



Toolkit for people who have been impacted by a **suicide attempt**



Acknowledgments

The development of this document was made possible through the input, feedback and guidance of the Canadian Association for Suicide Prevention, the Centre for Suicide Prevention, the Public Health Agency of Canada and people with lived experience related to suicide.

THIS DOCUMENT WAS INFORMED/DEVELOPED BY:

Advisory Committee members:

1. Ally Campbell
2. Amanee Elchehimi
3. Andrea Rowe
4. Austin Mardon
5. Chris Summerville
6. John Dick
7. Katherine Tapley
8. Melynda Ehaloak

Working Group members:

1. Rebecca Sanford
2. Robert Olson
3. Jodie Golden
4. Yvonne Bergmans

Generously volunteering their time to add value, experience and rigor to the Toolkit, The Mental Health Commission of Canada is grateful for their contributions in the development of this project.

Toolkit for people who have been impacted by a suicide attempt
Mental Health Commission of Canada, 2018

The views in this document do not necessarily reflect the views of the MHCC.

Ce document est disponible en français

This document is available at <http://www.mentalhealthcommission.ca>

Production of this document is made possible through a financial contribution from Health Canada.

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Introduction

About the toolkit designed for people with lived experience related to a suicide attempt.

What it is

The Mental Health Commission of Canada, in collaboration with the Canadian Association for Suicide Prevention, the Centre for Suicide Prevention, the Public Health Agency of Canada, along with an Advisory Committee comprised of people with lived experience related to suicide, have developed toolkits to support people who have been impacted by suicide. One toolkit is tailored for people who have attempted suicide, and the other is focused on resources for people who have lost someone to suicide.

In the summer of 2017, we conducted an online survey to elicit feedback from people who have been affected by suicide. With over 1,000 responses, the survey helped us gain a better understanding of what topics, content areas, resources, and information were important to include in the toolkits.

The content

There is no right or wrong way to seek help. This toolkit is not designed to be an exhaustive list of the very wide variety of resources available across Canada for support. This toolkit is a summary of the tools that have resonated most with the hundreds of people who completed our online survey and resources from a literature review completed by the Centre for Suicide Prevention.

If you are not finding the tools and resources that resonate most with you, you may consider talking with someone. You may wish to connect with a trained volunteer by contacting your [local distress centre](#) or [Kids Help Phone](#).

Language

Many respondents indicated a preference for “people-first” language as opposed to “survivorship language”. For this reason, we sought to avoid this language within the toolkit. That said, survivorship language resonates with many and therefore, we included links to resources that use this language.

Please note that the toolkits are not intended to replace a conversation. If you or someone you know is experiencing distressing thoughts or thoughts of suicide, please contact your [local distress centre](#) or [Kids Help Phone](#).

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Strategies and coping suggestions

There is no single way or “right” way to cope with thoughts of suicide. People will experience thoughts of suicide differently and therefore, coping with these thoughts will be different for every individual. The following strategies are suggestions that have resonated with people who responded to our online survey and additional resources from a literature review. It is not intended to be an exhaustive list.

If you are not finding the tools and resources that resonate most with you, you could try talking about your options with a trained volunteer by contacting your [local distress centre](#).

Strategies to help cope with thoughts of suicide/how and where to get help

- For someone experiencing thoughts of suicide, the following resource addressing the fear of stigma, the shame and self-blame for having those thoughts and the things you could do when the thoughts emerge, may resonate: [Speaking of Suicide: A site for suicidal individuals and their loved one, survivors, mental health professionals, & the merely curious](#).

HOW TO COMMUNICATE FEELINGS OF SUICIDE AND THOUGHTS OF SUICIDE

- Talking about thoughts of suicide, ways to keep safe, and people with lived experience talking about depression, anxiety and suicidality are offered at: [Talking to someone about your suicidal feelings](#).
- [Videos](#) of people telling their stories of lived experience related to mental health, by the Canadian Mental Health Association.
- Booklet on how to communicate your feelings of suicidal intent, offering coping strategies and suggestions on where to go for help and support: [How to cope with suicidal feelings](#).
- A script between a client and her therapist [that shows how to communicate feelings of suicidality](#).

