



Toolkit for people who have been impacted by a **suicide loss**



Acknowledgments

The development of this document was made possible through the input, feedback and guidance of the Canadian Association for Suicide Prevention, the Centre for Suicide Prevention, the Public Health Agency of Canada and people with lived experience related to suicide.

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Generously volunteering their time to add value, experience and rigor to the Toolkit, The Mental Health Commission of Canada is grateful for their contributions in the development of this project.

Toolkit for people who have been impacted by a suicide loss
Mental Health Commission of Canada, 2018

The views in this document do not necessarily reflect the views of the MHCC.

Ce document est disponible en français

This document is available at <http://www.mentalhealthcommission.ca>

Production of this document is made possible through a financial contribution from Health Canada.

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Introduction

About the toolkit designed for people with lived experience related to a suicide loss.

What it is

The Mental Health Commission of Canada, in collaboration with the Canadian Association for Suicide Prevention, the Centre for Suicide Prevention, the Public Health Agency of Canada, along with an Advisory Committee comprised of people with lived experience related to suicide, have developed toolkits to support people who have been impacted by suicide. One toolkit is tailored for people who have attempted suicide, and the other is focused on resources for people who have lost someone to suicide.

In the summer of 2017, we conducted an online survey to elicit feedback from people who have been affected by suicide. With over 1,000 responses, the feedback received helped us gain a better understanding of what topics, content areas, resources, and information were important to include in the toolkits.

The content

There is no right or wrong way to seek help. This toolkit is not designed to be an exhaustive list of the very wide variety of resources available across Canada for support. This toolkit is a summary of the tools that have resonated most with the hundreds of people who completed our online survey and resources from a literature review completed by the Centre for Suicide Prevention.

If you are not finding the tools and resources that resonate most with you, you may consider talking with someone. You may wish to connect with a trained volunteer by contacting your [local distress centre](#) or [Kids Help Phone](#).

Language

Many respondents indicated a preference for “people-first” language as opposed to “survivorship language”. For this reason, we sought to avoid this language within the toolkit. That said, survivorship language resonates with many and therefore, we included links to resources that use this language.

Please note that the toolkits are not intended to replace a conversation. If you or someone you know is experiencing distressing thoughts or thoughts of suicide, please contact your [local distress centre](#) or [Kids Help Phone](#).

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Strategies and coping suggestions

There is no single way or “right” way to cope with a death by suicide. Everyone’s relationship with the person who has died is different. This means the loss will affect people differently. The following strategies are suggestions that have resonated with the people who responded to our online survey and additional resources from a literature review. It is not intended to be an exhaustive list.

If you are not finding the tools and resources that resonate most with you, you could try talking about your options with a trained volunteer by contacting your [local distress centre](#).

Strategies to help cope with a death by suicide

FOLLOWING A SUICIDE

- [After a Suicide: A Practical and Personal Guide for Survivors](#) by the Canadian Association for Suicide Prevention, is a guide to both the practical and the personal matters that you may need to attend to following a death by suicide.
- [What to do after a suicide webinar](#) by the Centre for Suicide Prevention walks teachers through what to do after a student in the school has died by suicide.
- [After a suicide: A toolkit for schools](#) acknowledges that a school community can be deeply affected by a student suicide.
- [A Manager’s Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide](#) by Carson J. Spencer Foundation examines when a suicide occurs in a workplace and the proper way to respond.
- [Helping Survivors of Suicide: What Can You Do?](#) by the American Association of Suicidology.
- [Writing an obituary](#) by the Ontario Funeral Service Association and the Waterloo Region Suicide Prevention Council, is a helpful tool for someone bereaved by suicide.
- Chapter 4, “Practical matters” from [Hope and healing after suicide, A practical guide for people who have lost someone to suicide in Ontario](#) by the Centre for Addiction and Mental Health.

GRIEF AND SUICIDE

Many will suggest that bereavement after a suicide is unlike any other kind of bereavement. As the National Alliance for Suicide Prevention states “suicide bereavement is unique because suicide itself is a singular manner of death” (2015, p. 13). The standard grieving process is further complicated by the inexplicable nature of suicide itself. Add notions of guilt and the pressures of stigma and we can see potential risk for suicide for anyone experiencing complicated grief due to suicide.

