

CLINICAL TOOLS ON SUICIDE FOR CLIENTS, FAMILIES, AND HEALTH CARE PROVIDERS

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DOCUMENTS AVAILABLE FOR
FREE DOWNLOAD AT:
www.carmha.ca or
www.health.gov.bc.ca/mhd

COPING WITH SUICIDAL THOUGHTS

Coping with Suicidal Thoughts is intended for individuals who are currently experiencing suicidal ideation and/or have had a plan or made an attempt to hurt themselves. The document is designed to offer resources, information, support, and practical steps to help cope with suicidality.

I'm seriously thinking about suicide. What should I do?

Connect with others: If you are worried that you may lose control or do something to hurt yourself, tell someone. Make sure you are around someone you trust. If you live alone, ask a friend or family member to stay with you. If you don't know anyone or can't reach friends or family members, call 1-800-SLBCIDE (1-800-784-2433).

Keep your home safe by getting rid of ways to hurt yourself: It is important to get rid of things that could be used to hurt or kill yourself, such as pills, razor blades, or guns. If you are unable to do so, go to a place you can feel safe.

Develop a safety plan: It is very helpful to have a written safety plan when you have thoughts of hurting yourself. Have a trusted family member, friend, or professional help you to complete this safety plan. Keep this plan somewhere you can see or find easily. Write down the steps you will take to keep yourself safe (see the following example). Follow the steps. If you follow these steps and still do not feel safe, call a crisis line, get yourself to a hospital emergency room or call 911.

What else can I do to decrease thoughts of suicide?

- Some examples of common problems and ideas for solutions are:
- Problem-solve
 - Think of reasons for living
 - Remember things that have helped in the past
 - Talk to a trusted friend, family member, or professional
 - Get treatment for mental health problems
 - Do the opposite of how you feel

How can I decrease chances that I will feel suicidal in the future?

- Get professional support
- Identify high-risk triggers or situations
- Self-care
- Follow through with prescribed medications
- Structure and routine
- Do things you enjoy
- Think of personal goals

What can I do to learn more?

Useful Phone Numbers (24 hrs/day, 7 days/week)

1-800-SLBCIDE (1-800-784-2433)
 BC Crisis Line: 1-800-784-2433 (24 hrs/day)
 BC Mental Health Information Line: 1-800-663-2213
 BC Alcohol and Drug Information and Referral Service: 1-800-663-2441
 Substance Use and Addictions: 1-800-784-2433

Other Useful Phone Numbers

Health Connections Service: 1-800-337-0800
 BC Health Services: 1-800-663-2213
 Health Services: 1-800-663-2213
 Health Services: 1-800-663-2213
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How can I better understand my suicidal thoughts and feelings?

- Some feelings that may lead you to feel suicidal are:
- Mental health problems
 - Conflict with loved ones
 - Loss
 - Financial/Legal problems
 - Lack of connection to friends and others
 - Drug and alcohol problems
 - Medical problems
 - Sexual identity issues

Problem: Depressed mood
Possible Solution:
• Call a crisis line for emotional support, short-term problem-solving and referrals for longer-term help.
• See your family doctor to discuss options for treatment (e.g., medications, changes in medications, unexplained symptoms).
• Take care of yourself by resting, exercising regularly, eating regularly and spending time with friends.

Problem: End of a relationship
Possible Solution:
• Talk to friends about the pain you feel.
• Get help from a crisis line or counsellor.
• Join a social group.

HOPE AND HEALING: A Practical Guide For Survivors Of Suicide

Hope and Healing: A Practical Guide for Survivors of Suicide, is a guide that focuses on the practical matters that survivors need to deal with after a suicide. *This resource was developed by the Suicide Response Initiative of the Calgary Health Region, with support from the Alberta Mental Health Board, and adapted by CARMHA with permission for use in BC.*

CONTENTS

- **When Someone You Love Dies By Suicide:** Emotional reactions to a suicide are intense and overwhelming. Knowing what to expect will help you cope.
- **Practical Matters:** Information about arranging a funeral and dealing with legal and financial matters is provided.
- **Working Through the Grief:** Provides information, instruction and advice concerning active steps the depressed worker can take to improve self-care, facilitate functioning, and address workplace issues.
- **Other Resources:** Important emergency and mental health phone numbers, as well as survivor support resources and organizations are listed. Suicide survivors have found these organizations, websites and books to be especially helpful. For other resources, ask at your public library, local mental health organizations and regional health authority.
- **Beyond Surviving:** Suggestions for survivors are offered to help them move beyond surviving