RESOURCES FOR PEOPLE WITH LIVED EXPERIENCE

These websites and blogs feature the voices of those with lived experience who have attempted suicide:

- [Live through this](#): A collection of stories of suicide attempt survivors, as told by those survivors.
- [Reasons to go on living](#): Inspiring collection of stories of people who have attempted or seriously thought about dying by suicide.
- [Talking about suicide](#): A collection of interviews of attempt survivors describing their experiences with suicide and recovery.
- [Blogs by survivors](#) by Our Side of Suicide.
- [Mental Health Warriors Podcasts](#) discuss topics around mental health with the goal of ending the stigma and the myths that surround mental health.

PEER SUPPORT GROUPS

National Action Alliance for Suicide Prevention (2014) identifies that the voices of those living with the experience of a suicide attempt are essential for meaningful peer support, and “mutual help groups, warm lines over the telephone, internet groups for online support, and mental health services delivered by peers.” (p. 26).

As of the writing of this toolkit, there was a significant lack of research examining peer support and its efficacy on suicide-related behaviours.

- [What is peer support?](#)
- The role of peer support in suicide prevention: [Advancing peer support in suicide prevention](#).

- Chat, text or call the [Warm Line](#) to talk to a peer support worker. A warm line is not a crisis line, but rather a confidential and anonymous service for adults (18+) living in Ontario.

Canadian Attempt Survivors Support Groups

[Find a Peer Support Group across Ontario](#) by Mood Disorders Association of Ontario.

- [Skills for safer living](#): an intervention group co-facilitated by peers with lived experience for people experiencing suicide-related behaviours. Graduates of this 20-week skills group can then participate in a voluntary ongoing peer support group in some locations.
- [A Reason to Hope. The Means to Cope](#) by the British Columbia Schizophrenia Society.
- Toronto's [Stella's Place](#) peer support program and training.
- Manitoba's [Andrew Dunn](#) organisation.

COUNSELLING

Finding the right counsellor may take time. It may also take time to find the appropriate therapy and therapist that best suits you. As a starting point, you may want to start a conversation with your family physician. Your doctor may be able to discuss with you whether medication is required in the short term and may also be helpful in recommending a good counsellor for you.

- Finding the right psychologist for you can be difficult. [Finding the Psychologist For You](#), by the Canadian Psychological Association, maintains a list of all the provincial and territorial associations of psychology.
- You may find a good counsellor or therapist using the [Good Therapy: Canada Counseling Directory](#) by GoodTherapy.org.

In the same way that not all therapists will be a good fit for everyone, the same goes for the type of therapy that will suit you best. Here are just a few options:

- Cognitive Behavioural Therapy (CBT) can help people examine how they interpret events around them and can provide practical, short-term psychotherapy. Find out more about what is [Cognitive Behavioural Therapy \(CBT\)](#) by the Centre for Addiction and Mental Health.
- Interpersonal Therapy examines feelings in the context of relationships that may be contributing to the person's mood. Find out about [Interpersonal Therapy](#) at PsychCentral.
- Dialectic Behavioural Therapy is described by John Grohal as a type of psychotherapy or talk therapy that utilizes a cognitive behavioural approach. Find out more [here](#).
- Psychoeducation involves formal education groups, usually run by mental health professionals, which are used to inform patients about their mental health. It is a strength-based, reciprocal relationship between patient and therapist. Find out more in [Psychoeducation](#) by Ellen Luken (2015).

ADDICTION SERVICES

- [Narcotics Anonymous](#).
- [Adult Children of Alcoholics](#).
- [12-step program](#) of Alcoholics Anonymous.
- [Addiction Services Directory](#) helps you search for a variety of support and treatment programs in Canada including gambling, sex and eating disorders.
- [Changing the language of addiction](#), by the Canadian Centre on Substance Use and Addiction.