- Reactions to a suicide loss will be different for every person. Some of these reactions may include:
 - Shock and numbness
 - Deep sadness
 - Anger and blame
 - Guilt
 - Shame
 - Relief
 - Denial
 - Why questions
 - Fear
 - Depression
 - Leaning on spiritual or religious beliefs
 - Thinking about suicide
 - Reaching out

Find out more about each one of these “[Normal Reactions to Suicide Loss](#)” by the Canadian Association for Suicide Prevention.

- [What is grief](#) by the Canadian Mental Health Association.

- [The Grief Recovery Handbook](#) by John W. James and Russell Friedman.
- [Suicide Bereavement](#) website by the Australia Lifeline offers tips and advice to people bereaved by suicide.
- [Suicide Grief in Children and Adolescents](#) by the Canadian Association for Suicide Prevention.
- A Question and Answer interview by Therese Borchard on [Grief After Suicide](#) by Jack Jordan.
- [Hope and healing after suicide: A practical guide for people who have lost someone to suicide in Ontario](#) by the Centre for Addiction and Mental Health is a practical guide for people who have lost someone to suicide. It offers coping strategies, as well as dealing with some of the practical issues such as preparing for funeral services.
- [The Dougy Center, The National Center for Grieving Children and Families](#)' online grief support resources.

RESOURCES FOR PEOPLE WITH LIVED EXPERIENCE

These websites and blogs feature the voices of people who have lived experience of having lost someone to suicide.

- [Blogs by survivors](#) by Our Side of Suicide.
- [Eight Ways to Cope After a Suicide Loss](#) by the Tragedy Assistance Program for Survivors.
- [Videos](#) of people telling their stories of lived experience related to mental health, by the Canadian Mental Health Association.
- [Left behind after suicide \(2009\)](#) by Harvard Health Publishing.
- [20 Messages for Suicide Loss Survivors During the Holidays](#) by Sarah Schuster from The Mighty.
- [Bereaved Families of Ontario](#) provides support for families and individuals who have lost a significant person to death.
- [A Letter to Parents Surviving a Child's Suicide \(2015\)](#) by Sam Fiorella from the Friendship Bench.

PEER SUPPORT GROUPS

Peer support can be an invaluable source of strength for people who have lost someone to suicide. Peer support can include face-to-face support groups, such as visits from an outreach team, loss survivor conferences and telephone and online connections among people bereaved by suicide (National Alliance for Suicide Prevention, 2015).

- [What is peer support?](#) by CHANNAL.
- The role of peer support in suicide prevention: [Advancing peer support in suicide prevention](#).
- [Find a Survivor Support Centre](#) in Canada by the Canadian Association for Suicide Prevention.
- [Find a Support Group](#) by the American Foundation for Suicide Prevention offers a directory of both Canadian and American support groups for people who have lost someone to suicide.
- [Preventing Suicide: How to start a survivor's group \(2008\)](#) describes in detail the importance of support groups and provides practical advice on how to set up such groups.
- [Towards good practice: Standards and guidelines for suicide bereavement support groups](#) by Lifeline in Australia provides additional information on starting your own support group.
- Chat, text or call the [Warm Line](#) to talk to a peer support worker. A warm line is not a crisis line, but rather a confidential and anonymous service for adults (18+) living in Ontario.
- [Alliance of Hope for suicide loss survivors](#), A place of healing and remembrance is an online support forum for people who have lost someone to suicide.
- [Self-help Resource Centre](#) is a listing of peer support programs, referrals and trainings.
- Find a Self-Help Group Across Canada [here](#).

- [Man-Up Against Suicide Project](#) is a collection of narratives, photographs, videos and exhibits with the goal of ending the stigma that surrounds reaching out for help.
- [Friends and Families of Suicide Grief Support Group](#) is an online Facebook support group.

COUNSELLING

Finding the right counsellor may take time. It may also take time to find the appropriate therapy and therapist that best suits you. As a starting point, you may want to start a conversation with your family physician. Your doctor may be able to discuss with you whether medication is required in the short term and may also be helpful in recommending a good counsellor for you.

- Finding the right psychologist for you can be difficult. [Finding the Psychologist For You](#), by the Canadian Psychological Association, maintains a list of all the provincial and territorial associations of psychology.
- You may find a good counsellor or therapist using the [Good Therapy: Canada Counseling Directory](#) by GoodTherapy.org.