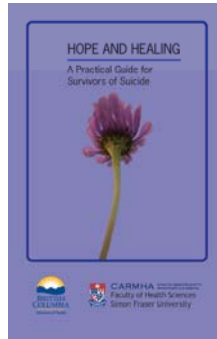


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Know your car survivor. You may not think so but you can.
 Struggle with why it happened and you no longer need to know why or justify you are outlived with your memories.
 Know you may feel overwhelmed by the intensity of your feelings but all your feelings are normal.
 Anger, guilt, confusion and forgetfulness are common responses. You are not alone you are mourning.
 Be aware you may feel appropriate anger at the person at the work at God, at yourself. It is okay to express it.
 You may feel guilty for what you think you did or did not do. Guilt can turn to regret through forgiveness.
 Having suicidal thoughts is common. It does not mean you act on those thoughts.
 Remember to take a moment or two of a time.
 Find a good listener with whom to share. Call someone if you need to talk.
 Don't be afraid to try. You are healing.
 Give yourself time to heal.
 Remember the choice was not yours. No one is to blame in another's life.

Survivor Support

Canadian Association for Suicide Prevention (CASP)
www.casp-acsp.ca
 Health care professionals, survivors and volunteers working to reduce suicide and its impact. The website includes a list of Survivor Support Groups in Canada, the "Blueprint for a Canadian National Suicide Prevention Strategy" and other Canadian references.

Journey Through Suicide Grief
www.journeythroughsuicidalgrief.com
 Online suicide survivor support sponsored by CMHA-Prince George, B.C..

B.C. Bereavement Hotline
www.bcbereavementhelpline.com
 Helpline and referral for the bereaved. 1-877-779-2223

Hope and Healing: A Practical Guide for Survivors of Suicide is dedicated to the survivors of suicide who openly shared their experiences and told us about the need for this booklet. Your ideas and insights are woven throughout the pages.

WORKING WITH THE SUICIDAL PATIENT: A Guide for Health Care Professionals



Faculty of Health Sciences
 Simon Fraser University

Working with the Suicidal Patient: A Guide for Health Care Professionals, is a useful tool for assessment and management of suicidality for providers without a mental health background, including those that may be working in an acute care/emergency setting.

Summary

- Assess/Ensure Safety
 - Build Rapport – introduce yourself, your role, your goals
 - Assess Current Suicidal Ideation
 - Obtain Details on Current Attempt (if applicable)
 - Obtain History
 - Communicate with Family/Friends
 - Connect with Primary Healthcare Provider(s)
 - Advise Patient – instill hope, obtain information on existing supports, provide a safety plan
 - Provide Referrals at Time of Discharge
 - Follow-up Post-Discharge
- Refer to Mental Health/Psychiatry if high risk •

Task One: ASSESS

- Assess current suicidal ideation
- Obtain details if there is a suicidal plan
- Gather details on current and previous attempts
- Obtain information on psychiatric and other history
- Conduct mental status examination

Task Two: ADVISE

- Provide meaning and support
- Develop a safety plan
- Provide Information
- Follow-up
- Communicate with families/ significant other(s)
- When to make a specialist referral
- Communicate with primary care provider(s)

SAD PERSONS provides a useful screening acronym to identify the high risk patient:

Sex (male)
Age (adolescent or elderly)
Depression

Higher Risk = Active Ideation, High Intent, Higher Lethality, Access to Means, Preparations and Arrangements, Previous Attempts (Especially in the Last Year), Disappointment, Self-Blame, Extremes in Emotional State/Mood (No Vitality, Numb, or Unbearable Emotional Pain/ Turmoil)

Previous attempt
 Ethanol abuse
 Rational thinking loss [psychosis]
 Social supports lacking
 Organized plan
 No spouse/partner
 Sickness – especially chronic/uncontrolled pain

FURTHER INFORMATION ABOUT THIS AND OTHER SUICIDE RELATED PROJECTS & ACTIVITIES CAN BE FOUND AT:
www.carmha.ca or
www.health.gov.bc.ca/mhd
 OR BY CONTACTING
 DR. JOTI SAMRA
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