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First Nations Youth

SUICIDE **Prevention** LEARNING MODULE

# YOUR *Life* IS **Sacred**



Canada 

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Également disponible en français sous le titre :

*Module d'apprentissage sur la prévention du suicide chez les jeunes des premières nations.*

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This publication can be made available in alternative formats upon request.

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Publication date: October, 2013

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Cat.: H34-267/1-2013E  
ISBN: 978-1-100-22578-4  
Pub.: 130166

# Welcome

## TO THE **First Nations** YOUTH SUICIDE **Prevention** LEARNING MODULE!

This learning module is a collection of fact sheets and posters to equip front line workers with some of the tools they need to prevent suicide and suicidal behaviour among First Nations youth in communities across Canada. If you're a front line worker, such as a youth worker, mental health worker, addictions counsellor, community health representative, nurse, teacher, police officer, etc., then this Learning Module is for you.

### Underlying Principles

Suicide and self-inflicted injuries are the leading causes of death for First Nations youth in Canada. This learning module was produced to assist front line workers who are tackling this issue head on, and making the world a better place for present and future generations.

A qualitative study conducted by EKOS Research Associates in 2007 found that individuals working with Aboriginal youth and communities in the area of suicide prevention were dissatisfied with, or did not use, the suicide prevention materials that were currently available. The *First Nations Youth Suicide Prevention Learning Module* was created to address this need.

### The benefits of using this Learning Module

- When front line workers are more aware and knowledgeable of suicide and how to prevent it, they can provide their best help to the individuals, families and communities that need them.
- For many people, suicide is not an easy subject to talk about—there's a lot of stigma and emotional distress linked with it. However, when everyone in the community works together to combat these feelings, people are more able to step forward and get help.
- Sometimes taking a broader approach to suicide prevention—focusing on the factors that protect youth from suicide, is what is needed. For instance, engaging youth in meaningful activities can give them the opportunity to build resilience, a sense of meaning, and skills, such as problem-solving and coping skills.

### How to use the Learning Module

#### FACT SHEETS

The Learning Module contains twelve fact sheets on different aspects of suicide:

- Suicide
- Colonization—how history, politics and society have contributed to making First Nations more vulnerable to suicide
- Factors that Protect Youth from Suicide
- Engaging Youth
- Risk factors for Suicide
- Common Warning Signs
- When and Why Youth Seek Help
- Decreasing Stigma—the stigma linked with suicide, and the importance of talking about the issue

- Getting Help for Someone in your Community
- The Importance of Self Care for front line workers
- Media Guidelines for Reports on Suicide
- Myths and Facts—the myths on suicide and the facts that disprove them

These fact sheets can be used by you and shared with others as you think appropriate. Also, at the end of each fact sheet you'll find some key resources. You can use these to further your reading and find information sources.

## POSTERS

The Learning Module also contains two printable posters. These can be used in a variety of places, such as the workplace, band office, library, schools, health centre, nursing station, police station, and community centre or hall to:

- Share information and raise awareness about suicide
- Bring attention to an activity or event that you're having
- Reduce the stigma linked with suicide, and get people talking about the issue

**Fax-back evaluation forms.** We'd love to know how useful and helpful the Learning Module was for you, and how you suggest we improve it. So, fax-back evaluation forms are included in each module for this purpose.

## Acknowledgements

The *First Nations Youth Suicide Prevention Learning Module* was built by many hands. Health Canada funded and coordinated the project. A big thank you goes out to the following people and organizations for their contribution and endorsement of the Learning Module:

- Dr. Cornelia Wieman, University of Toronto – Writer
- Camille Lem, BScN, RN, MEd, Seeds & Shoots Inc. – Editor and writer
- Centre for Suicide Prevention – Reviewer
- Assembly of First Nations and First Nations front line workers – Reviewers
- First Nations community members
- Poirier Communications – Layout and design
- Health Canada – Project Manager and Reviewers

**The Learning Module is meant to support and inform your practice as a front line worker. It is not a counselling tool. Always use your best judgment in suicide prevention, and consult with a health professional if you have any questions or concerns.**

# Suicide

## What is suicide?

Suicidal behaviour ranges from thinking about suicide (suicidal ideation), to suicide attempts and deaths by suicide. For every person that ends their life by suicide, many more have made suicide attempts. Suicide is not a problem for all First Nations communities, but for some it's a serious issue. In general, First Nations in Canada die by suicide at much higher rates than the general population.

Suicide and self-inflicted injuries are the leading causes of death for First Nations 10 to 44 years of age. Suicide mainly affects youth, and while suicide is more common among males, many more females make suicide attempts. Finally, having a mental illness, such as depression, increases a person's risk of suicide.

## A model for understanding suicide

Suicide is a complex issue, and there are many factors that protect people from suicide and others that increase their risk of committing suicide. These "protective factors" and "risk factors" act at many different levels—as individuals, we are all part of a larger social network that connects us to family and friends, community, and broader social and cultural contexts (see Fact Sheet #3: "Factors that Protect Youth from Suicide" and Fact Sheet #5: "Risk Factors for Suicide").

Models provide a helpful and quick way of understanding complex issues. The following is one such model, and it can be used to better understand suicidal behaviour and the many layers that influence it.



## Why do First Nations experience higher rates of suicide?

Risk factors add up—the more risk factors an individual has the more at risk they are of suicide. Risk factors also carry different weights—with the more severe having a greater bearing on an individual's risk of suicide. Compared to the general Canadian population, First Nations Peoples often experience more risk factors and ones that are more severe in nature, making them more vulnerable to suicidal behaviour.

### Key Resource:

For a more in depth discussion on suicide, please check out:

White, J. & Jodoin, N. (2007). *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. Calgary, AB: Centre for Suicide Prevention. Download a copy at [www.suicideinfo.ca](http://www.suicideinfo.ca).

Health Canada (2005). *A Statistical Profile on the Health of First Nations in Canada for the Year 2000*. Ottawa, ON: Her Majesty the Queen in Right of Canada.

# Colonization

To understand the elevated vulnerability for youth suicide, it's necessary to re-visit the history that has shaped First Nations.

