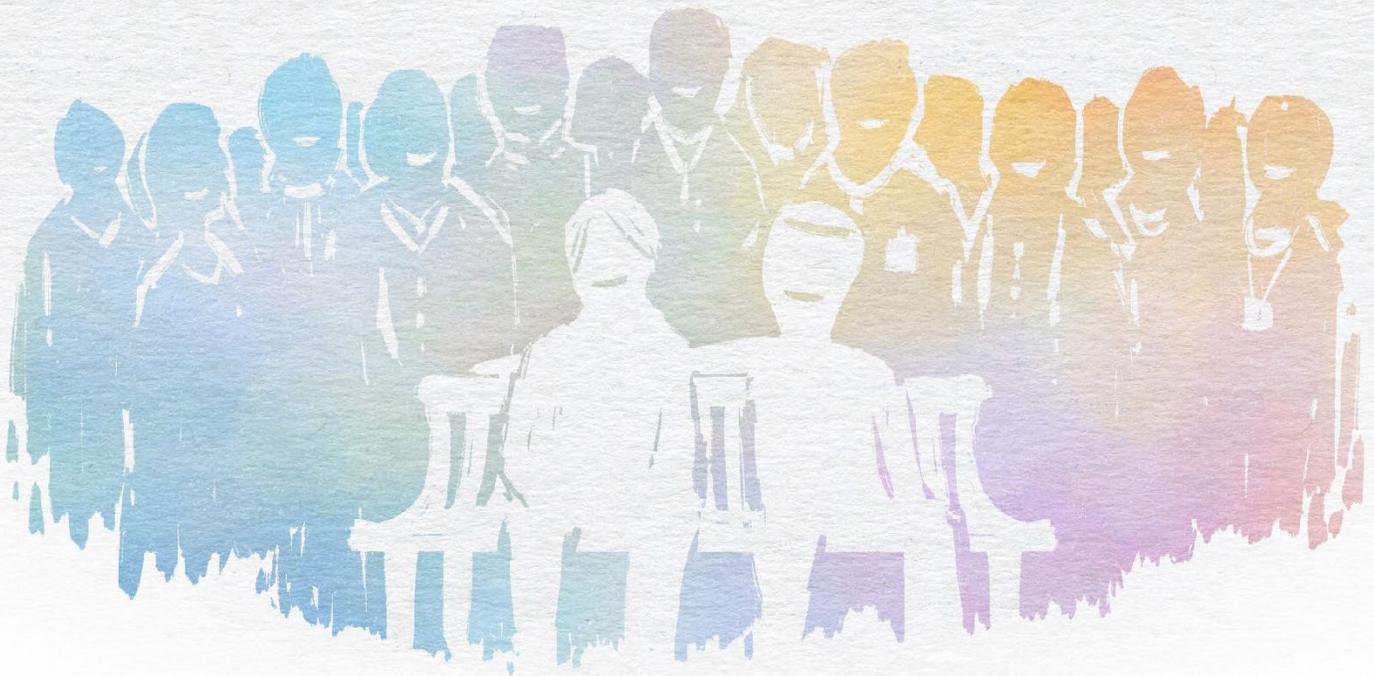


Are you okay?



You are not alone.

Suicide Prevention, Intervention and Postvention

TOOLKIT FOR STUDENTS, INSTRUCTORS AND STAFF

CarltonTrailCollege.

This toolkit contains sensitive content, including information about feelings associated with suicidal ideation. If you feel you are struggling at any time, please reach out to available supports.

If you are experiencing thoughts of suicide or have been impacted by a suicide loss, you are not alone.

[Personal Counselling for Students](#)

[Book an appointment with Student Services](#)

Free Confidential Supports

Community Resource Search		www.sk.211.ca
HealthLine (Health and Mental Health Support)	Call 811	
Crisis Services Canada	1-833-456-4566	
White Raven Healing Centre	1-866-748-8922	http://fhqtc.com/white-raven/
Kids Help Phone	1-800-668-6868	Text CONNECT to 686868
Wellness Together Canada	1-855-585-0445	
Hope for Wellness Help Line	1-855-242-3310	Help for all Indigenous People in Canada
Saskatoon Mobile Crisis	1-306-933-6200	24/7 confidential crisis line and consultation
Regina Mobile Crisis	1-306-757-0127	
Northeast Crisis Line	1-800-611-6349	
PA Mobile Crisis	1-306-764-1011	
PARTNERS Family Services	1-306-682-4135	
Empower Me - Mental Health Resources	1-833-628-5589	Available 24/7

URGENT

If you are at imminent risk of harm, call 911 or head to the nearest [emergency department](#).

Contacts	2
Acknowledgments	4
PREVENTION	
Understanding suicide	5
Language matters	8
Myths and facts about suicide	9
Social determinants of health.....	10
Warning signs and contributing factors	12
Factors impacting post-secondary students.....	13
Factors impacting graduate students	14
Factors impacting students living internationally and away from home.....	14
Factors impacting gender diverse	15
Factors impacting transgender people	15
Factors impacting Black, Indigenous, and People of Colour (BIPOC).....	16
Factors impacting health professional students	16
Protective factors.....	17
INTERVENTION	
What to do if you are experiencing thoughts of suicide.....	18
How suicidal thoughts may feel	18
Coping with thoughts of suicide	19
Communicating thoughts of suicide	21
Create a safety plan	22
Supporting someone who may be having thoughts of suicide	23
POSTVENTION	
Supporting someone after a suicide loss	25
Grieving a suicide loss	25
Supporting someone who is grieving.....	28
Sharing stories safely	29
Crisis Management and postvention support for colleges and units.....	30
Support resources	31
APPENDIX MATERIALS	
About the framework.....	32
Additional resources (helpful articles and grounding techniques).....	34
Key terms	36
References.....	37

**All citations used in this document are referenced on pages 37-44*

Acknowledgments

Our vision at Carlton Trail College is “changing lives through learning” and this vision extends beyond academics and the classroom. Our commitment to creating safe, welcoming, inclusive, and supportive environments and experiences for students and staff is built on a holistic approach to health and well-being. The Suicide Prevention, Intervention and Postvention Toolkit enhances this commitment and the that work we do to address the individual wellness needs of our learning community. Through learning, un-learning, and re-learning - and by providing access to information and resources – collectively, we can reduce stigma and create safe spaces for conversation and support.

Rachel Trann
Adult Basic Education and Student Services Director
Carlton Trail College

Carlton Trail College is grateful to be a part of the collaborative work of Healthy Campus Saskatchewan (HCSK). We continue to work collectively as Saskatchewan post-secondary institutions to share, learn and grow in the work we do, and would like to express appreciation to the University of Saskatchewan for their work and creation of this Toolkit.

CarltonTrailCollege.

USASK

HEALTHY CAMPUS SK

Carlton Trail College is located on Treaty 4 and 6 Territory and the Homeland of the Metis.

We pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.



Introduction

Achieving physical, mental, emotional, and spiritual well-being is not always straightforward. The wellness needs of post-secondary students, most at a key transitional time in their lives, can be complex and multi-dimensional.

While variables affecting mental health and wellness have seen positive shifts in attitudes, more work is required. Younger demographics are becoming more mental health literate and are open to sharing challenges and accessing mental health services without stigma. There is also improved access to programs and services in both a community and campus context for those with new or existing mental health needs. However, as mentioned above, more work is required.

Adding the social, societal, individual, even routine life stressors to the pressures that exist within the academic context can lead to demonstrably poor wellness outcomes, which affects both wellness and academic success. This is further compounded by the complex societal shifts including global, environmental, and economic instability and uncertainty. We have seen population growth, which has led to increased competition for jobs and pressure to succeed. Diversity, and cultural integration has increased, which can make inclusion more complex, and societal and technological advances have led to changes in community living and has increased social isolation.

As the knowledge around mental health, stress, and suicidality has grown, so have methods and practices in intervention, prevention and health promotion services to help those impacted and struggling with mental health issues. As previously mentioned, ***post-secondary institutions are in a unique position to provide students with support through prevention, intervention, and mental health promotion which contributes to academic and personal success not only now, but throughout their life.***

Together we can change how the world perceives and treats people facing suicide.

Centre for Addictions and Mental Health

The following material has been adapted and informed by many resources including the Centre for Suicide Prevention, the Mental Health Commission of Canada toolkit for people who have been impacted by a suicide loss, toolkit for people who have been impacted by a suicide attempt and has taken into consideration the 'National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students.'



There are more than 10 deaths by suicide every day.

Figures indicate that, for every death by suicide, there is an estimated 25-30 attempted suicides.

[Public Health Agency of Canada](https://www.canada.ca/en/public-health/services/suicide-prevention.html)

National, provincial and context

Approximately 4,000 people died by suicide each year in Canada and it is the second leading cause of death for people aged 10 to 29. National indicators show that Canadian suicide rates are approximately 11.5 per 100,000 people.

In Saskatchewan, the rates of suicide are higher than the national per capita average. Between 2015 and 2019, Saskatchewan Coroners Services reported suicide rates were 15.4 per 100,000 people. These figures are just the tip of the iceberg as Statistics Canada figures indicate for every death by suicide, there are an estimated 20 suicide attempts.

Suicide rates among First Nations people, Métis and Inuit people in Canada have consistently been higher than the national average. The rate among First Nations people is **three times higher** than the rate of non-Indigenous people. The rate of Métis people is **two times higher** than the rate of non-Indigenous people. The rate of Inuit people is **nine times higher** than non-Indigenous people. In Northern Saskatchewan, where 80% of the population self-identifies as Indigenous, suicide is the leading cause of death for people age 10 to 49.

LGBTQS+ youth are up to **five times more likely** to contemplate suicide and **seven times more likely** to die by suicide than their straight peers.



Post-secondary and Regional College context

The issues that affect wider society are also prevalent within post-secondary institutions. Additionally, the wellness needs of adult students, most at a key transitional time in their lives, are complex and multi-dimensional. Combining the social, societal, individual, and routine life events to the pressures that exist within the academic context can lead to poor wellness outcomes, which affects both wellness and academic success. For these reasons, their risks associated with loneliness, isolation, depression, and suicidal ideation and death by suicide, are higher, which makes them more vulnerable. These risks were further increased by the COVID-19 global pandemic.