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Coping Suggestions and Crisis Planning

CRISIS LINES

- Find your local distress line [here](#).
- **1-866-Appelle** for residents in Quebec.
- **Kid Help Phone** for 24hr, bilingual phone, web and referral service for children and youth.
- **National Moral & Welfare Services** for military families and Canadian Forces members.
- **Crisis Services Canada**, “a pan-Canadian network of local and regional crisis and distress centres, launched the new Canada Suicide Prevention Service (CSPS) that enables callers anywhere in Canada to access crisis support using the technology of their choice (phone, text or chat), in French or English.”
 - Text: 45645
 - Phone: toll free 1-833-456-4566
 - Chat: www.crisisservicescanada.ca

MEMOIRS, CASE HISTORIES, AND PERSONAL STORIES

- ***The Gospel according to Josh: A memoir*** by Josh Rivedal (2013) is a story of a young man’s struggles with suicidal behaviours and his pursuit of recovery.
- ***Cracked not broken*** (2014). Kevin Hines’ story of surviving a suicide attempt after jumping off the Golden Gate Bridge and his inspiring work in suicide prevention and advocacy in recovery.
- ***Children of Jonah: Personal Stories by Survivors of Suicide Attempts*** (edited by James Clemons) (2001) offers insight into the stories of people with lived experience and their strengths.

COPING STRATEGIES AND DEVELOPING A SAFETY PLAN

- **Coping strategies to remain calm** webpage by the Anxiety and Depression Association of America.
- **“Let’s get Physical”: 7 Tips to Calm Anxiety**” webpage by Stacey Freedenthal addresses the issues of attaining a “calm state” during a crisis situation.
- **Coping with Suicidal Thoughts** by Joti Samra & Dan Bilsker addresses how to cope with thoughts of suicide and other means of keeping yourself safe.
- **How to cope with thoughts of suicide** by Kids Help Phone facilitates the conversation around reaching out for help.
- **Things to consider when creating a safety plan** by the National Suicide Prevention Lifeline demonstrates how to create a safety plan.
- **How to make a suicide safety plan** by SuicideLine, Victoria, Australia.
- Suggested readings:
 - **Helping the suicidal person** (2018 pp. 118-121) by Freedenthal.
 - **Safety planning initiative: A brief intervention** (2012) by Stanley & Brown.
- **Wellness Recovery Action Plan (WRAP) Personal Workbook**. Note that the WRAP plan often necessitates a facilitated group.

PHONE APPLICATIONS

- **15 Top Apps for Resilience, Mental Health Promotion & Suicide Prevention** by Dr. Sally Spencer Thomas.
- **Breathe to relax**: “Breathe2Relax offers portable stress management focused on diaphragmatic breathing skill-building that help with anger management, mood stabilization and anxiety reduction.”

- **MoodKit:** “Based in Cognitive Behavioral Therapy, MoodKit helps people improve their mood by engaging them in over 200 mood enhancement activities like thought-checking and journaling.”
- **My3App:** My3app is a safety plan tool that helps people who are at high risk for suicide. It helps them develop a written list of coping strategies and sources of support.
- **Hello Cruel World** is an application for iPhone and iPad offering 101 alternatives to suicide.
- **Suicide Safety Plan** is an application that guides you through your customised safety plan until you feel safe.

SUGGESTED MESSAGES WHEN CONTACTING A SUICIDE CRISIS LINE

- **What to expect when contacting a crisis line** by Crisis Support (Klinik Community Health, 2018).
- **Talking** on a helpline:
 - “Hi. I am calling because I need some help. I’m going through some things that are tough and it sometimes feels like I can’t take it anymore. It’s so bad there are times I think about suicide.”
 - “Hi. Things are really hard right now. I’m thinking about killing myself.”
- **Texting** on a helpline:
 - “I need help. My life is bad right now and I’m thinking about suicide.”
 - “I’ve been thinking about killing myself. Can you help me?” (Centre for Suicide Prevention, 2016).
- **Sample scripts** by the Centre for Suicide Prevention.

