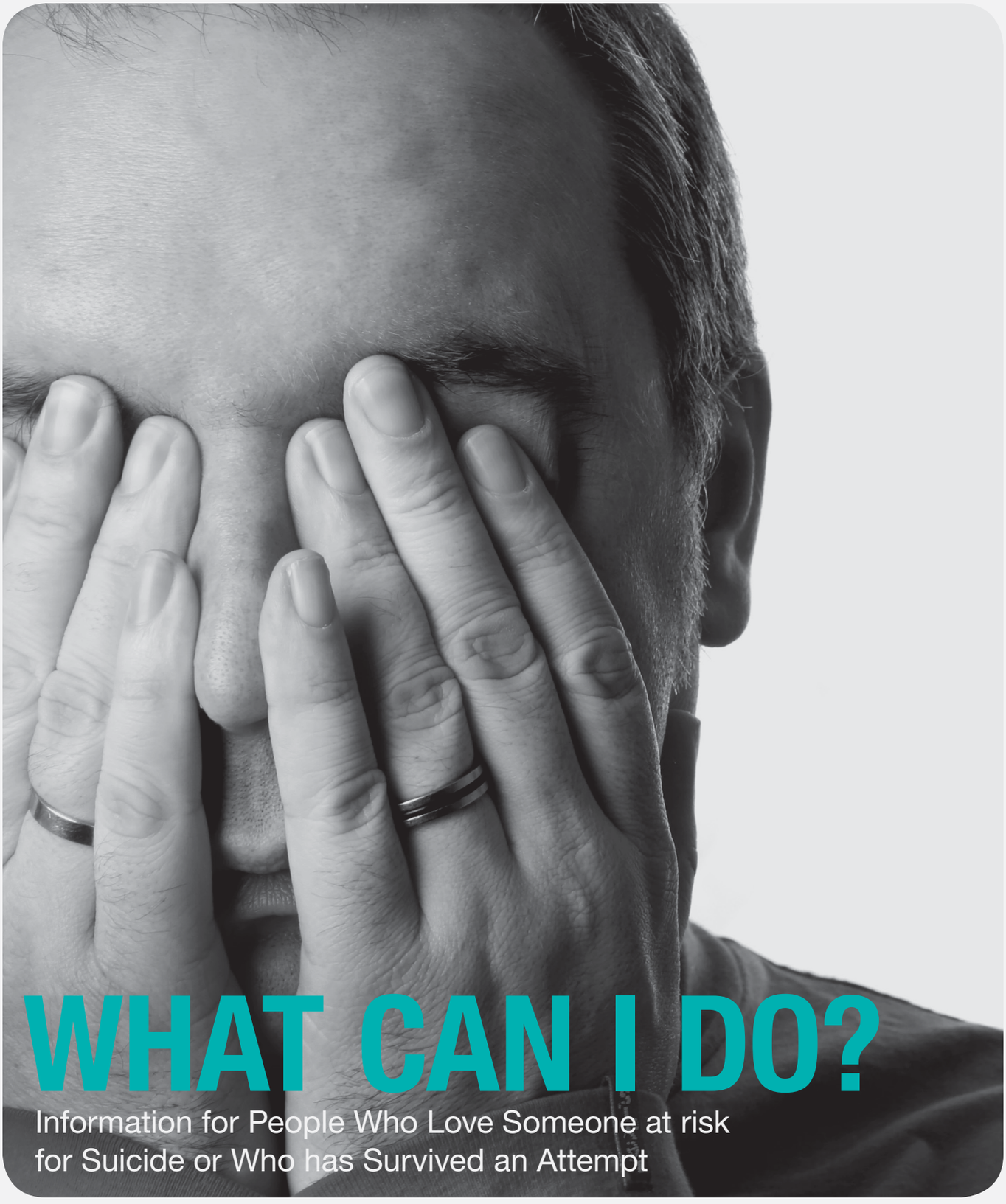

WHAT CAN I DO?

Information for People Who Love Someone at risk for Suicide or Who has Survived an Attempt

Canadian Mental Health Association
Edmonton
Mental health for all

Suicide Caregiver Support Services

Contents

Because You Need Support Too

Suicidal thinking or behavior in someone you care about is one of the most difficult realities that anyone can face. It's hard to see a loved one in pain. It's even harder when that person is in so much distress that suicide seems like an option. It takes love and courage to support someone in this painful situation.