Carlton Trail College adult learners may also experience:

- decreased access / increased barriers to obtaining supports as compared to their urban counterparts;
- a complex transition into the educational environment; and/or
- financial insecurity.

Results from the National College Health Assessment (NHCA) (2019) survey tell a compelling story. This survey found an overall decline in self-reported health and wellbeing and an upward trend in suicidality. While the Canadian post-secondary figures remain lower than the Canadian average, the survey found on average, 16% of the students who participated in the survey, seriously considered suicide. This confirms that further work is required to provide students with support through prevention, intervention, and mental health promotion which contributes to academic and personal success not only now, but throughout their lives.

Language Matters



When discussing suicide language matters, it is important to use language with care and compassion. It can be a matter of life or death. As our knowledge and understanding of suicide evolves, the way we talk about it must also evolve. Using suicide safe, inclusive, people-first language that is free of stigma is essential. Stigma often prevents people from seeking help when they need it most.

People-first language:

- People with (...mental illness, depression, addiction, etc.)
- Person who has died by suicide
- Person thinking about suicide
- People who have experienced a suicide attempt
- People bereaved by suicide
- Person impacted/affected by suicide
- People with lived experience related to suicide

AVOID UNSAFE LANGUAGE	USE SAFE INSTEAD	WHY
<ul style="list-style-type: none"> ▪ Commit suicide ▪ Committed suicide ▪ Successful suicide ▪ Completed suicide 	<ul style="list-style-type: none"> ▪ Die by suicide ▪ Died by suicide ▪ Death by suicide ▪ Suicide loss 	<p>The term ‘committed’ is stigmatizing as it implies someone has committed an offence.</p>
<ul style="list-style-type: none"> ▪ Failed suicide ▪ Failed attempt ▪ Unsuccessful attempt ▪ Incomplete suicide 	<ul style="list-style-type: none"> ▪ Suicide attempt ▪ Attempted suicide 	<p>Suicide is a tragic outcome that includes complex factors with lasting impacts; it is never about success, failure, or completion.</p>
<ul style="list-style-type: none"> ▪ High-risk people/populations/groups ▪ At-risk ▪ Vulnerable or susceptible ▪ Those people/populations/groups ▪ Burden of suicide 	<ul style="list-style-type: none"> ▪ Populations with higher rates of suicide ▪ Populations with potentially high risk for suicide ▪ Factors that may increase people’s risk for suicide ▪ Social and economic costs associated with suicide 	<p>Avoid unsafe/stigma enhancing language</p>

Carefully consider the choice of words when speaking about suicide and to people impacted by suicide. Depending on the audience (context, preference, or culture) alternative language may be appropriate.

Want to learn more?

- See [Language Matters: Safe communication for suicide prevention](#) (Public Health Agency of Canada and Centre for Suicide Prevention)
- [Words Matter](#) by the [Centre for Addictions and Mental Health](#) (2021)

MYTH: Talking about suicide will encourage suicide.

FACT: Because of the stigma surrounding suicide, talking about suicide can actually help another person by providing them the opportunity to openly discuss suicide. This opportunity could increase their awareness of alternative options and allow them the space to reconsider their choice. Talking about suicide could ultimately help to prevent suicide.

MYTH: Often there is no warning that a suicide will happen.

FACT: In reality there are warning signs present before most suicides. While some suicides do happen without warning, most suicides are preceded by verbal or behavioural signs. Consequently, it is essential to learn the signs and watch for them.

MYTH: Death by suicide is self-centered and the “easy way out.”

FACT: Those who die by suicide think that there is no other option to end their pain. It is not a choice to experience suicidal thoughts and those who do are not selfish, rather they are experiencing a symptom of mental illness or hard life circumstances where death by suicide feels like the only option to a hopeless situation.

MYTH: Thoughts of suicide do not go away.

FACT: Thoughts of suicide are often short-term and situational. They may return but they are not permanent.

MYTH: Only people with mental illness have thoughts of suicide.

FACT: Suicide is about experiencing unbearable psychological pain. Many people living with a mental illness do not have thoughts of suicide and not all people who die by suicide have a mental illness. Relationship problems and other life stressors such as criminal/legal matters, persecution, eviction/loss of home, death of a loved one, a devastating or debilitating illness, trauma, sexual abuse, rejection, and recent or impending crises are also associated with suicide.

MYTH: Once someone attempts suicide, they will not attempt again.

FACT: People who have attempted in the past are at greater risk for future attempts. One of the predictors of a future suicide is a past suicide attempt. Also, a person who knows someone who has attempted or died by suicide may be at greater risk of dying by suicide.

Want to learn more?

- [Centre for Suicide Prevention: Myths and facts](#)
- [NAMI: 5 common myths about suicide debunked](#)



Research has shown that social determinants have a greater impact on health than medical or lifestyle factors (e.g., diet, alcohol use).

Many of these factors intersect, and it is evident that the social determinants of health are related to suicidality. For example, Canadian society can negatively and systematically impact health through the social exclusion of certain groups and that social exclusion creates a sense of powerlessness, hopelessness, and depression.

[The Canadian Facts](#)

Social determinants of health and suicide

The social determinants of health are living conditions (e.g., the circumstances people are born into, work, and live within) that shape the health of individuals. The social determinants of health include:



Social determinants of health and suicide among LGBTQIA2S+ communities

Social exclusion impacts LGBTQIA2S+ individuals. Research suggests that higher rates of suicide among gender diverse groups can be explained, at least to some extent, by experiences of stigma, prejudice, and discrimination at both individual (e.g., parental and family rejection, harassment) and institutional levels (e.g., discriminatory laws and policies). Research also reports a higher suicide rate for sexual minority individuals in comparison to heterosexual individuals. Compared to heterosexual youth, LGBTQIA2S+ youth age 18-26 are up to 5 times more likely to contemplate death by suicide and up to 7 times more likely to attempt suicide.

Social determinants of health and suicide among people with disabilities

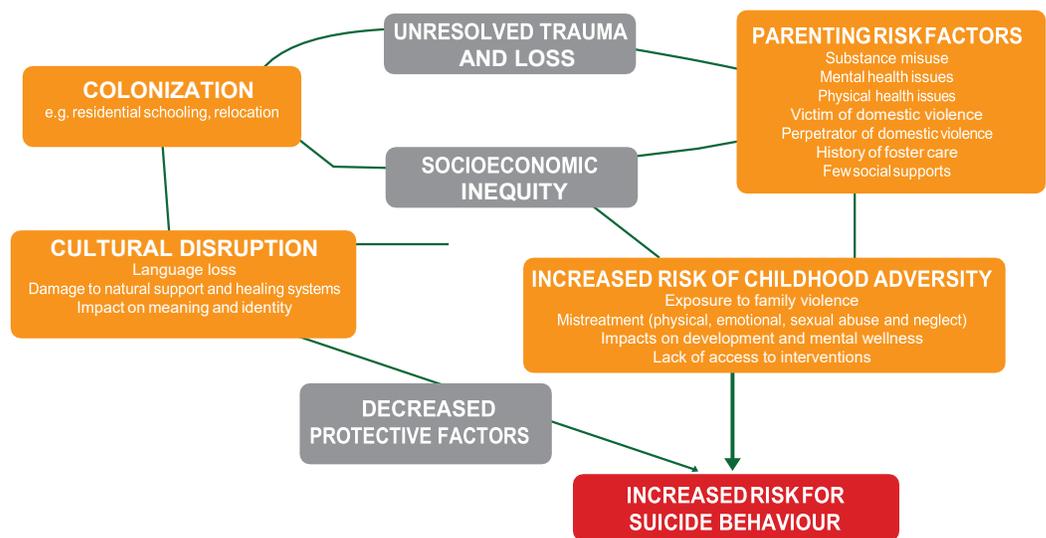
People with disabilities or chronic conditions also face social exclusion at various levels within Canadian society. Accordingly, chronic illness is associated with decreased quality of life and a host of functional, psychological, and social problems including increased risk for suicidal thoughts, attempts, and deaths. Research suggests that higher rates of suicide occur among individuals with chronic medical conditions across the lifespan.

Social determinants of health and suicide in Indigenous communities

Colonization has had a profound impact on the health of Indigenous Peoples. In recognition of this, the Federation of Sovereign Indigenous Nations (FSIN) discusses the relationship between colonization and suicide. Early childhood adversity, traumatic stress and loss related to colonization are linked to increase risk of suicide.

In Northern Saskatchewan, where 80% of the population self-identifies as Indigenous, suicide is the leading cause of death for people aged 10-18. In the adult population from 1991-2006, the suicide rates among First Nations peoples and Métis were 2x higher than non-Indigenous people.

Adapted from FSIN: The following chart presented within the Saskatchewan First Nations suicide prevention strategy, “presents proposed pathways through which factors related to colonization increase suicidal behavior by youth” (page 17).



Indigenous men are more likely to die by suicide than Indigenous women.

25% of all suicides by First Nations people are by teenagers

62% of all suicides by First Nations people are by persons less than 30 years of age

suicideinfo.ca

Want to learn more?

- [Read the Saskatchewan First Nations suicide prevention strategy here](#)
- [Social determinants of health: The Canadian facts; WHO: Social determinants of health; Suicide risk and prevention for LGBT youth](#)



On average, 16% of Canadian students reported seriously considering suicide, and 2.8% attempted suicide within the last 2 months. Furthermore, 10.5% of students reported engaging in self-harm behaviours within the last 12 months.

[Survey results from the National College Health Assessment \(2019\)](#)

The following are common signs that someone might be at risk for death by suicide. The following are things you may see, hear, sense, or learn. This is not an exhaustive list.

- **Talking about suicide**
- **Plans for suicide** (e.g. seeking out lethal means)
- **Social withdrawal** (e.g., from family, friends, activities they previously enjoyed)
- **Lack of purpose**
- **Sense of hopelessness for the future** and feelings of helplessness
- **Underlying messages of guilt**, shame, worthless, self-loathing, wanting to escape, desperation, marginalization, rejection
- **Feeling like a burden** to others
- **Substantial differences in mood** (e.g., anxiety, anger, sadness, helplessness)
- **Increasing use of substances** (e.g., alcohol, drugs)
- **Lack of interest** in activities
- **Reckless behaviour**
- **Giving away possessions**
- **Significant changes in academic performance**, absenteeism from classes
- **Significant life event(s)** including a death loss, job loss, relationship loss, suicide experience, or abuse.



