

Starting a Conversation About Suicide: Foundational Training for Students

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Facilitator's Guide for Use with Students

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Accessibility Statement

The web version of [Starting a Conversation About Suicide: Foundational Training for Students](#) has been designed with accessibility in mind by incorporating the following features:

- It has been optimized for people who use screen-reader technology.
 - All content can be navigated using a keyboard
 - Links, headings, and tables are formatted to work with screen readers
 - Images have alt tags
- Information is not conveyed by colour alone.
- There is an option to increase font size (see tab on top right of screen).

Other File Formats Available

In addition to the web version, this book is available in a number of file formats including PDF, EPUB (for e-readers), and various editable files. Here is a link to where you can [download the guide in another format](#). Look for the “Download this book” drop-down menu to select the file type you want.

Those using a print copy of this resource can find the URLs for any websites mentioned in this resource in the footnotes.

Known Accessibility Issues and Areas for Improvement

While we strive to ensure that this resource is as accessible and usable as possible, we might not always get it right. Any issues we identify will be listed below.

There are currently no known issues.

Accessibility Standards

The web version of this resource has been designed to meet [Web Content Accessibility Guidelines 2.0](#), level AA. In addition, it follows all guidelines in [Accessibility Toolkit \(2nd ed.\), Appendix A: Checklist for Accessibility](#). The development of this toolkit involved working with students with various print disabilities who provided their personal perspectives and helped test the content.

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Starting a Conversation About Suicide Awareness: Foundational Training for Students was adapted from University of Victoria's training *Let's Talk: A Workshop on Suicide Intervention*, which was written and developed by Dawn Schell, Manager, Mental Health Outreach and Training at the University of Victoria.

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The development team and authors who worked on this resource are located throughout British Columbia and Canada, and they wish to acknowledge the following traditional, ancestral, and unceded territories from where they live and work: Algonquin Anishinabeg Territory in Ottawa, Ontario; x^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) territories in Vancouver, B.C.; Syilx Okanagan Territory in Kelowna, B.C.; Ləkʷəŋən (Lekwungen)/Songhees territories in Victoria, B.C.; and the Kʷikʷəłəm (Kwikwetlem), x^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations in Port Moody, B.C. We honour the knowledge of the peoples of these territories.

Introduction

How to Access the Facilitator's Guide, Slides, and Handouts

Starting a Conversation About Suicide: Foundational Training for Students includes a facilitator's guide, an accompanying PowerPoint slide deck, [BCcampus, Starting a Conversation About Suicide \[PPTX\]](#) and handouts to share with participants.

Four handouts are available to download:

- [Handout 1: Quick Reference: Responding to Students in Crisis](#)
- [Handout 2.1: Scenarios for Practice and Discussion \(no responses\)](#)
- [Handout 2.2: Scenarios and Responses](#)
- [Handout 3: Suicide Awareness Resources](#)

You may also want to bookmark (and have ready to play in a browser) these two videos before offering a session:

- [Live Through This](#) (4:15 min.)
- [Brené Brown on Empathy](#) (2:53 min.)

Starting a Conversation About Suicide: Foundational Training for Students was developed as part of BCcampus's Mental Health and Wellness Projects to provide open educational resources to increase awareness of mental health and support for post-secondary students. This training session is one of [a series of open educational resources on mental health](#) available for the B.C. post-secondary sector.

This training was developed with funding from the Ministry of Advanced Education and Skills Training and guidance from an advisory group of students, staff, and faculty from B.C. post-secondary institutions.

How to Use This Resource

This resource is for facilitators presenting a two- to three-hour session to students at post-

secondary institutions. The training can be offered in person or online, and you are welcome to augment the training with your own stories, models, and examples.

The resource includes three components:

- **[Facilitator's guide](#)**. The guide includes presentation notes, activities, and scenarios to help you deliver the training. You can download the guide as a PDF file before giving a session. The guide also has a Getting Ready section, with suggestions for preparing, adapting, and modifying the training.
- **[Slide deck](#)**. The guide has an accompanying PowerPoint slide deck that you can download. The slides can be formatted to meet your institution's guidelines or slide deck templates. You can add slides or include contact information for counselling services, campus helplines, Indigenous student centres, and other services on your campus that support students.
- **[Handouts](#)**. The guide includes handouts that you can share with participants. You can format these handouts according to your institution's guidelines (e.g., colours, fonts, logos). You can also adapt the information in them to reflect the needs and concerns of the group you are addressing.

Who Should Facilitate This Training?

Facilitators should have presentation and facilitation experience and be familiar with trauma-informed practice. They should be patient, comfortable with talking about mental health and suicide, and open to learning. It is recommended that sessions be presented either by two facilitators or by one facilitator with an assistant to help any participants who may become overwhelmed during the session. (See [Guidelines and Tips for Facilitation](#) for more information.)

Who Is This Training For?

Many of the students who are interested in this training will be in leadership roles (e.g., residence assistants, peer group leaders, and teaching assistants), but the session is intended for any student who is interested in learning more about mental health and working to build an inclusive and resilient community at their post-secondary institution.

Length of the Session

For a breakdown of the session, see the [Detailed Agenda](#). The agenda assumes that you will offer the training over the course of two hours; however, you may want more time and could extend the session to two and a half or even three hours to allow time for more discussion and to give students lots of time to work through the scenarios at the end. Some facilitators may want to

offer the training over two sessions. While the training is adaptable, we recommend that you include the sections on marginalized groups as it is important to maintain the integrity and diversity of voice in this resource.

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Why Mental Health and Wellness Training for Students?

Suicide is very difficult to talk about and a subject many of us would prefer to avoid, but it is also a subject we can't ignore. Suicide is a prevalent concern around the world and the second leading cause of death among 15- to 29-year-olds globally.¹ Post-secondary institutions have an important role to play in raising awareness about suicide and finding ways to best support students. We need to have more conversations about suicide to raise awareness and understanding of how we can support someone who is contemplating suicide.

Starting a Conversation about Suicide: Foundational Training for Students offers sensitive, respectful, and detailed training on suicide awareness. The training was developed to reduce the stigma around suicide and to help students acquire the skills and confidence to ask if someone they know is considering suicide, listen to that person in a non-judgmental way, and refer them to appropriate resources. These conversations are not easy and they are never comfortable, but we can all increase our confidence and develop skills to support others.

1. World Health Organization (2019), [Suicide](#) [fact sheet], <https://www.who.int/news-room/fact-sheets/detail/suicide>

Part I: Getting Ready

Preparing for the Session

This section offers tips on preparing for the session. To download the PowerPoint slide deck and handouts that accompany this facilitator's guide, please see the [Introduction](#).

Key Learning Points

This training opens up the conversation about suicide to reduce the negative stigma surrounding suicide and decrease anxiety about talking to others about suicide. Key learning points of the training include the following:

- We can all play a role in supporting students' mental health.
- By knowing the signs of suicide risk and understanding the needs of a person at risk of suicide, we can support others.
- Conversations about suicide are never comfortable, but it is possible to develop skills for talking to someone about suicide and to increase our confidence.
- There are practical steps to take in starting a conversation about suicide with another student.
- We can make a difference to a person who is thinking about suicide by knowing how to recognize the signs of distress, responding empathetically, and knowing how to refer them to campus and community resources.
- Listening without judgment is key when talking to someone who may be at risk of suicide.
- Participants are not expected to act as counsellors and should not attempt to diagnose a person's mental health problems.
- Participants need to be aware of their own boundaries and need for self-care. If they are overwhelmed by the session, they may want to talk to a counsellor.

Consider Who Is Attending the Session

This session is intended for students who are interested in learning more about mental health and working to build an inclusive and resilient community at their post-secondary institution. Many students who are interested in this training will be in leadership roles (e.g., residence assistants, peer group leaders, and teaching assistants) and will have to follow procedures that are specific to your post-secondary institution. You will need to know your institution's protocols for student employees helping students in crisis. Student employees will be obligated to report

their concerns if they become aware of a student who is in crisis and mentions suicide, but the procedures may vary from campus to campus. Students who are not employees do not have the same obligation. However, you will need to reinforce boundaries for these students.

Think about the student population at your institution. It may not be possible to know in advance who is attending, but if you do, these are some things to consider:

- Will there be international students in the session or students who work with international students?
- Are there specific cultural differences to consider? For example, in some cultures, such as South Asian cultures, mental illness is still stigmatized, and students may be uncomfortable talking about it. A helpful resource on South Asian students and mental health is [South Asian Mental Health \(SOCH\)](#) website. SOCH was one of the producers of [The Pardesi Project](#), a film on the mental health of South Asian international students.

Keep in mind that the mental health words we use in English may not exist in other languages, as mental health and suicide are rarely discussed in some cultures. You may want to do some research on the specific issues that marginalized groups face. (See the [Resources on Suicide for Further Reading and Preparation](#), and [Marginalized Groups](#).)

Know the Procedures and Contacts at Your Campus and in Your Community

Consider your post-secondary institution's resources, procedures, or policies for helping students in distress and make sure you are familiar with who to notify during the day, when the campus is open, and at night or on weekends, when the campus is closed. If the situation is not an emergency, the procedures will vary from institution to institution and will also depend on whether a student is an employee of the institution or is a student concerned about a friend or classmate. For example, if a student is a residence assistant or teaching assistant, do they contact their supervisor? Is there an alert form they should fill out? Who do they contact if they are concerned about a student but it's not an emergency?

Complete [Handout 1: Quick Reference: Responding to Students in Crisis](#), with contact information for your campus, create your own contacts sheet to share with participants, or have the appropriate web page ready for viewing on screen.

Preparing for In-Person and Online Sessions: Practical Considerations

- Before giving a session, read through the [Guidelines and Tips for Facilitation](#) section and reflect on your own experiences and feelings about suicide.
- Download the slide deck and make any needed modifications.
- Read through the facilitator's guide and handouts to familiarize yourself with the content. You may want to download the guide as a PDF file and print it.
- Consider sending participants a link to the video on the [Live Through This](#) website to give them a chance to hear suicide survivors' stories before the training. Alternatively, you could show the video during the session, or bookmark the video and have it ready to play in a browser before the session.
- Prepare to give a territory acknowledgement to open the session. Also consider ways in which to Indigenize the content. (See [Indigenous Considerations](#).)
- Read through the scenarios and think about which scenarios you want students to discuss. There are 10 scenarios to choose from, but it's unlikely you'll have time to cover them all. Handout 2.1 has just the scenarios, with no responses; Handout 2.2 has the scenarios with suggested responses.
- Consider how many participants you expect to attend. The facilitator's guide assumes a small to medium number of participants (approximately 6 to 30); if your group is very large, you may need to modify some of the small group and reflection activities.
- Add relevant examples and additional insights that are based on your own experience or are relevant to the student population at your institution.
- Prepare the handouts. Either have them ready to hand out for an in-person session or have the links to the PDFs ready for an online session. Determine how you will share handouts and other resources, particularly when you are facilitating an online session. You can put PDFs in the chat, share a link in the chat, or email participants after the session.
- Have your institution's workshop evaluation form ready to give to participants after the session.
- Consider providing participants with group guidelines before the session so people can prepare and create guidelines together. This will save time during the session. See [Group Guidelines](#) for more information.

Preparing for an In-Person Session

In addition to booking a room and letting participants know the location of the session, you will need to ensure that you have the following tools and materials for the session:

- Laptop

- Projector
- Flipchart or whiteboard and markers
- Copies of Handouts 1, 2.1, 2.2, and 3

Support for participants who get overwhelmed during an in-person session

You will also need to consider where participants can go if they need to leave the session for a while. Is there a place where they can sit that is close to the classroom? Arrange in advance for someone to check on anyone who leaves the session, whether a co-facilitator, an assistant, or another participant.

Preparing for an Online Session

If you are offering the session online, there are a few additional things to do in advance:

- Schedule a meeting time in your post-secondary institution's preferred video-conferencing platform.
- Make sure that the screen-share function is enabled for sharing slides.
- If you will be using the chat or breakout rooms, make sure they are enabled.
- Share the meeting link and any passwords with participants before the session. (Consider sending the meeting information at least twice, including once the day before the session.)
- You may also want to share suggestions for online meeting etiquette for creating a safe learning space (e.g., sharing supportive comments, respecting confidentiality).
- Consider assigning someone to be the monitor responsible for responding to technical issues and questions posted in the chat.
- As noted above, make sure you have a plan for distributing any resources, such as the handouts, online. Remember to let participants know how and when they can expect to receive these resources.

Support for participants who get overwhelmed during an online session

Before an online session, you'll need to decide on a protocol for following up with participants who have strong emotional responses and need to leave the online session. In an in-person session, someone can follow a participant out of the room, but it is more complex if a participant just drops out of an online session. It may be helpful to have participants share in advance their phone numbers and physical locations at the time of the session so crisis resources can be called in if needed. It is also very helpful to have a co-facilitator or assistant available to call someone who suddenly leaves the session.

Working in small groups online

If your video-conferencing software allows you to create breakout rooms, you can have participants work together in smaller groups. Take some time before the session to get comfortable with the process for setting up breakout rooms. It can be helpful to have someone assist you with setting up the breakout rooms during the session, so you can facilitate while they handle the technical issues.

Breakout rooms will work well for discussing the scenarios, but you will need to do some preparation. It may be easiest to put the scenarios in the chat; if you are doing this, have the scenarios ready to add to the chat before the session. During the session, you can then assign each group to a specific breakout room to discuss the different scenarios. Alternatively, you could move participants into breakout rooms and then visit each room to verbally provide each group with a scenario.

Indigenous Considerations

Developing and delivering training on mental health and suicide can be an opportunity to build upon existing work at your institution toward Indigenization, decolonization, and reconciliation.

Territory Acknowledgement

Acknowledging the Indigenous Peoples on whose traditional lands you live, work, and study is an important way to begin an event or meeting and can be included as part of classroom activities and taught to students. Meaningful territory acknowledgements allow you to develop a closer and deeper relationship with not only the land but the traditional stewards and peoples whose territory you reside, work, live, and prosper in. For more information on giving a territory acknowledgement, see [Welcome and Territory Acknowledgement](#).

The Truth and Reconciliation Commission's Calls to Action explicitly state that each of us as members of Canadian society has a direct responsibility to contribute to reconciliation; how we discuss colonization in relation to mental health is a direct response to that responsibility.

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is an international instrument adopted by the United Nations on September 13, 2007, to enshrine (according to Article 43) the rights that "constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world." UNDRIP was adopted by the government of British Columbia on November 26, 2019. Centring the history of colonization as a background to and framework for mental health from a perspective of historical and current ongoing struggle is in direct response to our legal and moral obligation as members of Canadian society.

Curriculum Development and Indigenous Ways of Knowing and Being

Indigenization is a process of naturalizing and valuing Indigenous knowledge systems.¹ In the context of post-secondary institutions, this involves bringing Indigenous knowledge and approaches together with Western knowledge systems. This benefits not only Indigenous learners but all students, staff, faculty, and campus community members involved in or impacted by Indigenization.

As you adapt this training for your particular context, consider how and in what ways you might interweave Indigenous content and approaches. Here are some examples of how you might include an understanding of Indigenous ways of knowing and being:

- Incorporate Indigenous pedagogical approaches, such as holistic and relational perspectives, experiential learning, place-based learning, and intergenerational learning.
- Involve Indigenous students, faculty, and staff in reviewing, adapting, and evaluating resources.
- Integrate knowledge from Indigenous communities local to your institution.

As you do this work, as an Indigenous or non-Indigenous person, continue to draw from and build on existing relationships with Indigenous people, both within and outside of your institution. As a way of continuing to work in intentional and respectful ways, you may want to reflect on questions like these:

- How does this work benefit Indigenous communities and help them to meet their goals?
- Will there be benefits for Indigenous students, faculty, and staff?
- Have the community or communities identified their own priorities or goals related to this work?
- How can this work support Indigenous efforts related to healing from past and ongoing colonial violence?

1. Antoine, A., Mason, R., Mason, R., Palahicky, S., & Rodriguez, C. (2018), [Pulling together: A guide for Indigenization of post-secondary institutions. A professional learning series](https://opentextbc.ca/indigenizationcurriculumdevelopers/), <https://opentextbc.ca/indigenizationcurriculumdevelopers/>; Little Bear, L. (2009), [Naturalizing Indigenous knowledge: Synthesis paper](https://www.afn.ca/uploads/files/education/21._2009_july_ccl-alkc_leroy_littlebear_naturalizing_indigenous_knowledge-report.pdf), Canadian Council on Learning, https://www.afn.ca/uploads/files/education/21._2009_july_ccl-alkc_leroy_littlebear_naturalizing_indigenous_knowledge-report.pdf

Elders and Knowledge Keepers

Elders have always been the foundation for emotional, social, intellectual, physical, and spiritual guidance for Indigenous communities. As you find ways to naturalize Indigenous context, perspectives, and traditional ways of being in your session, consider inviting an Elder or Knowledge Keeper from your local community to support the sessions. One way of doing this is to speak with Indigenous services staff at your institution, share with them some of the recommendations in this guide, and see how they might wish to support this work.