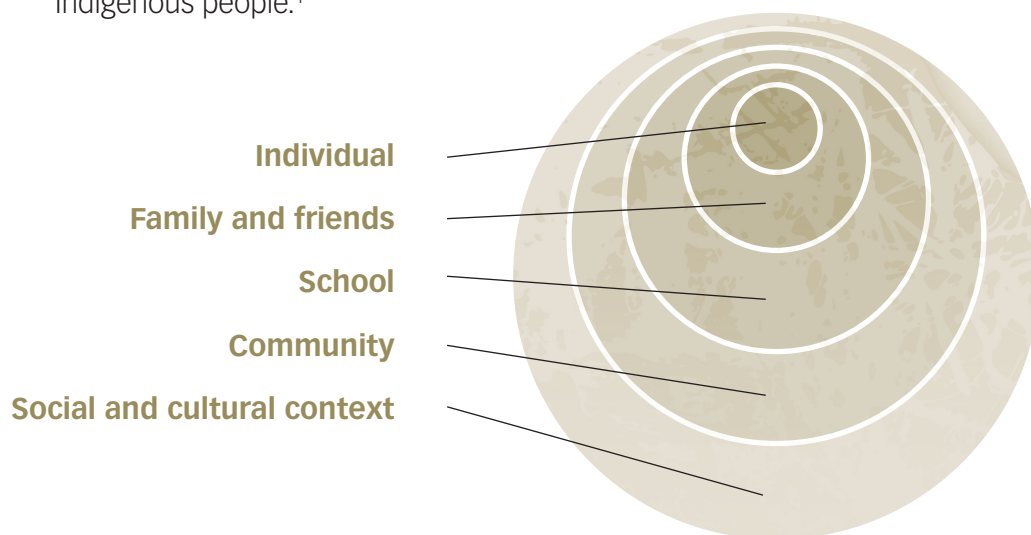
## Colonization

Colonization happens:

- When outsiders/settlers come into a territory previously used, owned or occupied by Indigenous people, and
- Impose a new system of laws, education, justice, language, religion, and way of life,
- In order to extend their authority over those Indigenous people.<sup>1</sup>

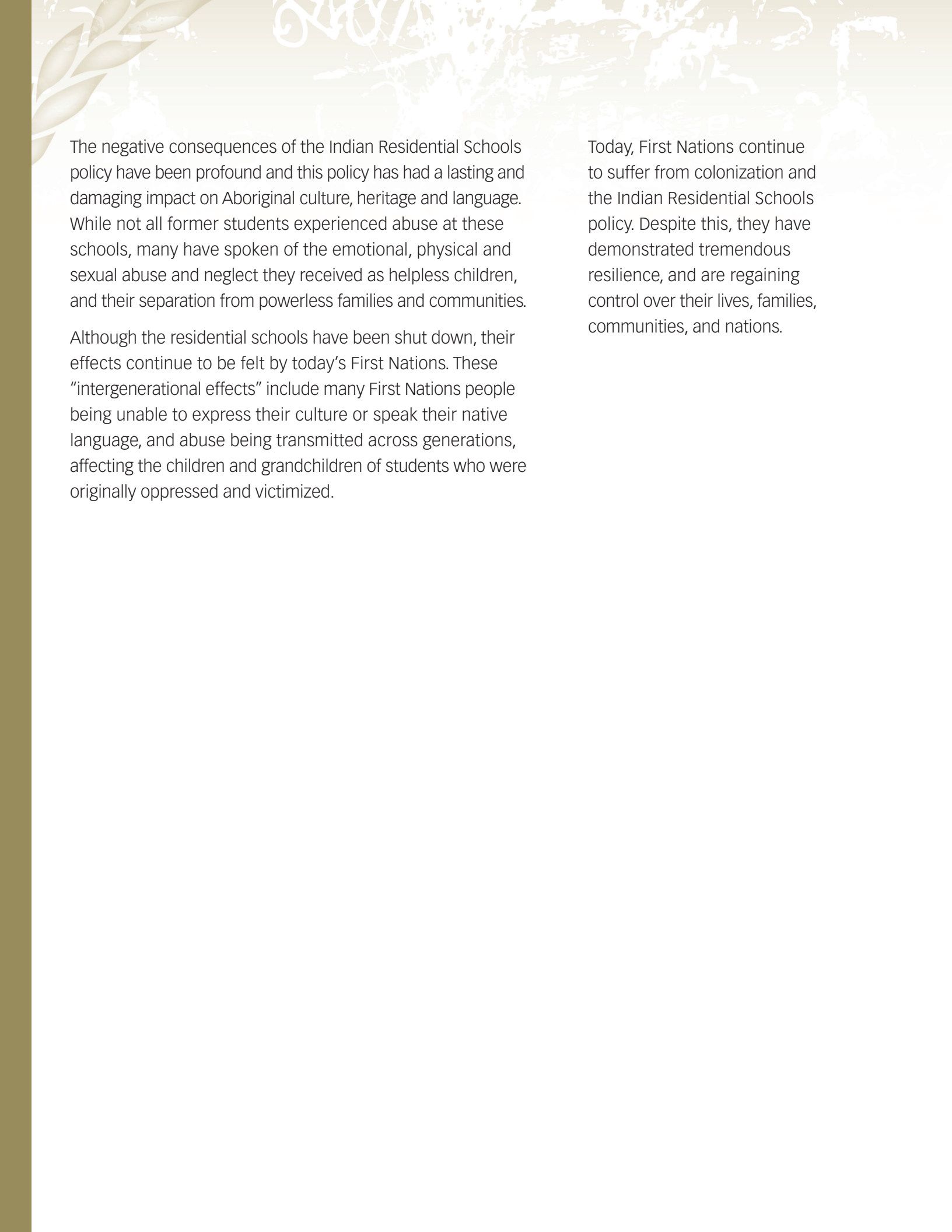
The high rates of suicide experienced by First Nations today, compared to the rest of the Canadian population, can be linked back to various risk factors including colonization. One example of this is the residential school system.

For more than a century, Indian Residential Schools separated over 150,000 Aboriginal children from their families and communities. In the 1870's, the federal government, partly in order to meet its obligation to educate Aboriginal children, began to play a role in the development and administration of these schools. Two primary objectives of the Residential Schools system were to remove and isolate children from the influence of their homes, families, traditions and cultures, and to assimilate them into the dominant culture. These objectives were based on the assumption that Aboriginal cultures and spiritual beliefs were inferior and unequal. Indeed, some sought, as it was infamously said, "to kill the Indian in the child".<sup>2</sup>



<sup>1</sup> *Aboriginal Healing Perspectives: weaving science and traditions*; National Indian & Inuit Community Health Representatives Organization, 2007

<sup>2</sup> *Statement of Apology*, Government of Canada, 2008



The negative consequences of the Indian Residential Schools policy have been profound and this policy has had a lasting and damaging impact on Aboriginal culture, heritage and language. While not all former students experienced abuse at these schools, many have spoken of the emotional, physical and sexual abuse and neglect they received as helpless children, and their separation from powerless families and communities.

Although the residential schools have been shut down, their effects continue to be felt by today's First Nations. These "intergenerational effects" include many First Nations people being unable to express their culture or speak their native language, and abuse being transmitted across generations, affecting the children and grandchildren of students who were originally oppressed and victimized.

Today, First Nations continue to suffer from colonization and the Indian Residential Schools policy. Despite this, they have demonstrated tremendous resilience, and are regaining control over their lives, families, communities, and nations.

# Factors

## THAT **Protect Youth** FROM **Suicide**

Protective factors are inner qualities and outside conditions linked to a person's family, friends, school, community, and broader social and cultural context that lessen his or her risk of suicide. While risk factors make people more vulnerable to suicide, protective factors contribute to their resiliency.

In the past, many suicide prevention programs focused on lowering the **risk factors** for suicide. Now, research is showing us that a focus on **the factors that protect youth** from suicide may do more to reduce suicidal behaviour.

