

It Takes a Village

... to reduce the impact of suicide on individuals, families and communities

Ontario Suicide Prevention Network - *Education Networking Resources*

What's in a Name?

By Judy James

A couple of years ago, I was finally financially fortunate enough to be able to attend a major conference focused on suicide prevention. I was no stranger to the topic, and I was pleased to see so many supports for survivors. I recognized the significant opportunities to be triggered at such an event. Upon arrival at registration and having identified myself as a survivor, I was asked to further ID with the demographic from which I had suffered a loss. This led to a conversation that was eye-opening and, hugely triggering. I quickly discovered that all those wonderful supports weren't for me or for anyone like me. Apparently, my having tried to end my own life did not qualify me as a survivor.

While I know of no clear explanation the phrase "suicide survivors" – meaning those left behind after the event– seems to have become extrapolated from the formal lexicon of obituaries wherein the deceased person is "survived" by the family, friends and others. This simple conundrum in terminology presents some serious problems both for those of us seeking help in dealing with the loss of a loved one and also for those of us seeking to explain behaviors, thoughts and feelings that have led, and may in future lead us to try to end our lives.

In a car crash scenario, the survivor is someone inside the car, not a collateral bystander. A cancer survivor beats the illness her- or himself; not their families, friends,

coworkers or professional supports. This is not to say that all these peripheral groups are not necessarily affected; some are, profoundly, but they are not the ones directly involved. When it comes to suicide however, the labels tend to be reversed and that can lead to much bigger problems than the one I outlined at the conference.

Death is a difficult discussion to enter into at the best of times. For those of us who have tried to end our lives, it can be overwhelming, especially when no one can agree at a starting point of what to call us. Forget the angry, derogatory names– we've heard all of those before–but think about what we've been left with. It opens a can of worms, albeit politically-correct ones.

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For those of us directly involved, the very term "suicide" can reek of criminality (like infanticide, homicide, etc.), as can the term "commit." Then there are all the value-loaded adjectives surrounding the event or attempt: "completed," "incomplete," "failed," "successful," which then become personal descriptors. Are those not directly involved "left behind by suicide," "bereaved by suicide;" or are they "suicide grieving"? How much of a position of strength is either gained or maintained with the term

"survivor"? Is it a point of contention for the group that claims it for themselves?

The real issue, as I see it is in the difficulty for suicide survivors, whatever their position, to access the appropriate mental health supports necessary to decrease the numbers of people who end their own lives and thereby lessen the suffering of those bereaved by such loss. In Canada each year 4,000 people die by suicide. It is estimated that 6 people are directly affected by each of those deaths. That means 24,000 people may be at risk for mental health problems (or their own demise) relating back to those deaths. For each of those 4000 deaths, there will also be an estimated 25 attempts to die. That's 100,000 people–many of whom will go on to subsequent attempts to die–who could be at a loss to find help, simply because they don't know under what name to search.

OSPN is open to your suggestions. How should we address the issue of the lexicon of suicide? Let's hear your views!

Judy James is a Board Member of OSPN

Inside

Volume 12, Number 1, Spring, 2009

Late life suicide prevention	2
Miss Ontario & Suicide Prevention	3
Coming events	3
Survivor support at D. C. Durham	4

Late life suicide prevention:

by Sherri Helsdingen

Life-saving tools for health care professionals, educators and family members

Perhaps there is no situation that is more difficult for family members and health care providers than the death of a loved one or patient by suicide. Suicide accounts for over 1,000,000 deaths annually worldwide and comprises a leading cause of preventable morbidity and mortality. Older adults have among the highest rates of suicide worldwide and employ highly lethal means of self-injury.

... easy-to-use tools to enhance understanding of late life suicide and its prevention

Research also tells us that **the majority of older adults who die by suicide have seen a front-line health care provider in the prior month.** It is clear that clinicians need to know more suicide risk and resiliency factors, assessment and intervention strategies, and prevention practices that are specific to older adults. Research and clinical interventions for suicidal seniors

have lagged behind those for younger adults and other populations. Given the aging of the baby-boomer demographic - a cohort with a higher rate of suicide than earlier generations - an increasing number of older lives is expected to be lost to suicide (Canadian Coalition for Seniors' Mental Health, 2006; Heisel, 2006).

