

Suicide Prevention and Postvention Initiatives

BY JANE LANGILLE

“Suicide is so final,” says Judy Dunn, whose son died by suicide. “You can’t take it back. It leaves a wake of devastation and countless people in great pain, becoming part of your life forever.” Dunn is an outreach manager with the Mood Disorders Association of Manitoba and co-founder of AndrewDunn.org, which works to raise awareness and reduce stigma about mental illness and suicide through education and fundraising activities.

Nearly 4,000 Canadians die as a result of suicide each year, according to Statistics Canada, and about 90 per cent of these individuals were dealing with a mental health problem or illness. Suicide rates are highest for people age 40-59 years and three times higher for males than females, at 17.9 per 100,000 versus 5.3 per 100,000. Suicide among Aboriginal Peoples is a particularly critical issue. For example, the rate among First Nations is about twice that of the total Canadian population, while for Inuit it is 11 times the national average.

Organizations across Canada are spearheading efforts to reduce the number of people who die by suicide and to help those left behind learn how to cope better with their loss.

Calgary-based LivingWorks Education is a private, for-profit corporation that offers community-based suicide intervention training. Over the past 30 years, nearly one million people in 22 countries have

participated in its 14-hour ASIST (Applied Suicide Intervention Skills Training) workshop. Through group discussions, videos and simulations, participants learn how to connect with, understand and help people who are at immediate risk of suicide. According to a 2010 report that summarized 20 formal and informal evaluations from Australia, the U.S., Norway, Scotland and Canada, ASIST participants were very satisfied with the training and showed greater relevant knowledge, more positive attitudes and better intervention skills, compared with pre-training states and non-trainees.

Trainers have tailored the program’s experiential learning components such as role-playing and simulations to suit the professional or cultural needs of participants, including First Nations and Inuit. “People who have taken the workshop have told me they found it very useful and are quite confident they have actually prevented some suicides,” says Terry Audla, national Inuit leader and president of Inuit Tapiriit Kanatami (ITK), an organization representing Inuit across Canada.

The community-initiated Ilisqsvik Society in Clyde River, Nunavut, provides a wide range of programs promoting wellness among residents. Counselling, counsellor training, a youth drop-in, land-based programming, and workshops on topics such as trauma, grief and loss, and addiction give community members a greater connection to

Talking about suicide

Health-care professionals need to pay particular attention to the language they use when talking about suicide. Certain phrases can further hurt and stigmatize people in tragic situations by increasing their sense of shame, isolation and secrecy and making it even more difficult for them to reach out for help. *Committed suicide* and *completed suicide* imply a negative judgment or a criminal offence, while *successful suicide* implies accomplishment. *Death by suicide* or *died by suicide* are preferred phrases that can offer comfort and provide support for healing. *Suicide survivor* can refer to those who have experienced their own suicidality or those who are bereaved by suicide. Some survivors prefer the terms *suicide attempt survivor*, *survivor of suicide loss* or *survivor bereaved by suicide*. More important than using correct terminology is capturing a tone of compassion and understanding.

their culture and sense of identity, along with skills and assistance to deal with issues surrounding self-harm and suicide. “We need more



Falling into Abyss

“I felt like there was no escape from what I was experiencing. Nobody can help me. Strange forces were on the path to destroy me. I don’t fit into society and lost all hope.”

— *Almier*

About the artist: Almier is a member of the Out of the Shadows Artists' Collective, an Edmonton community-based program that promotes recovery and wellness through the arts. For more information on the program, contact Erin Carpenter, occupational therapist, or Cathy McAlear, recreation therapist, at 780-342-7754.

© Canadian Nurses Association. Reprinted with permission. Further reproduction prohibited.

initiatives like this one,” says Audla. “We’re desperate for readily available and accessible mental health and wellness programs and services for Inuit, especially since new numbers show suicide rates among Nunavut Inuit are now 13 times higher than the national average.”

The Suicide Prevention Education Awareness Knowledge (SPEAK) program of Winnipeg’s Klinik Community Health Centre has integrated trauma-informed practices into the design and delivery of its services. Trauma-informed care for suicide prevention and postvention (support for those bereaved by suicide) is a fairly new approach in Canada that recognizes the role trauma has played in the lives of those at risk of or affected by suicide, says Tim Wall, Klinik’s director of counselling services. “It promotes relationships between caregiver and client that are grounded in trust and compassion, provide physical and emotional safety and minimize the risk of re-traumatization.” Wall, who is also executive director of the Canadian Association for Suicide Prevention (CASP), explains that taking this approach results in a paradigm shift that looks at trauma not as an illness or weakness but as an injury. “It changes the caregiver question from ‘what is wrong with you?’ to ‘what has happened to you?’”

SPEAK focuses on increasing public awareness and education, and provides bereavement counselling individually or in groups for people who are dealing with the loss of someone who has died by suicide. “Our clients have told us that through counselling they often experience a significant reduction in the symptoms of post-traumatic stress,” says Wall. “While survivors are still saddened and affected by their loss, they develop new ways of coping that have a positive impact on many different aspects of their life.”

Canada’s approach to suicide prevention involves a mix of roles and

responsibilities found at all levels of government and within communities all across the country. As an example, the federal government invested in the establishment of the Mental Health Commission of Canada to develop Canada’s first national mental health strategy, which incorporates suicide prevention. As well, in December 2012, the *Federal Framework for Suicide Prevention Act* came into force, requiring the Government of Canada to consult with its federal, provincial and territorial counterparts and non-government organizations to create a federal framework for suicide prevention.

In 2004, CASP released a blueprint for organizations and all levels of government to work together to prevent death by suicide and support

those who have been affected by suicide. The document, updated in 2009, has helped inform provincial and territorial suicide strategies.

“We need to shift the current discussion that suicide is an individual problem. Suicide affects families, communities and Canadian society as a whole. With a sense of shared responsibility, we can conquer the fear of addressing mental illness that grows out of the myth that it’s untreatable. There are many treatments currently available that are effective,” says Dr. David Goldbloom, chair of the Mental Health Commission of Canada. “Suicide is preventable.” ■

JANE LANGILLE IS A HEALTH AND MEDICAL WRITER IN RICHMOND HILL, ONT.

Working in partnership

The MHCC partners with a number of organizations to help raise awareness of the importance of acting to prevent suicide and to enhance understanding of effective suicide prevention programs and resources that can be deployed within mental health settings and health systems. These partners include the following:

- Canadian Mental Health Association
- Canadian Psychiatric Association
- Canadian Psychological Association
- UBC Institute of Mental Health
- Ontario Association for Suicide Prevention
- Association québécoise de prévention du suicide
- Public Health Agency of Canada
- First Nations and Inuit Health Branch, Health Canada
- Canadian Association for Suicide Prevention
- Canadian Coalition for Seniors’ Mental Health
- Centre for Suicide Prevention
- Canadian Centre on Substance Abuse
- Assembly of First Nations
- Inuit Tapiriit Kanatami
- Canadian Alliance on Mental Illness and Mental Health
- Native Mental Health Association of Canada
- Canadian Institutes of Health Research

The Centre for Suicide Prevention and the Canadian Association for Suicide Prevention provide hundreds of resources for health-care professionals on their websites.