We know that offering support to a loved one at risk for suicide or who has survived an attempt is demanding, stressful and emotionally overwhelming. To meet this challenge, you need support too. This package is intended to provide some basic information and assistance to you, as a caregiver, for someone at risk for suicide. It is not a substitute for professional counselling or medical treatment – for you or your loved one – and we encourage you to get help when you need it.

If you or your loved one needs immediate crisis support, call the 24-hour Distress Line at **780-482-4357**.

If you would like to explore ongoing individual support for caregivers through our Suicide Caregivers Support Services, call us at **780-414-6300**.

If you or your loved one require additional supports, we can refer you to other mental health service providers in the community.

What Is A Suicide Caregiver?

You are a suicide caregiver if you care for someone who has survived or is at risk for a suicide attempt. You alone cannot "fix" someone's problems, take away their pain or keep them alive. There are limits to what you can do. But you can access appropriate supports for both you and your loved one. As a suicide caregiver, you become part of a supportive team – that includes family members, friends, professionals and other service providers – working together to help your loved one stay safe.

Myths And Facts: WHAT YOU SHOULD KNOW ABOUT SUICIDE

Myth: ***Suicide occurs without warning.***

Fact: Many people give warning signs when they are thinking about or planning to take their own lives. These warning signs might include what they say, what they do, changes in their appearance or reactions to things that are happening in their lives.
See: *What are the warning signs? (See page 6).*

Myth: ***People who talk about suicide don't do it.***

Fact: Out of ten people who kill themselves, eight have given definite clues or warnings about their intentions. When someone talks about suicide, those comments should not be ignored.

See: *Do people who talk about suicide really want to die?*

Myth: ***People who attempt suicide have made a rational and well-thought-out choice to cope with serious personal problems.***

Fact: Most people are not thinking rationally at the time of a suicidal crisis. They have very strong mixed feelings. They want to live, but are overwhelmed with despair, anxiety and hopelessness. They cannot see any other solution.

See: *Why do people think about or attempt suicide?*

Myth: ***People who survive a suicide attempt are less likely to try it again because they have gotten it out of their systems.***

Fact: 80% of people who die by suicide have made at least one previous attempt.

Myth: ***Once a person believes suicide is a solution, he or she will be suicidal forever.***

Fact: Suicidal intent usually happens at a particular moment and lasts for a limited time. In that short period, a person may find their emotional pain and suffering intolerable and make an impulsive decision to end their own life. If that person receives support and finds other ways to cope with their pain, they can go on to lead fulfilling lives.

Myth: ***If a person improves after a suicide attempt, it usually means the crisis has passed.***

Fact: Sadly, most suicides occur within three months after the person appears to improve. If a suicide survivor suddenly seems happier, don't assume the danger has passed. A person who has decided to end their life by suicide, may feel "better" or feel a sense of relief after making this decision. A sudden improvement in the mood of a person who has been suicidal should be seriously investigated.

See: *Do people who talk about suicide really want to die? and What are the warning signs?*

Myth: ***Only certain "types" of people attempt suicide.***

Fact: We all have the potential for suicide. There is no "typical" suicidal person.

Myth: ***All suicidal people are mentally ill.***

Fact: Although the suicidal person is extremely unhappy, he or she is not necessarily mentally ill. While it is true that people who live with depression, bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD) or other mental illnesses can develop suicidal thoughts, that does not mean people who live with mental illnesses will become suicidal.

Myth: ***Suicide runs in families.***

Fact: Suicide does not run in families and the potential to have suicidal thoughts is not inherited. However, it is very common to have suicidal thoughts when a family member has died by suicide. The suicide of a family member can have a profound influence on the behaviour of other family members, putting them at higher risk. People with suicidal thoughts need appropriate and caring support, not judgement or rejection.

Some of the above content is adapted from the Peer Support Training Manual 2005, CMHA BC Division, Consumer Development Project. All other content is from CMHA-ER Suicide Grief Support Program resources.

Why Do People Think About Or Attempt Suicide?

