



Supporting Mental Health in First Responders:

Helping Someone Who is Considering Suicide

SaskFirstRespondersMentalHealth.ca

Why Reach Out?

Asking someone if they are considering suicide is a sign of compassion. There are two possible answers to the question: yes or no. If they are thinking of harming themselves, talking to them about it will help them realize that someone cares, and having the support of friends or family members can help. If they are not thinking of suicide, asking still helps them to realize that someone cares, and that builds resiliency.

When a person is consumed with thoughts of suicide, it can be difficult to see and think in any other way. Opening up those thoughts to someone else can help them to gain control over the painful emotions they must be feeling. The person may think that the emotional pain is just too much, no one can help, and that nothing can be done to change their situation. Often if feels as though suicide is the only way past that pain. In such circumstances reaching out can have the following benefits:

- Sharing thoughts and feelings can bring relief and reduce stress (Crisis Services Canada [CSC], 2019)
- Working through problems can help bring perspective with increased feelings of control over the situation (Bilsker et al., 2018)
- The person experiencing suicidal thoughts will realize he or she has support, and may become willing to expand that support network (CSC, 2019)

What to Say?

Sometimes it may be difficult for friends and family to know exactly what to do. These general guidelines will help:

1. Always treat such talk or behaviour seriously.
2. Do not promise to keep such talk or behaviour a secret. If the person has an eminent plan to kill themselves and refuses to seek help, there are people (e.g., police, paramedics) that will need to be contacted people to get the suicidal person to care.
3. Be an active listener. Let the person know they are heard. Try paraphrasing to check that what they are saying is being correctly understood. Do not give quick advice or say, “Everything will be alright.”
4. Help the person explore their feelings. Do not add to possible guilt by saying things such as, “Think of how your friends and family will feel.”
5. Show and describe concern and caring towards the person.
6. Remember that it is often very helpful for someone to just have another person to talk to. Explore others the person would be willing to confide in.
7. Encourage the person to go to a counsellor, psychologist, or some other professional trained in working with people who are thinking of suicide.
8. Continue to be involved. Let the person know they are cared for beyond the immediate crisis.

Please note that this material is not intended to replace the professional care of a therapist or physician.

What if There is No Immediate Risk of Self-Harm?

1. **Intense suicidal feelings are temporary.** The lull between peak periods of crisis should be used to get help. There is an underlying cause(s) to the thoughts of suicide and if they aren't treated, suicidal thoughts are likely to return. It can be daunting to discuss mental health problems, substance abuse or other/additional issues, but in doing so, the person experiencing suicidal ideation can get the right treatment. On-going therapy has been shown to help clients feel better, feel more in control of their mindset, and be safer (Mayo Clinic, 2019).
2. **Support networks work.** People need support networks full of others who know, care, and support them. People who are considering suicide may have the feeling that they are alone and they would benefit from being reminded that there are people who care. Their support networks of friends, colleagues, and family can be supplemented with professionals such as counsellors, psychologists, teachers, nurses, clergy, and/or public safety personnel (Hvid & Wang, 2009).
3. **Develop a safety plan.** Many people with suicidal ideation do not think of developing a safety plan should their suicidal feelings become intense; however, they are amenable to developing a plan once suggested. Safety plans include contact numbers for support people and a safe environment. Work with the suicidal person to identify a few people they can call, such as a family member or trusted friend, in times of crisis. More than one contact is recommended because people are not always available. Add a crisis line and a support group, such as those listed on the next page. Keep these numbers in a place where they can be easily accessed. To ensure a safe environment, get rid of things that could be used in a suicide attempt, such as pills, razor blades, or guns. Alternatively, agree on a safe place to which the person could go if suicidal thoughts begin to emerge. Whatever the plan, have the person who has been thinking of suicide write down the steps to be taken should intense feelings of suicide reappear and ensure the plan is kept in a safe, easily accessible place.

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Saskatchewan — Support and Outreach

Five Hills - Five Hills Mental Health & Addictions Services

Toll free (8 a.m. – 5 p.m., Monday to Friday): 1.877.564.0543

Crisis Line (8 a.m. – 5 p.m., Monday to Friday): 306.691.6464

Hudson Bay & District - Hudson Bay & District Crisis Centre

Toll free (24 hours): 1.866.865.7274

Crisis line (24 hours): 306.865.3064

Northeast Region - North East Crisis Intervention Centre

Toll free (24 hours): 1.800.611.6349

Crisis line (24 hours): 306.752.9455

Prince Albert - Prince Albert Mobile Crisis Unit

Crisis line (24 hours): 306.764.1011

Regina - Regina Mobile Crisis Services

Crisis line (24 hours): 306.525.5333

Saskatoon - Saskatoon Crisis Intervention Service

Crisis line (24 hours): 306.933.6200

Southwest Region - Southwest Crisis Services

Toll free (24 hours): 1.800.567.3334

Crisis Line (24 hours): 306.778.3386

West Central Region - West Central Crisis & Family Support Centre

Crisis Line (9 a.m. – 5 p.m., Monday to Friday): 306.463.6655

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Canada — Crisis Lines

Suicide Hotline

Toll free (24 hours): 1.800.SUICIDE (1.800.784.2433)

Crisis Services Canada - Canada Suicide Prevention Services

Toll free (24 hours): 1.833.456.4566

Text 45645 between 4 p.m. and 2 a.m. ET

crisisservicescanada.ca

Canada — Informational Resources

Canadian Association for Suicide Prevention

suicideprevention.ca

Canadian Mental Health Association - Saskatchewan Division

sk.cmha.ca

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References

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- Hvid, M., & Wang, A. G. (2009). Preventing repetition of attempted suicide: Feasibility (acceptability, adherence, and effectiveness) of a Baerum-model like aftercare. *Nordic Journal of Psychiatry*, 63(2), 148-153.
- Mayo Clinic, (2018). "Suicide and suicidal thoughts." [Online]. Available: <https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048> [2019, June].

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