

Let's Talk About Suicide: Raising Awareness and Supporting Students

# Let's Talk About Suicide: Raising Awareness and Supporting Students

*Facilitator's Guide for Use with Faculty and Staff*

*Dawn Schell, Jewell Gillies, Barbara Johnston, and Liz Warwick*

BCcampus  
Victoria, B.C.



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**Sample APA-style citation:**

This resource can be referenced in APA citation style (7th edition), as follows:

Schell, D., Gillies, J., Johnston, B., & Warwick, L. (2021). *Let's talk about suicide: Raising awareness and supporting students*. BCcampus. <https://opentextbc.ca/suicideawareness/>

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**Ebook ISBN:** 978-1-77420-127-5

**Print ISBN:** 978-1-77420-128-2

This resource is a result of the BCcampus Mental Health and Wellness Project funded by the Ministry of Advanced Education and Skills Training (AEST).

This book was produced with Pressbooks (<https://pressbooks.com>) and rendered with Prince.



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# Accessibility Statement

The web version of [Let's Talk About Suicide: Raising Awareness and Supporting 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), MOBI (for Kindles), 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](#) (<https://opentextbc.ca/accessibilitytoolkit/back-matter/appendix-checklist-for-accessibility-toolkit/>). The development of this toolkit involved working with students with various print disabilities who provided their personal perspectives and helped test the content.

# Acknowledgements

We gratefully acknowledge that this facilitator's guide and the associated presentation have been 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 and Outreach, and Training at the University of Victoria.

A thank you is extended to the B.C. Ministry of Advanced Education and Skills Training for their support, to BCcampus for their collaborative leadership, to the Mental Health and Wellness Advisory Group, and to the adaptation authors and collaborators whose knowledge and expertise informed this adapted version. See [Appendix 4](#) for the list of authors, contributors, and advisory group members.

The authors and contributors who worked on this resource are dispersed throughout British Columbia and Canada, and they wish to acknowledge the following traditional, ancestral, and unceded territories from where they live and work, including Algonquin Anishinabeg Territory in Ottawa, Ontario; x<sup>w</sup>məθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) territories in Vancouver, BC; Syilx Okanagan Territory in Kelowna, B.C.; Lək<sup>w</sup>əŋən (Lekwungen)/Songhees territories in Victoria, B.C.; and the K<sup>w</sup>ik<sup>w</sup>əłəm (Kwikwetlem), x<sup>w</sup>məθkwəy̓əm (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

Let's Talk About Suicide: Raising Awareness and Supporting Students includes a facilitator's guide, an accompanying PowerPoint slide deck, [Lets Talk About Suicide \[pptx\]](#) and handouts to share with participants.

Three handouts are available to download:

- [Handout 1: Quick Reference: Responding to Students in Crisis](#)
- [Handout 2: Talking About Suicide: 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.)

*Let's Talk About Suicide: Raising Awareness and Supporting 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 faculty and staff 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.)

## 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 more time for discussion and to give participants more 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 This Training for Faculty and Staff?

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.<sup>1</sup> 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.

*Let's Talk About Suicide: Raising Awareness and Supporting Students* offers sensitive, respectful, and detailed training on suicide awareness. The training was developed to reduce the stigma around suicide and to help faculty and staff 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 it. 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 suicidal risk and understanding the needs of a person at risk of suicide, we can support students.
- Conversations about suicide are never comfortable, but it is possible to develop skills and increase confidence about how to talk to someone about suicide.
- There are practical steps for starting a conversation about suicide with a 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 the student to campus and community resources.
- Listening without judgment is key when talking to a student who may be at risk of suicide.
- Staff and faculty are not expected to act as a counsellor and should not attempt to diagnose a student's mental health.
- Staff and faculty 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.

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

Consider your post-secondary institution's resources, procedures, and 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. For example, is there an alert form that faculty and staff should fill out if they are concerned about a student? 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 you can Indigenize the content. (See [Indigenous Considerations](#).)
- Read through the scenarios and think about which scenarios you want participants to discuss. There are five scenarios to choose from, but it's unlikely you'll have time to cover them all. You may want to prepare a handout with just the scenarios (no responses) so participants can work through the scenarios and consider what to say before they see the suggested responses in Handout 2.
- 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 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, 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 an in-person 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.

## 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.

## Support if a participant gets 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.

# 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.<sup>1</sup> 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.

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. 1. Antoine, A., Mason, R., Mason, R., Palahicky, S., & Rodriguez, C. (2018). *Pulling together: A guide for Indigenization of post-secondary institutions*. <https://opentextbc.ca/indigenizationcurriculumdevelopers/>; Little Bear, L. (2009), *Naturalizing Indigenous knowledge: Synthesis paper*, Canadian Council on Learning. [https://www.afn.ca/uploads/files/education/21.\\_2009\\_july\\_ccl-alkc\\_leroy\\_littlebear\\_naturalizing\\_indigenous\\_knowledge-report.pdf](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](#) by 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, so you will need to be prepared.

## 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 faculty and staff are not expected to be counsellors or to provide mental health treatment.

## 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.

- 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 have attempted suicide. 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 participants who have questions or concerns. 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.

**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 person'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.

**I've had students mention they are considering suicide and it made me feel helpless and worried. Will this training actually help me?**

- Thank the person 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 to feel more equipped to help and more confident if they have to talk to a student 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.

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

- Remind people that no one is being asked to take responsibility for students' well-being.
- Explain that the training explores the role that faculty and staff can play, 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 participants who still have concerns after the presentation come and talk with you for further guidance.

**Why are you adding to my workload?**

- Thank the person 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 to give everyone tools so they will know how to respond to a student in crisis and refer them to appropriate help.
- Point out that it is better to be prepared. Anyone on campus may need to deal with a student in crisis at some point.

**I tried to help a student and it went badly.**

- Acknowledge that the person 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 students while maintaining good boundaries.
- Invite the person to talk with you after the presentation. You can suggest the participant talk to a counsellor.

## **What teaching practices can I use in my classroom to support student mental health and well-being?**

- Thank the person for bringing up this important topic.
- Acknowledge that there isn't time to address this question in a meaningful way.
- Direct participants to the supports available at your institution around this topic.
- Invite the person to talk with you after the session for further assistance.

## **What about the support for the mental health and well-being of faculty and staff?**

- Acknowledge the importance of the issue being raised: faculty and staff face their own challenges around mental health and well-being.
- Let people 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

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.

Try to 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"><li>• Died by suicide</li><li>• Took their own life</li><li>• Killed themselves</li><li>• Ended their life</li></ul> <p>Note: If you are unsure of a student’s level of proficiency in English, you may want 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"><li>• Attempted suicide</li><li>• Attempted to take their own life</li><li>• Attempted to take their life</li></ul>	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 they are a failure.
Successful or completed suicide	<ul style="list-style-type: none"><li>• Died by suicide</li><li>• Took their own life</li><li>• Killed themselves</li><li>• Ended their life</li></ul>	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. SOCH was one of the producers of [The Pardesi Project](#), a film on the mental health of South Asian international students.
- [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 participants more 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.

