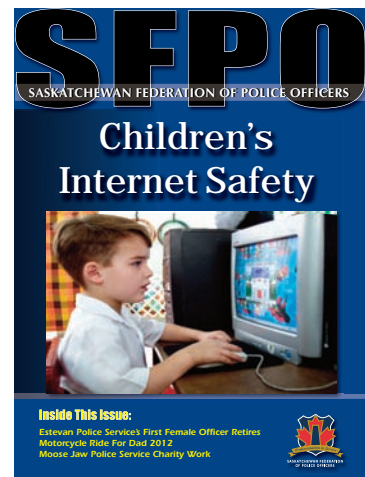
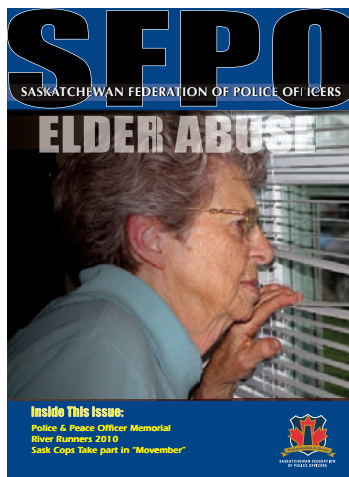
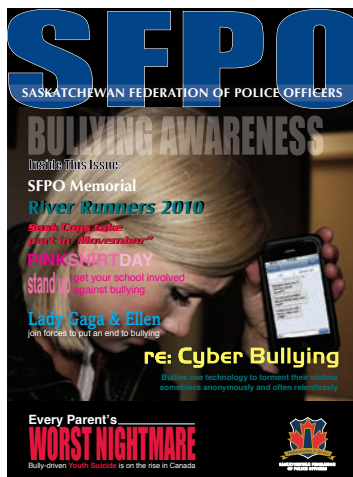
SFPO's \$5,000 donation to Kids Help Phone  
1st Annual Copper Cup Pond Hockey Tournament  
Saskatchewan's first and only Bicycle Skills Park



# FENETY MARKETING



Fenety Marketing is proud to assist the Saskatchewan Federation of Police Officers with the publishing of their Annual Crime Prevention Guide.



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2013 Crime Prevention Guide

On behalf of the Government of Saskatchewan, I am pleased to support the Saskatchewan Federation of Police Officers' (SFPO) Annual Crime Prevention Guide.

This annual guide serves to educate the public of the importance of crime prevention and law enforcement. This year's guide tackles suicide prevention awareness. Our government is committed to working with our partners to help prevent suicide in Saskatchewan.

Commendably, all proceeds raised from this publication go directly to support improvements in law enforcement in our province, pay for annual police memorials, and support community organizations including Kids Help Phone.

Since being founded in 1962, the SPFO has served as a collective voice for Saskatchewan municipal police agencies and civilian personnel. The government of Saskatchewan sincerely appreciates the ongoing efforts that these members put forth to enhance the safety of the communities in our province.

I wish to express my sincere appreciation to the SFPO for your valuable work.

A handwritten signature in black ink, appearing to read 'Brad Wall'.

Brad Wall  
Premier



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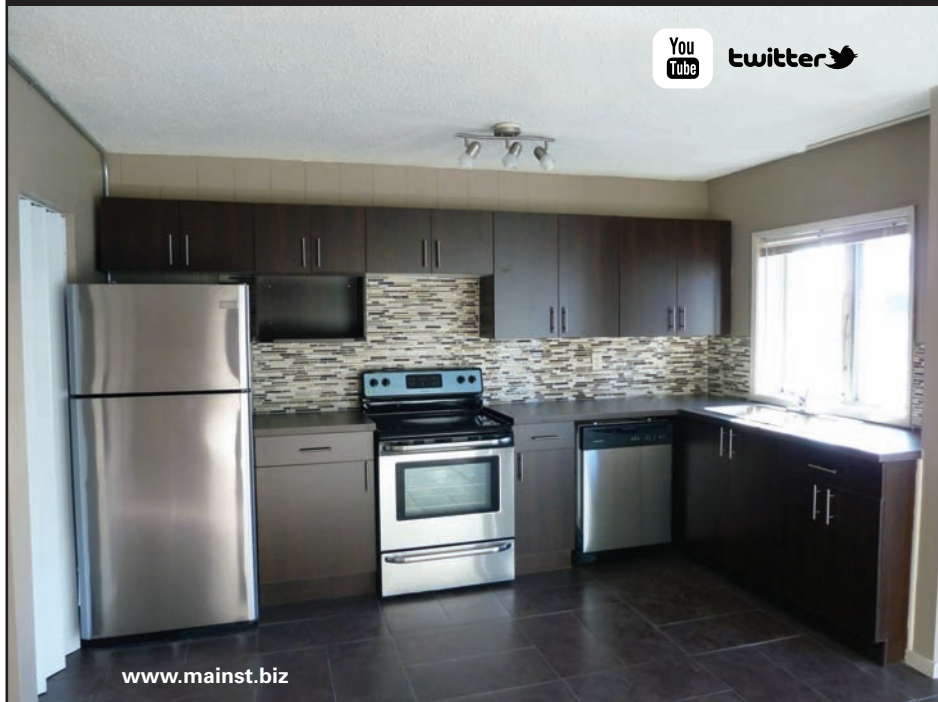


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# Saskatchewan Federation of Police Officers



Dear Supporter,

On behalf of the Members of the Saskatchewan Federation of Police of Police Officers (SFPO), I wish to thank the general public and businesses in Saskatchewan for their support of our organization through their donations and the purchase of advertising making this publication possible. We appreciate your support and contributions to our Annual Crime Prevention Guide.

This edition focuses on Suicide Prevention Awareness. Suicide is a very serious issue that affects all communities. Please take the time to review the information and resources within to gain understanding of suicide, warning signs, how it affects our communities, and the grieving process for those who've lost loved ones. Suicide can be prevented with education.

Thank you!

**Evan Bray**

President

Saskatchewan Federation of Police Officers

***Among the objectives of our Federation are the following:***

- *to **raise the standards of police work** and to foster a true sense of obligation to the public;*
- *to maintain a just, impartial and **efficient public police force**;*
- *to stimulate interest in the **vital importance of police work** in the everyday **life of the community**;*
- *to **lobby** the government for **progressive changes in Criminal Justice Legislation** such as the **Youth Justice Act** and **Early Parole**.*

We all have  
a role to play  
in suicide  
prevention



We need to recognize the signs, so we can intervene and prevent this type of tragedy.

Together we can strengthen supports and enhance resiliency in our communities.

Hon. Christine Tell  
Minister Responsible for Corrections and Policing



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# FROM THE PUBLISHER



The **Saskatchewan Federation of Police Officers** publishes an Annual Crime Prevention Guide to educate the public on serious community concerns. This **5<sup>th</sup> Annual Crime Prevention Guide** focuses on the delicate subject of **Suicide Prevention Awareness** in order to shed some light on this very dark issue.

This Community Guide is made possible as a result of financial contributions from residents and business representatives throughout Saskatchewan whose generous support makes it possible for the members of the **Saskatchewan Federation of Police Officers** to give back to their communities through donations to various local charities and youth-oriented programs. On behalf of the **Saskatchewan Federation of Police Officers**, I would like to take this opportunity to sincerely thank each and every contributor of our 2013 Telephone Appeal.

This unique publication is distributed free-of-charge each year to schools, libraries and public facilities and it is also available online at the **SFPO's** website at **[www.saskpolice.com](http://www.saskpolice.com)**, making it easily accessible to everyone.

Your comments or suggestions regarding these publications are always welcome and we look forward to speaking with you again this year during our Annual Telephone Appeal.

Respectfully,

Mark T. Fenety

President

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## Proceeds from our Annual Community Guide project have allowed the Saskatchewan Federation of Police Officers to make a \$5,000 donation to Kids Help Phone



*At the Saskatchewan Federation of Police Officers' Annual General Meeting on May 14/14, Evan Bray (SFPO President) presented Trish Taylor (Manager of Community Fundraising & Events for KIDS HELP PHONE) with a cheque for \$5,000 from proceeds of their Annual Crime Prevention Guide on Suicide Prevention Awareness.*

*Kids talk to Kids Help Phone when kids don't know who to talk to.*

### There for kids, day and night

To reach a Kids Help Phone professional counsellor, kids, teens and young adults from any community in Canada can call or go online 24 hours a day, 365 day a year.

### Anything goes

From trouble with homework to dealing with loss and grief to thoughts of suicide, kids can talk to Kids Help Phone about anything. Professional counsellors provide anonymous, confidential and non-judgemental support.

### Support right at home


We are the only organization that has access to a database of over 37,000 local resources. That means that no matter where a kid is calling from, our professional counsellors can connect them to a service right in their community, whether they need a place to stay for the night, a way-home or a sexual health clinic.

### Kids Help Phone's Mission

Our mission is to improve the well-being of children and youth in Canada by providing them anonymous and confidential professional counselling, referrals and information in English and French, through technologically-based communications media.

Even though everyone needs help sometimes, stigma around mental and emotional health struggle remains strong. The threat of being judged or labeled can leave both adults and kids reluctant to seek help.





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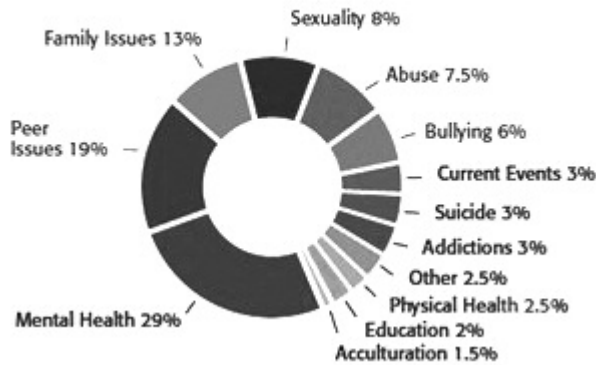
# Kids Help Phone

1800 668 6868  
KidsHelpPhone.ca

Kids Help Phone

## Facts and Stats

### WHY DO KIDS CONTACT US?



**100% of young people will experience sadness, frustration, grief, and stress. How they are supported is what matters the most.**

Kids Help Phone is Canada's leading youth professional counselling service, helping kids, teens and young adults to cope with overwhelming emotions and to build on their own personal skills and abilities.

Any young person with access to a phone or computer can reach Kids Help Phone any hour of the day or night, from any community in Canada.

From trouble with homework to dealing with loss and grief, from questions about sexual identity to thoughts of suicide, young people can turn to Kids Help Phone. No matter the question, no matter the problem. 24/7/365.

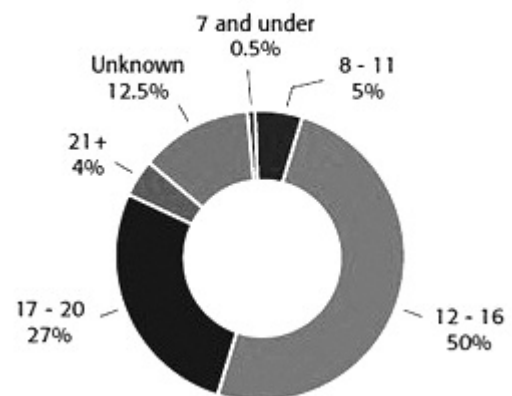
Available in English and French, Kids Help Phone is the go-to resource for the young people of Canada from ages five to 20 when they need help, or when they need trustworthy information on issues that are difficult to discuss with anyone else.

This generation is dealing with so much more, so much earlier. Parents and teachers may not always have the answer, but they can take comfort in knowing that Kids Help Phone does.

Kids Help Phone is a community-based national organization that relies almost exclusively on the support of corporations, foundations and individuals to ensure that every child that takes the courageous step of reaching out for help receives the meaningful support they seek and deserve.

## Our services

### HOW OLD ARE THE KIDS WHO CONTACT US?



Young people know they can trust Kids Help Phone. Counsellors don't use call display, and don't trace calls or IP addresses, and don't collect names or other personal information.

Kids Help Phone diversifies its content to remain age-appropriate for all of its users.

The kids' website is segmented by age through two separate portals – for kids ages eight to 11, and teens ages 12 to 20 – to allow for the cognitive, emotional and literacy differences of each group

Kids Help Phone offers eight different approaches to professional counselling, ensuring each young person is offered the most effective form of consultation for his or her unique needs.





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### **Awareness Saves Lives!**

We need to recognize the signs and behaviors of children and adults that may be at risk of suicide, and help them get treatment. We support the efforts of the Saskatchewan Federation of Police Officers in bringing awareness to this important social issue.

Yorkton City Council  
Bob Maloney, Mayor



**Saskatchewan Federation of Police Officers**

# Kids Help Phone



**1-800-668-6868** Immediate day or night counselling by phone;

**Ask Us Online** Counselling through online posts;

**Info Booth** Access to thoroughly researched and clinically endorsed content;

Navigating in a **virtual support community** created by kids viewing other kids' online posts and the counsellors' responses;

Interactive **games and tools** to promote self-care and resiliency, on the kids' website;

**Your Space** where kids can share their innermost thoughts, secrets and feelings in a safe, non-judgmental environment;

**Community referral database** of more than 37,000 local agencies in 2,750+ communities across Canada to help connect kids with resources within their own community;

**IM/Chat professional counselling** pilot (Fall 2011).

## In 2010, the top three issues most important to kids were:

Mental Health concerns: close to 30% of the issues kids contacted our professional counsellors about related to mental or emotional health struggles. This is a notable increase from 19% recorded in 2004 (first available issue-related statistics); Peer concerns; and Family concerns.

## Being there for young people's unique counselling needs

In 2010, Kids Help Phone estimates it had 225,622 counselling contacts with youth throughout Canada. The counsellors assisted kids more than 4,300 times a week either through phone or web consultation.

In 2010, there were more than 1 million indirect counselling contacts which came through our kids' website, including young people reading stories which resonate with their own in the Ask Us Online section, and accessing trusted information from the Info Booth, which features over 50 topics in kid-friendly language. These are both powerful ways to find comfort in knowing you are not alone, and gaining perspective when you're not ready to talk.

The thoroughly researched, clinically endorsed content in the Info Booth section of the kids' website offers age-appropriate online information on more than 50 topics counsellors have identified as important to children and youth in their everyday lives.

Kids Help Phone professional counsellors can access the Kids Help Phone Community Referral database, a national catalogue of more than 37,000 local services to connect kids with someone on the ground – child welfare agencies, shelters, health clinics, counselling centres, police and more – in their own community. The largest of its kind in Canada, the database is continuously updated and enhanced to make sure that counsellors can quickly find whatever resources kids need.

## Our counsellors

Kids Help Phone employs skilled counselling professionals, not volunteers.

Each of the full- and part-time counsellors have a clinical or academic background and a degree or diploma in child and youth counselling, or in an applied social science such as social work or psychology.

Counsellors have a minimum of three to five years of experience and many have expertise in a specific area, such as eating disorders, gangs, addictions or sexual abuse, allowing them to contribute to the knowledge base of the organization and their peers. ■



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Visit [saskatoonpoliceservice.ca](http://saskatoonpoliceservice.ca) and download our **Bullying - What You Can Do** brochure or contact your School Resource Officer for further information.



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# 1<sup>st</sup> Annual Copper Cup Pond Hockey Tournament



In February 2014, the Moose Jaw Police Association (MJPA) hosted the **1st Annual Copper Cup Pond Hockey Tournament**. The tournament was held in Moose Jaw's beautiful Wakamow Valley and it had a definite "winter festival" feel.

The **Copper Cup** was very successful and proved to be an excellent way for us to interact with the community and promote vitality, all while raising money for various local charities.

The tournament was well attended and supported by our community.

Overall, we managed to raise over \$5,000 through team participation and prize raffles. All of the money raised will be donated back to the community of Moose Jaw through various local charities and community projects.





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# Moose Jaw Police Association vs Special Olympics



In April 2014, the Moose Jaw Police Association enjoyed a friendly game of floor hockey with the Special Olympics. This is an annual event that both teams very much look forward to.

This year's game was very well attended and provided great entertainment. As in other years, the police team was easily outplayed and lost by a large score.







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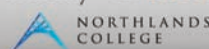


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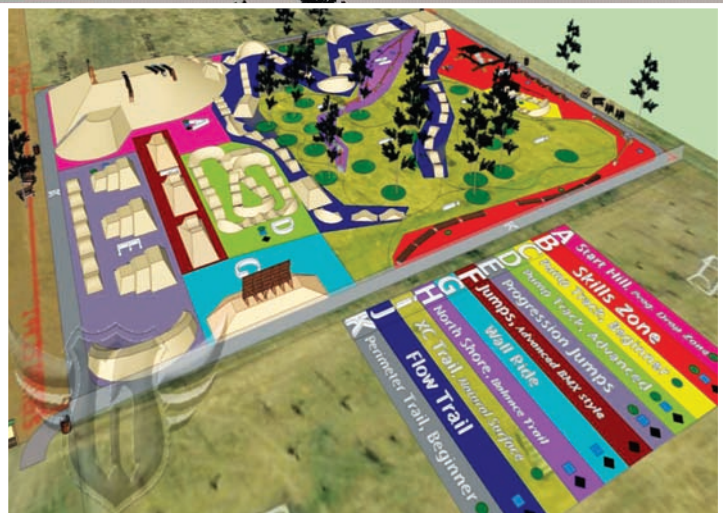
In June of 2013, we began developing Saskatchewan's first and only Bicycle Skills Park. We recognized this as a unique and exciting way to leave a positive legacy in our community and promote vitality within our youth. After a year of planning and organizing, we are almost ready to begin construction.

The Moose Jaw Police Association funded the design of the park, organized the project, supplied the necessary volunteer effort and engaged in fundraising to complete the project.

In April 2014, we held a public open house to unveil the design for the park. We had a great turnout from the community to view the design and provide feedback.

In May 2014, we began initial construction and our first major construction phase will begin in July. Overall, the project has received overwhelming public support and positive feedback. To date, we have also received support and donations from Co-Op, Evans Excavating, The Associated Canadian Travellers, the RM of Moose Jaw, the City of Moose Jaw, Folgizan Insurance, North West Community Association, and the Moose Jaw Pavers.

We are very pleased to say that this will be one of the best bike parks in Canada and a valuable asset to our community!







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# Prince Albert's Police Service *Shop with a Cop* Program



Shop with a Cop is a program that the Prince Albert Police Service has been practicing for four years. This idea was established by the St Paul Police Department in Minnesota, USA in 2000.

Sgt Gwen Kennedy, a retired member from the Prince Albert Police Service implemented the program here in Prince Albert four years ago. The purpose of the event is to foster positive relationships between youth and officers. Young kids, K-6th grade are selected each year during the end-of-the-year holiday season to shop at one of the local area stores to purchase gifts for members of their immediate family. Each child is given a \$100 gift card. Approximately 1-2 children are assigned to each police officer, who then escorts them around the store and assists in selecting appropriate gifts for each family member. The children are told, and understand, that the money is not for personal use and must only be spent on members of their family.



After shopping, the children will eat lunch and continue to get to know the police officers. We have an average of 25 students partake from our local community schools. Funds for the event have been donated from Prince Albert Crime Stoppers and Prince Albert Victim Services. Prince Albert Northern Buslines provide the bus and driver at no cost. This is an extremely successful event and is an excellent opportunity for police to interact with our youth on a positive note.