No one can answer that question. There is no single cause of suicide. The many factors that can lead to suicide are complex and usually develop over time. People who survive a suicide attempt often describe an altered state of mind just before they take action to end their lives. But they usually can't explain this state of mind or understand it rationally. Psychological science is still studying the question: Why do people consider suicide?

People who consider to die by suicide often feel a tremendous sense of loneliness, isolation, helplessness and hopelessness. Most believe they can no longer cope with their problems and that suicide is the only way out. Distress distorts their thinking and they might convince themselves that "everyone will be better off without me."

A desire to end the pain. The source of pain might be a sudden traumatic event, longstanding and unresolved personal problems, or the experience of a number of losses or changes over a short period of time. Whatever the source, the pain feels unbearable and the person can see no way through it. Suicide begins to look like the only way to end the pain.

Helplessness. Those who act on their suicidal thoughts often feel powerless in the face of pain. They might think, "There's nothing I can do to make a difference," or, "I've already done all that I can." Having lost a sense of control, they might come to see the decision to live or die as the one last thing they can control.

Hopelessness. Not only might the person believe there is nothing they can do, but that there is nothing anyone else can do to change the future or end the pain. There seems to be no reason to go on living. This sense of hopelessness can be related to traumatic experiences or developmental trauma.[1]

Isolation. The person might feel increasingly alone, even when others are nearby and want to help. They might believe that no one can understand their situation, or that others have problems of their own, and might attempt suicide because they can think of no other way to reach out. When the nervous system is in threat mode – which arises from the natural fight, flight and freeze response – a person might interpret even well-intended offers as an attack.[2]

You can help your loved one stay safe with the assistance of a supportive team that may include professionals, family and friends. Even with the best monitoring and supervision, suicide can happen. Ultimately no one person is responsible for another's life, even a parent, partner or close friend.

[1] *For more information, visit: www.cdc.gov/violenceprevention/acestudy/*

[2] *Peter Levine, In an* Unspoken Voice: How the Body Releases Trauma and Restores Goodness *(Berkeley, CA: North Atlantic Books, 2010).*

Do People Who Talk About Suicide Really Want To Die?

Most people who think about suicide are undecided about living or dying – they really just want to end their emotional pain. The suicide attempt may be a conscious or unconscious way to get others to recognize the pain they are feeling and their need for help.

When a person considers acting on their suicidal thoughts, it sets off a mental "tug-of-war" between the desire to end the pain and the in-born will to live. This can be a time of great interior struggle and confusion, as the person is faced with fears, taboos, questions and doubts. The swinging back and forth between wanting to live and wanting to die is called ambivalence.

The danger of ambivalence is that caregivers and others may misunderstand it. The more a person talks about suicide, the more others may come to believe that the person is not really serious about it. They may even become impatient and withdraw their support. Suicide attempts may be seen as manipulation or attention-seeking, when they are actually expressions of ambivalence.

A further danger is a sudden loss of ambivalence. This may happen when the person has made the decision to die. The suicidal person may appear much more settled, calm or even happy. Others may be lulled into believing that the crisis is over and things are better now, when in fact the person's suicide attempt is very near at hand. As a caregiver, you need to be alert to sudden improvements in the person's mood or behaviour and seek support from your team.

Should I Avoid Talking About Suicide?

As a caregiver, you might be afraid of saying or doing the wrong thing. But there is no evidence that talking about suicide with a person in emotional pain will cause them to think about suicide or attempt self-injury. It is more likely that the person will welcome the opportunity to talk about their suicidal feelings. They may feel relieved that someone finally noticed their pain. Talking about suicide can create a climate of caring that breaks through the isolation the person is feeling and makes it possible to connect them to the help they need.

What Are The Warning Signs?

The confusion a person experiences during the inner struggle between the desire to end the pain and the will to live can give rise to "clues" or warning signs. These warning signs can alert others to the person's state of mind and provide an opportunity to recognize the trouble and take action. They can also lead the suicidal person to reach out for help.

Here are common warning signs that a suicide attempt might be near at hand.

Verbal

- Direct statements: "I wish I were dead." "I don't want to live anymore." "I can't go on." I'm thinking of ending it all."
- Indirect statements: "All of my problems will end soon." "Everyone will be better off without me." "You won't have to worry about me anymore." "No one can help me now." "I just can't take it anymore."
- Talking or joking about suicide.
- Describing ways or plans for killing themselves.

