

After a Suicide Attempt:

A Guide for Family
and Friends

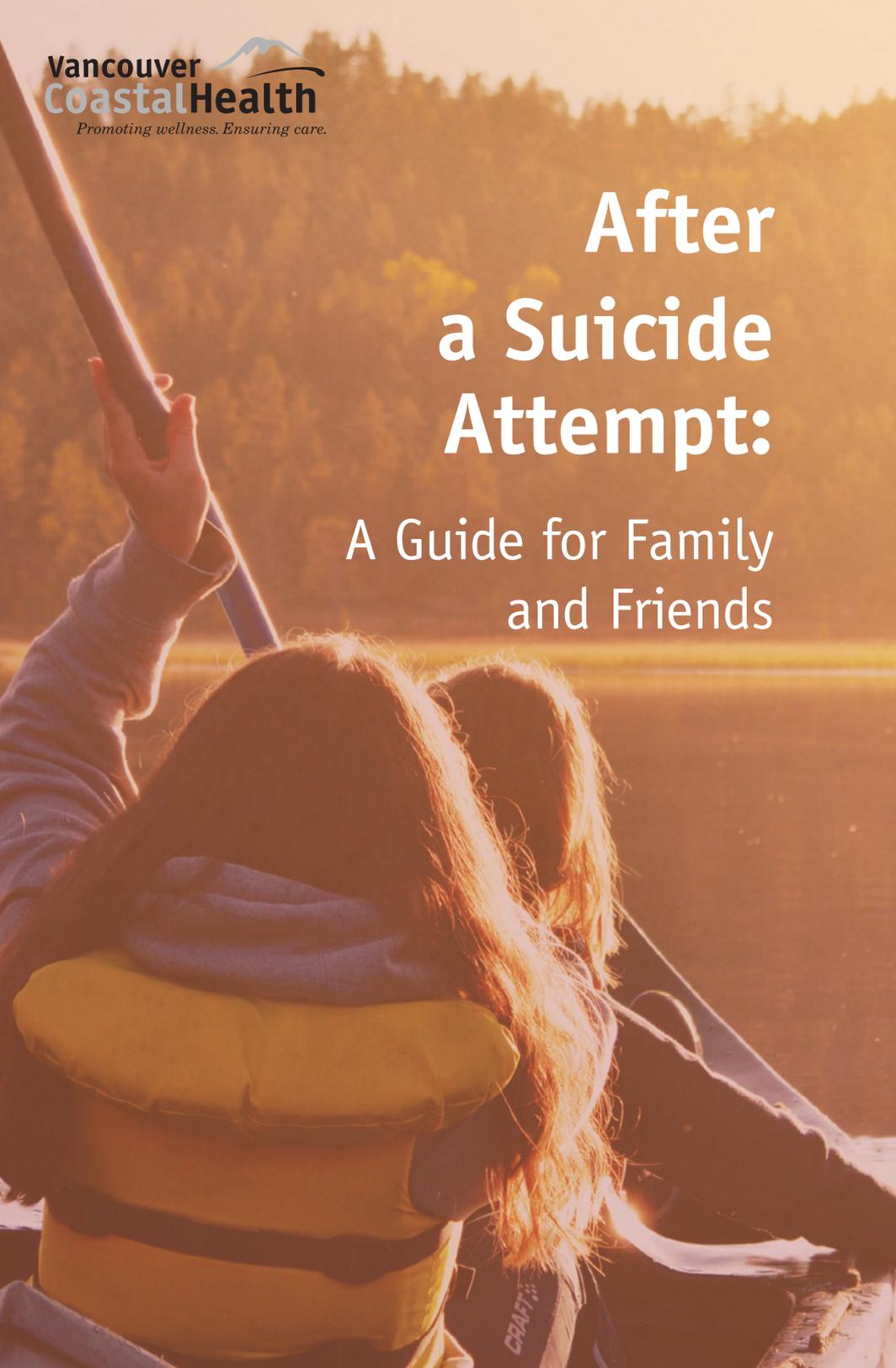


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Local Resources

Useful Phone Numbers

- Police/Fire department/Ambulance: 911
- VCH Aboriginal Wellness Program: 604-875-6601
- BC Distress Line: 1-800-SUICIDE (1-800-784-2433)
- BC Mental Health Info Line: 1-800-661-2121
- Canadian Mental Health Association – BC Division:
1-800-555-8222
- Child and Adolescent Response Team (CART):
604-874-2300
- CHIMO Crisis Services: 604-279-7077
- Access and Assessment Centre: 604-675-3500
- S.A.F.E.R. (Suicide Attempt Follow-up, Education,
and Research) Counselling Services: 604-879-9251
- Youth in BC: 1-866-661-3311