Activity	Time
<b>Welcome</b> <ul style="list-style-type: none"><li>• Welcome and Territory Acknowledgement</li><li>• Introductions and Check In</li><li>• Goals and Objectives</li><li>• Practical Information</li><li>• Self-Care When Talking About Suicide</li><li>• Activity: Breathing Exercise</li><li>• Group Guidelines</li><li>• Reflection: How Confident Do You Feel?</li></ul>	15 min
<b>Why We Need to Talk About Suicide</b> <ul style="list-style-type: none"><li>• Video: Live Through This</li><li>• Activity: Myths and Commonly Misunderstood Ideas</li><li>• Looking at Statistics</li><li>• Risk Factors and Protective Factors</li><li>• Marginalized Groups</li><li>• Discussion</li></ul>	15 min
<b>Exploring Our Own Feelings About Suicide</b> <ul style="list-style-type: none"><li>• Feelings and Attitudes</li><li>• Activity: What Questions and Worries Do You Have?</li><li>• What We Need to Consider Before a Difficult Conversation</li></ul>	15 min

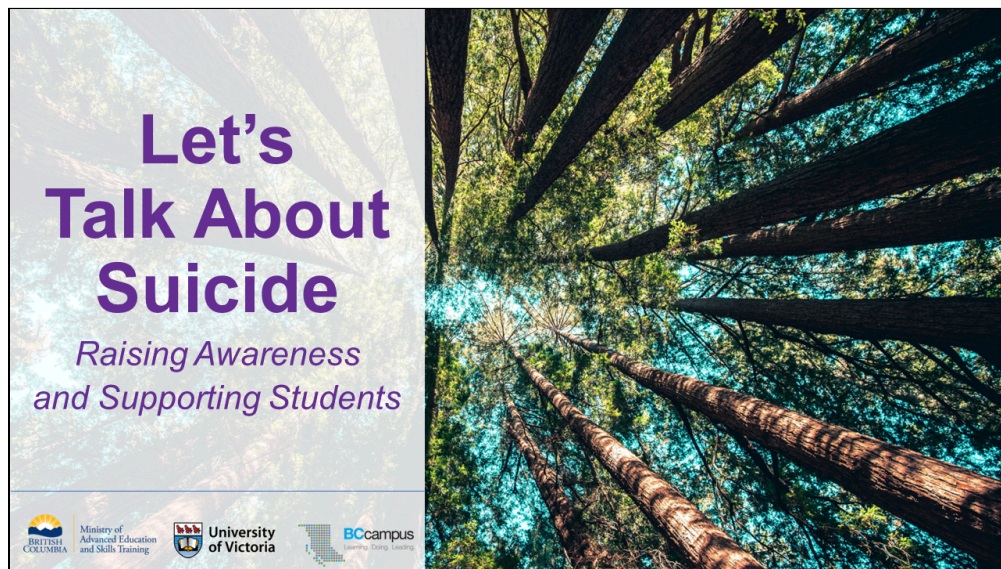
<b>Observing and Recognizing the Signs</b> <ul style="list-style-type: none"> <li>• Signs That Someone Is Contemplating Suicide (Thoughts, Feelings, Statements, Physical Signs, Actions, and Stressful Events or Loss)</li> <li>• Suicide Contagion</li> </ul>	15 min
<b>SHORT BREAK</b>	5 min
<b>Responding</b> <ul style="list-style-type: none"> <li>• What Do People Need?</li> <li>• Brené Brown Video</li> <li>• Starting the Conversation</li> <li>• Scenario Walk-Through</li> <li>• Ask Directly and Clearly</li> <li>• Scenario Walk-Through</li> <li>• What To Keep in Mind When Talking About Suicide</li> </ul>	15 min
<b>Referring</b> <ul style="list-style-type: none"> <li>• Referring to Resources</li> <li>• Provincial Mental Health and Crisis Lines</li> <li>• Campus Resources</li> <li>• If You're Concerned About a Student's Immediate Safety</li> <li>• When You Are Unsure What to Do</li> <li>• If a Student Won't See a Counsellor or Seek Help</li> <li>• Privacy</li> <li>• Responding on Social Media?</li> <li>• Key Points to Remember When Talking to Someone About Suicide</li> <li>• What Helps People Recover?</li> </ul>	10 min
<b>Practice Scenarios</b> <ul style="list-style-type: none"> <li>• Activity: Practice Scenarios (five to choose from)</li> <li>• Group Debrief</li> </ul>	20 min
<b>Maintaining Boundaries and Closing the Session</b> <ul style="list-style-type: none"> <li>• Maintaining Boundaries</li> <li>• Reflection: How Confident Do You Feel?</li> <li>• Reflection, Questions, and Comments</li> </ul>	10 min

## Part 2: Talking About Suicide

# Opening the Session

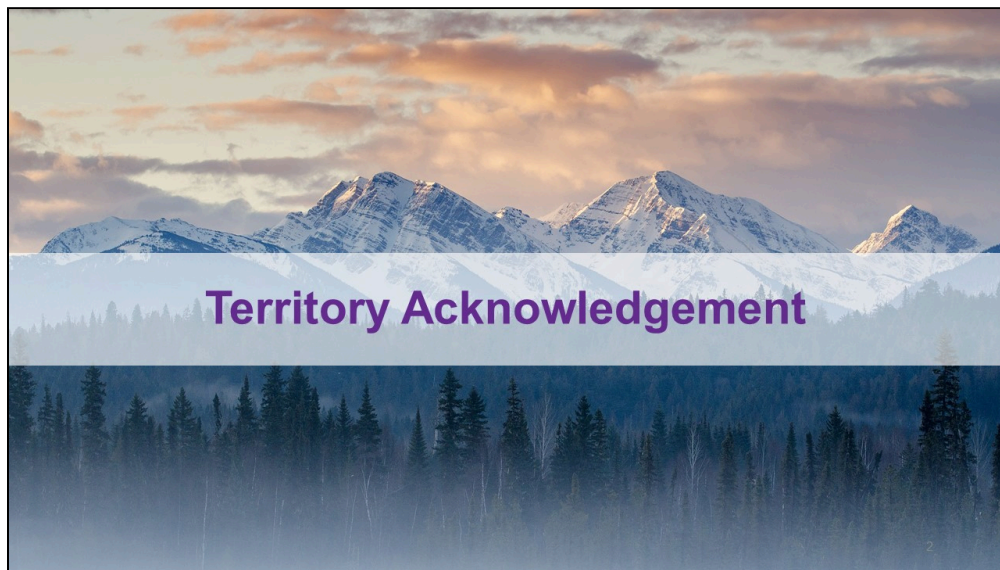
This section describes how to open the session and prepare participants to engage with the material. This includes:

- Welcome and territory acknowledgement
- Explaining goals and objectives
- Acknowledgement that suicide is a very difficult topic to discuss and can trigger many emotions in participants
- Self-care for participants
- Group guidelines



## Welcome

Welcome participants and open with a territory acknowledgement. If you're unsure of your territory, the website [Native-Land.ca](https://Native-Land.ca) is a helpful resource.



## *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 to 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, we invite you to 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.

## Opening Check In


After the welcome, introduce yourself. You could ask participants to very briefly introduce themselves, or you may want to start the session with a short participant check-in as a way to invite people into a learning space. You could ask participants to share their name, where they work, and what they are hoping to get out of the session. If you're offering the session online, you could 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 we invite you to use questions and reflections that are meaningful to you and the group.

## Goals and Objectives

### Presentation Objectives

We hope by the end of this session you'll 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 student is considering suicide, express support, and refer the student to appropriate resources.
- Discuss roles and appropriate boundaries for faculty and staff responding to a student considering suicide.

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Review the overall goal of this presentation: to help faculty and staff develop the knowledge, skills, and confidence to support students who are in distress and possibly thinking of suicide.

After participating in the presentation, participants 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 student is considering suicide, express support, and refer the student to appropriate resources.
- Discuss roles and appropriate boundaries for faculty and staff responding to a student considering suicide.

Participants will leave this session with a clear understanding of their role in responding to




students in distress and have basic tools for approaching and referring students to campus resources and crisis lines.

## Practical Information

### Practical Information

- Presentation is two hours long.
- Questions and reflections are encouraged.
- Handouts will be available at the end.
- If online, remember to use the mute button.
- If online, leaving your camera on is optional.

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Suggest that as people engage with the presentation, they reflect and think about how the information might apply to situations they have already had with students, or situations that they can imagine coming up in their role as faculty or staff.

Encourage participants to provide feedback and share their input during the discussions as this helps improve the learning opportunities. Also encourage people to jot down notes during reflection activities. Encourage them to ask questions if they have any questions during the session.