Some of the key factors that protect youth from suicide include:

### **Personal FACTORS:**

- Resilience—being able to bounce back from stress and hardship
- Good physical and mental health
- Strong positive relationships with family, peers, and other people at school and in the community
- Insight and self-understanding
- A sense that you are in control of your life
- Experiencing success
- Optimism and hopefulness
- A sense of humour
- Willingness to ask for help
- Strong spiritual or religious faith
- A sense of belonging
- Positive self-esteem (the way we think about ourselves)
- A sense of meaning in life or having many reasons for living

### **Family FACTORS:**

- Family provides attention, support and care
- A sense of belonging in the family, and a family life that is warm
- Family has high and realistic expectations



### Peer group FACTORS:

- Friends who are role models for healthy living
- A sense of being valued, accepted and supported by friends

### School FACTORS:

- Good school performance
- A sense of being valued, accepted, and supported at school, irrespective of academic performance
- Positive attitude towards school, education and learning (e.g., “Education is important”)
- Having a parent or guardian involved in school work
- Having adults who support, accept, and encourage participation in school
- Being involved or engaged in school life, such as sports, the arts, councils and committees

### Community FACTORS:

- Having adult role models that provide positive direction for living
- Caring exhibited by adults and community leaders
- Seeing signs of hope for the future
- Having a community that is strong, united, and in control of its affairs, such as health, education and policing services
- Having community resources that are available and accessible
- Being involved or engaged in community life, such as feasts, youth council and committees, and sports

### Social and Cultural FACTORS:

- Having strong ties to culture, traditional and contemporary
- Having a positive cultural identity—being proud of your heritage, culture and language

### Key Resource:

For more in-depth information on the factors that protect Inuit youth from suicide, please check out:

*Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies* (2007). Published by the Centre of Suicide Prevention, this manual describes many best practices for suicide prevention for Aboriginal youth, including Inuit. See chapter 3 and Appendix A for an in-depth talk about protective factors. Download it at [www.suicideinfo.ca](http://www.suicideinfo.ca).



# Engaging Youth

## **Community engagement**

“People working collaboratively through inspired action and learning, to create and realize bold visions for their common future.”

– Tamarack Institute for  
Community Engagement

## **It starts with community engagement**

Community engagement means that members of the community are involved in the planning and decision-making on a particular issue. It also means that everyone is working together, rather than one group doing the work for others.

Communities that are engaged are places where people show care, concern, and respect for one another. An engaged community knows how important it is to give youth opportunities to contribute and to have a say in its programs, activities, and other aspects of community life.

Engaging youth in all stages of program design—from planning, to making it happen, to evaluation—not only gives them added protection against suicide, it also sets up the program for success. Youth suicide prevention programs that engage youth are more likely to meet their actual needs.



## Youth want to be engaged

At youth forums on suicide prevention, youth have clearly said they want to play an active role in community programs. They want to be:

- Involved in policy development at all levels—community, regional, provincial or territorial, and national
- Involved in design, development, and delivery of programs and services
- Involved in administration and decision-making
- Engaged in a way that has real meaning—by being taken seriously as equal partners in the community's plans
- Role models for each other through positive actions and attitudes

## Positive change can happen

Having youth engaged in suicide prevention and broader community activities can create positive change within a community. Some of these changes include:

- Improving communication between youth, adults and Elders
- Helping to bring the community together
- Making the community stronger and healthier
- For youth, greater self-esteem, opportunities to build meaningful relationships, and a chance to build specific skills such as leadership and problem-solving skills
- Decreasing the stigma linked with suicide, and making it “okay” to talk about the issue, and easier for youth-in-crisis to step forward and get help (see Fact Sheet #8: “Decreasing Stigma”)

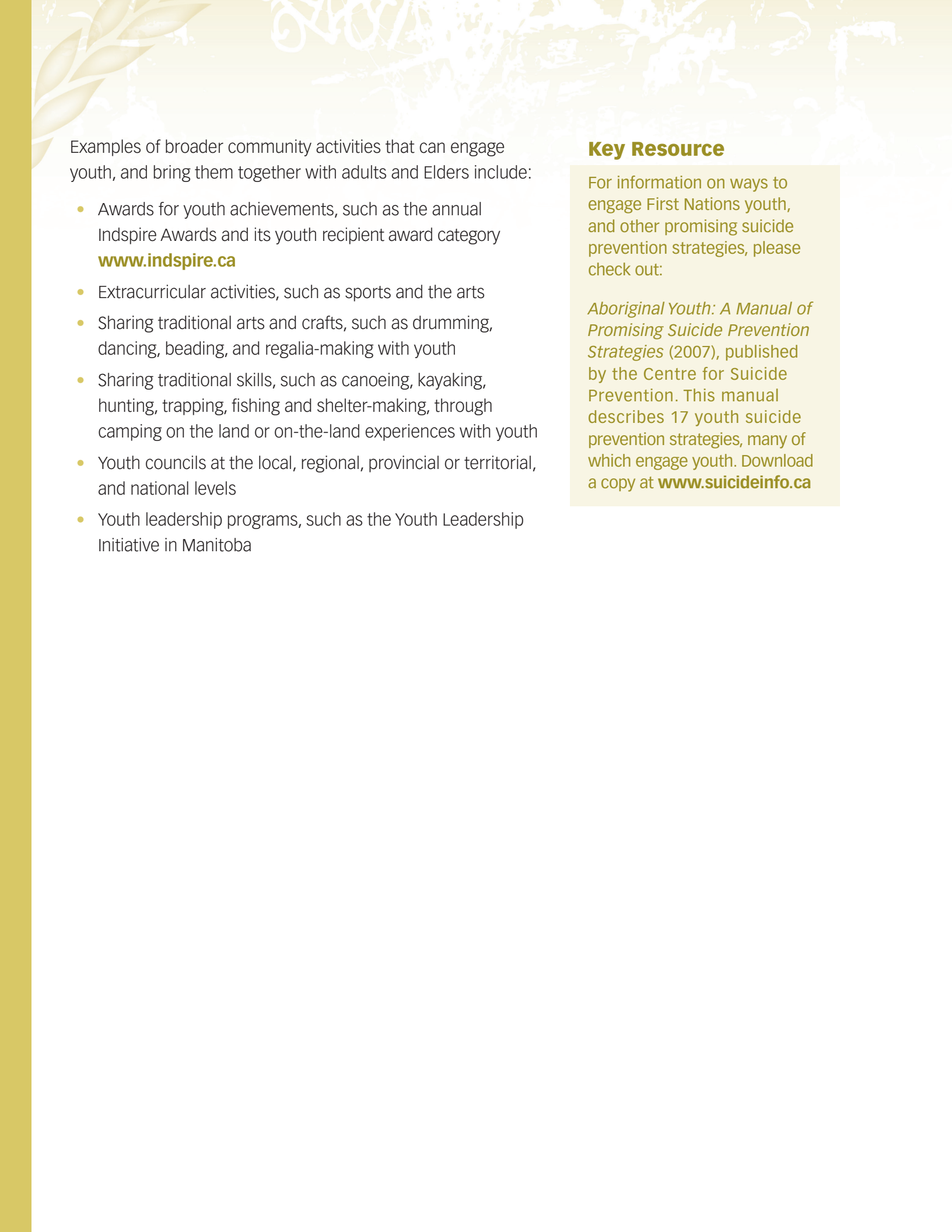


## How to engage youth

The first step in setting up a youth suicide prevention program in your community is to **ask the youth first**. The youth are the future generation and having their input is important to preventing suicide.