WATCH: Video from Centre for Suicide Prevention's (2020) 9-minute video on [identifying warning signs and how to talk to someone about suicide](#)

Want to learn more?

- [American Association of Suicidology: IS PATH WARM](#)
- [Government of Canada – Preventing suicide: Warning signs and how to help](#)



INSTRUCTORS, STAFF, STUDENTS, PARENTS AND COMMUNITY MEMBERS

If you are concerned about the welfare of a student, please contact Student Services 1-800-667-2623 or, in case of emergency, call 911.

[Book Appointment with an Advisor](#)

Despite all the challenges identified, the post-secondary environment remains well-positioned to build and maintain positive health and wellness that will have value and impact over their lifetime.



32% of the 3,553 students self-reported severe mental distress in the Saskatchewan responses from the Canadian Campus Wellbeing Survey (2021).

Mental distress was highest for non-binary and two-spirited persons in overall CCWS data with 73% of Two-Spirit and non-binary students reporting high mental distress.

Major contributors to stress for Saskatchewan students included:

- **Financial pressure:** 36%
- **Shift to online classes during COVID-19:** 31%
- **Difficulties with academic load:** 28%
- **Concern about COVID-19:** 24%
- **Food security**
 - 16% had low food security
 - 13% had very low food security
- **Loneliness**
- **Social isolation**
- **Community disconnections**

Factors impacting post-secondary students

- **Uncertainty about the economy and job opportunities.**
- Struggle to find a **sense of direction and purpose.**
- **Uncertainty of the health of our planet.**
- **Increased expectations to excel** leading to an increased pressure to not just succeed but exceed others in life.
- **Placing unreasonable expectations on themselves** and, if they do not meet them, being overly self-critical.
- **Falling short of academic and/or career goals** results in feelings of failure, which can lead to increased susceptibility to depression, anxiety, and suicidal ideation.
- **Fear of failure compounded by increasing financial pressures** experienced by students to pay for a post-secondary education, which has been associated with increased risk for mental health problems.
- **Food security.** With limited finances, post-secondary students don't always have access to nutritious, culturally-appropriate food, adding an additional layer of worry and challenge to students.

Factors impacting graduate students

- **Work-life imbalance**—graduate students often spend additional time in classes and labs, less time on extra-curricular and hobby related activities, and less time on personal relationships
- Graduate students may also be **disconnected from the social and cultural activities**
 - often targeted to the undergraduate populations on campus
- **Difficult supervisor-student relationships** are linked to mental health distress in graduate students
- **Additional responsibilities** associated with graduate school which may include teaching assistant roles
- **Academic workload and pressure to produce**
- **Family responsibilities and pressures.** Some graduate students are older and may have families that are dependent on them financially, physically, and emotionally
- **Financial struggles** as tuition and living costs often exceed stipend amounts

Want to learn more?

- [Graduate Student Mental Health toolkit](#) by the Centre for Innovation in Campus Mental Health

International student suicides have become a disturbing trend in Canada. Along with mental health concerns, the following have also had an impact on international students.

[One Voice Canada](#)

Factors impacting students living internationally and away from home

Students living internationally and away from home are vulnerable to mental health issues. The following are unique factors identified by One Voice Canada that impact students living internationally.

- **They are further isolated** from potential support systems
- **Fraudulent and misinformed employers/agencies** may take advantage of or misrepresent opportunities to international students
- **Racism and discrimination** by colleagues, professors, university and community
- **Culture shock**
- **High international tuition** and student fees with little to no financial aid



Lesbian, gay and bisexual youth are:

5x

more likely to consider suicide

&

7x

more likely to attempt suicide

Mental distress was highest for non-binary and Two-Spirited persons in overall data with 73% of Two-Spirit and nonbinary students reporting high mental distress.

[Canadian Campus Wellbeing Survey \(CCWS\)](#)



Factors impacting gender diverse

What we know from [surveys and studies](#) is that lesbian, gay and bisexual youth are at a higher risk for suicide than their straight peers.:

The following risk factors for LGB populations were obtained from the [Sexual minorities fact sheet](#) completed by the Centre for Suicide Prevention:

- **Discrimination manifesting as bullying**, physical violence, rejection (leading to isolation); this is especially prevalent among LGB youth who are at higher risk for suicide than LGB adults
- **Lack of support** from parents and other family members
- **Mental illness** (including depression and anxiety)
- Predisposition to **depression, anxiety and substance misuse**
- LGB individuals who consider suicide face **dual stigma of being different in sexual orientation and the stigma of suicide in general**
- **Isolation from conventional society**
- **Body image anxiety**
- **Institutional prejudice** manifesting as laws and policies which create inequalities and/or fail to provide protection from discrimination

The above information refers to only LGB people because of the specific research cited.

Factors impacting transgender people

There are factors that impact transgender people's mental health which potentially leads to thoughts of suicide:

- **Institutional prejudice** manifesting as laws and policies which create inequalities and/or fail to provide protection from discrimination
- **Experience of discrimination (transphobia)** in the form of physical or verbal harassment, physical or sexual assault
- **Lack of support from parents** and other family members
- **Stress related to fear of transitioning**, including the potential backlash and life disruption, as well as considering the risks and sometimes lengthy time period involved
- **Gender dysphoria**, or distress related to a conflict between one's physical or assigned gender and the gender with which they identify



1 in 3

Transgender youth attempted suicide in the past year

Transgender people are

2x

more likely to think about and attempt suicide than LGB people

Want to learn more?

- See the [Transgender fact sheet](#) and access the Toolkit - [Transgender people and suicide](#) from the [Centre for Suicide Prevention](#).

Factors impacting Black, Indigenous, and People of Colour (BIPOC)

Black, Indigenous, and People of Colour (BIPOC) are less likely to seek help for mental health issues than their white peers. Complex factors such as self-perceived stigma, structural racism, racial microaggressions, and the role that familial, cultural, and spiritual influences serve as barriers to seeking help for mental health issues.

If you are overwhelmed and need to find balance with your course load, talk to your Instructors as well as your Student Advisor.

[Personal Counselling for Students](#)

[Book Appointment](#)

or call
1-800-667-2623

- **Not always culturally competent:** Medical model diagnosis procedures are not always culturally competent and therefore cannot provide a complete and accurate diagnosis.
- **Misdiagnosis/underdiagnosis:** A lack of cultural competency in health care providers can contribute to underdiagnosis and/or misdiagnosis of mental illness in BIPOC due to language differences, stigma of mental illnesses, and cultural presentation of symptoms.
- **Limited acceptable treatments:** “Evidence-based” practices are often designed and studied in specific communities and not always transportable or relevant to others. Many community and culturally-based treatments and mental health supports that are used by members of marginalized communities are dismissed or not treated as legitimate by the mainstream healthcare system.
 - Education and training in cultural competencies, explicit and implicit biases and racial microaggressions
 - Culturally sensitive outreach
 - Awareness to address underutilization of mental-health services by BIPOC students
 - Diversity in mental health professionals and outreach workers
 - Mental health professionals and outreach workers who speak different language
 - Professionals with psycho-spiritual training

Factors that impact students may be mitigated by:

- Encouraging students to seek help sooner than later in order to remain fit to practice
- Not having burdening repercussions for students who seek help
- Having alternative ways to continue in the program while seeking help

Factors impacting health professional students

The mental health of nursing, medical, dentistry, pharmacy and nutrition, and veterinary students is of growing concern.

Students don't seek help due to concerns of being deemed unable to practice and fear risking their ability to graduate on time or having to take a year or semester off and incurring financial and academic burdens.

Protective factors

Nothing I accept about myself can be used to diminish me.

Audre Lourde



Characteristics that may help protect people from suicidal thoughts and behavior.

- **Coping, problem-solving, and resiliency skills**
- **Cultural norms** and religious beliefs that discourage or prohibit suicide
- **Connection to culture**
- **Connections** to friends, family, and community support
- **Supportive relationships**
- Availability of **physical and mental health care**
- **Self-esteem and sense of purpose** or meaning in life
- **Steady employment**
- **A strong identity**
- **Spiritual supports**
- Access to **community resources and supports**
- Following a **healthy lifestyle**
- **Supportive environments** where you are accepted and valued



WATCH: [Moving Forward](#), a three-minute video created by the Centre for Disease Control and Prevention on risk factors.

Want to learn more?

- [Mental Health Commission of Canada's toolkit for people who have been impacted by a suicide attempt.](#)



What suicidal thoughts may feel like

According to the [JED Foundation](#), suicidal thoughts can range from fleeting thoughts about death – like wondering, “what does it feel like to die?” to specific plans about suicide – for example, thinking about how and when to end one’s life. Even passing thoughts of suicide are cause for concern, as they can get worse if they are not addressed.

Someone with thoughts of suicide may feel:

- **Emotional or physical pain** and wanting the pain to end
- **Disconnected** from others or withdrawn from friends and family
- **Trapped** in an intolerable situation
- **Like a burden** to others or telling others that they would be better without them
- **Rejection**
- **Loneliness**
- **Depressive symptoms**
- **Hopeless, helpless**

Suicidal feelings may worsen without help. Escalating behaviours may include:

- **Reckless driving**
- **Engaging in unsafe sex**
- **Increasing drug or alcohol use**
- **Thinking, talking or posting online about death**
- **Changes in diet**
- **Changes in sleep patterns** (either sleeping more or less)
- **Changes in mood** (changes in baseline behaviours)
 - **Mood swings** of extreme sadness, rage or anxiety
 - Feeling **increased irritability** or agitation
 - A **sudden shift in behaviour** from agitated or angry to calm or even cheerful

If you experience a **loss** (death loss, relationship loss, job loss) or sudden life change which may include significant academic failure resulting in a required to discontinue, if you experience any of these changes in your mood or behavior, reach out to your support system for help.

[Student Services](#)

[Book an appointment](#)

or call
1-800-667-2623

[Watch videos](#) of people sharing about their lived experiences with mental health. The [Canadian Mental Health Association](#).

Carlton Trail College offers a variety of workshops in our programs including Mental Health First Aid, The Inquiring Mind, and safeTALK: suicide prevention.

STUDENT SUPPORTS
AT CARLTON TRAIL
COLLEGE:

[Student Services](#)

[Booking Appointment](#)

A team of professionals who provide immediate, direct support and referral for students in distress, crisis, need help with a complicated situation or are experiencing life events that impede their personal and academic success.