Let everyone know that after the presentation, they will have access to printable (PDF) handouts. If possible, have a handout with contact information of your institution's support services for students.

If you are giving this session online, remind online 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.

# 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 us 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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To create a safe space, spend some time talking about how the topic of suicide can be sensitive for all of us and can bring up memories of people we know, love, and have lost. Many of us have been affected by suicide in some way.

Tell participants that self-care is not an afterthought, and they should keep the concept of self-care in mind while going through this session. Remind them that they are not alone, they are all colleagues, and they are here to support each other and share resources. This is meant to be a supportive community.

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

For in-person sessions, you could suggest that if a participant does need to leave a session that they give a thumbs-up as they go to let you know they're okay. Tell everyone that if you don't see a thumbs-up, you'll ask a colleague to look for the participant outside the session to make sure they are all right.

Also, remind participants that they can share at the level that they feel comfortable with. Suggest that if anything comes up in the session that feels too important or difficult to handle on their own, people shouldn't hesitate to reach out to the appropriate services – a counselling office or an employee assistance program – to debrief or discuss it further.

### ACTIVITY: *Breathing Exercise to Ground Yourself*

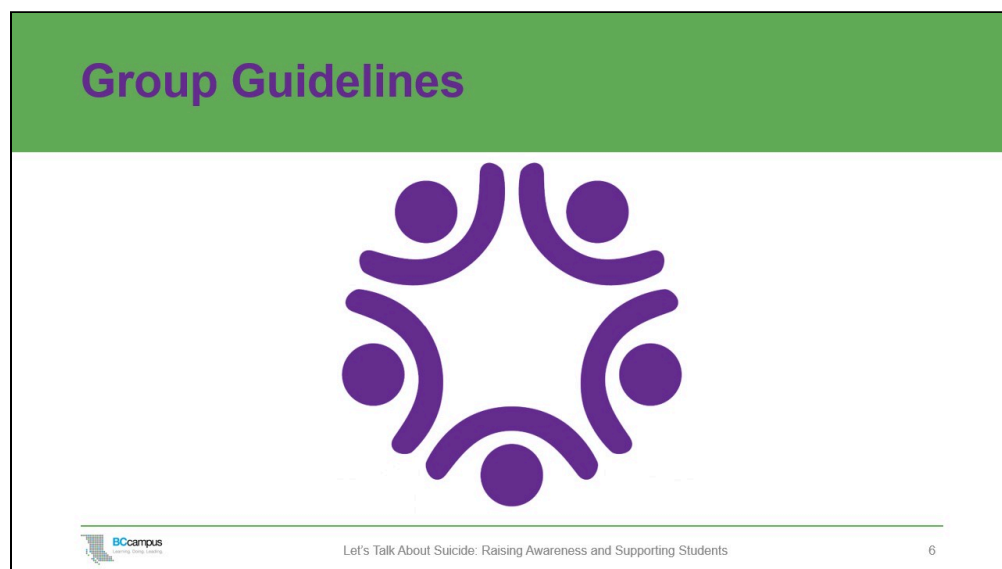
To begin, you could have the group engage in some breathing exercises to set the tone of the session, to give participants a few moments to become aware of their own emotional well-being, and to practise a stress management technique.

If participants start to feel overwhelmed at any point, suggest they try box breathing. Box breathing is a very simple stress management exercise that can be practised anywhere. You can practise box breathing for only a minute or two and experience the immediate benefits of a calm body and a more relaxed mind.

Simply relax your body and do the following:

- Let out all of the air in your lungs to the count of four.
- Keep your lungs empty for a count of four.
- Inhale for a count of four.
- Keep your lungs full for a count of four.

## Group Guidelines



It is helpful to set some expectations and boundaries for the discussion. Remind participants that this is a learning environment, and 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 is also expected that participants will be non-judgmental of each other and show extra sensitivity when engaging in discussion during the seminar. This 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. Some examples of group 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 not to know answers to everything.
- Treat others with respect.
- Be mindful of your language; respect everyone’s names and pronouns.
- Remember that there may be participants who know someone who has either attempted suicide or died by 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).

## 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: How Confident Do You Feel?

Ask the 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 is information that 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 to re-assess 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

- This chapter was adapted from *Let's Talk: A Workshop on Suicide Intervention* by Dawn Schell, University of Victoria.
- New text: "Welcome," "Opening Check-in Activity," "Goals and Objectives," "Practical Information," and "Understanding the Role of Faculty and Staff" by Barbara Johnston and Liz Warwick. "Territory Acknowledgement and Indigenous Ways of Knowing and Being" by Jewell Gillies. [CC BY 4.0 license](#).

## Media Attributions

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- Slide 7: [reflections of heart](#) by Álvaro Bueno, ES from the Noun Project is licensed under a [CC BY 4.0 license](#).

# 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 for suicide and young adults, gives an overview of risk factors and protective factors, and considers marginalized groups that have a higher risk of suicide.



## The Tree of Life

For the cover of this guide and for many of the slides, this guide uses images of trees and forests. Trees sustain life on earth and are a powerful symbol of growth, interconnection, resilience, and strength. The red cedar is a particularly important tree to 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 students with suicidal ideation is to determine the most appropriate resources to help the student, the same way the roots of the tree of life share their resources to the forest around them.

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

### **Video: Live Through This**

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 may want to show a short [four-minute video](#) of suicide survivors from the [Live Through This](#) website. Alternatively, you could share the link with participants prior to the session to help them prepare.





One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://opentextbc.ca/suicideawareness/?p=81#oembed-1>

## 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. If someone is seriously contemplating suicide, they don't want to make a decision to live.
3. Talking about suicide to a person will make them suicidal.
4. If someone makes a suicide attempt, but does not die, they are just looking for attention.
5. Self-harm is always a sign that someone is contemplating suicide.



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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. Also ask them to consider the following two questions:



- What myths or stereotypes exist in society about suicide?
- What questions do you have about suicide?



### **Adaptations**

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

Debrief with the group. Below are some talking points about the myths.

#### **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. Those who are considering suicide give clues and warnings as a cry for help. In fact, most seek out someone to rescue them. Over 70% who do threaten to carry out a suicide either make an attempt or die by suicide.

It is best to treat talk and threats about suicide seriously. Research indicates that up to 80% of suicidal people signal their intentions to others, in the hope that the signal will be recognized as a cry for help. These signals often include making a joke or threat about suicide, or making a reference to being dead. 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.

#### **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 the suicidal person start to recognize alternative options for managing their suffering. Often people who are suicidal are experiencing intolerable emotional pain, which they believe to be unrelenting. They often feel hopeless and trapped. By helping them to recognize and explore alternatives to dying, you are planting the seeds of hope that things can improve.

#### **Myth: Talking about suicide to a person will make them suicidal.**

There is no research evidence that indicates talking to people about suicide, in the context of care, respect, and prevention, increases their risk of suicidal ideation or suicidal behaviours. Research

does indicate that talking openly and responsibly about suicide lets a person who is potentially suicidal know they do not have to be alone, that there are people who want to listen and who want to 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.

**Myth: If someone makes a suicide attempt, but does not die, they are just looking for attention.**

At some level, all suicide attempts are usually because an individual is experiencing high levels of emotional pain and desperation. It is important to treat all attempts as serious. Once an attempt is made at any level of lethality, the risk for suicide or more serious suicide attempts increases significantly.

**Myth: Self-harm is always a sign that someone is contemplating suicide.**

Self-harm is the intentional and deliberate hurting of oneself. It is very upsetting to notice that someone is self-harming, but self-harm does not necessarily mean a person is thinking about suicide. Self-harm 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 become suicide, and it is important that this person get help.

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

## 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.

## Is Suicide Common?

An average of 10 people die by suicide each day in Canada.



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An average of 10 people die by suicide each day in Canada.

