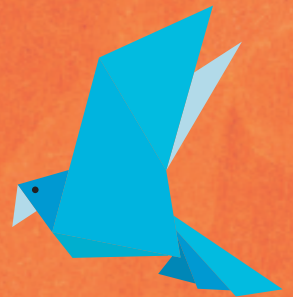


SUICIDE INTERVENTION TOOLKIT FOR PARENTS & CAREGIVERS

CONNECT



The Child and Youth Mental Health & Substance Use (CYMHSU) Collaborative is funded by the Shared Care Committee in partnership with the General Practice Services and Specialist Services Committees of Doctors of BC and the BC Government. The goal of the collaborative is to increase timely access to integrated services and supports for children, youth and families struggling with mental health and substance use issues.






Where do I get help / Who can I call for help?

If you are concerned for the immediate safety of a youth (suicide, life-threatening injury or mental health concerns), please take them to the local hospital. If you need help getting the child/youth to the hospital, you can call 911 and request assistance.

At St. John Hospital and Stuart Lake General Hospital

- Monday – Friday, 8:30 am – 4:30 pm: A nurse or doctor will connect youth with a Child and Youth Mental Health Clinician
- After hours: nurse or doctor will assess risk and determine level of intervention required

Local Resources

Connexus Community Resources		Vanderhoof: 250-567-9205
• Child, youth, and family services		Fort St. James: 250-996-7645
Carrier Sekani Family Services		Vanderhoof: 250-567-2900
• Culturally relevant health and wellness programs		Fort St. James: 250-996-7640
Mental Health and Addiction Services		Vanderhoof: 250-567-5994
• Youth and addictions counselling and referrals		Fort St. James: 250-996-2700 Fraser Lake: 250-699-7742

Other Resources Available or Emotional & Crisis Support Resources for Children & Youth (Phone / Chat & Text)

youthspace.ca, national online emotional and crisis chat and text for youth under 30

 Chat: youthspace.ca | 6 pm – midnight


 Text: 778-783-0177 | 6 pm – midnight

YouthinBC, crisis service

 Phone: 604-872-3311 | 24/7

 Chat: youthinBC.com | Noon – 1 am

1-800-SUICIDE, BC wide phone support line


 Phone: 1-800-784-2433 | 24/7

BC211, Information and referral regarding community government and social services in BC

 Phone: 2-1-1


 Chat: chat.bc211.ca/chat.html

Kid's Help Phone, Canada wide service

 Phone: 1-800-668-6868 | 24/7

 Chat: kidshelpphone.ca

Wednesday – Sunday, 3 – 11 pm

 Text: 686868-CONNECT

BC 310 Mental Health Support Line

 Phone: 310-6789

BC Alcohol and Drug Referral Service

 Phone: 1-800-663-1441

BC Mental Health and Addiction Info Line


 Phone: 1-800-661-2121

BC Nurse Line

 Phone: 811

Kelty Mental Health Resource Centre

kelytmentalhealth.ca

 Phone: 1-800-665-1822

Monday – Friday, 9:30 – 5:00pm

Crisis Prevention, Intervention and Information Centre for Northern BC

crisis-centre.ca

 Phone: 1-888-562-1214 | 24/7

Introduction

Intervention can begin with a conversation

This toolkit was created to help parents and caregivers reach out to children and youth who may be at risk for suicide.

Suicide is not an easy subject to talk about and it can be difficult to hear that a loved one is struggling. Suicidal thoughts in youth can be a response to emotional pain and suicide can sometimes feel like the only way to end intense pain. As parents and caregivers we want to say the “right” thing, and sometimes we aren’t sure what to say and how to say it. Suicide is complex, and talking about suicide can be challenging for any parent or caregiver. It can also feel challenging for the child or youth.

Dialogue is key to suicide intervention: opening up the lines of communication is the first step in helping a loved one—and may save a life.