Behaviour

- Marked sadness
- Drop in grades by students
- Absenteeism at work and/or reduced productivity
- Impatience and irritability (becoming bored, restless and easily angered)
- A previous suicide attempt
- Self-harming
- Fascination with death, writing about death and suicide
- Giving away possessions, putting affairs in order
- Increased risk-taking (e.g. driving a car recklessly)
- Frequent accidents (an accident can mask a suicide attempt)
- Isolation or withdrawal from family and friends
- Increased use of alcohol and/or drugs

Physical

- Low energy
- Disturbed sleep patterns – sleeping too much or too little
- Loss of appetite
- Sudden weight gain or loss
- Increase in minor illnesses
- Change of sexual interest
- Sudden change in appearance
- Lack of interest in appearance and/or hygiene

*Situations, Losses and Stressors**

- Family history of suicide or violence
- Recent loss of someone to suicide
- Sexual or physical abuse
- Death of a close friend or family member
- Divorce or separation, ending a relationship
- Failing academic performance, impending exams, exam results
- Job loss, problems at work
- Financial difficulties
- Trouble with the law, impending legal action
- Recent imprisonment or upcoming release
- Suffering a major loss or adjusting to a major life change, e.g. physical illness or disability
- Gender identity and gender orientation issues
- Drug and alcohol abuse
- Being bullied at school or work
- Isolation and lack of perceived social or professional support

** Note: Distress is usually caused by an accumulation of stressors, rather than a single "event."*

Some of the above content is adapted from www.befrienders.org.suicide/warning.
All other content is from CMHA-ER Suicide Grief Support Program resources.

How Can I Help My Loved One Stay Safe?

Ask your loved one directly: “Are you thinking about suicide?” “Are you planning to end your life?” Being direct will not cause a person who is not suicidal to become suicidal, and talking about it may help to reduce your loved one’s suicidal distress by creating a climate of openness and caring.
See: *Should I avoid talking about suicide? (See page 6).*

Listen without judgment. Problems that appear minor to some people may be major to others. You can help your loved one feel calmer and less alone simply by being willing to listen attentively and without judgment.

- Let the person talk about how they feel about being in the situation they are in.
- Don’t tell them that they should not be upset. Remember their feelings are theirs, and it’s not for us to judge whether they are right or wrong.
- Don’t give advice. Listen to what they believe is the best solution to the situation.
- Avoid clichés.

Tell others. Remember, you alone cannot “fix” someone’s problems or take away their pain. You need to involve others.

- Keeping a secret of someone’s suicidal feelings is dangerous for them and very stressful for you. Tell your loved one you care too much about them to handle this alone.
- Ask them who they trust enough to know what they are feeling and thinking.
- Help them make a list of trusted people who can offer further support, and offer to be with them when they contact this person or people. Encourage them to keep a list of names and phone numbers in their wallet or purse.

Plan to help your loved one stay safe.

- Help them think of ways to cope with stress: What are they doing to take care of themselves? What can they do so the stress is more manageable?
- Be a sounding board as the person considers their options: What action can take place? What is the benefit of that option? What is the risk or loss of that action? Suggest that today might be a day to cope instead of a day to resolve problems.
- Help the person find out about walk-in sessions, support groups or counseling services that might help – call 211 for information. Go with them to their first or next counselling session. Knowing that a caring person is waiting outside the counselling office can be tremendously supportive.
- Help the person make a list of trusted people/places they can call when they need to talk. Who can be called 24 hours a day? Who can be reached only during business/school hours?
- We offer a safety plan outline that you can use with your loved one to brainstorm answers to the questions above. A written safety plan can help both you and your loved one in a crisis.

Support your loved one in a crisis and afterwards.

- If available, refer to or update the safety plan you developed together.
- Call the Distress Line (780-482-HELP) to help you sort out how to help this person. Encourage your loved one to call the Distress Line.
- Don’t assume that because the person stops talking about their problem that everything is fine. Ask: How have things changed? Encourage your loved one by emphasizing the strength it took to work through the crisis.

Where Can I Get Help For My Loved One In A Crisis?