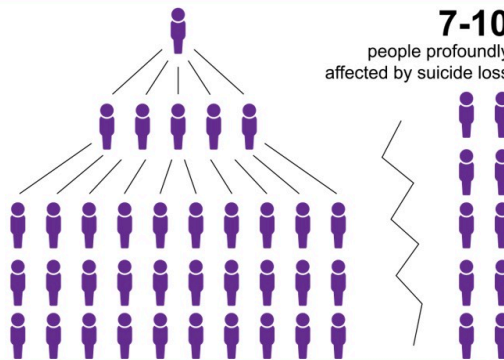
## Related Affects of Suicide

For every 1 suicide death, there are:

**5**  
self-inflicted  
injury hospitalizations

**25-30**  
suicide  
attempts

**7-10**  
people profoundly  
affected by suicide loss



Source:  
<https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-infographic.html>



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For every 1 suicide death there are:

- 5 self-inflicted injury hospitalizations
- 25 to 30 attempts
- 7 to 10 people affected by suicide loss<sup>1</sup>

## 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. American College Health Association-National College Health Assessment II: Canadian Reference Group Data Report Spring 2019. Silver Spring, MD: American College Health Association; 2019. [https://www.acha.org/documents/ncha/NCHA-II\\_SPRING\\_2019\\_CANADIAN\\_REFERENCE\\_GROUP\\_DATA\\_REPORT.pdf](https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf)



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In the post-secondary context, Canadian data from the 2019 National College Health Assessment<sup>2</sup> 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

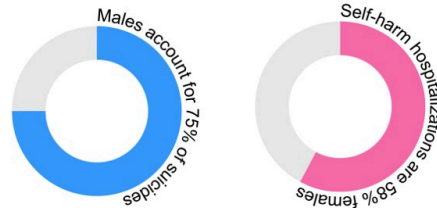
*(For this survey, 58 Canadian post-secondary institutions self-selected to participate and over 55,000 surveys were completed.)*

1. Statistics Canada. (2019, July 22). *Suicide in Canada*. <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-infographic.html>
2. American College Health Association. American College Health Association-National College Health Assessment II: Canadian Reference Group Data Report Spring 2019. Silver Spring, MD: American College Health Association; 2019. [https://www.acha.org/documents/ncha/NCHA-II\\_SPRING\\_2019\\_CANADIAN\\_REFERENCE\\_GROUP\\_DATA\\_REPORT.pdf](https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf)

## Suicide by Gender: Male and Female

For youth and young adults:

- Males account for 75% of suicides
- Females account for 58% of hospitalizations



Source: <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-infographic.html>



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When we consider gender, Statistics Canada tells us that males account for 75% of suicide, but females account for 58% of hospitalizations for attempted suicide.

Women are three to four times more likely to attempt suicide than men, but men are three times more likely to die by suicide than women.<sup>3</sup> There are several reasons for this:

- Men often use more lethal means of suicide than women.
- Men are less likely than women to seek help when they are struggling.
- Men are often socialized not to talk about their emotions and may mask their stress and deal with emotional pain through harmful behaviours and actions.<sup>4</sup>

3. Canadian Mental Health Association. (2016). *Preventing suicide*. (2019, July 22). <https://cmha.ca/documents/preventing-suicide>

4. Buddy Up. (n.d.) *The gender paradox*. <https://www.buddyup.ca/learn/>

## Suicide by Gender: Non-Binary

Among non-binary students, 44% had seriously considered suicide, and 17% had attempted suicide in the past year.

Source: McCreary Centre Society. (2018). *Report on BC Adolescent Health Survey*. [https://www.mcs.bc.ca/about\\_bcahs](https://www.mcs.bc.ca/about_bcahs)



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Among non-binary students, the suicide rate is very high: 44% of non-binary students had seriously considered suicide, and 17% had attempted suicide in the past year.<sup>5</sup>

## What Stats Don't Tell Us



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## What Stats Don't Tell Us

Stats 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 people will be affected.

5. McCreary Centre Society. (2018). *B.C. adolescent health survey*. [https://www.mcs.bc.ca/about\\_bcahs](https://www.mcs.bc.ca/about_bcahs)

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 (for example, brief statements from students).

## Risk Factors and Protective Factors

Suicide is a complex topic and there is no single cause that makes an individual suicidal. 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 to act 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 and actual gestures or attempts elevate the overall level of risk.

## Factors that May Increase Risk of Suicide

- Prior suicide attempt
- Trauma
- Triggering life events
- Mental illness
- Alcohol or drug addiction
- Lack of support from family, friends, community
- Personal identity struggles (cultural, sexual)
- Feelings of isolation



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Factors that may increase risk of suicide:

- Prior suicide attempt
- Triggering life events (losing a loved one, physical illness, discrimination, harassment)
- Trauma (violence, abuse, or events that affect generations of one's family)
- 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

## Protective Factors

- Access to appropriate mental health services and support.
- A sense of hope, purpose, belonging, and meaning.
- 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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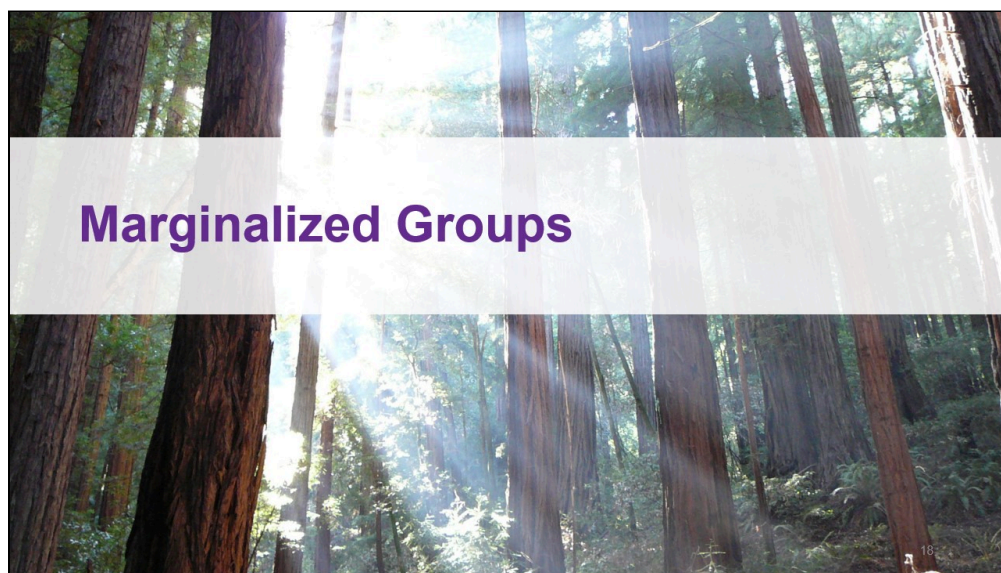
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Protective factors include:

- Access to appropriate mental health services and support.
- A sense of hope, purpose, belonging, and meaning.
- 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.

## 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 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. Research and statistics tell us that suicide risk is higher for Indigenous and LGBTQ2S+ (lesbian, gay, bisexual, transgender, queer, two-spirit) than it is for the general population.

## Indigenous People

Suicide among Indigenous people is significantly higher than the general population. Estimates

suggest that, in some years, the suicide rate for Indigenous people in specific communities is as much as 30% higher than that for non-Indigenous people.<sup>6</sup>

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; 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 to a variety of factors including the historical and ongoing trauma from colonialism, systemic racism, discrimination, and the loss of culture and language. The impact 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 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 peoples 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.<sup>7</sup>

It is important to note, however, that while the suicide rate is higher for Indigenous people compared with non-Indigenous people, not all Indigenous communities have regular incidents 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.<sup>8</sup>

## LGBTQ2S+ People

People who are LGBTQ2S+ 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 this important part of their

6. Statistics Canada. (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/daily-quotidien/190628/dq190628c-eng.htm>

7. 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/613/2021/02/In-Plain-Sight-Data-Report\\_Dec2020.pdf1\\_.pdf](https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf)

8. Kirmayer, L., et al. (2007). *Suicide among Aboriginal people in Canada*. Aboriginal Healing Foundation.

identity. When people do openly express this part of themselves, they worry about the potential of rejection from 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.<sup>9</sup>

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.<sup>10</sup> Studies have shown that 22% to 43% of transgender people have attempted suicide.<sup>11</sup> 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.