- Asking directly about suicide shows caring
- Suicide needs to be taken seriously
- Reaching out for help takes courage
- Seeking support from qualified professionals and community resources can help us keep safe

This toolkit provides:

- an outline of resources
- some steps you can take
- warning signs to be aware of, and compassionate questions to ask a child or youth who may be seriously considering, talking or joking about suicide



Youth who may be at increased risk.	3
Risk factors and special considerations.	4
Where can I start?	5
Through The Pain: Helping a Suicidal Person . .	6
The Circle of Care	9
Action Plan: for Imminent risk	10
Action Plan: for Reducing risk	11
Strategies for reducing risk during transitions .	11
Self-care and support for parents and caregivers	12
40 Developmental Assets for Adolescents. . . .	13

Throughout this kit we use the terms “your child” and “the child/youth” interchangeably. Readers of this kit may include parents, caregivers and other caring adults.

Youth who may be at increased risk

A child or youth may be trying to cope or alleviate their distress in ways you don't immediately recognize as cause for concern. Here are some things to look for.

Warning signs for suicide risk may include:

- Increased isolation
- Talking about, or hinting about suicide— (making statements such as “I’m going to kill myself,” or “I won’t be a problem for you much longer” “I can’t do this anymore”)
- Joking about suicide or making physical gestures about suicide
- A fixation with violence or death
- Increased use of alcohol or drugs
- Feeling purposeless or hopeless
- Dramatic mood swings
- Changes in normal eating or sleeping patterns
- Acting recklessly or aggressively, increased risk taking behavior
- Apathetic, not taking pleasure in things they normally enjoy
- Giving away valued belongings or saying good-bye when there is no other logical explanation for why this is being done
- Developing personality changes or becoming severely anxious, sad, hopeless, angry or agitated
- Unexplained cuts or burns
- Sudden worsening in school performance and/or absenteeism
- Trouble concentrating, forgetfulness, or an unexplained lack of energy or enthusiasm
- Not showering, changing clothes, brushing teeth or hair
- Marked guilt or decreased self-esteem
- Expressing a sense of the meaninglessness of life
- Withdrawing from extracurricular activities and/or social contact
- Talking about suicide on social media
- Sudden happiness or euphoria after a low mood
- Negative self-talk

Watch for the above warning signs particularly in the presence of the following risk factors:

- Previous suicide attempts
- A recent suicide in the community, of a friend or family member
- A recent break-up or conflict with parents
- Stress or confusion about gender identity or sexual orientation
- Increased risk taking and/or impulsivity
- Disconnection from community, friends, family or school
- Bullying others
- Family history of suicide or suicidal behavior
- Mental health diagnosis

Communicate and collaborate

Check off any warning signs or risk factors your child may be exhibiting, and share this list with the child/youth's doctor, professional mental health counsellor, and school counsellor. You can give them a copy of this page for their records.

Risk factors and special considerations

Past suicidal behaviour

Past suicidal behaviour is a significant risk factor for suicide risk. The vast majority of people who die by suicide have made an attempt in the past. Having a family member or friend die by suicide is also a significant risk factor for youth. 13% of students polled in BC Adolescent Health Survey in 2013 reported knowing a family member who had made a suicide attempt and 23% reported having a close friend who had made an attempt. 30% of students who reported having made a suicide attempt themselves in the past year had both a family member and close friend who had made a suicide attempt.

If you suspect that the youth has attempted to harm themselves in any way, you should ask them about it clearly. Most people will answer honestly if they feel safe and will disclose if they are asked directly about suicide.

LGBTQ

LGBTQ youth are at a substantially greater risk for suicide. They are three to four times more likely to have suicidal behaviour than heterosexual youth and youth without gender identity conflicts. A person's gender or sexual orientation is not in and of itself the cause of distress. Distress may be the result of exclusion, discrimination, harassment, neglect, or violence that LGBTQ youth face.

This toolkit, uses "them" when referring to youth of any gender and have avoided using "he/she" or "male/female." Gender falls on a spectrum and is not solely a binary classification. Many youth identify as transgender or non-binary.

Older youth

The highest number of youth who die by suicide are 17 and 18 years old.

If the youth is in this age bracket, they may need special attention as they transition from youth services to adult mental health and substance use services, when continuity of care and access to support can become issues. Help make sure they get connected smoothly by following up with key members of their support system. If they are going on to college or university, help connect them to counselling services on campus.