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The Regina Police Association (RPA) represents both police officers and civilian members of the Regina Police Service and is affiliated with the Saskatchewan Federation of Police Officers and the Canadian Police Association. Our vision is to enhance our members' lives by representing them through leadership, integrity, fairness, respect and unity. Working collaboratively with our membership and the Regina Police Service, we strive towards a respectful and professional work environment, continuing to meet the needs of the community.

As an active contributor this past year, the RPA was involved in numerous community and fundraising events. Supporting sports organizations like the University of Regina Cougar Hockey Alumni Dinner, the Regina Red Sox Dinner and Auction, and the Regina Police Service half-marathon, helps athletic groups continue to develop and thrive.

Through donations and attending local fundraising events, the RPA is able to help raise awareness of those charities that touch many of our lives, such as the Neo-Natal Intensive Care Unit Dinner and Silent Auction hosted by TJ & Neysa Strueby, and the Clara Hughes Fundraiser for the Saskatchewan Schizophrenia Society.

The police family extends far beyond the city borders and RPA reached out to the Calgary Police Association to help their members affected by the flooding last summer.

Recognizing the importance of strong family support, the RPA organized events like the Regina Red Sox Baseball Family Day and the Children's Christmas party; it's our way of saying thanks to the spouses and children for supporting us! Remaining gifts were donated to families in need or local shelters.

A yearly RPA Retirement Gala recognizes each retiring sworn and civilian member of the Regina Police Service. It's our opportunity to give back to the members, thanking them for the years of dedication and service to our community and association. A dinner, photos and shared stories make it an enjoyable and elegant evening.

Staff Sergeant Evan Bray has emceed this event for 13 years with grace and humour. Honouring each retiring member with a tribute to their career, Evan collects data and creates a story making each retiree feel valued and appreciated. 2014 marked Evan's final hosting of the event and the membership wants to thank him for all his dedication, hard work and commitment not only for making it a top-notch event every year but also for his years of service to the RPA.

It has been another busy year. I would like to thank the RPA membership, the Regina Police Service and our community partners for another successful year.

Mark Verbeek  
Communications Officer  
Regina Police Association



Evan Bray with Regina Police Service retiree Ron Roteliuk



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## The Issue

Every year close to 3,700 people in Canada commit suicide. Many of these deaths could be prevented by early recognition of the signs of suicidal thinking and appropriate intervention, and early identification and effective treatment of mental illness.

## Background

According to a Public Health Agency of Canada report in 2006, suicide account or 1.7 % of all deaths in Canada. However, this statistic does not take into consideration those suicides wrongly reported as accidental deaths or cases where it is difficult to assess whether or not the death was intentional. In fact, between 2000 - 2003, the annual number of reported deaths from suicide was higher than the number of deaths from transport accidents.

The suicide rate among men is nearly four times higher than the rate among women. However, women are twice as likely to attempt suicide as men. The difference seems to come from the fact that men more often use a more lethal means, such as firearms or hanging to end their lives. Women are more likely to choose a more prolonged method, such as an overdose of pills, where there is a greater chance of an intervention that will save their lives. Also, men are generally more reluctant to seek help on mental health issues than women.

Among adults aged 15 years and older, more than 3% have attempted suicide in their lifetime. More than one in five deaths among adults between the ages of 15 and 24 years is due to suicide. Suicide rates are much higher in some Aboriginal communities. Despite the fact that almost everyone in Canada has been touched by suicide, there is still a stigma attached to it and to mental illness in general. Stigma is a complex issue involving many factors,

including religious practices that do not allow people who commit suicide to be buried in sacred ground. This stigma can be a barrier to someone seeking help for suicidal feelings.

## Factors in Suicidal Behaviour

There are four main factors that come into play in suicidal behaviour.

### Predisposing factors

The factors that make an individual vulnerable to suicidal behaviour include:

- Mental illness
- Abuse
- Loss of a loved one early in life
- Family history of suicide
- Long-term difficulty with peer relationships.

Almost all people who kill themselves have a mental illness, such as major depression, bipolar disorder, schizophrenia, or borderline personality disorder. They often abuse drugs or alcohol. Although people who commit suicide are commonly depressed, only a minority of people who are depressed are suicidal.

Previous suicide attempts are common among those who eventually die by suicide.


### Precipitating factors

These are the factors that create a crisis. The most common of these factors are losses, such as job loss, the death of a loved one, the end of a relationship, divorce or loss of position in society.

Other factors that may cause the crisis include:

- Pressure to succeed
- Conflict with the law






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# SUICIDE PREVENTION

- Financial difficulties
- Rejection by society for some personal trait, such as ethnic origin or sexual orientation.

What these factors have in common is that they are situations over which the individual feels no sense of control. They cause unbearable psychological pain that the individual feels will never end.

## Contributing factors

These are the factors that make the individual even more vulnerable to suicidal behaviour. They can include:

- Physical illness
- Sexual identity issues
- An unstable family environment
- Risk-taking or self-destructive behaviour
- The suicide of a friend
- Isolation
- Substance abuse.

## Protective factors

These factors help to decrease the risk of suicide. They include:

- A resilient personality
- Tolerance for frustration
- Self control
- Good social supports
- A sense of humour
- At least one good relationship.

## Symptoms of Suicidal Behaviour

More suicides could be prevented if people were aware of the warning signs for suicidal behaviour. People considering suicide often show one or more of these signs of distress.

They may:

- Repeatedly express that they feel

hopeless, helpless or desperate, although many will not talk about it at all;

- Experience a change in sleep patterns;
- Lose their appetite or have no energy;
- Make negative comments about themselves;
- Lose interest in things they used to enjoy, such as friends, hobbies or sports;
- Give away prize possessions and take other actions to put their affairs in order;
- Express their final wishes to someone or talk about their suicidal thoughts, although again, many will not talk about it at all;
- Have a plan as to how they will commit suicide, even giving the time and place.

## Minimizing The Risk

If you or someone close to you shows some of these warning signs for suicide, here are steps you can take to help:

- Most communities in Canada have access to a Crisis/Distress line staffed by people with experience in helping those considering suicide. Their telephone numbers are usually prominently displayed in the first few pages of the telephone directory. Call them for advice and referrals.
- Help remove the stigma associated with suicide by talking openly and frankly with someone about suicidal feelings. Show interest and support. Blaming someone for their negative feelings or telling them to “pull themselves together” doesn’t help and may further isolate the individual by discouraging them to share thoughts or look for help.
- Get professional help from your family doctor or a mental health professional, such as a psychiatrist or a psychologist. They can make a difference. If a friend or family member is suicidal, it can be helpful to offer to go with them.

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# SUICIDE PREVENTION

- Where possible, remove items that can be used for suicide, such as firearms, knives, over-the-counter medicines and drugs. Suicidal behaviour is often impulsive and restricting access to methods can substantially reduce the risk of a completed suicide.
- Involve other friends and family members. The more support, the better for the person at risk and for you.
- For more information and help, contact the mental health organizations listed in the "Need More Info?" section.

## Government of Canada's Role

The Government of Canada works to help Canadians maintain and improve their mental health, including preventing suicidal behaviour. Within its jurisdiction, the Government of Canada works to:

- Develop and disseminate knowledge on mental health promotion and mental illness prevention;
- Provide leadership and governance;
- Develop social marketing campaigns; and
- Conduct surveillance on health trends in population.

In 2007, the federal government provided funding to establish and support The Mental Health Commission of Canada to lead the development of a national mental health strategy.

## Suicide Intervention: Who Can Help?

It is important to know what resources are available. You are not alone; there are individuals and agencies willing and able to assist you, or someone else, in dealing with depression or thoughts of suicide. These same individuals and agencies can provide information and support to assist you in working with others.

Each person's support network is unique; each community provides some kind of service. Generally, the following might provide initial and/or long-term support:

- Family physicians
- Family and community support services counsellors
- Local health clinics
- Employers
- Coaches
- Social workers
- Police
- Ministers, priests, rabbis and other religious leaders
- Medical personnel
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# SUICIDE RATES: AN OVERVIEW



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## Highlights

- In 2009, there were 3,890 suicides in Canada, a rate of 11.5 per 100,000 people.
- The suicide rate for males was three times higher than the rate for females (17.9 versus 5.3 per 100,000).
- Although suicide deaths affect almost all age groups, those aged 40 to 59 had the highest rates.
- Married people had a lower suicide rate than those who were single, divorced or widowed.

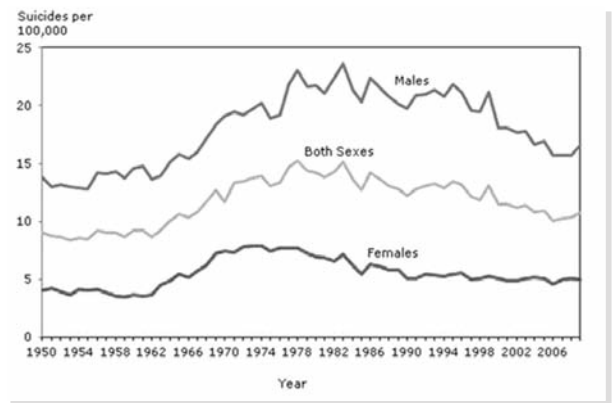
Suicide is a major cause of premature and preventable death. It is estimated, that in 2009 alone, there were about 100,000 years of potential life lost to Canadians under the age of 75 as a result of suicides.

Research shows that mental illness is the most important risk factor for suicide; and that more than 90% of people who commit suicide have a mental or addictive disorder. Depression is the most common illness among those who die from suicide, with approximately 60% suffering from this condition. No single determinant, including important risk factor for suicide; and that more than 90% of people who commit suicide have a mental illness, is enough on its own to cause a suicide. Rather, suicide typically results from the interaction of many factors, for example: mental illness, marital breakdown, financial hardship, deteriorating physical health, a major loss, or a lack of social support.

This article presents the latest statistics on suicide, looking primarily at trends and variations by sex, age and marital status. The main source of data is the Canadian Vital Statistics Death Database.

The **Canadian Vital Statistics Death Database** collects demographic and cause of death information annually from all provincial and territorial vital statistics registries on all deaths in Canada. Suicide data from this source are somewhat under-reported due to the difficult nature of classifying suicide and the time lag in determining this as the cause of death, which may vary from year to year and from one region to another.

*Chart 1: Age-standardized suicide rate, per 100,000, by sex, Canada, 1950-2009*



Deaths by suicide, it should be noted, reflect only a small percentage of suicide attempts. It is estimated that for every completed suicide there are as many as 20 attempts. Although males are more likely to die from suicide, females are three to four times more likely to attempt it. Furthermore, females are hospitalized for attempted suicide 1.5 times more frequently than males.

This discrepancy may be due to the fact that females tend to use less fatal methods, such as poisoning—the most common cause of self-harm hospital admissions—whereas males tend to use more violent methods such as hanging and firearms (see Chart 2).

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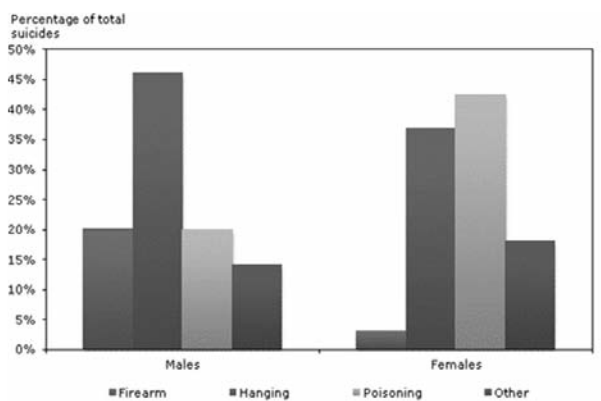
# SUICIDE RATES: AN OVERVIEW

## Methods of suicide vary by sex and age

Over the past ten years, the most common method of suicide in Canada has been hanging (44%), which includes strangulation and suffocation; followed by poisoning (25%) and firearm use (16%).

Males were most likely to commit suicide by hanging (46%) while females most often died by poisoning (42%) (see Chart 2). Males (20%) were far more likely to use firearms than females (3%).

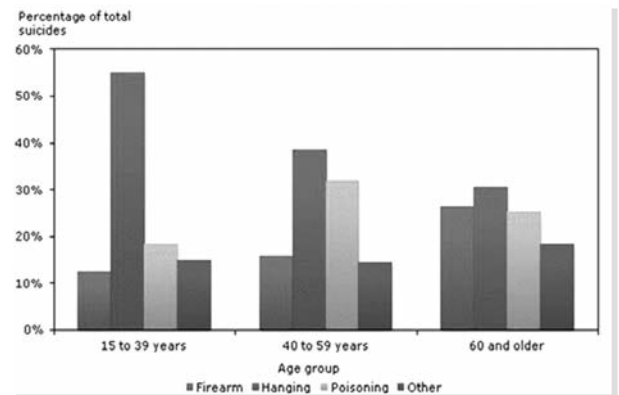
*Chart 2: Percentage distribution of method used in suicide, by sex, Canada, 2000-2009 (ten year average)*



Even though hanging has been the most common method of suicide, it declined with age; 55% of 15 to 39 year-olds died as a result of hanging, compared with 30% of those aged 60 and older. The percentage of suicides involving a firearm, on the other hand, increased with age; 12% of 15 to 39 used a firearm, compared with 26% of those aged 60 and older (Chart 3).

Variability in the method also increased with age. While most young people (15 to 39 years old) committed suicide by hanging, there was greater variability in the method of those aged 40 and older.

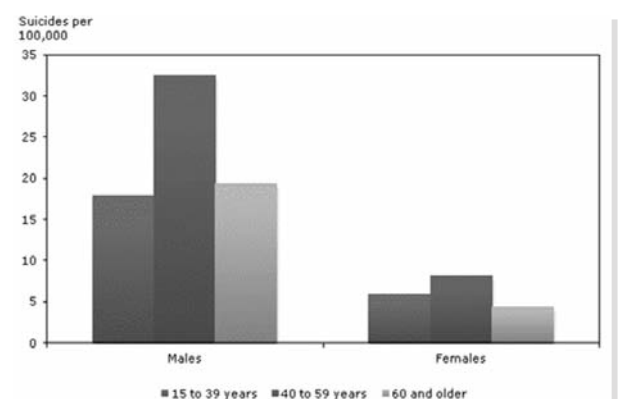
*Chart 3: Percentage distribution of method used in suicide, by age group, Canada, 2000-2009 (ten year average)*



## The highest rates of suicide occur during mid-life

When suicide deaths are examined across age groups, persons aged 40 to 59 have the highest rates (see Chart 4). Forty-five percent of all suicides in 2009 (1,769 out of a total of 3,890) were in this age group, compared with 35% for those aged 15 to 39, and 19% for those over the age of 60. This has been a persistent trend in Canada, yet contrasts with suicide trends in many other countries where the rate of suicide tends to increase with age.

*Chart 4: Suicides per 100,000, by age group and sex, Canada, 2009*





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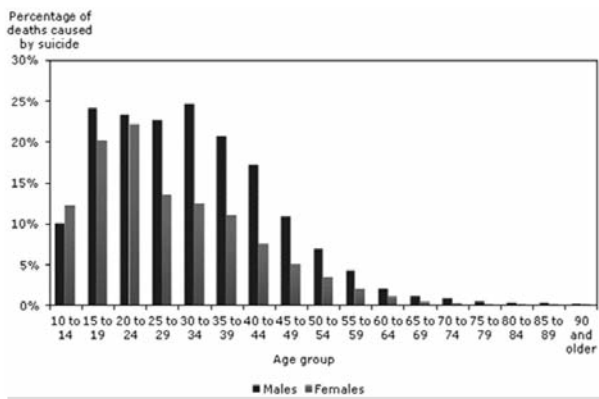
# SUICIDE RATES: AN OVERVIEW

## Suicide is a leading cause of death in young people

Suicide is one of the leading causes of death for people of all ages. In 2009, it ranked as the ninth leading cause of death in Canada. Among those aged 15 to 34, suicide was the second leading cause of death, preceded only by accidents (unintentional injuries).

Because they do not generally die from natural causes, suicide represents a relatively large percentage of all deaths for younger age groups (15 to 34). After the age of 35, suicides as a proportion of all deaths start to decline as other causes become more common (Chart 5).

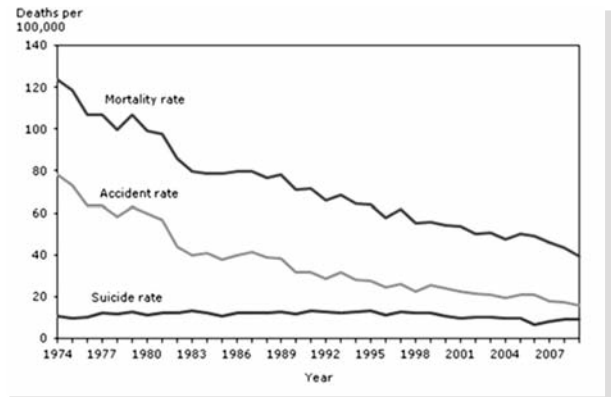
*Chart 5: Suicides as a percentage of all deaths, by age group and sex, Canada, 2009*



In 2009, 202 individuals aged 15 to 19 committed suicide. This represented almost a quarter (23%) of all deaths in this age group, up from 9% in 1974. The relatively higher proportion of suicide deaths for this age group is due to the decline in overall mortality rates, a trend driven mainly by declines in accidental deaths which continue to be the leading cause of death for 15 to 19 year olds. Despite the progress in reducing deaths from accidents, however, suicide rates for this age group

did not change significantly during this period (see Chart 6).

*Chart 6: Age-specific mortality with suicide and accident rates, per 100,000, ages 15 to 19, Canada, 1974 to 2009*



## Married people are the least likely to commit suicide

For both men and women, married people were the least likely group to commit suicide. Single (never married) people were the most likely, at a rate 3.3 times higher, followed by widowed and divorced. Single men were much more likely to die from suicide than those who were married. Among women, widows had highest rates of suicide. The social support and companionship provided by marriage may be important conditions that help decrease the probability of suicide.

The differences according to marital status may partially account for the higher rate of suicide amongst people aged 40 to 59 as people transition from married to divorced and widowed. While marriage provides a protective effect across all age groups, suicide rates among the divorced and widowed are particularly high for those aged 40 to 59 years. Divorced people in this age group have a suicide rate 1.7 times higher than divorced people of other ages.

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# SUICIDE RATES: AN OVERVIEW

Widowhood also appears to have a greater effect on the middle-aged; the suicide rate in the widowed aged 40 to 59 years is 2.1 times higher than for the widowed 60 and older. Finally, single people 40 to 59 have double the suicide rates compared to singles of other ages.

Previous research has found an association between the break-up of a marriage (or co-habiting relationship) and increased risk of depression, the most common mental health disorder amongst people who commit suicide. Given the relationship between marital breakdown and depression, and the association between depression and suicide, suicide rates were plotted with the divorce rates for the period 1950-2008. The trend lines show a similar pattern (see Chart 8). This finding is consistent with other studies which have found correlations between suicide and divorce in Canada.