Not all institutions will have an Elder in Residence, but each should have ways for you to contract with an Elder or Knowledge Keeper to come in and support your work. Elders and Knowledge Keepers often support the whole post-secondary institution community, not just the Indigenous students. Involving Elders and Knowledge Keepers can support reconciliation by helping to build respectful, reciprocal relationships that are deep and meaningful.

Whenever you plan to bring in a community member, an Elder, or a Knowledge Keeper, it is important to plan for the honorarium required to remunerate them for their time and for sharing their wisdom and traditional teachings. In many communities, it is seen as most respectful to offer payment on par with what you would pay a PhD holder to do a keynote presentation. However, consulting with the Indigenous services staff at your institution on what is a typical amount for this type of event is also a good practice.

Text Attributions

- This chapter is adapted from [Consent & Sexualized Violence Training and Facilitator Guide: Preventing and Responding to Sexual Violence in B.C. Post-Secondary Institutions](#), Sexual Violence Training Development Team ([CC BY 4.0 License](#)).

Guidelines and Tips for Facilitation

Talking about suicide can bring up many feelings and memories for people, especially if they have had a friend or family member who has taken their own life. It can be challenging to facilitate sessions where these deep and difficult experiences and feelings may be disclosed and discussed. This section provides some guidelines and tips for facilitating this session.

Creating a Safe Learning Space

Participants need to feel comfortable, safe, and respected during the session. As you prepare to facilitate, consider factors such as when and where to hold the training, key messages on promotional materials, whether to use group guidelines, how to ensure diverse representation, and ways of working with co-facilitators or guests. Keep in mind that some participants may have strong emotional responses during the session, and you will need to be prepared for this. Consider in advance ways to support participants. Can you arrange a quiet place where they can go if they need a break from the session? Will you have a co-facilitator to go and check on them? Or perhaps you can arrange for another participant to check on anyone who leaves the session and stay with them to make sure they're okay.

This section provides several strategies to help create a positive learning space.

Opening with Intention

Facilitators have an enormous role to play in setting the tone for a session. As people enter the space (online or in person), you can welcome them and help them get oriented. You can let them know if you've started or whether you're waiting for a few more people, and share housekeeping information such as where the bathrooms are, where they can put their things, or how to use online interactive features. You may want to consider using a breathing exercise together or an icebreaker activity to help put people at ease. As you begin the session, you can use opening questions that help create inclusivity, such as correct pronouns, check-in questions, or information about accessibility needs and requests.

Scope of the Session

It is important to hold space in a session for people's feelings and experiences – shared or not. However, boundaries are also needed to allow the session to move forward and be completed within the stated time frame.

It is also important to establish at the beginning that the training is a learning space and not a counselling session. (You may also want to send an email with this message to all participants prior to the session.) If a participant is starting to take over the discussion with their personal experiences, you can gently redirect the conversation back to the material that you need to cover. Plan to stay after the session is over to talk to any participants one-on-one.

It's also important to reassure participants who worry that they must "save" a student who is in distress. Emphasize that students are not expected to be counsellors or to "fix" a student who's experiencing mental health problems.

Group Guidelines

It can be helpful to ask participants to agree to a list of guidelines or a code of conduct when they register for the session. You can either send the group guidelines to participants before the session or take some time at the beginning of the session to establish the guidelines together. When you start the session, you can ask participants if they feel comfortable with the guidelines or if they have something they would like to add or change.

Group guidelines can be an important tool for supporting safer discussion about difficult topics. You can remind participants of the guidelines if the discussion is getting difficult. Important group agreements relate to listening to and showing respect for others (e.g., not talking when others are speaking, not making rude comments, not talking on the phone), confidentiality, and participation.

It's also important to establish guidelines about how much people will share. Suicide is a topic that can provoke a strong emotional response in some people and remind them of past experiences.

Group guidelines come in all shapes and sizes. Some groups have a few guidelines, while others have many. Here are some suggestions for possible guidelines:

- Share the learning, not the names or the stories (confidentiality).
- Participants have the right to "pass" on activities/questions that feel uncomfortable.
- It is all right to feel uncomfortable or to not know answers to everything.
- It is okay to step out of the session at any time.

- Treat others with respect.
- Be mindful of your language; respect everyone's names and pronouns.
- Remember that there may be participants in the session who know someone who has either attempted suicide or died by suicide, and there may be participants who have attempted suicide or are having thoughts of suicide. The session may bring up strong emotions for them.
- Speak for yourself. Use "I statements" to state opinions or feelings.
- Seek to replace judgment with curiosity.
- Take care of yourself.
- Take space, make space (allow everyone a chance to participate).

Content Warnings

Content warnings (also called trigger warnings) are statements made before sharing potentially difficult or challenging material. The intent of content warnings is to provide participants with the opportunity to prepare themselves emotionally for engaging with the topic or to make a choice to not participate.

Different departments and institutions will have different approaches to content warnings, and this may guide your decision about including content warnings on registration or sign-up forms, in learning materials, and in the learning environment. Here is an example of a content warning:

We will be discussing topics related to suicide in this training. During the training, you can choose not to participate in certain activities or discussions and can leave the room at any time. If you feel upset or overwhelmed, please know that there are resources to support you.

There are a number of other facilitation strategies you may want to consider in addition to or instead of a content warning:

- When discussing difficult content, check in with participants from time to time. Ask them how they are doing, whether they need a break, and so on. Let them know that you are aware that the content is difficult.
- Ask participants to be mindful of their fellow learners during the discussion and remind them that survivors of suicide may be present in the room (regardless of whether this information has been shared with others).

Trauma Awareness

Some participants may know someone who has taken their own life or may have attempted

suicide themselves. There are a number of strategies you can use to help create a trauma-aware learning space.

Before the Session

Sometimes, during training on suicide awareness, a participant may be reminded of someone they have lost through suicide. Before you start facilitating, ensure that you are knowledgeable about receiving disclosures and about available supports and resources on campus and in the community. Some institutions have developed practices such as expedited counselling for participants who might need support after a training session, or making intensive crisis supports available for a short time after a training session or other initiative.

To Start

At the beginning of the session, acknowledge that the topic of suicide is difficult and let participants know that they have the right and freedom to take care of themselves in a way that works for them. In particular, let participants know that they can leave the room or choose not to participate in an activity. You could say something like “If at any time you feel you need to leave, that’s fine with me. You are empowered to take care of yourself.” You can also let participants know that reactions to difficult material can sometimes be delayed and that they may wish to connect with you a few days after the training or to access support from family, friends, or other people in their lives.

If you feel comfortable doing so, you can share information about grounding activities that may be helpful to participants during the session. Grounding activities, such as [breathing exercises](#), are simple activities that can help people relax, stay present, and reconnect with the “here and now” following a trauma response – for example, pressing or “rooting” your feet into the ground, breathing slowly in and out for a count of two, repeating a statement such as “I am safe now, I can relax,” or using your five senses to describe the environment in detail.

During the Session

If you notice that a participant has left the group and you suspect that they were reminded of previous trauma by something in the session, follow up with them one-on-one after the session to check in and offer any resources that you think might be helpful to them.

During the session, if the conversation becomes intense or you believe that a number of participants have become overwhelmed or affected by the discussion, it can be helpful to take a break or use an activity that involves the body or movement to help people reconnect with the present moment.

Let participants know that you will be available after the training if they would like to debrief or share their responses to the session or how they are feeling. Schedule at least 30 minutes after a session so that you can be available to participants. If you are delivering the training online, let participants know that they can private message or email you.

Participants may need some time near the end of the session to ask questions, share a reflection, or simply sit with what they have heard and discussed. If possible, try to ensure that this time is built in at the end so no one feels rushed when concluding the session.

After the Session

Plan to stay after the session to talk to any participants who have questions or concerns they want to discuss. If you are concerned about a participant, ask them if they would find it helpful for you to check in with them later in the day or the following day. You could also ask them if they have a friend or family member that they might find it helpful to speak with after the session. If so, help them make a plan to connect with them by phone, text, or in person or at a certain time.

For more information on trauma-informed practice, see the BCcampus recorded webinar [Trauma-Informed Facilitation](#), by Dawn Schell, and the Education Northwest resource [Trauma-Informed Practices for Postsecondary Education: A Guide](#), by Shannon Davidson.

Questions That May Come Up and How to Respond

Facilitating conversations about suicide can be challenging. Participants likely bring many different experiences, assumptions, ideas, and worries about how best to support students who are struggling with these issues.

It's important to create a space where participants feel safe and supported so they share and listen to others with respect and empathy. This section offers ideas and tips for creating such an environment, but you also have a time limit within which to present the material. It's important to keep an eye on the clock and know how, and when, to direct participants' attention to the next topic.

As mental health and wellness affects all parts of our lives, participants may bring up related issues or concerns, or they may disclose that they have attempted suicide or someone they know has taken their own life or attempted suicide. Below are some questions that might come up during the session, with suggestions for responses. The goal is to acknowledge participants' comments, thank them for their contribution, and point them to resources they may find helpful. Then the discussion can move back to the specific topic at hand.

1. I have a friend who has mentioned they are considering suicide and it made me feel helpless and worried. Will this training actually help me?

- Thank the participant for asking this question, as it's a worry many people have.
- Acknowledge that it is never comfortable to talk to another person about suicide, but the training will help them feel better equipped to help and more confident if they have to talk to a person they are worried about.
- Explain that they will learn ways to begin and end a sensitive conversation and they will have a chance to practise.
- Remind them that the most important thing they can do is listen empathetically to a student who is distressed and know where to refer them. They are not expected to be a counsellor.

2. A friend of mine told me they are thinking of ending it all, but then begged me not to tell anyone. What should I do?

- Acknowledge that this is not an uncommon situation and that it can be very stressful and isolating to help someone and feel that you can't reach out for support yourself.
- Encourage the participant to reach out for help, even though their friend has asked them not to tell anyone. They can talk to a counsellor or get advice from a crisis line.
- There will be procedures in place for students who are employees of the post-secondary institution (e.g., residence assistants or teaching assistants) and are required to report their concerns if another student discloses that they are thinking about suicide.
- Invite the participant to talk with you after the session for further assistance.

3. I don't feel like I can deal with a student who is so distressed that they are considering suicide. What should I do?

- Remind participants that no one is being asked to take responsibility for another person's well-being.
- Explain that the training explores the role that participants can play in helping another student, but only if they feel comfortable and ready to engage with a student who is expressing thoughts of suicide or showing signs that they are suicidal.
- Suggest that if any participants still have concerns after the session, they should come and talk with you for further guidance.

4. I live with someone who gets depressed and sometimes talks about ending it all. What should I do?

- Thank the participant for sharing their concerns.

- Explain that they are not expected to take on the role of counsellor or to take on additional responsibilities. The goal is to create awareness.
- Emphasize that this session is intended to give everyone tools so they will know how to respond to a person in crisis and refer them to appropriate help.
- Point out that it is better to be prepared. Anyone may deal with a person in crisis at some point.

5. I tried to help a friend who was talking about suicide and they just got angry with me. Our friendship has suffered.

- Acknowledge that the participant has had a negative experience in the past. Focus their attention on the present: by attending this session they can perhaps discover other ways of supporting others while maintaining good boundaries.
- Invite the participant to talk with you after the session. You can suggest that the participant talk to a counsellor.

6. I've read that the suicide rate for young people is very high. Why isn't this institution doing more to support students struggling with mental health?

- Acknowledge in a respectful way the participant's commitment to students' well-being.
- Let them know that you'll be sharing resources that are available currently.
- Invite them to meet with you after the session to share ideas for how the institution could do better.

7. What about support for my own mental health and well-being?

- Acknowledge the importance of the issue being raised: we all sometimes face our own challenges around mental health and well-being.
- Let participants know that there are institutional and community resources available to them, and you can provide those after the session.

Transitions and Difficult Conversations

While facilitating, you are likely to encounter challenging moments when you may not be sure how to respond. Someone may start to dominate the discussion with their own story of suicide, a participant may make a negative remark about suicide, or the conversation may shift in a direction that makes you concerned for the comfort of other participants.

Here are some potential responses for bringing participants back to the topic or handling challenging moments:

- “This is a really great dialogue, but I would like to bring us back to the topic at hand.”
- “Thank you for sharing that story. I’d like to follow up with you after the session today if we can save this conversation for later.”
- “I’m getting conscious of time here. Let’s move on for now.”
- “Your feelings are important and I want to be able to give you my full attention. Would you like to step out and have a conversation about it? My colleague can continue with the session.” (This can work if there are two co-facilitators. If there is only one facilitator, you can suggest continuing the conversation after the session.)
- “We’re not here today to argue about the ethics or morality of suicide. We want to focus on questions, feelings, worries, and thoughts people might have about supporting someone who is at risk of suicide.”
- “It’s okay for us to agree to disagree. Let’s move on; I’d like to bring us back to some of the activities and questions we had planned.”

A Note About Language

Avoid language that sensationalizes or normalizes suicide or presents it as a solution to problems. For example, the terms “failed attempt,” “successful attempt,” or “completed attempt” are best avoided, as they depict suicide as a goal, project, or solution. Below are some guidelines for language when talking about suicide.

Avoid Using	Use Instead	Reason
Committed suicide	<ul style="list-style-type: none"> • Died by suicide • Took their own life • Killed themselves • Ended their life <p>Note: If you are unsure of a participant’s level of proficiency in English, it is better to use the direct terms “killed themselves” or “ended their life” instead of “suicide.”</p>	Using the word “commit” implies that suicide is a crime (we commit crimes). This perpetuates stigma, and stigma stops people from talking. People will be less likely to talk about their suicidal feelings if they feel judged.

Unsuccessful suicide	<ul style="list-style-type: none"> • Attempted suicide • Attempted to take their own life • Attempted to take their life 	People who have attempted suicide often say, “I couldn’t even do that right... I was unsuccessful, I failed.” In part, this comes from unhelpful language around their suicide behaviour. Any attempt at suicide is serious. People should not be further burdened by whether their attempt was a failure, which in turn suggests that they are a failure.
Successful or completed suicide	<ul style="list-style-type: none"> • Died by suicide • Took their own life • Killed themselves • Ended their life 	Talking about suicide in terms of success is not helpful. If a person dies by suicide, it cannot ever be a success. We don’t talk about any other death in terms of success: we would never talk about a successful heart attack or stroke.

Self-Care and Community Care

Self-care and community care are about looking after yourself and those around you. The experience of facilitating a session on suicide can range from satisfying and rewarding to challenging and overwhelming. It is important to make sure that you are able to take the time to take care of yourself and that you are willing to reach out to co-workers, friends, and family, or for professional support if needed.

Ideally, you will be in a situation where you are able to deliver the training with a co-facilitator. Not only is this helpful if a participant needs support during a session, but it also helps to have someone with whom to share the joys and challenges of facilitation. Plan for time after a session to check in with each other about your experiences and any successes or challenges in facilitating. This allows for time to reflect on issues related to your own mental health, to consider any feedback that you received from participants, and to discuss any facilitation successes and challenges. If you are facilitating alone, you might use the time after a session to reflect or use a journal to make notes as a way of processing the experience, or you may want to debrief with a colleague or counsellor.

Check-In/Reflection Questions for Facilitators

Taking time after a session to debrief can be a helpful way to care for yourself. Here are some sample debriefing questions.

- What was a positive moment or a success in this session?
- How did participants engage with the different activities? Is there something I want to facilitate or do differently next time?
- Did I or a participant seem to have a response to the material, a shared story, or another participant that was challenging? If so, how was it responded to or resolved?
- Is there something that would be helpful for me to learn about or check with a colleague about?

Resources on Suicide for Further Reading and Preparation

- [Canadian Association for Suicide Prevention](#): Provides information and resources to communities to reduce the suicide rate and minimize the harmful consequences of suicidal behaviour.
- [Centre for Addiction and Mental Health](#) (CAMH): Has many resources around suicide awareness, including a Get Help page with information on crisis lines and immediate help.
- [Centre for Suicide Prevention](#): A branch of the Canadian Mental Health Association that provides information and resources on how to respond to people at risk of suicide. Offers toolkits, information sheets, and training resources.
- [HeadsUpGuys](#): An online resource from the University of British Columbia that supports men in their fight against depression by providing tips, tools, information about professional services, and stories of success. Supports men's mental health in a positive, inclusive, and mutually supportive way and is for people of all backgrounds, regardless of gender, race, or sexual orientation.
- [Kelty Mental Health Resource Centre](#), B.C. Children's Hospital: Provides mental health and substance use information, resources, and peer support for youth and young adults. Also provides information and resources for people of all ages with an eating disorder or disordered eating concern.
- [LifeLine Canada App](#): A free suicide prevention and awareness app that offers access to support and guidance for people in crisis and people who have suffered the devastating loss of a loved one from suicide.
- [Live Through This](#): A website with a collection of personal stories from people who have attempted suicide and survived. The diverse voices illustrate that suicide can affect anyone, and reading some of these stories is a helpful way to prepare for the session.
- [LivingWorks ASIST Suicide Prevention Training Program](#): Offers workshops on how to

prevent suicide by recognizing signs, how to provide a skilled intervention, and how to develop a safety plan.