Knowing someone with suicidal behaviour

Youth who know someone who has contemplated, attempted or died by suicide are at greater risk for suicidal ideation and may be at increased risk for suicide. If the suicide was recent the youth could be having difficulty coping with understanding the impact of this loss.

If someone in the youth's life is exhibiting suicidal behaviour, the child/youth may have difficulty dealing with the stress that comes with being close to someone who is struggling. Don't wait until they become at risk: encourage them to talk to you or other supports about their distress. Talking openly about suicide is prevention and intervention.

Where can I start?

As a parent or caregiver, encourage the youth to think about the people they trust and the goals, relationships and values that are important to them. Your ideas for this list may differ from the child/youth. Respect their autonomy and ideas, it will help them feel a sense of ownership over the process.

These questions may help guide the conversation.

Guiding questions:

- Who/what has kept you safe until now?
- What strengths do you have to keep you safe and make it possible to keep you going?
- How can we support your safety? Do you have immediate support? Who are they? Where can you get emergency care, if you need it? Where could you find more support? Who can you call?
- How can you stay safe? What will support that safety? Maybe it's staying with someone, telling someone, using less alcohol or drugs or creating a safe environment.
- There are likely other adults and professionals who can support you during this time. Have you spoken with a counsellor about what is going on for you? How would you feel about speaking with a youth counsellor from our community? Are you connected with other professionals, like a doctor or a trusted adult (maybe a coach/mentor)?
- You can also set some small goals together. For some families the 40 developmental assets (found at the back of the booklet) can provide a foundation to work together.

Make Space

- Make time for a conversation with the child/youth about what you are noticing
- Create a comfortable physical environment
- Stay calm and show them you want to understand
- Listen without judgment

Formalize Circle of Care

- Tell them who you must share information with (family, doctor, school staff, counsellor), involving them in the process if they are open to it
- Ask them who, specifically, they would like to include in their circle of supportive people (include informal supports such as friends, family, coaches, and teachers)

Action Plan

- If youth has a plan to end their life by suicide and has a plan and access to the means (or can easily obtain access), follow [Action Plan: for Imminent risk](#) (page 10)
- If youth is contemplating suicide but does not have a plan, follow [Action Plan: for Reducing risk](#) (page 11)

Skill Check

[Listen without judgment](#). Support a youth by listening to understand and telling them what you are hearing.

That means saying things like:

- “It sounds like you are in a lot of pain”
- “It sounds like you feel hopeless and overwhelmed”
- “It sounds like you feel everything is falling apart right now”

Instead of:

- “You shouldn’t say that / feel that way”
- “You’re so lucky / popular”
- “Don’t be silly—you have so much going for you”

Key thought...

Focus on strengths. The courage it takes to ask for help, the honesty to have a conversation and the resilience to keep going.

Through The Pain: Helping a Suicidal Person

When you think someone might be suicidal...

ASK them directly

LISTEN to their pain

HELP them to get help or get help for them

The Facts

Suicide is not about wanting to die, it's about wanting to stop unbearable emotional pain. Almost every suicidal person will choose to live if they can find another way to release their pain.

Ignoring painful feelings will not make them go away. By finding someone to talk to, or listening to someone who needs to talk, you can release the pain that can lead to suicidal thoughts.

Talking to a person about suicide will not make them try it. Talking to a person about suicide lets them know that you care. Not talking about suicide makes it impossible to prevent.

People who talk about suicide mean what they say. Most suicidal people warn those close to them. Too often these warnings are missed or ignored – with fatal results.

A non-lethal attempt is serious. Eighty percent of lethal suicides follow an earlier attempt. Always take an attempt seriously.

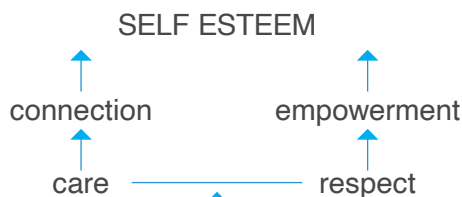
Suicide is the second leading cause of death for youth and children are also at risk. Take them seriously. In most cases, a youth will be in a position to recognize a friend's suicide risk before any adult.

