



# Days of Action: World Suicide Prevention Day Toolkit

September 10

University of Alberta: September 12



partners in  
**DAYS OF ACTION**





# Statistics

## Backgrounder

Many people have been impacted by suicide or at least know someone who has. It is not someone else's problem. It is our problem. Fortunately, suicide is preventable. Most people who die by suicide do not necessarily want to die. They simply want the pain of living to stop. We can help.

**WORLD:** In 2000, 815,000 people<sup>1</sup> lost their lives to suicide — more than double the number of people who die as a direct result of armed conflict every year (306,600). There is a “global” mortality rate of 16 per 100,000. In the last 45 years suicide rates have increased by 60% worldwide<sup>2</sup>. Globally, one person dies from suicide every 40 seconds.

**CANADA:** There were 3,926 deaths by suicide in Canada (2012). 2,971 were male. 954 were female. Men aged 40-59 had the highest number of suicides in Canada with 1305, followed by males aged 20-39 with 863. Suicide accounts for 24% of all deaths among 15-24 year olds<sup>3</sup>.

**FNMI:** Aboriginal people in Canada have some of the highest suicide rates in the world, but this is not true for all Aboriginal peoples. There are also many communities that have very low rates of suicide. 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. Learn more at the Aboriginal Resource Toolkit<sup>4</sup>.

**ALBERTA:** In 2014, in Alberta, there were 547 suicidal deaths; however, projections for 2015 had the number at more than 650. Men aged 40-59 had the highest number of suicides in Alberta<sup>5</sup> with 154, followed by males aged 20-39 with 131.

**UNIVERSITY OF ALBERTA:** In the 2013 National College Health Assessment<sup>6</sup>, it was found that 8.5% of UofA students considered suicide in the 12 months the study covered and 1.4% attempted suicide (which is 546 students).

**NOTE:** Data on suicide is limited. Many potential suicides are not reported as such, but as accidental deaths. Also, gender is only captured as male or female with no allowances for additional genders.

1, 2 [https://toronto.cmha.ca/mental\\_health/suicide-statistics/](https://toronto.cmha.ca/mental_health/suicide-statistics/)

3 <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth66a-eng.htm>

4 <http://www.suicideinfo.ca/Library/Resources/ResourceToolkits.aspx%20%20%0D>

5 <http://globalnews.ca/news/2386419/alberta-suicide-rate-up-30-province-looking-for-answers/>

6 <http://www.acha-ncha.org/>



# Myths and Facts

Myth	Fact
Suicide notes are always left at time of suicide.	Notes are rarely left by someone who dies by suicide. The percentage of those who leave notes varies from 12% to 15% (1988). It is a troubling myth because many believe a note must be present to deem a death a suicide. This can be especially important to those bereaved by a suicide. If a death is not accepted as a suicide, the grieving process can only become more difficult and closure may become more elusive.
People who talk about suicide should not be taken seriously.	The American Association of Suicidology (AAS) has suicidal talk as a major warning signs for suicidal risk. This myth suggests that those who talk about suicide are just trying to get attention. Suicidal behaviour should always be taken seriously.
Talking to people about suicide will influence suicidal behaviour.	On the contrary, talking about suicide with someone who may be suicidal reduces the risk that they may attempt. They should be asked directly if they are having suicidal thoughts or have a plan in place. It has been shown that when someone at risk is given the opportunity to talk, their threat to carry through with suicide diminishes (Suicide Resource Group, 1999).
Once someone has attempted suicide, they will not attempt again.	People who have attempted in the past are the most at-risk for future attempts. The chief predictor of a future suicide is a past attempt. The rate of suicide is 40 times higher for those who have attempted already.
The suicide rate is highest around Christmas/holidays.	This is not true. In fact, though the rate is fairly constant throughout the year, it rises slightly after the holidays in January and peaks in early spring.
Depression is always the cause of suicide.	Two of every three people who commit suicide are depressed at the time they take their life. However, alcoholism plays a role in 1 in 3 completed suicides. Major depression is the psychiatric diagnosis most commonly associated with suicide, with about 20 times the risk found in the general population. <sup>7</sup>
Most suicide attempts are successful.	Fortunately, only 1 in every 10 to 25 attempts actually results in death, which speaks to the importance of trying to remove access to the means.
Suicide only strikes people of a certain gender, race, financial status, age, etc.	Suicide can strike anyone <sup>8</sup> .

