

suicideTALK: An awareness in suicide exploration
Exploration Worksheet

Welcome to *suicideTALK*, a suicide prevention resource brought to you by LivingWorks Education. *suicideTALK* is about creating a climate of awareness and an interest in learning more about the wide range of suicide prevention activities. It provides you with an opportunity to explore some of the most fundamental attitudinal issues about suicide. Clarifying your views on these issues builds a solid foundation for future contributions to suicide prevention.

Please take some time now to do the first three exercises. Each will be discussed during the presentation.

EXERCISE 1: Should we TALK about suicide?

What do you think? Why?

Can you imagine that someone might answer the opposite way from you? Why do you think they might think that?

Can you imagine that someone might qualify their answer ("maybe," "it depends")? Why do you think they might do that?

EXERCISE 2: My life-sustaining stuff

Circle the three that are most important to you at this point in time. Feel free to add other life-sustaining elements that need to be included for you.

family	things to do in the future	hobbies/recreation	neighbors	goals
friends	coping skills/resiliency	responsibilities	health	work
religion	mental health/medical supports	financial security	faith/hope	

EXERCISE 3: Things I might want to do

Look over this table of suicide prevention activities. Are there any that you would like to do? We hope that you will make a commitment to do at least one of them.

Practice reframing life circumstances in positive ways	Tell others what signs you might show if you were in trouble	Practice caring for yourself; ask for help when needed	Volunteer to tell your story about suicide	Support means for formal and informal networking	Believe that individuals can make a difference
Have a family or place of work discussion about suicide	Tell others that you are a resource	Network with others trained in suicide intervention	Promote professional development	Identify organization and community resources and needs	Identify issues that require new or improved public health policies
Thank any resources you use and tell them what helped	Talk about barriers and bridges to the use of multiple resources	Get involved in developing community/organization coordination networks	Sponsor, organize or support a training	Implement and monitor protocols for coordinating services	Work with leaders to make improvements in policy and practice

Notes

How common is suicide?

Is help possible?

Tell

I need to **Tell** someone about my thoughts of suicide.

➔ I am alert to your needing to **Tell** me.

Ask

I need someone to **Ask** me about my thoughts of suicide.

➔ I am willing and able to **Ask** you directly.

Listen

I need someone to **Listen** to my thoughts and feelings about suicide.

➔ I am willing and able to **Listen** your thoughts and feelings about suicide.

KeepSafe

I need help **Keeping Safe** from suicide.

➔ I am willing and able to help you **Keep Safe**.

Ways I can strengthen my personal resources

I could make better use of my life-sustaining things by...

Yes, I want to be a person who will **WALK** the **TALK!**

One week from today:

On that day, I looked again at the table of suicide prevention activities above. I also thought about other things that are not on that list. Then I decided to...

Helpers in Your Community

Crisis (Distress) Center

Suicide Prevention Center

Teen Line

Rape/Sexual Assault Center

Domestic Violence Hotline

Sexual Abuse Hotline

Child Abuse Hotline

Police

Paramedic Emergency Medical Services Unit

Mental Health Crisis

Hospital Emergency Services

Emergency Shelters

Youth Shelter

Mental Health Outreach Clinic

Children/Youth Psychiatric Clinic

Other

Other

Other

Private Practitioners

Medical Clinic

AIDS Information and Testing Sites

Children's Services Offices

School Student Services

Child Care Referrals

Parent Training

Family Support Services

Self Help Groups

Substance Abuse Counseling

Alcoholics Anonymous

Mental Health Association

Religious/Spiritual Support

Legal Assistance/Victim-Witness Assistance

Probation Officers

Other

Other

Other

suicideTALK: An awareness in suicide exploration
Your feedback is important

NAME OF SESSION LEADER	DATE	
CITY OR MILITARY BASE	STATE/PROVINCE	COUNTRY/REGION

Was suicideTALK useful? (Please circle one) **HIGHLY** **VERY** **SOMEWHAT** **A LITTLE** **NOT**

How would you rate the value of today's experience? **HIGHLY** **VERY** **SOMEWHAT** **A LITTLE** **NOT**

What aspects of suicideTALK were most helpful to you?

What aspects of suicideTALK would you change to make it better?

Would you recommend suicideTALK to others? Why? Why not?

What three words best describe this session for you?

Have you had suicide intervention skills training prior to suicideTALK? **YES** **NO**

My comments may be quoted anonymously to promote suicideTALK: **YES** **NO**

Please feel free to make any additional comments or recommendations on the reverse of this form.
Thank you for your feedback.



