
Facilitator Discussion Guide

Goals of the Facilitation Guide

1. To discuss and clarify participants' beliefs about suicide and mental health issues.
2. To support development of community-wide preparedness to reach out to those in need.
3. To develop participant awareness of local resources available to refer those who need help.

Key Messages

Everyone has a role in creating a suicide safer community, and each of us can be a helping hand.

All people potentially could become at risk for suicide.

Audience

Community members (general public)

Outline

1. Causes/triggers for suicide
2. Warning signs of suicide
3. Myths of suicide
4. Asking the question
5. Role-play exercise to tie in learnings
6. Resources
7. Participant handouts

Materials

To be handed out to participants

- OSAS Suicide Awareness Pamphlet
- Myths and Facts worksheet
- Role Play exercise
- Resources

Other Resources

- *Suicide Prevention Handbook*-available online from OSAS: www.suicideawareness.ca



1. Causal Factors for Suicide

- Question to ask participants: After watching the video, does it seem accurate to assume that a person considering suicide is mentally ill?

Facilitator Tip:

Be aware that many people, both professional and nonprofessional, make this assumption. Unfortunately what they mean by “mentally ill” varies greatly, so this assumption can lead to confusion. As examples, for some it means having a diagnosable psychiatric brain disorder and for others “being crazy.” For some it means not being mentally well or healthy (perhaps the contrast is “mentally distressed”). In this video we chose to focus instead on the suicidal person’s feelings and perspective on his/her own life and future.

Some Common Causal Factors Which May Lead to Suicide:

- Feeling hopeless
- Feeling helpless to make things better or bearable
- Overwhelming feelings of loss and pain, both physical and emotional
- Unbearable feelings of despair and desperation (life lacks meaning or purpose)
- Feeling overpowered by fear or anxiety, by dread of the future (things can only get worse)
- Feeling trapped in this overwhelming, unbearable painful state

2. Warning Signs of Suicide

- Question to ask participants: After watching the video, what might be some signs that someone is thinking about suicide?

Facilitator Tip:

“Include examples of actions, feelings, thoughts and physical signs by someone thinking about suicide.”

- Refer to front page of OSAS Suicide Awareness pamphlet, “IS PATH WARM”.



Common Warning Signs:

According to the Canadian Association for Suicide Prevention common signs and behaviours to be aware of and that might suggest someone being at risk of suicide include:

- Direct and indirect verbal expressions: “I don’t want to live anymore”, “there is nothing to live for anymore”, “people will be better off without me”, “I feel I’m just a burden on others.”
- Dramatic changes in mood
- Loss of interest in previously enjoyed activities
- Agitation or excessive anger
- Increase in drug and alcohol use
- Risk taking behaviour/recklessness
- Aggressive, impulsive and/or violent acts (as radical change from person’s norm)
- Expressions of hopelessness and purposelessness
- Lack of self-care or outright neglect of self; intentional self-harm
- Changes in eating and sleeping patterns
- Withdrawal from family, friends, and interests
- Giving away prized possessions and/or making a will
- Reconnecting with old friends and extended family as if to say goodbye
- Previous unresolved or recent suicide attempts
- Feeling trapped
- Heightened anxiety but refusal to talk about it



Hand out “Myths and Facts about Suicide Worksheet”

*Answer sheet to be handed out at the end of this exercise

Facilitator Tip:

- This section can lead to further discussion of some known/common ways of conveying thoughts of hopelessness, depression and despair by individuals at risk (see above section/ refer to pamphlet).

3. Myths and Facts

1. People who talk about suicide rarely attempt or die by suicide False ✗

- **FALSE:** While not all people contemplating suicide talk about it, a majority of people who attempt or die by suicide seem to have talked to someone about their thoughts and emotional pain. They may never have used the word “suicide” but have indicated life is no longer fulfilling, or they feel hopeless or helpless, or they feel like their absence will not be missed. PLEASE assume that any such talk is the person’s attempt to say they are hurting and need help to find relief, and that they are at increased risk for suicide. ALWAYS take such talk seriously and be a caring helper for this person.