*Chart 8: Divorce and suicide rates, per 100,000, Canada, 1950 to 2008*



During the 1950s, divorce and suicide rates were fairly stable, but both began to rise during the 1960s. In 1968, Parliament passed the Divorce Act which established a federal-level divorce law. In the following year the divorce rate increased by 128%, and as Chart 8 shows, suicide rates moved

in the same direction. In 1986 the Divorce Act was amended, reducing waiting times from three years of separation to one. This resulted in 1987 having the highest rate of divorce in Canadian history. This increase in divorces was paralleled by an increase in suicide rates. After the 1987 spike in the divorce rate, both divorce and suicide rates have seen a similar decline.



## Summary

Using vital statistics to explore different aspects of suicide in Canada has shown that males are far more likely to commit suicide than females. Looking at suicides by age group for both sexes, the highest suicide rates were found in those aged 40 to 59. However, suicide ranks second as a leading cause of death for people aged 15 to 34. Looking at suicide deaths by marital status revealed significantly lower rates for married people, and there is a compelling parallel between historical trends for suicide and divorce. This finding would benefit from further research.

Statistics Canada Catalogue no. 82-624-X  
by Tanya Navaneelan

*Tanya Navaneelan is an analyst with the Health Statistics Division. The author wishes to acknowledge Shiang Ying Dai, Teresa Janz, Bob Kingsley, Brenda Wannell and Patricia Wood for their contributions.*

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# Suicides and Suicide Rate, by sex and age group (Both sexes no.)

<http://www.statcan.gc.ca/tables-tableaux/sum-som/I01/cst01/hlth66a-eng.htm>

	2007	2008	2009	2010	2011
	Both sexes				
	number of suicides				
<b>All ages<sup>1</sup></b>	<b>3,611</b>	<b>3,705</b>	<b>3,890</b>	<b>3,951</b>	<b>3,728</b>
10 to 14	33	25	25	32	29
15 to 19	185	208	202	198	198
20 to 24	290	255	277	288	301
25 to 29	282	256	258	271	261
30 to 34	23	257	298	292	283
35 to 39	325	316	332	343	288
40 to 44	403	452	431	365	354
45 to 49	486	468	491	502	432
50 to 54	410	418	476	484	443
55 to 59	307	337	371	386	375
60 to 64	203	224	241	272	245
65 to 69	115	145	138	152	150
70 to 74	102	114	122	117	128
75 to 79	103	100	82	103	101
80 to 84	76	67	73	76	76
85 to 89	42	42	54	51	49
90 and older	14	21	19	19	13

1. "All ages" includes suicides of children under age 10 and suicides of persons of unknown age.

**Source:** Statistics Canada, CANSIM, table 102-0551.

Last modified: 2014-01-28.



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# RISK FACTORS & WARNING SIGNS

Suicide is preventable. Recognizing the common warning signs and risk factors, and learning how to reach out to those in need, are some of the most vital elements for suicide prevention.

Risk factors are conditions and characteristics in a person's life that are associated with an increased risk or likelihood of suicide. Warning signs are indicators that a person may currently be thinking about suicide.

If someone presents risk factors and warning signs, it is important to reach out and ask about suicide.

## Risk Factors

Risk factors are elements in a person's life that can put a strain on their ability to cope with stress and/or trauma, and are therefore associated with increased suicide risk.

In essence, risk factors can undermine an individual's resilience. This refers to the ability to 'bounce back' from difficult situations and to adapt in times of hardship and challenge.

***Risk factors can undermine an individual's resilience. This refers to the ability to 'bounce back' from difficult situations and to adapt in times of hardship and challenge.***

It is important to understand that the presence of one or more risk factors doesn't necessarily mean the person is thinking about suicide. It does mean, however, that their risk is increased.

## Common risk factors include:

- History of mental illness
- History of substance abuse

- History of trauma
- Family history of suicide
- Job or relationship loss
- Lack of social support
- Barriers to accessing health care
- Surviving a suicide loss
- Having had thoughts of suicide, or attempted suicide in the past
- Exposure to graphic or sensationalized accounts of suicide
- Access to lethal methods of suicide during a time of increased risk

## Protective factors

Protective factors help people manage and cope with various stressors and life events, thereby reducing the likelihood of suicide.

These factors do not guarantee that an individual will not be affected by thoughts of suicide, especially if there are other risk factors present. Protective factors do, however, lower the risk.

## Common protective factors include:

- Good communication skills
- Support from peers and close social networks
- Sense of humor
- Ability to manage, handle, and reduce stress
- A sense of connectedness with others (e.g., within school, community, a group of friends, and/or family)
- Cultural and religious beliefs that promote healthy living
- Problem solving and conflict resolution skills
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# RISK FACTORS & WARNING SIGNS

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- Policies in workplaces and schools that support good mental health

For a more detailed list of risk and protective factors, please visit the Canadian Association For Suicide Prevention website.

## Warning Signs

Few suicides occur without warning. Most people who die by suicide indicate to others in some way that they were at risk. We refer to these ways of telling as 'warning signs'.

Use the IS PATH WARM acronym to identify the common warning signs for suicide. If someone is demonstrating any of these signs, they may be at risk:

- **Ideation** - Talking about death or suicide, or making direct statements such as "wish I was dead" or "I am going to kill myself"
- **Substance Abuse** - Increased use of drugs or alcohol
- **Purposelessness** - Feeling no purpose in life
- **Anxiety** - Experiencing excessive anxiety
- **Trapped** - Indicating feeling trapped in a particular situation or in life in general
- **Hopelessness / Helplessness** - Indicating that nothing will change or get better
- **Withdrawal** - Wanting to be alone or avoiding social contact
- **Anger** - Constant irritableness or sudden outbursts of anger/aggression
- **Recklessness** - Engaging in risky or self-destructive behaviour

- **Mood Changes** - Sudden and dramatic fluctuations in mood

## Other common warning signs and behaviours to consider are:

- Giving away valued possessions (e.g., a favorite book or beloved pet)
- Change in normal routine, including eating and sleeping patterns
- Putting affairs in order suddenly (e.g., finalizing insurance or dealing with debt)
- Saying goodbye to people as though it were a final goodbye
- Loss of interest in hobbies and activities that were once enjoyed
- Lack of self-care
- Previous suicide attempt(s)

## Reach Out!

If you notice one or more of these risk factors and/or warning signs, reach out and ask that person about suicide. If you are uncomfortable asking this question, you can connect them with someone who can.

Your suspicion about suicide does not need to be more than a feeling or a worry. We know that it is better to ask directly about suicide rather than not say anything at all.

***For more information, please contact the Mental Health Crisis Line (709) 737-4668 or 1-888-737-4668 (24-hour provincial crisis line with Mobile Crisis Response for the St. John's and surrounding area).***



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# TEEN SUICIDE

In **2009**, in Canada, there were **145** male suicides (and a **12.6** per **100,000** suicide rate) in the **15-19** age range. For females, there were a total of **57** deaths (and a corresponding suicide rate of **5.2** per **100,000**). These numbers rise sharply (especially for males) when they reach their twenties and beyond. Males reach a peak rate of **27** per **100,000** in the **40-44** age range with a recorded number of **337** deaths in **2009**.

In Canada, suicide accounts for **24 percent** of all deaths among **15-24** year olds. Boys die by suicide **two to three** times more often than girls. Teens are admitted to hospital for suicide attempts more than any other age group; some accounts suggest as many as **one quarter** of all admissions are for teens

## Historical Trends

According to a longitudinal study published by the Canadian Medical Association Journal which looks at suicides by boys and girls over a thirty-year period (1980-2008), there has been a modest decline in suicides for boys aged 10-19 and a slight rise for girls in the same age range.

Girls have always attempted suicide more frequently than boys. But there is reason to believe that girls are increasingly using more lethal means, like hanging, when attempting suicide, which could account for the increase in suicidal deaths.

However, the number of suicides for both boys and girls in Canada has been relatively consistent in the last **ten years** and suicide remains the **second leading cause of death** for young people in Canada.

## Risk Factors

- Mental illness
- Substance abuse
- Physical or sexual abuse
- Ambivalence of sexual orientation
- Feelings of hopelessness
- Access to lethal means of suicide
- Homelessness
- Non-lethal self-injury or previous suicide attempts
- Exposure to a friend or family member's suicidal behaviour



*Thoughts of suicide can occur in children as early as age 8 or 9.*

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# TEEN SUICIDE

## Protective Factors

- Positive school environment
- Family connectedness
- Self-esteem
- Peer support

**SUICIDAL IDEATION** (thoughts of suicide) can occur in children as early as age 8 or 9.

It surfaces more often in the teenage years. Ideation is a principal warning sign for future suicidal behaviour, especially suicide attempts. It is imperative that youth-at-risk get the attention and help they need as early as possible. Strategies proven effective in reducing suicide rates, such as early intervention for youth with mental health disorders, are often not available.

A priority at both the national and provincial levels should be to get vulnerable youth the medical and psychological attention they need.

## CYBERBULLYING – A New Threat For Youth at Risk

(Excerpt from Cyber bullying by Suzanne McLeod)

Social media sites, such as Facebook, mySpace, Twitter, YouTube, Flickr, Tumblr, Messenger and cell phone texting, have become a large part of the way in which youth today communicate and socialize (Brown, Cassidy, Jackson, 2006).

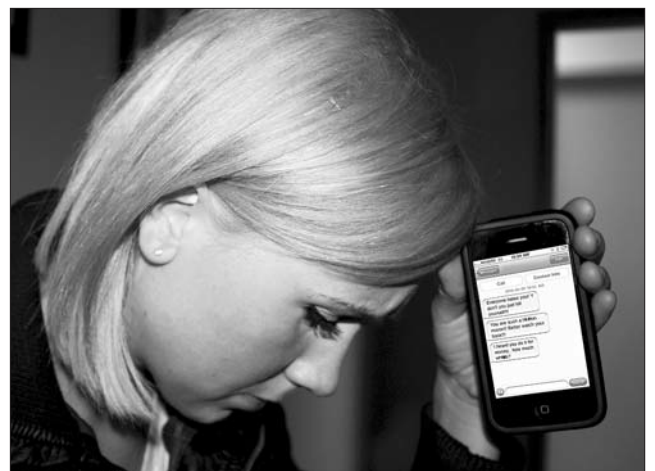
From this, cyber-bullying has become an increasing reality among adolescents. Research shows that youth who have been bullied are at a higher risk for suicide ideation and thoughts, attempts and completed suicides. Bullying contributes to depression, decreased self-worth, hopelessness and loneliness (Hinduja, Patchin, n.d.).

Those who become “cyber-bullies” feel that they are able to remain anonymous, giving them a sense of power and control that allows them to do and say things they would not normally say in the “real world.” In cyberspace, literally hundreds of perpetrators can get involved in the abuse (Hinduja, Patchin, n.d.).

Youth who are the victims experience the same feelings of powerlessness and hopelessness as if they were being bullied face-to-face. Because of the pervasive nature of the internet and cell phones, it is harder than ever for victims to escape their tormentors. It can happen anywhere—at home, at school, at any time of the day or night (Brown, Cassidy, Jackson, 2006).

In extreme cases, victims have been known to become aggressive and fight back, or to become depressed and attempt suicide. Youth who have experienced cyber-bullying were almost twice as likely to attempt suicide compared to those who had not (Hinduja, Patchin, n.d.).

*Centre for Suicide Prevention, Copyright 2012*



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# TEEN DEPRESSION: A GUIDE FOR PARENTS

*Learn the Signs and How You Can Help Your Teen*

[http://www.helpguide.org/mental/depression\\_teen.htm](http://www.helpguide.org/mental/depression_teen.htm)

Teenage depression isn't just bad moods and the occasional melancholy—it's a serious problem that impacts every aspect of a teen's life. Teen depression can lead to drug and alcohol abuse, self-loathing and self-mutilation, pregnancy, violence, and even suicide. But as a concerned parent, teacher, or friend, there are many ways you can help. Talking about the problem and offering support can go a long way toward getting your teenager back on track.

## **In This Article:**

- Understanding teen depression
- Signs and symptoms
- Effects of teen depression
- Suicide warning signs in teens
- Help a depressed teenager
- Teenage antidepressant use
- Supporting a teen through treatment
- Taking care of the whole family

## **Understanding teen depression**

### **For Teens**

If you're a teenager struggling with depression or you'd like to learn how to help a depressed friend, see *Teen Depression: A Guide for Teenagers*.

There are as many misconceptions about teen depression as there are about teenagers in general. Yes, the teen years are tough, but most teens balance the requisite angst with good friendships, success in school or outside activities, and the development of a strong sense of self.

Occasional bad moods or acting out is to be expected, but depression is something different. Depression can destroy the very essence of a teenager's personality, causing an overwhelming sense of sadness, despair, or anger.

Whether the incidences of teen depression are actually increasing, or we're just becoming more aware of them, the fact remains that depression strikes teenagers

far more often than most people think. And although depression is highly treatable, experts say only one in five depressed teens receive help. Unlike adults, who have the ability to seek assistance on their own, teenagers usually must rely on parents, teachers, or other caregivers to recognize their suffering and get them the treatment they need. So if you have an adolescent in your life, it's important to learn what teen depression looks like and what to do if you spot the warning signs.

## **Signs and symptoms of teen depression**

Teenagers face a host of pressures, from the changes of puberty to questions about who they are and where they fit in. The natural transition from child to adult can also bring parental conflict as teens start to assert their independence. With all this drama, it isn't always easy to differentiate between depression and normal teenage moodiness. Making things even more





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# TEEN DEPRESSION: A GUIDE FOR PARENTS

complicated, teens with depression do not necessarily appear sad, nor do they always withdraw from others. For some depressed teens, symptoms of irritability, aggression, and rage are more prominent.

## Signs and symptoms of depression in teens

- Sadness or hopelessness
- Irritability, anger, or hostility
- Tearfulness or frequent crying
- Withdrawal from friends and family
- Loss of interest in activities
- Changes in eating and sleeping habits
- Restlessness and agitation
- Feelings of worthlessness and guilt
- Lack of enthusiasm and motivation
- Fatigue or lack of energy
- Difficulty concentrating
- Thoughts of death or suicide

If you're unsure if an adolescent in your life is depressed or just "being a teenager," consider how long the symptoms have been present, how severe they are, and how different the teen is acting from his or her usual self. While some "growing pains" are to be expected as teenagers grapple with the challenges of growing up, dramatic, long-lasting changes in personality, mood, or behavior are red flags of a deeper problem.

## The difference between teenage and adult depression

Depression in teens can look very different from depression in adults. The following symptoms of depression are more common in teenagers than in their adult counterparts:

- **Irritable or angry mood** – As noted above, irritability, rather than

sadness, is often the predominant mood in depressed teens. A depressed teenager may be grumpy, hostile, easily frustrated, or prone to angry outbursts.

- **Unexplained aches and pains** – Depressed teens frequently complain about physical ailments such as headaches or stomach-aches. If a thorough physical exam does not reveal a medical cause, these aches and pains may indicate depression.
- **Extreme sensitivity to criticism** – Depressed teens are plagued by feelings of worthlessness, making them extremely vulnerable to criticism, rejection, and failure. This is a particular problem for "over-achievers."
- **Withdrawing from some, but not all people** – While adults tend to isolate themselves when depressed, teenagers usually keep up at least some friendships. However, teens with depression may socialize less than before, pull away from their parents, or start hanging out with a different crowd.

## Effects of teen depression

The negative effects of teenage depression go far beyond a melancholy mood. Many rebellious and unhealthy behaviors or attitudes in teenagers are actually indications of depression. The following are some the ways in which teens "act out" or "act in" in an attempt to cope with their emotional pain:

- **Problems at school.** Depression can cause low energy and concentration difficulties. At school, this may lead to poor attendance, a drop in grades, or frustration with schoolwork in a formerly good student.
- **Running away.** Many depressed teens run away from home or talk about running away. Such attempts are usually a cry for help.



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# TEEN DEPRESSION: A GUIDE FOR PARENTS

- **Drug and alcohol abuse.** Teens may use alcohol or drugs in an attempt to “self-medicate” their depression. Unfortunately, substance abuse only makes things worse.
- **Low self-esteem.** Depression can trigger and intensify feelings of ugliness, shame, failure, and unworthiness.
- **Internet addiction.** Teens may go online to escape their problems, but excessive computer use only increases their isolation, making them more depressed.
- **Reckless behavior.** Depressed teens may engage in dangerous or high-risk behaviors, such as reckless driving, out-of-control drinking, and unsafe sex.
- **Violence.** Some depressed teens—usually boys who are the victims of bullying—become violent. As in the case of the Columbine and Newtown school massacres, self-hatred and a wish to die can erupt into violence and homicidal rage.

Teen depression is also associated with a number of other mental health problems, including eating disorders and self-injury.



To learn more about suicide risk factors, warning signs, and what to do in a crisis, read *Suicide Prevention*.

Seriously depressed teens often think about, speak of, or make "attention-getting" attempts at suicide. But an

alarming and increasing number of teenage suicide attempts are successful, so suicidal thoughts or behaviors should always be taken very seriously.

For the overwhelming majority of suicidal teens, depression or another psychological disorder plays a primary role. In depressed teens who also abuse alcohol or drugs, the risk of suicide is even greater. Because of the very real danger of suicide, teenagers who are depressed should be watched closely for any signs of suicidal thoughts or behavior.

## Suicide warning signs in depressed teens

- Talking or joking about committing suicide
- Saying things like, “I’d be better off dead,” “I wish I could disappear forever,” or “There’s no way out.”
- Speaking positively about death or romanticizing dying (“If I died, people might love me more”)
- Writing stories and poems about death, dying, or suicide
- Engaging in reckless behavior or having a lot of accidents resulting in injury
- Giving away prized possessions
- Saying goodbye to friends and family as if for the last time
- Seeking out weapons, pills, or other ways to kill themselves

## Encouraging a depressed teen to open up

If you suspect that a teenager in your life is suffering from depression, speak up right away. Even if you’re unsure that depression is the issue, the troublesome behaviors and emotions you’re seeing in your teenager are signs of a problem.



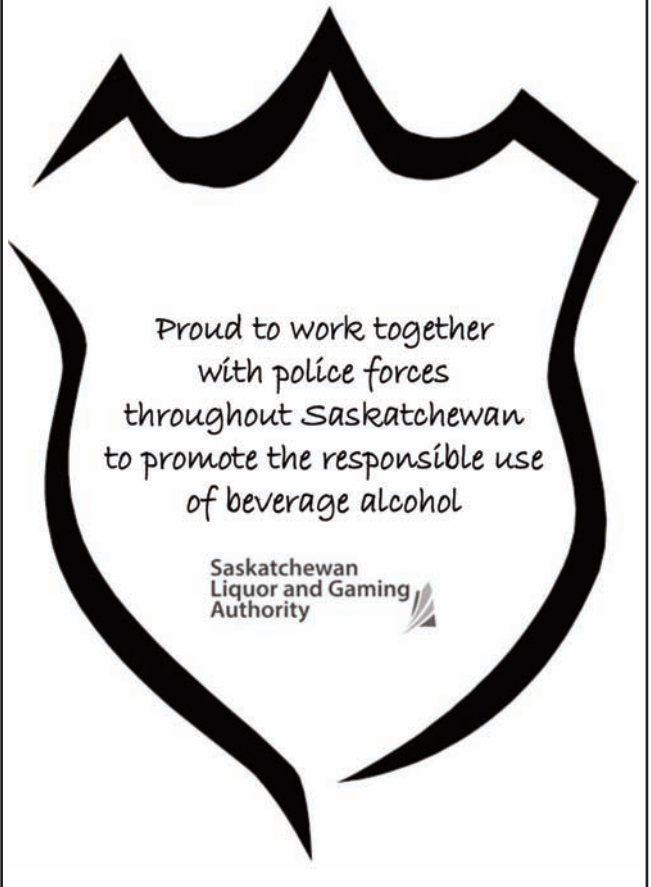
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# TEEN DEPRESSION: A GUIDE FOR PARENTS

Whether or not that problem turns out to be depression, it still needs to be addressed—the sooner the better. In a loving and non-judgmental way, share your concerns with your teenager. Let him or her know what specific signs of depression you've noticed and why they worry you. Then encourage your child to share what he or she is going through.