If you have taken suicideTALK...

You know something about *safeTALK* already. The same *TALK* steps that you learned about in *suicideTALK* are in *safeTALK*. In *safeTALK* you will learn far more about them, you will learn more about why they are important, in a fairly dramatic way, and you will practice using them. In other words, *safeTALK* is for those of you who want to be able to do the *TALK* steps in real life.

If you have not taken suicideTALK...

Why should you come to safeTALK?

In only a few hours, you will learn how to provide practical help to persons with thoughts of suicide. Expect to leave *safeTALK* more willing and able to perform an important helping role for persons with thoughts of suicide.

How does safeTALK help prevent suicide?

safeTALK prepares you to be a suicide alert helper. You are aware that opportunities to help a person with thoughts of suicide are sometimes missed, dismissed and avoided. You want persons with thoughts to invite your help. You know the *TALK* steps (*Tell, Ask, Listen* and *KeepSafe*) and can activate a suicide alert. As a part of the *KeepSafe* step, you connect persons with thoughts to persons trained in suicide intervention. Helpers trained in suicide intervention complete the helping process or connect the person with more specialized help.

Why use safeTALK to learn to become alert?

A carefully crafted set of helping steps and the use of creative educational processes make it possible for you and up to 30 others in your community to leave *safeTALK* willing and able to be suicide alert helpers. *safeTALK* is the result of some twenty years of work at learning how to develop useful suicide prevention abilities in a short program.

What happens at safeTALK training?

Expect to be challenged. Expect to have feelings. Expect to be hopeful. See powerful reminders of why

it is important to be suicide alert. See how to activate an alert. Ask questions and enter discussions. Learn clear and practical information on what to do. Practice the *TALK* steps. Conclude with practice in activating a suicide alert.

Why is safeTALK for everyone?

Most persons with thoughts of suicide go unrecognized—even though most all are, directly or indirectly, requesting help. Without *safeTALK* training, these invitations to help are too rarely accepted, or even noticed. With more suicide alert helpers, more people with thoughts of suicide will get connected to the intervention help they want. **Suicide alert helpers are part of a suicide-safer community.**

Sponsor a safeTALK training

safeTALK is your way to maximize your investment in *ASIST* training (see handout, *Learn Suicide Intervention Skills*). *safeTALK* and *ASIST* complement each other. *ASIST* caregivers complete the process that *safeTALK* helpers start. The more people who are suicide alert, the more the skills of those trained in suicide intervention will be used. Together, these two programs provide a cost-effective way to ensure that more persons at risk are recognized and receive the help they want.

Educationally, *safeTALK* "fits" with *ASIST*. It uses compatible language and concepts. Both flow from the same assumptions about persons at risk and about the helping process. The attention to helper attitudes and respect for persons at risk dominate both. The balance between safety and challenge, structure and openness are other common elements.

safeTALK trainers

Contact your local *safeTALK* trainer for information about *safeTALK* in your region:

If *safeTALK* is not available in your region, find training that has a similar curriculum to *safeTALK*.

Programs for a Suicide-Safer Community



suicideTALK

An exploration in suicide awareness

suicideTALK is a 90-minute to half-day session that invites interested community members to become more aware of suicide prevention opportunities in their community. Dealing openly with the stigma around suicide, this exploration focuses upon the question, "Should we talk about suicide?"

As a *suicideTALK*-informed session member, you will be better able to:

- understand how personal and community beliefs about suicide affect suicide stigma and safety;
- appreciate how the steps taught in *safeTALK* can be used to help prevent suicide;
- choose among ways to help protect, preserve and promote life in a suicide-safer community.

suicideTALK can be customized for any community. Intriguing questions and a number of handouts stimulate learning. Discover commitments that you want to make.

safeTALK

suicide alertness for everyone

safeTALK, about three hours in duration, is a training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. Most people with thoughts of suicide invite help to stay safe. Alert helpers know how to use these opportunities to support that desire for safety.

As a *safeTALK*-trained suicide alert helper, you will be better able to:

- move beyond common tendencies to miss, dismiss or avoid suicide;
- identify people who have thoughts of suicide;
- apply the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person with suicide thoughts to suicide first aid, intervention caregivers.

Powerful video clips illustrate both non-alert and alert responses. Discussion and practice help stimulate learning. Learn steps that contribute to saving lives.