URGENT:

If you are at imminent risk of harm, call 911 or head to the nearest [emergency department](#)

Coping with thoughts of suicide

You are not alone

There is no single way or “right” way to cope with thoughts of suicide. People will experience thoughts of suicide differently and therefore, coping with these thoughts will be different for every individual. However, suicidal thoughts are temporary and with the right treatment and support you can recover.

The following strategies are suggestions. This is not intended to be an exhaustive list.

What you can do if you are experiencing thoughts of suicide

- **Recognize warning signs.** What sorts of thoughts, images, moods, situations, and behaviors indicate to you that a crisis may be developing? Write these down in your own words.
- **Identify and use coping strategies that work for you.**
- **Reach out to someone.** Find someone you trust or feel comfortable with. This could be a friend, family member, spiritual advisor elder or a mental health professional. The support of others can help you through difficult times – **you are not alone!**
- **Create a contact list of helpful resources.** Make sure to include the number to your local crisis line. Please refer to resources on Page 2.
- **Contact a mental health professional.** Connect with a counsellor. Finding the right therapy and therapist that best suits you may take time. They can help you discover the source of your suicidal thoughts.
- **Talk to your doctor, Nurse practitioner, traditional Healer**
- **Addiction services:** [Narcotics Anonymous; Adult Children of Alcoholics; 12 step program; and Addiction Services Directory](#)
- **Make a safety plan.** Work with a trusted family member or friend, or professional to develop a suicide safety plan. It is helpful to involve important people around you, as they need to know how best to care for you and keep you safe if you're thinking about suicide. *See page 22 for information about making a safety plan.*

Coping strategies

- **Practice self-care**
- **Take a timeout:** practice yoga, listen to music, get a massage, learn relaxation techniques.
- **Limit alcohol and caffeine** which can aggravate anxiety.
- **Get enough sleep:** when you are stressed, your body needs additional sleep and rest. Research shows that poor sleep may increase the risk and potentially even contribute to the presence of mental illness. Good sleep may serve as a protective factor that promotes mental and emotional well-being. Practice good sleep hygiene to promote sleep: set up a waking and sleeping schedule, only use your bedroom for sleep or sex, and avoid screens in your bedroom (e.g., tv, computer, phones).
- **Exercising daily** helps to maintain your health. Reviews of past literature on the impact of physical activity on mental well-being indicate that physical activity can contribute to reductions in our stress response, anxiety, and depression. It is recommended to add aerobic or resistance training to your day – an added bonus of which is improved sleep.
- **Eat well-balanced meals**
- **Leisure activities:** Research shows that taking part in leisure activities (e.g., visiting others, spending time in nature, playing sports) is associated with psychological and physical wellbeing. If you're going through tough times, it may feel like there is nothing you would enjoy doing. Try to think back to a time when you felt better and the types of activities that you enjoyed doing then and give one of those activities a try. Doing this may provide a break from any negative thoughts.
- **Mindful Breathing** - Take deep breaths. Inhale and exhale slowly. Count to 10 slowly. Repeat.
- **Put your thoughts into perspective:** Accept that you cannot control everything – is it really as bad as you think?
- **Practice positive self-talk:** make an effort to replace negative thoughts with positive ones.
- **Practice self-compassion:** We can nurture our self-compassion through intentional practices such as giving ourselves a gentle hug and taking self-compassion breaks.
- **Practice spiritual self-care** by engaging in activities that nurture your spirit.
- Learn what **triggers** your thoughts of suicide.
- Practice **grounding techniques** that help to ground you in the present moment.

LISTEN TO
[Mindful breathing exercises](#) created by USASK Peer Health student volunteers.

Learn more about grounding techniques in the appendix materials on page 35.

Want to learn more?

- [Speaking of Suicide](#): A script between a client and her therapist that shows how to communicate feelings of suicidality
- [Harvard medical school: Sleep and mental health](#)
- [Consortium for Organizational Mental Health: Coping with suicidal thoughts](#)
- [Things to consider when creating a safety plan](#)
- [Anxiety Canada coping strategies](#)
- [Spiritual Care Team offers unique perspective](#)



I need some help. Things are so hard right now and I have been thinking about suicide.

I want to talk to you about something important. Life has been really difficult and sometimes I think only of suicide.


URGENT:

If you are at imminent risk of harm, call 911 or head to the nearest [emergency department](#)

How to communicate your feelings and thoughts of suicide

Talking about suicide can be difficult, scary, and sometimes awkward, but asking for help is a brave and courageous thing to do. It is also difficult, exhausting, and alienating keeping secrets from people. You may be fearful or ashamed, but you are not alone in how you feel, in fact you may be surprised how many people you know who have dealt with or are dealing with similar situations. Remember there are people who can help you through this difficult time.

- **Describe what is happening and how you are feeling.** Be direct, open, and honest about your feelings.
 - How long have you been having these thoughts?
 - How frequently do they occur?
 - Are there triggers or warning signs that you have experienced?
 - Do you have a plan, or have you decided how you would want to die?

Tell the person you tell what kind of support you need. You can ask the person to help you find support either in person, online or over the phone.

Why you should talk with someone

- **For support and understanding**
- **To connect with others with similar experiences**
- **To help figure out what to do about how you are feeling**
- **To ease the burden of keeping it a secret.**

What happens when I communicate my feelings and thoughts of suicide?

- You will discover that you are not alone, there are people who can support and help you.
- You will learn strategies to help manage feelings and thoughts of suicide.

Want to learn more?

- [Speaking of Suicide](#) is a site for suicidal individuals and their loved one, survivors, mental health professionals, and anyone interested in learning more.



When you tell someone about your suicide thoughts, you can't expect them to keep it a secret—They need to be able to help you stay safe and that usually means calling in extra help.

**DOWNLOAD APPS FOR MAKING SAFETY PLANS:**

[Reminder suicide safety plan](#)
[Hope by CAMH](#)
[Embracing Life](#)

**DOWNLOAD THE EMBRACING LIFE APP**

An app focused on ways to help yourself feel more positive and connected. Additional information includes

- how to support someone you are worried about
- safety planning
- practice gratitude
- suicide prevention information
- conversation starters
- resources [Download Embracing Life](#)

What should a safety plan include?

A safety plan is a written plan that includes resources for support when things get tough, activities that make you feel better when you're feeling down, and reminders of reasons to live if thoughts of suicide arise.

- **Information about when to use the plan.** List the kinds of situations, thoughts, feelings or other warning signs that indicate something is wrong.
- A list of **things that you can do that help you feel calm**, comforted, and distracted. Think of soothing, calming activities that you can employ when you're feeling suicidal.
- A list of **all your reasons for living**. It can be helpful to refer to this list when you're feeling suicidal, as you can lose focus on the positive aspects of your life and concentrate only on the pain you're experiencing. Your list can remind you of these positives you may have forgotten. Sometimes it is hard to achieve perspective when having thoughts of suicide, and this list of reasons can help you to focus on the positive things in your life
- **People you can talk to** when you're feeling suicidal. Include their names and contact details, and make sure you have backups. Identify your support system
- **Professionals you can talk to** if you need to, again including their names and up-to-date contact details. Identify your support system
- **A plan of how to make your environment safe.** Think about items you might be likely to use to hurt yourself, and detail how you can remove or secure them. Your plan may also include avoiding things you know make you feel worse.
- **Emergency contacts** that you can use if you are still feeling unsafe. List the name and address of your nearest emergency department or crisis helpline.
- **Make a commitment to your safety plan.** This means promising yourself that you will implement your plan if you need to. The commitment could also involve promising (out loud) to a family member, friend or professional that you will follow your plan.

Want to learn more?

- [Anxiety and Depression Association of America; Speaking of Suicide](#)
- suicideline.org.au/thinking-about-suicide/how-to-make-a-suicide-safety-plan.

Are you okay?



People who think about suicide need human connection.

Centre for Suicide Prevention

Empathy is a strange and powerful thing. There is no script. There is no right way or wrong way to do it. It's simply listening, holding space, withholding judgement, emotionally connecting, and communicating that incredibly healing message of 'you're not alone'.

Brené Brown

Supporting someone who may be having thoughts of suicide

Take all suicide threats or attempts seriously.

Recognize and watch for warning signs (see warning signs on page 12).

Respond by reaching out and talking to the individual. **Ask** about suicide. This can be difficult and uncomfortable, but it can save a life. You may feel anxious, scared, nervous and unprepared, that's okay.

Don't be afraid, **lean in and ask the question**, it is the only way you will know if your family member, friend, peer, colleague, or loved one is having thoughts of suicide.

- **“Are you thinking about suicide?”**
- **“Are you thinking about killing yourself?”**

Be direct and clear. Stay away from using self-harm language such as “are you thinking about harming yourself?” This does not give you a clear answer about suicide.

If the person is thinking about suicide, **ask if they have a plan and if they have a timeline.**

Do not promise to keep their thoughts of suicide a secret.

Listen with empathy and without judgment.

- Listen with the **intent to understand** and not respond.
- **Do not look for silver linings** as emphasizing the hopeful side is not always the best way to respond or cope with difficult situations.
- **Do not rush the conversation.**
- Once people have a chance to talk about their situation with someone, **they often find solutions for themselves.**
- **Try to “feel” with the person** and remind them that they're not alone.
- Help them to **identify and focus on what they have to live for.** Don't impose your reasons for them to stay alive.

Ask what you can do to help.

- Provide them with a number to a local **24/7 confidential crisis line** – save this number in your phone.
- **Help them connect** with a trusted family member, Elder, spiritual advisor, or mental health professional including a social worker, psychologist, counsellor, nurse, or doctor.
- Draw upon the resources from the person's support network.
- **Make sure to follow up** with the person, it helps create stronger relationships and increases accountability.
- **If the person is at imminent risk, call 911** or visit the closest emergency department. Do not leave them alone until help is provided.

You are not alone.

Hopeful phrases you can use to support someone who is having thoughts of suicide:

- "You are not alone"
- "I'm here for you"
- "This is important"
- "This is serious"
- "That sounds really hard"
- "How can I help?"
- "One step at a time, one minute at a time - you got this"
- "Feelings are temporary. What are some coping strategies that have helped you in the past?"
- "Reach out for help, you are not alone and YOU MATTER."
- "Your illness does not define you"
- "Breathe"
- "Don't lose hope, recovery is possible"
- "HOPE (Hold On, Pain Ends)"
- "Stay; tomorrow needs you"

WATCH

Learn more about being an empathetic listener by watching this 3-minute video by Brene Brown [Empathy vs. Sympathy](#).