2. A person who is considering suicide is committed to dying False ✗

- **FALSE:** Most people who attempt suicide want to live. They are experiencing overwhelming emotional pain and are crying out for help. If they receive the help they are asking for, they may never attempt suicide again.
- **Fact:** Most people who are considering suicide are ambivalent. They want their pain to stop. If they could see another way to make this happen they might not choose suicide.

3. **A person who talks about or attempts suicide is only looking for attention** False ✘

- **FALSE:** A person who talks about or attempts suicide is not merely seeking attention, but is attempting to communicate the need to find a way to feel better. Attending to this person's need is a caring response that may prevent a suicide death.

**Note to facilitator*

Highlight the point that suicidal behaviour is a form of communicating needs. By developing rapport and opening exploration of the person's suicidal feelings one can support the individual to voice what may be creating those feelings and how to support the person to seek help to resolve them.

- **Fact:** People who die by suicide often have made previous attempts

4. **Improvement in the person considering suicide means the risk is over** False ✘

- **FALSE:** A person may want to end his/her life, but he/she may lack the energy and motivation to carry out a suicide plan. Ambivalent feelings are a constant struggle. Making a decision to die by suicide often brings a sense of relief, which can often appear to others as an improvement in mood. It is during such a time that a person finally has the energy and resolve to carry out the suicide plan.
- **Fact:** Significant risk remains in the first 90 days after someone is released from hospital.
- **Fact:** While the will to live can come back, so can feeling suicidal.
- **Fact:** While significant risk remains, suicide intervention should be considered if it has not been done. An effective suicide intervention will include an after crisis care plan, which ideally will help strengthen the safety factors.

5. **Asking the question "Are you thinking about suicide?" will put the idea in someone's mind or encourage him or her to do it** False ✘

- **FALSE:** Talking can help relieve some of the pressure and it shows you care and that you are taking the person seriously. Asking someone if they are thinking of suicide is the only way to know whether suicide is a concern.
- **Fact:** Actually the opposite is true – asking is the first step in prevention – it will encourage discussion and reduce anxiety.



6. **Anyone who tries to kill him/herself must be “crazy”** False ✗

- **FALSE:** The majority of individuals who are suicidal are experiencing overwhelming psychological pain. Beliefs like the one mentioned above (i.e., “must be crazy”) are negative and inaccurate. Such beliefs contribute to stigma around suicide and reduce the likelihood of help seeking among individuals contemplating suicide.
- **Fact:** Unfortunately, the majority of individuals who contemplate, attempt, or die by suicide do not seek help due to the stigma surrounding suicide. Often these individuals conceal suicidal thoughts because they feel ashamed, weak, or inadequate for considering suicide and are afraid of being judged or treated differently.

This next section will cover approaching and talking with someone that may be suicidal

Speak out: If you are worried about someone who you think might be considering suicide, you might question if you should say anything about it. You might be afraid of their reaction or that you could be wrong. It's normal to feel uncomfortable or afraid, but you will not know for sure unless you ask. In fact, as we've already discussed, asking someone if they are considering suicide shows that you care, and it can help to relieve some of the pressure that individual may be feeling and give them a chance to talk about how they are feeling. The person might be feeling too ambivalent, afraid or uncomfortable to ask for help, **so speak out.**

4. Hand out “Role-play Exercise”

- **Question to ask:** How might you respond to (approach) someone you suspect might be feeling suicidal?

**Note to facilitator*

Discussion should include building rapport, asking the question and agreeing to next steps (resources)

Answer:

1. Possible ways to start a conversation about suicide:

- “Lately I am feeling concerned about you.”
- “Recently, I have noticed some differences in you and I just wanted to see how you are doing.”

- “Are you thinking about suicide?”