Imagine...

a suicide-safer community

LivingWorks has been helping communities become suicide-safer since 1983. These programs are part of national, regional and organizational suicide prevention strategies around the world. Developed using Rothman's social research and development (R&D) model, these programs prepare community helpers to intervene and prevent suicide. The learning experiences are interactive, practical, regularly updated and customizable. Comprehensive, layered and integrated, there is a program for everyone who wants to help.

See www.livingworks.net for more information.



ASIST

Applied Suicide Intervention Skills Training

ASIST is a two-day, skills-building workshop that prepares caregivers of all kinds to provide suicide first aid interventions. Professionals, volunteers and informal helpers all need to know how to help persons with thoughts of suicide in ways that increase their suicide safety.

As an ASIST-trained first aid intervention caregiver, you will be better able to:

- identify people who have thoughts of suicide;
- understand how your beliefs and attitudes can affect suicide interventions;
- seek a shared understanding of the reasons for thoughts of suicide and the reasons for living;
- review current risk and develop a plan to increase safety from suicidal behavior for an agreed amount of time;
- follow up on all safety commitments, accessing further help as needed.

Participation in the full two days is required. Enjoy small group discussions and skills practice that are based upon adult learning principles. Experience powerful videos on suicide intervention. Feel challenged and safe. Learn suicide first aid.



WorkingTogether

Creating suicide-safer community connections

WorkingTogether is a one-day learning experience for community helpers. It is designed to help community helpers bridge working together gaps in supporting persons at risk of suicidal behaviors. The program will

benefit individual participants, but is likely to have the greatest impact on a community where a large enough mix of helpers participate in the program. WorkingTogether includes innovative, experiential exercises intended to surface barriers to care and then to enable the development of life-links between and among the community's helping resources.



suicideCare

Aidling life alliances

suicideCare is a one-day seminar that introduces frontline caregivers and professionals to advanced clinical practices beyond suicide first aid care. A structured clinical risk assessment underlies the matching of an appropriate helping strategy with the needs of the person at risk. This seminar focuses upon suicide-specific tools that are rarely provided in formal training.

As a suicideCare-trained frontline caregiver or professional, you will be better able to:

- perform a comprehensive risk assessment;
- negotiate an appropriate helping strategy with a person at risk;
- appreciate how beliefs, attitudes and practices can shape an effective helping relationship.

Building on LivingWorks' *Risk Review* and *Suicide Intervention Model*, ASIST participation is a prerequisite. Explore the critical *Tools* (knowledge), *Tasks* (skills) and *Traits* (attitudes) for working intensively with persons at risk. Pre-session activities, structured handouts and case studies guide large and small group work. Expand your helping abilities with suicide-specific tools, tasks and traits.



Applied Suicide Intervention Skills Training (ASIST)

ASIST is designed to help all caregivers become more willing, ready and able to help persons at risk. Suicide can be prevented with the help of prepared caregivers.

Just as CPR skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. ASIST is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize risk and learn how to intervene to prevent the immediate risk of suicide.

The workshop is for all caregivers (any person in a position of trust). This includes professionals, para-professionals and lay people. It is suitable for mental health professionals, nurses, physicians, teachers, counselors, youth workers, commissioned and non-commissioned military leaders, police, correctional staff, school support staff, clergy, and community volunteers.

ASIST has five learning modules

1. **Preparing:** Sets the tone, norms, and expectations of the learning experience.
2. **Connecting:** Sensitizes participants to their own attitudes towards suicide. Creates an understanding of the impact that attitudes have on the intervention process.
3. **Understanding:** Overviews the intervention needs of a person at risk. It focuses on providing participants with the knowledge and skills to recognize risk and develop safeplans to reduce the risk of suicide.
4. **Assisting:** Presents a model for effective suicide intervention. Participants develop their skills through observation and supervised simulation experiences in large and small groups.
5. **Networking:** Generates information about resources in the local community. Promotes a commitment by participants to transform local resources into helping networks.

Emphasizing structured small-group discussions and practice, the workshop uses a 20-page workbook and two award-winning audiovisuals. Participants receive a 152-page *Suicide Intervention Handbook* and a full color wallet card featuring intervention principles, and risk review and safeplan development principles. They serve as living refreshers of the workshop learning.

ASIST is designed to help all caregivers become more ready, willing and able to help persons at risk. Prepared caregivers can help prevent suicide.

Unprepared caregivers tend to deny, avoid, even stigmatize and punish persons at risk. That is what society has traditionally done. All evidence indicates that unprepared caregivers continue this dangerous tradition. Training is required to turn denial, avoidance and stigmatization into vigilance, understanding and help.