This information is for people who live in the Edmonton area. If you live in another Province or Territory please contact the helpers in your community or look for resources at the Canadian Association for Suicide Prevention at www.suicideprevention.ca/grieving/

- Call the 24-hour Distress Line at **780-482-HELP** (4357) or the 24-hour Rural Distress Line at **1-800-232-7288**. A real person is available seven days a week to offer supportive listening.
- Access Drop-in Single Session Counselling. Available free-of-charge at multiple locations throughout Edmonton, including CMHA-ER, on flexible days and times. For information, locations and times visit: **www.dropinyeg.ca**
- Access online live crisis chat at: **www.edmonton.cmha.ca/programs-services/online-crisis-chat/**. Available Monday to Friday, 6:00-10:00 p.m. and Saturdays and Sundays from noon to 4:00 p.m.
- Call the Community Urgent Services and Stabilization Team (CUSST) at **780-342-7777**.
- Call Community Adult Assessment and Treatment Services (CAATS) Intake at **780-342-7600**.
- Call Momentum Counselling Society of Edmonton at **780-757-0900**.

Where Can I Get Support For Me, As A Caregiver?

This information is for people who live in the Edmonton area. If you live in another Province or Territory please contact the helpers in your community or look for resources at the Canadian Association for Suicide Prevention at www.suicideprevention.ca/grieving/

Crisis Support Lines

- Call the 24-hour Distress Line **780-482-HELP** (4357).
- Call the Mental Health Help Line, toll free, at **1-877-303-2642** for mental health advice.

Support and Counselling

Canadian Mental Health Association – Edmonton Region, Suicide Caregiver Support Services

- Safety plan template[3]
- Debriefing sessions for family members and close friends
- Support sessions for individuals, family and friends
- Referral to a patient advocate and other mental health service providers for you and your loved one

Drop-in Single Session Counselling

- Available free-of-charge at multiple locations throughout Edmonton, including CMHA-ER, with flexible days and times ready to serve you. For information, locations and times visit: **www.dropinyeg.ca**

Community Resources

- Call **211**, 24 hours a day, for information about community resources – just DIAL **211**.

[3] *Adapted from Dr. Joti Samra, R.Psych. & Dr. Dan Bilsker, R.Psych. (2007)*

Safety Plan

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If you have thoughts of hurting yourself, start at **Step 1**. Go through each step until you are safe.

Remember: Suicidal thoughts can be very strong. It may seem they will last forever. With support and time, these thoughts will usually pass. When they pass, you can put energy into sorting out problems that have contributed to you feeling so badly. The hopelessness you may feel now will not last forever. It is important to reach out for help and support. You can get through this difficult time. Since it can be hard to focus and think clearly when you feel suicidal, please copy this and put it in places where you can easily use it, such as your purse, wallet or near the phone.

For assistance answering question # 1 please call the Distress Line at 780-482-4357.

1. Do the following activities to calm/comfort myself:

Past Resources: _____

_____

Internal Resources: _____

_____

External Resources: _____

_____

2. Remind myself of my reasons for living: _____

_____

_____

3. Call a friend or family member:

Name: _____ Phone Number: _____

4. Call a backup person if person above is not available:

Name: _____ Phone Number: _____

5. Call an Expert Professional (Psychologist, psychiatrist, therapist):

Name: _____ Phone Number: _____

6. Call my local crisis line:

24-Hour Distress Line: **780-482-4357**
24-Hour Rural Distress Line: **1-800-232-7288**
Community Urgent Services and Stabilization Team (CUSST): **780-342-7777**

7. Go somewhere I am safe: _____
8. Go to the Emergency Room at the nearest hospital.
9. If I feel that I can't get to the hospital safely, call Community Urgent Services and Stabilization Team (CUSST) and ask for their help. They will plan with you how to keep yourself safe, and how you can get to the hospital.

Adapted from Dr. Joti Samra, R.Psych. & Dr. Dan Bilsker, R.Psych. (2007)

Canadian Mental
Health Association
Edmonton
Mental health for all

Canadian Mental Health Association — Edmonton Region
300 – 10010 105 Street NW
Edmonton, AB, Canada T5J 1C4
T: 780.414.6300 F: 780.482.7498

edmonton.cmha.ca

@CMHAEdmonton

Charitable # 118834316RR

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American Association of Suicidology

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