Your teen may be reluctant to open up; he or she may be ashamed, afraid of being misunderstood. Alternatively, depressed teens may simply have a hard time expressing what they're feeling.

If your teen claims nothing is wrong but has no explanation for what is causing the depressed behavior, you should trust your instincts. Remember that denial is a strong emotion. Furthermore, teenagers may not believe that what they're experiencing is the result of depression.

## Tips for Talking to a Depressed Teen

**Offer support** Let depressed teenagers know that you're there for them, fully and unconditionally. Hold back from asking a lot of questions (teenagers don't like to feel patronized or crowded), but make it clear that you're ready and willing to provide whatever support they need.

**Be gentle but persistent** Don't give up if your adolescent shuts you out at first. Talking about depression can be very tough for teens. Be respectful of your child's comfort level while still emphasizing your concern and willingness to listen.

**Listen without lecturing** Resist any urge to criticize or pass judgment once your teenager begins to talk. The important thing is that your child is communicating. Avoid offering unsolicited advice or ultimatums as well.

**Validate feelings** Don't try to talk your teen out of his or her depression, even if his

or her feelings or concerns appear silly or irrational to you. Simply acknowledge the pain and sadness he or she is feeling. If you don't, he or she will feel like you don't take his or her emotions seriously.

## Getting treatment for teen depression

Depression is very damaging when left untreated, so don't wait and hope that the symptoms will go away. If you see depression's warning signs, seek professional help.

Make an immediate appointment for your teen to see the family physician for a depression screening. Be prepared to give your doctor specific information about your teen's depression symptoms, including how long they've been present, how much they're affecting your child's daily life, and any patterns you've noticed. The doctor should also be told about any close relatives who have ever been diagnosed with depression or other mental health disorders. As part of the depression screening, the doctor will give your teenager a complete physical exam and take blood samples to check for medical causes of your child's symptoms.

## Seek out a depression specialist

If there are no health problems that are causing your teenager's depression, ask your doctor to refer you to a psychologist or psychiatrist who specializes in children and adolescents. Depression in teens can be tricky, particularly when it comes to treatment options such as medication. A mental health professional with advanced training and a strong background treating adolescents is the best bet for your teenager's best care.

When choosing a specialist, always get your child's input. Teenagers are dependent on parents for making many of



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# TEEN DEPRESSION: A GUIDE FOR PARENTS

their health decisions, so listen to what they're telling you. No one therapist is a miracle worker, and no one treatment works for everyone. If your child feels uncomfortable or is just not 'connecting' with the psychologist or psychiatrist, ask for a referral to another provider that may be better suited to your teenager.

## Don't rely on medication alone

Expect a discussion with the specialist you've chosen about treatment possibilities for your son or daughter. There are a number of treatment options for depression in teenagers, including one-on-one talk therapy, group or family therapy, and medication.

Talk therapy is often a good initial treatment for mild to moderate cases of depression. Over the course of therapy, your teen's depression may resolve. If it doesn't, medication may be warranted. However, antidepressants should only be used as part of a broader treatment plan.

Unfortunately, some parents feel pushed into choosing antidepressant medication over other treatments that may be cost-prohibitive or time-intensive. However, unless your child is considered to be high risk for suicide (in which case medication and/or constant observation may be necessary), you have time to carefully weigh your options before committing to any one treatment.

## Risks of teenage antidepressant use

In severe cases of depression, medication may help ease symptoms. However, antidepressants aren't always the best treatment option. They come with risks and side effects of their own, including a number of safety concerns specific to children and young adults. It's important to weigh the benefits against the risks before starting your teen on medication.

## Antidepressants and the teenage brain

Antidepressants were designed and tested on adults, so their impact on the young, developing brains is not yet completely understood. Some researchers are concerned that the use of drugs such as Prozac in children and teens might interfere with normal brain development. The human brain develops rapidly in young adults, and exposure to antidepressants may impact that development—particularly the way the brain manages stress and regulates emotions.

## Antidepressant suicide warning for teens

Antidepressant medications may increase the risk of suicidal thinking and behavior in some teenagers. All antidepressants are required by the U.S. Food and Drug Administration (FDA) to carry a "black box" warning label about this risk in children, adolescents, and young adults up to the age of 24. The risk of suicide is highest during the first two months of antidepressant treatment.

Certain young adults are at an even greater risk for suicide when taking antidepressants, including teens with bipolar disorder, a family history of bipolar disorder, or a history of previous suicide attempts.

Teenagers on antidepressants should be closely monitored for any sign that the depression is getting worse. **Warning signs include new or worsening symptoms of agitation, irritability, or anger. Unusual changes in behavior are also red flags.**

According to FDA guidelines, after starting an antidepressant or changing the dose, your teenager should see his or her doctor:

- Once a week for four weeks
- Every two weeks for the next month

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# TEEN DEPRESSION: A GUIDE FOR PARENTS

- At the end of their 12th week taking the drug
- More often if problems or questions arise

## Teens on Antidepressants: Red Flags To Watch Out For

### Call a doctor if you notice...

- New or more thoughts of suicide
- Failed suicide attempts
- New or worse depression
- New or worse anxiety
- Feeling very agitated or restless
- Panic attacks
- Difficulty sleeping (insomnia)
- New or worse irritability
- Acting aggressive, being angry, or violent
- Acting on dangerous impulses
- Being extremely hyperactive in actions and talking (hypomania or mania)
- Other unusual changes in behavior

## Supporting a teen through depression treatment

As the depressed teenager in your life goes through treatment, the most important thing you can do is to let him or her know that you're there to listen and offer support. Now more than ever, your teenager needs to know that he or she is valued, accepted, and cared for.

- **Be understanding.** Living with a depressed teenager can be difficult and draining. At times, you may experience exhaustion, rejection, despair, aggravation, or any other number of negative emotions. During this trying time, it's important to remember that your child is not being difficult on purpose. Your teen is suffering, so do your best to be patient and understanding.

- **Encourage physical activity.** Encourage your teenager to stay active. Exercise can go a long way toward relieving the symptoms of depression, so find ways to incorporate it into your teenager's day. Something as simple as walking the dog or going on a bike ride can be beneficial.
- **Encourage social activity.** Isolation only makes depression worse, so encourage your teenager to see friends and praise efforts to socialize. Offer to take your teen out with friends or suggest social activities that might be of interest, such as sports, after-school clubs, or an art class.
- **Stay involved in treatment.** Make sure your teenager is following all treatment instructions and going to therapy. It's especially important that your child takes any prescribed medication as instructed. Track changes in your teen's condition, and call the doctor if depression symptoms seem to be getting worse.
- **Learn about depression.** Just like you would if your child had a disease you knew very little about, read up on depression so that you can be your own "expert." The more you know, the better equipped you'll be to help your depressed teen. Encourage your teenager to learn more about depression as well. Reading up on his or her condition can help a depressed teen realize that he or she is not alone, giving your child a better understanding of what he or she is going through.

The road to your depressed teenager's recovery may be bumpy, so be patient. Rejoice in small victories and prepare for the occasional setback. Most importantly, don't judge yourself or compare your family to others. As long as you're doing your best to get your teen the necessary help, you're doing your job.





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# TEEN DEPRESSION: A GUIDE FOR PARENTS

## Taking care of the whole family when one child is depressed

As a parent dealing with teen depression, you may find yourself focusing all your energy and attention on your depressed child. Meanwhile, you may be neglecting your own needs and the needs of other family members. While helping your depressed child should be a top priority, it's important to keep your whole family strong and healthy during this difficult time.

- **Take care of yourself** – In order to help a depressed teen, you need to stay healthy and positive yourself, so don't ignore your own needs. The stress of the situation can affect your own moods and emotions, so cultivate your well-being by eating right, getting enough sleep, and making time for things you enjoy.
- **Reach out for support** – Get the emotional support you need. Reach out to friends, join a support group, or see a therapist of your own. It's okay to feel overwhelmed, frustrated, helpless, or angry. The important thing is to talk about how your teen's depression is affecting you, rather than bottling up your emotions.
- **Be open with the family** – Don't tiptoe around the issue of teen depression in an attempt to "protect" the other children. Kids know when something is wrong. When left in the dark, their imaginations will often jump to far worse conclusions. Be open about what is going on and invite your children to ask questions and share their feelings.
- **Remember the siblings** – Depression in one child can cause stress or anxiety in other family members, so make sure "healthy" children are not ignored. Siblings may need special individual attention or professional help of their own to handle their feelings about the situation.
- **Avoid the blame game** – It can be easy to blame yourself or another family member for your teen's depression, but it only adds to an already stressful situation. Furthermore, depression is normally caused by a number of factors, so it's unlikely—except in the case of abuse or neglect—that any loved one is "responsible."



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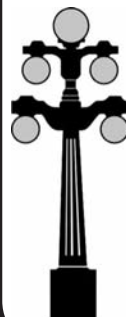
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# SUICIDE IN CHILDREN AND YOUTH: A GUIDE FOR PARENTS



**Summary:** When individuals are overwhelmed, whether by life stresses, or by conditions such as depression, they may turn to suicide as a way of coping. And although it is scary, the good news is that ultimately the person is trying to cope. Family and friends are absolutely critical, and can offer support in many ways, such as by spending time with the person, listening and validating the person, and helping ensure that the person seek professional help.

## What is Suicide?

Suicide is the act of ending one's life. People can get thoughts about committing suicide for many reasons, such as when a person is under so many stresses that they become overwhelmed and cannot cope.

Typical stresses may include:

- Home stress, such as conflict/disagreements with mother, father, siblings...
- School stress such as problems with friends, schoolwork, teachers, bullies...
- Work stress such as problems with co-workers, bosses, workload...
- Other problems such as depression, anxiety, substance use

People can feel suicidal when they feel

- 1) disconnected from other people,
- 2) helpless to deal with their stress, and/or
- 3) hopeless that their stress will improve.

Thus, one way to help a young person who is feeling suicidal is to help

- 1) them feel connected again, and/or
- 2) overcome helplessness by giving them a sense of control, and/or
- 3) give them a sense of hope.

## Warning Signs for Suicide

The following is a list of signs that may indicate someone is thinking about suicide. If your child exhibits only one or two things on this list, then it is probably not a big concern, but you would be much more worried if your child exhibits several of these warning signs:

- Your child expresses feelings of worthlessness, such as, "I'm no good to anybody."
- Your child talks about suicide and about what it would be like if things end. He or she may make comments such as, "When I'm gone ..." or ask questions such as, "What would it be like if I wasn't around?"
- Your child becomes preoccupied with giving away or distributing his/her possessions.
- Your child shows hopelessness about the future, saying things such as, "What's the use?"





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# SUICIDE IN CHILDREN AND YOUTH: A GUIDE FOR PARENTS

## **If You Are Worried Your Child May be Feeling Suicidal**

Talk to your loved one openly about suicide. Do not be afraid to ask.

You might gently lead into things by asking some general questions:

E.g. You might start by saying, "How are you doing?", and then remember to give your loved one a chance to respond!

You might then express your concerns, e.g. you might say "I love you and I'm worried about you these days."

You might then ask, "It seems like things have been stressful for you lately."

A nice gentle way to bring up the topic of suicide is then to say, "Does it ever get so stressful that you think life isn't worth living?"

**If your child says yes, then you might proceed to ask, "Do you get any thoughts of doing something to end your life?"**

**If your child says YES to this, then seek immediate professional help.**

**This may include:**

- ◀ **Calling 911**
- ◀ **Calling a telephone crisis line**
- ◀ **Calling a friend or doctor**

**And even if your child says "no" when you directly ask about thoughts of suicide, trust your instincts. If you are worried your child is in immediate danger of ending his/her life, then get help.**

## **Ways to Support Someone Who is Passively Suicidal**

If your child is not actively suicidal, but is nonetheless still having thoughts that life is not worth living, here are some possible things you might do:

**First of all, seek professional help. Be a support, but remember that you are not a counsellor/therapist.**

Listen and validate what your loved one is saying.

- Thank the other person for sharing with you. "I didn't know you feeling so bad... Thanks for telling me."
- Empathize, which means that you agree and acknowledge how bad the person feels, e.g. "Yeah, I can see that would be very difficult."

Don't say things such as "You shouldn't be feeling this way" or "You should count yourself lucky" because that may make the person feel guilty, and less likely to open up to you.

- Don't invalidate or judge the other person for how they are feeling, even if you yourself wouldn't feel the same way. Don't say things such as... "How can you possibly feel this way? After all that we've done for you? Is this the way you repay us? How can you do this to us?" Such blame will most likely make your child feel worse, making it less likely that s/he will confide in you. And worse, in some cases such statements will only confirm to the child that s/he is a burden, increasing the risk of suicide.
- Give hope. "This is going to get better. Things were better in the past; we'll get it back to how it was when things were better."
- Tell the person they are not alone. "We're in this one together; we're going to help you get over this."
- Offer your support, e.g. "How can I support you? How can I help you get over this?"
- Help the person with problem-solving. People often think about suicide when they are overwhelmed by stress. And



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# SUICIDE IN CHILDREN AND YOUTH: A GUIDE FOR PARENTS

even if those stresses don't directly cause a person to feel suicidal, the stress nonetheless doesn't help. Things you might say to help problem-solving include:

- "Sometimes people think of hurting themselves when they're under stress or trying to deal with some problem"
- "What's the stress that your dealing with?"
- "Is there some particular problem that you're trying to deal with?"
- "I'm here for you and want to help you work through this..."

## **If you discover your relative after a suicide attempt:**

1. Call 911 (or an ambulance) immediately.
2. If you know first aid, administer it immediately.
3. Phone someone to go with you to the hospital; or to stay with you at home.
4. After you come home from the hospital, do not try to handle things alone. Have other relatives or friends to talk to, and consider contacting a support group, or counselor/therapist for yourself as well.

## **Providing a safe home for a person who is feeling suicidal**

Whenever someone has thoughts about suicide, whether those thoughts are active or not, make your home a safer place by removing potential sources of harm:

### **1. Remove firearms and weapons**

Make sure that there are no firearms, ammunition nor weapons in the home. Remove any fire arms from the home by giving to a trusted friend/neighbour, or by

taking them to the local police station if no other options can be found.

### **2. Remove alcohol**

Since alcohol affects rational thinking and lowers inhibitions, alcohol can be a risk factor for suicide. Hence, remove alcohol from the home or keep in small amounts only.

### **3. Medications**

Prescription medications should be locked up. People who are depressed often overdose on the very medications that they are prescribed for depression. Fortunately, in general, newer medications prescribed for depression (such as Fluoxetine/Prozac<sup>TM</sup>, Fluvoxamine/Luvx<sup>TM</sup>, Sertraline/Zoloft<sup>TM</sup>, Paroxetine/Paxil<sup>TM</sup>, Citalopram/Celexa<sup>TM</sup>) are significantly safer than the older medications, even in overdose. Nonetheless, it is still best to lock them up anyways.

Make sure that when prescriptions are filled, that you have safe amounts of medication on hand, which makes it harder to overdose. Ask the physician or pharmacist to dispense safe amounts.

Supervise your child when s/he takes medication(s).

Dispose of all unused or out-of-date medications, by taking them to the local pharmacy for disposal.

Lock up or get rid of over-the-counter medications such as acetaminophen (Tylenol<sup>TM</sup>), acetylsalicylic acid (Aspirin<sup>TM</sup>, or ASA). These medications can be dangerous in overdose, so it is safest to remove them from the home.

### **4. Remove any other means of suicide**

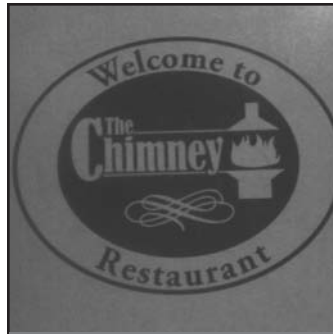
Remove or lock up cords, ropes, sharp knives, or other obvious means of self-harm.

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# SUICIDE IN CHILDREN AND YOUTH: A GUIDE FOR PARENTS

## 5. Car keys

Remove access to car keys as a car can be used to harm oneself

## 6. Lock up things in the car

If you don't have other options to lock up things, then firearms or medications can be locked in a car (preferably in the trunk)

## High Risk Periods

During high risk periods (such as holidays, anniversaries, or times when close supports are away, be extra cautious and check in regularly with your loved one.

Do not leave him/her alone for long periods.

If you do have to go out, take your loved one with you.

If you have to go out, but your loved one is unable (unwilling) to come along, then you might try asking a friend/neighbour to be with them if you have to go out.

In addition, during an emergency, you can always contact:

- 911
- A Crisis Hotline

Making an emergency action plan ahead of time is helpful and will reduce stress if it is ever needed. During a crisis is not the best time to be running around trying to find information or phone numbers.

## My Crisis Plan

This is an example of a crisis plan where you can write down all the essential information that you need, should a crisis ever arise and you need to take your loved one to the hospital, for example.

**Person(s) (and their phone numbers) that I can call day or night for support**

---

**Names and Numbers for my loved one's health care professionals (such as doctors, therapists, others...)**

---

**Hospital (name and phone number) that my loved one uses**

---

**Medications that my loved one uses, including dosages**

---

**Pharmacy and phone number that my loved one uses**

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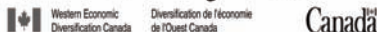
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# SUICIDE IN CHILDREN AND YOUTH: A GUIDE FOR PARENTS

Helpful people that my child trusts in the event of an emergency (names and phone numbers) (For example, these would be helpful people that could help persuade him/her to get help, accompany you to the hospital, etc.)

---

If you have young children that cannot be left alone at home: What child care could I use to take care of those young children in case I had to accompany my child to the hospital?

---

Name of Power of Attorney (if applicable) (consider a power of attorney if your child is aged 16 and above)

---

**Additional Comments for Action Plan**

---

---

Here are some additional things to know if you are going to the hospital emergency room (in response to suicidal or violent episodes):

- If possible, it is best to have your relative go to the hospital willingly, as opposed to forcing your relative to go.
- If your relative will not listen to you, ask someone else whom he or she trusts to convince him or her to go to the hospital.
- Try to offer your relative a sense of control, by giving limited choices, such as "Will you go to the hospital with me, or would you prefer to go with John?" This gives your relative more of a sense of being a part of the plan.
- If the hospital decides to discharge your relative home, but you feel that your relative should be admitted for his or her safety, you can tell the physician in charge that you do not feel that it is safe to take the person home. Recognize that mental health professionals in an emergency room deal with mental health crises regularly, so they may have a higher tolerance for mental health distress than you. Nonetheless, you can still ask the professional to explain to you why he or she feels that the decision is a safe one, and for advice on how to deal with things should your relative go home.