## What We Need to Keep in Mind

We need to take care to understand and acknowledge oppressions faced by Indigenous people, LGBTQ2S+, people with disabilities, and people from racialized and other marginalized groups. By providing a culturally safe environment, we can all play a role in ensuring that each student feels their personal, social, and cultural identity is respected and valued.

It is helpful to know the campus and community resources for students from marginalized groups. Connecting an Indigenous student to an Elder or to someone from Indigenous services

9. Suicide Prevention Resource Center. (2008). *Suicide risk and prevention in gay, lesbian, bisexual and transgender youth*. Education Development Center, Inc. [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)
10. Haas, A., et al. 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*. DOI:10.1037/sgd0000235.; Irwin, J. et al. (2014). Correlates of suicide ideation among LGBT Nebraskans. *Journal of Homosexuality*, 61(8), 1172-1191.
11. 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. DOI: 10.1186/s12889-015-1867-2.

or introducing an LGBTQ2S+ student to a pride centre on campus can help to 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.

#### 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? Does it ring true for you in terms of your own experiences with students?
- 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?

## Text Attributions

- This chapter was adapted from *Let's Talk: A Workshop on Suicide Intervention* by Dawn Schell, University of Victoria.
- New text: "Risk Factors and Protective Factors," "Marginalized Groups" by Barbara Johnston. "The Tree of Life" by Jewell Gilles. [CC BY 4.0 license](#).

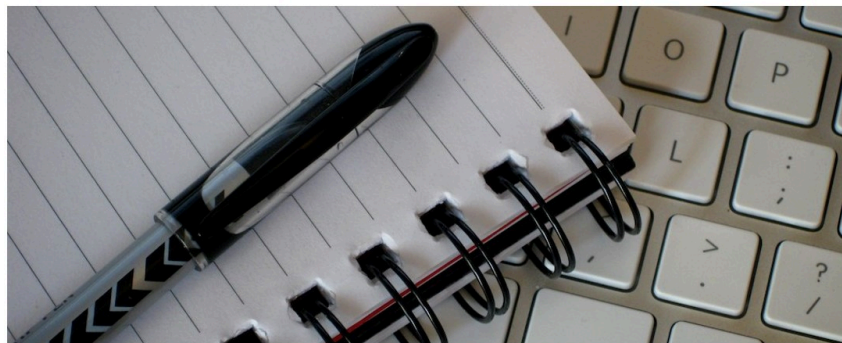
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- [What is Live Through This](#) by Dese'Rae L. Stage is licensed under a Standard YouTube License.

# 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 to 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.

## Your Feelings and Attitudes



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## Feelings and Attitudes

Before we start to talk about how we can provide a support role for others, let's take a moment to explore our own feelings and attitudes around 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 forget about 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 experience with loved ones dying by suicide. Let's make sure we treat each other with compassion and respect.

## 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?



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### ACTIVITY: *What Questions and Worries Do You Have?*

Ask participants to divide up into pairs to discuss this question:

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?

As a large group, ask people to share their responses. (If online, people could share their responses in the chat.) Responses may include:

- I'd be afraid that by asking they would 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 the student?



### 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 ideas about specific groups of people and suicide. This is a good opportunity to explore any biases.

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, this 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, (for example, "Finally, someone has seen my pain,") or give them permission to open up further about something they have been hiding.

## What We Need to Consider Before a Difficult Conversation

### Self-Awareness and Self-Care

- Self-awareness is crucial.
  - You may need to 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? (Knowing that it's okay to do so.)



## What Do You Need to Take into Consideration?

- Are you emotionally ready to have this conversation?
- Should you first reach out to a supervisor, counsellor, or Elder to provide additional support for this student?
- Where will you have the conversation? Is the timing right?



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Before having a difficult conversation, there are a few things to first ask yourself. If there is a student 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 a student. You may realize you are not emotionally ready to talk to the student, and this is okay. You can reach out to other people on campus, such as a counsellor, to get their advice and support.

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

- Create an atmosphere and environment of non-judgment and openness
- Consider any possible triggers
- Consider risk factors
- Ensure you are in a private space where you will not be interrupted
- Remember that compassion counts
- Be patient
- Be hopeful

## Text Attributions

- This chapter was adapted from *Let's Talk: A Workshop on Suicide Intervention* by Dawn Schell, University of Victoria.



## Media Attributions

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- Slide 20: [reflections of heart](#) by Álvaro Bueno, ES from the Noun Project is licensed under a [CC BY 4.0 license](#).

# Part 3: What We Can Do

# Observing and Recognizing the Signs

The majority of suicides have been 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

There are thoughts, feelings, physical effects, actions, and events that are common to a person's experience and 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

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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## Thoughts

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

They may be feeling:

- Helpless
- Hopeless
- Worthless
- Anger
- Guilt
- Lonely
- Sad



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## Feelings

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, or sad.

### Sometimes Feelings Are Ambivalent

There is a huge difference between wanting to die and not wanting to live.


Suicidal thoughts often come when pain exceeds our resources.

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People may feel ambivalent about dying. There is a huge difference between wanting to die and not wanting to live. Suicidal thoughts often come when pain exceeds a person's resources.

### Statements

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

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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:

- “I am a burden and people would be better off without me.”
- “My life has no purpose. I’ve lost hope.”
- “Nothing will ever change and I give up.”

## Physical Signs

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

## Actions

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



## 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-injury

## Stressful Events or Loss

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



## Stressful Events or Loss

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

Write down people's answers, which may include:

- Academic failure
- Recent relationship breakup
- Financial instability
- Other suicides on or off campus
- Depression or other mental illness
- 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

The two most common themes are:

- Loss
- Change beyond a person's control

### *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 to show that copycat suicides do occur under some circumstances. If someone is already vulnerable (depressed, anxious, 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 die.

We may have many mixed emotions –

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

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



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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.

## Text Attributions

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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 gives ideas on how to start a conversation and how to respond when a person says they are considering suicide.



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

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

- Trust yourself. Believe your suspicions.
- This is about being alert to suicide and being aware.
- The aim is to connect a person with thoughts of suicide to other help.

# What Do People Need at This Point?



The main thing that people need is to be heard and not judged. The most effective intervention you can do is to listen with empathy and be non-judgmental.

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 to 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.

There are no magic words. Be yourself. If you are concerned, your voice and manner will show it. Be patient, calm, accepting. This 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 and having them talk about how they feel greatly reduces feelings of isolation and distress. Simply talking about their problems for a length of time will give a suicidal person 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 their 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 their feelings as the truth for the person, 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.

## 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 [Capacity to Connect: Supporting Students' Mental Health and Wellness](#) has 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/suicideawareness/?p=96#oembed-1>

[suicideawareness/?p=96#oembed-1](https://opentextbc.ca/suicideawareness/?p=96#oembed-1)

# Starting the Conversation

## Starting the Conversation

“I noticed...”

“Sounds like you are...”

“I used to see you....  
but recently I noticed...”





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Here are some ways you can introduce the signs that you notice:

- “I noticed...”
- “Sounds like you are...”
- “I used to see you ... recently I noticed...”


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

### Ask Directly and Clearly

- “Are you feeling so bad that you’re considering suicide?”
- “That sounds like a lot for one person to take. Has it made you think about killing yourself to escape?”
- “Do you have a plan to end your life?”
- “Are you planning to kill yourself?”