- [Mental Health Commission of Canada](#): Offers a number of fact sheets, research reports, and webinars on suicide prevention.
- [Self-Injury Outreach and Support](#): A non-profit outreach initiative providing information and resources about self-injury to those who self-injure, those who have recovered, and those who want to help.
- [South Asian Mental Health \(SOCH\)](#): A mental health promotion initiative tailored to provide the South Asian community with mental health support and start the conversation to break the stigma around mental health. *The Pardesi Project*, a film about the mental health of South Asian international students, is available on their website.
- [The Trevor Project – Saving Young LGBTQ Lives](#): The world’s largest suicide prevention and crisis intervention organization for lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people.
- [We Matter Campaign](#): An Indigenous, youth-led, nationally registered organization dedicated to Indigenous youth support, hope, and life promotion.

Text Attributions

- “Creating a Safe Learning Space,” “Trauma Awareness,” and “Self-Care and Community Care” are adapted from [Consent & Sexualized Violence Training and Facilitator Guide: Preventing and Responding to Sexual Violence in B.C. Post-Secondary Institutions](#), Sexual Violence Training Development Team ([CC BY 4.0 License](#)).

Detailed Agenda

This agenda provides suggested timings for a two-hour session, the minimum time recommended for presenting the information and providing time for the activities. However, you may want more time to offer the training and could extend the session to two and a half or even three hours to allow more time for discussion, debriefs, and short breaks, and to give students lots of time to work through the scenarios at the end. Some facilitators may want to offer this training over two sessions. While the training is adaptable, we recommend that you include the sections on marginalized groups, as it is important to maintain the integrity of diversity of voice in this resource.

Content	Time
Opening the Session <ul style="list-style-type: none">• Welcome and Territory Acknowledgement• Introductions and Check-In• Goals and Objectives• Practical Information• Self-Care When Talking About Suicide• Group Guidelines• Reflection: Assessing Confidence	15 min
Why We Need to Talk About Suicide <ul style="list-style-type: none">• Activity: Myths and Commonly Misunderstood Ideas• Looking at Statistics• Risk Factors and Protective Factors• Marginalized Groups• Activity: Discussion	15 min
Exploring Our Own Feelings About Suicide <ul style="list-style-type: none">• Feelings and Attitudes• Activity: Questions and Worries• What We Need to Consider Before a Difficult Conversation	15 min
Observing and Recognizing the Signs <ul style="list-style-type: none">• Signs That Someone Is Contemplating Suicide• Suicide and Self-Harm	10 min

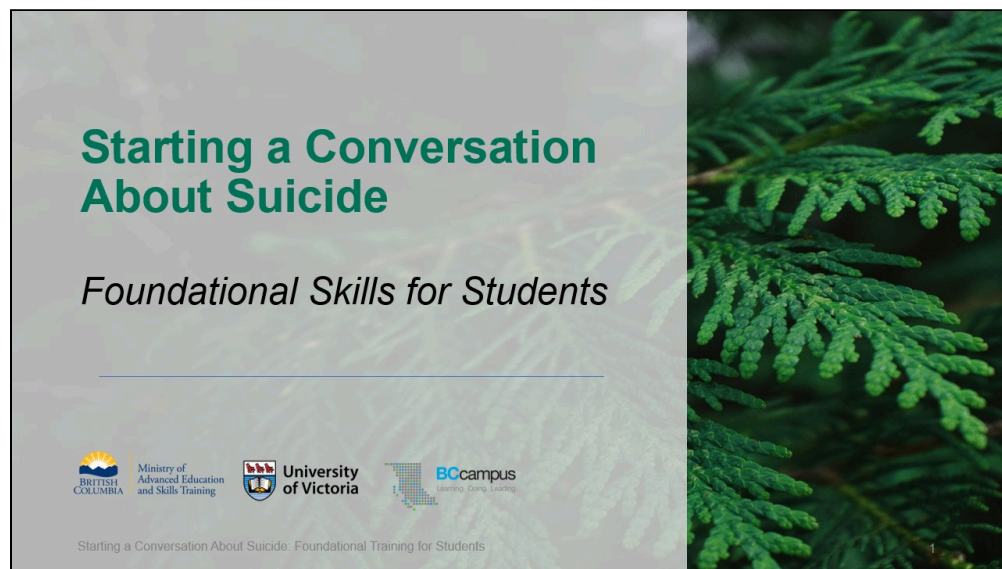
Responding <ul style="list-style-type: none"> • What Does a Person in Distress Need? • How to Start the Conversation • Ask Directly and Clearly About Suicide • Consider the Risk • Responding Online 	15 min
Referring <ul style="list-style-type: none"> • Asking About Supports and Suggesting Resources • Campus Resources and Provincial Crisis Lines • If You Are Concerned About a Student's Immediate Safety • If You Are Unsure What to Do • What About Social Media? • Scenario Walk-Through • What Helps People Recover? 	10 min
SHORT BREAK (Breathing exercise)	5 min
Maintaining Boundaries <ul style="list-style-type: none"> • Recognize What You Can and Can't Do • Remember FAIR to Help Maintain Boundaries • Self-Care After a Difficult Conversation 	5 min
Scenarios – Practising What to Say <ul style="list-style-type: none"> • Activity: Practice Scenarios (10 scenarios to choose from) 	20 min
Closing the Session <ul style="list-style-type: none"> • Reassessing Your Confidence • Reflection, Questions, and Comments • Activity: Brainstorming Self-Care Ideas 	10 min

Part 2: Talking About Suicide

Opening the Session

This section describes how to open the session and prepare participants to engage with the material. It includes:

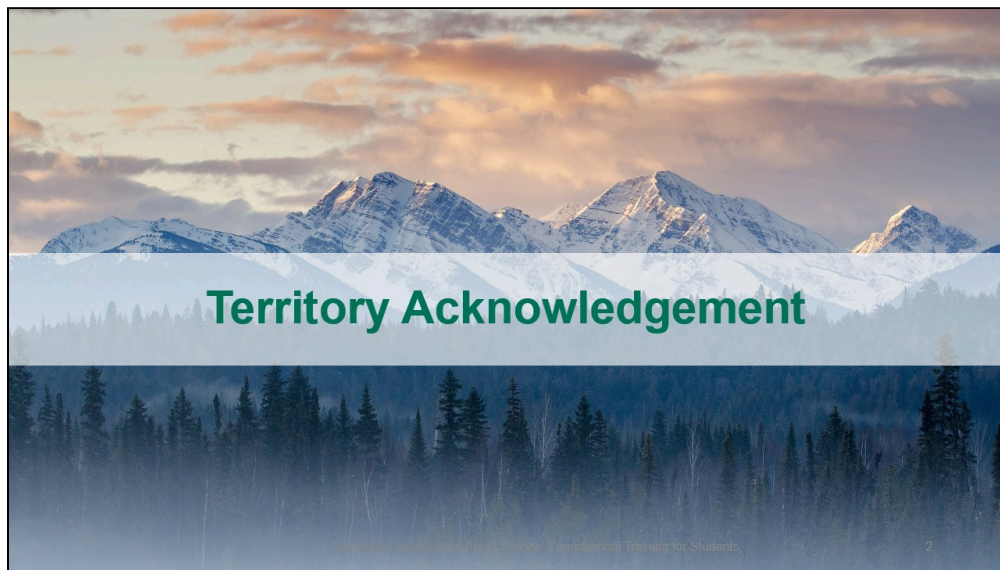
- Welcome and territory acknowledgement
- Goals and objectives
- Practical information
- Self-care for participants
- Group guidelines



Note: Text in italics are notes for facilitators and non-italicized text is suggested script for facilitators.

Welcome and Territory Acknowledgement

Welcome participants and open with a territory acknowledgement.



Facilitator Note: Territory Acknowledgement and Indigenous Ways of Knowing and Being

A meaningful territory acknowledgement allows us to develop a closer and deeper relationship with not only the land but also the traditional stewards and peoples whose territories we reside, work, live, and prosper in.

Acknowledging the territory within the context of mental health and well-being can open a person's perspective on traditional ways of knowing and being, stepping out of an organizational structure, and allowing participants to delve into their own perceptions, needs, and abilities.

Territory acknowledgements are designed as the very first step toward reconciliation. What we do with the knowledge of whose traditional lands we are on is the next important step.

Some questions to consider as you acknowledge your territory:

- What do we do as good guests here?*
- What can I do in my personal and professional roles to contribute to reconciliation?*

Should your institution have an approved territory acknowledgement, please use that to open the session; however, consider how to make that institutional statement more personal and specific to you in that moment and in the work you are about to delve into with your participants.

If you're unsure of your territory, the website Native-Land.ca is a helpful resource.

Introductions and Check-In

After the welcome and territory acknowledgement, introduce yourself. You could then ask participants to very briefly introduce themselves by sharing their name, where they work, and what they are hoping to get out of the session.

Online

If you're offering the session online, you could also do an online poll that asks people to choose the type of weather that matches how they are feeling. There are many different ways to have participants check in with themselves and the group, and you should use questions and reflections that are meaningful to you and the group.

Note: It may be helpful to have participants share in advance their phone number and physical location at the time of the training (so crisis resources can be called in if needed). It is also very helpful to have a co-facilitator or assistant available to call someone who suddenly leaves the session.

Goals and Objectives

Session Objectives

By the end of this session, you will be able to:

- Explain myths and misunderstood ideas about suicide.
- Recognize the different signs that indicate someone is in distress or at risk of suicide.
- Ask if a person is considering suicide, express support, and refer the person to appropriate resources.
- Discuss roles and boundaries when responding to a person considering suicide.



The overall goal of this session is to help you develop the knowledge, skills, and confidence to support someone who is in distress and possibly thinking of suicide.


After participating in the session, you will be able to:

- Explain myths and misunderstood ideas about suicide.
- Recognize the different signs indicating that someone is in distress or at risk of suicide.
- Ask if a person is considering suicide, express support, and refer the person to appropriate resources.
- Discuss roles and appropriate boundaries for participants who are responding to a student who is considering suicide.

You will leave this session with a clear understanding of your role in responding to someone in distress and have basic tools for approaching and referring a student to campus resources and crisis lines.

Understanding Your Role

- You are not expected to be a counsellor or solve another person's problems.
- You *can* help your peers by listening to them and connecting them with support services. The goal is to keep the person safe.

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This is foundational training. You are not expected to be a counsellor or solve another person's problems. You *can* help a person by listening and connecting them with support services. The goal is to keep another person safe.

Practical Information

Practical Information

- Session is approximately two hours long.
- Questions and reflections are encouraged.
- Everyone will receive handouts with resources and contact information for counsellors and crisis lines.
- If online, remember to use the mute button.
- If online, leaving your camera on is optional.

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As you engage with the content in this session, reflect on how it might apply to situations you have experienced yourself or with others.

You are encouraged to:

- Provide feedback and share your input during the discussions, as this will increase learning opportunities for you and others.
- Jot down notes during reflection activities.
- Ask any questions you might have during the session.

If you are giving this session online, remind participants that they can turn off their cameras and move around the room during the session. Ask them to be mindful of using the mute button to reduce noise in the online space. You may also want to encourage participants to use the chat feature to ask questions and make comments.

For online sessions, it can be helpful to either show the slide with the emergency contacts and ask participants to jot them down or share [Handout 1: Quick Reference: Responding to Students in Crisis](#). If any of the participants have a strong emotional response during the session and need to contact a crisis line, they will have the contact information available.

Crisis Lines

- B.C. Suicide Line: 1-800-784-2433
- Mental Health Support Line: 310-6789
- Here2Talk: 1-877-857-3397 (24-hour phone and chat counselling support for B.C. post-secondary students)
- KUU-US Crisis Line: 1-800-588-8717 (a 24-hour crisis line for Indigenous people)



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Self-Care When Talking About Suicide

Support and Self-Care

- Take any actions you need for your own well-being:
 - Pause.
 - Ground yourself.
 - Take a break or leave (give a thumbs-up as you're leaving so we know you're okay).
- Share only if you are comfortable.
- If you need further support, reach out after the session.



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You are invited to do whatever you need to do to take care of yourself throughout the session.

Suicide is a challenging and sensitive topic. Many of us have been affected by suicide in some way. This session may bring up memories of people we knew, loved, and have lost. Everyone will have been touched in some way by the topics that will be discussed in the session. Feel free to pause, take a break, stretch, and ground yourself at any time.

Self-care is not an afterthought. You need to keep the concept of self-care in mind while going through this session. You are not alone, you are surrounded by peers, and we are all here to support each other and share resources. This is meant to be a supportive community.

Take care of yourself in whatever way makes sense, including giving yourself permission to “pass” or to not share, and to take time or to leave the room. Feel free at any time to pause, take a break, stretch, and ground yourself. To feel emotionally touched is expected but can be surprising and unsettling.

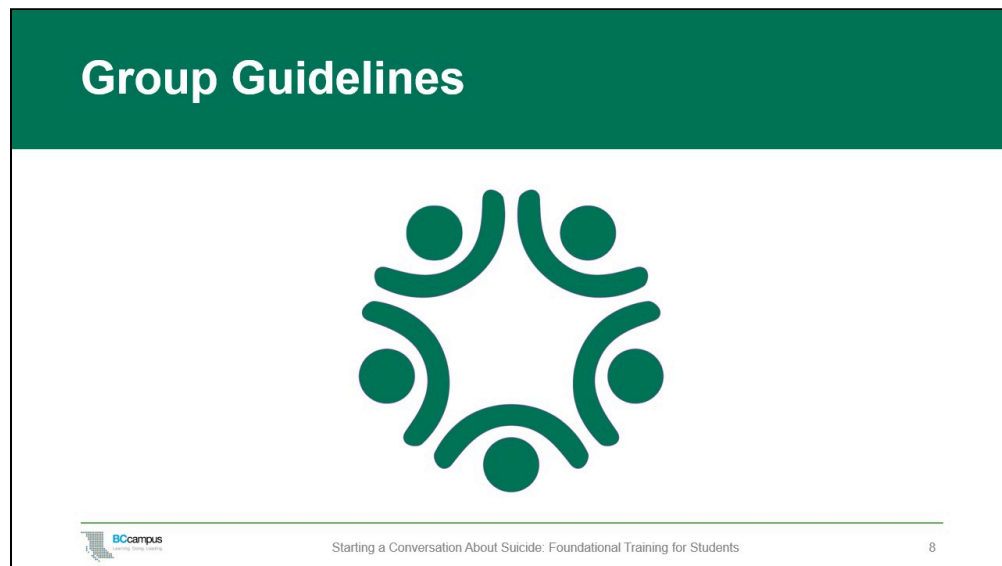
You can share at the level you feel comfortable with. If anything comes up in the session that feels too important or difficult to handle on your own, don’t hesitate to reach out to the appropriate services – like the counselling office – to debrief or discuss it further.



Adaptation

To begin, you could have participants do a breathing exercise, such as the [box breathing exercise](#) described before the break.

Group Guidelines




It is helpful to set some expectations and boundaries for the discussion. For example:

- This is a learning environment, not a therapy group.
- Sometimes a topic like suicide brings things up for people, but what comes up in this room – whether in person or online – stays in the room.
- It’s expected that you will be non-judgmental of each other and will show extra sensitivity when engaging in discussion during the session. This session is about gaining a little more


comfort and confidence in dealing with this topic.

You could ask participants to share ideas for group guidelines at the beginning of the session, or you could share a list of guidelines before the session begins to save time during the session. (See [Group Guidelines](#) in “Guidelines and Tips for Facilitation”)

Reflection: Assessing Confidence



On a scale of 1 to 10, how confident do you feel about talking to someone who says they are suicidal?

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Reflection: Assessing Confidence

Ask participants to take a moment to reflect on how confident they feel about talking to someone who says they are suicidal. Ask them to rate themselves on a scale from 1 to 10 (1 being very little confidence and 10 being very confident). Tell them that this information is meant only for them and they will not be asked to share it. Let them know you will take a moment at the end of the session for them to reassess their confidence level.

Take this opportunity to talk about the difference between confidence and comfort levels. The aim of the session is not to make them comfortable, as a conversation about suicide is never a comfortable conversation. The aim of the session is for participants to feel more confident about going into these conversations.

Text Attributions

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Why We Need to Talk About Suicide

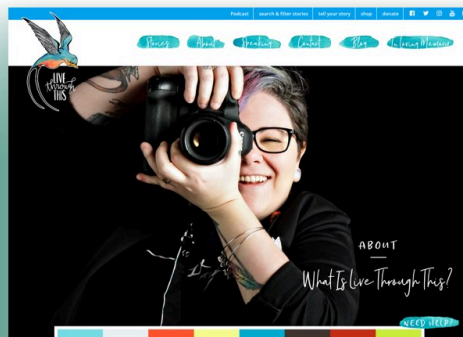
By talking about suicide, we can help to reduce the stigma. This section looks at myths and commonly misunderstood ideas about suicide. It looks at statistics, gives an overview of risk factors and protective factors, and considers marginalized groups that have a higher risk of suicide.

Why Talk About Suicide?

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Video: Live Through This



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Video: Live Through This



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://opentextbc.ca/studentsuicideawareness/?p=54#oembed-1>

[Live Through This](#) is a series of portraits and true stories of suicide attempt survivors. Its mission is to change public attitudes about suicide. To start this section, you could show [a short four-minute video](#) from the Live Through This website. Alternatively, you could share the link to the video with participants before the session to help them prepare.