Your Own Local Resources

How to Make a Safety Plan

A **safety plan** is a set of instructions to help when someone who is at risk for suicide. The plan works best if it is made when the person at risk for suicide is NOT in crisis. The safety plan can be made by the person at risk and any personal or professional supports. Help the person at risk make a safety plan soon after you first learn that they're thinking of suicide. Some things to include in the plan are:

- Warning signs that the person's suicide risk may be increasing.
- A list of things they can do to calm or comfort themselves
- A list or pictures that remind them of reasons for living
- A list of people to call or talk with.
- A list of professional resources to call (i.e. crisis lines).
- A list of helpful online resources.
- Ways to make home or work safer (e.g. get rid of lethal means).
- Emergency numbers. Directions to the nearest hospital. What to say to emergency workers.
- Your role – e.g., how often can I check on you? When do I or others need to intervene?

Sample Safety Plan

This is your safety plan. You made it to help you get through times when you think about suicide. If you have those thoughts now, start at Step 1. Go through each step until you are safe. Your suicidal thoughts may be very strong. You may feel hopeless now, but it will not last forever. It is important to reach out for help. You can get through this. It can be hard to focus and think clearly when you feel suicidal. Put a copy of this plan in a place where you can easily find it.

1. Do the following things to calm/comfort myself:

2. Remind myself of my reasons for living:

3. Call a friend or family member:

Name: _____ Phone: _____

4. Call a backup person if the person above is not available:

Name: _____ Phone: _____

5. Call a care provider (psychologist, psychiatrist, therapist, mental health worker, social worker, spiritual care provider, Elder)

Name: _____ Phone: _____

6. Call my local crisis line:

7. Go somewhere I feel safe:

8. Go to the Emergency Room at the nearest hospital:

Address: _____

9. If I don't think I can get to the hospital safely, call 911 and ask for transportation to the hospital. They will send someone to get me there safely.



What Happens at the Hospital Emergency Department

When someone has attempted suicide, a medical assessment is the priority. The person should go to the nearest emergency department. If they can't speak for themselves, family and friends can help inform medical staff. Do not be afraid to get involved. There are some things you can expect when you go to an emergency department:

Triage

Triage involves gathering the information of the person at risk and the details of what happened. It can help to bring with you:

- The person's BC CareCard and ID.
- The person's prescription and medications.
- Name of the person's primary medical and mental health care providers.
- Money for parking and food.
- Something to help pass the time.

Medical Assessment

A doctor will assess the person's medical needs. This may include making sure they are medically stable. You may ask the medical staff and the person at risk if you can sit in on their evaluation. You could share useful information, such as:

- Access to weapons, medications, or other lethal objects.
- Changes in how medication is taken.
- Changes in professional help.
- Current stressors (e.g. relationships, finances, housing, health).
- Changes in the person's thoughts or behaviours.
- If a suicide note or will has been written.
- If possessions have been given away.
- If there is current or past abuse.
- History of trauma.
- Anniversaries of a major event or loss.
- Alcohol and/or drug use.
- Past suicide attempts and aftercare.
- Friends' or relatives' histories of suicidality.
- Professional supports, diagnoses and treatment plan.
- A health directive, if one exists.

Mental Health Assessment

Once the person has been triaged, they may see an ER doctor and/or talk to a Psychiatric Triage Nurse (PTN).

It helps to describe your concerns concretely. You could try, "He is withdrawn, angry, drinking more for the last two weeks, and not going to work," etc., rather than saying, "He's changed."

A discharge plan may involve a stay in hospital or a return home. Ask what the treatment plan will be after discharge. Follow-up is very important and is best set up before the person leaves the hospital. If you feel uncomfortable with the discharge plan, tell the ER team. Explain why you feel this way. Be specific: "He said he wants to kill himself and told me he wouldn't talk about it at the hospital," rather than saying, "I'm worried."

Discharge Plan

A good discharge plan includes some or all of the following:

- Follow-up and/or suggestions made by the medical team.
- Information about whether your friend or family member will be seen again, and if so, when, where and by whom.
- Clear details of referrals made to other services.
- The back-up plan with details of who to call and where to go for help.
- A Safety Plan. (See pages 4-6.)
- A list of local resources and crisis lines.
- If there are medications, you may ask that they be given to you, and/or they be prescribed in small amounts (e.g., 1 day or 1 week at a time) so that the person doesn't have a lot at once.

Involuntary Admission

A doctor can make an involuntary admission if they think a person is at high risk of suicide. In this case the person at risk may be held for up to 48 hours.

The person at risk will only be able to go out on passes if they have been cleared by the doctor. If the person goes out, you may be asked to go with them and be “responsible” for getting them safely back to the unit. If you do not feel comfortable with this, it is important to say no. It is your right.