Learn suicide first aid

Join over 750,000 caregivers and participate in LivingWorks' ASIST workshop. Learn to recognize and estimate risk, and become more effective at helping people at risk. The benefits will live on.

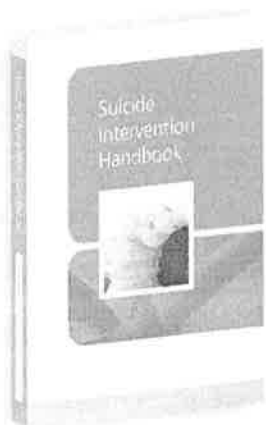
Sponsor a workshop

See the benefits first hand. Sponsors and organizers of ASIST receive a complete *Organizer Guide*. Helping to train the caregivers in your organization or community could save a life. It's an investment in people that will continue to grow.

ASIST trainers

Contact your local ASIST trainer for information about ASIST in your region:

If ASIST is not available in your region, find training that has a similar curriculum to ASIST.



Suicide Intervention Handbook

Tenth Edition – Available in print, eBook and audio CD

The *Suicide Intervention Handbook* is primarily an introduction to suicide intervention. While we believe you will find the handbook helpful, it alone will not prepare you to be a suicide intervention caregiver, regardless of prior training. As a simple way of explaining that more is involved, this handbook is part of the participant materials distributed at the end of the two-day, *Applied Suicide Intervention Skills Training (ASIST)* workshop and serves as a refresher for what is learned first hand. If you want to feel ready, willing and able to be a suicide intervention caregiver, attend an ASIST or similar workshop. For more about ASIST, please visit www.livingworks.net.

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Healing After a Suicide

Suicide leaves a painful legacy in the lives of people it touches. The pain is often deepened by the same stigma and taboo that stifles open talk about suicide. Everyone's bereavement journey is different. Even people within a family or circle of friends will experience the suicide loss of the same loved one in their own way. Yet it may help to know about some commonly experienced feelings and thoughts. Some of these may be familiar to you or to someone you are caring for following a suicide.

After a suicide, people may feel:

- | | |
|--------------|--|
| ☹ Alone | Why do others avoid talking about the suicide and keep their distance? |
| ☹ Sad | I'll miss him/her... a tragic end to a troubled life. |
| ☹ Devastated | How could it have come to this? |
| ☹ Angry | Why was so little support available? |
| ☹ Afraid | Are these powerful feelings normal? |
| ☹ Ashamed | How could this have happened in our family? |
| ☹ Guilty | Did we do all we could? |
| ☹ Abandoned | How could he/she have left me like this? |

Other feelings will likely be present. Not all those named above will be experienced by everyone. Feelings are not right or wrong. They locate where we hurt and it does help to share them and talk them through with people we trust.

Struggles after a suicide can include:

- | | |
|---------------|--|
| ☹ Disbelief | Was it really a suicide? It is so hard to accept. |
| ☹ Ambivalence | She/he's no longer suffering, but I wish she/he'd found a way to stay alive. |
| ☹ Coping | How can I get on with life while coming to terms with this suicide death? |
| ☹ Review | I go over and over what happened—sifting events and conversations. |
| ☹ Searching | How can I make sense of this and find meaning in the loss? |
| ☹ Renewal | I'm seeking a way to carry on, perhaps reviewing values and priorities. |

People's internal conversations following a suicide vary greatly. Other struggles may be present or more important. Talking things through provides focus and gains perspective.

Some have thoughts of suicide themselves after a suicide death and occasionally act on these thoughts. Find ways to KeepSafe while dealing with the pain of the loss.

Tell

Tell people you trust about your thoughts, feelings and struggles including thoughts you may have about self-harm or suicide.

Ask

Ask a person bereaved by a suicide about support they need and whether they have thoughts of suicide themselves.

Listen

Listen to the stories of the suicide bereaved—hear the pain, attend to the distress, support the search for meaning in the loss.

KeepSafe

KeepSafe from suicide while creating a safe place for people to share their sorrow and struggles and experience healing support.

Some Keys to Healing

1. Acknowledge the death and the suicide.

The wounds are not only over the loss but how and why someone suicided. This may initially evoke shock, disbelief, even denial. For some there is the additional trauma of discovering or identifying the body. And the endless questions which often remain unanswered, or unanswerable. Why did it happen? Could it have been avoided? Could I have done more to prevent it?

Resolving the death and the suicide both facilitate healthy grieving.