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# SUICIDE AMONG SENIORS

People 65 years and older, particularly men, have the highest suicide rate of any other group.

This contradicts a popular misconception that the highest rate is among the young.

The Baby Boomers (those born between 1946 and 1964) have had higher suicide rates than previous generations. They are amongst the largest population cohorts in Canada and have just begun entering the 65 and over age range. This could translate into a tremendous increase in suicides in the coming years. (Canadian Coalition for Mental Health, 2008)

***The Baby Boomers  
(those born between 1946 and  
1964) have had higher suicide  
rates than previous generations.***

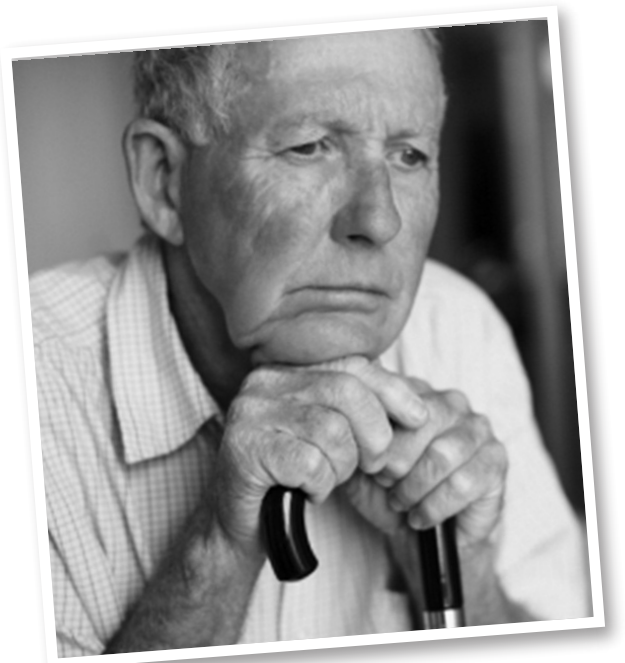
Men 65 and older have the highest suicide rate in Canada.

Men 90 years and older have the highest rate of all - 33.1 per 100,000. (Statistics Canada, 2008)

## **Suicide Attempts and Suicides**

Young people: 200+ attempts for every suicide

General population: 100+ attempts for every suicide +65 adults: 2-4 attempts for every suicide (Marcus, 1996)



## **Why?**

- Older adults' intentions are harder to gauge - they tend to talk about it (suicide) less, display less equivocal warning signs
- Social isolation - many live alone so there is less chance of survival in an attempt
- Tend to use more lethal means (like firearms) when attempting suicide
- Cause of death may be less rigorously investigated in older persons

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# SUICIDE AMONG CANADA'S ABORIGINAL PEOPLES

First Nations (status and non-status people), the Inuit and Métis are collectively referred to as Aboriginal people.

Aboriginal people in Canada have some of the highest suicide rates in the world, but this is not true for all Aboriginal people. There are also many communities that have very low rates of suicide.

Historically, suicide was a very rare occurrence amongst First Nations and Inuit (Kirmayer, 2007). It was only after contact with Europeans and the subsequent effects of colonialism that suicide became prevalent.

In the 2006 Census, a total of 1,172,790

leading causes of death for First Nations youth and adults up to 44 years of age.

Approximately 55% of all Aboriginal people are under 25 years of age.

The suicide rate for First Nations male youth (age 15-24) is 126 per 100,000 compared to 24 per 100,000 for non-Aboriginal male youth.

For First Nations females, the suicide rate is 35 per 100,000 compared to 5 per 100,000 for non-Aboriginal females (Health Canada, 2010).

Suicide rates for Inuit youth are among the highest in the world, at 11 times the national average.

***The suicide rate for First Nations male youth (age 15-24) is 126 per 100,000 compared to 24 per 100,000 for non-Aboriginal male youth.***

*Centre for Suicide Prevention, Copyright 2013 ©*

people in Canada identified themselves as Aboriginal persons.

A National Household Survey (NHS) in 2011 showed that 1,400,685 people in Canada identified themselves as Aboriginal persons. This represents 4.3% of the national population. The 2011 statistics show an Aboriginal population increase of 20.1% between 2006 and 2011, compared with 5.2% for the non-Aboriginal population (Statistics Canada, 2013).

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# POST-TRAUMATIC STRESS DISORDER

## (PTSD) (ALL AGES)



**Summary:** Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to traumatic events where one was exposed to or witnessed danger, such as with violence or disasters.

### Introduction

It's natural to be afraid and upset something terrible happens to you or someone you know. But sometimes people experience an event that is so overwhelming that it continues to have a serious effect on them, long after the danger has passed. If you feel afraid and upset weeks or months later, it's time to talk with your doctor. You might have post-traumatic stress disorder (PTSD). Fortunately, even if you have PTSD, you can get treatment and feel better.

### What is Post-Traumatic Stress Disorder (PTSD)?

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to traumatic events where one was exposed to or witnessed danger, such as with violence or disasters.

It can happen to those who are physically hurt. It can also happen even if you weren't physically hurt, simply through witnessing others being traumatized.

### Who Gets PTSD?

PTSD can happen to anyone at any age.

### When does PTSD start?

PTSD starts at different times for different people. Signs of PTSD may start soon after a frightening event and then continue. Other people develop new or more severe signs months or even years later.



### What Causes PTSD?

Living through or seeing something that's upsetting and dangerous can cause PTSD. This can include:

- Being a victim of violence, or seeing violence
- War or combat
- Car accidents and plane crashes
- Hurricanes, tornadoes, and fires
- Violent crimes, like a robbery or shooting.
- The death or serious illness of a loved one

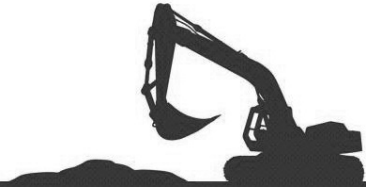
Strong emotions caused by the event create changes in the brain that may result in PTSD.



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# POST-TRAUMATIC STRESS DISORDER (PTSD): ALL AGES

## Signs and Symptoms of PTSD

People with PTSD have persistent frightening thoughts and memories of their ordeal and feel emotionally numb, especially with people they were once close to. They may experience sleep problems, feel detached or numb, or be easily startled.

Symptoms of PTSD can be terrifying. They may disrupt your life and make it hard to continue with your daily activities. It may be hard just to get through the day.

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years. If the symptoms last longer than 4 weeks, cause you great distress, or interfere with your work or home life, you probably have PTSD.

There are four types of symptoms: reliving the event, avoidance, numbing, and feeling keyed up.

**1. Reliving the event (also called re-experiencing symptoms):** Bad memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. You may have nightmares. You even may feel like you're going through the event again. This is called a flashback. Sometimes there is a trigger: a sound or sight that causes you to relive the event. Triggers might include:

- Hearing a car backfire, which can bring back memories of gunfire and war for a combat veteran
- Seeing a car accident, which can remind a crash survivor of his or her own accident
- Seeing a news report of a sexual assault, which may bring back memories of assault for a woman who was raped

**2. Avoiding situations that remind you of the event:** You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.

### Examples:

- A person who was in an earthquake may avoid watching television shows or movies in which there are earthquakes
- A person who was robbed at gunpoint while ordering at a hamburger drive-in may avoid fast-food restaurants
- Some people may keep very busy or avoid seeking help. This keeps them from having to think or talk about the event.

**3. Feeling numb:** You may find it hard to express your feelings. This is another way to avoid memories. Examples:

- You may not have positive or loving feelings toward other people and may stay away from relationships
- You may not be interested in activities you used to enjoy
- You may forget about parts of the traumatic event or not be able to talk about them.

**4. Feeling keyed up (also called hyperarousal):** You may be jittery, or always alert and on the lookout for danger.

This is known as hyperarousal. It can cause you to:

- Suddenly become angry or irritable
- Have a hard time sleeping
- Have trouble concentrating
- Fear for your safety and always feel on guard
- Be very startled when someone surprises you

(Information from the National Center for PTSD [http://www.mentalhealth.va.gov/MENTALHEALTH/ptsd/fs\\_what\\_is\\_ptsd0ddb.asp](http://www.mentalhealth.va.gov/MENTALHEALTH/ptsd/fs_what_is_ptsd0ddb.asp))

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# POST-TRAUMATIC STRESS DISORDER (PTSD): ALL AGES

## Other Related Conditions

A similar condition to PTSD is Acute Stress Disorder:

- Acute Stress Disorder: when one's symptoms have lasted less than 4-weeks
- Post-Traumatic Stress Disorder (PTSD): when one's symptoms have lasted more than 4-weeks

## What are other common problems?

Untreated, PTSD can lead to many problems, and can essentially prevent a person from leading a normal life. In particular, PTSD can contribute to:

- Drinking or drug problems
- Feelings of hopelessness, shame, or despair
- Employment problems
- Relationships problems including divorce and violence
- Physical symptoms

Because of all the ways that PTSD can disrupt not just the person's life but the lives of friends and family, it makes it all the more important to get help and treatment for PTSD.

## Children and PTSD

Children can have PTSD. They may have the same symptoms as adults, or they may be different depending on how old they are.

Common symptoms may include:

- Behaving like they did when they were younger
- Being unable to talk
- Complaining of stomach problems or headaches a lot
- Refusing to go places or play with friends.

Young children may become upset if their parents are not close by, have trouble sleeping, or suddenly have trouble with toilet training or going to the bathroom

Children who are in the first few years of elementary school (ages 6 to 9) may act out the trauma through play, drawings, or stories. They may complain of physical problems or become more irritable or aggressive. They also may develop fears and anxiety that don't seem to be caused by the traumatic event.

As children get older their symptoms are more like those of adults.



## Do I have PTSD?

If you are wondering if you may have PTSD, go see your doctor.

In addition, you can take the following screening questionnaire, developed by Breslau and colleagues (Breslau, 1999).

If you answer yes to **four** or more questions, it indicates a high likelihood of having PTSD, and you should speak with a health professional. As the questionnaire is for screening purposes only, it is not a substitute for diagnosis, or seeing a health professional. If you have any concerns at all, speak with your doctor.

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# POST-TRAUMATIC STRESS DISORDER (PTSD): ALL AGES

If you have been through traumatic events (such as violence, crime, combat or abuse)...

1. As a result of that event, do you avoid being reminded of this experience by staying away from certain places, people or activities? Yes/No
2. Did you lose interest in activities that were once important or enjoyable? Yes/No
3. Did you begin to feel more isolated or distant from other people? Yes/No
4. Did you find it hard to have love or affection for other people? Yes/No
5. Did you begin to feel that there was no point in planning for the future? Yes/No
6. After this experience were you having more trouble than usual falling asleep or staying asleep? Yes/No
7. Did you become jumpy or get easily startled by ordinary noises or movements? Yes/No

Special thanks for Dr. Breslau and colleagues (Breslau N, Peterson E, Kessler R, Schultz L: Short screening scale for DSM-IV posttraumatic stress disorder. The American Journal of Psychiatry 1999;156:908-911.)

## Treatment

Effective treatments for PTSD are available, and can help most people with PTSD lead productive, fulfilling lives. PTSD does not have to interfere with your everyday activities, work, and relationships.

## Types of Treatment

There are many types of treatment for PTSD and the recommended treatment will vary depending on the person's situation.

### 1. Counselling/Therapy

Cognitive-behavioural therapy (CBT): helps you overcome PTSD by dealing with your cognitions (thoughts) and behaviours (learning coping strategies).

Eye movement desensitization and reprocessing (EMDR): EMDR practitioners report that by using eye movements (or other means of 'dual attention stimulation'), traumatic movements are processed into non-distressing memories.

### 2. Medication

Medications can sometimes be helpful. A type of medication known as selective serotonin reuptake inhibitor (SSRI), which is also used for depression, are used for PTSD. For some people they can be very helpful. SSRIs include citalopram (Celexa), fluoxetine (such as Prozac), paroxetine (Paxil), and sertraline (Zoloft). They work by raising the level of serotonin (a type of brain chemical) in the brain.

Treatment might take 6 to 12 weeks. For some people, it takes longer. Treatment is not the same for everyone. What works for you might not work for someone else.

## Different Therapies in Detail

### Cognitive behavioural therapy (CBT)

In cognitive (behavioural) therapy, your therapist helps you understand and change how you think about your trauma and its aftermath. Your goal is to understand how certain thoughts about your trauma cause you stress and make your symptoms worse.

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# POST-TRAUMATIC STRESS DISORDER (PTSD): ALL AGES

therapist, you will learn to replace these thoughts with more accurate and less distressing thoughts. You also learn ways to cope with feelings such as anger, guilt, and fear.

After a traumatic event, people often blame themselves and feel guilty for things that they could not have changed.

- For example, a soldier may feel guilty about decisions he or she had to make during war. Hindsight is 20/20; it is easy to think about what one should have done, after it has already happened. But knowing what you could have done **does not mean that** you are wrong or to blame for what happened.
- Furthermore, feeling responsible for what happened, lets the person feel a sense of control over the situation. But the reality is that they were not in control; and it was not their fault. Children who are abused often blame themselves for the abuse. Rationally, this makes no sense. But the blame may happen because by blaming oneself for the abuse, it lets the child feel responsible and have some sense of control.

## Exposure Therapy

In exposure therapy your goal is to have less fear about your memories. It is based on the idea that people learn to fear thoughts, feelings, and situations that remind them of a past traumatic event.

By talking about your trauma repeatedly with a therapist, you'll learn to get control of your thoughts and feelings about the trauma. You'll learn that you do not have to be afraid of your memories. This may be hard at first. It might seem strange to think about stressful things on purpose. But you'll feel less overwhelmed over time.

With the help of your therapist, you can change how you react to the stressful

memories. Talking in a place where you feel secure makes this easier.

You may focus on memories that are less upsetting before talking about worse ones. This is called "desensitization," and it allows you to deal with bad memories a little bit at a time. Your therapist also may ask you to remember a lot of bad memories at once. This is called "flooding," and it helps you learn not to feel overwhelmed.

You also may practice different ways to relax when you're having a stressful memory. Breathing exercises are sometimes used for this.

## Eye Movement Desensitization and Reprocessing (EMDR)

Eye movement desensitization and reprocessing (EMDR) is a fairly new therapy for PTSD, and there are controversies around its use.

While talking about your memories, you'll focus on distractions like eye movements, hand taps, and sounds. For example, your therapist will move his or her hand near your face, and you'll follow this movement with your eyes.

Research suggests that helps by reducing the distress from traumatic memories, but the exact way it helps is still being researched.

## Other Types of Counselling/Therapy

### Group therapy

Many people want to talk about their trauma with others who have had similar experiences.

In group therapy, you talk with a group of people who also have been through a trauma and who have PTSD. Sharing your story with others may help you feel more comfortable talking about your trauma. This can help you cope with your symptoms, memories, and other parts of your life.



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Group therapy helps you build relationships with others who understand what you've been through. You learn to deal with emotions such as shame, guilt, anger, rage, and fear. Sharing with the group also can help you build self-confidence and trust. You'll learn to focus on your present life, rather than feeling overwhelmed by the past.

## **Brief psychodynamic psychotherapy**

In this type of therapy, you learn ways of dealing with emotional conflicts caused by your trauma. This therapy helps you understand how your past affects the way you feel now.

Your therapist can help you:

- Identify what triggers your stressful memories and other symptoms.
- Find ways to cope with intense feelings about the past.
- Become more aware of your thoughts and feelings, so you can change your reactions to them.
- Raise your self-esteem.

## **Family therapy**

PTSD can impact your whole family. Your kids or your partner may not understand why you get angry sometimes, or why you're under so much stress. They may feel scared, guilty, or even angry about your condition.

Family therapy is a type of counseling that involves your whole family. A therapist helps you and your family communicate, maintain good relationships, and cope with tough emotions. Your family can learn more about PTSD and how it is treated.

In family therapy, each person can express his or her fears and concerns. It's important to be honest about your feelings and to listen to others. You can talk about your

PTSD symptoms and what triggers them. You also can discuss the important parts of your treatment and recovery. By doing this, your family will be better prepared to help you.

You may consider having individual therapy for your PTSD symptoms and family therapy to help you with your relationships.

## **How long does treatment last?**

For some people, treatment for PTSD can last 3 to 6 months. If you have other mental health problems as well as PTSD, treatment for PTSD may last for 1 to 2 years or longer.

## **What will we work on in therapy?**

When you begin therapy, you and your therapist should decide together what goals you hope to reach in therapy. Not every person with PTSD will have the same treatment goals. For instance, not all people with PTSD are focused on reducing their symptoms.

Some people want to learn the best way to live with their symptoms and how to cope with other problems associated with PTSD. Perhaps you want to feel less guilt and sadness? Perhaps you would like to work on improving your relationships at work, or communication issues with your friends and family.

Your therapist should help you decide which of these goals seems most important to you, and he or she should discuss with you which goals might take a long time to achieve.

## **What can I expect from my therapist?**

Your therapist should give you a good explanation for the therapy. You should understand why your therapist is choosing a specific treatment for you, how long they expect the therapy to last, and how they see if it is working.

The two of you should agree at the beginning that this plan makes sense for



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The two of you should agree at the beginning that this plan makes sense for you and what you will do if it does not seem to be working. If you have any questions about the treatment your therapist should be able to answer them.

You should feel comfortable with your therapist and feel you are working as a team to tackle your problems. It can be difficult to talk about painful situations in your life, or about traumatic experiences that you have had. Feelings that emerge during therapy can be scary and challenging. Talking with your therapist about the process of therapy, and about your hopes and fears in regards to therapy, will help make therapy successful.

If you do not like your therapist or feel that the therapist is not helping you, it might be helpful to talk with another professional. In most cases, you should tell your therapist that you are seeking a second opinion.

## Self-Help Strategies for PTSD

- **Make sure you are safe.** First of all, make sure that you are no longer in danger, and that you are safe! For example, if your trauma is from abuse or violence in the home, then get help first in getting to safety. Speak to your doctor or contact an emergency shelter.
- **Educate yourself about PTSD.** Because the symptoms of PTSD (nightmares, flashbacks and feeling that you are reliving the trauma) are so distressing, people with PTSD often worry that they are going crazy. Relax - you are not going crazy. The problem is rather that you have anxiety because of a traumatic event. Fortunately, there are coping skills (in addition to treatment) that can help cope with this anxiety.

- **Take good care of yourself.** When under stress, sometimes we neglect our sleep, proper nutrition or exercise. So make sure that you are 1) getting enough sleep, 2) eating a healthy diet with at least three healthy meals a day, and 3) getting regular exercise.

## Common anxiety strategies for relaxing the body

- **Deep Breathing:** When people get anxious, their breathing tends to quicken, which further worsens the situation.
- **Progressive Muscle Relaxation:** If you are feeling tense and jumpy, progressive muscle relaxation is a way of relaxing your body.
- **Grounding Techniques:** Grounding is a way of bringing your body back to the present, particularly if you are having flashbacks and losing touch with the present. Grounding works by re-setting and focusing your attention on the present.