Myths and Commonly Misunderstood Ideas

Myths and Misunderstood Ideas

1. People who talk about suicide are only trying to get attention. They won't really do it.
2. Talking to a person about suicide will encourage suicide.
3. If someone is seriously contemplating suicide, they don't want to make a decision to live.
4. Most suicides happen without warning.



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Because we don't talk about suicide a lot, people often have a lot of questions and there are a lot of misunderstood ideas and myths about suicide. Let's take some time to talk about some of these myths.

Activity: Talking About Myths and Misunderstood Ideas

In small groups, have participants discuss one of the myths below. You could have each group discuss a different myth and then bring their thoughts back to the larger group for a larger group discussion.



Adaptation

- *As a large group, ask participants to share their thoughts about the myths and give everyone an opportunity to ask questions. If the session is online, you could have participants share thoughts and ideas in chat.*

You could also ask participants to consider the following questions:

- *What myths or stereotypes exist in society about suicide?*
- *What cultural stereotypes are there about suicide?*
- *What questions do you have about suicide?*

1. Myth: People who talk about suicide are only trying to get attention. They won't really do it.

Few people die by suicide without first letting someone else know how they feel. Research indicates that up to 80% of people considering suicide signal their intentions to others, in the hope that the signal will be recognized as a cry for help. Signals often include making a joke about suicide, or making a reference to being dead. Over 70% who do express intent to carry out a suicide either make an attempt or die by suicide.

That's why it is best to take any mention of suicide seriously. If we do take someone seriously and ask them if they mean what they are saying, the worst that can happen is we will learn that they really were not serious. Not asking about suicide could result in a far worse outcome.

2. Myth: Talking to a person about suicide will encourage suicide.

There is no evidence indicating that talking to people about suicide increases their risk of suicidal ideation or suicidal behaviours. Research does indicate that talking openly and responsibly about suicide lets a person know that they are not alone, that there are people who want to listen and

help. Most people are relieved to finally be able to talk honestly about their feelings, and this alone can reduce the risk of an attempt.

3. Myth: If someone is seriously contemplating suicide, they don't want to make a decision to live.

We know that those at risk for suicide do not necessarily want to die but do want help in reducing the pain they are experiencing so that they can go on to lead productive, fulfilling lives. There is a lot of ambivalence surrounding the decision to take one's own life, and by recognizing this, and discussing it, we can help a person who is suicidal start to recognize alternative options for managing their suffering. People who are suicidal are often experiencing intolerable emotional pain, which they believe to be unrelenting and permanent. They often feel hopeless and trapped. By helping them recognize and explore alternatives to dying, you are planting the seeds of hope that things can improve.

4. Myth: Most suicides happen suddenly without warning.

Most suicides are not sudden; there are usually warning signs that come before. It's important to learn and understand the warning signs associated with suicide. This session looks at warning signs, which include actions, direct or indirect statements, physical signs, or certain behaviours. When we know how to recognize signs of suicide, we are then better able to take the next step and help someone in distress.

Looking at Statistics

Every expression of suicide needs to be taken seriously because no one can predict who will die by suicide, even though many people have had thoughts of suicide at some point in their lives. Anyone can be at risk for suicide. Let's have a look at some statistics for more insight.

Suicide and Post-Secondary Students

In 2019, a survey of Canadian post-secondary students found:

- 10.1% had seriously considered suicide within the previous 12 months.
- 1.9% had attempted suicide within the previous 12 months.
- 6.0% intentionally cut, burned, bruised, or otherwise injured self within the previous 12 months.

Source: American College Health Association (2019), *American College Health Association – National College Health Assessment II: Canadian Reference Group, Data report, Spring 2019*, American College Health Association, https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf



Starting a Conversation About Suicide: Foundational Training for Students

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In the post-secondary context, Canadian data from the 2019 National College Health Assessment¹ tells us that:

- 10.1% of students had seriously considered suicide within the previous 12 months.
- 1.9% had attempted suicide within the previous 12 months.
- 6.0% intentionally cut, burned, bruised, or otherwise injured themselves within the previous 12 months.

(For this survey, 58 Canadian post-secondary institutions self-selected to participate and over 55,000 surveys were completed.)

1. American College Health Association (2019), [American College Health Association – National College Health Assessment II: Canadian Reference Group, Data report, Spring 2019](https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf), American College Health Association, https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf



Statistics don't take into account the impact that suicide has on others. For each death by suicide, it has been estimated that the lives of 7 to 10 other people will be affected.

The more we have these types of conversations, the more of the iceberg is brought to the surface.



Adaptations

Statistics can quickly show how prevalent suicide or thoughts of suicide are among post-secondary students. The slides include information about suicide in Canada. However, there may be statistics on student mental health and suicide at your institution or in your community that you can use. Or you may want to share information and statistics about groups at higher risk of suicide. Some examples to consider:

- *People with experience of abuse, trauma, conflict, or disaster, including bullying, cyberbullying, and peer victimization are at higher risk of suicide.*
- *Those who have been bereaved or affected by suicide in others may have a higher risk.*

Or you may want to use both quantitative data and qualitative data (e.g., brief statements from students).


Risk Factors and Protective Factors

Suicide is a complex topic, and many factors contribute to suicide, rather than a single cause. When a person feels helpless or alone, overwhelmed by pain, fear, and suffering, their hope wanes and they may consider ending their life.

Many people experience passing thoughts of ending their lives without ever having any intention of acting on those thoughts. Suicidal thinking becomes more concerning when it is persistent and driven by increased emotional distress. When a person's thoughts become directed toward how and when they might kill themselves, the overall level of risk is higher.

Factors That Increase Risk of Suicide

- Prior suicide attempt
- Trauma
- Triggering life events
- Mental illness
- Alcohol or drug addiction
- Chronic physical illness
- Barriers to accessing care
- Lack of support from family, friends, community
- Personal identity struggles (cultural, sexual)
- Feelings of isolation
- Systemic discrimination
- Social media

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Factors that increase risk of suicide:

- Prior suicide attempt – If someone has attempted suicide in the past, there is an increased risk that they may try it again
- Trauma (violence, abuse, or events that affect generations of one's family)
- Triggering life events (losing a loved one, physical illness, discrimination, harassment)
- Mental illness, such as depression
- Alcohol or drug addiction
- Chronic physical illness
- Barriers to accessing care
- Lack of support from family, friends, community
- Personal identity struggles (cultural, sexual)
- Feelings of isolation
- Systemic discrimination
- Social media

Protective Factors

- Access to appropriate mental health services and support
- A sense of hope, purpose, belonging, and meaning
- A sense of belonging and connectedness with family, culture, community, and friends
- Supportive environments and healthy relationships
- Skill in problem solving, conflict resolution, and non-violent handling of disputes



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Protective factors include:

- Access to appropriate mental health services and support
- A sense of hope, purpose, belonging, and meaning
- A sense of belonging and connectedness with family, culture, community, and friends
- Supportive environments and healthy relationships
- Skill in problem solving, conflict resolution, and non-violent handling of disputes

Facilitator Note: The Tree of Life



This guide has an image of a cedar branch on the cover. Trees sustain life on earth and are a powerful symbol of growth, interconnection, resilience, and strength. The western red cedar is a particularly important tree for many Indigenous Peoples on the west coast of British Columbia. Below is one perspective on the importance of the red cedar tree to Kwakwaka'wakw people.

In the Kwakwaka'wakw Nation, the red cedar is known as our tree of life. This tree expresses our responsibility as stewards of the land. The roots of a red cedar tree go deep, and when they are connected to other trees, they can share natural resources to support the health of the forest communally. Ever since the Kwakwaka'wakw people came into existence thousands of years ago, from our birth to the ceremony mourning our passing as individuals, the tree of life has played – and continues to play – a crucial role in every aspect of our lives.

Kwakwaka'wakw people have sacred teachings on sustainably harvesting the bark of

red cedars for our regalia, our woven cedar hats, or our headbands; this regalia plays a vital role in our Potlatch ceremonies. The tree of life is often in our artwork, our regalia; it represents the spirit of hope our communities have for our families, our communities, and the other nations interconnected with ours.

The connection between our traditional teachings and protocols around red cedars is very similar to how we support people in mental health distress. A sense of connection, community, dignity, and respect are essential.

So much of a tree's determinants of health lie within the soil, a place we cannot see. When supporting a student who is very distressed and possibly considering suicide, it is important to remember all of the protective factors they may have below the surface:

- Counselling support
- Family and friends
- Community supports
- Spiritual or religious beliefs or practices

Our role in supporting others with suicidal ideation is to determine the most appropriate resources to help them, in the same way as the roots of the tree of life share their resources with the forest around them.

—Jewell Gillies, Musgamagw Dzawada'enuxw of the Kwakwaka'wakw Nation (Ukwana'lis, Kingcome Inlet, B.C.)

Marginalized Groups



When we talk about mental health and suicide risks, we also need to be aware of factors like race, sexual orientation, social class, age, disability, and gender and the unique life experiences and stressors that accompany them. Some students face inequality, discrimination, and violence because of their race and/or gender orientation. These unique and specific stressors impact mental and physical health, and these students often experience greater mental health burdens while at the same time facing more barriers to accessing care.

We all need to take care to understand and acknowledge oppression faced by some groups. By providing a culturally safe environment, we can all play a role in ensuring that each student feels that their personal, social, and cultural identity is respected and valued. Here are some things to keep in mind.

Indigenous Students

Suicide among Indigenous people is significantly higher than in the general population. Estimates suggest that, in some years, the suicide rate for Indigenous people in specific communities is three times higher than that for non-Indigenous people.²

Suicide rates are highest for youth and young adults (15 to 24 years) among First Nations men and Inuit men and women. However, there is great variability in suicide rates at the community level;

2. Kumar, M. B., & Tjepkema, M. (2019), [Suicide Among First Nations People, Métis and Inuit \(2011–2016\): Findings from the 2011 Canadian Census Health and Environment Cohort \(CanCHEC\)](https://www150.statcan.gc.ca/n1/pub/99-011-x/99-011-x2019001-eng.htm), Statistics Canada, <https://www150.statcan.gc.ca/n1/pub/99-011-x/99-011-x2019001-eng.htm>

some Indigenous communities may have a very high suicide rate; other communities may have a very low rate.

For Indigenous communities, high rates of suicide are connected with a variety of factors, including historical and ongoing trauma from colonialism, systemic racism, discrimination, and the loss of culture and language. The impacts of residential schools and other colonial policies have created ongoing adversity for Indigenous people, and these effects have been passed on from one generation to the next, causing intergenerational trauma.

Many Indigenous people lack trust in educational and health care institutions because of the negative or traumatic experiences they or their family and friends have experienced in the past. The 2020 report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* reported on the widespread systemic racism against Indigenous people in the B.C. health care system. The study reported that 84% of Indigenous people described personal experiences of racism and discrimination that discouraged them from seeking necessary care.³

It is important to note, however, that while the suicide rate is higher for Indigenous people than for non-Indigenous people, not all Indigenous communities have regular occurrences of suicide. In communities where there is a strong sense of culture, community ownership, and other protective factors, it is believed that there are much lower rates of suicide and sometimes none at all.⁴

International Students

Both undergraduate and graduate international students are often away from home for the first time and under a lot of pressure. The stakes may be very high for them: their tuition is expensive, they've travelled a long way to attend a post-secondary institution in B.C., and they feel a lot of pressure to do well academically. They may be struggling to adjust to a new culture or learn English, and they may be missing home, family, and friends. The understanding of mental health and wellness differs among cultures, and international students may have a different understanding of how mental health impacts academic performance, and they may not be aware of the support systems available to them when they arrive. There are also systemic barriers that international students may face, including visa requirements, that don't allow for flexibility in course workloads when they are struggling.

3. Turpel-Lafond, M. E. (2020), [In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care](https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf), <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>
4. Kirmayer, L. J., Brass, G. M., Holton, T., Paul, K., Simpson, C., & Tait, C. (2007), *Suicide among Aboriginal people in Canada*, Aboriginal Healing Foundation.

In some cultures, such as South Asian cultures, mental illness is stigmatized, and students may be uncomfortable talking about it. Keep in mind that the mental health words we use in English may not exist in other languages, as mental health is rarely discussed in some cultures.

LGBTQ2S+ Students

People who are LGBTQ2S+ (lesbian, gay, bisexual, transgender, queer, two-spirit) are at a much higher risk than the general population for mental health disorders, substance abuse, and suicide. Homophobia and negative stereotypes about being LGBTQ2S+ can make it challenging for a student to let people know about this important part of their identity. When people do openly express this part of themselves, they worry about potential rejection by peers, colleagues, and friends, and this can exacerbate feelings of loneliness. Health needs may be unique and complex for some LGBTQ2S+ people, and health care settings can feel unsafe or uncomfortable for many.

Lesbian, gay, and bisexual youth are more at risk for suicide than their straight peers. They are five times more likely to consider suicide and seven times more likely to attempt suicide.⁵

Transgender people are at an even greater risk for suicide as they are twice as likely to think about and attempt suicide than LGB people.⁶ Studies have shown that 22% to 43% of transgender people have attempted suicide.⁷ Transgender people face unique stressors, including stress from being part of a minority group, as well as stress related to not identifying with one's biological sex. Transgender people also experience higher rates of discrimination and harassment than their cisgender counterparts and, as a result, experience poorer mental health outcomes.

While there is a growing awareness of the needs and challenges faced by LGBTQ2S+ community members, much still needs to be done to create truly inclusive and safe spaces within health and educational environments.

5. Suicide Prevention Resource Center (2008), [Suicide risk and prevention in gay, lesbian, bisexual and transgender youth](http://www.sprc.org/sites/default/files/migrate/library/SPRC_LGBT_Youth.pdf), http://www.sprc.org/sites/default/files/migrate/library/SPRC_LGBT_Youth.pdf
6. Haas, A., et al. (2011), [Suicide and suicide risk in lesbian, gay, bisexual and transgender populations: Review and recommendations](#), *Journal of Homosexuality*, 58(1),10–51, DOI: 10.1080/00918369.2011.534038; McNeill, J., et al. (2017). [Suicide in trans populations: A systematic review of prevalence and correlates](#). *Psychology of Sexual Orientation and Gender Diversity*, 4(3) 341–353. <https://doi.org/10.1037/sgd0000235>; Irwin, J., et al. (2014), Correlates of suicide ideation among LGBT Nebraskans, *Journal of Homosexuality*, 61(8), 1172–1191.
7. Bauer, G., et al. (2015), [Intervenable factors associated with suicide risk in transgender persons: A respondent driven suicide risk sampling study in Ontario, Canada](#), *BMC Public Health*, 15, 525, DOI: 10.1186/s12889-015-1867-2

Students with a Disability

Many students live with some form of physical, cognitive, sensory, mental health, or other disability. Students of all abilities and backgrounds deserve post-secondary settings that are inclusive and respectful. Unfortunately, many institutions are not designed to fully support people who need extra accommodation, and students with a disability frequently encounter accessibility challenges and extra barriers to achieving academic success. In addition to navigating the complex environment of a post-secondary institution that is not set up for them, students with a disability also often have to combat negative stereotypes, bias, and discrimination. These many extra challenges can take a toll on mental health.

Racialized Students

Black, Indigenous, and other racialized students have likely faced racism and discrimination throughout their lives. Racism can encompass a range of words and actions, from the overt racism of violence or slurs to microaggressions (everyday, subtle interactions that demean or put down a person based on their race). Sometimes microaggressions are not intentional, but they can still be very harmful, and they are a form of racism that many students experience. These repeated negative interactions can be overwhelming at times, especially in post-secondary spaces where a student could reasonably assume they would be free from any form of bullying, harassment, or discrimination.

What We Need to Keep in Mind

Anyone can be at risk of suicide. However, racism and other forms of discrimination can have a significant impact on a student's mental health and can lead to increased risk of depression or suicide, and increased levels of anxiety, stress-related illnesses, and post-traumatic stress disorder.

It is helpful to know the campus and community resources for students from marginalized groups. Connecting an Indigenous student with an Elder or with someone from Indigenous services, or introducing an LGBTQ2S+ student to a pride centre on campus, can help reduce feelings of isolation and help students feel heard and supported. We'll talk more about supports and referrals a bit later in the session.

Cultural Safety

By providing a culturally safe environment, we can all play a role in ensuring that each student feels that their personal, social, and cultural identity is respected and valued.



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What we want to remember is that by providing a culturally safe environment, we can all play a role in ensuring that each student feels that their personal, social, and cultural identity is respected and valued.



Adaptations

There may not be time in this session to address the realities, challenges, and supports for all marginalized students, but you should consider the student population at your institution and adapt this section accordingly. Identify and provide a diverse range of resources to ensure support for all students.

Discussion

- How do you react to hearing this information about suicide?
- Have you found yourself in a situation where you were trying to support someone with these concerns or other serious concerns?
- What's it like for you when you're trying to help someone else out?
- What do you need in order to feel more helpful to others?