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You could start with:

- “At this point I need to ask you something...”
- “I might be way off base, but when you said... I wondered...”

You could then ask directly: “Are you feeling so bad that you’re considering suicide?”

Or:

- “That sounds like a lot for one person to take. Has it made you think about killing yourself to escape?”
- “Do you have a plan to end your life?”
- “Are you planning to kill yourself?”

Other ways to ask about suicide:

- “Has all that pain you’re going through made you think about hurting yourself?”
- “Have you ever felt like just throwing it all away?”
- “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.”

## Scenario

A student is facing final exams and says to you, "It's no use. I'll never be able to pull this off." As the student speaks, 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.

The student 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."



### Scenario Walk-Through

*To help help participants think about how they would talk to a student they're concerned about, you could read the scenario out to them and then have a discussion about the best way to respond to the student.*

#### **Scenario**

A student is facing final exams and says to you, "It's no use. I'll never be able to pull this off." As the student speaks, they hardly seem to stop to draw breath. The student tells you they have a voice in their head that is always criticizing and saying they are worthless.

This student 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."

How would you respond?

#### Key points

- Highlight support and empathy while recognizing the capacity of the student.
- Ask about suicide.
- Facilitate 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 the 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.*
- **Facilitate 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 student 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 the student says 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 If They Say No?

### 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 Yes?

### 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.

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


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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.

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

## 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?

By asking these questions, you can get a sense of how serious they are. The more prepared they are, the greater the risk.

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 or 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 (pills, self-harm), or if a conversation is not possible, call 911 and stay with them until help arrives.

## What to Keep in Mind When Talking About Suicide

The most appropriate way to raise the subject will differ according to the situation, and what the people involved feel comfortable with.

When having a conversation about suicide, you want to:

- Ask directly about suicide.
- Ask the person about their supports. Do they have other people they can talk to? Have they talked to anyone else?
- Provide information on resources.
- Connect them with professional help.
- Stay with them if necessary until supports are assured and connections are made.

## Text Attributions

- This chapter was adapted from *Let's Talk: A Workshop on Suicide Intervention* by Dawn Schell, University of Victoria.

## Media Attributions

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# Referring

This section focuses on when and how you should refer students to support services and what to do in an emergency. It also looks at what helps people recover. You may want to provide participants with [Handout 1: Quick Reference: Responding to Students in Crisis](#) at the end of this section so they have a quick reference guide on how to respond and refer.

## Referring to Resources

### Refer to Resources

- Look for a natural point in the conversation to mention resources.
- You may want to 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 student in distress, you will want to look for a natural point in the conversation to mention resources.

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

- Counselling Services
- Campus Security
- Student Services
- Indigenous Student Centre
- 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 student to supports on campus. There may be a list with services and contact information for these services at your institution. If not, [Handout 1](#) is a fillable PDF that has space to add in contact information for key supports. Below are some of the services 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, call security first, as security can help first responders locate you.
- **Student services** offers many supports for students.
- **Indigenous student centre** offers support, mentorship programs, and a gathering place. Many campuses have an Elder who can 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 centre** provides support to LGBTQ2S+ students.
- **Sexualized violence resource centre** offers support for victims of sexualized violence.

If the student is not on campus, you can connect with these services and ask that they connect with the student by telephone or video.

## 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 LGBTQ2S+ students, are at a higher risk of isolation and may not have the support they need.

- For **Indigenous students**, you could reach out to the Indigenous student centre before talking to a student; a staff member or Elder can make themselves available to talk to a student immediately after you talk to the student or they may want to attend the meeting.
- For **international students**, international student services on your campus can be a great resource.
- For **students with disabilities**, you could connect them with student services or the accessible learning centre.
- For **LGBTQ2S+ students**, you could refer the student to student services, the pride centre, or an LGBTQ2S+ organization in your community so someone is available to talk to the student and help them feel less alone.

## Provincial Resources

- BC Suicide Line: 1-800-784-2433
- Mental Health Support Line: 310-6789
- Here2Talk: 1-877-857-3397 (a 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)



## Provincial Mental Health and Crisis Lines

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

- BC Suicide Line: 1-800-784-2433
- Mental Health Support Line: 310-6789
- Here2Talk: 1-877-857-3397 (a 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)

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

### *If You're Concerned for a Student's Immediate Safety*

If it's an emergency situation, such as the student has taken pills, is experiencing psychosis, or is a danger to themselves or others, call 911 and then contact campus security (if the student is on campus). If the student is not on campus, call 911 and tell the operator the student's current location as soon as possible.

If it's not an emergency, but you are concerned, it can be helpful to offer to contact support services on the student's behalf while they are with you. You may also offer to walk with the student to counselling services.

## When You Are Unsure What to Do

When you are unsure what to do, consult with your colleagues, chairs, deans, or others whom you trust. Counsellors can meet with staff and faculty who are concerned about a student and are unsure how to handle the situation. You can also call a crisis line if you have serious concerns about a student. You are encouraged to consult when:

- You are concerned about a student's safety, academic performance, or well-being but are unsure how or whether to intervene.
- You are uncertain how to respond to a student's approach for help.
- You continue to be concerned about a student who has declined help.

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

Sometimes a student may not want to see a counsellor or refuses help.

Your first step in these cases 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, then contact emergency services.

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

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

## Privacy

Please be aware that if you refer a student to counselling services and are hoping to follow up to find out about the student, it is up to the student to give consent to release information.

Unless a student gives permission, faculty and staff won't be notified of what has happened.

### *Responding on Social Media*

This session focuses primarily on face-to-face communication, but many departments have social media accounts, and it's possible a student may reach out to faculty or staff through social media or post a comment on a department's social media. If a student says anything on social media that makes you think they may be suicidal, take the threat seriously. Treat people online the same way you would treat them in person.

- Keep the channels of communication open; find out more information about the individual such as name and contact details (location and phone number). Find out from the individual if they have a suicide plan and try to get the details of the plan.
- Encourage the person to contact the distress centre, family and friends, or others



who can provide immediate and personal help.

- Direct the person at risk to a local suicide distress centre or telephone help line.

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

## Key Points to Remember When Talking to Someone About Suicide

- Speak with the student directly and in a comfortable, safe setting. Maintain clear professional boundaries.
- Be specific about the behaviour you have observed, and don't be afraid to express concern. Use objective, non-judgmental language.
- Stay calm and listen carefully. Acknowledge how the student is feeling and let them know you want to help. Take their concerns seriously.
- Make a referral – let them know about supports on and off campus and that seeking help is a sign of strength and courage.

If something still doesn't feel right consult with your supervisor/chair/dean, student centre, campus security, or campus resources.


## 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 to


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 are essential to recovery.

## Hopeful Messages

For people who have thoughts of suicide.

- It will get better! 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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People who are considering suicide have lost hope, and they need to be reminded that there is hope. Some hopeful messages for people who have thoughts of suicide:

- It will get better! 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

- Be patient. Be hopeful.
- Always take the person seriously.
- Listen and ask them what they need to be safe.
- Ask them: What is the most helpful thing I can do for you?

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When you are supporting someone, remember:

- Be patient. Be hopeful.
- Always take the person seriously.
- Listen and ask them what they need to be safe.
- Ask them: What is the most helpful thing I can do for you?

## Text Attributions

- This chapter was adapted from *Let's Talk: A Workshop on Suicide Intervention* by Dawn Schell, University of Victoria.
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# 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.

These 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. You can provide the scenarios as a handout or PDF (see [Handout 2: Talking About Suicide: Scenarios and Responses](#)).

## 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: Scenarios

Ask participants to work in pairs to talk through some possible things to say to the student. Give the participants one of the five scenarios provided below to discuss together.

Working in pairs, you can either role-play or discuss together how you might respond and offer support to the student in this scenario. This is a chance to think through how to

express your care and concern for the student 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 build confidence.

Questions to discuss as a group:

- 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 students in the scenarios?
- How was it to ask about suicide?