## Examples:

- Touch objects around you, and describe them (texture, colour). For example, "I'm sitting on the couch, and it's very soft and comfortable. I'm smelling my coffee and I'm hearing the television."
- Run water over your hands, and describe aloud how it feels.
- Name all the different types of animals you can think of (e.g., dog, cat, chicken, cow, etc...)
- Count backwards from 100
- Say the alphabet backwards





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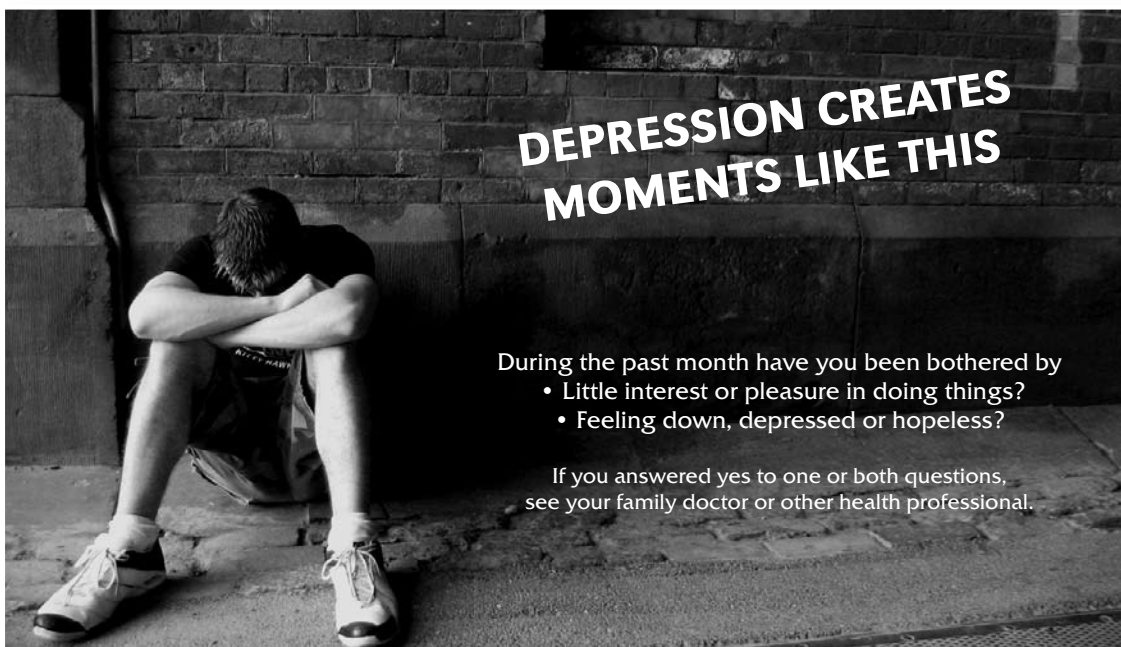
Additional tips for grounding:

- **Keep Your Eyes Open:** While grounding yourself, keep your eyes open so you can see and focus on the present. It also helps to talk out loud about what you are seeing and doing.
- **Practise:** Don't be disappointed if it doesn't work the first time you try it. Like any other skill or sport you have done, this is a skill that gets better over time. It works best if you have tried and practised it ahead of time while calm.
- **Stay active in life.** People with PTSD often find that they drop out of activities that they previously enjoyed doing, but this is not helpful. It may be difficult, but get back into the normal routine of your life as much as possible, which includes; work, friends, family, hobbies and sports. Even if you can't get back 100% into all the things you used to do, then start with little steps.
- **Exposure: Face your fears and don't let the PTSD control you.** The anxiety from PTSD often makes people avoid certain

things. Unfortunately, these fears have a tendency to grow, and then people end up avoiding more and more things in life. The best way to fight back is to gradually face those fears, step by step.

## Examples:

- A person who has a trauma from falling off a horse. The longer the person avoids horses and horseback-riding, the harder it will be. The solution is to get back on a horse as soon as possible.
- A person experiences a mugging in a shopping mall parking lot at nighttime. The person starts to avoid parking lots at nighttime, then parking lots at daytime, then shopping malls entirely, and then even going out. The solution is to gradually face those fears, and get back into those situations, step-by-step.
- **Avoid unhealthy coping strategies such as drugs and alcohol.** Though they may appear to temporarily help in the short-term, using alcohol or other drugs will make it worse in the long run.



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# CANADA'S LGBTQ YOUTH

**AT GREATER RISK OF SUICIDE THAN STRAIGHT YOUTH**

Egale Canada Human Rights Trust (ECHRT) launched a Report on Outcomes and Recommendations from the first national Lesbian, Gay, Bisexual, Trans, Two Spirit, Queer and Questioning (LGBTQ) Youth Suicide Prevention Summit.

LGBTQ youth are at significantly greater risk of suicide than their heterosexual and cisgender peers: 33% of LGB youth have attempted suicide in comparison to 7% of youth in general, and 47% of trans youth have thought about suicide in the past year alone.

ECHRT hosted experts from across Canada and the United States for the first ever LGBTQ Youth Suicide Prevention Summit in Canada. Participants included leading academics and researchers, educators, social service providers, medical professionals, coroners and medical examiners, LGBTQ and Aboriginal community leaders, and public policy developers.

The Summit culminated in the drafting of twenty recommendations for the prevention of suicide among LGBTQ youth in Canada, which are enumerated in the report released today. "This report," said Helen Kennedy, Executive Director of ECHRT, "represents a significant step toward ending the tragic and entirely unnecessary loss of so many precious lives. Today, we call on all levels of government to implement these recommendations as part of a critically needed national action plan to end youth suicide."

Kennedy also announced the launch of a new campaign to provide education and resources on LGBTQ youth suicide prevention to parents and school communities. Nancy Campana added, "As a family that has had to face one of the most excruciating losses any family can

imagine, the death of our dear son Rocky, we are looking forward to being an integral part of sharing our story and making sure that both parents and youth have the knowledge and resources needed to help them in times of crisis."

"Rocky was a shining star, an achiever and proud to be gay. He had everything in life to live for including a high profile new job and a family he adored and that supported him endlessly with great pride. It is now apparent that Rocky suffered from depression. We understand that if this scenario is possible in our family it is a risk for any family with an LGBTQ youth."

The first recommendation of the report highlights the need to recognize and address the vast diversity of LGBTQ youth experiences across the country. "This intersectional approach is vital in supporting the most at risk individuals," noted Jeremy Dutcher, co-chair of the Wabanaki Two Spirit Alliance and an attendee of the Summit. "Egale has made working with Aboriginal and Two Spirit organizations on the challenge of LGBTQ youth suicide a major priority. Given the extremely high rates of suicide among Aboriginal people, especially those who are victimized and targeted because of their sexual orientation or gender identity, the need for these recommendations to be implemented is paramount."

#### **For more information:**

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# Self-Harm Behaviours (Children and Youth)



**Summary:** Self-harm behaviours (also known as non-suicidal self-harm, NSSH) are attempts to cope with severe stress by harming oneself, using means such as cutting oneself. The problem is that self-harm behaviours usually worsens the situation by leading to guilt, shame, embarrassment or stresses with one's loved ones (such as parents, family and friends). The ultimate solution is to figure out what is causing the underlying stress, and to find healthier ways to cope...

## Mary's Story

Mary is a 12-yo teenager who has always been somewhat quiet and shy, so her mother was surprised when she found out that Mary started dating a boy this school year. But lately, Mary's been a lot moodier than usual. And just the other day, Mary's mother caught a glimpse of Mary's forearms and saw that they had scratches and cuts all over them. Like most parents would feel in such a situation, Mary's mother felt suddenly scared and confused, and thought to herself "This is terrible! I've no idea how to deal with this! What am I supposed to do!!??"

## What is Self-Harm?

Self-harm (or the official term, non-suicidal self-harm) is the deliberate attempt to harm oneself and in most cases, is done without conscious intent to commit suicide.

The most common type of non-suicidal self-harm behaviour is self-injury, which is the deliberate damaging of one's body.

The most common ways that (non-developmentally delayed, non-autistic) teenagers self-harm is by self-cutting (Nixon et al., 2008). Other ways of self-harm include scratching or burning one's skin, "minor" overdosing of medications (taking excess amounts of medications but not enough to kill oneself), and even head banging (banging one's head against a wall).

## Who Self-Harms?


Self-injury behaviours start on average at age 15, and is most commonly seen in teenagers and young adults. In one study of Canadian youth aged 14-21, 17% were shown to have self-harmed, and it is twice as common in females (21%) than in males (8.7%) (Nixon et al., 2008).

It is believed that people self-harm in order to cope or deal with some stress. Some of the underlying reasons given include:


- Getting relief from painful or distressing feelings
- Dealing with feelings of numbness
- Communicating pain or distress to others

All of these underlying reasons are actually quite healthy; just that self-harm is an unhealthy way to achieve these goals.



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## When to Get Professional Help

Self-harm is generally an attempt at coping with a stress, and is distinct from actual attempts to end one's life.

Self-harm behaviours can continue over time if the underlying stresses are not adequately dealt with and in some cases can even progress to active thoughts of suicide (Whitlock, et al., 2007). The presence of self-harm behaviours should therefore lead to a more in-depth assessment by a professional to look for thoughts of suicide.

If you have any concerns that your child may be self-harming, take your child to see a health professional such as a children's mental health agency, doctor or psychologist. In emergency situations, contact a telephone crisis line, or local hospital emergency room.

## Treatments for Self-Harm

Various types of treatment interventions have been shown effective for deliberate self-harm as well as suicidal behaviours such as Dialectical Behaviour Therapy (Linehan, 1993) and Cognitive Behavioural Therapy (Slee, 2008).

Slee describes a "vulnerability-stress" model to explain self-harm (Slee, 2008):

**1. Vulnerable person:** Self-harm is more likely in a person who is vulnerable (e.g. history of negative childhood or life experiences, or family history of similar difficulties).

**2. Stress:** The vulnerable person encounters a stressful incident or situation.

a) Typical (external) stresses are:

School (teachers, schoolwork, peers),

Relationships (boyfriends, girlfriends, friends, parents, siblings).

Home (dealing with parents, situations such as divorce/separation or living in foster care or a group home, conflict with siblings)

b) Typical (internal) stresses include having to deal with, control or regulate one's feelings:

Dealing with a lack of feelings, e.g. "To deal with the emptiness"

Dealing with too much (distressing) feelings such as anger, anxiety or depression, e.g. "Cutting helps me turn the emotional pain into physical pain"

**3. Unhealthy thoughts:** The triggering stress leads to unhealthy thoughts, e.g. "No one loves me", "Nothing's going to get better", "There's nothing I can do"...

**4. Self-harm behaviour:** because the person has unhealthy thoughts, or is simply overwhelmed, this leads to the self-harm behaviour. The person using self-harm is doing so because s/he is overwhelmed and has not yet been able to learn and use healthier ways to cope.

The more often someone harms him or herself, the less the behaviour is linked to external events and the easier his/her own thoughts can become triggers for self-harm (e.g., "No one cares about me") (Slee, 2008).

Common elements addressed in various treatments include

1. Helping the person identify what stresses they are under that might be contributing or triggering self-harm
2. Improve problem-solving: helping the person find better ways to cope such as using a) distractions, or b) ways to address and deal with the stressful situation
3. Problems with emotion regulation: helping the person identify their feelings, and find healthier ways to deal with them (e.g. "I need a warm hot bath and then I'm going to sit in a rocking chair reading a favorite book")
4. Dysfunctional thoughts: helping individuals identify their dysfunctional thoughts (e.g. "nobody loves me") and replace them with more positive ones (e.g. "its okay, I can get through this")
5. Interpersonal skills: helping individuals communicate better so that they can deal with stresses with others, as well as get support from others, rather than having to use self-harm

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## How You Can Support a Child/Youth with Self-Harm: Short-Term

### Do's

Express that you care for the person behind the self-injury "I love you and I'm worried about you."

Acknowledge that the person may be under stress or feeling extremely distressed

Ask, "How can I be helpful?" or "How can I support you?"

Suggest distractions as alternatives to self-harm. Although distractions are not a long term solution, they can help in the short-term.

### Some Self-Soothing Strategies include:

Type of Strategy	Description
Sound	Listening to soothing music
Movement	Going for a walk, going to work out, hitting a pillow or punching bag, ripping up a phone book, newspaper or magazine, cut or smashing Play-Do or clay sculptures, throwing ice against a brick wall, dancing to loud music, stomp around in heavy shoes
Touch	Deep pressure (such as a massage!), a warm bath, or a cold shower, depending on the person's mood
Smell	Lighting incense, scented candles, potpourri, having a bubble bath with scented soaps
Oral	Chewing gum, drinking ice water, crunching ice

Learn basic First Aid to know how to deal with any cuts or self-injuries. For minor cuts or injuries, wash them with mild soap and water so that they don't get infected. For more serious cutting that may require professional medical care (such as stitches), offer to take your child to the nearest walk-in clinic, doctor's office, or hospital emergency room.

Let the person know that if they want to talk about their self-harm (and stress), that you are ready to listen without judging.

You might say: "I'm worried about you. If there's something you want to talk about, let me know. I promise I'll listen, and I won't get upset or angry at you, no matter what it is. I love you no matter what."

### Don'ts

Don't try to make the person guilty or ashamed; don't show disgust or revulsion at the person. Making the person feel guilty or ashamed does not usually help. Worse, you may end up making them feel bad about themselves, which usually leads to the person not wanting to trust you or be with you.

**Don't simply tell the person to stop self-harming.** Self-harm is a way of coping; simply taking away the person's coping strategy without offering an agreed upon alternative can even be dangerous because then the person may act on impulses to end his/her life. In the least, it can end up making the person distrustful of you.

## How You Can Support a Child/Youth with Self-Harm: Long-Term

### Do's

Ask the young person what stresses s/he is under that might be contributing to the cutting

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Identify stress	"What's the problem that makes you feel like hurting yourself?" or "What's the problem that made you feel like hurting yourself yesterday?" "What makes you feel like hurting yourself?"
-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If your child responds, "I don't know!", you could list some choices: "Normal stresses people have include school (like teachers, school work and classmates), home (like your brothers/sisters and parents), or friends (like boyfriends and girlfriends)."

And then you could go through each one in detail. You might say: "So how are things at school? How are the teachers? How's the school work?, etc..."

Try to help the young person problem-solve whatever the stress is

Find goals / solutions	"What do you wish could be different (with the stress/trigger)?"
Come up with possible solutions to try	"What are things that we could try? That you could try?"
Try out a solution	"What would you like to try first?"
Evaluation whether or not that solution is helpful	"How do you think that worked out?"
If not, then do something different	"What other things could we try instead?"
If helpful, continue to do it	"It looks like that worked - what shall we keep on doing then?"

## "Extreme Parenting" Styles and Self-Harm

Regardless of what stresses led to the self-harm, changing one's parenting style can help improve self-harm. Parenting styles that are at the extremes may contribute to stress for not only youth, but also for parents. The challenge is to find balance between the two opposing extremes (Miller et al., 2007).

### Extremes and Dilemmas in Parenting

Being too permissive and not having enough rules	Being authoritarian and having too many rules
Being underconcerned and not taking a child's problem behaviours seriously enough	Being overconcerned and taking a child's problem behaviours too seriously
Being underprotective and giving too much independence	Being overprotective and not giving enough independence

It is recommended to try to find an "authoritative" balance, which means:

1. Give your child guidance and rules so s/he can figure out how to be responsible,
2. Give your child greater amounts of freedom as s/he is able to demonstrate responsibility, and
3. Spend time with your child (by talking, doing activities, or just hanging out) to ensure a healthy relationship.



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## Dealing with Threats to Self-Harm

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It's only human nature that some youth who self-harm may try to use it to ask for more privileges, or to escape consequences.

E.g. the young person may say, "I'm going to feel depressed and cut myself if you don't let me go out to that sleepover at Melissa's this weekend."

If you are feeling manipulated into doing something unreasonable, then ask yourself, "What would be normal rules and limits for any other child?"

If you feel your rules are reasonable, then don't give in and do what s/he is asking for. By giving in, you end up supporting the unhealthy part of him/her.

As the responsible parent, you might say something like: "I'm sorry if you don't agree, but it's perfectly reasonable to expect you to be back by curfew time. It wouldn't be healthy for you if we **didn't** have reasonable rules."

At the same time, if your child truly is feeling overwhelmed from having too many expectations, it makes sense to temporarily reduce those expectations. E.g. you might say, "I appreciate that you're a bit overwhelmed these days. So how about this - instead of having to take out the dog every day and do the dishes, you only have to do one of those things for the time being. You can choose which one you want to continue doing for now."

## "What's Happening with Mary?"

---

After seeing the cuts and scratches on Mary's arm, Mary's mother wasn't sure what to do.

Mary could see her mother was upset and broke down crying. "Mom, I would have told you sooner, it's just that I thought you'd get angry at me."

Mary's mother didn't know what to say at first, so she just looked at Mary and gave her a hug. "Mary, I love you. Whatever it is, we'll get through this. Now tell me what's been going on..."

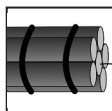
Mary told her mother about the stresses she'd been going through. Her mother called the local crisis line and spoke with a crisis counsellor who asked mother some additional questions to make sure that Mary would be safe that night. (Had there been concerns, Mary's mother would have taken Mary to the local hospital Emergency Room, or called 911). The crisis counsellor gave them a number of a local children's mental health agency to call the next day. Just to be sure, Mary's mother also booked an appointment with her family doctor the following week.

Mary eventually started to see a mental health professional, and received counselling and therapy. Together, they worked on helping use healthier ways to cope with her stresses and manage her emotions. It's now several months later and summertime and Mary is wearing T-shirts again...

## Summary

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Self-injury behaviours may be seen in teenagers and young adults as a way of coping. Fortunately, there are many ways that professionals and parents can help support their children and youth to help them cope better.



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The end of life can come by many means. But death by suicide may be more complicated for those left behind. **WHY?**

Suicide is often violent, but so is homicide. Suicide is sudden and doesn't leave time for goodbyes, but so is a fatal car crash. So how is it different?

Death by suicide can encompass all these characteristics associated with traumatic events but how it differs from other deaths is inherent in the act.

Suicide is a deliberate end to one's life that many of us don't consider. It can be hard to understand why someone would engage in such behaviour. What we know is that suicide is complex and people are often in mental health distress, feeling overwhelmed, have a sense of hopelessness, feel helpless, isolated and are in despair.

Suicide often occurs when someone's pain and despair completely overtakes their sense of hope and severs or impairs their connection to the world around them. It is tragic and very sad when someone dies by suicide.

A person who experiences a loss by suicide may be impacted in their body, mind, and spirit and there is no right or wrong way for them to react, respond, or manage this intense pain. Those who were close to or affected by a suicide are called suicide survivors. (SPRC, 2005) Survivors are often left with guilt and unanswered questions...

*How could I have not known it was this bad?*

*Why didn't I see that something was terribly wrong?*

*Was I too hard on her/him?*

*Why wasn't my love enough to keep her/him here?*

*What did I miss?*

*How come I feel so angry at her/him?*

Death of a loved one by suicide is jolting and crushing. The impact on survivors can be profound, long lasting and life changing. As an Early Responder, chances are good that a colleague of yours has lost a loved one to suicide.