Here are some examples of mental health and suicide prevention activities that engage youth from across Canada:

Type of activity	Examples from across Canada
Training and support are needed to set up peer helping programs. Youth can gain a lot from training in becoming “helpers” for other youth who are experiencing concerns and problems related to suicide	ASIST (Applied Suicide Intervention Skills Training) is a training program developed by <i>Living Works Education</i> . It is offered in Alberta and across Canada by the Centre for Suicide Prevention. <a href="http://www.suicideinfo.ca">www.suicideinfo.ca</a>
Discussion groups	The short film, <i>Seeking Bimaadiziwin</i> , is about youth suicide. It can be a starting point for talking about suicide. A workbook to help get the discussion started is part of the kit. <a href="http://www.thunderstonepictures.com/seekingbimaadiziwin">www.thunderstonepictures.com/seekingbimaadiziwin</a>
Online forums (with a moderator)	The National Inuit Youth Council website has this feature. <a href="http://www.niyc.ca">www.niyc.ca</a>
Awareness campaigns, poster contests, awards, and fundraising walks, runs or rides to raise awareness about suicide	Each year on September 10, Inuit leaders and Inuit community members gather on Parliament Hill for a special event to commemorate World Suicide Prevention. <a href="http://www.itk.ca">www.itk.ca</a>
Community-based programs that empower a community or communities to work together and prevent youth suicide	Aboriginal Suicide and Critical Incident Response Team (ASCIRT)



Examples of broader community activities that can engage youth, and bring them together with adults and Elders include:

- Awards for youth achievements, such as the annual Indspire Awards and its youth recipient award category [www.indspire.ca](http://www.indspire.ca)
- Extracurricular activities, such as sports and the arts
- Sharing traditional arts and crafts, such as drumming, dancing, beading, and regalia-making with youth
- Sharing traditional skills, such as canoeing, kayaking, hunting, trapping, fishing and shelter-making, through camping on the land or on-the-land experiences with youth
- Youth councils at the local, regional, provincial or territorial, and national levels
- Youth leadership programs, such as the Youth Leadership Initiative in Manitoba

### Key Resource

For information on ways to engage First Nations youth, and other promising suicide prevention strategies, please check out:

*Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies* (2007), published by the Centre for Suicide Prevention. This manual describes 17 youth suicide prevention strategies, many of which engage youth. Download a copy at [www.suicideinfo.ca](http://www.suicideinfo.ca)

# Risk Factors FOR SUICIDE

Suicidal behaviour is the result of many factors at work. Risk factors for suicide are inner qualities and outside conditions that increase the chance a person will die by suicide. While protective factors contribute to resiliency, risk factors are associated with vulnerability.

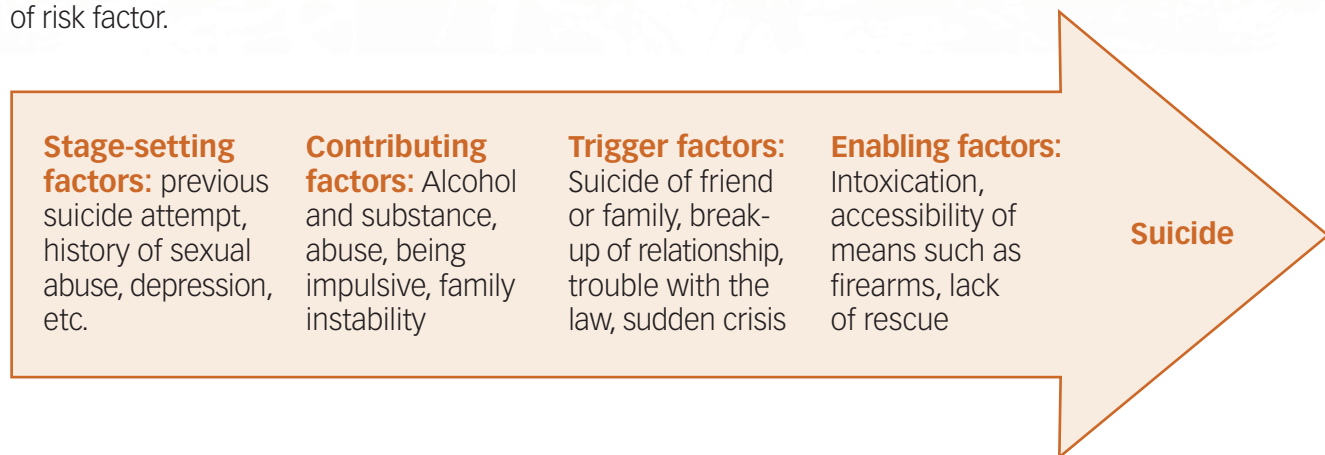
## Four different types of risk factors:

There are four different types of risk factors, and they can be thought of in terms of when and how they contribute to suicide.

- Stage-setting factors: Increase a person's vulnerability to die by suicide
- Contributing factors: Amplify risk in an already vulnerable person
- Trigger factors: Trigger or provoke the suicidal act
- Enabling factors: Make it possible for a person to die by suicide



The following figure illustrates how each of these factors contributes to suicide. It also lists examples of each type of risk factor.



## Why is it important to know what the risk factors are?

Knowing what the risk factors for suicide are is an important first step in:

- Giving direction in how best to prevent suicide in First Nations communities
- Developing successful suicide prevention strategies
- Identifying youth in the community who may be at risk of suicide and connecting them with the appropriate help

Risk factors can take place at many different levels: individual, family, friends, school, community, and broader social and cultural context. All of these layers can contribute to an individual's suicidal behaviour.

The following list is a summary of risk factors for suicide at each of these levels. Although it is not an exhaustive list, it lists some of the most well-established risk factors for Aboriginal youth.

## Personal FACTORS

- History of thinking about suicide and suicide attempt(s)
- History of mental illness, especially depression\*

- History of abuse, such as sexual abuse, and trauma
- Being male—young men die by suicide at higher rates
- Being lesbian, gay, bisexual, or transgendered
- Feeling grief for a long time, or having unresolved grief
- Alcohol and substance abuse
- Personality traits, such as being impulsive, hypersensitive, a perfectionist, or socially withdrawn
- Poor skills in coping with life's challenges
- Poor view of self (low self-esteem) and poor view of relationships with others
- Negative feelings, such as feeling hopeless, angry, guilty, anxious, aggressive, destructive, hostile, or defiant

**\* It is important to note that mood disorders, like depression, are a significant risk factor for suicide.**

In addition to feeling depressed, helpless and hopeless, common signs and symptoms of depression include:

- Sleep changes (waking up early in the morning, or oversleeping)
- Interest—Loss of interest in daily activities, such as sports and hobbies
- Guilt or feelings of worthlessness
- Energy—Loss of energy or fatigue
- Concentration—Trouble focusing, making decisions, or remembering things
- Appetite—Significant appetite or weight changes
- Physical—Unexplained physical complaints, such as headaches, stomach aches or back aches
- Suicide—Thinking about suicide