Stay; tomorrow needs you



Suicide and grief

Grief is a natural reaction experienced by people after a death loss. While all people will experience grief at some point in their lives, experiences of grief are unique to the individual and can differ based on interpersonal relationships, gender, religion, race, and ethnicity.

Grieving a death by suicide is like no other grief. While it shares characteristics with other types of grief; it can be complicated by factors that are unique to suicide.

Grief is not a linear process, it is like a roller coaster. It may ebb and flow daily and you may have many emotions at the same time.

Centre for Addiction and Mental Health

- **Because of the stigma surrounding suicide**, people may be unsure how to respond to and support someone who has lost someone to suicide. This may lead to avoidance of the grieving person which could lead to feelings of isolation and abandonment.
- **Some religions limit the rituals available to people who have died by suicide**, which might leave them feeling deprived of having some of the usual tools to help with coping.
- **Some people, hold negative attitudes about suicide.** Knowing some individuals feel this way adds another element of distress.
- **The bereaved person may be consumed with trying to comprehend why this would happen.** This questioning can lead to feelings of guilt and self-blame, and bereaved individuals might ruminate over what they could have done to prevent the death.

[Learn more about complicated grief.](#)

Due to these unique factors, those who are grieving a death by suicide may experience **complicated grief**, which is characterized by persistent, intense, and prolonged symptoms such as social withdrawal, avoidance of daily life activities, feeling a lack of belonging, intense emotional pain, and self-blaming.

Emotions and feelings a bereaved person may experience include:





Reactions may last weeks or months.

You may experience nightmares, flashbacks, difficulty concentrating, social withdrawal and loss of interest in usual activities.

Find and use healthy coping strategies. Remember that grief is a normal response to loss.

These feelings may feel ever-present and come in waves or bursts brought on by reminders of or discussions about the deceased. Once the reality of the loss begins to sink in, over time, the waves become less intense and less frequent. For most bereaved persons, these feelings gradually diminish in intensity, allowing the individual to accept the loss and re-establish emotional balance.

The feelings of loss, sadness, and loneliness experienced after a death loss can be magnified in people bereaved by suicide.

Losing someone to suicide may trigger intense emotions including

- **Shock, disbelief and emotional numbness** might set in. You may have a hard time believing your loved one, friend, peer, colleague, died by suicide.
- You might be **angry with the person who died** by suicide and yourself or others for missing clues.
- **Guilt.** You might replay “what if” and “if only” scenarios in your mind, blaming yourself for the death.
- **Despair.** You might be overwhelmed by sadness, loneliness or helplessness. You might even consider suicide yourself.
- **Confusion.** Many people try to make some sense out of the death or try to understand why the person took their life. You will likely always have some unanswered questions.
- **Feelings of rejections.** You might wonder why your relationship wasn’t enough to keep someone from dying by suicide.



You are not blame for the choice made by another person.

[Centre for Addiction and Mental Health](#)

Want to learn more?

- [Centre for Addictions and Mental Health - Hope and Healing after Suicide](#)



Healing does not mean forgetting.

Grieving takes energy and in the beginning, your grief may use up all the energy you need just to get through the day. Forgive yourself if you cannot do the things you "should" do.

[Centre for Addictions and Mental health](#)

What can I do to help myself grieve?

A suicide loss can be physically and emotionally exhausting. As you work through your grief, be mindful of your own well-being.

- **Keep in touch and seek support.** Give yourself permission to ask for the help you need. Reach out to loved ones, friends, Elders, spiritual leaders or a mental health professional for comfort, understanding and healing. Surround yourself with people who are willing to listen when you need to talk.
- **Keep on talking.** Many suicide survivors say they talked their way through grief. As you heal, talk about your memories, and find others who you can share your pain with.
- **Grieve in your own way.** Do what's right for you. There is no "right" way to grieve a loss.
- **Don't rush yourself.** Losing someone to suicide is a significant loss and healing must occur at its own pace. Don't be hurried by anyone else's expectations that it has been "long enough."
- **Be prepared for painful reminders.** Anniversaries, holidays, and other special occasions can be painful reminders. It is okay to be sad.
- **Expect setbacks.** Some days will be better than others, even years after the suicide – and that's okay. Healing doesn't happen in a straight line.
- **Take care of your physical and emotional health.** Try to eat nutritious meals, get enough rest, and exercise moderately. Practicing self-compassion, breathing exercises, and meditation can help with feelings of stress.
- **Reassure yourself that it is normal for feelings to come and go.** Some people describe experiencing their emotions in "waves" or "bursts" over time. Some days will be better than others.
- **Give yourself permission to enjoy life and to have fun.** Continue to do the things you like to do. Many individuals feel that it is not appropriate or respectful to experience positive emotions during a time of significant loss. However, an important part of recovery involves experiencing all of your feelings, including hope and happiness.
- **Consider a support group for people impacted by suicide.** Sharing your story with others who are experiencing the same type of grief may help you find a sense of purpose or strength. However, if you find going to these groups keeps you ruminating on your loss, seek out other methods of support.
- **Try journaling or the use music, art, or other creative means** to explore and work through your grief.

Want to learn more?

- [8 ways to cope after suicide loss](#)
- [After suicide: A practical and personal guide for survivors](#)
- [Coping strategies for living with suicide grief](#)
- [Mental Health Commission of Canada's - Toolkit for people who have been impacted by a suicide loss](#)
- [Saskatchewan Suicide support groups](#)
- [Suicide Survivors Forum](#)



People will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou

Supporting someone who is grieving a suicide loss

Grief is a personal experience; no two people will respond in the same way.

- ▣ **Be focused and present.**
- ▣ Offer **practical and emotional support.**
- ▣ Your role as a support person is to **listen to what the person wants to share.** Avoid asking for more information. Asking why questions may lead to feelings of discomfort and self-blame.
- ▣ **Listen without judgment and with empathy.**
- ▣ Allow them an opportunity to **tell their story, in the way they want to tell it, sometimes over and over again.**
- ▣ **Acknowledge the pain the person is feeling and allow them to be sad.** Do not minimize their grief and avoid silver lining statements.
- ▣ Don't avoid the person grieving a death by suicide. They may need connection. **Reach out and make yourself available when you can.**
- ▣ **Remember that even small acts can be comforting to those who are grieving.**

Want to learn more?

- ▣ [10 ways to support a loved one who has lost someone to suicide. American Foundation for Suicide Prevention](#)



Sharing stories safely

How we talk about suicide matters, not only in the language we use but also how we share stories. Because of the relationship between suicide and reports of suicide by the media, it is imperative that media reporting follow safe reporting guidelines set out by the [World Health Organization](#) and the safe messaging and conversations field guide titled [Reporting on Mental Health](#), developed by the Canadian Journalism Forum on Violence and Trauma and endorsed by the Mental Health Commission of Canada.

While these guidelines are intended for the media, we can learn from these guidelines in terms of sharing our own experiences.

When sharing stories, **DO**:

- **Share hopeful stories of people coping with negative life events and suicidality.** Sharing stories that include information on how individual's cope with and overcome negative life events is valuable. Doing this may help people who are experiencing tough times to utilize the same positive coping tools.
- **Include information on resources for seeking support.** When sharing stories, including information on resources that are high quality and can be accessed 24/7 can be helpful for those who may be feeling distressed as a result of hearing the story. See our section on 'where to get help' for available resources.
- **Use safer language when sharing stories**

When sharing stories, **DON'T**:

- **Repeat myths about suicide.** Avoid perpetuating the myths that exist about suicide. Instead, try to include information on the facts about suicide. See the common myths and facts about suicide section on page 9 to review.
- **Glamourize or normalize suicide.** Avoid glamorizing suicide. For example, celebrity suicides are often widely shared; however, this wide-spread sharing could imply that society reveres suicidal behaviour and could unintentionally lead to suicidal behaviour in others. Furthermore, avoid language that normalizes suicide. For instance, saying "that's social suicide" serves to normalize suicide and reduces perceptions of the severity of suicide.
- **Share the means or location of the suicide.** Sharing the means and location of a suicide can increase the risk of others using the same suicide method or location.
- **Share media related to the suicide.** For similar reasons to not sharing the means or location of suicide, it is important to refrain from sharing images or videos related to the suicide. Likewise, suicide notes, texts, emails, and social media posts should not be shared.

Want to learn more?

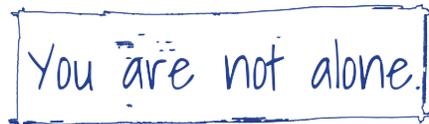
- [WHO: Preventing suicide – A resource for media professionals](#)
- [Canadian Association for Suicide Prevention: 4 keys to sharing suicide survival stories safely](#)
- [Centre for Suicide Prevention guidelines for sharing experiences with suicide](#)

Crisis management and postvention support for organizations

Postvention at Carlton Trail College

Carlton Trail College, in collaboration with appropriate and/or necessary local resources, will work to provide a coordinated response to those affected by a suicide loss. Postvention efforts are also directed towards helping the learning community get back to a pre-crisis level of functioning.

- If you learn of a student death, contact Carlton Trail College at 1800-667-2623 or email humboldt@carltontrailcollege.com
- The **Student Services** team will be notified and an ad hoc postvention committee (a multidisciplinary team of support services) is mobilized.
- Each situation is unique and assessed individually.



You are not alone.