Involuntary Assessment

If you think someone has attempted suicide or is in immediate danger, you should call 911 right away. If the person refuses help, you may go before a Provincial Court judge or justice of the peace. You can ask that the person at risk be involuntarily medically examined. This is called an Application for Warrant (Apprehension of Person with Apparent Mental Disorder for Purpose of Examination), Form 9 under the *Mental Health Act*.

You do not need a lawyer for this, but the application can be complicated. You can get a copy of Form 9 and ask for help from a mental health provider, hospital, or the court. Any notes that you have about the person’s mental illness or any related incidences are helpful to have on hand. If you have any concerns, you can call the Access and Assessment Centre at 604-675-3500.

As Family or Friend, What Are Your Rights and Responsibilities?

As the family member or friend of someone who has attempted suicide, you may have rights to some information.

In BC, the *Freedom of Information and Protection of Privacy Act* allows public health care professionals to share personal health information with friends or family members. This can be done under two circumstances:

- (1) The person gave consent to release their information.
- (2) Telling a friend or family member is necessary to protect health and safety

The person at risk may share their information by giving you written, signed and dated consent. You can then give it to the medical staff helping the person at risk. This consent may state what information you can access, and what rights you have on their behalf.

If you have access to your friend or family member’s information, you must protect their privacy. You may not share their information with others who are not involved in their medical care. For example, you should not share their health information with anyone else without the clear permission of the person concerned.

Patient Rights & Mental Health Advocacy

Patients have rights that must be respected. The *Mental Health Act* states that staff at medical facilities must give involuntary patients and youth under the age of 16 with information about their rights. These rights include:

- The hospital's name and location.
- The right to be informed right away of the reasons why they are being kept in hospital.
- The right to contact, retain and instruct a lawyer or advocate promptly.
- The right to regular reviews of detention by a physician (renewal certificates).
- The right to apply for a Review Panel hearing.
- The right to have proof for the detention supplied by a court.
- The right to apply to the court for discharge.
- The right to a second medical opinion on the appropriateness of treatment.

Advocacy groups that provide more information or help include:

- The Mental Health Law Program of the Community Legal Assistance Society (CLAS) – 604-685-3425 or 1-888-685-6222.
- Mental Health Action Research and Advocacy Association of Greater Vancouver (ARA) – 604-689-7938 or 1-866-689-7938.
- Motivation, Power and Achievement Society – 604-482-3700 or 1-877-536-4327.
- The Kettle Friendship Society – 604-251-2801.

Support for You

How are YOU feeling?

Your reactions to a suicide attempt can be intense and complex. **If you experience some or all of these things, reach out for professional help.**

- Do you feel fear, shame, anxiety, guilt, or insecurity? Shock, numbness, helplessness? Betrayal, confusion, or anger at the person who made the attempt?
- Do you find sleeping, concentrating, and staying motivated hard? Do you feel fatigued? Do you want to avoid reminders of the event or the person?
- Are you criticising or blaming yourself?
- Are your spiritual beliefs shaken?
- Are you having new conflicts at work or home?

How to Support Someone After Their Suicide Attempt

There are many ways that you can support the person you care about. You can:

- Be involved in their medical care as an advocate.
- Learn about the professional(s) they will be seeing.
- Tell them they can honestly share their thoughts and feelings with you, especially if they feel suicidal again.
- Encourage them to tell someone if they have thoughts of suicide again.
- Help them connect with a mental health professional who is trained and comfortable dealing with suicide.
- Be a part of their safety plan (See Safety Plan on pages 4-6).
- Make good use of your own supports and ask for help when you need it.

This can be a confusing and stressful time for everyone. It is normal to feel angry, scared or sad at times. Key things to remember are:

- Be alert to warning signs, have patience, and try not to be judgmental.
- Be clear and talk about your own limits. Let the person know what you can and can't do to help.
- Be sure to make use of your own supports and share your thoughts and feelings with them.

What You Can Do to Help

The Warning Signs of Suicide

The phrase “IS PATH WARM” is an easy way to remember the warning signs of suicide.

I	IDEATION	Does the person think or write about suicide? Do they say that they want to kill themselves?
	S	SUBSTANCE USE

P	PURPOSELESSNESS	Does the person talk about a loss of purpose in life? Do they say that they have little or no reason to keep living?
	A	ANXIETY
T	TRAPPED	Does the person feel trapped by their situation? Do they feel that death is better than living in pain?
	H	HOPELESSNESS

W	WITHDRAWAL	Does the person want to be alone and isolate themselves? Have they been withdrawing?
	A	ANGER
R	RECKLESSNESS	Does the person take risks without care for the consequences?
	M	MOOD CHANGES

Knowing When to Ask About Suicide

If you see warning signs of suicidality, it is important to ask about it. **Asking someone if they are thinking about suicide does not put them at more risk.** It can decrease risk by giving them permission to talk about what they are going through. When you ask about suicide it lets them know that you care and want to help them.

