

Community Awareness Resource Education

The impact of suicide world wide and in our local community of Haldimand and Norfolk is tremendous. Tragically, lives are lost daily despite suicide being a preventable cause of death. Stigma, ignorance, myths and silence are some of the barriers to suicide prevention. Creating understanding and opening up a dialogue about suicide is an important foundation for suicide prevention. Through CARE - community awareness resource education - we aim to end the silence surrounding suicide. CARE represents one component of our commitment to be part of a solution, to develop a positive **“we will not ignore it, we hear it and we will help”** community response to suicide – it is one step toward building a suicide safer community in Haldimand and Norfolk.

Ending the Silence.....Igniting Hope Preventing Suicide

Developed and provided by the Haldimand-Norfolk Resource Centre, a program of Community Addiction & Mental Health Services of Haldimand & Norfolk



CAMHS

Community Addiction & Mental Health
Services of Haldimand & Norfolk



United Way
of Haldimand and Norfolk

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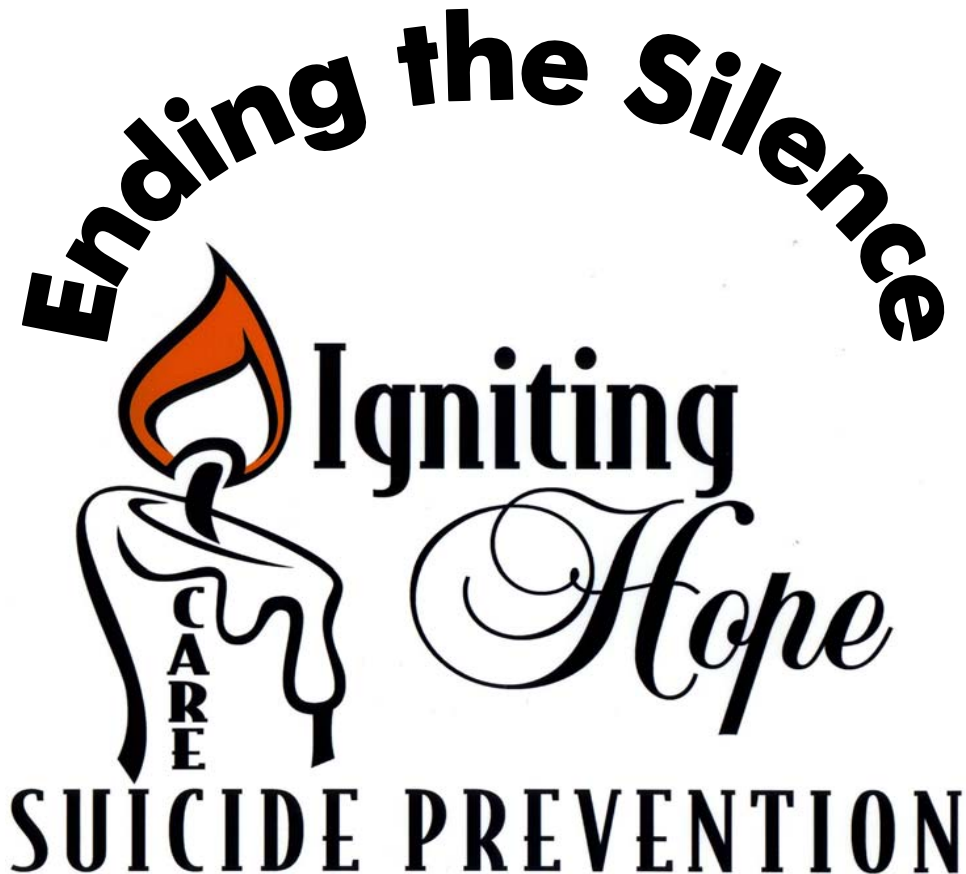


Ontario

Hamilton Niagara Haldimand Brant
Local Health Integration Network

SUICIDE

Facts, Tips and Resources



Community Awareness Resource Education

What is Suicide?

