



# heretohelp

Mental health and substance use  
information you can trust



Canadian Mental  
Health Association  
British Columbia  
*Mental health for all*

## *learn about* suicide

info sheets 2013 [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)



*Most people who attempt or complete suicide don't necessarily want to die. People often just want to escape pain, problems, or other difficult situations.*

It isn't a topic most people want to talk about, but odds are you know someone who has attempted or died by suicide. Maybe you've even lost a friend, family member or coworker to suicide. Every year, over 3,500 Canadians die by suicide. That's more lives lost than from traffic accidents and homicide combined that year. Suicide has been called a "hidden epidemic," and it's time to take it out of the shadows.

### Who does it affect?

Studies show that up to 90% of people who take their own lives have depression, substance use problems or another mental illness—whether diagnosed or not—at the time of their suicide. Most people who attempt or complete suicide don't necessarily want to die. People often just want to escape pain, problems, or other difficult situations. Ten to 15% of people with a mental illness will end up taking their own lives. There are a number of other factors that can put someone at higher risk of completing suicide:

#### Age:

- In Canada the average age for the highest rate of suicide is 45 to 49.
- Men over the age of 80 have the highest rate of suicide. A shrinking circle of friends, the death of a spouse or a major illness can all lead to depression and in turn lead to suicide. Aboriginal elders are an exception to this trend.
- Based on CTV's report, suicide among young people between 15 to 18 years old and also people over 65, has the highest rate in QC. Stress,

# suicide

## is someone you know thinking about suicide?

Most people who take their own lives show some noticeable signs that they are thinking about it beforehand. If you recognize these signs, you can take immediate action and give support. There are ten warning signs that experts suggest you should watch out for. You just need to remember **IS PATH WARM?**

Has someone you know:

- ☐ Talked about or threatened to hurt or kill themselves, or looked for ways to do it? [**I = Ideation**]
- ☐ Increased their use of alcohol or other drugs? [**S = Substance use**]
- ☐ Mentioned having no reason to live or no purpose in life?  
[**P = Purposelessness**]
- ☐ Showed increased anxiety and changes in sleep patterns?  
[**A = Anxiety**]
- ☐ Talk about feeling trapped, like there's no way out? [**T = Trapped**]
- ☐ Expressed feeling hopeless about the future? [**H = Hopelessness**]
- ☐ Withdrawn from friends, family members or activities they enjoy?  
[**W = Withdrawal**]
- ☐ Shown uncontrolled anger or say they want to seek revenge? [**A = Anger**]
- ☐ Engaged in risky activities, seemingly without thinking? [**R = Recklessness**]
- ☐ Experienced dramatic changes in their mood? [**M = Mood change**]

If you see several of these behaviours, especially the first one, it is important to take them seriously and get help right away.

loneliness, fighting with family or friends, feelings of “not measuring up” and a loss of hope for the future can all contribute to youth feeling overwhelmed, and may lead them to consider suicide as a way out.

**Gender:** In Canada, there are three male suicides for every female death by suicide. However women are more likely than men to attempt suicide. Women tend to choose less violent forms of suicide, leaving more opportunity for rescue. They also tend to seek help from friends and professionals more often.

### **Social and cultural factors:**

- While many Aboriginal communities have rates of suicide that are much higher than the general population, some Aboriginal communities have rates of suicide that are very low or zero. Those communities with low rates of suicide are those that are working towards self-governance, are actively engaged in settling their land claims, have recovered many traditional practices and enjoy greater control over the delivery of local services.
- Studies on the rate of suicide in the Canadian immigrant population have had conflicting results. While one Canadian study found that the suicide rate in immigrants was closer to the rate of suicide in Canada, another found that the suicide rate was closer to the immigrant group's home country. There is likely extreme under-reporting of suicides in the immigrant population because in many cultures suicide is considered shameful. What is agreed on is that personal factors such as learning to speak the host country language, ethnic pride and a positive attitude toward the new country's culture can reduce stress. Social resources, such as family and ethnic community support and a warm welcome by the new country can also reduce stress, leading to more positive mental health. There has been very little research done on the suicide rates in Canada's refugee population.



*If a person is thinking about suicide, they will likely be relieved to tell someone.*

## What can I do about it?

If you think someone you know is considering suicide:

- Remind yourself that all talk of suicide must be taken seriously
- Say to the person:
  - "You are really important to me"
  - "I don't want you to die"
  - "It's reasonable to feel like you do, but I can help you find other solutions"
- If you are concerned that someone you know may be considering suicide, ask a direct question like, "Are you thinking about suicide?" You won't be putting the idea in the person's head. If they are thinking about it, they will likely be relieved to tell someone. Consult the "Where do I go from here?" section on the next page so you know what to do if they say yes.