Resources for Students, Instructors and Staff

<p>Mental Health and Addictions Services Free mental health and addiction counselling</p>	<p>Phone: 811 Website: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/mental-health-support/mental-health-services</p>
<p>Family Services Saskatchewan Rapid Access Counselling Counselling sessions for children, youth, adults, and families in Saskatchewan. This service has no waiting list and is no cost.</p>	<p>Website: https://www.counsellingconnectsask.ca/</p>
<p>URegina Online Therapy Unit Various courses including online Cognitive Behavioural Therapy (CBT) for a variety of issues.</p>	<p>Website: https://www.onlinetherapyuser.ca/cognitive-behaviour-therapy</p>
<p>Staff Employee and Family Assistance Program (EFAP) Instructors, staff and eligible family members have free access to confidential services and resources to support a healthy mind, body, and life.</p>	<p>Phone: 1-844-880-9142 Online: Log in to Lifeworks or download the LifeWorks app</p>

Indigenous Community Resources for Students, Instructors and Staff

<p>Hope for Wellness Help Line A 24/7 confidential helpline for all Indigenous people across Canada</p>	<p>Website: https://www.hopeforwellness.ca/ Phone: 1-855-242-3310 Text: 45645</p>
<p>One Arrow Health Centre</p>	<p>Phone: 306-425-5493</p>
<p>Fishing Lake First Nation Health Clinic</p>	<p>1-306-338-2680</p>
<p>Muskowekwan NNADAP Worker</p>	<p>306-274-4640</p>
<p>Kawacatoose Health Centre</p>	<p>306-835-2466</p>
<p>Day Star First Nation Clinic</p>	<p>306-835-2883</p>
<p>George Gordon First Nation Wellness Centre</p>	<p>306-835-2258</p>
<p>Touchwood Agency Tribal Council Mental Wellness Line</p>	<p>1-833-835-9355</p>
<p>White Raven Healing Centre</p>	<p>http://fhqtc.com/white-raven/</p>
<p>National Indian Residential School Crisis Line</p>	<p>1-866-925-4419</p>
<p>Missing and Murdered Indigenous Women and Girls Crisis Line</p>	<p>1-844-413-6649</p>



PROJECT SPONSOR

Project funding was provided by the Government of Saskatchewan's Ministry of Health to align with *Pillars for Life: The Saskatchewan Suicide Prevention Plan* (May 2020)



PROJECT OBJECTIVE

As a member of Healthy Campus Saskatchewan, Carlton Trail College is committed to supporting and incorporating the guiding work of member institutions. We are dedicated to endorsing, promoting, and integrating this Toolkit to help reduce rates of suicidality in our learning community and, in particular, amongst the most vulnerable students.

Suicide Prevention focuses on promoting life and protective factors that strengthen community resiliency and reduces risk factors that could lead to suicidal thoughts and behaviours.

Suicide Intervention is intervention provided to people who are experiencing thoughts of suicide and individuals who have attempted suicide. Intervention also includes the help provided to people who are supporting people with thoughts of suicide or people who have attempted suicide.

Postvention supports people impacted by a suicide loss including family, friends, colleagues, peers, and significant others. It also provides education and awareness to reduce the risk of future suicides.

Project Lead: OFFICE OF THE VICE-PROVOST, TEACHING, LEARNING AND STUDENT EXPERIENCE - USASK

EXECUTIVE LEAD

Dr. Jay Wilson
Interim Vice Provost
Teaching, Learning and Student Experience

Keon Sproule
Manager, Protective Services

Beau Gallerneault
Senior Coordinator, Student Outreach
Student Affairs and Outreach

PROJECT LEAD

Tracy Spencer
Manager, Student Affairs and Outreach

PREVIOUS MEMBERS WHO HAVE CONTRIBUTED

Amaranta Sokol Como
Student Development Coordinator,
Aboriginal Students' Centre

DEVELOPMENT TEAM

Naiha Wasi
Project Assistant, Student Affairs and Outreach

Peter Hedley
Director, Student Affairs and Services

Kim Fontaine
Communications Officer, TLSE Service Team

Graeme Joseph
Team Leader, Aboriginal Students' Centre

Pirita Mattola
Director, International Student and Study Abroad Centre

Caitlin Cottrell
Project Coordinator

Jocelyn Orb
Manager, Student Wellness Centre

Brittany Theissen,
Project Assistant, Student Affairs and Outreach

Adrienne Thomas
Manager, Media Production



Our commitment to our students



We are committed to supporting all students, especially those who are most vulnerable. Despite progress and successes in recent times, we acknowledge that we are only at the beginning of the work in terms of creating long-lasting, meaningful change in our institutional approach to reducing stigma and enhancing mental health for all in our environment with the goal of keeping all students safe, alive and engaged in their studies.

Removing the stigma associated with the topic of suicide and beginning to talk openly about it, will provide our campus community with permission to join the conversation, gain the knowledge and skills they need, and open doors for those who need support to access the care they need and deserve.



Collective responsibility

Suicide prevention and intervention is a collective responsibility. No one person or discipline can solely be responsible for preventing suicide. We all have a role to play in preventing suicide.



An evergreen toolkit

This toolkit is **evergreen**. It is a living document and open to change based upon input from members of our campus and wider communities. Our approach and materials will be continue to be updated and improved over time.

Helpful articles

- [Positive self-talk](#)
- [Centre for Suicide Prevention - Agriculture and Suicide](#)
- [Centre for Suicide Prevention - Suicide stats for Canada, provinces and territories](#)
- [Centre for Suicide Prevention: Together to Live Website: a step-by-step guide to creating a suicide prevention plan](#)
- [Centre for Suicide Prevention: Suicide and Men](#)
- [Centre for Suicide Prevention - Indigenous people, trauma, and suicide prevention](#)
- [USask Wellness: Managing after a Traumatic Event](#)
- [USask Wellness: Grieving](#)
- [USask Wellness: Grieving and Unexpected Death](#)

Grounding techniques

Strategies that use mental, physical, and soothing techniques to bring oneself into the present moment, allowing you to regain a sense of control over your feelings. They are not relaxation techniques; they are active strategies that focus on distracting oneself from emerging or present emotions and connecting oneself firmly with the present – they help us get out of our head. Grounding techniques can be done at anytime, anywhere, without others knowing.

Play close attention to your breath – notice it as it enters your mouth or nose. Follow it as it travels to your lungs and feel your chest or belly move in response. Make note of what happens when the breath leaves your body. Breath in for 4 counts, hold for 4 counts, exhale for 4 counts, and hold for 4 counts.

5-4-3-2-1 technique – This technique requires you to pay attention to your sensations shifting your focus from feelings of anxiousness to what is happening around you. Look around and focus on 5 things you can see; 4 things you can feel; 3 things you can hear; 2 things you can smell; 1 thing you can taste.

Focus on 5 – What are five things you can see, smell, hear, taste, or feel.

Find a picture or poster on the wall, pay attention to all the details. What do you see, what colors are present, what shapes or patterns are present, what is the texture? You can pick any item, small or large, to focus on.

Run cold water over your hands, alternate between warm and cold every 30 seconds. Touch the texture of the chair you are sitting on or the clothes you are wearing (pants, shirt, jacket) and focus on the texture of the material.

Wiggle your toes in your socks. If you are sitting, rub your feet (with shoes on or off) along the floor, stomp your feet and feel the sensations as your foot connects with the ground, feel the chair under your weight, sit back in your chair, notice the pressure of the chair on your back and limbs– focus on the sensations

Eat something (nut, cracker, seed), notice how it looks, feels and smells. Put it into your mouth, roll it around and chew it slowly and mindfully taking note of the flavors and texture.

Look around you, notice what is in front of you and to each side. Name and notice the objects – describe them.

If you have a garden or some plants, tend to them. Plants and soil can help to ground us.

Ask yourself questions. What clothes am I wearing, where am I right now, what is the day, how old am I?

State a positive coping message to yourself. Example - *“everything that is happening will pass, these feelings will go away, I am strong and will work through this”*.

*The following key terms have been taken from the references cited on page 42:

Colonization: is the action or process of settling among and establishing control over the Indigenous People on an area.

Depression: a mood disorder that causes persistent feelings of sadness, emptiness, and loss of joy. It is different from the mood fluctuations that people regularly experience as a part of life. Major life events, such as bereavement or the loss of a job, can trigger depression. But depression is distinct from the negative feelings a person may temporarily have in response to a difficult life event. Depression often persists in spite of a change of circumstances and causes feelings that are more intense and chronic than are proportional to a person's circumstances.

LGBTQIA2S+: Stands for lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, two spirit, and those whose identities are not included in the abbreviation.

Perfectionism: the tendency to demand of others or of oneself an extremely high or even flawless level of performance, in excess of what is required by the situation. It is associated with depression, anxiety, eating disorders, and other mental health problems often defined as the need to be or appear to be perfect, or even to believe that it's possible to achieve perfection.

Suicide attempt: a self-injurious behavior for which there is evidence that the person had at least some intent to die.

Suicidal behaviours: any action that could cause a person to die, such as taking a drug overdose or crashing a car on purpose. Behaviours include suicidal ideation, suicide attempts and suicide.

Suicide cluster: multiple suicidal behaviours or suicides that fall within an accelerated time frame and sometimes within a defined geographical area.

Suicide contagion: a process by which exposure to a suicide or suicidal behavior of one or more persons influences others to attempt suicide or die by suicide.

Self-harm: when a person injures their body on purpose, it's known as self-harm or self-injury. The majority of those who self-injure do not have suicidal thoughts when self-injuring.

Suicide ideation: thoughts or ideas of intentionally ending one's life.

Suicidality: the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan.

Suicide: the act of intentionally causing one's own death, often related to complex life events and health issues leading individuals to experience hopelessness and despair.

Trauma: A lasting emotional response that often results from living through a distressing event such as an accident, sexual assault, or suicide (not an exhaustive list).