TIPS ON ALLEVIATING STRESS WHEN GOING TO HOSPITAL/ EMERGENCY

- **What it’s like going to the emergency room for suicidal thoughts** (Ruriani, 2015). A blog about having thoughts of suicide in the ER.

COPING AFTER LEAVING AN EMERGENCY ROOM VISIT

- **After an attempt: A guide for taking care of yourself after your treatment in the emergency department** (SAMHSA, 2009). Offers coping strategies and advice for attempt survivors who have been discharged from an ER or hospital.

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How to support a loved one who is having thoughts of suicide

HOW TO TALK ABOUT SUICIDE IN AN HONEST, SAFE AND AGE-APPROPRIATE WAY

- **Supporting someone after a suicide attempt** by SuicideLine Victoria offers tips on some helpful and unhelpful things to say to someone who has experienced a suicide attempt.
- Suggestions of how to talk to and support someone can be found on pages 16-18 of the **After a suicide attempt: A handbook for family and friends** by the Klinik Community Health and Canadian Association for Suicide Prevention.
- **How to talk to a child about a suicide attempt in your family** by the Rocky Mountain Mental Illness Research, Education and Clinical Centers (MIRECC). It breaks the conversations down for pre-schoolers, school-age children and teenagers.

Sample script of how to talk to a friend (youth talking to another youth) who may be having thoughts of suicide:

“I’m sorry to hear you’re going through such a rough time, and I’m here for you. But we need to tell someone else how you’re feeling. I can come with you to see the school counsellor if you want?” (Centre for Suicide Prevention, 2016).

Sample script on how to text a friend (youth talking to another youth) who may be having thoughts of suicide:

“It sounds like things are really hard for you right now. I can’t imagine what you’re going through, but I know things will get better! Let’s text

the distress centre to see what resources they might have that could help. I’m so glad you told me how you’re feeling, I’ve been really worried about you! I feel like it’s a good idea to talk to your parents, too. Want me to come with you?” (Centre for Suicide Prevention, 2016).

- Tips on how to talk to a family member or a friend on **Preventing Suicide** by the Canadian Mental Health Association (CMHA) Toronto.
- **How to talk to a child about a suicide attempt in your family** by the Rocky Mountain Mental Illness Research, Education and Clinical Centers (MIRECC) breaks the conversations down for pre-schoolers, school-age children and teenagers.

RISK OF SUICIDALITY FOR FAMILY AND FRIENDS OF AN ATTEMPT SURVIVOR OR DEATH BY SUICIDE

There is always a potential risk that vulnerable family members or friends who have been exposed to a suicide attempt or a death by suicide may develop or have thoughts of suicide themselves.

Suggested readings:

- **Familial transmission of suicidal behavior** (2008) by Brent Melhem. This paper looks at the effects of exposure to suicidal behaviours can have on family members.
- **The continuum of “survivorship”: Definitional issues in the aftermath of suicide** (2009) by Cerel et al. This paper looks at the impact that suicide has on survivors.

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Telling your story safely

Telling your story can be scary. Just like every story related to suicide is personal, the decision to tell your story is equally as personal, and the way you decide to tell that story is up to you. Telling your story can bring great strength; however, be mindful that you tell your story safely, ensuring your safety and the safety of the person(s) learning from you. The following resources are suggestions that have resonated with the people who filled out our online survey and additional resources from a literature review. This is not intended to be an exhaustive list.

HOW TO FIND HOPEFUL MESSAGES FOR OTHERS WITHIN YOUR EXPERIENCES

“Telling your story is a huge decision so allow time to heal and only consider telling your story if you are ready and willing. Know that there is a difference between healing yourself and helping others as both of them are not mutually exclusive but are also hugely important. Consider consultation with a mentor or peer before making the decision to speak (Only tell your story if you want to—Make sure you are ready to tell your story; the length of time to heal varies greatly from person to person—There is a difference between healing yourself and helping others.” (American Association of Suicidology, 2012).