In recognition of these alarming facts, the Canadian Coalition for Seniors' Mental Health (CCSMH) created Canada's first ever interdisciplinary, evidence-based Guideline on the Assessment of Suicide Risk and Prevention of Suicide in older adults (May, 2006). At this time, no other country in the world has such a document, providing recommendations both for the assessment of suicide risk and resiliency, and interventions to prevent suicide among older adults. The guideline has been endorsed by the Canadian Association of Suicide Prevention, Canadian Psychological Association and the Canadian Academy of Geriatric Psychiatry and is listed on the U.S. Suicide Prevention Resource Centre's Best Practices Registry. To date, over

7,500 copies of the guideline have been distributed nationally with over 11,500 copies downloaded from the CCSMH website (www.ccsmh.ca).

In 2007, the CCSMH formed a "Suicide Prevention in Older Adults Knowledge Translation" committee to ensure that the recommendations from the guideline were moved into practice and influencing policy development across the country. A committee of clinicians, researchers, academics and advocates developed the **CCSMH Late Life Suicide Prevention Toolkit** to distill recommendations from the CCSMH guideline into easy-to-use tools to enhance understanding of late life suicide and its prevention. The CCSMH Late Life Suicide Prevention Toolkit was created specifically for front-line health care providers and educators in health programs at universities and colleges. It includes a full copy of the guideline, a summary pocket-card, an interactive, case-based DVD and material specifically for educators (facilitator's guide and PowerPoint presentation). The toolkit provides

(Continued on page3)

Late Life Suicide Prevention Resources created by the Canadian Coalition for Seniors' Mental Health (with funding from the Public Health Agency of Canada):

- CCSMH National Guideline on Seniors' Mental Health: the Assessment of Suicide Risk and Prevention of Suicide (can be downloaded free of charge at www.ccsmh.ca)
- CCSMH Late Life Suicide Prevention Toolkit¹, (CCSMH can provide one free 'hard copy' to any health/social service organization that requests it. Additional copies are available for \$20)
- Understanding Suicide Risk and Prevention in Late Life: a guide for families (available April, 2009).

For more information, contact the CCSMH at:

- 416-785-2500 ext. 6331 www.ccsmh.ca

Life-saving tools

(Continued from page 2)

information about how to:

- Initiate life-saving conversations about depression and suicide risk
- Use key questions to assess for suicide risk and resiliency factors
- Detect symptoms of depression
- Identify suicide warning signs
- Manage immediate and ongoing risk for suicide

In just three months, almost 1,000 toolkits have been requested by health care professionals and educators from across Canada. Clearly, people are hungry for knowledge on how to assess for suicide risk in older adults. Two of the toolkit project leaders - Dr. Marnin Heisel and Dr. Sharon Moore - won the prestigious Betty Havens Award for Knowledge Translation in Aging (distributed through the CIHR Institute of Aging) to continue to develop and evaluate this toolkit.

In 2009, the CCSMH received funding to translate the information from the clinical guideline into a **user-friendly booklet for family members of older adults**. The booklet will help family members and other informal caregivers recognize common suicide warning signs. It will also help them find resources for loved ones who might be at risk for suicide and provide guidance on what to do in times of crisis. The booklet was completed in March, 2009

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Care

Miss Ontario & Suicide Prevention

by Sabrina Hammer

It happens too frequently, yet it is often not talked about until it is too late. If you haven't been through it, you may not want to hear it. If you have been through it, you may be afraid to talk about it. Or maybe you are feeling suicidal and believe nothing can help.

After a recent suicide in my immediate family this past year and my advocacy with the Canadian Mental Health Association as Miss Ontario, I became a Director on the Ontario Suicide Prevention Network. Since my family's personal experiences with suicide, I have come to see the importance of educating the public and promoting suicide awareness. I simply cannot stress enough the importance we all have as a community in taking preventative action. We all have the responsibility to invest in the well being of those that we love, as well as our communities young people, to promote their well being and reduce the number of threats to their safety. This is an issue that affects every single one of us. The issue of suicide and how to prevent it is of extreme importance and should be recognized as an immediate need in communities for awareness and prevention. Nobody wants to see suicide happen to another family or community.

I encourage you, as a person who cares about others, to get out there and advocate for survivors, for those at risk of suicide and of other mental health issues. Lobby the government to improve legislation, educate the public and individuals to recognize signs of suicide and always show friends and family how much you care about them and their mental health. Advocacy work, public

education and awareness will help. Even when you feel that the work you may do is not helping, remember that studies show that education and awareness do reduce the occurrence of suicide. You never know whose family you are saving from the nightmare that is suicide. I commend all of you involved in suicide prevention for your acts, large and small, of volunteerism, passion, innovation and dedication. It is people like you who make life worth living for so many Canadians.