Suicide is not isolated to one particular "type". People who become suicidal are not necessarily mentally ill, they may be rich or poor, and from any cultural background

The Helper's Role

Self esteem is value that we have in ourselves; it protects us against suicide. Self esteem is based on: connection, a sense that you are valued by those who are important to you; empowerment, the belief that you are in control of your life and that you are capable in the face of your life. The role of the helper is to help a person in crisis as they rebuild their self esteem.

There are two values at the root of this role: care and respect. Care is the desire you have for another person to be healthy, happy and safe. Respect is the belief that another person is separate from you, that they have the right to make their own decisions and the capacity to respond to their problems. Respect offers a person in crisis the opportunity to build their own empowerment.



Caregiver Values

How to Help a Suicidal Person

Ask if they are suicidal

Be direct. For example “I’m worried about you and I want to know, have you been thinking about killing yourself?”. “An angry friend is better than a dead one”. Never keep a “Signal of Suicide” secret or act alone when helping a suicidal person.

Listen to them

so they can release their pain and fight their hopeless self-talk. Accept that their feelings and way of seeing things are true for them even if they are different from your own. After they have talked out their pain they will be able to look at their situation and choices more clearly.

Help them get help

to deal with their problems. Ensure that they are committed to a Safety Plan. If they refuse, or you believe they will not follow through on the Safety and Wellness plan , then get help for them immediately.

Suicide is a personal choice. You are responsible to offer the best help you can, you are not responsible for another person’s feelings or for their choices.

Safety and Wellness Plan

A **Safety Plan** is a commitment to living to be made by a person in crisis (with your help). They need to:

Keep Safe:

- 1 Remove planned suicide methods
- 2 Ensure they are safe—According to their suicide risk, the person in crisis will need to:
 - take care of themselves
 - go to their family/friends
 - go to hospital or be on 24 watch
- 3 Meet with clinician
 - to assess mental health/suicide risk
- 4 Stay sober
 - if there is alcohol/drug use

Pursue Wellness:

Meet with a counsellor to:

- 5 Talk out feelings
- 6 Learn to fight suicide thoughts
- 7 Spend time with family/friends
- 8 Pursue positive activities:
 - reasons to live/soothing pastimes

If a suicidal person refuses to commit to the **Safety Plan**, they need you to make it happen for them.

Information from: Darien Thira (2014). Thira Consulting. www.thira.ca

The Circle of Care

As discussed in the last section, when a young person starts to find life overwhelming, they may shut out, downplay or forget about the people who are available to listen and provide support. Parents also can feel overwhelmed, scared and unsure where to turn for support.

Filling out the diagram with the child/youth may help them visualize and remember the people who can support them through this challenging time. The Circle of Care is one tool for understanding who to work with in order to most effectively reduce your child's risk for suicide. Filling out this diagram may be part of helping them create and agree to a plan to keep safe.



Circle of Care

Date _____



- Write the names and telephone numbers of the people the youth would like to see on their Circle of Care. Knowing the people, things, animals and activities) the child or youth connects with can help them to feel grounded and connected to others.
- Make a copy, and ask if they would like to share a copy to other care providers in the Circle of Care
- Follow up with people in the youth's Circle of Care to help continue the conversation, help reduce risk, and ensure continuity of care while maintaining confidentiality.

Action Plan: for Imminent risk

- **Ensure the child/youth’s immediate safety. Do not leave the youth alone. Remove all means of harm**
- Take your child to the local Hospital
- If your child is unwilling to go with you to the hospital, call local RCMP for a hospital escort (911)
- Stay with the child/youth until hospital staff formally assume primary responsibility of care
- Communicate all information you have with hospital staff and give them your contact information
- Contact other supports to inform them of your child’s safety status (school counsellor, professional counsellor, doctor)
- Follow up with other caregivers in the Circle of Care (doctor, counsellor, school counsellor, other family/caregivers). Ongoing communication, collaboration, and continuity of care is essential for reducing risk and ongoing monitoring of your child’s safety and progress.