- **Special considerations for telling your story: Best practices by suicide loss and suicide attempt survivors (2012)** is a guide for attempt and loss survivors on telling their story by the American Association of Suicidology.
- **Four keys to sharing suicide survival stories safely** is an easy to read infographic by the Canadian Association for Suicide Prevention.

ADVOCACY FOR ATTEMPT SURVIVORS

“[People who have experienced suicide attempts] need to be able to live stigma-free; the voices of suicide attempt survivors need to be included in understandings of and interventions for suicide attempt survivors; prevention strategies need to address the issue of those who do not seek help; with the suicide attempt survivor’s consent, the inclusion of

families and friends in the individual’s treatment and interventions.” (Suicide Prevention Australia, 2009, pp. 11-13).

- **Supporting suicide attempt survivors (2009)** by Suicide Prevention Australia, is a position statement that advocates for work that supports suicide attempt survivors.
- **The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience (2014)** is a resource devoted to advocacy of suicide attempt survivors.

The National Action Alliance for Suicide Prevention in **The Way forward: Pathways to hope, recovery, and wellness with insights from lived experience** urges attempt survivors to get more involved in suicide prevention initiatives and advocacy. They need:

- “to join crisis centers as members of boards of directors, leaders, and staff/volunteers
- to participate in oversight or advising behavioral health systems change
- to review communications campaigns or social marketing endeavors aimed at consumer/individuals who are suicidal
- to act as spokespersons, advocates, or resources for legislative hearings/testimony
- to be partners in the development of research/evaluation for suicide prevention initiatives.”

(National Action Alliance for Suicide Prevention, 2014, p. 30).

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Hopeful messages

Knowing that you are not alone and being able to share hope can be incredibly healing. This section of the toolkit is intended to be a safe space to read and to share online messages of hope with other people. The following hopeful messages were gathered from the responses of people with lived experience related to suicide who answered the online survey. There was a tremendous amount of hope that flowed from these responses. Unfortunately, we were unable to incorporate everyone's messages.

If you or someone you know is currently experiencing thoughts of suicide or distressing thoughts, consider reaching out to your [local distress centre](#).

FOR PEOPLE WHO HAVE THOUGHTS OF SUICIDE

When we released the survey, we asked people, "If you could give one message to other people who have suicidal thoughts or attempts, what would it be?" Here are a few of the messages we received:

- "It will get better! One step at a time, one minute at a time - you got this."
- "Honestly, it won't always feel this bad and it WILL get better. You are worth it, please keep going."
- "If you are looking for a sign not to kill yourself, THIS IS IT."
- "It is temporary. Do what you need to do to cope and get through this. Sleep if you must, cry if you must, just hold on for another day, hour, or minute."
- "Please reach out for help, you are not alone and YOU MATTER."
- "Your illness does not define you."
- "Breathe."
- "Don't ever lose hope! Recovery is possible!"
- "Find one thing to wake up for every day whether it's a pet, a child, spouse, parent, etc."
- "Find someone you trust who is supportive and reliable and put them on speed dial!"
- "HOPE (Hold On, Pain Ends)."

FOR PEOPLE WHO ARE SUPPORTING SOMEONE WHO HAS ATTEMPTED SUICIDE

When we released the survey, we asked people, "If you could give one message to other people who are supporting someone who has attempted suicide, what would it be?" Here are a few of the messages we received:

- "Be patient. Be hopeful. Be there."
- "Always take the person seriously, listen and ask them what they need to be safe."
- "Appreciate that it is not an attention seeking act. Their pain is real - do not minimize their thoughts."
- "Ask them - what is the most helpful thing I can do for you?"
- "Be non-judgemental. Be supportive. Be kind."
- "Be strong. Look after yourself and never give up fighting for your loved ones."
- "Do not blame yourself for not seeing the signs."
- "Get support and talk about it. Supporters need help too and the love and comfort of knowing they are not living this alone."
- "Don't forget to take care of yourself too."

SHARE YOUR OWN MESSAGE OF HOPE!