Suicide is not about wanting to die but rather about not wanting to live. It is about escaping unbearable pain, suicide is a means to end a situation in which an individual feels trapped.

Suicide

Evidence that an individual deliberately intended to kill him/herself.

Suicide Attempt

Clear attempt to kill him/herself, but action did not have a fatal outcome.

Suicidal Threat

Talk or actions by an individual that could be interpreted as a suicidal act or indicates a significant risk in the immediate future.

Suicidal Ideation

Self-reported thoughts, feelings of engaging in suicide related behaviour.

Suicidal Gestures

May be little or no intent to die, however the behaviour signals distress.

Quick Facts

- Every year in Canada there are approximately 4000 suicides.
- From 2000 to 2004, there were 50 reported suicide deaths in Haldimand and Norfolk.
- From 2003 to 2007, in Haldimand and Norfolk, there were 557 visits to the emergency room for suicide attempts.
- Suicide accounts for 24% of all deaths among Canadians age 15 - 24 and 16% of deaths for Canadians age 25 - 44.
- From 2000 to 2004, the suicide rate for Haldimand and Norfolk was higher than the provincial average in Ontario.

(Statistics from Haldimand-Norfolk Health Stats - Mental Health Report with a Focus on Suicide 2009, Haldimand Norfolk Health Unit)

**It is not so much that suicide is hidden,
but that we hide it. Denial and avoidance
are barriers to suicide prevention.**

Haldimand-Norfolk Community Resources

- 911 for any IMMEDIATE RISK
- Norfolk General Hospital 519-426-0130
- West Haldimand Hospital 905-768-3311
- Haldimand War Memorial 905-774-7431
- CAST (Crisis Assessment & Support Team)
1-866-487-2278 for mental health crisis 24/7 phone line
- Walk in counselling REACH 1-800-265-8087
- REACH – Child & Youth Services 1-866-327-3224 24/7 phone line
- CAMHS (Community Addiction & Mental Health Services)
1-877-909-4357
- CMHA (Canadian Mental Health Association) 1-888-750-7778
- Doctor or Walk-In Clinic



TRAINING →



Additional Resources and Information



ASIST (Applied Suicide Intervention Skills Training) provides two days of training for individuals wishing to learn intervention skills to support a person at risk for suicide. SafeTALK training is also available.

Presentations on suicide awareness, mental illness, stigma and recovery are available for schools, groups and service clubs.

A Mental Health and Wellness Collection of books, videos and DVDs addressing mental illness, mental health, wellness, stigma, suicide, and recovery is housed at the Simcoe Branch of the Norfolk County Public Library.

A Suicide Bereavement Support Group is run by the Haldimand Norfolk Health Unit, groups are available in Simcoe and Dunnville.

Additional copies of this handbook along with pamphlets, videos, books on suicide, mental illness & mental health are available.

**For information on any of these resources please contact the
Haldimand-Norfolk Resource Centre at 519-428-0580**



What Can I Do?

Your support can make a significant difference to someone struggling with thoughts of suicide - just knowing that someone is prepared to offer support can provide a sense of hope that maybe a turning point for them.

LISTEN

- Be open and patient and LISTEN for the meaning behind the words
- Encourage talk about feelings of suicide – don't judge
- Don't minimize the pain
- Offer empathy rather than try to "FIX" the problem

ASK THE QUESTION

- Ask clearly and directly – **Are you thinking of suicide?**
- Discuss individual's risk of suicide – disable the plan
- Offer support and compassion

GET HELP - FIND RESOURCES

- Don't try to do it all alone!
- **NEVER** keep it secret or leave suicidal person alone
- Explore resources together

REMEMBER!

- ANYONE can be at risk of suicide
- BE AWARE of warning signs
- Take every threat SERIOUSLY
- LISTEN, show empathy & be patient
- ASK directly about SUICIDE
- NEVER keep a SECRET about suicide
- GET HELP – don't do it alone
- Offer appropriate SUPPORT
- Take care of YOURSELF



With so many people dying, why are we not talking more about it and preventing a continued epidemic?