In the same way that not all therapists will be a good fit for everyone, the same goes for the type of therapy that will suit you best. Here are just a few options:

- Cognitive Behavioural Therapy (CBT) can help people examine how they interpret events around them and can provide practical, short-term psychotherapy. Find out more about what is [Cognitive](#)

[Behavioural Therapy \(CBT\)](#) by the Centre for Addiction and Mental Health.

- Interpersonal Therapy examines feelings in the context of relationships that may be contributing to the person's mood. Find out about [Interpersonal Therapy](#) at PsychCentral.
- Dialectic Behavioural Therapy is described by John Grohal as a type of psychotherapy or talk therapy that utilizes a cognitive behavioural approach. Find out more [here](#).
- Psychoeducation involves formal education groups, usually run by mental health professionals, which are used to inform patients about their mental health. It is a strength-based, reciprocal relationship between patient and therapist. Find out more in [Psychoeducation](#) by Ellen Luken (2015).

ADDICTION SERVICES

- [Narcotics Anonymous](#).
- [Adult Children of Alcoholics](#).
- [12-step program](#) of Alcoholics Anonymous.
- [Addiction Services Directory](#) helps you search for a variety of support and treatment programs in Canada including gambling, sex and eating disorders.
- [Changing the language of addiction](#), by the Canadian Centre on Substance Use and Addiction.

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Coping Suggestions and Crisis Planning

CRISIS LINES

- Find your local distress line [here](#).
- **1-866-Appelle** for residents in Quebec.
- **Kid Help Phone** for 24hr, bilingual phone, web and referral service for children and youth.
- **National Moral & Welfare Services** for military families and Canadian Forces members.
- **Crisis Services Canada** “a pan-Canadian network of local and regional crisis and distress centres, launched the new Canada Suicide Prevention Service (CSPS) that enables callers anywhere in Canada to access crisis support using the technology of their choice (phone, text or chat), in French or English.”
 - Text: 45645
 - Phone: toll free 1-833-456-4566
 - Chat: www.crisisservicescanada.ca
- **Warm Line** peer support worker.

COPING STRATEGIES AND DEVELOPING A SAFETY PLAN

- **Coping strategies to remain calm** webpage by the Anxiety and Depression Association of America.
- **“Let’s get Physical”: 7 Tips to Calm Anxiety**” webpage by Stacey Freedenthal which addresses the issues of attaining a “calm state” during a crisis situation.
- **Coping with Suicidal Thoughts** by Joti Samra & Dan Bilsker addresses how to cope with thoughts of suicide and other means of keeping yourself safe.
- **8 ways to cope after a suicide loss (2017)** by Carla Stumpf-Patton describes her ways of dealing with a suicide loss.

- **How to cope with thoughts of suicide** by Kids Help Phone facilitates the conversation around reaching out for help.
- **Our side of suicide** contains many articles and blogs about coping strategies.
- **Things to consider when creating a safety plan** by the National Suicide Prevention Lifeline, demonstrates how to create a safety plan.
- **How to make a suicide safety plan** by SuicideLine Victoria, Australia.
- Suggested readings:
 - **Helping the suicidal person** (2018 pp. 118-121) by Freedenthal.
 - **Safety planning initiative: A brief intervention** (2012) by Stanley & Brown.
- Wellness Recovery Action Plan (WRAP) **Personal Workbook**. Note that the WRAP plan often necessitates a facilitated group.

PHONE APPLICATIONS

- **15 Top Apps for Resilience, Mental Health Promotion & Suicide Prevention** by Dr. Sally Spencer Thomas.
- **Breathe to relax**: “Breathe2Relax offers portable stress management focused on diaphragmatic breathing skill-building that help with anger management, mood stabilization and anxiety reduction.”
- **MoodKit**: “Based in Cognitive Behavioral Therapy, MoodKit helps people improve their mood by engaging them in over 200 mood enhancement activities like thought-checking and journaling.”
- **My3App**: My3app is a safety plan tool that helps people who are at high risk for suicide. It helps them develop a written list of coping strategies and sources of support.
- **Hello Cruel World** is an application for iPhone and iPad offering 101 alternatives to suicide.
- **Suicide Safety Plan** is an application that guides you through your customised safety plan until you feel safe.