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Activity: Discussion

Either in small groups or as a large group, ask participants to discuss the following:

- *How do you react to hearing this information about suicide?*
- *Have you found yourself in a situation where you were trying to support someone with these concerns or other serious concerns?*
- *What's it like for you when you're trying to help someone else out?*
- *What do you need in order to feel more helpful to others?*

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Exploring Our Own Feelings About Suicide

We all have feelings and attitudes about suicide, whether we're aware of them or not. This section helps participants become aware of their own feelings about suicide, and it provides the opportunity to discuss what worries they have about engaging with another person who may be suicidal.

Feelings and Attitudes



Before we start to talk about how we can be in a support role for others, let's take a moment to explore our own feelings and attitudes about suicide. It's helpful to think about this ahead of time so that you don't bump into surprising feelings or attitudes while trying to support someone; this way you can make sure the experience is more about them. You don't have to do a complete assessment of yourself at this point, but this is an invitation to consider your own feelings and attitudes because you likely do have some beliefs and thoughts about this topic.

It's okay to have different feelings and attitudes about suicide. Some of these beliefs will be more helpful than others. The goal is to let go of some of the less helpful ones to make sure that the interaction is about supporting someone else.

There are people who believe that suicide is wrong. We're not here today to argue about the

ethics or morality of it. We're going to focus on questions, feelings, worries, and thoughts. Please be honest, but also remember that there may be people here who have personal experiences with suicide. Let's make sure we treat each other with compassion and respect.

The thought of asking someone about suicide can be overwhelming. One concern that people often have is that if they bring up suicide and a person isn't considering it, the person may start thinking about it as an option. That is untrue. Asking about suicide will not put the thought into someone's mind. It can give the person a sense of relief (e.g., "Finally, someone has seen my pain") or give them permission to open up further about something they have been hiding.

What Questions and Worries Do You Have?



Imagine that you are about to ask someone if they are thinking about suicide.

What questions, thoughts, beliefs, worries, or feelings come up for you?

What are your worst fears?



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Activity: Questions and Worries

Ask participants to divide up into pairs to discuss these questions:

Imagine that you are able to ask someone if they are thinking about suicide. What questions, thoughts, beliefs, worries, feelings come up for you? What are your worst fears?

Then, as a large group, ask people to share their responses. (If the session is online, participants could share their responses in the chat.) Responses may include:

- *I'd be afraid that my asking them would make them start thinking about it more.*
- *It's so much responsibility.*
- *I don't have time to deal with the issue fully.*

- I won't know what to do if they are considering suicide – what next?
- What if it's insulting to my classmate/friend?



Adaptations

You could also ask participants to think about their own beliefs and ideas about who does or does not end their own life. For example, a person may assume that seemingly in-control people are not at risk of suicide. Or perhaps they hold stereotypes or have ideas about specific groups of people and suicide. This is a good opportunity to explore any biases.

What We Need to Consider Before a Difficult Conversation

What Do You Need to Take into Consideration?

- Are you emotionally ready to have this conversation?
- Should you first reach out to a counsellor, Elder, supervisor, or someone else who can provide support?
- Where will you have the conversation? Is the timing right?
- What is your relationship with the person?



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Before having a difficult conversation, there are a few things to ask yourself. If you know someone you think may be at risk of suicide, first think about your own emotions, thoughts, beliefs, and values. Ask yourself how you feel about starting this conversation with this person. You may realize you are not emotionally ready to talk to the person, and that is okay. You can reach out to other people on campus, such as a counsellor, Elder, or supervisor, to get their advice and support.

Self-Awareness and Self-Care

- Self-awareness is crucial. Ask yourself:
 - Given my own history and background and current life events, is this the best time for me to be having this conversation with someone?
 - Am I able to ground myself?
 - Do I need to find a way to pass the conversation to someone else?



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Before talking to someone about suicide, self-awareness is crucial. Ask yourself:

- Given my own history and background and current life events, is this the best time for me to have this conversation with someone?
- Am I able to ground myself?
- Do I need to find a way to pass the conversation to someone else (knowing that it's okay to do so)?

You'll also need to consider your relationship with the person. Are they a close friend or a roommate who you see every day? Or are they someone you know from class? You may have a more formal relationship with the person, or you may be in a role where you will be required to report serious concerns about a student to your supervisor (e.g., you're a residence assistant or teaching assistant). How close you are to this person will affect how you start the conversation.

If you feel ready to have this sensitive conversation, think about how and where the conversation will happen:

- Create an atmosphere and environment of non-judgment and openness.
- Consider any possible triggers.
- Consider risk factors.
- Ensure that you are in a private space where you will not be interrupted and can minimize distractions (e.g., your phone is turned off).
- Be compassionate.
- Be patient.
- Be hopeful.

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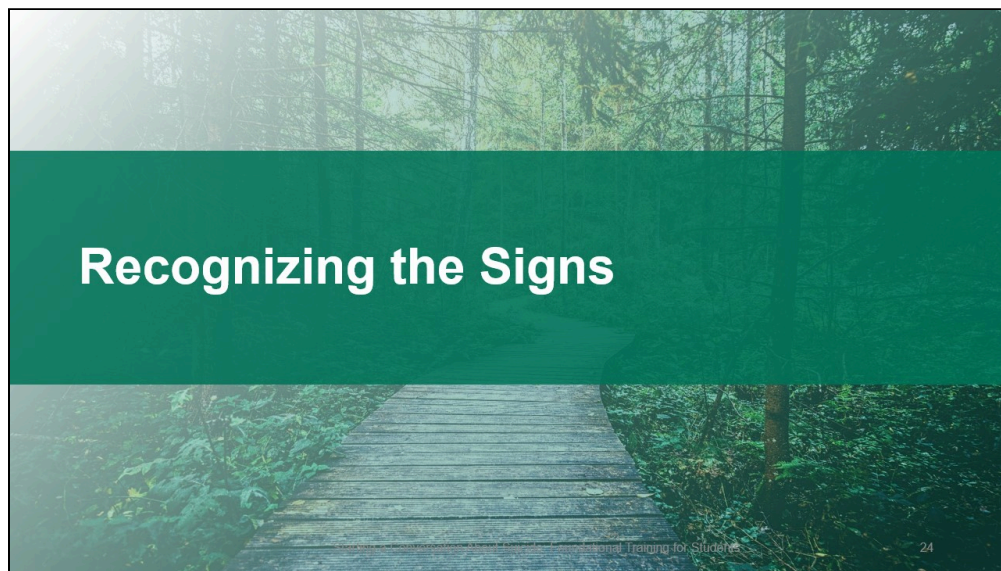
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Part 3: What We Can Do

Observing and Recognizing the Signs

Most suicides are preceded by verbal or behavioural warning signs. This section looks at some of the signs that someone may be considering suicide.

Signs That Someone Is Contemplating Suicide



A suicidal person's thoughts, feelings, physical effects, actions, and events may give us clues to the possibility of suicide.

We need to be observant and notice these things, which by themselves may not be definitive indicators but will give us valuable clues to probe further. Remember:


- You already have these skills.
- Noticing the signs is the starting point.

Thoughts

Thoughts

They may be thinking:

- I can't do anything right.
- I just can't take it anymore.
- I can't carry on like this.
- I wish I were dead.
- People will be better off without me.
- No one can do anything to help me.

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What are possible thoughts that people who are contemplating suicide might be having? They may be thinking:


- I can't do anything right.
- I just can't take it anymore.
- I can't carry on like this.
- I wish I were dead.
- People will be better off without me.
- No one can do anything to help me.

Feelings

Feelings

They may be feeling:

- Helpless
- Hopeless
- Worthless
- Angry
- Guilty
- Lonely
- Sad
- Trapped

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If you hear a student say they feel helpless, hopeless, or worthless, these are red flags that they may be thinking about suicide. They may also be feeling angry, guilty, lonely, sad, or trapped. People may feel ambivalent about dying. Suicidal thoughts often come when a person's pain exceeds their resources.

Statements	
Direct <ul style="list-style-type: none">• "I'm going to end it all."• "I'd be better off dead."• "If X happens (or doesn't), I'm going to kill myself."	Indirect <ul style="list-style-type: none">• "Everyone would be better off without me."• "My life has no purpose. I've lost hope."• "Nothing will ever change and I give up."• "I can't do this anymore."

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Statements

Sometimes a person will make statements about their intention. Direct statements could be:

- "I'm going to end it all."
- "I'd be better off dead."
- "If X happens (or doesn't) I'm going to kill myself."

Indirect statements could be:

- "Everyone would be better off without me."
- "My life has no purpose. I've lost hope."
- "Nothing will ever change and I give up."
- "I can't do this anymore."

Physical Signs

- Lack of interest in appearance and hygiene
- Sleep disturbances
- Change in weight or loss of appetite
- Physical health complaints



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Physical Signs

What physical signs might indicate someone is contemplating suicide?

- Lack of interest in appearance and hygiene
- Sleep disturbances
- Change in weight or loss of appetite
- Physical health complaints

Stressful Events or Loss

What stressful events do you think might contribute to a person contemplating suicide?



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Stressful Events or Loss


Ask the group: What stressful events would likely contribute to a person contemplating suicide?

Write down participants' answers, which may include:

- Academic failure
- Recent relationship breakup
- Financial instability
- Other suicides on or off campus
- Depression or other mental illness (although people who do not have mental illness can have thoughts of suicide)
- Family history of mental health events
- Humiliation, bullying, or harassment
- Recent death of family member or friend
- Anniversary date of the death of a family member or friend
- Critical health diagnosis or injury

Actions

- Withdrawing
- Loss of interest in favourite activities
- Misuse of drugs or alcohol
- Reckless behaviour
- Extreme behavioural changes
- Impulsivity
- Self-harm

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Actions

A person's actions can be a sign that they are considering suicide. Any of the following actions could be a warning sign:

- Withdrawing
- Loss of interest in favourite activities
- Misuse of drugs or alcohol
- Reckless behaviour
- Extreme behavioural changes
- Impulsivity
- Self-harm

Suicide and Self-Harm

Suicide and Self-Harm

- Self-harm does not necessarily mean a person is thinking about suicide. Self-harm may be a coping mechanism.
- While not the same as suicide, self-harm can lead to suicidal behaviours.
- It is important that anyone who self-harms sees a counsellor.



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Self-harm is the intentional and deliberate hurting of oneself. It is very upsetting to notice that someone is self-harming. The relationship between self-harm and suicide is complex, and not all experts agree. Self-harm does not necessarily mean a person is thinking about suicide. It is often a coping method, a way to deal with feelings such as anxiety, anger, or pain. It can also be a way that people communicate their emotional pain and a way to reach out for help.

Although self-harm is not the same as suicide, self-harm can spiral into suicidal behaviours, and it is important that anyone who self-harms see a counsellor. It's not your responsibility to assess the seriousness of the self-harm or whether it is connected with suicide risk. The most important step is to help connect anyone who is self-harming to a counsellor.

Note: If participants have questions specifically about self-harm, suggest that they talk to you after the session for resources to help them understand more about it. A very good resource on self-harm is the website [Self-Injury Outreach and Support](#).

Facilitator Note: Suicide Contagion

Suicide contagion, or copycat suicide, refers to the increase in suicide-related behaviour as a result of inappropriate exposure to or messaging about suicide. There is evidence that copycat suicides do occur under some circumstances. If someone is already vulnerable (e.g.,

is depressed, anxious, or isolated; has previously attempted suicide; or is showing other warning signs), one suicide can trigger another.

Suicide contagion is most pronounced when someone loses someone close to them. Youth appear to be especially vulnerable. Other conditions that can increase the risk of suicide contagion are high-profile, sensational portrayals of suicide in the media, or inadvertent glorification of a suicide victim. Providing safe and appropriate information about suicide helps to start positive dialogue and reduce the stigma associated with suicide.

Sometimes There Are No Signs

Sometimes, no matter what we do, a person may still take their own life.

We may have many mixed emotions –

- Guilt
- Shame
- Blame
- Anger...to name a few.

Which brings us back to the importance of resiliency, self-care, and supporting each other.



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When There Are No Signs

Sometimes a person doesn't give any signs that they are having suicidal thoughts before they end their life. This is a very difficult and painful thing to deal with. It brings us back to the importance of resiliency, self-care, and supporting each other.

However, there are things we can do. The next section looks at how we can respond to and support someone who may be thinking of suicide.

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Responding

When we think someone may be suicidal, it is very important that we listen with empathy and without judgment. This section provides ideas on how to start a conversation and how to respond when a person says they are considering suicide.



If you observe things that lead you to suspect that someone may be suicidal, it is important to check it out in more detail.

It can be difficult to acknowledge clues that seem to indicate that someone you know may be planning to kill themselves. But it can be tragic to disregard them.

- Trust yourself. Believe your suspicions and be aware.
- The aim is to connect someone who is having thoughts of suicide with other supports.
- Remember: If someone is in distress, you will not increase the risk of the person taking their own life by asking if they are thinking of suicide.

What Does a Person in Distress Need?

What Does a Person in Distress Need?

To be heard
and not judged.


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The main thing that people in distress need is to be heard and not judged. The most effective intervention is to listen to them with empathy and be non-judgmental.

What Can You Do?

The most effective intervention is to listen with empathy and be non-judgmental.

Being patient, calm, and accepting are more important than having the perfect words.

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Let the person know you hear them, believe them, and understand their distress as best you can. Tell them that you will help connect them with appropriate resources.

It does not have to be a lengthy conversation. Sometimes a conversation and a referral can be made within 10 minutes. What is most important is that the conversation is based on active listening and care. Sometimes just a few genuine words of concern and understanding can make a big difference and help get a person to connect with a counsellor or the best person to help them. You can't take away their pain or solve their problems. But you can care.

Keep in Mind

Sometimes just a few genuine words of concern and understanding can make a big difference and help a person connect with a counsellor or the best person to help them.



There are no magic words. If you are concerned, your voice and manner will show it.

Being patient, calm, and accepting is more important than having the perfect words.

You may think that it's all just talk and wonder how that's going to help, but asking a person how they are doing and inviting them to talk about how they feel greatly reduces feelings of isolation and distress. Simply talking about their problems will give a suicidal person some relief from loneliness and pent-up feelings. They become aware that another person cares, and this can give them a feeling of being understood. A conversation can take the edge off their agitated state, and it may help them get through a bad night.

Communicate your concern for the person's well-being by offering to listen. Good listening is more than just listening quietly. It means demonstrating that you can be supportive without being judgmental. It means accepting the person's feelings as their truth, no matter how irrational they might appear to you. It means that you are comfortable enough with your own feelings to set them aside and listen to theirs.

If someone has previously tried to die by suicide, there is an increased risk that they will try again. This doesn't change what you say. You need to emphasize how much they matter and that they are not alone, and find ways to connect them with appropriate help in as timely a manner as possible.

What Else Can Help?

- Approach with concerned care.
- Understand with empathy.
- Recognize and relate with kindness.

- Ask with respect.
- Lead with hope.
- Introduce help with community.



Adaptations

To demonstrate how to respond in a helpful, compassionate way, you could show a short video from well-known sociologist Brené Brown: [Brené Brown on Empathy](#). The BCcampus resource [Starting a Conversation About Mental Health: Foundational Training for Students](#) also provides more information on developing empathetic listening skills if you want to explore empathy more with your group.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://opentextbc.ca/studentsuicideawareness/?p=85#oembed-1>

How to Start the Conversation

Start with What You Noticed

- “I noticed that you’re not hanging out with us anymore. I wondered how things are going.”
- “I noticed that you stopped coming to class. How are you doing?”
- “I can see you’re really overwhelmed. I wanted to check in.”

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To start, you can mention things you’ve noticed and ask how the person is doing. For example:

- “I noticed that you’re not hanging out with us anymore. I wondered how things were going.”
- “I noticed that you stopped coming to class. I wanted to see how you’re doing.”
- “I can see you’re really overwhelmed. I wanted to check in.”

Other ways to start the conversation:

- “I’ve noticed you’ve been really quiet lately. That’s not like you. Is everything okay?”
- “I wonder if what’s happening at school these days is stressing you out.”
- ”With everything that’s going on in your family, I wonder if you’re feeling overwhelmed.”

These questions can start a conversation with someone you are concerned about, and this is also just normal empathic human interaction. You can check things out without it being a scary conversation. The goal is to practise asking about things you have noticed and to probe and listen for other warning signs.


Ask Directly and Clearly About Suicide

Ask Directly and Clearly

“At this point, I need to ask you something. Are you feeling so bad that you’re considering suicide?”

“I might be way off base, but when you said there is no point in continuing, I wondered what you meant...”

“That sounds like a lot for one person to take. Has it made you think about killing yourself to escape?”

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It’s important to use direct language when asking someone if they are thinking about suicide. Using a word like “suicide” or asking if someone is “thinking of ending their life” in a direct way says to the person, “We can talk about this here,” and it opens up the conversation.

Talking openly and responsibly about suicide also lets the person know they are not alone, that there are people who want to listen and help. Most people are relieved to finally be able to talk honestly about their feelings, and this alone can reduce the risk of a suicide attempt.

For example:

- “At this point, I need to ask you something. Are you feeling so bad that you’re considering suicide?”
- “I might be way off base, but when you said there is no point in continuing, I wondered what you meant...”

- “That sounds like a lot for one person to take. Has it made you think about killing yourself to escape?”