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It may be challenging for those bereaved by suicide to cope and function in the days and months following a loss by suicide. Some survivors compartmentalize their grief and keep it in a place deep within themselves. Most people are changed by this traumatic experience as it shakes their sense of security, sense of self, and causes people to question their ability and competence in other life areas.

It is common that survivors are preoccupied by questions. These questions can be incessant and may be part of coping with the suicide loss. The unanswered questions may lead survivors to feeling responsible for their loved one's death and survivors may experience feelings of guilt and shame.

These altered perceptions of self, while often not accurate, can be intensified by societal judgments that produce stigma related to suicide. Although well intentioned comments such as: "Why did he/ she do this to you?", "What a selfish act", "What a coward" these are all very demeaning and judgmental and can add to the stigma and contribute to the shame and guilt felt by the survivor.

In this guide we will offer suggestions of supportive comments and responses to encourage the survivor to express their feelings in a safe, non-judgmental and empathic dialogue.

## SUDDEN LOSS:

### What might survivors feel?

Grieving is necessary and everyone grieves differently after the death of a loved one. It takes time to process what has happened, and the way grief is expressed may range from reactions that are quiet and private to expressions that are loud and public or anywhere in between. Grief following a suicide is always complex. (Wolfelt, 2007)

**One point to highlight is that *whatever reactions, feelings or questions the survivor has... this is understandable and alright considering the terrible situation and loss they have experienced. There is no right or wrong way to feel, respond or grieve.***

The best approach that Early Responders can take to allow survivors bereaved by suicide to process the trauma is:

- To recognize, acknowledge and allow the survivor to feel what they are feeling
- To be respectful of the person's needs, allowing the survivor to be in control of the pace of the conversation and the decisions to be made
- To let the person know you are there to listen IF they need to talk
- To let the person share their experience only IF they want to, not forcing disclosure or sharing that the person is not ready for

- To offer support and information about who else they could talk to such as people they have turned to for support in the past, resources in the community that help people who are bereaved by suicide

Being present and genuine with the person in their time of grief and acknowledging their tragic loss shows real concern and acknowledges for all involved the impact that death has had.







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## **STIGMA OF SUICIDE: What's in a word?**

Few issues in society are as stigma laden as suicide. People don't know what to say to survivors so either they say nothing or intensify the stigma by comments that have a judgmental tone. The language we use to describe suicide is very powerful and can either promote recovery or add to stigma. Stigma makes it difficult for survivors to reach out for help and for Early Responders to assist them.

Language that instills a caring, understanding, and non-judgmental viewpoint offers hope to the family members and communities grieving a death by suicide.

We no longer suggest using terms such as "committed" or "successful" suicide as these have negative connotations and wrong messaging INSTEAD it is suggested that we more accurately describe the reality of the manner of death and respect the needs of those bereaved by using: death by suicide, died by suicide, or suicide – this more accurately reflects what has occurred. (AMHB, 2006)

By using respectful language those bereaved by suicide will feel more supported as we all work together to reduce stigma and the barriers to talking openly about this trauma.

## **UNDERSTANDABLE EMOTIONS:**

### **How can you offer support?**

**G**rieving is necessary and everyone grieves differently. The pain of a suicide death often has the survivor looking for answers to questions, answers that may or may not be found. The survivor may try to make sense of this significant loss which may include re-evaluating their own life values, meaning and life purpose as part of this experience.

Someone who is bereaved by suicide may find that they have a whole range of responses and their own emotions and reactions may even differ from others close to the loved one who died. This range and difference in feelings, responses and experience is common and expected and understandable given the tragedy that has happened.

There is no one way to respond to the trauma of suicide, as an Early Responder you may notice some emotions, responses, and reactions such as:

**Shock and Numbness** - turning off some emotions, not wanting or ready to feel the intense pain, feeling shaky, numb and empty.

**Deep sadness** - including helplessness, hopelessness, fear, anxiety, feelings of rejection and abandonment. Life may not seem to make sense anymore.

**Anger and Blame** - towards self or others including health care providers, family, friends, or the person who died, feeling angry at the unfairness of life.

**Guilt** - feeling like something was missed or that warning signs of distress were ignored, or the survivor may feel guilty about being alive while their loved one is dead.

**Shame** - intense fear of being judged, or judging and blaming themselves for the death.

**Relief** - may be experienced if the person who died was suffering in some way or if the relationship was very difficult or chaotic with the deceased.

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**Denial** - may not fully accept what has happened, common in the initial phase of grief, some survivors find themselves searching for the loved one who has died or searching for another manner of death such as by homicide or by accident.

**“Why” questions** - in an effort to understand why the person died by suicide, why questions may surface and re-surface as part of the healing process.

**Fear** - of losing other loved ones, or a loss of self-esteem and confidence in problem-solving and decision-making.

**Depression** - grief impacts everything including sleep and eating patterns, concentration, energy and motivation.

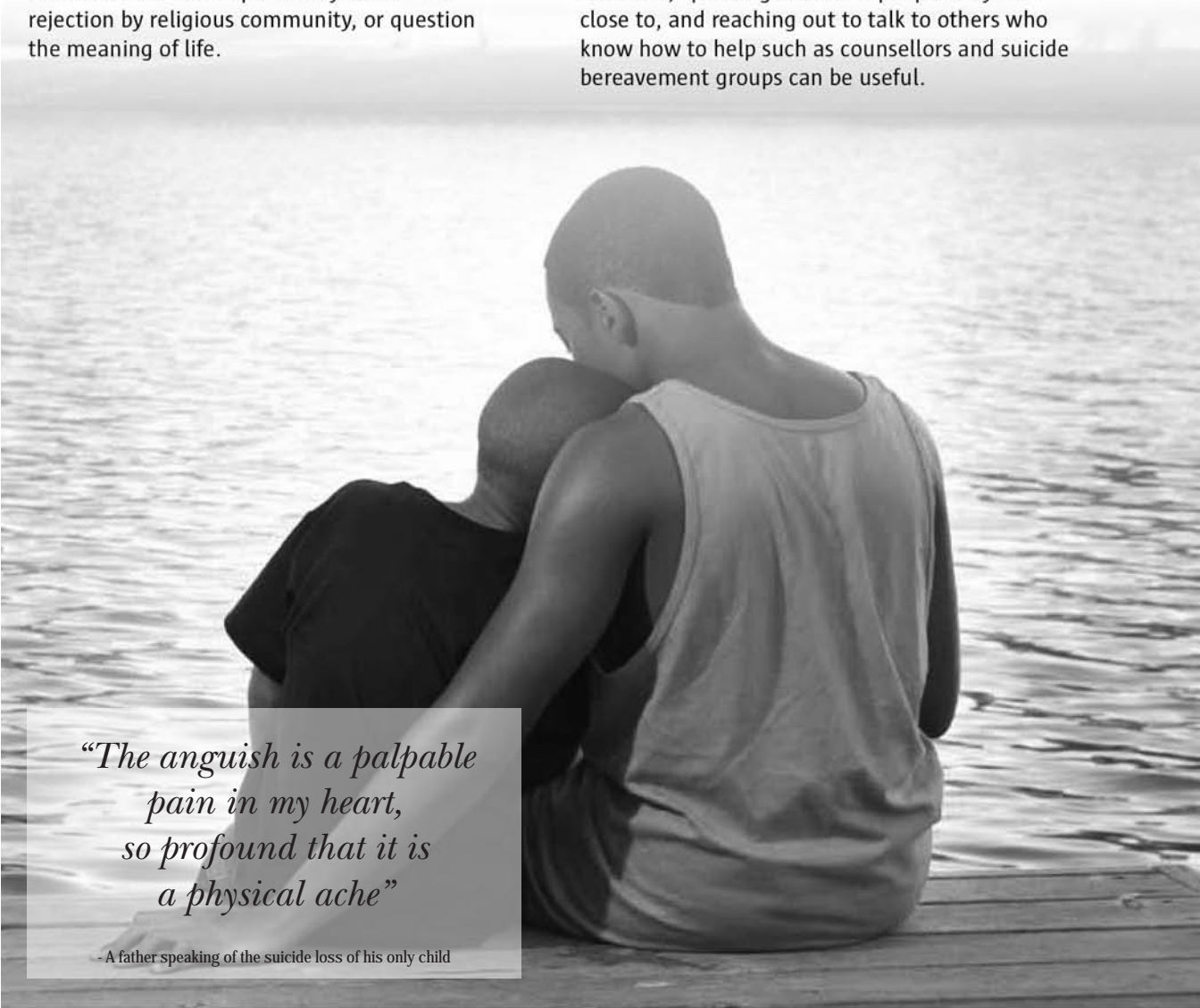
**Spiritual or Religious beliefs** - may challenge own beliefs or values previously held or fear rejection by religious community, or question the meaning of life.

**Suicide Ideation** - may have their own thoughts of suicide because of the intense pain, this is common and the person should be connected to help resources. (Hill,1997) (CASP, n.d.)

Understandably, any of these reactions and responses can be compounded and the trauma heightened for survivors who have been the one to find their loved one after the suicide death.

Other common reactions could include physical sensations such as chest pain, headaches, stomach and digestion difficulties, exhaustion and memory problems. Early Responders should encourage the survivor to have these medical concerns assessed and treated as needed.

Encouraging the survivor to try to do something to care for themselves during this difficult time such as journaling, walking, exercising, breathing exercises, spending time with people they feel close to, and reaching out to talk to others who know how to help such as counsellors and suicide bereavement groups can be useful.



*“The anguish is a palpable pain in my heart, so profound that it is a physical ache”*

- A father speaking of the suicide loss of his only child





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## WHAT TO SAY:

### Helpful Ways to Communicate



death is not officially a suicide until it has been called that by the Medical Examiner's Office which may be days or weeks after the death. The following is some general guidance on how to communicate with those bereaved during this time period.

With any type of sudden death it may be a challenge to find the right words to say. As an Early Responder you may be the initial contact, the first one to connect with and speak with the survivor bereaved by the sudden death (possible suicide.) As such, you play an important role as your interactions with the survivor will help set the stage for future conversations, reflections, stigma reduction and efforts to reach out for help.

You can assist the survivor in their healing process, regardless of your Early Responder role by showing compassion, empathy and patience. The secrecy of a possible suicide can also contribute to guilt and

shame and the stigma of suicide so it is important to be factual yet non-descriptive of the way the person has died.

After the manner of death has been determined by the Medical Examiner's Office as suicide, the person may need some guidance and someone to talk to. Depending on your role, it may be okay to confirm the Medical Examiner's Office determination that death was by suicide, and then listen non-judgmentally to allow the survivor to pace the conversation and how much is discussed about the suicide. When we show our comfort level talking about suicide, this provides permission to the survivor to speak about the loss and its profound impact.

After the suicide has been determined by the Medical Examiner's Office, the person may need prompting about what to do next.



Comfort in talking about suicide often comes with training that provides accurate information about suicide and societal myths.

Education offered by LivingWorks Canada [www.livingworks.net](http://www.livingworks.net) can enhance your knowledge, skills and comfort in supporting survivors or people at risk of suicide.



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## **Here are some suggestions about what can be said and helpful to the person bereaved by suicide:**

### **“What do you need right now?”**

- Then try to meet a basic need (water, food, comfort) and or facilitate connections to what is needed (ride home, calling a support person).

### **“Can I call someone for you?”**

- Providing a phone, sitting with the person if they want while they make a call to a support person.

### **“Who and what has helped you before during a difficult time?”**

- A supporting family member or neighbour, a counsellor, a spiritual care provider or self-care strategies.

### **“This is a very difficult time for you, can I help in any way?”**

- Validates the person’s experience and opens the door to offer access to resources such as basic needs, security and comfort, connecting the person to help resources if needed (SPRC, 2005).

### **“Would it be helpful for you to talk about what has happened?”**

- Taking the time to listen, and be present with the person allowing them to share as much as they want. Validating and normalizing their feelings can contribute to the survivor feeling heard, understood, and supported.
- Respecting the person’s privacy if they chose not to talk and open up about their feelings is very important.

### **“Sudden death can be a traumatic, shocking and overwhelming. Your reaction and feelings are quite normal and understandable”**

- Recognizes the range of reactions and emotions that are understandable given the tragic loss and validates the person’s feelings and experience.

### **“When you are ready, you may want to talk to someone who can help you sort through this experience and all the feelings and thoughts you are having”**

- Letting people know that it is okay to reach out for help. Sometimes, knowing that they are not alone, and that there are help resources (counsellors) who work with people everyday who have gone through what they have, can make a difference.

**“When someone dies by suicide, it may seem to overshadow everything else, even the way we think about the person who died. How someone died does not define who your loved one was or your relationship with them”**

- Suicide is a trauma and it is okay to say that the way a person has died does not determine their value, identity, and their importance. It does not diminish love felt for the person who has died or the love he or she may have had for others.

Be patient, sometimes the survivor may find processing information and their ability to communicate is affected. You may find yourself needing to repeat the same information or answer the same question.

Those bereaved by suicide may also find themselves replaying and reconsidering over and over again the circumstances of the death. This is both normal and necessary. (Wolfelt, 2007). Normalizing that it is common to have difficulties concentrating and offering to write down for them any information they want for reference later can be a very helpful gesture.

**One of the most responsible and compassionate actions is to encourage the survivor to reach out for help. It is important that all family members be provided with adequate care and support. (WHO, 2009)**



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## ASSESSING FOR RISK OF SUICIDE

### Is the survivor at risk of suicide?

Even though the survivor may be surrounded by supportive, caring and loving people after their loved one has died by suicide; the survivor may feel despair that overwhelms them and this may interfere with their ability to reach out for help.

The survivor bereaved by suicide can be at greater risk of suicide themselves. He or she may be thinking about suicide when you are interacting with them, but may not necessarily have a plan to act upon those thoughts.

Talking about suicide is not an everyday conversation that we have with people; yet your role as an Early Responder means that you will encounter people who may be experiencing intense emotion and pain related to trauma so it would be important to check out if they are thinking about suicide.

People who have had someone they know and care about die by suicide are at 40 X greater risk of suicide. (LivingWorks, 2006) and having these thoughts at a time of significant grief and acute stress is not uncommon. As an Early Responder it is helpful if you are the one to start the conversation about suicide so that the person has permission to talk about their thoughts and feelings and then you would have the opportunity to connect them to suicide intervention helpers if it is needed.

One evidence-based approach that you could use is called SafeTALK which focuses on being suicide alert and then activating help resources in the community. Below is a quick summary of the SafeTALK steps, for more information or to attend the SafeTALK training visit: [www.livingworks.net](http://www.livingworks.net)

SafeTALK could be incorporated into your department's CPR and First Aid training. This training is highly recommended for all Paramedics, Police and Firefighters.

Here is an example of how you may approach and ask the survivor about suicide using the **TALK** steps from the SafeTALK educational program (LivingWorks, 2007):

**T-TELL:** We would like the person to tell us openly and directly that they are thinking about suicide but often this does not happen. Instead we may need to tune into more subtle "invitations" to begin the conversation about suicide and inquire if thoughts of suicide are present.

The "invitations" may be things we see, hear, sense, or learn about the person, such as:

**SEE:** The person may be weepy or crying, unkempt in appearance, withdrawn or not communicating, giving away their possessions or those of the loved one who died by suicide (normal for people grieving but may also be something you see in people at risk of suicide).

**HEAR:** The person may use statements such as: "I understand why my loved one died the way he/she did", "I can't take this anymore", or "I hope others understand when I am gone" (these statements may be subtle messages of distress and hopelessness that needs to be explored).

**SENSE:** The person may have a range of emotions like feelings of hopelessness, despair, anger, numbness (common reactions in grief but also may be present when people are thinking about suicide).

**LEARN:** The person may share information with you about the trauma of losing other loved ones to suicide or other life events that have happened recently or in the past. (Life events that may put people at greater risk of suicide include rejection, loss, abuse, and their trauma experiences).



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The above “Invitations” give us a starting point to inquire about suicide in a more conversational way.

**A-ASK:** It is okay to ask openly and directly about suicide.

This is not always the easiest question to ask but if the person is thinking about suicide it is important to do. **How can you ask?**

Here are some ways to ask about suicide after you have connected with the person and have seen, heard, sensed or learned about the person in your brief conversation.

## Ways to ask about suicide:

**Ask Directly-** It is a yes or no response and we need to be okay talking openly about suicide so that the person has permission to disclose their own thoughts of suicide to us:

*“You have been through a very difficult experience, I need to ask, are you thinking about suicide?”*

*“Are you having thoughts about killing yourself?”*

**Summarize-** It may feel more natural to restate to the person what we have seen, heard, sensed or learned about them and then ask about suicide:

*“You look very sad and have told me that you can’t take it anymore, sometimes when people are feeling this way they are thinking about suicide, are you thinking about suicide?”*

Another example of a summary might be:

*“You seem very overwhelmed and this is understandable given your tragic loss, sometimes when people have a loved one die by suicide they think about suicide themselves, are you?”*

By asking about suicide you are validating the person’s pain and trauma and then taking the risk to check out how bad it is for the survivor, *“Is it so bad for them that they are thinking of killing themselves?”*

If the answer is yes, and the survivor bereaved by suicide is having her or his own thoughts about suicide this is serious, very important and as an Early Responder your next steps could be:

**L-LISTEN:** Allow the person to share with you more about how they are doing and what has them thinking about suicide. By listening you are showing empathy and understanding, building rapport with the person so you can express your concern about needing to get help to keep the person safe.

**K-KEEPSAFE:** You need to get resources or helpers that can do a suicide intervention involved **today** to support the survivor so that they can keep safe.

Here is what you might say to introduce the topic of getting help:

*“You shared with me that you are having thoughts of suicide, this is serious and I am concerned about you... we need to get other people involved, can I share with you some options of helpers/resources who support people thinking about suicide”*

**See Resource Listing on page 17 of the Guide.**

Encouraging the use of other supports:

*“Who else have you told or who else can you tell about your thoughts of suicide so you have support?”* This last statement is about natural supports such as friends or family who can perhaps stay with the person after your conversation with her/him ends.

It is important that a person with thoughts of suicide is not left alone and that they are connected to a helper or resource that can do a comprehensive suicide assessment and intervention today. (LivingWorks Canada, 2007)

If you would like more information on being suicide alert or to develop skills in suicide intervention please visit: [www.livingworks.net](http://www.livingworks.net) or [reasonstolive.ca](http://reasonstolive.ca) to find SafeTALK and ASIST trainings offered in your area.



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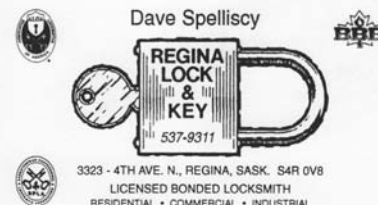
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## **FREQUENTLY ASKED QUESTIONS:**

**FAQ #1: Is it okay to talk about the manner of death with those closest to the deceased?**

**Answer:**

**No**, not until the manner of death is determined by the Medical Examiner's office. Yet, family members know that as an Early Responder you might already have some knowledge about the death. Be cautious though about sharing details about their loved ones last moments. The Medical Examiner is best suited to answer questions about manner and cause of death, and the person's last moments. Your role is to acknowledge the loss and support the survivor in determining what it is that they need right now.