Tips on what to do if the answer is YES:

- Do not act shocked, lecture on the value of life or say that suicide is wrong. Instead, be compassionate and nonjudgmental. Although it may be difficult for you to understand the person’s reasoning, reassure them that you care about them and are not there to judge. Most importantly, show them that you are ready to listen.

2. Questions you can ask:

- “How long have you felt this way?”
- “Do you know what brought on these feelings?” or “What has led you to feel this way?”
- “Have you had these feelings before?”
 - If YES: “What has helped you in the past?”
- “Have you thought about getting help?”

What you can say that may help:

- “You are not alone in this. I’m here for you”
(NOTE: Saying this is a commitment to remain with the person as long as needed.)
- “I may not be able to understand exactly how you feel, but I care about you and want to help”

Tips for talking to a person who is considering suicide: DO’s and DON’Ts

Do:

- Be yourself. Reassure the person you care and that they are not alone.
- Listen. Let the person who is considering suicide talk about why he/she is feeling this way.
- Be nonjudgmental, compassionate, patient, calm, and accepting.
- Acknowledge the person’s feelings and experienced pain.
- Offer hope. Reassure the person that there is help available. “It is a sign of strength to ask for help.”

But DON'T:

- Argue. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or "Look on the bright side." Dismissal of the person's feelings may end the conversation.
- Act shocked, lecture on the value of life, or say that suicide is wrong or stupid.
- Promise confidentiality or secrecy. You may need to contact a professional to keep the person who is considering suicide safe.
- Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings. The immediate concern is not the nature of the problem, but how the person who is considering suicide experiences it as unbearable.

3. Talk about resources:

- See next page for a list of resources
- Offer help and support. By now you **are** a "helping hand" to this person, so from the provided list of resources determine—with this individual—what resources are most appropriate for him/her.

Get professional help

You can call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment. If you believe the risk is high/the person's plan is to act very soon, call 911 or accompany the person to the KGH emergency room (if at school, to the school counsellor's office). Additional resource information is provided below.

Immediate 24/7 contact: You can speak with trained volunteers who will listen to you and try to understand how you are feeling and what has happened that led you to feel this way. They will help you explore your options, and help to develop a plan to address the concerns that led you to call.

- Interior Crisis Network: 1-888-353-2273 (CARE)
- National Suicide Hotline: 1-800-SUICIDE (784-2433)
- KidsHelpPhone.ca 1-800-668-6868 (to speak with a counsellor)
Also offers free **AlwaysThere** app: www.kidshelpphone.ca/teens/phoneus/alwaysthere.aspx
Identifies resources in your community, connects to supportive live chat or direct contact with a professional counsellor

Online information: Canadian Association for Suicide Prevention: Provides information on how to recognize if someone is suicidal/ what to do if you or someone you know is suicidal.

- General website: www.suicideprevention.ca
- If you are in a crisis: www.suicideprevention.ca/in-crisis-now

Online chat services: Crisis Centre BC provides free, confidential, non-judgmental, emotional support to youth, adults, and seniors.

- Online Chat Service for Youth: www.YouthInBC.com
- Online Chat Service for Adults: www.CrisisCentreChat.ca

Intake services: You can contact your family doctor or mental health services in your area to find out more information about treatment services that will suit your needs.

- Child & Youth Mental Health: (250) 861-7301
(Walk-in assessment in available Tuesday 9-11am & 1-3pm at 260 Harvey Avenue, Suite 204, Kelowna)
- Kelowna Mental Health and Substance use: (250) 868-7788
(Walk-in emergency assessment is available Monday-Friday 8:30am-4:30pm; on weekends call (250) 862-4000 for emergency response)

Free mobile app: The LifeLine is a free downloadable mobile app which provides contact information for crisis services (face-to-face, telephonic and online) nationwide, with mapping to identify the nearest resources. Also provides information about suicide, recommended resource materials, and assistance for persons seeking support for grieving a suicide death.

- Free download is available at: www.TheLifeLineCanada.ca