Other ways to ask about suicide:

- “Has all that pain you’re going through made you think about ending your life?”
- “I see what you are doing and how much you must be hurting. I’m concerned about you. I want to talk. I want to hear what’s going on with you.”

What Not to Say

What you don’t want to do is minimize the other person’s problems or pain. Avoid saying things like:

- “Things aren’t that bad.”
- “This too shall pass.”
- “You’re being so dramatic.”
- “It could be worse.”
- “You think you have it bad. A lot of people have it worse.”


What If They Say They’re Not Thinking About Suicide?

What If They Say No?

You’ve shown you are ready, willing, and able to engage in a serious conversation.

When a person says no, they usually will explain why not.

- They didn’t really mean it to come across that way.
- They have thought about it but would never act on it.
- They have many reasons to live.


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If the person says they are not thinking of suicide, accept their response. You’ve shown you are ready, willing, and able to engage in a serious conversation.

When a person says no, they usually will explain why not:


- They didn't really mean it to come across that way.
- They have thought about it but would never act on it.
- They have many reasons to live.

They may say they have stronger reasons for living and usually are reluctant and have concerns about the effect on others they care about. Listen supportively and offer resources as necessary.

What If They Say They Are Thinking of Suicide?

What If They Say Yes?

- Take the person seriously. Let them know you think this is important to talk about.
- Listen without judgment and give them your complete attention.
- Acknowledge their thoughts and feelings with compassion.
- Ask if they have other people they can talk to. Have they talked to anyone else?
- Ask them what they need to be safe.


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If a person says they are thinking about suicide:

- Take them seriously. Let them know you feel this is important to talk about.
- Listen without judgment and give them your complete attention.
- Acknowledge their thoughts and feelings with compassion.
- Ask about their personal supports. Ask if they have other people they can talk to. Have they talked to anyone else?
- Ask them what they need to be safe.

Consider the Risk

Consider the Risk

Ask them:

- How often are you thinking about this?
- Do you have a plan? Have you thought about how you would kill yourself?
- Have you thought about when?

Having suicidal thoughts Creating a plan Attempting suicide

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If a person says they are thinking of suicide, you need to consider the risk. Ask them:

- “How often are you thinking about this?”
- “Do you have a plan? Have you thought about how you would kill yourself?”
- “Have you thought about when?”

Keep in mind that “assessing risk” doesn’t mean you’re responsible for assessing the person’s mental health. By asking these questions, you can get a sense of how serious they are. The more prepared they are (that is, the more immediate and concrete their plans are), the greater the risk.

Remember: The goal is to keep the other person safe. Now is not the time to solve all problems.

Remember

The goal is to keep the other person safe.

Now is not the time to solve all problems.

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It is similar to taking a trip and the preparations a person makes before the trip. How serious is this person about the trip? Are they just talking about wanting to take the trip? Have they started looking into trip destinations? Or are they really prepared for the trip and have already booked their flight and started packing their bags?

More often than not, people do not have a plan for suicide, but if the plan is immediate, if steps have already been taken (e.g., the person has taken pills or seriously injured themselves), or if a conversation is not possible, call 911 and stay with the person until help arrives.

Responding Online

Responding Online

- If an online classmate says or posts something that concerns you during an online course, you can still check on them.
- Message them privately and ask how they're doing or if they would like to talk.

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Online learning isn't going away anytime soon. Some students take only online courses and may feel isolation and mental health issues more acutely because of it.

In an online class, you may sometimes catch glimpses of a classmate's struggles in something they post or from a response or comment they make in a discussion. For example, a student may say in a post, "Sorry I'm late in posting, I've been struggling lately." Or they may say in a small group discussion something like "I'm overwhelmed and not sure I can continue."

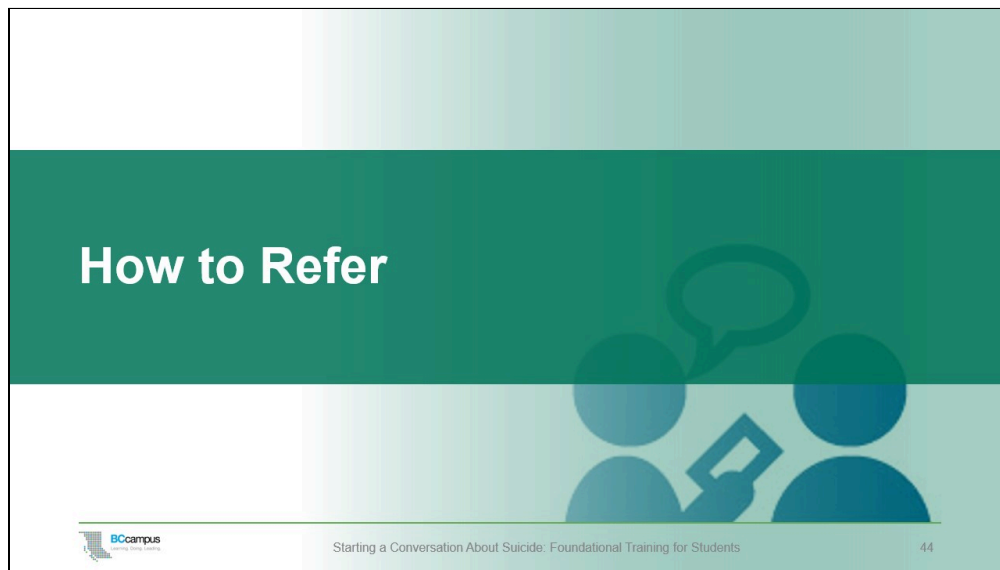
Even though you are not face to face, you can still check in with your classmate and offer support. You can contact them via private message to ask how they're doing and if they need to talk. Everything may be fine, but they will really appreciate hearing from someone who cares. If things are not fine and they say they are really struggling, you can also suggest online supports. Most post-secondary institutions have online resources and phone numbers students can call for referrals, or you can suggest that they contact one of the provincial mental health or crisis lines.

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Referring


This section focuses on when and how participants should refer students to support services and what to do in an emergency. It also looks at what helps people recover.



Asking About Supports and Suggesting Resources

Introducing Supports and Resources

- Look for a natural point in the conversation to mention resources. You could say:
 - “We need extra help. I want to connect you with someone who can help you keep safe.”
 - If they are reluctant: “I have to do this. I’m not going to take a chance on losing you.”
- Tell them that seeking help is a sign of strength and courage.

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When talking to a person in distress, look for a natural point in the conversation to ask about their supports and mention resources. First, ask the person about their supports: “Do you have

other people you can talk to? Have you talked to anyone else?” You may not be the first person the student has reached out to for help, and this may not be the first time they have thought about suicide. Asking “Have you talked to others about this?” or “Have you reached out before?” can be a natural bridge to talking about supports and referrals.

To introduce the idea of a referral, you could say, “We need extra help. I want to connect you with someone who can help you keep safe.”

If they are reluctant, you could say, “I have to do this. I’m not going to take a chance on losing you.”


Point out that seeking help is a sign of strength and courage.

Campus Resources and Provincial Crisis Lines

Ask participants how familiar they are with campus and community resources. You could ask them to share what they know and then focus the discussion on the needs of the particular group. If some people are very knowledgeable, they can share their ideas so it becomes a more interactive part of the session. Then share the next slide to review resources found at most campuses.

Campus Resources

- Counselling services
- Campus security
- Student services
- Indigenous student services
- Health/medical services
- International student services
- Accessible learning services
- Pride centre for LGBTQ2S+ students
- Sexualized violence resource centre

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If it is not an emergency situation, you can refer the person to supports on campus. This could mean just sharing a website or phone number or it could mean walking with the person to counselling services to ensure that they connect with a counsellor; it will depend on the situation and your relationship with the person.

There may be a list with services and contact information for these services at your institution. If not, [Handout 1: Quick Reference: Responding to Students in Crisis](#) is a fillable PDF that has space

to add in contact information for key supports. Here are some of the services that are available at most campuses:

- **Counselling services** help students manage personal, academic, and life concerns. Professional counsellors provide individual and group counselling sessions for students.
- **Campus security** helps coordinate responses to student emergencies and crises. If you call 911, also call campus security, as security can help first responders locate you.
- **Student services** offer many supports for students.
- **Indigenous student centres** offer support, mentorship programs, and a gathering place. Many campuses have an Elder who may be available to talk to students.
- **Health or medical services** offer health and mental health care for students.
- **International student services** help students with personal or academic issues, study and work permits, and visa applications.
- **Accessible learning services** provide services and coordinate academic accommodations for students.
- **Pride centres** provide support to LGBTQ2S+ students.
- **Sexualized violence resource centres** offer support for victims of sexualized violence.

If not on campus, these services can connect with students by telephone or video.

Facilitator Note: Support for Marginalized Groups

When a person has a sense of belonging and connectedness with family, friends, culture, and community, they are less likely to take their own life. Unfortunately, not all students have this sense of belonging, and some students, such as Indigenous students, international students, students with disabilities, and students who are LGBTQ2S+, are at a higher risk of isolation and may not have the support they need.

Here are some services that most campuses have for students:

- **Indigenous students** – Most campuses have an Indigenous student centre. A staff member or Elder can make themselves available to talk to a student needing support.
- For **international students**, international student services on your campus can be a great resource.
- You could connect **students with disabilities** with student services or the accessible

learning centre.

- You could refer **students who are LGBTQ2S+** to student services, the pride centre, or an LGBTQ2S+ organization in your community.

Provincial Crisis and Support Lines

Provincial Resources

- B.C. Suicide Line: 1-800-784-2433
- Mental Health Support Line: 310-6789
- Here2Talk: 1-877-857-3397 (24-hour phone and chat counselling support for B.C. post-secondary students)
- KUU-US Crisis Line: 1-800-588-8717 (a 24-hour crisis line for Indigenous people)



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Some larger campuses have a crisis line for students. If your institution does not have this service, there are also provincial crisis and suicide lines that offer 24/7 support. These crisis lines also provide support to anyone who is helping a student in distress and needs to talk to someone and debrief.

There are a number of provincial crisis lines that offer support. Here are some key ones:

- **B.C. Suicide Line:** 1-800-784-2433 (1-800-SUICIDE) or <https://crisiscentre.bc.ca/>
- **Mental Health Support Line:** 310-6789 (no need for area code)
- **Here2Talk:** 1-877-857-3397 (24-hour phone and chat counselling support service for B.C. post-secondary students) **Note:** If you request support in a language other than English or French, Here2Talk may be able to match a student with a counsellor who can support a student in their own language (<https://here2talk.ca>)
- **KUU-US Crisis Line:** 1-800-588-8717 (1-800-KUU-US17) – provides culturally safe support, 24/7, for Indigenous people in B.C. (www.kuu-uscrisisline.com/24-hour-crisis-line)

If you haven't already shared [Handout 1: Quick Reference: Responding to Students in Crisis](#), do it now so participants have a sheet with referral information.

If You're Concerned for a Person's Immediate Safety

If It's an Emergency

If it's an emergency situation, such as when a person has taken pills, is experiencing psychosis, or is a danger to themselves, call 911 (also contact campus security if you are on campus). If you are not at risk, do not leave them alone until help arrives.

If the person is agitated, threatening, or aggressive, call 911 while making sure you and others are safe.

If It's Not an Emergency But You're Concerned

If it's not an emergency, but you are concerned, offer to contact support services on the person's behalf while they are with you. You may also offer to walk with them to counselling services. If you're not on campus, offer to call the suicide crisis lines listed above to get advice.

If You Are Unsure What To Do

If you are unsure what to do, you can contact campus security, which is always available for students on campus. You can also contact student services or counselling services at your campus. Counsellors can talk with anyone who is concerned about a student and is unsure how to handle the situation. You can also call one of the provincial crisis lines if you have concerns about someone you know. You are encouraged to consult when:

- You are concerned about a student's safety or well-being but are unsure how or whether to intervene.
- You are uncertain how to respond to someone who needs help.
- You continue to be concerned about someone you know who has declined help.

If a Student Won't See a Counsellor or Seek Help

Sometimes a student won't want any help.

Your first step will be to consider safety: Is anyone at risk of immediate harm, whether it's the student or someone else? If so, share your concerns with a counsellor or someone who can help ensure safety. If a student expresses thoughts about suicide, you don't have to carry that knowledge alone or assess the risk yourself – consult, refer, and, if the risk is imminent, contact emergency services.


If there is no risk of harm to anyone, keep in mind that ultimately it is the person's right to choose whether to seek help. People are resilient and often come to their own solutions or find their own supports when they are ready.

Ensure that you are supported! Talk to friends, family, instructors, an Elder, or a counsellor to share your concerns and decide how to proceed.

What About Social Media?

What about Social Media?

- There is evidence that social media can influence suicide-related behaviour.
- It is also possible to help someone through social media.
- Treat people online the same way you would treat them in person.

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There is increasing evidence that the Internet and social media can influence suicide-related behaviour. Research has shown a connection between cyberbullying and suicide. Social media has also been shown to lead to insecurity, body-image problems, and emotional distress. And there has been a proliferation of pro-suicidal sites, message boards, chat rooms, and forums in recent years.

It is also possible to help someone through social media. If someone you know says anything on social media that makes you think they may be suicidal, take it seriously. Treat people online the same way you would treat them in person.

Keep the channels of communication open; get more information about the person, such as name

and contact details (location and phone number). Find out from the person if they have a suicide plan and try to get the details of the plan.

Encourage the person to contact a crisis line or family and friends who can provide immediate and personal help.

Direct the person at risk to a local suicide crisis line or mental health help line.

If the person is in imminent danger, call 911 and give whatever information you have.

Talking About Suicide: Summary

- Ask directly about suicide. Stay calm and listen.
- Acknowledge how the person is feeling and let them know you want to help.
- Ask about personal supports. Do they have other people they can talk to? Have they talked to anyone else?
- Provide information about resources. Connect them with supports or professional help.
- If something still doesn't feel right, consult with your student centre, supervisor, campus security, or campus resources.



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Summary: What to Keep in Mind When Talking About Suicide

When having a conversation about suicide, keep the following in mind:


- Ask directly about suicide. Stay calm and listen.
- Acknowledge how the person is feeling and let them know you want to help.
- Ask about personal supports. Do they have other people they can talk to? Have they talked to anyone else?
- Provide information about resources. Connect them with supports or professional help.
- If something still doesn't feel right, consult with your student centre, supervisor, campus security, or campus resources.

Scenario Walk-Through

Scenario Walk-Through

Your friend is facing final exams and says to you, “It’s no use. I’ll never be able to pull this off.” As they speak, they hardly seem to stop to draw breath. They tell you they have a voice in their head that is always criticizing and saying they are worthless.

Your friend also mentions that they can’t concentrate or focus. They feel like they are failing and just can’t get back on track. They don’t see the point in continuing and say, “It’s not going to matter much longer anyway.”

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To help participants think about how they would talk to a friend that they’re concerned about, you could read this scenario out to them and then have a discussion about the best way to respond to their friend.

Scenario

A friend is facing final exams and says to you, “It’s no use. I’ll never be able to pull this off.” As they speak, they hardly seem to stop to draw breath. They tell you they have a voice in their head that is always criticizing and saying they are worthless.

They also mention that they can’t concentrate or focus. They feel like they are failing and just can’t get back on track. They don’t see the point in continuing and say, “It’s not going to matter much longer anyway.”

How would you respond?

Key points include:

- Highlight support and empathy while recognizing the capacity of the other student.
- Ask about suicide.
- Suggest a referral or follow-up.

A possible response could be:

- **Start with an empathetic response:** “I can see that you’re upset about the exam. I can hear

the disappointment in your voice and understand your fear about what will happen for you.”

- **Ask directly about suicide:** “I may be way off base, but when you say you say, ‘It’s not going to matter much longer anyway,’ do you mean that you are thinking about suicide? I want to support you to be safe and to have a good outcome from this challenging time.”
- **Suggest a referral:** “I wonder if you’d be willing to talk to a counsellor? It’s confidential and I think it’s a wise thing to do. I’d like to walk over there with you.”


If the person refuses, you could say, “Another option is for us to call the crisis line together right now so you can talk with them and find out about some resources.”

If they say no, you could say, “I care about you and am worried about you, so for me to feel comfortable, I need to have someone contact you to see how you’re doing and help support you.”

What Helps People Recover?

What Helps People Recover?

- Knowing someone cares and listens
- Knowing there *is* help available
- Having a sense of
 - Purpose
 - Hope
 - Belonging
 - Meaning

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Remember: The most important thing you can do is listen and help connect the person with resources. Knowing that someone cares and that there is help available is what helps people recover. Having a sense of purpose, hope, belonging, and meaning is essential to recovery.

Hopeful Messages

- There is help to get through this. One step at a time. One minute at a time.
- Please reach out for help. You are not alone, and **you matter**.
- HOPE (Hold On, Pain Ends)



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Starting a Conversation About Suicide: Educators' Guide to Supporting Students

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People who are considering suicide have lost hope, and they need to be reminded that there is hope. Hopeful messages for people who have thoughts of suicide include:

- There is help to get through this. One step at a time. One minute at a time.
- Please reach out for help. You are not alone and you matter.
- HOPE (Hold On, Pain Ends).