How did people respond? Debrief with the large group.

### **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: Student overwhelmed by final exams**

A student is facing final exams and says to you, “It’s no use. I’ll never be able to pull this off.” As the student speaks, they hardly seem to stop to draw breath, and you notice that they are fidgeting and having a hard time sitting still. The student tells you they have a very critical voice in their head that is always criticizing and saying they are worthless. This student also mentions that their focus and concentration are quite poor. 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.”

### **Key points**

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

## Possible staff/faculty response

*I can see that you're upset about the exams. I can hear the fear in your voice and understand your worries about what will happen. When you say, "It's not going to matter much longer anyway," I wonder if you mean you are thinking about suicide? I want to support you to be safe and to have a good outcome from this challenging time. 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 student 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 the student says 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.*

## Scenario 2: An Indigenous student overwhelmed by a suicide in their family

A mature Indigenous student comes into your office upset. They disclose to you that a close relative has just died by suicide, and they are overwhelmed with mixed 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 the student.
- Clarify what the student means when they say, "I don't know if I can cope with all this..." Ask the student if they are thinking about killing themselves.
- Connect the student with staff from Indigenous services (or student services if your campus does not have Indigenous services. Student services can connect the student with local Indigenous supports).
- Provide a referral to campus and community supports.

## Possible staff/faculty response

*I'm so sorry to hear about your loss; dealing with the grief from someone dying can be difficult, particularly so when they died by suicide. I can see this has been very troubling for you. Thank you for confiding this to me.*

*When you say, "It would be easier to just end it," do you mean you're thinking of suicide? We have*

*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? You are going through a tremendously difficult time and should be proud of yourself for seeking support.*

*Are there any cultural supports here that I can assist you in connecting with? Have you spoken with the staff in Indigenous services? I can introduce you to the staff there if you don't already know them. I think they'll be really receptive to supporting you and might have community or cultural supports that you can use.*

## **Scenario 3: Transgender student who is facing discrimination and isolation**

A student who has disclosed to you in the past that they are transgender approaches you in tears. When you ask what is happening, they tell you that they were home with their family over the holiday break and they came out to their family. Their family's response was not supportive, and the student tells you their parents made hurtful and derogatory comments during the discussion. The student makes statements like "This is so difficult. I can't keep going like this" and "I don't know why I even try anymore; my own parents don't love me or accept me for who I am" and "I'm tired of having to validate myself and who I am." They share other more general feelings of loneliness and hopelessness.

### **Key points**

- Highlight support and empathy while recognizing the strengths of the student.
- Thank them for confiding this difficult incident to you and explain you can refer them to resources on campus or in the community.
- Validate their experience and recognize (if appropriate) that while you do not personally know what this experience is like for them, you can see this is extremely difficult for the student.
- Ask the student if they have connected with the pride centre or the LGBTQ2S+ community on campus or in the surrounding community for additional support.
- Clarify what they mean when they say "I can't keep going like this." Ask about suicide or self-harm.
- Highlight the student's strengths and resilience that they have demonstrated so far and that their identity is valued. Tell them they are seen, heard, and celebrated at your institution.

### **Possible staff/faculty response**

*Thank you for sharing this with me. I can appreciate this is such a difficult time for you and this has a*



*significant impact on your well-being. While I don't personally know what it's like to identify with the LGBTQ2S+ community and not have the support or acceptance of your family, I can appreciate that this is a fundamentally important aspect of your well-being. Do you have any ideas on how I might be able to support you through this? Have you connected with our pride centre or student union office on campus? I am happy to walk you over there now if you would like.*

*I have heard you make some statements about feeling hopeless and losing a sense of purpose in your life generally. Are you having any thoughts of suicide? We have 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?*

*If the student says no, 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. I want you to know that I support you; you're a valued and important member of our campus community. I'd like to support you in any way that I can to know that you are seen, valued, and celebrated here on campus.*

## **Scenario 4: Student who is showing major changes in behaviour**

You noticed a student in class who has been wearing the same clothes on a few occasions and looks somewhat dishevelled. They appear tense at times and other times they've seemed sleepy in class. Last class you walked by them and wondered if you smelled alcohol. They have been handing in their assignments but doing mediocre, and their grades have been dropping. The most recent assignment wasn't handed in. You feel concerned that the student may be suicidal but you're not sure.

### **Key points**

- Highlight support and empathy while recognizing the capacity of the student.
- If appropriate, ask the student if they are thinking about killing themselves.
- Facilitate a referral or follow-up.

### **Possible staff/faculty response**

*Thank you for meeting with me. I've been feeling concerned about how you're doing. I can see that you're motivated to be here as your attendance has been good. At the beginning you seemed enthusiastic about the material and discussions. But lately you seem tense and tired. Your grades have been going down and your last assignment hasn't been handed in yet. Last class I wondered if I smelled alcohol. I wonder how you are doing and I'm concerned you are going through a challenging time that is interfering with your ability to do as well as you can at school.*

*I'm glad that we're talking, although I feel that it's beyond my scope/role to talk to you in detail about what's happening. I've found that in times of challenge it's helpful to get support for myself. Seeking help is courageous, not weak, and shows you are committed to working through the hard times. Do you have someone you can talk to? Have you considered accessing counselling services to talk or find out about resources? It's confidential.*

*There are other supports on campus, and I wonder if you're aware of them and if anything would be useful to you. The campus website lists all of the student resources in one place; I'm happy to show it to you. The crisis line is also good to know about as they can provide support and ideas of community resources.*

## **Scenario 5: International student who is under a lot of stress and is self-harming**

An international student comes into your office visibly upset. The student tells you that they had been sharing a basement suite with three other students, but the roommates have recently all moved out. This student cannot afford the rent and is about to become homeless. They tell you that the landlord has been entering the suite without permission and just threatened that he would seize all of their possessions in lieu of the rent that is now due. The student 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. The student also discloses that they have engaged in self-harm and shows you fresh cuts along the inside of their forearm. The cuts are slim and do not appear very deep, but they are not bandaged. The student expresses feelings of hopelessness and despair during the interaction.

### **Key points**

- Highlight support and empathy while recognizing the capacity of the student.
- Address any medical needs, referring the student to resources as appropriate.
- Ask the student if they are thinking about killing themselves.
- Connect the student with staff from the international student office (or student services if you do not have a separate international office).
- Provide a referral to campus and community supports.
- Provide student support in advocacy to community contacts in regard to rental properties.

### **Possible staff/faculty response**

*I'm so sorry to hear your living arrangements have been causing you so much stress these past few*

months. You should be proud of how you have conducted yourself during all of this; trying to manage this level of stress and stay on top of your studies is commendable.

Thank you for disclosing your self-harm actions to me. Please know I will keep this confidential as we determine what level of care might be appropriate for you. 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 can appreciate how overwhelming this may all be for you right now. You mentioned that you're feeling hopeless. Are you having any thoughts about killing yourself? We have 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?

Are there any cultural supports that I can help connect you to? Have you spoken to staff in international student services yet? I can walk down there with you now if you would like. As for the rental housing concerns, the international student office might have some resources to help you find accommodations, and we can also talk to our residence on campus to see about emergency housing until you secure a safer place to rent.



## Adaptations

You can adjust the scenarios to best suit your participants. Here are a few more suggestions for scenarios.

### **Student worried about their friend's change in behaviour**

You are talking to a student and they say, "I have a friend I am worried about." The student tells you their friend has not been motivated to show up online for lectures, is sleeping a lot more than usual, is not doing any work for their courses, and hasn't been connecting in any of the ways they usually would. They tried to talk to them about it, but their friend said it was "nothing and they just want to disappear cause nobody cares anyway." The student you are talking to is worried about their friend, and they say they are not the only ones who have noticed a change.

