

When Someone is Thinking of Suicide

Facts, Tips, Resources



Prepared by:

Oxford Suicide Prevention Coalition

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**Information for Oxford County
Residents**

1. WHAT IS?

Suicide

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

Suicide Attempt

Any action resulting in no injury or non-fatal injury where there is evidence that the individual intended at some level to kill him or herself.

Suicidal Gesture

There may be little or no intent to die, however such behaviour could be dangerous and indicates distress.

Suicidal Threat

Any interpersonal action (verbal or non-verbal) stopping short of directly self-harming that can reasonably be interpreted as communicating that a suicidal act or other suicide-related behaviour might occur in the near future.

Suicidal Ideation

Any self-reported thoughts of engaging in suicide-related behaviour

- Suicidal behaviour is common to all cultures, all ages, and knows no socioeconomic boundaries.
- In Canada approximately 4000 die by suicide annually
- *20% of people who die by suicide visited their doctor the week prior to their death.*

WHAT ARE SOME OF THE RISK FACTORS?

Medical/Mental Health Factors

- Recent or severe injury or disability
- Chronic medical illness – especially chronic pain
- **Alcohol or other substance abuse**
- **Major depression**
- **Bipolar disorder**
- Schizophrenia
- Family history of mood disorder, alcohol or substance abuse, suicidal behaviour (including suicide, attempts, and gestures)

Psychological Factors

a) Feelings

- **Hopelessness **one of the most important predictors**
- Poor self-esteem
- Anger
- Ambivalence
- Feelings of self-blame/guilt

b) Behaviours

- **Previous suicidal behaviour is the best predictor of whether people will try to kill themselves again (35-50 times the risk of dying by suicide compared to the general population)**
- Frequent suicide threats over a prolonged period
- Attempt planned so that rescue is not likely
- The more lethal the method the higher the risk
- Firm intent to die
- Suicide note
- Attempt to put affairs in order (make a will, pay bills, say goodbye)
- Recent discharge from psychiatric hospital care

c) Thoughts

- Limited problem solving skills
- Restrictive (limited) coping styles
- *Dichotomous* thinking-everything is black or white, bad or good, all or nothing

3.

Social/cultural Factors

- **Social isolation**
- Absence or lack of social support
- **Losses** (death, divorce, separation, job, finances or anniversary of a loss)
- Psychosocial stressors (sexual abuse, family violence)
- Cultural group or First Nations people
- **Gay, lesbian, bisexual**

WHAT ARE THE MOST COMMON RISK FACTORS FOR SPECIFIC AGE GROUPS?

Child and Adolescent Suicide

- Depression
- Psychological stressors
 - disciplinary crisis
 - unrealistic parental expectations
 - failure in school
 - exceptional success and graduation
 - relationship break-up
 - parental break-up
 - involvement with the law
 - sexual abuse
 - bullying
 - sexual identity issues
 - drug/alcohol use



Elderly Suicide

- death of a spouse or anniversary of the death
- age related losses (friends, status)
- retirement
- loneliness
- social isolation
- diminished functioning
- declining health
- dementia
- depression



HOW DO I TALK TO SOMEONE WHO MAY BE THINKING OF SUICIDE?

Key Points:

- It is important to ask direct questions when determining whether or not an individual may be a suicide risk.
- Individuals who have made suicide attempts or who talk about suicide are at greater risk for future attempts.
- Listen for hints such as “maybe things would be better if I just went away” or “I won’t be a problem for them much longer” or “Nothing matters; it’s no use.”
- The majority of people with suicidal thoughts do not want to die. They simply do not want to live with their current pain. They are in a vulnerable state, typically experiencing ambivalence (uncertain feelings) and confusion. While you may feel uncertain and even scared yourself, it is appropriate to project a calm, confident manner.
- Be aware of the risk factors as outlined in this booklet.
- Use non-judgmental listening to help the person talk openly. You may find it helpful to ask many (or even all) of the following questions:
 - *On a scale of 1 to 10, varying from little or no depression to extreme depression, how have you been feeling lately?*
 - *Do you ever think of hurting/killing yourself? Have you tried to hurt/kill yourself before? When? How many times? What did you do? or What stopped you before? (looking for resources for now)*
 - *Do you know anyone who has attempted or died by suicide?*
 - *Is there anything you are looking forward to? (try to determine level of hopelessness)*

5.