## Family FACTORS

- Family history of suicide and suicidal behaviour
- Family violence and abuse
- Family history of mental illness
- Early childhood loss or separations
- Substance abuse in the family
- Family instability
- Loss of significant family member

## Peer group FACTORS

- Being isolated or alienated from peer group
- Peer group doesn't model positive behaviours
- Peers having a negative attitude about getting help from adults
- Teasing, cruelty, or being bullied
- Losing a relationship with a close friend
- Being rejected
- Death of someone in peer group, especially by suicide

## School FACTORS

- Being isolated or alienated at school and from extracurricular activities
- Lack of social supports, such as trained counsellors

## Community FACTORS

- Having many suicides in the community
- Lack of control over community affairs, such as health, education and policing services
- Lack of political will

- Poverty
- Unemployment
- Geographically, the community is remote or isolated
- Poor housing conditions
- Media coverage of suicide is sensationalized
- Accessibility of the means of dying by suicide, such as guns and pills
- Death of a high profile person or celebrity, especially by suicide
- Being in conflict with the law

## Social and cultural FACTORS

- Colonization, and the subsequent breakdown of traditional culture and language, the loss of control over land and living conditions
- Discrimination and racism

Although all of these risk factors *may lead* to suicide, simply having one of them doesn't mean a youth is suicidal. At the same time, risk factors add up—the more risk factors a person has the more at risk they are of suicide. Also, risk factors carry different weights—more severe risk factors have a greater bearing on an individual's risk of suicide.

The risk for suicide can be reduced with mental health services, good social supports, and community involvement for youth and families (see Fact Sheet #9: "Getting Help for Someone in Your Community").

### Key Resource:

For more in-depth information on the factors that make First Nations youth more vulnerable to suicide, please check out:

*Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies* (2007). Published by the Centre of Suicide Prevention, this manual describes many best practices for preventing suicide in Aboriginal youth, and chapter 3 and Appendix A talk in-depth about risk factors. Download it at [www.suicideinfo.ca](http://www.suicideinfo.ca)



# Common Warning SIGNS

In many cases, First Nations youth who feel suicidal do not truly want to die. But they are not sure they want to live either.

They may send out signals that they are suicidal. Sometimes these signals will be loud and clear. Sometimes, they will be subtle and you might not notice them.

In either case, they are likely to send the distress signal to a number of people around them, hoping that others will see the signs and do something to help.

The people who may receive or see these early warning signs include:

- Friends in the community and at school
- Brothers, sisters, mothers, fathers, grandparents, and other family members
- Teachers and coaches
- Elders
- Role models
- Community health care providers
- Police and other front line workers

It is important for people to be able to recognize the warning signs of the people around them. You may want to share the warning signs listed in this fact sheet with others in your community.

## **What are some common warning signs?**

### **SUICIDAL threats**

- Makes threats about suicide, such as saying “I’m going to kill myself” or “I might as well be dead”

### **Preoccupation with DEATH**

- Focusing heavily on death, such as writing poetry or stories about death, talking about death
- Making final (death) arrangements
- Giving prized possessions away, writing goodbye letters, saying goodbye, writing a will
- Making drawings about death or that show ways to complete a suicide
- Describing ways to complete suicide, and having the means, such as guns, rope, pills, knives, to kill themselves



- Having a plan to hurt themselves
- Talking about or saying how much they admire a public person who died by suicide

### **Changes in PERSONAL BEHAVIOUR**

- Has attempted suicide in the past
- More willing to take risks, such as careless driving, and may become more accident-prone
- Low self-esteem
- Sudden changes in personality—from being upbeat and energetic to unusually withdrawn, from polite to unusually rude
- Poor conduct, such as running away from home, not going to school, getting into fights
- Less involved in school or work, sudden drop in attendance, academic performance and/or interest in school subjects
- More isolated and withdrawn from family and friends, and/or behaves in ways that drive people away

### **Changes in PHYSICAL CONDITION**

- Sudden lack of personal hygiene, and/or not seeming to care about their appearance
- Sudden changes in the way the person dresses, especially when the new style is really out of character
- Sudden changes in appetite (up or down), with sudden weight gain or loss
- Increased and/or heavy use of alcohol and/or drugs
- Sudden lack of energy, and seems to be very tired
- Loss of interest in regular activities, such as school, work, sports, hobbies

### **Changes in THOUGHTS OR FEELINGS**

- Feeling hopeless and helpless
- Unusual changes in mood, such as becoming more irritable, quiet or aggressive than usual
- Loss of enjoyment in things that they once liked, such as friendships, relationships, work, school, sports, and hobbies
- Loss of interest or energy for usual activities
- Higher levels of anxiety, tension, or agitation
- Depressed or sad mood, and may cry easily
- Feeling worthless

It is important to remember that some warning signs are more important than others. Should a person make threats about killing themselves or have a preoccupation with death, these are serious indicators of risk. Also, if a person has attempted suicide in the past, they are at increased risk of making future attempts.

Also, some signs do not alone suggest risk, such as low self-esteem. However, when they are added-up with other risk factors or signs, they may increase a person's risk of suicide.

# WHEN AND *Why* Youth seek Help

Some acts of suicide are deliberate and planned, while others are sudden and impulsive. In either case, youth may not get the help they need.

There are many reasons why youth are not keen to seek outside help. As a front line worker in your community, you can make it easier for a young person to reveal his or her distress and get the help they need before they harm themselves.

## **When are people likely to seek help for emotional distress?**

People in all age groups are likely to come forward freely when:

- They recognize that they have a problem; and
- They believe their problem is severe enough to seek outside help

When these two factors come together, the person will be more likely to get help from another person or health service.



## What does research tell us?

In Phase II of the 2008/10 First Nations Regional Longitudinal Health Survey (RHS), youth were asked about many aspects of their mental wellness. The survey asked them questions about:

- Family, friends and social support
- Relationships with boyfriends and girlfriends
- Bullying
- Mental health, including depression and thoughts of suicide
- Perceived stress
- Alcohol and drugs
- Anger or feeling out of control
- Physical and sexual assault
- Sexuality, including birth control, pregnancy, and sexually transmitted infections

First Nations youth between the ages of 12-17 reported that they would first turn to a parent or guardian for help with problems in all of the above areas, except for boyfriend or girlfriend relationship problems. For these, youth first turn to friends their own age for help.

One survey finding that raised concern is that there are a small cohort of youth **who reported that they would not turn to anyone for help**. For relationship problems, alcohol and drug problems, depression and physical and sexual violence, approximately 12 percent of youth said they would not seek any outside help at all. This raises concern because these issues are risk factors for suicide.

Fortunately, the large majority of First Nations youth have not considered suicide nor attempted suicide in their lifetime. However, compared to the 2002/03 RHS, First Nations youth 12-14 years old experienced a slight increase in depressed mood, although youth suicide attempts, and suicide ideations decreased.



## What prevents youth from seeking help?

There are many reasons why youth do not get the help they need, such as fear, being in denial about a problem, or having a negative view

or understanding of the mental health issue in general. The following table outlines some of these reasons.