Local Resources

<p>Connexus Community Resources</p> <ul style="list-style-type: none"> • Child, youth, and family services 	<p>☎ Vanderhoof: 250-567-9205 Fort St. James: 250-996-7645</p>
<p>Carrier Sekani Family Services</p> <ul style="list-style-type: none"> • Culturally relevant health and wellness programs 	<p>☎ Vanderhoof: 250-567-2900 Fort St. James: 250-996-7640</p>
<p>Mental Health and Addiction Services</p> <ul style="list-style-type: none"> • Youth and addictions counselling and referrals 	<p>☎ Vanderhoof: 250-567-5994 Fort St. James: 250-996-2700 Fraser Lake: 250-699-7742</p>



Action Plan: for Reducing risk

This action plan should be implemented if the child or youth is exhibiting several risk factors but after listening to them in-depth you are confident they do not intend to and have not made plans to attempt suicide.





- Give your child phone numbers and websites for crisis counselling services that they can access at any time of day or night. Decide with them where you can post these numbers in the house so they can access them quickly and easily if they are in distress.
 - Children’s Help Line 310-1234
 - BC Suicide Line 1-800-SUICIDE (1-800-784-2433)
 - If the risk changes and becomes imminent, and if the child/youth will not go with you to the hospital, contact RCMP for an escort: 911 or 250-567-2222
- Provide them with a copy of the “REACH OUT—Youth Suicide Intervention Toolkit”. It has some great resources and self management ideas.
- Connect meaningfully with your child and make time for them. Don’t “squeeze in” conversations with them. Take time every day to give them your full attention, even during little moments throughout the day. Make eye contact, give them a hug, tell them that you love them and care about them.
- Contact their school counsellor, Child & Youth mental health (refer to local resources on page 1), or a private practice counsellor of your choosing to arrange for counselling. Let these supports know clearly that you think your child is at risk for suicide and share information with them. If you can, involve the child/youth in making these calls with you and attend the first sessions/meetings.
- Continue to watch for warning signs and risk factors. Monitor their school attendance, social engagement, and participation in extracurricular activities. Encourage them to stay involved and connected and facilitate engagement however you can (be available to drive them to/from activities, enroll them in activities of their liking, help them with homework or household tasks if they will let you).
- Build family connectedness. This is a huge protective factor. Create opportunities for spending time together, choosing activities that they enjoy and express an interest in. Offer encouragement and find meaningful ways to connect that are right for your family whether that’s walking, watching anime or playing a game. Looking at the 40 developmental assets at the back of this booklet might provide a good place to start.

Self-care and support for parents and caregivers

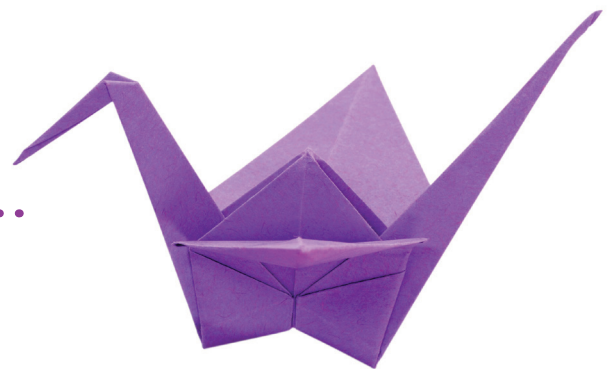
Supporting a person who is at risk for suicide can be difficult.

It is important to take care of yourself and find ways to support your own emotional needs. When we care for ourselves, we can better support others.

You can...

-  Seek out a professional counsellor to have your own opportunity to talk and be listened to, and to work through some of your fears about your situation. Receive the support you are offered and attend to your own needs. Begin and continue a conversation with your child about their issues. Do not discuss your personal concerns with the child/youth but continue to receive support for them.
-  Maintain simple self-care practices: take a hot bath, go for a walk, listen to your favourite music, watch light-hearted movies, make and eat healthy food, and get enough sleep. Find extra time for whatever it is you normally do to cope with stress in a healthy way.
-  Talk to a friend.
-  Connect with parent supports. The F.O.R.C.E. Society offers education and networking meetings for parents of children with mental health challenges. The F.O.R.C.E. Society also offers online educational videos.