When you are supporting someone, remember:

- Be patient. Be hopeful.
- Always take the person seriously, even if they have expressed thoughts about suicide in the past.
- Listen, and ask them what they need to be safe.

Break

This is a good point in the session to give participants a five-minute break to get up, stretch, and reflect on what they've learned so far. This could also be a good time to walk participants through the breathing exercise below.

Activity: Box Breathing

Before the break, you could invite the group to engage in a box breathing exercise to give everyone a few moments to focus on their own emotional well-being and to practise a stress management technique.

Box breathing is a very simple stress management exercise that can be practised anywhere. Encourage participants to try box breathing if they start to feel overwhelmed at any point. Below are instructions for leading a group through box breathing.

If possible, sit and close your eyes. If not, just focus on your breathing.

- Step 1: Inhale (preferably through your nose) for a count of 4.
- Step 2: Hold your breath for a count of 4. You're not trying to deprive yourself of air; you're just giving the air a few seconds to fill your lungs.
- Step 3: Exhale slowly through your mouth for a count of 4.
- Step 4: Pause for a count of 4 (without speaking) before breathing again.

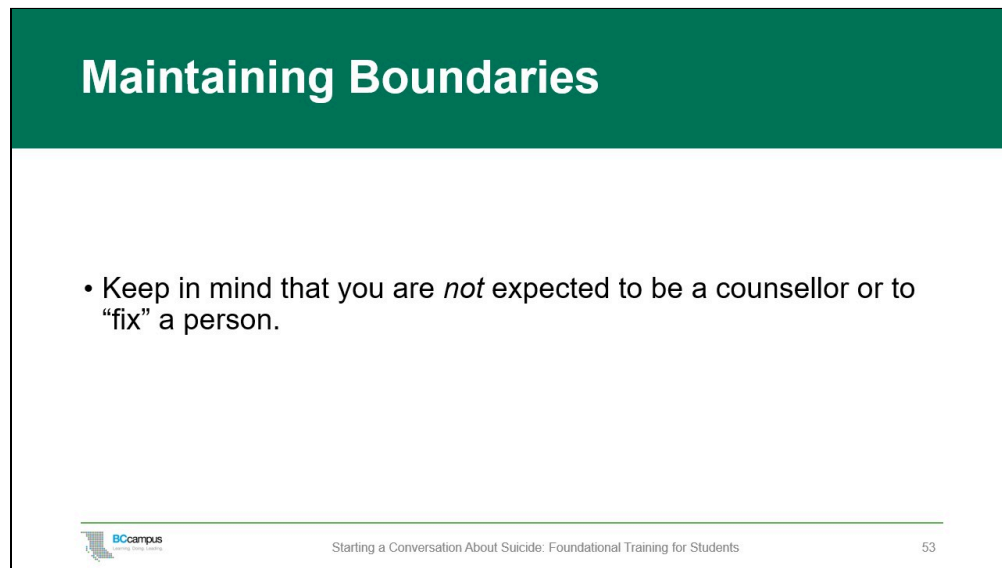
Repeat this process as many times as you can. Even 30 seconds of deep breathing will help you feel more relaxed and in control.

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Maintaining Boundaries

This section looks at how participants can maintain boundaries when supporting a student in crisis. It also emphasizes the importance of self-care after a difficult conversation.



Maintaining Boundaries

- Keep in mind that you are *not* expected to be a counsellor or to “fix” a person.

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Recognize What You Can and Can't Do

When helping someone, it can be difficult to maintain your own boundaries. It's important to recognize what you can and can't do, given the limitations of your role, and be clear with others about that.

While you can be an empathetic listener and help connect a student with the proper resources, you are never expected to take on the role of a counsellor or to “fix” a person. There are services and supports to help a student at risk of suicide.

It is very stressful when a person asks you not to tell anyone. Remember that you can reach out for help if you are concerned for a person's safety – even if they have asked you not to tell anyone.

To conclude your conversation, let the person know you are glad they talked to you. You could say:

- “I’m glad you told me...”

- “I can’t do that, but I can do this...”
- “I’m happy you chose to talk to me, and we need to talk about a transition plan because I’m not a counsellor. I’m struggling here because this is out of my depth. The best way I know how to deal with this is to talk to a counsellor.”


The conversation does not have to be a long one. By listening and referring a person to a counsellor or professional who can help, you could be making a big difference to this person who needs to know that someone hears them.

If you are living with someone or have a close friend who is in crisis or considering suicide, it can be very difficult to establish and maintain healthy boundaries. You may want to seek professional support to ensure that you don’t become overwhelmed.

Remember FAIR to Help Maintain Boundaries

FAIR

- Fear: You feel afraid of what a person may do to themselves or others.
- Anger: Feeling angry is a sign that you need to take a step back.
- Ignorance: You don’t know what more you can do for the person.
- Responsibility and resentment: You are starting to resent the responsibility you have taken on for the person.


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“FAIR” is a good word to help you determine when you are outside of your boundaries and need more support. FAIR stands for fear, anger, ignorance, and responsibility and resentment.¹ Get advice and support if these four conditions apply:

- Fear: You feel afraid of what a person may do to themselves or others.
- Anger: Feeling angry is a sign that you need to take a step back.
- Ignorance: You don’t know what more you can do for the person.
- Responsibility and resentment: You are starting to resent the responsibility you have taken on for the person.

1. Adapted from [Encountering Concerning Behaviour on Campus](#), Ryerson University.

Please keep in mind that we are not responsible for the decisions that someone else makes. Suicide is ultimately a personal choice – it is not our job to “save” someone else’s life, only to offer them other options.

Self-Care After a Difficult Conversation

Self-Care After a Difficult Conversation

Ask yourself:

- Have I let this go?
- Am I okay with this?
- Is there anything I need to do?
- Am I feeling overwhelmed and should I talk to a counsellor?

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Talking about suicide can be emotionally draining, and we need to take care of ourselves. After a difficult conversation, ask yourself:

- Have I let this go?
- Am I okay with this?
- Is there anything I need to do?
- Am I feeling overwhelmed and should I talk to a counsellor?

You can reach out to counselling services at your campus or call one of the crisis lines. Counsellors or staff who answer the crisis lines are available to talk to anyone supporting another person in crisis and can advise you on what to do.

Tell yourself: “I have done everything I can for this person.”

Know your limits and ask for help if you feel overwhelmed; you are not responsible for solving the person’s problems on your own.

Part 4: Practice Scenarios and Closing

Scenarios for Practice and Discussion

In this section, you'll find examples of scenarios you can use, either in person or online, to provide opportunities for participants to practise using the knowledge they've gained in the session. The scenarios provide helpful tips on what to say to students in different situations. If you don't have time for practice and discussion, try to allow some time to briefly review some of the responses.

Practice Scenarios

- How might you respond and offer support to the student?
- What services might you suggest to the student?
- Who might you consult with?
- How does it feel to imagine offering support to the student in the scenario?



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Activity: Practice Scenarios

Ask participants to work in pairs or small groups. Give each small group one of the scenarios in [Handout 2.1: Scenarios for Practice and Discussion \(No Responses\)](#) to either role-play or discuss how they might respond and offer support to the student in the scenario.

These scenarios give participants the chance to apply what they've learned about helping other students and think about what to say to students in different situations. This is a chance for participants to think through how to express their care and concern for this person and offer support and any further resources that seem appropriate. It is also an opportunity to practise asking the question, Are you thinking about suicide? It is a difficult question to ask, and having a chance to say it out loud and practise will help participants build confidence.

It's unlikely you'll have time to look at all of the scenarios, but you can choose the scenarios that best match participants' interests and concerns.

Questions to discuss:

- How might you respond and offer support to the person?
- What services might you suggest?
- Who might you consult with?
- How does it feel to imagine offering support to the student in the scenario?
- How was it to ask about suicide?

After participants have discussed at least one of the scenarios, discuss as a large group. You can share [Handout 2.2: Scenarios and Responses](#) with participants. If you don't have time for practice and discussion, try to allow some time to briefly review some of the responses.

Online

If your video-conferencing software allows you to create breakout rooms, you can have people work together in smaller groups in breakout rooms to discuss the scenarios. You could share the scenarios in the chat and then assign each group to read a specific one to discuss. Alternatively, you could move from room to room and verbally provide the scenario.

Options for Scenarios

Scenario 1: Acquaintance grieving over death of their sibling

You're waiting at the bus stop near campus when you notice another student who you've taken a few classes with. You don't know them very well, but you enjoyed working on a group project with them once. You remember hearing that this student was fundraising to help pay for expenses related to their sibling's cancer treatments last year. You go up to them and ask how they are. They start to say "fine" but then their face crumples and tears fill their eyes. They tell you that their sibling passed away. They say that their family is devastated, and nothing will ever be the same again. Then they tell you that they feel bad for their parents but think they might join their sibling. Just then the bus arrives.

Key points

- Don't let the moment pass because you are interrupted.
- Express sympathy and support without relying on clichés and while recognizing you can't cure their grief.
- Ask what they mean about joining their sibling. Ask if they're thinking of suicide.
- Facilitate an appropriate referral; escort them to the counselling office or connect them to a

crisis line.

Possible response

I'm so sorry that this happened. I can only imagine how difficult it has been for you and your family. Thank you for sharing with me. When you say you want to join your sibling, do you mean by suicide? I'm really concerned about you and want to support you in getting the help you need. They have counselling services here on campus that can help you cope with grief. How about we skip this bus and you and I walk over there together right now?

If they don't want to go with you, you could say:

Then let's just go to a more private place and call a crisis hotline together. You sound very hopeless about your situation, but there are resources that can help you, and the crisis line workers can connect you with them. I care about you, and I can't leave you feeling this way. I need to know you have someone to talk to that can provide the right support.

Responses to avoid

- Oh ... I'm so sorry to hear that. Well, I better be going, I have a lot to do today.
- Aw, don't be sad. Your sibling is in a better place.
- I know *exactly* how you feel. I lost my hamster, snuffles, in Grade 4.
- Well, according to my religion, this is what happens after you die...

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Scenario 2: Friend struggling and drinking heavily after a breakup

You're on your way to a campus party when you notice a friend standing around, staring at the counselling office. You know this friend has been drinking more heavily and frequently recently because you've been to the bar with him a couple times. You invite him to the party, but he refuses, saying his ex-girlfriend will be there. You know they recently broke up. You ask him how he's doing with that, and he shrugs and looks away. He says he just has to "man up." As he goes to turn away you hear him mutter, "She'll be sorry when I'm gone."

Key points

- Validate his feelings without judgment.
- Negate harmful stereotypes like that of strong men not showing emotion.
- Ask what he means about being gone. Ask about suicide and whether he has a plan.

- Offer support and confidentiality.
- Facilitate an appropriate referral; go with him to the counselling office or connect him with a crisis line.
- Empower him by asking him which resource he feels would be most helpful.

Possible response

Wait, dude! I can tell you're really upset about this breakup and there's no shame in that. What do you mean when you say, "when you're gone?" Are you thinking about suicide? Have you been planning it? You're a good friend and I can't lose you. Guys need emotional support too. Let's go into the counselling office; they have people who can help and they'll keep it totally confidential. There are also phone numbers we can call. What do you think would be most helpful? I'm your friend and I want to support you through this.

Responses to avoid

- Well, I better get going so I can get to the party on time.
- Yeah, your ex is terrible! She's so awful; you deserve so much better than a mean girl like that! I don't know how you put up with her for so long!
- Let's go to the bar! We can get wasted and forget all about her.
- Yeah, you do need to man up. Just get over it already.

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Scenario 3: Online student struggling and overwhelmed

You are taking an online course that requires weekly postings and are placed in small groups of four for the semester. You get to know the students in your group through online posts and replies. After a few weeks, you notice that one of your classmates hasn't posted for a while and when they finally do, they admit they have been struggling, are having a hard time keeping up, and are overwhelmed; they feel it is pointless to go on. You are unsure if they are referring to the class or whether they are talking about suicide.

Key points

- There is still opportunity to connect with a person even through online class relationships.
- When a person divulges personal details, it is an opportunity to check in on them and offer support.
- Contacting them privately allows the person to be more open about their situation.

- Asking them to clarify what they meant by “it is pointless to go on” is important either way. Whether they are overwhelmed with school or thinking about suicide, reaching out and offering support can help a person who is struggling.
- Offer online supports that may help. Most post-secondary institutions have online resources and phone numbers they can call for referrals.

Possible responses via private message

I read your post today, and I'm sorry to hear you're struggling. It sounds like you could use some support. I know we don't know each other in person, but I'm concerned for you and wanted to reach out to see if you need anyone to talk to or help in seeking out some academic or emotional assistance.

In your post, you stated that it was pointless to go on. Were you referring to the classwork or talking about suicide? I wanted to let you know that you are not alone and school and life can sometimes feel incredibly overwhelming, but there are resources available out there that can help you. Is there anyone you are close to that you can talk to about your situation? If not, the school has academic and counselling services that can be accessed online if you don't live near campus.

Please don't hesitate to reach out if you need to chat or need help in accessing supports. You don't have to go through this alone.

Note: You may not feel comfortable reaching out to someone online, but ignoring someone's post when they are vulnerable can be isolating for the person. Even a small reply in your group post to say, “Wow, sounds like you've been having a hard time, but I'm glad you're back,” can have a profound effect on someone.

Responses to avoid

- Oh, that's too bad. I'm sure you'll pull yourself together.
- The course isn't that hard. I don't have a problem with it.
- I hope your lack of posting doesn't affect my grade; I have to respond to posts to get full marks.
- Maybe it is best for you to quit since you're not really contributing much to our group discussions.

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Scenario 4: Close friend struggling with depression and self-harming

You visit a close friend in their home one weekend. You know this friend has a history of depression and self-harm but has been doing well lately. On entering their apartment you realize that they have not done the dishes, cleaned up after themselves, or done any household duties in what seems like a while. You also notice that your friend seems distracted and looks like they have not slept in days. After settling into a conversation, they disclose to you that their depression has gotten really bad lately, and they are ashamed and afraid. They are getting impatient with themselves, swinging in and out of depression and having it consume all of their life. Your friend tells you that they can't do this anymore and they don't see any point in continuing if it is just going to be like the rest of their life.

Key points

- Listen empathetically and show support.
- Recognize their strength and resilience and remind them that you care about them.
- Ask your friend if they are considering suicide. If appropriate, ask if they have a plan.
- Suggest they talk to a counsellor at the wellness centre/crisis support centre. Offer to go with them.

Possible response

I noticed that it looks like you haven't slept in a while, and I know you usually don't sleep when you're depressed. You said you're feeling depressed again. Do you want to talk about it? I can only imagine how difficult it is to feel stable and then have that ripped right out from under you and feel depressed again. When you say "you can't do this anymore" and "you don't see any point in continuing," do you mean you're thinking about suicide? Do you have a plan? Would you like me to take you to the wellness centre to see a counsellor? I understand you feel ashamed for asking for help at the wellness centre, but I think it would be good for you. I understand you're scared, but you are not alone, and I'll wait for you.

Responses to avoid

- I thought you got over your depression.
- Don't kill yourself; you have so much to live for.
- Your apartment is gross. Why can't you clean up?
- You're scaring me talking like this.
- It's not going to be like this for the rest of your life. Just try a little harder.

Scenario 5: An Indigenous student overwhelmed by a suicide in their family

An Indigenous student you are friends with is visibly upset. They disclose that a close relative has just died by suicide, and they are overwhelmed with feelings of grief and helplessness. They want to be home with their family and community, but they also have upcoming projects due in many of their courses. They express feelings of hopelessness and say, “I don’t think I can cope with this. I think it would be easier to just end it.”

Key points

- Highlight support and empathy while recognizing the capacity of your friend.
- Clarify what they mean when they say, “I don’t know if I can cope with all this...” Ask if they are thinking about killing themselves.
- Connect your friend with staff from Indigenous services (or student services if your campus does not have Indigenous services; student services can then connect a student with local Indigenous supports).
- Provide a referral to campus and community supports.

Possible response

I’m so sorry to hear about this; dealing with the grief from someone dying can be difficult, especially when they died by suicide. Thank you for telling me.

When you say, “It would be easier to just end it,” do you mean you’re thinking of suicide? There are counselling services on campus that are confidential and free for all students. Can I walk you down to their office so you can meet them?

Have you spoken with the staff in Indigenous services? I can go with you to talk to them. I think they could be really helpful, and they might have community or cultural supports that you can use.

Scenario 6: Friend who has been harassed online and is in distress

You notice that a friend is being harassed online, so you reach out and meet them after class. You haven’t seen this person since for a while and you notice that they have lost a lot of weight, their

hair is thin, and they look frail. You don't mention the online comments, but you do tell them that if they needed anything you would be there to support them. A few weeks later, the same friend calls you crying and in distress. They open up to you about what has been going on online. They tell you that they've received a lot of negative comments on their posts. It first started with comments about their body, but lately they've been receiving anonymous direct messages from people telling them to kill themselves. Your friend says that at first the comments did not bother them that much, but it is starting to get to them. They say, "I can't keep going on like this. Maybe those people online are right: I should just end it."