<b>Age</b>	<ul style="list-style-type: none"><li>• Youth are less likely to seek help than adults</li><li>• Because of their age, they are also less likely to know about the services and helpers that may exist in their community</li></ul>
<b>Gender</b>	<ul style="list-style-type: none"><li>• Females are more likely to seek help than males</li><li>• Males are more likely to think they have to solve problems on their own (be strong and independent)</li></ul>
<b>Denial or dislike</b>	Youth may... <ul style="list-style-type: none"><li>• Deny that a problem exists</li><li>• Deny that the problem is serious</li><li>• Dislike talking to strangers or adults</li></ul>
<b>Fear</b>	Youth may... <ul style="list-style-type: none"><li>• Fear what they say will not remain private</li><li>• Fear that they will not be taken seriously</li><li>• Fear that they will be scolded by their parents or other adults</li><li>• Fear the results of being involved with mental health care, such as being admitted to hospital against their will, or having to travel far from home to get mental health services</li></ul>
<b>Misconceptions or negative views of mental health care</b>	Youth may... <ul style="list-style-type: none"><li>• Have a negative view of the mental health care system or not trust it, for a variety of reasons including negative past experiences with the system</li><li>• Believe that mental health services like counselling cost too much and they cannot afford it</li><li>• Feel that mental health services are only for “crazy” people</li><li>• Believe that no mental health care exists in their community, even when it does</li><li>• Feel embarrassed about being in distress or thinking about suicide (see Fact Sheet #8: “Decreasing Stigma”)</li></ul>

## What did youth say would make it easier for them to seek help?

In focus groups, youth were asked what would make it easier for them to seek help regarding mental health issues including thoughts of suicide. Their responses are listed below.

- Make more information about mental health and how to prevent suicide widely available in places like schools and community centres
- Use technologies like the Internet to provide information and emotional support to youth
- Provide support to youth in rural or remote places through a telephone support program (hotlines)
- Improve youth access to mental health services
- Provide youth-focused mental health services where:
  - Workers in the program are accepting and non-judgmental
  - Youth can be involved in deciding on the options for intervention
  - Youth can develop and improve their coping skills
  - Youth can connect to mental health resources that apply to them
- Make sure that all mental health services respect clients' right to privacy
- Work to reduce the stigma linked to emotional distress
- Promote better social support from family and peers
- Set up a peer support program
- Use sports as a way to develop young people's coping skills

## Key Resource

The *Centre for Suicide Prevention* publishes a quarterly guide to some of the newest resources in the field of suicide prevention. The following two guides provide more in-depth information on what prevents people from getting help, and how communities can improve accessibility of their mental health services for suicidal people.

- *Barriers to Help-Seeking* was published in May 1999 (SIEC Alert #35). Download it at [www.suicideinfo.ca/csp/assets/alert35.pdf](http://www.suicideinfo.ca/csp/assets/alert35.pdf).
- *Men and Suicide, Part II: Encouraging Help-Seeking and the Promise of Social Support* was published in December 2007 (SIEC Alert 66). Download it at [www.suicideinfo.ca/csp/assets/alert66.pdf](http://www.suicideinfo.ca/csp/assets/alert66.pdf).

First Nations Regional Health Survey Phase 2 (2008/10) National Report on Adult, Youth and Children Living in First Nations Communities: [http://www.fnigc.ca/sites/default/files/First\\_Nations\\_Regional\\_Health\\_Survey\\_2008-10\\_National\\_Report.pdf](http://www.fnigc.ca/sites/default/files/First_Nations_Regional_Health_Survey_2008-10_National_Report.pdf)

# Decreasing Stigma

Suicide is associated with considerable stigma or shame. The effects of stigma have far-reaching consequences, affecting the individuals struggling with suicide, and the families and friends that have been affected by suicide, and beyond.

## What is stigma?

Stigma is defined as a negative label stuck to a person who has a trait or disorder that identifies them as being different from “normal” people. This difference is seen as shameful, and can lead to other people having negative attitudes (prejudice) and responses (discrimination) towards that person.

## How does stigma affect youth?

When a youth is depressed and suicidal, others may not see the youth as having an illness at all. People may accuse the youth of acting out, trying to get attention, or just being “crazy.” Friends, family, teachers, health professionals, and others in the community may feel very uncomfortable talking about suicide in general. They may feel just as uncomfortable dealing with a suicidal youth.

Many people believe that suicide is “taboo.” These beliefs may stem from religious or traditional beliefs. This makes it hard for families affected by youth suicide.



## Why the stigma of suicide hurts everyone

The stigma of suicide can carry negative consequences. Some of these are listed in the following table.

<b>Social isolation</b>	Individuals may shy away from using mental health services, potentially leading to more or prolonged suffering  A person may stop themselves from being open about their suicidal thoughts, feelings and plans, and not confide in friends, family, or health care providers  The stigma can cause a person to suffer real social isolation as social supports fade away
<b>Prejudice and discrimination</b>	When the stigma of suicide combines with other kinds of prejudice and discrimination, such as racism and sexism, this adds to the burden of stress an individual experiences
<b>Guilt</b>	Knowing that there's stigma around suicide, a person may feel bad about themselves and this can worsen their emotional state; they may decide they are just a "weak person"

## How can communities move beyond stigma?

There are many things individuals can do to help stamp out stigma, such as:

- Being aware of your own attitudes, judgments and behaviours
- Being careful about the language you use, and watchful of what you **assume** to be true when you talk about suicide and other mental health issues
- Accepting that emotional distress, mental health problems and mental illnesses are genuine, and deserving of compassion and help
- Learning more about the types of mental illness, such as depression. Education and knowledge can go a long way to dissolve fear and misconceptions around suicide
- Trying to "walk in the moccasins or shoes" of someone who has experienced stigma
- Speaking up about stigma to family, friends and co-workers
- Observing media coverage on suicide, and responding to stigmatizing material with a letter to the editor
- Ensuring that suicide prevention programs in your community talk about stigma, and look for ways to reduce it

## Key Resource

The Centre for Addiction and Mental Health's website contains information about stigma and ways to fight it. One of the resources that you may find helpful is titled *Hear Me, Understand Me, Support Me: What Young Women Want You to Know About Depression* (2006). Get your copy by searching for this title on their website at [www.camh.net](http://www.camh.net).

O'Grady, C.P. (2004). *Stigma As Experienced By Family Members of People with Severe Mental Illness: The Impact of Participation in Self-Help / Mutual Aid Support Groups*. Doctoral Dissertation: University of Toronto.

# Getting Help FOR SOMEONE **in Your Community**

Are you worried about someone in your community because you think they may be suicidal? If you're concerned about someone, this fact sheet will show you what you can do to help.

## **Be aware and recognize the signs**

You can begin to help youth in your community by being aware of the key risk factors and warning signs for suicide (see Fact Sheet #5: "Risk Factors for Suicide" and Fact Sheet #6: "Common Warning Signs").

## **Do what you can to help**

Youth who are suicidal often say they feel they have no other option but to end their lives by suicide. Part of being helpful to a suicidal youth involves trying to help them to see that they do, in fact, have options.

The following information is meant to inform and guide the help you give to youth at risk of suicide. When you use this information, remember to build rapport with the youth, and to tailor your help to their unique needs.



