

# We Can Talk About Suicide Safely

## Every context

- 1 Provide the contact information of helplines and local resources where people can get help or talk about suicide.
- 2 Emphasize that suicide is always complex and multi-faceted. Don't suggest a simple cause for suicide (e.g.: his girlfriend left him so he took his life) as this normalizes suicide. If people provide simple explanations, you can say things to show that it can't so be so simple: if everyone took their life when broken up with, humiliated, or facing hardship, there would be nobody left.
- 3 Don't blame others – it is not helpful. People are responsible for their own life.
- 4 Use “died by suicide” and “took their own life” instead of expressions that can fuel feelings of shame for survivors by denoting crime or sin (like “committed suicide”).
- 5 Take care not to inadvertently glorify suicide, such as by painting someone who has died by suicide as a hero. Sometimes, people who feel misunderstood or ignored seek the attention that someone who died by suicide has received. This could increase suicide risk.
- 6 Avoid inadvertently presenting suicide as a solution – for example, by speaking of a “successful suicide”, of a person being “at peace”, “better off” or in a “better place” after dying by suicide.
- 7 Balance talk about suicide with stories of hope, resilience and recovery for individuals and communities. Even in dire situations there is hope, but the path to feeling better can be rocky.
- 8 Note that nothing pre-disposes Indigenous peoples to suicide; oral history in many communities shows that suicides used to be rare. Elevated rates among Indigenous groups aren't unexplainable, often having roots in historical trauma and ongoing social inequities. Despite this, Indigenous communities can significantly lower suicide rates by advancing culturally appropriate responses.



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## When worried that someone may be considering suicide

- 1 Be kind AND direct in asking them if they are thinking about suicide – doing so will not cause them to proceed with taking their own life and is offering them an opportunity to talk about their feelings. It also helps communicate that it is OK to talk about suicide with you.
- 2 To assess risk, you should verify if their thoughts of suicide have turned into a plan by asking them where, when and how they are thinking of ending their life. Asking this can help you consider how imminent an attempt may be.
- 3 Persuade them to seek help and accompany them if needed. If you believe they are at imminent risk, call emergency services and ensure they aren't left alone until help is available.
- 4 Know that you are never responsible for another person's life, but that listening can help. It's also OK to say, "I want to help but don't know how, tell me what you need."
- 5 Acknowledge their pain or hardship and let them know you have hope for their journey in life.
- 6 Ask about times when they felt bad in the past and what helped them get through the situation. Ask them to describe in detail the things that they like and make them feel even just a little better.
- 7 Remember to take care of your own mental well-being. It's alright if you are not able to offer support. In this case, refer the individual to a natural helper or a professional who can.

It's not only health professionals who can intervene – you too can help make a difference. It's normal to feel nervous in having a conversation like this.

Many trainings exist to help you practice these tips and feel more confident.

(e.g.: ASIST ([www.livingworks.net/asist](http://www.livingworks.net/asist)), Mental Health First Aid Inuit, Reach Out).



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## In a training or community planning workshop

- 1 Name suicide but focus on what can be done for prevention and wellness as opposed to deaths.
- 2 Many people think about suicide at some time in their lives, but only a small proportion will attempt to take their own lives. Explain that suicide is preventable and discuss coping/prevention strategies.
- 3 As a group, agree not to discuss the traumatic details of a suicide, nor the method used. It is appropriate to mention methods in conversations about how to make environments safer, such as by locking medication, using trigger locks, installing collapsible closet rods, etc.
- 4 Allow participants to share how they feel about the topic, normalizing the feelings expressed. Some may not wish to share. In this situation, you can give examples of how people may feel.
- 5 Ensure attendees can privately share details of their loss or suicidal thoughts with a trained person.

## In the media

- 1 Help break mental health taboos, myths and stigma. Promote help seeking as a sign of strength.
- 2 Steer clear of sensational language such as “suicide epidemic” – it can be disempowering.
- 3 Acknowledge that a person has died by suicide, but never say what method the person used.
- 4 Do not print or show photos of the deceased person or their family.

For more detailed guidance, you can refer to Nunavut’s Media Guidelines for Reporting on Suicide: [www.tunnngavik.com/files/2017/07/Media\\_Guidelines\\_Reporting\\_on\\_Suicide-English.pdf](http://www.tunnngavik.com/files/2017/07/Media_Guidelines_Reporting_on_Suicide-English.pdf)



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## When someone in the community has died by suicide

- 1 Don't ignore a suicide or pretend it has not taken place – people need a space to talk.
- 2 Do your best to get a health consultant to debrief with people who had a connection to the individual, such as other students in their schools, colleagues, teammates for sports, etc.
- 3 Share only basic info (e.g.: “Person A from town B died by suicide”), omitting the details of how and speculation about why. In small towns where everyone knows the details, you can acknowledge the details but don't focus on them.
- 4 Acknowledge the need to grieve and conduct the funeral/memorial the same way it would be for any other type of death, focusing on how the person lived instead of how they died.
- 5 Arrange for supports to be available on a long-term basis, not just right after someone passed as it can take weeks or months before survivors are ready to talk about the death and their feelings.

PC-Cares offers further guidance on grief here: [www.pc-cares.org/grief-and-healing](http://www.pc-cares.org/grief-and-healing)  
Organizations can respond better with protocols in place.



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## When supporting someone who is grieving because of a loss to suicide

- 1 After a suicide, many survivors experience guilt. Let them know that it was NOT their fault.
- 2 In these difficult and confusing times for the survivor, you can help by offering to inform others of the person's passing, assist with making funeral arrangements or assist with other tasks.
- 3 Recognize that suicide hurts. Listen to whatever the person is going through (e.g.: anger, sadness, confusion, a sense of abandonment, shame). Tell them that it is normal to feel these things.
- 4 Mention that grief can manifest in several ways including physical ones (like stomach pain and headaches). Grief from suicide is different than from other deaths and that it happens at a different pace for everyone. Refer the person to a counsellor, doctor or other resource if needed.
- 5 Many are not used to talking about feelings or may not be ready to talk about the loss. It can help to spend time doing activities together (e.g.: land outings, walks, beading) – even without speaking.
- 6 Be realistic: the pain may never disappear fully, but in time people can learn to cope and live with it.
- 7 Let them know that finding happiness again doesn't mean that their loved one has been forgotten.



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## Resources Where to Get Help

You are not alone. If you or a loved one is experiencing suicidal ideation, there is help. The resources below are available to provide support.

### Canada

Crisis Services Canada: **1-833-456-4566**

Hope for Wellness Helpline (for Indigenous people):

Hope for Wellness Helpline: **1-855-242-3310**

### Denmark

Livslinjen: **(+45) 70 201 201**

### Finland

Crisis Helpline in Finnish: **09 2525 0111**

Crisis Helpline in English and Arabic: **09 2525 0113**

### Greenland

Tusaannga: **801180**

### Iceland

Red Cross Helpline: **1717**

Bergid Headspace (up to 25 years old): **571-5580**

### Norway

Mental Helse: **(+47) 116 123**

### Russian Federation

Centre for Psychological Counselling of State Emergency

Response Ministry: **(+7) 499 210-50-50**

### Sweden

Själmordslinjen: **(+46) 90101**

### United States

National Suicide Prevention Lifeline: **1-800-273-8255**

Alaska Careline: **1-877-266-HELP (4357)**