SUGGESTED MESSAGES WHEN CONTACTING A SUICIDE CRISIS LINE

- **Talking** on a helpline:
 - “Hi. I am calling because I need some help. I’m going through some things that are tough and it sometimes feels like I can’t take it anymore. It’s so bad there are times I think about suicide.”
 - “Hi. Things are really hard right now. I’m thinking about killing myself.”
- **Texting** on a helpline:
 - “I need help. My life is bad right now and I’m thinking about suicide.”
 - “I’ve been thinking about killing myself. Can you help me?” (Centre for Suicide Prevention, 2016).
- **What to expect when contacting a crisis line** by Crisis Support (Klinik Community Health, 2018).
- **Sample scripts** by the Centre for Suicide Prevention.

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How to support someone who has lost someone to suicide

HOW TO TALK ABOUT SUICIDE IN AN HONEST, SAFE AND AGE-APPROPRIATE WAY

- **What's in a Word? The Language of Suicide (2009)** by the Alberta Health Services offers examples of non-stigmatising language around suicide.
- **The Power of Words: The Language of Suicide (2009)** by P. Bonny Ball of the Ontario Association for Suicide Prevention, provides some context in safe language around suicide.
- Suggestions of how to talk to and support someone can be found on page 16-18 of the **After a suicide attempt: A handbook for family and friends** by the Klinik Community Health and Canadian Association for Suicide Prevention.
- Tips on how to talk to a family member or a friend on **Preventing Suicide** by the Canadian Mental Health Association (CMHA) Toronto.
- **Communication with Children** from Support After Suicide.
- **How to talk to a child about a suicide attempt in your family** by the Rocky Mountain Mental Illness Research, Education and Clinical Centers (MIRECC). It breaks the conversations down for pre-schoolers, school-age children and teenagers.

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Telling your story safely

Telling your story can be scary. Just like every story related to suicide is personal, the decision to tell your story is equally as personal, and the way you decide to tell that story is up to you. Telling your story can bring great strength; however, be mindful that you tell your story safely, ensuring your safety and the safety of the person(s) learning from you. The following resources are suggestions that have resonated with the people who filled out our online survey and additional resources from a literature review. This is not intended to be an exhaustive list.

ADVOCACY AND FINDING HOPE THROUGH STORIES OF SUICIDE LOSS

People with lived experience related to suicide, are often the best advocates for suicide prevention. People who have lived through such an experience know its turmoil better than anyone else, can speak more passionately about it and can be in a better position to change other's attitudes about it as well (Centre for Addiction and Mental Health, 2013).

Much of the movement forward in suicide prevention initiatives was originally spearheaded by the advocacy efforts of the loss survivor community. The issue of language is one such instance (see part two of the toolkit). Their efforts to reduce stigma in multiple ways is unmatched by any other group.

- **Becoming an advocate (2018)** by John Madigan of the American Foundation of Suicide Prevention addresses advocacy for people who have experience related to a suicide loss.
- **Special considerations for telling your story: Best practices by suicide loss and suicide attempt survivors (2012)** is a guide for attempt and loss survivors on telling their story by the American Association of Suicidology.
- **Four keys to sharing suicide survival stories safely** is an easy to read infographic by the Canadian Association for Suicide Prevention.
- **Suicide Prevention: Guidelines for Public Awareness and Education Activities** by the Mental Health and Spiritual Health Care Branch of Manitoba Health.
- **Sharing the Story of Suicide Loss-Survivor Voices Training** is a national program that teaches people who are bereaved by suicide how to speak safely and effectively about their loss.
- **The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience (2014)** is a resource devoted the advocacy of suicide attempt survivors.

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Hopeful messages

Knowing that you are not alone and being able to share hope can be incredibly healing for some people. This section of the toolkit is intended to be a safe space to read and to share online messages of hope with other people. The following hopeful messages were gathered from the responses of people with lived experience related to suicide who answered the online survey. There was a tremendous amount of hope that flowed from these responses. Unfortunately, we were unable to include everyone's messages.

If you or someone you know is currently experiencing thoughts of suicide or distressing thoughts, consider reaching out to your [local distress centre](#).

FOR PEOPLE LIVING WITH A SUICIDE LOSS

When we released the survey, we asked people, "If you could give one message to other people who have lost someone to suicide, what would it be?"