- If you think someone's life is in immediate danger, call 911.
- Call 1-800-SUICIDE, that's 1-800-784-2433. Help is available 24 hours a day.
- Seeing a doctor or mental health professional is often the next step for the person. Remember to maintain your support if the person is getting help for a mental illness like depression. In the early stages of treatment, some people start to feel physically well enough to carry out a plan before they start to feel better emotionally. This is a time when professionals and loved ones should carefully monitor for warning signs.

## suicide fast facts

- » In Quebec around 1100 people die as a result of suicide every year.
- » In the last 45 years, suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 years (both sexes). These figures do not include suicide attempts, which are up to 20 times more frequent than completed suicides.
- » Both the stigma attached to suicide and the likelihood that some deaths classified as "accidents" are actually suicides contribute to an overall underestimation of the true number of suicides each year.



## suicide

# where do I go from here?

**If you think someone's life is in immediate danger, call 911.**

If you or someone you know is thinking about suicide, a good place to start is your local crisis line (1 866 APPELLE or 1 866 277-3553). Trained suicide prevention volunteers can help you or your loved one, and they will connect you to local emergency mental health services if you need them. Confidentiality can be waived in life-or-death situations. If you aren't completely sure about the risk, it's still safer to call and talk to someone.

### Suicide Prevention center

Visit <http://www.suicideinfo.ca/> for information, research and links to national distress websites. For suicide prevention centers in Quebec visit <https://suicideprevention.ca/quebec-suicide-prevention-centres>

### Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 1 866 APPELLE or 1 866 277-3553, 24 hours a day to connect to a QC crisis line, without a wait or busy signal. The crisis lines linked in through this number have received advanced training in mental health issues and services.

### Ami Quebec

Visit <https://amiquebec.org> or call (514) - 486- 1448 for information and resources regarding mental health or any kind of mental health disorders.

### HealthLink QC

Call 811 or visit <https://amiquebec.org> to access free, non-emergency health

information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk to a pharmacist about medication questions.

The integrated health and social services centre (CISSS) and the integrated university health and social services centre (CIUSSS):  
To find contact information for your family medicine clinic, your CISSS or your CIUSSS, go to [Finding a Resource](http://sante.gouv.qc.ca/en/problemes-de-sante/sante-mentale/). <http://sante.gouv.qc.ca/en/problemes-de-sante/sante-mentale/>

### The Ordre des psychologues du Québec

To find a psychologists or a psychotherapists who speak different languages, visit the [Ordre des psychologues du Québec](http://www.opq.org) website.

### ACCÉSSS

ACCÉSSS (<https://accesss.net/>) is a provincial group of community organizations whose goal is to represent the interests of ethnocultural communities in health and social services decision-making bodies. It is a non-profit organization (NPO). ACCÉSSS is a meeting place for the community, the health network and the university community. Due to the management philosophy of ACCÉSSS which is to work in consultation with its various partners, as well as the nature of the files treated, ACCÉSSS is more and more involved in the networks of consultation.

Telephone: 1-866-774-1106 (toll-free) and (514)-287-1106  
Fax: (514)-287-7443  
email: [accesss@accesss.net](mailto:accesss@accesss.net)





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## The Multicultural Mental Health Resource Centre (MMHRC)

For information regarding the availability of mental health services in Quebec or other provinces of Canada visit <http://www.multiculturalmentalhealth.ca/> to access information in different languages such as Farsi. This website is working under the supervision of Division of Social and Transcultural Psychiatry of McGill University.

## Coping with Suicide Thoughts: A Resource for Patients

Coping with Suicidal Thought is a short workbook to help you understand thoughts of suicide, cope with these thoughts, stay safe, and reduce suicidal thoughts over time. Download the workbook at <http://www.sfu.ca/carmha/publications/coping-with-suicidal-thoughts.html>.

## More resources available for getting help or further information on mental health:

- [Canadian Mental Health Association](#)
- [Mouvement Santé mentale Québec](#) (in French only)
- [Association des groupes d'intervention en défense des droits en santé mentale du Québec](#) (in French only)
- [Regroupement des ressources alternatives en santé mentale du Québec](#) (in French only)
- [Les porte-voix du rétablissement – L'association québécoise des personnes vivant \(ou ayant vécu\) un trouble mental](#) (in French only)
- [Association des médecins psychiatres du Québec](#)

This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.