



*Canadian Psychiatric
Research Foundation*

When Something's Wrong O

Ideas for Families



Suicide

Suicide

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Suicide is defined as “intentional, self-inflicted death.” Experts in the field suggest that a suicidal person feels so much pain that they can see no other option, other than death. In fact, they may even view suicide as a problem-solving solution, since they often feel like they are a burden to others, and that if they were gone, it would be better for everyone. Suicide ideas and actions are often the result of disordered thinking or mood found in mental disorders. When the disorder is treated, the suicidality often goes away. Most people who think of suicide do not want to die, so if others around them can help them sense there is another way out, progress can be made.

All talk of suicide or any suicidal behaviour should be taken seriously. If this behaviour occurs, a mental health professional should be sought immediately. If you do not know where to obtain help, or if your child is in imminent danger of harming him/herself or others, go to the emergency department of your nearest hospital.

More than 3,500 Canadians kill themselves each year and suicide is second only to accidents as a cause of death for people under the

age of 35. Death by suicide is three times more common in males than in females, while suicide attempts are more common in females.

There are a number of risk factors for suicide attempts and completed suicide; mental illness is one of the key factors. Others include a history of suicide attempts, a loss or bereavement (especially by suicide of a friend or family member), alcohol or drug abuse (self or family), experience of abuse or violence, gender identity issues, family history of suicide, access to firearms, a chronic illness or disability, persistent conflict in relationships, perceived failure or inadequacy, or anything that has created unbearable pain. With information and practice, everyone from families to educators can effectively and compassionately help a person at risk of suicide.

Remember, there is no suicidal “type.” Suicide occurs across age groups, classes and cultures.

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Most people who are thinking about suicide give clues. Signs can be expressed directly or indirectly and picked up by different people. For example, a parent may not be aware of particular signs his/her child might show, but a close friend might notice a strange or sudden shift in behaviour. It is important to work as a team to help a person at risk of suicide – tell someone if you have any cause for concern. Reach out to the individual because he/she often does not ask for help. Here are some of the clues to look for:

- Depression (please see *Mood Disorders* in this handbook)
- Inability to concentrate
- Expressions of helplessness or hopelessness; statements like:
 - “I just can’t take it anymore.”
 - “It won’t matter soon.”
 - “I might as well be dead.”
 - “Nobody will miss me.”
 - “You’d be better off without me.”
- Persistent expressions of inadequacy or shame
- Social isolation or withdrawal
- Loss of interest in everything, from one’s appearance to school activities, including things that were once important

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- Be observant and know the warning signs of suicide. Pay attention to your suspicions and trust your judgement.

Behaviour Characteristics

- ❑ Destructive and risky behaviour such as alcohol and/or drug abuse or unprotected sexual activity
- ❑ Changes in sleeping and/or eating habits associated with a mental disorder
- ❑ Preoccupation with death or loss
- ❑ Talk or planning of suicide; preparation for death, such as making a will, giving away belongings and valuables, calling to say goodbye
- ❑ One or more previous suicide attempts (risk of trying again increases significantly)

Coping Strategies

- Monitor your child's online Internet and "chat room" activity. Children can sometimes use the computer to pass their negative thoughts and worries along to others, sometimes creating a "contagious" effect or making those with a disorder worse-off.
- Don't be afraid to ask your child directly about suicide (e.g., "Have you thought about suicide?"). The answer may be "yes." If it is, ask for more details to determine the level of risk your child is at, such as any previous attempts, recent losses, or serious problems he/she is going through.
- Ask others around your child if they have noticed any signs.
- Show you really care by offering as much support and respect as possible. Listen carefully, take your child seriously and don't judge. This will help to gain trust.
- Don't tell a suicidal person to be grateful for everything they have, and don't make promises you can't keep. Doing either could trigger further suicidal behaviour when the child can't find anything to be grateful for, or if your promises are not fulfilled.

Coping Strategies

- Identify for your child those places where he/she can get help when it is needed, such as a specific friend or family member, or crisis line/Web site. Post phone numbers of those that can help in a visible, central place in the home for easy access.
- Be firm and persistent about your child getting help, but don't panic. Talking in a soothing manner can have a calming effect on your child.
- If your child is at a high risk of suicide, don't leave him/her alone.
- Safety-proof your residence by limiting the means by which your child might try to commit suicide (e.g., don't allow access to items such as medications/drugs, knives, firearms, or ropes).
- Find out what your child may feel he/she has to live for, and assist in making changes that will help alleviate pain and fear.
- If you are worried about your child's safety and do not feel you can keep him/her safe, take your child to the emergency department of your local hospital or call 911.

Coping Strategies

- Be aware of your child's friends. Be particularly concerned about friends who self-harm (by cutting) or who make suicide attempts.
- If suicide "runs in the family" or if your child has a mental disorder, be especially aware of the signs and symptoms of these disorders.

Suicide

Suicide: Treatment and Resources

TREATMENT

Suicide is complex. Treatment can involve a variety of approaches, including individual and family therapy, as well as medication, should an individual be diagnosed with a mental disorder or other disability. Early intervention and diagnosis is key in treating and managing someone who is suicidal.

Pay special attention to the increased risk of suicide if your child starts taking a prescribed medication, or switches from one prescribed medication to another.

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RESOURCES

Canadian Association for Suicide Prevention

c/o The Support Network
#301, 11456 Jasper Avenue
Edmonton, AB T5K 0M1
Phone: (780) 482-0198
E-mail: casp@suicideprevention.ca
Web: www.suicideprevention.ca

Centre for Suicide Prevention

(Information and resources available; can direct you to local or provincial organizations and services; can direct you to local crisis centres)
Suite 320, 1202 Centre Street S.E.
Calgary, AB T2G 5A5
Phone: (403) 245-3900
Web: www.suicideinfo.ca

Kids Help Phone

Kids Help Phone provides young people with counselling over the phone or online, a place where they can express themselves and ask questions, and where they can find out more information on issues they face. Call **1-800-668-6868** or visit the Web site at www.kidshelphone.ca. The service is available 24-hours a day and is completely anonymous and confidential.

Parent Help Line

Parent Help Line offers parents and caregivers access to information, support and referral 24 hours a day, 365 days a year. It's anonymous, bilingual and free from anywhere in Canada. Help can be obtained online or over the phone. Call **1-888-603-9100** or visit the Web site at www.parentsinfo.sympatico.ca. Information can also be shared with other parents and caregivers through the "Online Community".

Please also see *Resources* at the back of this handbook.



*Canadian Psychiatric
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