*Adapted from the* Suicide Prevention Primer: Myths and Facts<sup>9</sup>

<sup>7</sup> <http://www.health.com/health/gallery/>

<sup>8</sup> <http://www.suicide.org/suicide-myths.html>

<sup>9</sup> <https://suicideinfo.ca/LinkClick.aspx?fileticket=wCQaysVImE8%3D&tabid=563>



# Warning Signs

There are many warning signs that can often be identified in someone you think may be at risk of committing suicide that we categorize into three groups: verbal, behavioural, and situational.

## What are they saying? Directly or indirectly?

Direct Verbal Clues/Invitations	Indirect Verbal Clues/Invitations
Directly stating that they have decided to end their life	Talking about feeling trapped or in pain, talking about feeling hopeless or expressing feelings of being a burden
"I've decided to kill myself"	"I just can't go on anymore", "I'm so tired of it all"
"I wish I were dead"	"What's the point of going on?", "I'm calling it quits, living is useless"
"I'm going to commit suicide"	"My family would be better off without me", "You shouldn't have to worry about/take care of me any longer"

## What are they doing?

- Withdrawing or feeling isolated/missing classes
- Displaying anger
- Experiencing significant weight gain or loss
- Giving away possessions
- Losing interest in sports and groups
- Appearing hopeless and helpless
- Sleeping too much or not enough
- Acquiring the means or searching for methods online
- Reconnecting with loved ones
- Exhibiting extreme behavioural and mood changes
- Writing or creating art about death and dying
- Appearing unusually unkempt
- Making or changing a will/tying up loose ends
- Engaging in reckless behaviour
- Experiencing anxiety and/or displaying agitation
- Increasing drug or alcohol use
- Suddenly appearing emotionally uplifted and calm\*



## What is happening in their life?

- Death of a loved one
- Academic struggles
- Change in health status/terminal illness
- Sudden, unexpected loss of freedom
- Historical trauma
- Loss of a relationship
- Culture shock/aculturative stress
- Loss of financial security
- Fear of becoming a burden to others
- Suicide clusters/echoes
- Any life events\*

## The possibility of suicide is most serious when a person has a plan for suicide that includes:

- having the means, such as weapons or medicines, available to try suicide or do harm to another person
- having set a time and place to try suicide
- thinking there is no other way to solve the problem or end the pain<sup>10</sup>

<sup>10</sup> <https://myhealth.alberta.ca/>





# Ways to Help

The following are a number of things you can do to begin helping the person you feel might be at risk of suicide. Remember — when supporting someone, always ensure that you have support yourself.

- Ask directly if you think someone you know is thinking about suicide.
- Be willing to listen. Allow their expressions of feelings, and accept those feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life. Focus on being present with their feelings.
- Get involved. Become available. Show interest and support.
- Don't act shocked. This will put distance between you. Be patient with yourself and the situation.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- **Take action.** If it is safe for you to do so, remove means, such as guns or stockpiled pills.
- Get help from resources on and off campus that specialize in crisis intervention and suicide prevention.
- Encourage (and offer to accompany) your friend to seek help and support from a crisis specialist, therapist, doctor and/or clergy member.
- Check in/follow up regularly. Schedule times to talk for the next week when you will both be available, to see how they are doing.
- Show them the safety or "crisis coping plan" on the Lifeline web site, and talk together about your friend can use this to help him/her to cope in these difficult moments.
- Make sure you have support as well.

*From the National Suicide Prevention Lifeline<sup>11</sup>*

<sup>11</sup> <http://www.suicidepreventionlifeline.org/getinvolved/suicide-prevention-toolkit.aspx>



# Resources

## On Campus

ACCESS Open Minds	accessom@ualberta.ca
Campus Protective Services	780-492-5050
Community Social Work Team	780-492-3342
Counselling and Clinical Services	780-492-5205
Employee and Family Assistance Program	780-492-2249
First Peoples' House	780-492-5677
Graduate Student Assistance Program	780-492-2249
Helping Individuals at Risk	780-492-4372
Interfaith Chaplain's Association	780-492-0339
International Student Services	780-492-2692
Peer Support Centre	780-492-4357 (HELP)
University Health Centre	780-492-2612

## Off Campus

Alberta Mental Health Helpline	1-877-303-2642
CMHA Drop In Single Session Counselling	211
Community Urgent Services and Stabilization Team	780-342-7777
Distress Line	780-482-4357
The First Nations and Inuit Hope for Wellness Line	1-855-242-3310
Kid's Help Phone	1-800-668-6868
Momentum Walk In Counselling	780-757-0900
Rural Distress Line	1-800-232-7288
Suicide Bereavement Support Services	780-482-0198
Suicide Caregiver Support Services	780-482-0198
The Support Network	211

*For more resources and information on how you can get involved,*  
visit [www.community.ualberta.ca/daysofaction](http://www.community.ualberta.ca/daysofaction).