Share your own message of hope today by using #sharehope on your social media platform of choice and watch it go live [here!](#)

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About suicide

For some people, knowing the basic statistics and other important information about suicide can be very helpful. This section of the toolkit helps remind people that suicide affects everyone, and that you are not alone. The following resources provide details about suicide that both resonated with the people who filled out our online survey or came to our attention from a literature review. This is not intended to be an exhaustive list.

Background and context

WHAT IS SUICIDE?

Suicide is defined as the act or instance of taking one's own life voluntarily and intentionally.

BASIC STATISTICS ON SUICIDE IN CANADA

Canada tracks suicide by age, sex and geography. Unlike in the United States, we do not record ethnicity or method of death.

- [Statistics Canada](#) provides a breakdown by age and sex.
- Health Canada's [infographic](#) provides statistics on the current context of suicide in Canada.
- The Centre for Suicide Prevention has a resource that provides suicide rates [across provinces and territories](#).
- Additional reading: [The power of 41%: A glimpse into the life of a statistic](#) by Tanis (2016). The paper explores statistics around transgender people and suicide and the impacts of these statistics on transgender people.

SAFE LANGUAGE AROUND SUICIDE

Traditional language around suicide has negative connotations and, as a result, unintentionally perpetuates stigma. Some examples include “committed suicide” (implying criminality), “successful suicide” or “completed suicide” (implying being unsuccessful or incomplete before) or “failed suicide attempt” (implying a failure).

More neutral, compassionate words should be used when talking about suicide. The following are a few recommendations to find more information:

- [The power of words: the language of suicide](#) by Bonny Ball (2005).
- [What's in a word? The language around suicide](#) by Alberta Health Services (2005).
- Glossary of [inappropriate or “unacceptable” terms](#) by the Centers of Disease Control and Prevention (2011).
- Find specific recommendations tailored for people with lived experience related to a suicide attempt with [The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience \(2014\)](#) by the Suicide Attempt Survivors Task Force of the National Action Alliance for Suicide Prevention.

MYTHS AND FACTS ABOUT SUICIDE

Stigma is perpetuated by misinformation and myths about suicide. Some myths are more embedded in society than others and may be harmful for people who have been impacted by suicide. To help distinguish myth from fact, here are some helpful resources:

- [Preventing suicide: A global imperative: Myths](#) by the World Health Organisation (2014).
- [Suicide prevention primer](#) by the Centre for Suicide Prevention (2013).
- [Myths about suicide](#) by the Tennessee Suicide Prevention Network (2016).

Helpful literature:

- [Myths about Suicide \(2011\)](#) by Thomas Joiner sharply debunks myths such as “suicide is selfish” to “if people want to die by suicide, we cannot stop them” to “it’s just a cry for help”. This exemplifies why he is considered one of the leading thinkers in contemporary suicidology.

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Why do people attempt to die by suicide?

Suicide is complex. Why some people die by suicide is puzzling and some academics spend their entire working lives trying to learn why. “No single factor is sufficient to explain why a person died by suicide: suicidal behaviour is a complex phenomenon that is influenced by several factors- personal, social, psychological, cultural, biological and environment.” (The World Health Organisation, 2014, p. 15)

- [Suicide: Statistics, warning signs and prevention](#)
- [Why do people kill themselves: New warning signs](#)

SOCIAL DETERMINANTS OF HEALTH

- According to Mikkonen and Raphael in their influential publication, *Social determinants of health: The Canadian Facts (2010)*, there are 14 determinants which have a greater bearing on an individual's health than all other factors. They include:
 - Aboriginal status
 - Disability
 - Early life
 - Education
 - Employment and working conditions
 - Food insecurity
 - Health services
 - Gender
 - Housing
 - Income and income distribution
 - Race
 - Social exclusion
 - Social safety net
 - Unemployment and job security

The social and economic determinants of suicide in Canadian provinces

(Jalles & Andresen, 2015) found a distinct correlation between these determinants and suicide, especially the determinants of unemployment and gender.