## **1. Take the youth seriously**

## **2. Act now—take action right away**

## **3. Have a talk**

Find a good place to talk. The best spot is a quiet and private place where you can speak to each other without interruptions. When you're talking with the youth, be very aware of your own reactions and how you appear to them, for example:

- Listen to what they have to say in a calm, respectful, and nonjudgmental way
- Try to gain their trust by being gentle and speaking frankly
- Avoid showing anger or shock if they say they feel suicidal

It can be difficult to be with someone who is in distress and suicidal. At first, they may not want to talk about their feelings. Gather as much information as possible.

If you're talking with them over the phone, make sure to get their name, address and telephone number. You may need this information if they hang up or if you need to direct immediate help their way.

## **4. Ask them directly, "Are you thinking about suicide?"**

Try not to feel shy about asking this question. Do not be afraid to raise the issue of suicide. By talking openly about suicide, you will not make the youth more suicidal. Sometimes, youth will reveal their true feelings (that they are thinking about suicide) if they are asked a direct question. It may be a relief to them that someone sees their distress. Often, the youth in distress is waiting for someone to ask them how they feel.

## **5. Gather more information**

If a person has thoughts about suicide, tell them that you care about them, and that you want to help them. You may also want to let them know that thinking about suicide is common, but these thoughts don't need to be acted upon.

Gather more information that may indicate their level of risk. Here are the key questions you need to ask them:

- "Have you tried to harm yourself in the past?"
- "Do you know others who have died by suicide, or tried to kill themselves?"
- "Have you thought about how you would end your life by suicide?"
- "What have you done about carrying out your plan?"
- "Do you have access to a way of harming yourself?"

Make no deals of secrecy—never keep a person's plan for suicide a secret, even if they ask you to.

You may also want to ask them if they've been using alcohol or drugs. Being intoxicated increases the risk of suicide.

## 6. Assess their level of risk

Based on the information you gathered from the person, how at risk do you think they are? Share your assessment with the person:

"I see the risk of harming yourself as \_\_\_\_\_ (non-existent, mild, moderate, high, or imminent). Does this fit with how you are feeling?"

## 7. Keep them safe

A suicidal person should never be left alone. Since you cannot be with them at all times, get help from others whom they feel comfortable with such as:

- A caring parent or guardian
- A responsible adult, such as a family member, teacher, coach, Elder, or religious or spiritual leader
- A health care provider, such as a nurse, social worker, or counsellor
- A local crisis telephone line
- A crisis support website

If the suicidal youth has a weapon or is behaving aggressively towards you, get help from the police. It is important that you keep yourself safe as well.

To learn more about how to keep youth at risk of suicide safe (e.g., removing means of suicide, such as pills), see the key resources at the end of this fact sheet.

## 8. Seek help

If after talking with the person, you think they are in **imminent danger of suicide, or at moderate or high risk of suicide**, get them voluntarily to a health professional, such as a family doctor, or the emergency department. If they refuse to seek medical attention, you can call the police who will escort them to the local emergency department.


Should the person **not be suicidal**, ask them if they need or would like some support. It's important to let them know that supports exist, such as caring family members and friends, traditional and contemporary health providers and services, Elders, and religious and spiritual services. Also, let them know that they can come to you if they need help, especially if they have thoughts about suicide.

## Ongoing support

Ongoing support may be necessary for youth at risk of suicide. For example, a youth may need to see a health care provider over a long period of time, based on a health professional's assessment.

Also, in some instances it may not be possible for youth to see a mental health professional right away, for example, if they live in a remote or isolated community where services may be limited. In these situations, you will need to connect them with other sources of help, such as existing health care providers and crisis telephone lines.

In either case, let the youth know that you're glad they're getting help, and that you're there for them if they need to talk.



Sometimes a small action, thought or feeling can reduce a person's risk of suicide. Some activities that may reduce a person's risk of suicide include:

- Talking and spending time with caring family and friends
- Talking with an Elder, health care provider, or minister, spiritual guide or traditional healer
- Doing interesting activities, such as spending time on the land
- Doing exercise, such as walking and sports
- Finding something meaningful in their life

**Always use your best judgement in getting help for someone in your community that you think is at risk of suicide. Consult with a health professional if you have any questions or concerns.**

**Tip:** Use the blank fact sheet template on the CD in this Learning Module, and prepare a list of supportive resources, such as health care providers, crisis telephone lines and websites, that could be of help to youth-in-crisis.

Consider contacting the supportive resources that you listed, and make sure that they are comfortable helping youth-in-crisis. This is especially important if you've listed "natural helpers"—people who don't work in the health field, but play a helping role in the community.

Print and share your fact sheet with youth and others who could benefit from this information.

### **Key Resource:**

For more in-depth information on how to help youth at risk of suicide, please check out:

*Conducting Assessments in First Nations and Inuit Communities: A Training and Reference Guide for Front Line Workers*, published by the National Native Addictions Partnership Foundation in 2004. This guide provides a risk assessment tool for suicide,

and outlines procedures for dealing with suicidal individuals, as well as how to care for them. Find this title under "Other Publications" at [www.nnapf.org/publications](http://www.nnapf.org/publications)

# THE *Importance* of Self Care

## **Ongoing care for yourself**

As a front line worker, helping people who are suicidal can be very stressful. Taking the time to care for yourself and your own mental health is very important. You need to look after yourself to avoid feeling burned out and discouraged with your work.

There are many ways to do this, and although some of these activities may seem simple, they can make a big difference. Some examples of self-care activities that you could do are:

- Spending time with caring family and friends
- Exercising, such as regular walking, yoga and sports
- Doing activities that you enjoy, such as reading, beadwork, gardening and spending time on the land
- Reviewing your work accomplishments and why you're committed to this field; on a regular basis, this may renew your sense of purpose in your work, especially during stressful times
- Talking with a mental health professional, minister, spiritual guide, traditional healer, or Elder may also be helpful
- Reading books, websites and other material on suicide prevention will increase your knowledge and comfort with the subject



In your day-to-day activities, be sure to build in some time every week for self-care. Taking time to do this will help prevent you from feeling burned out and discouraged with your work.

## Planning for Self Care

No matter what you do, in spite of whatever supports have been provided, there may be youth who die by suicide. This can be very difficult even for experienced mental health professionals. It is important that you make a plan for yourself in advance. Although this may seem like a terrible thing to consider, it's important to be prepared as a front line worker.

Things you might include in your plan are:

- Who you would talk to in the event of a death by suicide
- Contact information for a mental health care provider to discuss how you're doing
- Ideas for ongoing healthy self-care during a difficult time. You can create your own plan using the blank fact sheet template found on the learning module's CD.



# MEDIA *Guidelines* FOR **Reports ON Suicide**

## **What role do the media have in suicide prevention?**

Knowing about a recent suicide attempt or death by suicide has the potential of making other vulnerable or distressed individuals attempt or die by suicide. This effect is called “suicide contagion” or “copycat” suicides. Youth who are at the developmental stage of wanting to belong, to be accepted and to fit in with their peer group, seem especially vulnerable to suicide contagion.