### **Student who is applying to law school and has received a disappointing LSAT score**

A student is applying to law school and recently received a disappointingly low LSAT score. They say, "I'm nothing. My life is over. I have no future. Everything I've worked for all my life is shot."

### **Student who is distressed about their parents' divorce and financial situation**

A student has just learned that their parents are divorcing. They say, "I should have seen this coming. Now it's too late. I don't know what's going to happen to my little sister. I want to help her

but I don't see how I can ever go home again. And there's no point in staying here and studying because my parents won't be able to afford tuition. I just want to go hide somewhere and never be seen again."

### **International student who failed an exam**

An international student who is on probation has just failed an exam. The student fears they will be suspended and forced to go back to their home country, but they would be a disgrace to their family and they couldn't face them. The student says that they can't see any other option but to end it all.

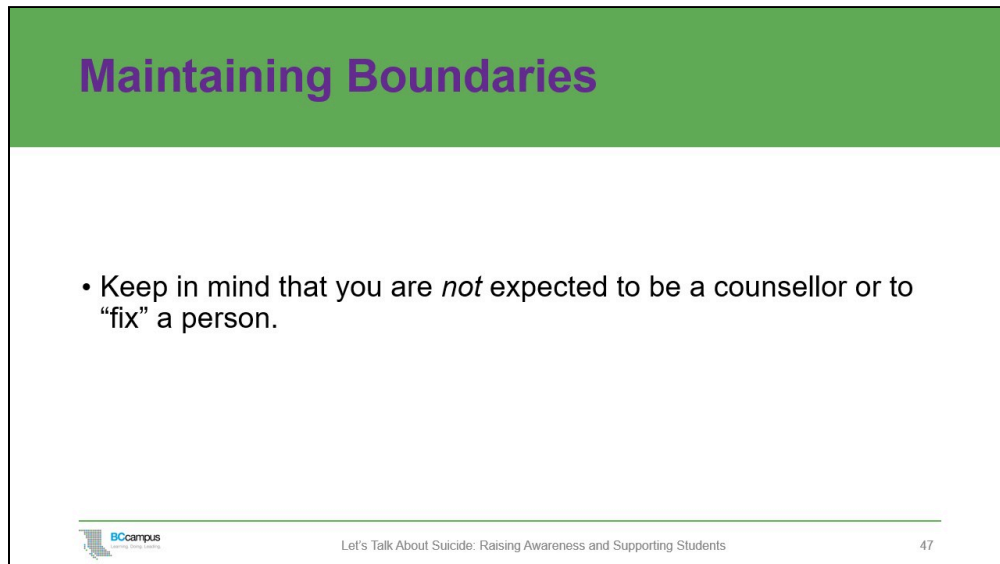
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# Maintaining Boundaries and Closing the Session


This final section emphasizes the importance of maintaining boundaries when supporting a student in crisis and the importance of self-care after a difficult conversation.

## Maintaining Boundaries



**Maintaining Boundaries**

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

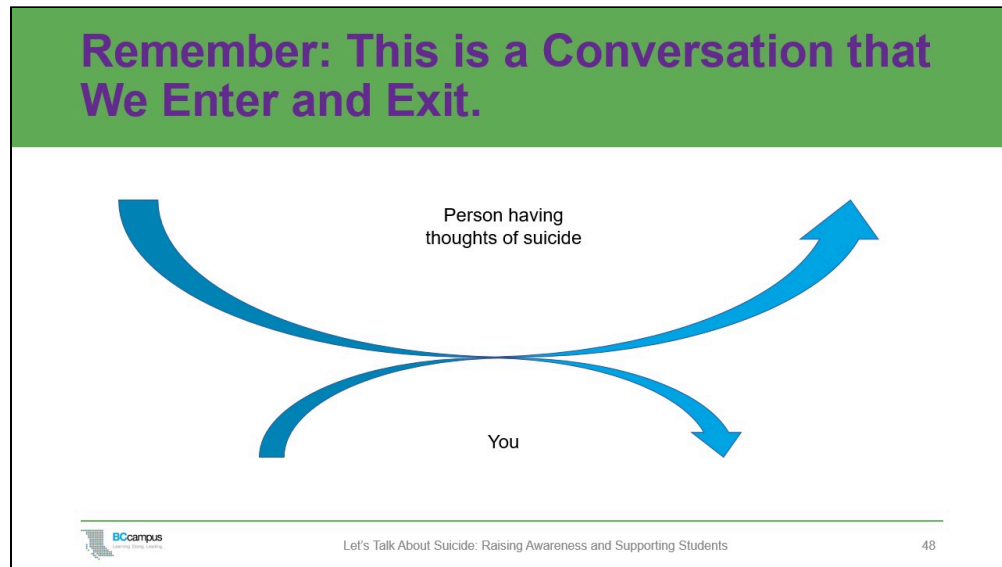
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When helping students, it is important to remember to maintain your own boundaries. Recognize what you can and can't do, given the limitations of your role, and be clear with others. Refer students as appropriate and access your own support when needed. While you can be an empathetic listener and help connect a student to 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.

To conclude your conversation, let the student know you are glad they came to talk 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."



Remember that there's an entry and an exit to the conversation. The conversation does not have to be a long one. By listening and referring a student to a counsellor you could be making a big difference to the person who needs to know someone hears them.

**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 who is suicidal.


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


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

## 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.**






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It’s also important to make time to take care of yourself after the session. It may be helpful to talk to a colleague or friend to debrief, or you may want to do something fun or relaxing to recharge. Think about what activities might you find helpful to try after the session.

## Re-Assessing 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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## Closing the Session

### REFLECTION: *How Confident Do You Feel?*

Now that everyone has completed the session, ask the participants to take a moment to reflect again on how confident they feel about talking to someone who says they are feeling 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 is information that is meant only for them and they will not be asked to share it.

### Questions and Comments



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To end the session on a positive note, ask participants to share what they found most valuable in the session. Ask if anyone has any questions or comments, and let participants know that you'll be available after the session if anyone has any questions or would like to talk about anything covered in the session.



## Thank You for Participating

If you need further information, please contact us or stay after the session.



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If you haven't already shared resources, pass out, or share the links to Handouts 1, 2, and 3.

### *After the Session: A Note for Facilitators*

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 learners engage with the different activities? Are there activities or discussions that I would change for next time?
- Did I or a learner seem to have a response to the material, a shared story or another learner 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.

## Text Attributions

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# Appendix I: Quick Reference: Responding to Students in Crisis

Handout 1 is a quick reference guide for responding to students in crisis. The handout lists provincial mental health and suicide crisis lines and provides space for facilitators or participants to fill out 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 this handout:

[Quick Reference: Responding to Students in Crisis \[PDF\]](#)

# Appendix 2: Talking About Suicide: Scenarios and Responses

Handout 2 includes five different scenarios of students who are in distress or considering suicide and gives suggested scripts for how to respond and connect each student to 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 this handout:

[Talking About Suicide: Scenarios and Responses \[PDF\]](#)

# Appendix 3: Suicide Awareness Resources

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

Download this handout:

[Suicide Awareness Resources \[PDF\]](#)

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# Versioning History

This page provides a record of edits and changes made to this book since its initial publication in the [B.C. Open Textbook Collection](#). Whenever edits or updates are made in the text, we provide a record and description of those changes here. If the change is minor, the version number increases by 0.01. If the edits involve substantial updates, the version number increases to the next full number.

The files posted by this book always reflect the most recent version. If you find an error in this book, please fill out the [Report an Error](#) form.

Version	Date	Change	Details
1.00	September 3, 2021	Book published.	
1.01	December 15, 2022	Structural revision.	<ul style="list-style-type: none"><li>• “Overview”, “Open Educational Resource” and “How to Use and Adapt this Guide” in the front matter were revised and reorganized under <a href="#">“Introduction”</a>.</li><li>• New cover image in Pressbooks and accompanying slide deck</li><li>• Text revisions in “Section 1: Getting Ready”.</li></ul>