**FAQ#2: What about a discussion about whether the death was accidental or by suicide?**

**Answer:**

**No**. This is not recommended. In the days (and weeks) immediately following the death, survivors will grapple with a whole host of emotions and realities. The survivor needs to process that a loved one has died, that the death was sudden, and that the death likely left no time for goodbyes. It may be too soon for the survivor to accept the additional reality that this tragic loss may be by suicide. You may even encounter families that adamantly deny that death by suicide is even a possibility.

As an Early Responder, you may be the one to inform the loved ones about the death but it is not appropriate to provide details about location, wounds or method of injury. .. this is yet to be investigated by the Medical Examiner's Office. The best help you can offer is to show empathy about the loss and provide information in a way that is appropriate upon immediate identification of their loved one.

**FAQ #3: Doesn't it aid the grieving process if the true manner of death is acknowledged?**

**Answer:**

**Yes and No**. It depends on the survivor's openness and readiness to talk about suicide and not everyone (even within the same family) may be ready to acknowledge that death by suicide is the one person's reality. As an Early Responder validating the survivor's pain and loss by naming the death as tragic and sudden; while talking about the lost potential of the person's life may be more helpful early on in the grieving process.

The fact that someone dies by suicide (manner of death) is not as important as the survivor's love for them, what the person meant to loved ones, the contributions they may have made to society and the need to remember and celebrate the person who lived. How a person dies does not define their life. (Klinic, 2011)

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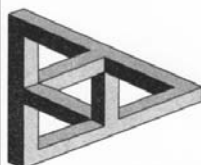


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### What about You?



Early Responders are exposed to trauma almost every day that is the nature of the important work that you do. Suicide and suicide attempts take an emotional toll beyond those of unintentional injuries. Any sudden death is a shock to the family and friends of the deceased, as well as to bystanders and the Early Responders. (SPRC, 2005).


You may find as an Early Responder that survivors bereaved by suicide (not knowing how to manage all the intense emotions that are overwhelming them) may direct some of those emotions towards you. This intensity of emotion although misdirected may be difficult at times to just disregard.

As well, there may be situations that you respond to that leave you feeling bothered. Maybe it is a situation that reminds you of someone you care about, maybe it was the impact and trauma that you witnessed amongst the family, or a post trauma you yourself experienced, or maybe it is just the repeated exposure to such violent, tragic events.

By supporting survivors bereaved by suicide, you are exposed to vicarious trauma and within your valuable role we encourage you to take a moment to reflect on how you are doing and maybe what you can do to minimize some of this exposure.

Vicarious trauma is manageable if the provider realizes it is impacting **him or her** in a negative way, and then takes immediate steps to address it. (Klinic, 2008).

As an Early Responder it's important to take steps to care for your mental health and manage work related stress. Many employers offer Employee Assistance Programs (EAP). Seeking emotional and psychological support promotes resilience and healthy coping.



There are ways to minimize and reduce compassion fatigue. One suggestion is the ABCs approach:

#### Awareness:

- Ask yourself, or have someone you trust to give you feedback on...
- How am I doing?
- Being aware of your needs, limits, emotions and resources.
- Practice being in the moment and having acceptance of what is.

#### Balance:

- Ask yourself: *"How am I doing in other areas of my life?"*
- Do you have work life balance? Do you have time for rest and leisure activities?
- Practice reflection, and make time for peaceful, restful periods throughout your day.

#### Connection:

- Ask yourself: *"How am I doing in my relationships with others?"*
- How are your connections and communication with others at work or home?
- Staying and getting connected to people we like to spend time with has real overall health benefits.

(Adapted from Saakvitne & Pearlman, 1996).





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**Stress is a normal part of everyday life, but at times it may feel out of control. Here are some things you can do to be mentally healthy everyday:**

**10 TIPS TO ENJOY LIFE MORE:**

- 1) Accept the moment as it is
- 2) Reduce tension by breathing
- 2) Enjoy things and people that are important to you
- 3) Deal with things that bother you
- 4) Take your work breaks
- 5) Eat sensibly
- 6) Exercise more
- 7) Use and develop your sense of humor
- 8) Try something new, a hobby or interest.
- 9) Plan ahead, make a list
- 10) Ask for and reach out for help if you need it (MHP, 2010)

Another recommended on-line resource to find more ways to take care of yourself is: [www.de-stress.ca](http://www.de-stress.ca)

This web-site has ideas and resources to enhance your mental health and well-being.

## **Acknowledgements:**

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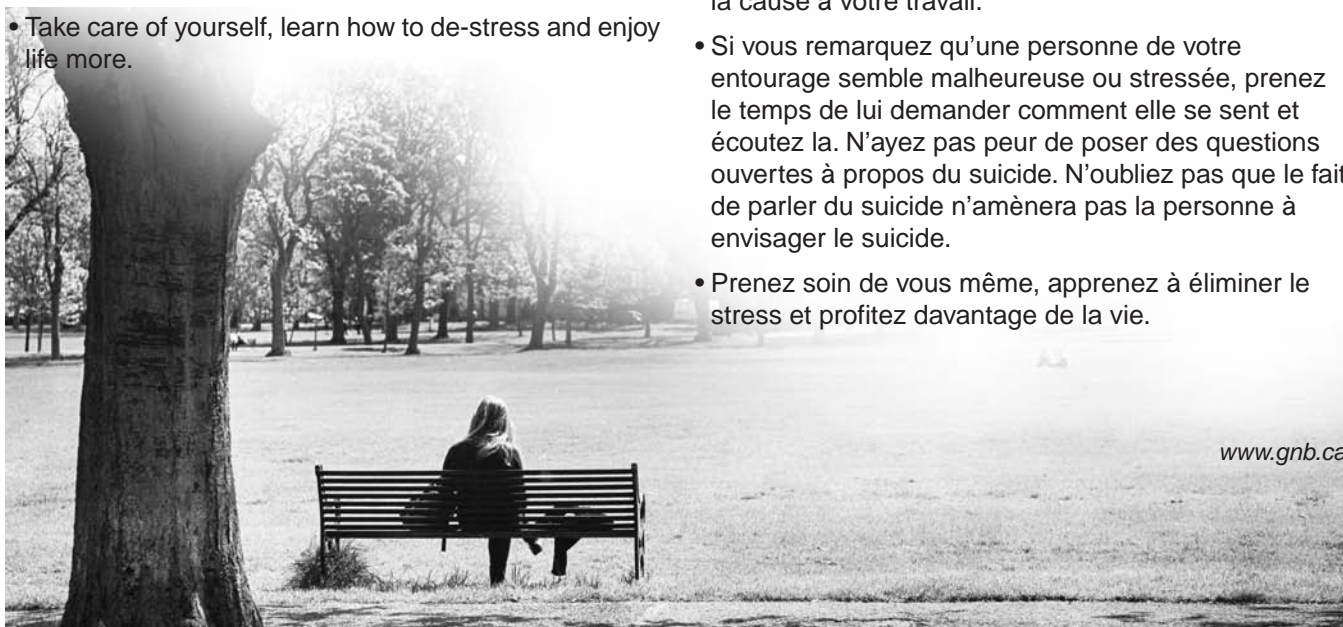
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# What You Can Do for Suicide Prevention

## Les mesures que vous pouvez prendre pour la prévention du suicide

- Get involved with your local suicide prevention organization/committee
- Write or call your Member of Parliament about the need for a national suicide prevention strategy.
- Contact and educate your local councilor/mayor, provincial representative on this issue.
- Put information about your local crisis/distress line on your Facebook page.
- Get posters about suicide prevention and/or your local crisis/distress prevention line and post them in your work place and other public places.
- Organize or participate in a World Suicide Prevention Day event in your community. Mark your calendar for September 10th.
- Learn all you can about the warning signs of suicide and what to do.
- Talk to family, friends and neighbours about suicide prevention; find ways to introduce it in conversations.
- Sign up for an ASIST Training or SafeTalk Workshop training.
- Support and Advocate for mental health promotion in your work place.
- If you notice that someone appears to be unhappy or stressed take the time to ask them how they are and listen. Don't be afraid to ask directly about suicide, remember talking about suicide will not cause someone to begin thinking about suicide.
- Take care of yourself, learn how to de-stress and enjoy life more.
- Joignez vous à l'organisme ou au comité de prévention du suicide de votre région.
- Écrivez ou téléphonez à votre député fédéral au sujet du besoin d'adopter une stratégie nationale de prévention du suicide.
- Communiquez avec le conseiller de votre quartier, le maire de votre municipalité ou le député provincial de votre circonscription et sensibilisez le à la cause.
- Publiez des renseignements concernant la ligne d'écoute téléphonique de votre région sur votre page Facebook.
- Procurez vous des affiches concernant la prévention du suicide ou la ligne d'intervention téléphonique de votre région et posez les à votre lieu de travail et à d'autres endroits publics.
- Organisez une activité dans votre collectivité dans le cadre de la Journée mondiale de prévention du suicide ou participez à l'une de ces activités. Inscrivez cette journée à votre calendrier le 10 septembre.
- Renseignez vous autant que possible sur les signes avant-coureurs du suicide et les mesures à prendre.
- Parlez de la prévention du suicide aux membres de votre famille, à vos amis et à vos voisins. Trouvez des moyens d'insérer ce sujet dans vos conversations.
- Inscrivez vous à un atelier ASIST ou un atelier de formation safeTALK.
- Appuyez la promotion de la santé mentale et défendez la cause à votre travail.
- Si vous remarquez qu'une personne de votre entourage semble malheureuse ou stressée, prenez le temps de lui demander comment elle se sent et écoutez la. N'ayez pas peur de poser des questions ouvertes à propos du suicide. N'oubliez pas que le fait de parler du suicide n'amènera pas la personne à envisager le suicide.
- Prenez soin de vous même, apprenez à éliminer le stress et profitez davantage de la vie.



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### A healthy mental health: a balanced life

#### It takes only a few ingredients to inspire hope

1. Foster healthy, meaningful relationships.
2. Share humour. Laughter can go a long way to keeping us mentally fit!
3. Do one thing at a time. Learn to enjoy the present moment fully.
4. Enjoy hobbies. They will keep your brain active!
5. Volunteer within your community. You will help others and make yourself feel great at the same time.
6. Set realistic goals; reaching them will build confidence and foster a sense of satisfaction.
7. Exercise regularly to improve your psychological well-being and reduce depression, stress and anxiety.
8. Take a few moments each day: close your eyes, take a few deep breaths and unplug from your surroundings. This simple practice helps lower blood pressure and calms your mind.
9. "Collect" positive emotional moments. Recall times when you have experienced pleasure, comfort, peace or other positive feelings.
10. Each day, remember three things for which you can be grateful. An attitude of gratitude boosts our immune system.

### Une santé mentale saine : une vie équilibrée

#### Il suffit de peu pour éveiller l'espoir

1. Favoriser l'établissement de relations saines et positives.
2. Avoir un bon sens de l'humour. Le rire est en effet très bon pour la santé mentale!
3. Ne faire qu'une seule chose à la fois. Apprendre à profiter pleinement du moment présent.
4. Ne pas négliger ses passe temps. Ils contribuent à garder le cerveau actif!
5. Faire du bénévolat dans sa collectivité. Le bénévolat est profitable pour la collectivité et contribue à améliorer le mieux être.
6. Se fixer des objectifs réalistes; le fait de les atteindre donne de la confiance et un sentiment de satisfaction.
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8. Prendre quelques minutes chaque jour pour fermer les yeux, prendre quelques grandes respirations et se détacher de son environnement. Cela contribue à diminuer la tension artérielle et à calmer l'esprit.
9. « Collectionner » les beaux moments. Se souvenir de moments heureux, de réconfort, de paix intérieure ou de tout autre moment positif.
10. Dresser chaque jour une liste de trois choses pour lesquelles on est reconnaissant. La gratitude renforce le système immunitaire.



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# Mental Health Contacts

## **PRAIRIE NORTH HEALTH REGION**

Child and Youth Services

North Battleford, SK (306) 446-6555

Lloydminster - Intake - Mental Health - 306-820-6250

Lloydminster - Intake - Addictions - 780-875-8890 (Slim Thorpe Recovery Center)

Maidstone, Cut knife, Neilburg, Turtleford,

Paradise Hill, St. Walburg

Addictions - Intake - 306-893-2622 ext. 7868

Maidstone, Cut knife, Neilburg, Turtleford, Paradise Hill, St. Walburg

Adult Mental Health - Intake - 306-446-6500

Meadow Lake - Intake - Mental Health - 306-236-1580

Meadow Lake - Addictions - Intake - 306-236-1580 (Robert Simard Center)

Meadow Lake - Addictions - Intake - 306-236-1546 (Robert Simard Centre Detox Unit)

## **SUN COUNTRY HEALTH REGION**

Mental Health Services

Weyburn, SK (306) 842-8665

Mental Health Intake (Regional) - 306-842-8665

Regional Mental Health and Addictions Intake - 1-800-216-7689 (Toll Free)

Weyburn - Addiction Program - 306-842-8693

Arcola - Mental Health - 306-455-2159

Estevan - Mental Health - 306-637-3610

Kipling - Mental Health - 306-736-2638

Kipling - Addictions - 306-842-8693

Wawota - Mental Health - 306-739-2270

## **SUNRISE HEALTH REGION**

Mental Health Services

Yorkton, SK - Mental Health Intake - 306-786-0558

Youth/Adult Addictions Intake - 306-786-0520

Melville - Youth/Adult Addictions - 306-728-7320

(Saul Cohen Family Resource Centre)

## **FIVE HILLS HEALTH REGION**

Mental Health Services

Moose Jaw, SK (306) 691-6464

## **PRINCE ALBERT PARKLAND HEALTH REGION**

Mental Health Services

Prince Albert, SK (306) 765-6055

Regional Mental Health Inpatient Centre - 765-6053

Youth Addictions - Intake - 765-6565

## **KELSEY TRAIL HEALTH REGION**

Mental Health Services

Melfort, SK (306) 752-8767

## **CYPRESS HEALTH REGION**

Mental Health Services

Swift Current, SK (306) 778-5250

Centralized Intake - 306-778-5280

## **ATHABASCA HEALTH AUTHORITY**

Black Lake, SK (306) 439-2200

Addictions - Intake - 306-284-2124 or 306-284-2145

Mental Health & Addictions - Intake - 306-439-2200

Mental Health Therapist - 306-284-2033

Fax # - 306-284-2036

## **KEEWATIN YATTHÉ HEALTH REGION**

Buffalo Narrows, SK (306) 235-5800

or 1-866-848-8011

Beauval - Intake - 306-288-4800

or 1-866-848-8022

Ile-a-la-Crosse - Intake - 306-833-5500

or 1-866-848-8299

La Loche - Intake - 306-822-3200

or 1-888-688-7087

## **MAMAWETAN CHURCHILL RIVER HEALTH REGION**

La Ronge, SK (306) 425-4840



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# Resources

To find out more about  
**Suicide Prevention,**  
please visit:



Kids Help Phone 1-800-668-6868 [www.kidshelpphone.ca](http://www.kidshelpphone.ca)

Living Works 1-888-733-5484 [livingworks.net](http://livingworks.net)

Canadian Mental Health Association 1-877-466-6606 [www.cmha.ca](http://www.cmha.ca)

Canadian Association for Suicide Prevention [www.suicideprevention.ca](http://www.suicideprevention.ca)

Mood Disorders Society of Canada [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)

Centre for Suicide Prevention [suicideinfo.ca](http://suicideinfo.ca)

Egale, Canada Human Rights Trust [egale.ca](http://egale.ca)

Depression in Teenagers [www.depressioninteenagers.com](http://www.depressioninteenagers.com)

Mind Your Mind [www.mindyourmind.ca](http://www.mindyourmind.ca)

eMentalHealth.ca [www.ementalhealth.ca](http://www.ementalhealth.ca)

Suicide - Safer Communities [suicidesafercommunities.livingworks.net](http://suicidesafercommunities.livingworks.net)

Your Life Counts [www.yourlifecounts.org](http://www.yourlifecounts.org)

My Tool Kit.ca [www.mytoolkit.ca](http://www.mytoolkit.ca)

International Association for Suicide Prevention [www.iasp.info](http://www.iasp.info)

Canadian Coalition for Senior's Mental Health [www.ccsmh.ca](http://www.ccsmh.ca)

Centre for Suicide Prevention [www.siec.ca](http://www.siec.ca)

Working Minds: Suicide Prevention in the Workplace [www.workingminds.org](http://www.workingminds.org)

Suicide Prevention Resource Centre [www.sprc.org](http://www.sprc.org)

Mental Health Commission of Canada [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)

Health Canada [healthcanada.gc.ca](http://healthcanada.gc.ca)

Public Health Agency of Canada [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

Canadian Psychiatric Association [www.cpa-apc.org](http://www.cpa-apc.org)

National Network for Mental Health [www.nnmh.ca](http://www.nnmh.ca)

The Canadian Psychological Association [www.cpa.ca](http://www.cpa.ca)



Suicide is final .... there is  
another way to stop the pain.

If you are experiencing a mental health crisis,  
please contact local authorities or 911.



Bob Bjornerud, MLA  
Melvill-Saltcoats  
306-728-3882



Bill Boyd, MLA  
Kindersley  
866-463-4480



Fred Bradshaw, MLA  
Carrot River Valley  
866-744-3977



Jennifer Campeau, MLA  
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Ken Cheveldayoff, MLA  
Saskatoon Silver Springs  
306-651-7100



Dan D'Autremont, MLA  
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306-443-2420



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Regina Northeast  
306-525-5568



Larry Doke, MLA  
Cut-Knife-Turtleford  
306-893-2619



June Draude, MLA  
Kelvington-Wadena  
800-234-4134



Doreen Eagles, MLA  
Estevan  
866-284-7496



Wayne Elhard, MLA  
Cypress Hills  
877-703-3374



Donna Harpauer, MLA  
Humboldt  
306-682-5141



Jeremy Harrison, MLA  
Meadow Lake  
877-234-6669



Nancy Heppner, MLA  
Martensville  
866-639-4377



Darryl Hickie, MLA  
Prince Albert Carlton  
306-922-4676



Bill Hutchinson, MLA  
Regina South  
306-205-2067

**Saluting those who keep  
our communities safe.**



Yogi Huyghebaert, MLA  
Wood River  
306-642-4744  
306-266-2100



Delbert Kirsch, MLA  
Batoche  
877-256-4056

**By working together we  
can help prevent suicide.**



Ken Krawetz, MLA  
Canora-Pelly  
800-213-4279



Russ Marchuk, MLA  
Regina Douglas Park  
306-352-1797



Don McMorris, MLA  
Indian Head - Milestone  
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Kevin Phillips, MLA  
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Jim Reiter, MLA  
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Warren Steinley, MLA  
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306-565-3881



Lyle Stewart, MLA  
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306-693-3229



Christine Tell, MLA  
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Corey Tochor, MLA  
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Don Toth, MLA  
Moosomin  
306-435-3329



Nadine Wilson, MLA  
Saskatchewan Rivers  
306-763-0615

A message from your  
**Saskatchewan  
Party MLAs**





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