USEFUL TIPS TO DETERMINE WHERE TO GO NEXT

First Establish rapport

- Non judgmental listening
- Sufficient time spent with the individual

Establishing the suicidal behaviour

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

General Inquiry

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

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

Medical Examination

- The individual may need to be assessed by their family physician to rule out organic causes, major depression or other medical problems. Providing them with this option may offer the hope for life that they are currently lacking.

It is important to note that NOT everyone with suicidal thoughts require hospitalization. It will depend on the assessment made by the doctor and/ or mental health professional and the individual's ability to agree to a safe plan.

Following are symptoms that may result in hospitalization

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

Outpatient Treatment is another option

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

7.

WHAT THE FAMILY DOCTOR MAY DO

If the person has symptoms of a mental illness doctors may treat with medications and/or request a consult with a psychiatrist.

You can help your loved one by attending the doctor appointment with them. Keep in mind that individuals will often present their doctor with a list of symptoms. They may need help letting the doctor know of the suicidal thoughts.

Your Family Doctor is usually very good at facilitating access to additional, needed supports and resources.

If an individual you are concerned about is at high risk with thoughts, a plan and the means to carry out the plan, the family doctor may not be the most appropriate first contact.

For example the individual may not be in a position to wait for an available appointment. Emergency services may need to be accessed. (See Back Page)

Your Family doctor is an important partner in the care and recovery for you or a family member who is experiencing suicidal thoughts.

Most suicidal people do not want to die. They simply do not want to live with the pain. Let them know that help is available.

SOME HELPFUL TIPS IN ASSISTING SOMEONE WHO IS HAVING SUICIDAL THOUGHTS

1. Find a quiet, safe place to talk. Create a caring atmosphere and encourage the person to talk to you. Use non-judgmental listening.
2. Take the suicide threat seriously – ask the person about suicidal thoughts and plans.
3. Focus the discussion on the person's problems and encourage the expression of thoughts and feelings. Keep questions open-ended.
4. Provide support by respecting feelings of distress and by fostering hope.
5. Mobilize the person's resources. Involve significant others – family, clergy, friends, and therapists for support.
6. Be sure the person is not left alone if you suspect there is an immediate risk of suicide.
7. Initiate contact with mental health professionals who recently have been involved with the person.

Note: It is OK to call someone else if you are feeling overwhelmed or believe the situation is beyond your ability to help.

Remember, you do not need to do this alone. Ask for help!

9.

MORE TIPS.....

1. **Do not** moralize, scold, act shocked, or argue about the value of life.
2. **Do not** give ‘pat’ answers or hollow reassurances that “everything will be all right.”
3. **Do not** promise not to tell anyone about the suicidal thoughts, plan or behaviour.
4. **Do not** leave the person alone – particularly a high risk individual.
5. **Do not** attempt to use “reverse” psychology such as: “Since you want to commit suicide so badly, then go ahead.”
6. **Do not** try to make the person feel guilty about the pain of family or friends, but do explore the feelings of guilt.
7. **Do not** assume the person isn’t the suicidal “type”. Anyone can be suicidal.

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



WHAT DO I DO IF SOMEONE TELLS ME THEY ARE THINKING OF SUICIDE?

1. If someone has already attempted suicide immediately call 911 for assistance.
2. If someone has a plan and the resources available to carry out the plan and will not seek help even with your assistance call 911. **Do not keep secrets.**
3. If someone has a plan and is looking for help refer to the resources listed on the back of this brochure and help them decide what services they would feel comfortable using. **Do not leave them alone until they are linked with emergency/crisis services.**
4. If someone has thoughts of suicide but no plan please help them seek out appropriate supports. Some of these supports are listed under Oxford County Resources.
Keep in mind that thoughts of suicide may turn to a plan and an action if appropriate supports are not put in place.

Contact the individual's support persons.



11.