RISK AND PROTECTIVE FACTORS

The Suicide Prevention Resource Center defines these two groupings simply and straightforwardly: “Risk factors are characteristics that make it more likely that individuals will consider, attempt, or die by suicide. Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide.” (Suicide Prevention Resource Center, 2011). Please note that despite protective factors, this does not mean that a person will not move on to attempt suicide.

- [Understanding risk and protective factors: A primer for preventing suicide](#) (Suicide Prevention Resource Center)
- [Suicide prevention and assessment handbook](#) (Centre for Addiction and Mental Health, 2015, pp. 6-8)
- [Risk and protective factors for suicide and suicidal behaviour: A literature review](#)

WARNING SIGNS

“One of the key distinctions between a warning sign and a risk factor is time. Risk factors are typically static, longstanding and speak to suicide risk in the long term. In contrast, warning signs usually are dynamic, temporary, and indicate acute escalation of suicide risk now or in the very near future.” (Freedenthal, 2018, p. 69).

- [IS PATH WARM - The American Association of Suicidology \(2018\)](#): Educational tool to present the concept of warning signs.

THE ROLE OF TRAUMA AND CHILDHOOD EXPERIENCES

What is Trauma:

“Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.” (The Substance Abuse and Mental Health Services Administration, 2012, p. 2).

Unresolved trauma in childhood and adolescence is linked to an increased risk of suicide ideation and if unaddressed, can escalate with age – potentially leading to suicide attempts or death by suicide. Early intervention post-trauma is crucial. (Herba, et al., 2007; Dube, et al., 2001).

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Additional resources

For some people, immersing themselves in training and additional readings can be very healing. This section of the toolkit provides some additional tools and resources to help people gain the knowledge and courage needed to have conversations about suicide.

Training and other suicide prevention programs

- **Applied Suicide Intervention Skills Training (ASIST):** “Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don’t need any formal training to attend the workshop—anyone 16 or older can learn and use the ASIST model.”
- **SafeTALK** is a half-day alertness training course that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don’t truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. SafeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.
- **Mental Health First Aid** is the help provided to a person developing a mental health problem, experiencing the worsening of an existing mental health problem or in a mental health crisis. The Basic Mental Health First Aid course has been adapted for Adults Who Interact with Youth, First Nations, Inuit, Northern Peoples, Seniors and the Veteran Community.
- **Suicide to Hope** “Suicide to Hope is a one-day workshop designed for clinicians and caregivers working with those recently at risk of and currently safe from suicide. It provides tools to help these caregivers and persons with experiences of suicide work together to develop achievable and significant recovery and growth goals.”
- **Straight Talk: Preventing Suicide in Youth:** “Straight Talk is an interactive half-day workshop created for individuals working with youth aged 12 to 18. Straight Talk encompasses the developmental, cognitive, and emotional differences found within this age group in presenting strategies to strengthen the protective factors of youth at risk of suicide. Relevant intervention strategies are explored through videos and case studies.”
- **Question Persuade and Refer (QPR):** “We can all save lives. The QPR mission is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training. The signs of crisis are all around us. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.”

Books, directories, editorials and academic studies

BOOKS

- Michel, K. & Gysin-Maillart, A. (2015). *ASSIP Attempted Suicide Short Intervention Program: A manual for clinicians*. Boston, MA.: Hogrefe Publishing.
- Heckler, R. (2014). *Waking Up, Alive: The Descent, The Suicide Attempt... and the Return to Life*. New York: Ballantine Books. 303.

DIRECTORIES

- A directory of links pertinent for suicide attempt survivors: [International Association for Suicide Prevention \(IASP\) - Resources: Suicide Attempt Survivors](#).
- Directory of attempt survivor resources: [American Association of Suicidology](#). (2018). [Suicide Attempt Survivors](#).

EDITORIALS

- Centre for Suicide Prevention. (2016). [Suicide attempt survivors and the value of lived experience](#).
- [Overcoming the shame of a suicide attempt](#). New York Times. D4 (2016, May 30) Brickhouse, J.

ACADEMIC STUDIES

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Suite 1210, 350 Albert Street
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