References and citations

- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62(6), 593. <https://doi.org/10.1001/archpsyc.62.6.593>
- Words matter suicide language guide - CAMH.* (n.d.). Retrieved August 14, 2022, from <https://www.camh.ca/-/media/files/words-matter-suicide-language-guide.pdf>
- Canada, P. H. A. of. (2021, July 5). *Government of Canada. Canada.ca.* Retrieved August 14, 2022, from <https://www.canada.ca/en/public-health/services/publications/healthy-living/language-matters-safe-communication-suicide-prevention.html>
- Government of Saskatchewan. *Coroners Report.* Publications Centre. Retrieved August 14, 2022, from <https://publications.saskatchewan.ca/#/products/90867>
- Kumar, M. B., & Tjepkema, M. (2019). *Suicide among First Nations people, Métis and Inuit (2011-2016): Finding from the 2011 Canadian census health and environment cohort (CanCHEC).* (Catalogue number 99-011-X2019001). <https://www.nunivaat.org/doc/document/2019-10-09-01.pdf>
- Suicide Prevention Resource Center. (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth.* Newton, MA: Education Development Center, Inc. http://www.sprc.org/library/SPRC_LGBT_Youth.pdf
- National College Health Assessment. (2019). *Canadian reference group, executive summary: Spring 2019.* <https://www.cacuss.ca/files/Research/NCHA-II%20SPRING%202019%20CANADIAN%20REFERENCE%20GROUP%20EXECUTIVE%20SUMMARY.pdf>
- Canada, P. H. A. of. (2021, July 5). *Government of Canada. Canada.ca.* Retrieved August 14, 2022, from <https://www.canada.ca/en/public-health/services/publications/healthy-living/language-matters-safe-communication-suicide-prevention.html>
- Words Matter.* CAMH. (n.d.). Retrieved August 14, 2022, from <https://www.camh.ca/en/today-campaign/help-and-resources/words-matter>
- Gould, M., Jamieson, P. and Romer, D. (2003). *Media contagion and suicide among the young.* *American Behavioral Scientist*, 46(9), 1269-1284.
- Joiner, T. (1999). The Clustering and Contagion of suicide. *Current Directions in Psychological Science*, 8(3), 89-92.
- Suicide prevention primer.* Centre for Suicide Prevention. (2022, May 9). Retrieved August 14, 2022, from <https://www.suicideinfo.ca/resource/suicide-prevention-primer-facts-myths/>

References and citations

- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R. Silverman, M. M., Fisher, P. W., Hughes, T., Rosario, M., Russel, S. T., Malley, E., Reed, J., Litts, D. A., Haller, E., Sell, R. L., Remafedi, G., Bradford, J., Beautrais, A. L....Clayton, P. J.(2010). Suicide and suicide risk is lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58(1), 10-51. <https://doi.org/10.1080/00918369.2011.534038>
- Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: The Canadian facts*. York University School of Health Policy and Management. https://thecanadianfacts.org/the_canadian_facts.pdf
- Plöder, M., Wagenmakers, E., Tremblay, P., Ramsay, R., Kralovec, K., Fartacek, C., & Fartacek, R. (2013). Suicide risk and sexual orientation: A critical review. *Archives of Sexual Behaviour*, 42, 715-727. <https://doi.org/10.1007/s10508-012-0056-y>
- Racine, M. (2018). Chronic pain and suicide risk: A comprehensive review. *Progress in Neuropsychopharmacology & Biological Psychiatry*, 87, 269-280. <http://dx.doi.org/10.1016/j.pnpbp.2017.08.020>
- Raphael, D. (2016). *Social Determinants of Health: Canadian perspectives*. Canadian Scholars' Press Inc.
- Irvine, J., Quinn, B., (2017). Northern Saskatchewan Health Indicators, Health Status: Mortality. Athabasca Health Authority, Keewatin Yatthe Health Region and Mamawetan Churchill River Health Region. Population Health Unit, La Ronge.
- Kumar, M. B., & Tjepkema, M. (2019). *Suicide among First Nations people, Métis and Inuit (2011-2016): Finding from the 2011 Canadian census health and environment cohort (CanCHEC)*. (Catalogue number 99-011-X2019001). <https://www.nunivaat.org/doc/document/2019-10-09-01.pdf>
- Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: The Canadian facts*. York University School of Health Policy and Management. https://thecanadianfacts.org/the_canadian_facts.pdf
- Saskatchewan First Nations Suicide Prevention Strategy*. (n.d.). Retrieved August 19, 2022, from https://www.suicideinfo.ca/wp-content/uploads/gravity_forms/6-191a85f36ce9e20de2e2fa3869197735/2018/07/Saskatchewan-First-Nations-Suicide-Prevention-Strategy_oa.pdf
- camh. (2021b). *Suicide*. <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/suicide>
- Government of Canada. (2022, July 4). *Government of Canada*. Canada.ca. Retrieved August 14, 2022, from <https://www.canada.ca/en/public-health/services/suicide-prevention/warning-signs.html>
- National College Health Assessment. (2019). *Canadian Reference Group - cacuss*. (n.d.). Retrieved August 14, 2022, from <https://www.cacuss.ca/files/Research/NCHA-II%20SPRING%202019%20CANADIAN%20REFERENCE%20GROUP%20DATA%20REPORT.pdf>
- Warning signs for suicide*. Warning Signs for Suicide | Suicide Prevention Resource Center. (n.d.). Retrieved August 14, 2022, from <https://www.sprc.org/about-suicide/warning-signs>
- YouTube. (2020, December 14). *How do I talk to someone thinking about suicide?* YouTube. Retrieved August 14, 2022, from https://www.youtube.com/watch?v=pF_lxq6fuMk

References and citations

- CCWS report. Healthy Campus Saskatchewan. (n.d.). Retrieved August 14, 2022, from <http://hcsk.ca/ccws/>
- Kemsley, J. (n.d.). *Grappling with graduate student mental health and suicide*. Cen.acs.org. Retrieved August 14, 2022, from <https://cen.acs.org/articles/95/i32/Grappling-graduate-student-mental-health.html>
- Levecque, K., Anseel, F., Beuckelaer, A. D., Heyden, J. V. der, & Gisle, L. (2017, March 13). *Work Organization and Mental Health Problems in Phd students*. Research Policy. Retrieved August 18, 2022, from <https://www.sciencedirect.com/science/article/abs/pii/S0048733317300422>
- About this guide*. Centre for Innovation in Campus Mental Health. (2022, April 4). Retrieved August 18, 2022, from <https://campusmentalhealth.ca/toolkits/graduate-student-mental-health/about-this-guide/>
- Evidence for a mental health crisis in graduate education. *Nature biotechnology*, 36(3), 282; Oswald SB, Riddock CC. (2007). What to do about being overwhelmed: graduate students, stress, and university services. *College Student Affairs Journal*, 2007, 27 (1), 24-44; Fox JA. (2008).
- Fox JA. (2008). The troubled student and campus violence: new approaches. *Chronicles of Higher Education*, 55(12), A42-A43.
- Smith, D., Mouzon, D. M., & Elliot, M. (n.d.). *Reviewing the assumptions about men's mental health ...* - sage journals. Retrieved August 14, 2022, from <https://journals.sagepub.com/doi/10.1177/1557988316630953>
- One Voice Canada. (n.d.). Retrieved August 14, 2022, from <https://onevoicecanada.org/>
- What to do about being overwhelmed: Graduate students, stress ...* - eric. (n.d.). Retrieved August 14, 2022, from <https://files.eric.ed.gov/fulltext/EJ899402.pdf>
- CCWS report. Healthy Campus Saskatchewan. (n.d.). Retrieved August 14, 2022, from <http://hcsk.ca/ccws/>
- Centre for Suicide Prevention. (2020a, November 30). *Cross-Canada comparison statistics*. <https://www.suicideinfo.ca/resource/cross-canada-comparison-statistics/>
- Irvine, J., Quinn, B., (2017). Northern Saskatchewan Health Indicators, Health Status: Mortality. Athabasca Health Authority, Keewatin Yatthé Health Region and Mamawetan Churchill River Health Region. Population Health Unit, La Ronge.
- Sexual minorities and suicide*. Centre for Suicide Prevention. (2022, January 26). Retrieved August 18, 2022, from <https://www.suicideinfo.ca/resource/sexual-minorities-fact-sheet/>
- Suicide Prevention Resource Centre. (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth*. Education Development Center, Inc. http://www.sprc.org/library/SPRC_LGBT_Youth.pdf
- Transgender people and suicide*. Centre for Suicide Prevention. (2020, November 26). Retrieved August 18, 2022, from <https://www.suicideinfo.ca/resource/trans-fact-sheet/>
- BIPOC Mental Health*. Mental Health America. (n.d.). Retrieved August 18, 2022, from <https://mhanational.org/bipoc-mental-health>

References and citations

- Hingwe, S. (2021). Mental Health Considerations for Black, indigenous, and people of color: Trends, barriers, and recommendations for Collegiate Mental Health. *College Psychiatry*, 85–96. https://doi.org/10.1007/978-3-030-69468-5_6
- Knipe, D., Maughan, C., Gilbert, J., Dymock, D., Moran, P., & Gunnell, D. (2018). Mental health in medical, dentistry and veterinary students: Cross-sectional online survey. *BJPsych Open*, 4(6), 441-446. doi:10.1192/bjo.2018.61
- CDCStreamingHealth. (2020, February 24). *Moving forward*. YouTube. Retrieved August 14, 2022, from <https://www.youtube.com/watch?v=FJDwe2RkOqo>
- Toolkit for people who have been impacted - mental health commission of ...* (n.d.). Retrieved August 14, 2022, from <https://mentalhealthcommission.ca/wp-content/uploads/2018/05/Toolkit-for-people-who-have-been-impacted-by-a-suicide-attempt.pdf>
- Canadian Mental Health Association, *Our services. Self Help Peer Support*. (n.d.). Retrieved August 14, 2022, from <https://cmhawselfhelp.ca/programs-services/>
- What to do when you're feeling hopeless or thinking about suicide: Jed*. The Jed Foundation. (2022, July 16). Retrieved August 14, 2022, from <https://jedfoundation.org/resource/what-to-do-when-youre-feeling-hopeless-or-thinking-about-suicide/>
- Park, S.-C., Na, K.-S., Kwon, S.-J., Kim, M., Kim, H.-J., Baik, M., Seol, J., An, E. J., Lee, S. M., Lee, E.-J., Lim, M., Cho, S. J., Kim, G. H., Kim, N., Jeon, H. J., Paik, J.-W., Oh, K. S., & Lee, H.-Y. (2020). “suicide care” (standardized suicide prevention program for gatekeeper intervention in Korea): An Update. *Psychiatry Investigation*, 17(9), 911–924. <https://doi.org/10.30773/pi.2020.0166>
- Stallman, H. M. (2010). Psychological distress in university students: A comparison with General Population Data. *Australian Psychologist*, 45(4), 249–257. <https://doi.org/10.1080/00050067.2010.482109>
- Coping strategies for supporting students - anxiety canada*. (n.d.). Retrieved August 14, 2022, from <https://www.anxietycanada.com/wp-content/uploads/2019/02/anxiety-bc-coping-strategies-v3-6.pdf>
- Freedenthal, S. (2022, August 17). *“let’s get physical”: 7 tips to calm anxiety*. *Speaking of Suicide*. Retrieved August 19, 2022, from <https://www.speakingofsuicide.com/2015/08/20/tips-to-calm-anxiety/>
- Sleep and mental health - harvard health publishing*. Harvard Health. (2021, August 17). Retrieved August 14, 2022, from https://www.health.harvard.edu/newsletter_article/sleep-and-mental-health
- Olson, R. P. (2018). *A guide to ministry self-care: Negotiating today’s challenges with resilience and Grace*. Rowman & Littlefield.