One suicide can snowball or spread like a virus, leading to more suicide attempts and deaths. When two or more suicide attempts or deaths take place close in time and in the same geography, this is what is called a suicide “cluster.”

In First Nations communities, many people are closely related and share many of the same social networks. So when a suicide occurs in the community, it is deeply felt by many, making First Nations communities especially vulnerable to suicide clusters.

Research shows that media reports on suicide in newspapers and on television can lead to significant increases in suicide. As such, the effects of media play an important role in the occurrence of suicide contagion and clusters. Media outlets need to be encouraged to be responsible in their reporting.

## **Are there guidelines for the media, and do they work?**

The Canadian Association for Suicide Prevention (CASP) and the U.S. Centers for Disease Control and Prevention (CDC) have produced specific guidelines for the media to report on suicide.

Their guidelines (listed in the key resources section of this fact sheet) were prepared with the help of health professionals who focus on suicide, public health officials, mental health professionals, researchers, and people in the news media.

When journalists follow these media guidelines, research shows the rates of both suicide contagion and of suicide itself are lower.



## What are the main CASP and CDC guidelines for the media?

### Be careful to avoid:

- Details of the method
- The word “suicide” in a headline
- Photo(s) of the deceased
- Admiration of the deceased
- The idea that suicide is something no one can explain
- Too much coverage of one suicide
- Repeat coverage of the same suicide
- Front page coverage
- Exciting reporting
- Quoting “romanticized” reasons for the suicide
- Quoting simplistic reasons for the suicide
- Approving of the suicide

### Make sure to communicate that:

- Options other than suicide exist in the form of treatment
- Resources are available in the community for those who have suicidal thoughts
- A suicidal crisis situation can have a positive resolution (the person can call a suicide hotline and then decide to seek more help)
- There are clear warning signs for suicidal behaviour
- There are ways to approach a suicidal person that are more appropriate than others

### How can you help?

Journalists may not be aware of how their reports on suicide impact youth. They may not know what suicide contagion is, or that guidelines exist for reporting on suicide.

You can help change this if you talk with them and give them a copy of this fact sheet.

### The media and your community

When the media are covering a story in your community, refer them to the communications officer or leader for your community or its health department.

These people will be able to tell the media if they need to abide by a communications policy or cultural protocols when they do a story in your community.

### Key Resource:

Read more about the evidence behind suicide contagion and suicide reporting by visiting the following websites, where, you'll also find specific guidelines for the media to report on suicide. These have been prepared by a number of professionals, including suicidologists, psychiatrists, psychologists, researchers, public health officials, and news media professionals.

Canadian Association for Suicide Prevention (n.d.). *Media Guidelines*. Available at [www.suicideprevention.ca](http://www.suicideprevention.ca) under the heading “Media Guidelines and Social Marketing.”

U.S. Centres for Disease Control and Prevention (1994). *Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop*. Available at [www.cdc.gov](http://www.cdc.gov) by doing a search on their site with the key words “suicide contagion and reporting.”

Canadian Psychiatric Association (2009). *Media Guidelines for Reporting Suicide: Policy Paper*. Available at [www.cpa-apc.org](http://www.cpa-apc.org) under the headings “Publications”, followed by “Professional Guidelines” and then “Position Papers and Statements.”

# Myths AND Facts

Working to prevent suicide is a challenge. Your work can be more effective if you clearly know the myths and facts about suicide.

A myth is a belief or way of thinking that is **not true**. The goal of this fact sheet is to outline some

common myths about suicide and to give you the facts to “bust” those myths.

When it comes to **suicide**, there are general myths and facts, and there are also myths and facts that relate to **youth suicide**.

## General myths and facts about suicide

Myths	Facts
<b>Suicide only happens when someone is “crazy”</b>	<p>Most people have thoughts about suicide at some point in their lives: also, someone may think about suicide, or behave in ways that are suicidal without having a serious emotional disorder</p> <p>Suicidal behaviours can happen to anyone—whether you’re young or old, rich or poor</p>
<b>Most of the time, there is no warning before someone attempts or commits suicide</b>	<p>Most people who attempt suicide send out a series of warning signs or changes in behaviour before they commit a suicidal act</p> <p>By knowing what the common warning signs are, you can help someone at an early stage in this process (see Fact Sheet #6: “Common Warning Signs”)</p>
<b>People who have been suicidal in the past will always be suicidal</b>	<p>People with suicidal behavior can be helped: Based on the help someone receives and what they learn, they can become stronger (more resilient): This may mean that in the future, they will be able to deal with other stressful events in a new and positive way</p>
<b>Someone who was suicidal but is now feeling better is no longer at risk</b>	<p>People who show a strong improvement in their mood may have made the final decision to harm themselves and, therefore, may be at even greater risk for suicide</p> <p>It is very important to monitor and provide support to the person during this time</p>

## Myths and facts about suicide

Myths	Facts
<b>Aboriginal youth do not know about suicide or rarely think about it</b>	<p>In some communities, youth know friends, classmates or family members who have died by suicide</p> <p>The 2002-03 <i>First Nations Regional Longitudinal Health Survey</i> found that 21 percent of youth have thought about suicide: The survey also found that one out of 10 youth had attempted suicide at some point in their lives</p>
<b>Talking with a young person about suicide will make that youth suicidal</b>	<p>A youth who is thinking about suicide is in distress. They often feel very alone and are not sharing their feelings</p> <p>If you can listen in a calm and non-judgmental way, this will show that you are willing to be helpful: By allowing the person to talk about their feelings, you may be helping to reduce the risk that they will attempt to harm themselves (see Fact Sheet #9: "Getting Help for Someone in Your Community")</p>
<b>Suicidal behaviours in youth are just a way to get attention</b>	<p>Any kind of behaviour that involves self-harm is a sign of distress and should be taken seriously</p> <p>A full mental health assessment by a health professional can reveal the reasons behind suicidal behaviours</p>
<b>Suicidal youth are determined to end their lives</b>	<p>Most people who are suicidal see death as the only way left to reduce the intense pain they are feeling</p> <p>In working to prevent suicide among youth, the aim is to help the youth be aware that they have options open to them, including supports and treatment</p>
<b>Suicidal youth will always seek help</b>	<p>The 2002-03 <i>First Nations Regional Longitudinal Health Survey</i> found that there are youth <b>who will not turn to anyone for help</b>: For relationship problems, alcohol and drug problems, and depression, 15 to 17 percent of youth said they would not seek any outside help at all: This raises concern because these three issues are risk factors for suicide (see Fact Sheet #7: "When and Why Youth Seek Help")</p>

### Key Resource:

The Centre for Suicide Prevention has a *Youth at Risk of Suicide* website. In addition to information on the myths and facts related to suicide, it offers a lot of information on youth at risk of suicide for front line workers, parents, and youth themselves. Check it out at [www.suicideinfo.ca/youthatrisk](http://www.suicideinfo.ca/youthatrisk).

Assembly of First Nations and the First Nations Information Governance Committee (2007). *First Nations Regional Longitudinal Health Survey (RHS) 2002-03: Results for Adults, Youth and Children Living in First Nations Communities*. Ottawa, ON. Download your copy at [www.rhs-ers.ca](http://www.rhs-ers.ca).