Sabrina Hammer is an OSPN Board Member and Miss Ontario 2009, Miss Canada International Scholarship Program

Coming events

October 20-22, 2009

Building Hope Out of Turmoil and Tragedy 2009 CASP National Conference. Brandon, Manitoba, hosted by The Brandon Suicide Prevention Implementation Network along with representatives from Manitoba Regional Health Authorities, Aboriginal Organizations and Non-Government Organizations

<http://www.casp-acps.ca/2009/>

April 21-24, 2010

Families, Community Systems and Suicide, 43 rd Annual Conference of the American Association of Suicidology, AAS, Orlando, Florida Hilton Walt Disney World Call for Papers is now posted on the AAS homepage at www.suicidology.org. Submit your abstract by September 30th.

Survivor support at D C Durham

by Karen Goddard

I have been facilitating support groups for Survivors of Suicide at Distress Centre Durham since 2006.

Survivors are people who have lost loved ones or friends to suicide.

Survivors are courageous people who have had tragedy touch their lives and families. Whether it is the loss of a spouse, child, sibling, parent, co-worker or friend, some survivors feel responsible; yet they are not to blame. They often feel isolated by society. It's not that society does not care but so many people have no idea of what to say. It is very important for survivors to have the support of people who are willing to listen and not judge their feelings, thoughts, or experiences. Christine Cieslar helped develop this program after the suicide of her husband. She researched, wrote and came to DCD with an idea for a Suicide Support Group. In recognition of this, Mrs. Cieslar was presented the Freddie Ford Award in 2007, by the Canadian Association for Suicide Prevention.

These eight week support groups run three or, when possible, four times a year, often with a wait list. The first week is emotionally hard for all as they need to talk and describe the suicide and if they have been the person who found their loved one, they need to express their feelings. Some cry. Some do not. Life is full of challenges and no one expects this to happen to them and when it does it is so beneficial to have Suicide Survivor Support Groups. It is important for survivors to have a safe place to come and talk and feel that other survivors understand what they are going through.

Each week we deal with a different issue- issues such as grief, guilt, anger self-care etc. Each week hand-outs are geared to the topic of discussion. After eight weeks we say good bye for a month and then do a follow-up to check on everyone. This is a night of

pot-luck and stories, of laughter and tears. Phone numbers, and e-mails are exchanged and new friendships have formed.

Because there is a prerequisite of six months or greater time period after a loss before entering the program, survivors may seek one-on-one counselling through our Call-Out Program. This program is offered Monday through Fridays from 8am till 4pm, except holidays. Survivors can pick a time shift period that is good for them. Our well-trained volunteers who answer our "24 hour" distress line also service the Call-Out program.

We have a Resource Centre open to the public and if a survivor wishes to read we have many books to lend out. We do not charge for the book lending or any of these programs.

I have learned so much from our Survivors of Suicide; about the unique challenges they experience. It is such a pleasure doing this work with survivors. It is very sad but also in the end quite rewarding to see the transformation throughout the process. Without the help of my peer-support co-facilitators, survivors who have come through these groups, this program would not flow as easily. I thank all those survivors who help with the Centre's support groups. I thank Mrs. Cieslar, an amazing lady who turned a deep and tragic event into something so special for others. Thank you Christine.

Survivors have lives worth living and more loving to do. Survivors have futures and although their paths are forever changed they can do a lot of rebuilding. It takes time. How much time? No one can answer that, as they are all individuals and it is their time to heal.

Karen Goddard is Director of Program Support, Distress Centre Durham

Some Resource Centre books

After a Suicide-The Dougy Centre, A workbook for grieving kids to cope with a loss from suicide

After Suicide Loss: Coping With Your Grief, Bob Baugher and Jack Jordan, The first few days, the first few weeks, the first few months

Bart Speaks Out : Breaking the Silence on Suicide, Linda Goldman, Interactive storybook for children designed to facilitate healing by helping children put their feelings outside themselves.

Dancing With The Skeleton, Kirsten Derreck. Meditations for suicide survivors.

Healing After The Suicide Of A Loved One, Ann Smolin. Take the first steps toward healing, grief & depression, guilt and rage, etc., information and advice for survivors.

Let's Talk About Grief, Provincial Suicide Prevention Committee. When someone close to you dies by suicide.

Life After Suicide: A Ray of Hope for Those Left Behind, E. Betsy Ross. The important steps to take following a suicide.

Editor's Note: This is a partial list of the books available at DCD, The list will continue next issue

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is published so that all communities can continue to thrive and grow

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