- "It is not your fault."
- "Allow yourself the space and time to grieve."
- "It is also okay to take a break from grieving and allow yourself to enjoy what brings you happiness without feeling guilty."
- "It is okay to talk about your loss."
- "At first it is one second at a time, then one minute at a time, then one hour at a time, one day at a time, one month at a time, one year at a time..."
- "Grief looks very different for everyone: allow yourself to feel whatever emotions that may arise."
- "Find support and a listening ear."
- "Connect to others who have experienced a loss, it may help to feel connected and talk openly about your experiences."
- "You can try counselling, it did wonders for me!"
- "HOPE (**H**old **O**n, **P**ain **E**nds)."

SHARE YOUR OWN MESSAGE!

Share your own message of hope today by using #sharehope on your social media platform of choice and watch it go live [here!](#)

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About suicide

For some people, knowing the basic statistics and other important information about suicide can be very helpful. This section of the toolkit helps remind people that suicide affects everyone, and that you are not alone. The following resources provide details about suicide that resonated with the people who filled out our online survey or came to our attention from a literature review. This is not intended to be an exhaustive list.

Background and context

WHAT IS SUICIDE?

Suicide is defined as the act or instance of taking one's own life voluntarily and intentionally.

BASIC STATISTICS ON SUICIDE IN CANADA

Canada tracks suicide by age, sex and geography. Unlike in the United States, we do not record ethnicity or method of death.

- [Statistics Canada](#) provides a breakdown by age and sex.
- Health Canada's [infographic](#) provides statistics on the current context of suicide in Canada.
- The Centre for Suicide Prevention has a resource that provides suicide rates [across provinces and territories](#).
- Additional reading: [The power of 41%: A glimpse into the life of a statistic](#) by Tanis (2016). The paper explores statistics around transgender people and suicide and the impacts of these statistics on transgender people.

SAFE LANGUAGE AROUND SUICIDE

Some of the traditional language around suicide has negative connotations and, as a result, unintentionally perpetuates stigma. Some examples include “committed suicide” (implying criminality), “successful suicide” or “completed suicide” (implying being unsuccessful or incomplete before) or “failed suicide attempt” (implying a failure).

More neutral, compassionate words should be used when talking about suicide. The following are a few recommendations to find more information:

- [The power of words: The language of suicide](#) by Bonny Ball (2005).
- [What's in a word? The language around suicide](#) by Alberta Health Services (2005).
- Glossary of [inappropriate or “unacceptable” terms](#) by the Centers of Disease Control and Prevention (2011).
- Find specific recommendations tailored for people with lived experience related to a suicide attempt in [The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience \(2014\)](#) by the Suicide Attempt Survivors Task Force of the National Action Alliance for Suicide Prevention.

MYTHS AND FACTS ABOUT SUICIDE

Stigma can be perpetuated by misinformation and myths about suicide. Some myths are more embedded in society than others and may be harmful to people who have been affected by suicide. To help distinguish myth from fact, here are some helpful resources:

- [Preventing suicide: A global imperative: Myths](#) by the World Health Organisation (2014).
- [Suicide prevention primer](#) by the Centre for Suicide Prevention (2013).
- [Myths about suicide](#) by the Tennessee Suicide Prevention Network (2016).

Helpful literature:

- [Myths about Suicide \(2011\)](#) by Thomas Joiner sharply debunks myths such as “suicide is selfish” to “if people want to die by suicide, we cannot stop them” to “it’s just a cry for help” and others which exemplifies why he is considered one of the leading thinkers in contemporary suicidology.

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Why do people attempt to die by suicide?

Suicide is complex. Why some people die by suicide is puzzling and some academics spend their entire working lives trying to learn why. “No single factor is sufficient to explain why a person died by suicide: suicidal behaviour is a complex phenomenon that is influenced by several factors- personal, social, psychological, cultural, biological and environment.” (The World Health Organisation, 2014, p. 15)

- [Suicide: Statistics, warning signs and prevention](#)
- [Why do people kill themselves: New warning signs](#)

SOCIAL DETERMINANTS OF HEALTH

- According to Mikkonen and Raphael in their influential publication, *Social determinants of health: The Canadian Facts (2010)*, there are 14 determinants which have a greater bearing on an individual's health than all other factors. They include:
 - Aboriginal status
 - Disability
 - Early life
 - Education
 - Employment and working conditions
 - Food insecurity
 - Health services
 - Gender
 - Housing
 - Income and income distribution
 - Race
 - Social exclusion
 - Social safety net
 - Unemployment and job security

The social and economic determinants of suicide in Canadian provinces

(Jalles & Andresen, 2015) found a distinct correlation between these determinants and suicide, especially the determinants of unemployment and gender.