References and citations

- Stacey Freedenthal, P. D. (2022, August 17). *Let's (really) talk about suicide. Speaking of Suicide*. Retrieved August 19, 2022, from <https://www.speakingofsuicide.com/2018/06/14/lets-really-talk-about-suicide/>
- Tips and strategies to manage anxiety and stress*. Tips and Strategies to Manage Anxiety and Stress | Anxiety and Depression Association of America, ADAA. (n.d.). Retrieved August 19, 2022, from <https://adaa.org/tips>
- How to make a suicide safety plan*. SuicideLine Victoria. (2022, May 26). Retrieved August 19, 2022, from <https://suicideline.org.au/thinking-about-suicide/how-to-make-a-suicide-safety-plan/>
- Olson, R. (2022, April 6). *Social connectedness and suicide prevention*. Centre for Suicide Prevention. Retrieved September 5, 2022, from <https://www.suicideinfo.ca/resource/socialconnectedness/>
- Person. (2020, September 10). *8 reasons to live, from someone who's been there*. Healthline. Retrieved August 19, 2022, from <https://www.healthline.com/health/mental-health/reasons-to-live#Youre-not-as-alone-as-you-feel>
- theRSAorg. (2013, December 10). *Brené Brown on empathy*. YouTube. Retrieved August 19, 2022, from <https://www.youtube.com/watch?v=1Evwgu369Jw>
- Olson, R. (2022, April 6). *Social connectedness and suicide prevention*. Centre for Suicide Prevention. Retrieved September 5, 2022, from <https://www.suicideinfo.ca/resource/socialconnectedness/>
- Person. (2020, September 10). *8 reasons to live, from someone who's been there*. Healthline. Retrieved August 19, 2022, from <https://www.healthline.com/health/mental-health/reasons-to-live#Youre-not-as-alone-as-you-feel>
- theRSAorg. (2013, December 10). *Brené Brown on empathy*. YouTube. Retrieved August 19, 2022, from <https://www.youtube.com/watch?v=1Evwgu369Jw>
- Toolkit for people who have been impacted - mental health commission of ...* (n.d.). Retrieved September 5, 2022, from <https://mentalhealthcommission.ca/wp-content/uploads/2018/05/Toolkit-for-people-who-have-been-impacted-by-a-suicide-attempt.pdf>
- Andriessen, K., Rahman, B., Draper, B., Dudley, M., & Mitchell, P. B. (2017). Prevalence of exposure to suicide: A meta-analysis of population-based studies. *Journal of Psychiatric Research*, 88, 113–120. <https://doi.org/10.1016/j.jpsychires.2017.01.017>
- Mayo Foundation for Medical Education and Research. (2021, June 19). *Complicated grief*. Mayo Clinic. Retrieved September 5, 2022, from <https://www.mayoclinic.org/diseases-conditions/complicated-grief/symptoms-causes/syc-20360374>
- Mayo Foundation for Medical Education and Research. (2022, August 5). *How to heal after a loved one's death*. Mayo Clinic. Retrieved August 19, 2022, from <https://www.mayoclinic.org/healthy-lifestyle/end-of-life/in-depth/suicide/art-20044900>

References and citations

- Working through the grief - centre for addiction and mental health.* (n.d.). Retrieved September 6, 2022, from https://camh.ca/-/media/files/hope_and_healing-working_through_grief.pdf
- Young, I. T., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2022). *Suicide bereavement and complicated grief.* Dialogues in clinical neuroscience.
- Andriessen, K., Rahman, B., Draper, B., Dudley, M., & Mitchell, P. B. (2017). *Prevalence of exposure to suicide: A meta-analysis of population-based studies.* Journal of Psychiatric Research, 88, 113–120. <https://doi.org/10.1016/j.jpsychires.2017.01.017>
- Canale, M. K. (n.d.). Hope and healing after suicide: A practical guide for people who ... - CAMH. Retrieved September 6, 2022, from <https://www.camh.ca/-/media/files/guides-and-publications/hope-and-healing-en.pdf>
- Working through the grief - centre for addiction and mental health.* (n.d.). Retrieved September 6, 2022, from https://camh.ca/-/media/files/hope_and_healing-working_through_grief.pdf
- Young, I. T., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2022). *Suicide bereavement and complicated grief.* Dialogues in clinical neuroscience.
- Bennett, E. (n.d.). *After a suicide - Clinic community health.* Clinic Community Health. Retrieved September 6, 2022, from <https://www.klinic.mb.ca/wp-content/uploads/2015/07/After-a-Suicide-A-Practical-and-Personal-Guide-for-Survivors.pdf>
- Patton, C. S. (n.d.). *8 ways to cope after a suicide loss.* TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS. Retrieved September 6, 2022, from <https://www.taps.org/articles/2017/waystocopeaftersuicideloss>
- Working through the grief - centre for addiction and mental health.* (n.d.). Retrieved September 6, 2022, from https://camh.ca/-/media/files/hope_and_healing-working_through_grief.pdf
- American Foundation for Suicide Prevention. (2020, March 30). *10 ways to support a loved one who has lost someone to suicide.* American Foundation for Suicide Prevention. Retrieved September 6, 2022, from <https://afsp.org/story/10-ways-to-support-a-loved-one-who-has-lost-someone-to-suicide>
- NoteworthyNonsense. (2022, February 2). *Maya Angelou: How you made them feel.* NoteworthyNonsense. Retrieved September 6, 2022, from <https://notworthynonsense.com/blog/08/2020/Maya-Angelou-How-You-Made-Them-Feel#:~:text=%E2%80%9C'I've%20learned%20that%20people,how%20you%20made%20them%20feel.%E2%80%9D>
- Guidelines for sharing experiences with suicide.* Centre for Suicide Prevention. (2020, November 17). Retrieved September 6, 2022, from <https://www.suicideinfo.ca/resource/guidelines-for-sharing-experiences-with-suicide/>

References and citations

- Higher Education Mental Health Alliance (HEMHA). (n.d.). *Postvention: A Guide for Response to Suicide on College Campuses*. Retrieved September 6, 2022, from <https://www.sprc.org/sites/default/files/resource-program/Hemha-postvention-guide.pdf>
- Reporting on mental health*. Mindset. (n.d.). Retrieved September 6, 2022, from <https://www.mindset-mediaguide.ca/>
- World Health Organization. (n.d.). Suicide. World Health Organization. Retrieved September 6, 2022, from https://www.who.int/health-topics/suicide#tab=tab_1
- Raypole, C. (2022, June 13). *Grounding techniques: Exercises for anxiety, PTSD, & more*. Healthline. Retrieved September 6, 2022, from <https://www.healthline.com/health/grounding-techniques>
- American Psychological Association. (n.d.). *APA Dictionary of Psychology*. American Psychological Association. Retrieved September 6, 2022, from <https://dictionary.apa.org/perfectionism>
- American Psychological Association. (n.d.). *APA Dictionary of Psychology*. American Psychological Association. Retrieved September 6, 2022, from <https://dictionary.apa.org/suicidality>
- Geehan, A. (2022, March 24). *LGBTQIA2S+ key terms and definitions for Nurses*. NurseJournal. Retrieved September 6, 2022, from <https://nursejournal.org/resources/lgbtq-key-terms-and-definitions/>
- GoodTherapy. (2019, May 11). *Types of perfectionism*. GoodTherapy. Retrieved September 6, 2022, from <https://www.goodtherapy.org/learn-about-therapy/issues/perfectionism>
- Indigenous Voices Chapter 1*. Teaching and Learning. (n.d.). Retrieved September 6, 2022, from https://teaching.usask.ca/curriculum/indigenous_voices/power-and-privilege/chapter-1.php
- Klonsky, E. D., Victor, S. E., & Saffer, B. Y. (2014). Nonsuicidal self-injury: What we know, and what we need to know. *The Canadian Journal of Psychiatry*, 59(11), 565–568. <https://doi.org/10.1177/070674371405901101>
- Mayo Foundation for Medical Education and Research. (2018, February 3). *Depression (major depressive disorder)*. Mayo Clinic. Retrieved September 6, 2022, from <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>
- MediLexicon International. (n.d.). Depression: *What it is, symptoms, causes, treatment, and more*. Medical News Today. Retrieved September 6, 2022, from <https://www.medicalnewstoday.com/articles/8933#definition>
- Mental Illness and Addiction Index Trauma*. CAMH. (n.d.). Retrieved September 6, 2022, from <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma>
- O'Carroll, P. W. (n.d.). *Suicide contagion and the reporting of suicide: Recommendations from a national workshop*. Centers for Disease Control and Prevention. Retrieved September 6, 2022, from <https://www.cdc.gov/mmwr/preview/mmwrhtml/00031539.htm>
- Olson, R. (2018, August 15). *Suicide contagion & suicide clusters*. Centre for Suicide Prevention. Retrieved September 6, 2022, from <https://www.suicideinfo.ca/resource/suicidecontagion/>
- Rosenbluth, M., Boyle, M., & Schiffman, L. (n.d.). *Self-harm and suicide*. CAMH. Retrieved September 6, 2022, from <https://www.camh.ca/en/professionals/treating-conditions-and-disorders/personality-disorders/personality-disorders--treatment/self-harm-and-suicide>

References and citations

- U.S. Department of Health and Human Services. (n.d.). *Suicide prevention*. National Institute of Mental Health. Retrieved September 6, 2022, from <https://www.nimh.nih.gov/health/topics/suicide-prevention>
- U.S. National Library of Medicine. (n.d.). *Suicide and suicidal behavior: Medlineplus medical encyclopedia*. MedlinePlus. Retrieved September 6, 2022, from <https://medlineplus.gov/ency/article/001554.htm#:~:text=Suicidal%20behavior%20is%20any%20action,crashing%20a%20car%20on%20purpose>
- What is depression?* Psychiatry.org - What Is Depression? (n.d.). Retrieved September 6, 2022, from <https://psychiatry.org/patients-families/depression/what-is-depression>