Key points

- Show empathy and understanding.
- Ask the person if they're considering suicide and if they have a plan.
- Reassure them that it's not their fault they're being bullied, and they didn't cause it.
- Suggest that they see a professional for support and ask them if they'd like you to go with them.

Possible response

I'm so glad you've told me about this; I can only imagine how scary this is for you. I'm worried that this is happening to you and want to help. When you said "you should just end it," what did you mean? Are you thinking about suicide? How often do you think about this? Do you have a plan? I care a lot about you, and you shouldn't have to deal with this alone. Would you like me to take you to the wellness centre so you can talk to a counsellor and get support? Can we go to the wellness centre together so I know you're safe? Let's just take this one step at a time.

Responses to avoid

- Why are you letting people online get to you? Everyone gets harassed online.
- You're so skinny now. You look so great!
- People say the dumbest stuff online. Don't listen to it.
- It's not going to be like this for the rest of your life. Just try a little harder.

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Scenario 7: International student who is under a lot of stress and is self-harming

An international student you know from a few classes seems upset. They tell you that they had

been sharing a basement suite with three other students, but the roommates have recently all moved out. They can't afford the rent and are about to become homeless. They tell you that the landlord has been entering the suite without permission and just threatened to seize all of their possessions in lieu of the rent that is now due. Your classmate explains that their family cannot afford to send more money for better housing and that they don't want to embarrass them by asking for help. They say they feel helpless and trapped. They also mention that they have been harming themselves and show you fresh cuts along the inside of their forearm. The cuts are slim and do not appear very deep, but they are not bandaged. Your classmate also expresses feelings of hopelessness and despair during the interaction.

Key points

- Highlight support and empathy while recognizing the capacity of your classmate.
- Address any medical needs, referring them to resources as appropriate.
- Ask the person if they are thinking about killing themselves.
- Connect them with staff from the international student office (or student services if you do not have a separate international student office).
- Help connect them with campus and community supports that can help with community contacts and rental properties.

Possible response

I'm so sorry to hear that your living arrangements have been causing you so much stress these past few months. You should be proud of how you have handled all of this; managing this level of stress and staying on top of your studies is really hard.

Thank you for telling me about the self-harm. I will keep this confidential as we figure out what you need. Do you want me to call our campus first aid office? They can come down and clean and bandage your wounds for you; this support is also confidential and free.

I understand how overwhelming all this may be for you right now. You mentioned that you're feeling hopeless. Are you having any thoughts about killing yourself? There are counselling services on campus that are confidential and free for all students. Can I walk you down to their office so you can meet them and see if it would be a good fit to talk with one of their team?

Have you spoken to anyone at international student services yet? I can walk down there with you now if you would like. Maybe they will have some ideas to help you find accommodations, and you can also talk to our residence on campus to see about emergency housing until you find a safer place to rent.

Scenario 8: Former classmate whose partying is out of control

You attend a party in your old neighbourhood after returning from a semester at college. You arrive at the party, and you see that everyone's attention is focused on one individual. You recognize this person from your high school class. This person is loudly bragging about their escapades from the previous night and boasting to everyone about how they "don't give a f**k." You remember them differently; they were not nearly as boisterous. Later in the night you overhear your former classmate tell others that they "don't care if they die." You also hear them talk about driving to another party when this party is over. Once the guests disperse, you decide to sit next to your old classmate. They don't recognize you and ask if you have brought more drinks. You remind them of who you are. They remember and attempt to pull themselves together. You talk briefly. They mention that they have gone through a bad breakup. They say they don't really care; they just want to party.

Key points

- Show support and empathy while recognizing their capacity.
- If appropriate, ask them if they are thinking about suicide.
- Refer to a mental health support or suicide line and let them know they can talk to someone right away.
- Consider the person's safety and offer to call them a cab or ride-share so they're not putting themselves or others at risk.

Possible response

I feel concerned about how you're doing. I want you to know that I'm not here to judge you. Just hear me out. I noticed that your behaviour has changed from when we were in high school. I never would have imagined you this way. This sudden change is troubling to me. I also overheard you say that you don't care if you die, and I'm concerned. Are you thinking of suicide?

I want you to know I care, and I'm here. I also want you to try to get some help. Here is a number for a 24-hour phone and chat counselling support service. You can call them or text them. Here's another number if you need immediate help. This crisis line may help you with any thoughts you have about self-harm or suicide. I also don't think that you should drive right now. How about I call you a cab or a ride-share service?

Scenario 9: Transgender student facing systemic discrimination and racism

Blake, a transgender student, discloses to you that he had been bullied in his program for being a non-white transgender (trans) man. His instructor was belittling him repeatedly and had given him a failing grade in the practicum. When Blake reported the situation to the director of the department, the director suspended Blake indefinitely from the program, stating, “Maybe this program isn’t right for you; perhaps you should try a program that supports people like you.” Blake feels disrespected, humiliated, and ashamed of his gender identity and ethnicity. He explains that he keeps running into incidents like this. While you’re talking to Blake, you observe that he’s having trouble thinking clearly, and is at times tearful and shaking, frequently staring past you without saying anything. He expresses feelings of low self-worth, loneliness, despair, hopelessness, and anger, stating, “I don’t have any friends anymore because I’m such a loser. I wish I could be comfortable being female, so I don’t have to be this... I hate being trans! Why couldn’t I be born in the right body so people would accept me, maybe even love me? I didn’t choose this! I just want to be normal... I’m done with life. I can’t do this anymore.”

Key points

- Stay calm, listen empathetically, and support the person while recognizing his capacity.
- Validate his experience and acknowledge that you do not personally know this experience, if appropriate.
- Appreciate the strength and resilience he has demonstrated and remind him that he is valued and cared for.
- Ask directly if he is thinking about suicide. If appropriate and if you feel safe and comfortable to do so, ask clarifying questions, such as, Are you having thoughts of hurting yourself? What plans do you have? Does it involve other people?
- Offer your support and campus, community, and/or online resources, such as counselling services, crisis lines, and advocacy groups such as a pride centre that can support the student.
- If you think he is in danger, consult a school counsellor or someone at the student union, and campus, community, and/or online resources. Do not be the hero; always ask if you are unsure.
- Make time for self-care and recognize that it is not your responsibility to solve another person’s problem on your own. Ask for help.

Possible response

Thank you for sharing your story with me. I’m so sorry this happened to you again. I can

appreciate how these incidents are impacting your well-being and your ability to move forward in life. It must be so difficult to feel like things are constantly stacked against you. You have shown strength and resilience. You are valued, and there are many people and services that can support you through this. I care about you, and I'm here to support you and help you succeed. How can I help?

Are you having thoughts of hurting yourself? What plans do you have? Does it involve other people? If you do decide to go through with any plans, can you please call me first so we can talk about it? I hear you're having a lot of big emotions from these horrible experiences, and I'm concerned.

Would you like to talk to a counsellor on campus? Counselling is confidential and free for students. If it's okay with you, can we walk to counselling services together? I can also give you their location and contact information if you prefer that instead. Another option is I could help you connect with the queer community centre. They have free short-term counselling as well as sliding-scale, low-cost, and long-term counselling services. I can also give you the online crisis resources so you can access them if and when you're ready.

When you feel ready, we can also speak to the student union on campus to discuss mediation with the school about this. We can walk to the student union together if you like, or I can give you their location and contact information. I can also be there to support you throughout this process. You are not alone.

Responses to avoid

- I understand what you are going through. I have a non-binary colleague.
- Are you sure you are transgender? Maybe you're just a lesbian?
- You think too much. Your instructor is a professional; she can't be transphobic or racist.
- Have you considered a chest binder or a double mastectomy? If you can make your chest look flatter, you can pass for a man. People will believe you then.

Queer resources

- When speaking to a transgender or non-binary student, use the name of the student.

- Say: “What is your name?”
- Do not say: “What is your preferred name?”
- If it is necessary to determine the student’s name in the registry, say: “What is your legal name?”
- Use the appropriate pronoun of a transgender or non-binary student.
 - Say: “What are your pronouns?”
 - Do not say: “What are your preferred pronouns?”

Online resources

- [Genderbread Person](#)
- University of California, San Francisco, [LGBT Resource Centre](#).
- University of California, Davis, [LGBTQIA Resource Centre Glossary](#).
- Alberta Health Services, [Terms to Avoid](#).
- Trans Care B.C, [Two-Spirit](#).
- Researching for LGBTQ2S+ Health, [Two-Spirit Community](#).
- [Embracing My Two-Spirit Journey with Prestin Thotin-Awasis](#) (Spotify).

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Scenario 10: Friend who feels responsible for another student’s suicide

Your non-binary friend, Jamie, discloses to you that a transgender student they had been helping at school recently killed himself. You notice they look tired and have lost weight, their hair is unkempt, and they smell a little musty. Jamie discloses to you that they felt remorse, guilt, and regret because they had spoken to this student the day before he died, and they did not think to ask if he was okay or was thinking about suicide. Jamie explains that the student had been bullied and discriminated against by his instructor because of his ethnicity and gender identity and expression, and he was suspended indefinitely from the program when he advocated for himself. Jamie had been working with this student by attending meetings with him and providing support. Jamie states, “I did everything I could ... and then I heard that he had killed himself. It’s all my fault! I should’ve done more. Why do bad people always win? What’s the point of all this hard work if nothing ever changes? Why is this world so unfair? Why won’t anyone do anything about this?”

Key points

- Stay calm, listen empathetically, and support your friend while recognizing their capacity.
- Validate their experience and acknowledge that you do not personally know this experience, if appropriate and applicable.
- Appreciate the strength and resilience they have demonstrated and remind them that their effort is valued and meaningful.
- When your friend is more stable, offer food, a beverage, and/or an activity, such as a walk to promote comfort.
- Offer your support and community and/or online resources, such as counselling services, crisis lines, and advocacy groups that can support them (e.g., crisis centre or other advocacy services in the community and/or online).

Possible response

Thank you for sharing your story with me. I'm sorry this happened to you. It's not your fault; you did everything you could to help your friend. We cannot control what people do. It must be so frustrating to know that there are still people out there who are racist and transphobic. I can appreciate how this incident is impacting your mental health. What you do matters. I'm here to support you. How can I help? Would you like to speak to a counsellor? I can help you find a suitable one and go with you if you like. I can also give you the online crisis resources so you can access them if and when you are ready. Is that okay with you? Are you feeling hungry or thirsty at all?

Responses to avoid

- I understand what you're going through. People never do what I tell them to do.
- Let's focus on the positive. He didn't commit suicide in front of you.
- It's not your fault. Trans people often kill themselves.


Queer resources

See [Queer Resources](#) for more information.


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Closing the Session

Reassessing Your Confidence



On a scale of 1 to 10, how confident do you feel about talking to someone who says they are suicidal?

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Ask participants to assess their confidence now that they've completed the training.

Reflection, Questions, and Comments

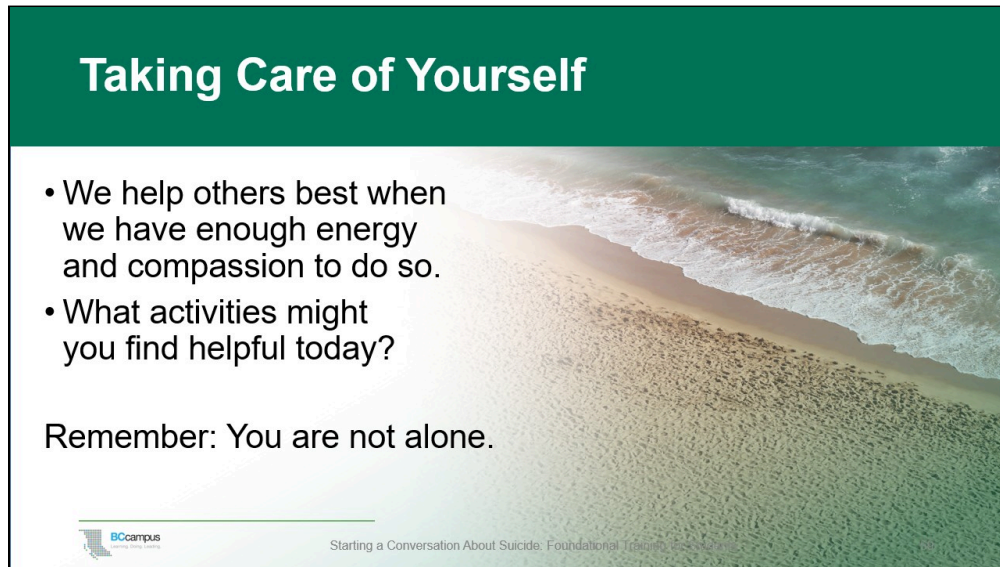


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Ask participants to reflect on what they've learned during the session. If needed, review how to respond empathetically to a student in distress (while considering their own limits and a balance of care and respect), and the various services and resources available to support students.

Invite questions and comments and say that you will stay after the session to talk to anyone who has questions.


Conclude with a brief discussion about what participants can do for their own self-care after the session.



Taking Care of Yourself

- We help others best when we have enough energy and compassion to do so.
- What activities might you find helpful today?

Remember: You are not alone.

 Starting a Conversation About Suicide: Foundational Training for Educators

Activity: Brainstorming Self-Care Ideas

Ask participants to jot down a few ideas about how they can take care of themselves after the session and invite them to share with the group. Ideas include:

- Talking to a friend or family member to debrief
- Taking a walk in nature to reflect on what you've learned
- Exercising
- Box breathing or meditating

If you are presenting online, ask participants to post one or two thoughts in the chat.

If you haven't already shared the resources, share [Handout 1](#), [Handout 2.2](#), and [Handout 3](#), and distribute your post-secondary institution's workshop evaluation.

Facilitator Note: After the Session

Presenting a session on suicide can be emotionally exhausting. Taking time after a session to debrief is important.

If you have co-facilitated the session, take some time to talk about what happened during the session so you can then let go and move on. If you have facilitated the session on your own, consider talking to a colleague or friend to debrief.

Here are some debriefing questions you may want to ask yourself after you've completed a session.

- *What was a positive moment or success in this session?*
- *How did the participants engage with the different activities? Are there activities or discussions that I would change for next time?*
- *Did I or a participant have a response to the material, a shared story, or another participant that was challenging? If so, how was it responded to or resolved?*
- *Is there something I want to do differently next time? Is there something that would be helpful for me to learn about or check with a co-worker about?*

If you feel overwhelmed by anything from the session, talk to a counsellor on your campus. Provincial crisis lines or employee assistance lines can be used as a resource for anyone who needs to talk about their experiences.

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Appendix I: Quick Reference: Responding to Students in Crisis

Handout 1 is a quick reference guide on responding to students in crisis. The handout lists provincial mental health and suicide crisis lines and provides space for facilitators or participants to fill in the contact information for on-campus supports. The handout also includes information on signs that someone may be suicidal, and information on how to respond and refer a student so they get the help they need.

Download [Handout 1: Quick Reference: Responding to Students in Crisis \[PDF\]](#).

Appendix 2: Practice Scenarios and Responses

Handout 2.1 includes 10 scenarios of students who are in distress or considering suicide. Share this handout with participants when you are doing the practice scenarios. Handout 2.2 includes the 10 scenarios and provides suggested scripts for responding to and connecting each student with the resources they need. Participants can use this handout for the scenario activity during the session, or they can refer to the scripts for further thought and discussion after the session.

Download [Handout 2.1: Scenarios for Practice and Discussion \(No Responses\) \[Word doc\]](#).

Download [Handout 2.2: Scenarios and Responses \[PDF\]](#).

Appendix 3: Suicide Awareness Resources

Handout 3 is an annotated list of online resources on suicide prevention.

Download [Handout 3: Suicide Awareness Resources \[PDF\]](#).

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BCcampus is grateful to the five post-secondary students who completed this training, wrote the practice scenarios, and offered feedback.

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passionate about destigmatizing mental illness and normalizing open conversations around mental health and well-being.

Jenny Guild is a Métis woman living and working in Vancouver on the unceded territories of the xʷməθkʷəy̓əm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), and Stó:lō and Səl̓ílwətaʔ/Selilwítlh (Tsleil-Waututh) Nations. She is a library and information technology student at Langara College with a passion for psychology and literature, who hopes to one day provide library programming to children and marginalized groups.

Arica Hsu is studying to complete her bachelor of science in nursing. As a trans woman of colour, Arica's lived experiences have given her insight into how the education and health care systems (including the health care professionals it produces) can be improved to better help, support, and protect her people and community. In addition to volunteering for various social and advocacy committees, she mentors other nursing students. Arica's career goal is to eliminate barriers that prevent queer and other under-represented people from accessing culturally safe care and succeeding in society.

Hamza Islam is in his second year studying computer engineering at the University of British Columbia. Prior to engineering, Hamza worked as a community support worker – starting off as an intern, working with mentally disabled individuals in a community outreach program. Having completed certifications in the Mandt System, Person Centered Thinking, and Mental Health First Aid, Hamza hopes to bring his mental health experience to the private sector.

Calla Smith is studying kinesiology and is interested in sports psychology. She is privileged to live, work, and play on the traditional unceded territories of the xʷməθkʷəy̓əm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), and Səl̓ílwítlh (Tsleil-Waututh) Nations with her dog and family. Calla loves road cycling and trying new foods.

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