The myths and stigmas of suicide silence us, they convince us that talking about suicide carries more risks than not talking about it. Without accurate information we are scared into silence. But open discussion and awareness is what is actually needed to protect those at risk of suicide. We need to begin a dialogue about suicide as the foundation for preventing suicide.

Let the dialogue begin...

MYTH vs FACT

Myth: It's not a big problem, suicide is not all that common.

FACT: Worldwide someone dies by suicide every 40 seconds, more people die by suicide than by homicide, or in war. The rates for suicide in Haldimand and Norfolk exceed the provincial rate. It is estimated that statistics for suicide may be under reported by as much as 25%. Social, economic, cultural and religious values and practices contribute to the under reporting of suicide.

Myth: Only certain people are at risk of suicide.

FACT: Anyone could be at risk for suicide at some point in their life. Suicide knows no cultural, religious, education, age, social or economic boundaries. Males have a higher incidence of suicide than females while females have a higher incidence of attempts than males. Family history of suicide or familiarity with suicide can be a risk factor.

Myth: If they talk about suicide they won't do it, so I don't need to be concerned.

FACT: 8 out of 10 people who attempt suicide indicate their thoughts to others before hand. Attention to the warning signs and paying heed to the issues raised can have a significant impact in reducing suicide attempts and preventing suicide.



MYTH vs FACT

Myth: You should not talk about suicide with someone who you think might be at riskif we talk about suicide it will encourage suicidal behaviour

FACT: Serious talk about suicide does not create or increase risk. It reduces it! The best way to identify the risk of suicide is to ask directly and to offer support. Reproaches such as 'don't talk like that, it can't be that bad' creates a risk for the individual to feel alone and not understood and to heighten the risk of suicide.



Myth: Suicidal behaviours are just attention seeking behaviours

FACT: Any suicidal behaviours demand attention, if help is not offered, a person may conclude that help will never come increasing their risk of making a lethal attempt. Every indication of suicidal behaviour is a cry for help which needs to be attended to.

Myth: If they are considering suicide there is nothing I can do

FACT: Being informed and attuned will enable us to help those at risk and save lives. Remember that suicide is often not about wanting to die but rather about finding a way to escape a painful situation in which individuals feel trapped. Listening and offering support can provide an individual the hope and reassurance that with help the situation could improve and a different option be found. Listening and showing concern and offering help gives hope to the individual that there is another way to deal with situation they are dealing with.



Stigma - it is often considered "taboo" to talk about suicide or to admit to having suicidal thoughts. Open discussion and awareness is needed to protect those at risk of suicide. It is time to end the stigma attached to suicide.

Being aware of the facts about suicide makes you a vital partner in suicide prevention!



Warning Signs



Although there are many warning signs, every situation is unique and the key is in understanding how an individual feels about their life and what their perception is of their current situation

- Current talk of suicide or planning
- Previous suicide attempts
- Signs of depression or psychiatric disorders
- Preoccupation with death
- Hopelessness
- Cannot cope with intense emotional PAIN
- Overwhelmed & unable to function
- Fatigue, decreased concentration, poor memory
- Anxiety, agitation, restlessness
- Changes in usual behaviour
- Impulsive or reckless behaviour
 - Withdrawal & isolation
 - Abuse or increased use of drugs and/or alcohol
 - Change in weight (loss/gain)
 - Disturbed sleep (cannot sleep or too much)
 - Giving away valued possessions
 - Feeling sad, worthless, angry, desperate
- Lack of interest in appearance
- Loss of interest in activities/hobbies/sports
- Physical health problems
- Verbalizing a sense of complete despair



Listening to an individual about what they are facing and how they are coping provides great insight into whether they feel their situation is manageable or overwhelming - if they feel hopeless, that their situation is out of control they may be a higher risk for considering suicide as an option.

It might seem frightening but you can help. One of the most important factors in preventing suicide is the presence of a supportive resource - **YOU!**