WHAT SERVICES ARE AVAILABLE TO ME OR SOMEONE I KNOW WHO HAS LOST A LOVED ONE TO DEATH BY SUICIDE?

Bereaved Families of Ontario

519-686-1573

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

Canadian Mental Health Association

Oxford County Branch

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

- Suicide Bereavement Mutual Support Group
- Information and referral service for mental health supports and services
- **CMHA 24 Hour Mobile Crisis Response Line** **519-539-8342**
1 877-339-8342

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

Mental Health Services of Oxford County

519-421-4223

(Woodstock General Hospital) SELF REFERRAL

- services available to all residents of Oxford County including adults, children, adolescents and families.
- individual and group Bereavement counselling available

Your Employer's Employee Assistance Program Provider

Oxford County Critical Incidents Stress Management Team

Dispatch 519-537-2323

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

Victim Assistance Services of Oxford County

519 537-2824

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

OXFORD COUNTY RESOURCES



Your Family Physician or Walk-in Clinic

Your Employee Assistance Program Provider

Canadian Mental Health Association-Oxford County Branch

519 539-8055 or 1 800-859-7248

- Information and referral service
- Community Support and housing support for individuals with a serious mental illness
- Court Diversion/Court support for individuals with a serious mental illness, dual diagnosis, or acquired brain injury
- CMHA 24 hour **crisis response line** **519 539-8342 or 1 877-339-8342**

Mental Health Services of Oxford County

519 421-4223

(under the services of Woodstock General Hospital)

Self Referral

Adult and Child & Youth Mental Health Services

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

Oxford Child & Youth Centre

519 539-0463

- Mental health services for children to the age of 18
- Offices in Woodstock, Ingersoll and Tillsonburg

Oxford Self Help Network

519 421-2980 or 1 877-464-3571

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

County of Oxford Public Health and Emergency Services

- Health Matters Line **519 539-9800 or 1 800-755-0394**

Women's Emergency Centre-Oxford

519 539-4811 or 1 800-265-1938

Abused Women's Helpline & Sexual Assault Crisis Line

Your Clergy Your Teacher Your Guidance Counsellor

13.

DO YOU WANT TO LEARN MORE ABOUT SUICIDE?

Suicide Information and Education Collection (SIEC)

www.suicideinfo.ca

Canadian Association for Suicide Prevention (CASP)

www.suicideprevention.ca

Centre de Recherche et d'intervention sur le suicide et l'euthanasie

www.crise.ca/fr/index.asp

Suicide Training Programs

www.livingworks.net

Applied Suicide Intervention Skills Training Work Shop

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

safeTalk

This is a 3 to 4 hour presentation that prepares community members of all kinds to be suicide alert helpers. It teaches community members to recognize persons with thoughts of suicide and to connect them to suicide intervention resources.

Participants can expect to be challenged, expect to have feelings, expect to be hopeful and learn clear and practical information on what to do. **Suicide alert helpers are part of a suicide-safer community.**

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

519 539-8055 or 1 800-859-7248

Notes:

14.

WHO DO I CONTACT FOR IMMEDIATE ASSISTANCE?



Emergency/Crisis Contacts

CALL Ambulance, Fire, Police

911

Go to the Emergency Department of your local Hospital

- Woodstock General Hospital
- Alexandra Hospital Ingersoll
- Tillsonburg District Memorial Hospital

CALL Canadian Mental Health Association-Oxford County Branch

- 24 hour mobile Crisis Response Line 519 539-8342
Toll free 1 877-339-8342

CALL Urgent Services for Children

519 539-5857

(Oxford Child & Youth Services)

- After hours you will be referred to CMHA Crisis Response Line
519 539-8342 or toll free 1 877-339-8342

CALL TELEHEALTH

1 866-797-0000

CALL Your Family Physician

CALL Your Employee Assistance Provider (EAP)

GO to a walk-in clinic

CALL KIDS HELP PHONE

1 800-668-6868

CALL LESBIAN GAY BI TRANS LINE

1 800-268-9688

For additional copies of this booklet or to provide feedback please call CMHA at 519 539-8055 or 1 800-859-7248 extension 222