Our local library has interlibrary loans available: this is a very handy resource for ordering in books that we don't have in our own library. A librarian can help you navigate how to use that system.



40 Developmental Assets for Adolescents

External Assets

Support

1. **Family Support** | Family life provides high levels of love and support.
2. **Positive Family Communication** | Young person and their parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. **Other Adult Relationships** | Young person receives support from three or more nonparent adults.
4. **Caring Neighborhood** | Young person experiences caring neighbors.
5. **Caring School Climate** | School provides a caring, encouraging environment.
6. **Parent Involvement in Schooling** | Parent(s) are actively involved in helping the child succeed in school.

Empowerment

7. **Community Values Youth** | Young person perceives that adults in the community value youth.
8. **Youth as Resources** | Young people are given useful roles in the community.
9. **Service to Others** | Young person serves in the community one hour or more per week.
10. **Safety** | Young person feels safe at home, school, and in the neighborhood.

Boundaries And Expectations

11. **Family Boundaries** | Family has clear rules and consequences and monitors the young person's whereabouts.
12. **School Boundaries** | School provides clear rules and consequences.
13. **Neighborhood Boundaries** | Neighbors take responsibility for monitoring young people's behavior.
14. **Adult Role Models** | Parent(s) and other adults model positive, responsible behavior.
15. **Positive Peer Influence** | Young person's best friends model responsible behavior.
16. **High Expectations** | Both parent(s) and teachers encourage the young person to do well.

Constructive Use Of Time

17. **Creative Activities** | Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. **Youth Programs** | Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.

40 Developmental Assets for Adolescents

- 19. **Religious Community** | Young person spends one hour or more per week in activities in a religious institution.
- 20. **Time at Home** | Young person is out with friends “with nothing special to do” two or fewer nights per week.

Internal Assets

Commitment To Learning

- 21. **Achievement Motivation** | Young person is motivated to do well in school.
- 22. **School Engagement** | Young person is actively engaged in learning.
- 23. **Homework** | Young person reports doing at least one hour of homework every school day.
- 24. **Bonding to School** | Young person cares about her or his school.
- 25. **Reading for Pleasure** | Young person reads for pleasure three or more hours per week.

Positive Values

- 26. **Caring** | Young Person places high value on helping other people.
- 27. **Equality and Social Justice** | Young person places high value on promoting equality and reducing hunger and poverty.
- 28. **Integrity** | Young person acts on convictions and stands up for her or his beliefs.
- 29. **Honesty** | Young person “tells the truth even when it is not easy.”
- 30. **Responsibility** | Young person accepts and takes personal responsibility.
- 31. **Restraint** | Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social Competencies

- 32. **Planning and Decision Making** | Young person knows how to plan ahead and make choices.
- 33. **Interpersonal Competence** | Young person has empathy, sensitivity, and friendship skills.
- 34. **Cultural Competence** | Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
- 35. **Resistance Skills** | Young person can resist negative peer pressure and dangerous situations.
- 36. **Peaceful Conflict Resolution** | Young person seeks to resolve conflict nonviolently.

Positive Identity

- 37. Personal Power** | Young person feels he or she has control over “things that happen to me.”
- 38. Self-Esteem** | Young person reports having a high self-esteem.
- 39. Sense of Purpose** | Young person reports that “my life has a purpose.”
- 40. Positive View of Personal Future** | Young person is optimistic about her or his personal future.

This list is an educational tool. It is not intended to be nor is it appropriate as a scientific measure of the developmental assets of individuals.

Copyright © 1997, 2007 by Search Institute. All rights reserved. This chart may be reproduced for educational, noncommercial use only (with this copyright line). No other use is permitted without prior permission from Search Institute, 615 First Avenue N.E., Suite 125, Minneapolis, MN 55413; 800-888-7828. See Search Institute’s Permissions Guidelines and Request Form. The following are registered trademarks of Search Institute: Search Institute®, Developmental Assets® and Healthy Communities • Healthy Youth®.

Notes