RISK AND PROTECTIVE FACTORS

The Suicide Prevention Resource Center defines these two groupings simply and straightforwardly: “Risk factors are characteristics that make it more likely that individuals will consider, attempt, or die by suicide. Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide.” (Suicide Prevention Resource Center, 2011). Please note that despite protective factors, this does not mean that a person will not move on to attempt suicide.

- [Understanding risk and protective factors: A primer for preventing suicide](#) (Suicide Prevention Resource Center)
- [Suicide prevention and assessment handbook](#) (Centre for Addiction and Mental Health, 2015, pp. 6-8)
- [Risk and protective factors for suicide and suicidal behaviour: A literature review](#)

WARNING SIGNS

“One of the key distinctions between a warning sign and a risk factor is time. Risk factors are typically static, longstanding and speak to suicide risk in the long term. In contrast, warning signs usually are dynamic, temporary, and indicate acute escalation of suicide risk now or in the very near future.” (Freedenthal, 2018, p. 69).

- [IS PATH WARM - The American Association of Suicidology \(2018\)](#): Educational tool to present the concept of warning signs.

THE ROLE OF TRAUMA AND CHILDHOOD EXPERIENCES

What is trauma:

“Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.” (The Substance Abuse and Mental Health Services Administration, 2012, p. 2).

Unresolved trauma in childhood and adolescence is linked to an increased risk of suicide ideation and, if unaddressed, can escalate with age – potentially leading to suicide attempts or death by suicide. Early intervention post-trauma is crucial. (Herba, et al., 2007; Dube, et al., 2001).

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Additional resources

For some people, immersing themselves in training and additional readings can be very healing. This section of the toolkit provides some additional tools and resources to help people gain the knowledge and courage needed to have conversations about suicide. The following resources are some that have resonated with the people who responded to our online survey and some of the resources stemming from the literature review; it is not intended to be an exhaustive list.

If you are not finding the tools and resources that resonate most with you, try talking about your options with a trained volunteer by contacting your local [distress centre](#).

Training and other suicide prevention programs

- **Applied Suicide Intervention Skills Training (ASIST):** “Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don’t need any formal training to attend the workshop—anyone 16 or older can learn and use the ASIST model.”
- **SafeTALK** is a half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don’t truly want to die but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. SafeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.
- **Mental Health First Aid** is the help provided to a person developing a mental health problem, experiencing the worsening of an existing mental health problem or in a mental health crisis. The Basic Mental Health First Aid course has been adapted for Adults Who Interact with Youth, First Nations, Inuit, Northern Peoples, Seniors and the Veteran Community.
- **Suicide to Hope** “Suicide to Hope is a one-day workshop designed for clinicians and caregivers working with those recently at risk of and currently safe from suicide. It provides tools to help these caregivers and persons with experiences of suicide work together to develop achievable and significant recovery and growth goals.”
- **Straight Talk: Preventing Suicide in Youth:** “Straight Talk is an interactive half-day workshop for individuals working with youth aged 12 to 18. Straight Talk encompasses the developmental, cognitive, and emotional differences found within this age group in presenting strategies to strengthen the protective factors of youth at risk of suicide. Relevant intervention strategies are explored through videos and case studies.”
- **Question Persuade and Refer (QPR):** “We can all save lives. The QPR mission is to reduce suicidal behaviours and save lives by providing innovative, practical and proven suicide prevention training. The signs of crisis are all around us. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.”

Books, directories, editorials and academic studies

BOOKS

- *Grief after suicide: Understanding the consequences and caring for the survivors* edited by J. Jordan & J. McIntosh. New York: Routledge (2011). 544 p.
- *Postvention in action: The international handbook of suicide bereavement support* by Karl Andriessen, Karolina Krysinika & Onja Grad. Boston, MA.: Hogrefe Books (2017). 423 p.
- *Setting up and facilitating bereavement support groups: A practical guide* by Dodie Graves. London, UK: Jessica Kingsley Publishers. (2012). 176 p.

DIRECTORIES

- Online support group directory for suicide loss survivors by [PsychCentral](#).

EDITORIALS

- [Overcoming the shame of a suicide attempt](#). New York Times. D4 (2016, May 30) Brickhouse, J.

ACADEMIC STUDIES

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