Warning Signs of Acute Risk

A person at acute risk for suicide may show the some of these warning signs:

- Talking about or threatening to hurt or kill themselves.
- Trying to get firearms, pills, or other means to kill themselves.
- Talking or writing about death, dying or suicide, when this is unusual for them.
- Becoming very calm and giving things away or putting things in order.
- Dramatic and unusual behavioural changes.

These signs might only be shown as ideas. But, if they are present, seek help as soon as you can by contacting a mental health professional or your local crisis line.

What You Can Do When Someone is at Risk for Suicide

If you are helping someone at risk, your first goal is their immediate safety. Do not leave them alone while you are getting help. Ask someone to stay with them to make sure they are safe.

Here are some things that you can do to help right away:

ASK –

When you think that someone might have thoughts of suicide, **ASK** them about it as soon as possible. Be clear and direct.

LISTEN –

Encourage them to **TALK**, and be a good listener. Having someone truly listen can be very helpful to them.

KEEP SAFE – if there is an immediate risk of suicide, your first goal is to keep them safe. Remove anything they could use to harm themselves.

GET MEDICAL HELP –

If they have harmed themselves, call an ambulance or go to a hospital right away. At the hospital, you can advocate for their medical care if they need you to.

REASSURE THEM –

Let the person know that they **CAN** get through this, and things can and will change.

Safety at Home

In order to help keep the home safe for you and the person at risk:

- Remove lethal objects.
- Keep as little alcohol, drugs or medications in the home as you can, or none at all.
- Give the person lots of chances to talk.
- Let them know it's okay to tell someone if/when they feel suicidal.
- Encourage them to get professional help
- Offer to help them connect to cultural and/or spiritual supports.
- Have the written safety plan in a place where you and the person at risk can find it easily.

Talking to Children

Talking to children about a suicide attempt can be very hard. You may feel uncomfortable, or not sure what to say. We want to protect children from painful things but we can't remove this event from their lives. Here are some tips:

- Let children know they are safe, loved, and that someone will take care of them. Let them know any emotion they feel is okay, and you are there to help them.
- Let children know it is not their fault, and they did not cause the person to attempt suicide.
- Arrange for safe and familiar adults to be with the children if you need to be at the hospital.
- Keep the child's routine as normal as possible (go to school, see friends, and do regular activities. It can give them a sense of security and safety.
- It is recommended that adults are as honest with a child as is appropriate. If we hide information from children, they may hear other things and become confused about what happened.
- Details should be neutral and factual. For example, "Your father took too many pills, and is now in the hospital." Avoid gory or scary information.
- Follow the children's lead, and let them know you will answer their questions. They will ask what they need to know, when they need to know it.
- Children may show different symptoms over time. Tell their caregivers (school, daycare, or others) about the situation. Watch for emotional (e.g., sadness, anger), behavioural (e.g., acting out, withdrawal), or physical (e.g., headaches, stomach aches) symptoms. One-to-one, play, or family therapy can help children and families through the impact of a suicide attempt.

Aboriginal Wellness Program

The Aboriginal Wellness Program offers one to one counselling, groups, outreach, workshops, cultural and spiritual support. Please call: 604-875-6601 for more information.

Additional Aboriginal resources

- Suicide Prevention Resource Toolkit, Centre for Suicide Prevention (2013) – <http://suicideinfo.ca/LinkClick.aspx?fileticket=MVIyGo2V4YY%3D&tabid=563>
- Suicide Prevention and Two-Spirited People, National Aboriginal Health Organization (2012) – http://www.naho.ca/documents/fnc/english/2012_04_%20Guidebook_Suicide_Prevention.pdf

Additional Resources

Publications

The Mindful Path Through Depression – Williams, Teasdale, Segal and Kabat-Zinn, Guildford Press, 2007

The Mindful Path to Self Compassion – Christopher Germer, Guildford Press, 2009

Out of the Nightmare: Recover y from Depression and Suicidal Pain – David L. Conroy

Online Resources

Canadian Association for Suicide Prevention – www.suicideprevention.ca

Centre for Suicide Prevention – www.suicideinfo.ca

Helping a Suicidal Friend or Relative – www.befrienders.org/helping-a-friend

Honoring Life Network is an Aboriginal Youth Suicide Prevention resource in English, French and Inuktitut – www.honoringlife.ca

Suicide: Following the Warning Signs – www.heretohelp.bc.ca/factsheet/suicide

Suicide Prevention Resource Centre – www.sprc.org

Suicide Prevention Among Older Adults: A Guide for Family Members – http://www.ccsmh.ca/pdf/ccsmh_suicideBooklet.pdf

Youth Support – www.youthinbc.com

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