2. Attend to pain and distress.

Personal reactions to a suicide vary greatly. Typically overwhelming, changeable and even contradictory thoughts and feelings appear uninvited and won't go away. Initially, many feel swept along by these reactions, but increasingly there are opportunities to examine, explore and come to terms with them. People can be surprised by painful memories that resurface, particularly in response to anniversaries or personally significant events.

Taking the time to experience, express and explore the pain of the loss helps heal the wounds, even though the scars will remain.

3. Seek support and solitude.

There is usually a bond among those touched by the same suicide and emotional kinship in the presence of other suicide survivors. Many also gain perspective from seeking support outside the circle of the suicide bereaved. Social expectations about how one might respond to suicide deaths are poorly developed. Those grieving and their caregivers each need to play a role in shattering the stigma and journeying together into unknown territory. There are also times when it is necessary to be alone with one's own thoughts and feelings—bereavement is ultimately a personal journey.

Those inside and outside the circle of the suicide bereaved require sensitivity to the need for support and solitude—and to be able to seek and ask for what is needed.

4. Give healing time.

There is no standard schedule or timetable for grief. And while time does not heal all wounds, most indicate that the intense pain associated with the suicide lessens, even though emotional scars remain. Coming to terms with a suicide can be affected by personal factors, the level of support received, and circumstances before, during and after the death. What is recovered is not life as it was, but the ability to come to terms with life as it is and to create a meaningful future built around the loss, the bereavement experiences and the memorials in our minds.

Impatient advice from others (or from within) often says "get over it." But suicide is something people learn to live with rather than put behind them. Grief, like all wounds, heals from the inside out—and this takes time and patience.

5. Take an active role in recovery.

Any death can be confronting and disempowering. Suicide adds to this feeling in that those affected must come to terms with another person's choices. But the bereaved have choices, too—about how to respond.

The challenge is to make choices which face the loss, seek support, strengthen positive relationships, build a new future and facilitate healing.

A Matrix of Suicide Prevention Activities

About this matrix

The activities in the cells are only examples. There are probably many things that fit each combination of aim (protect/preserve/promote) and scope (individual/helper/resource) dimensions for each site of suicide prevention activity. This matrix is only a tool. Play with it. Have fun and make important discoveries.

	protect	preserve	promote
	Immediate, more crisis oriented. Focus is almost always suicide-specific. Usually not longer term or organizational.	In anticipation of the need to protect. Sometimes in anticipation of the need to promote. Suicide is almost always the subject.	Ongoing, more life oriented. Subject is almost always life-in-general. Usually longer term and organizational. Things done here will help with suicide but will also help with other issues.
START AT HOME			
individual	ask for help; don't take no for an answer	tell your story about avoiding or dealing with suicide to others with whom you are close	practice reframing life circumstances in positive terms
helper	ask about thoughts of suicide; take them seriously	have a family and/or place of work discussion about suicide; suicide-proof your home and/or, to the degree possible, work context	celebrate special events; use any excuse to celebrate life in general
resource	let others know about how they can help in a crisis	talk to potential resources and ask about help they can provide in a crisis	thank resources and tell them what helped
INFORM OTHERS			
individual	start a discussion about the things you might show if you were in trouble (your personal warning signs)	tell others about the warning signs of suicide and the keys to responding (e.g. TALK)	use words, "suicide-safer," "livingworks" and "life assisting" frequently
helper	talk about notions and antidotes (e.g. talking about suicide does not increase risk)	tell others about how big the problem is and about the number of caregivers trained	see and talk about yourself as a resource
resource	talk about the importance of the first responder's role in helping	talk about barriers and antidotes to the use of multiple resources	start discussions about how co-workers can support each other

**LEARN
HELPING**

	protect	preserve	promote
individual	practice caring for yourself; ask for help when needed	enhance skills that contribute to resiliency (e.g. problem-solving, coping, self-soothing)	re-examine life priorities and reasons for living; re-confirm them
helper	learn suicide intervention (e.g. take safeTALK or ASIST)	take a refresher; re-certify	network with other helpers trained in suicide intervention
resource	learn about other suicide prevention resources (e.g. Bereavement, WorkingTogether)	get involved in developing community or organization coordination networks	learn how to influence social policy/public health policy development

**HELPING
OTHERS LEARN**

	protect	preserve	promote
individual	talk about the impact of suicidal behaviors on you	volunteer to tell your "story" about suicide in learning contexts	talk about the value of learning from each other; promote life-long learning
helper	sponsor and/or organize an awareness program, an alertness or intervention training or bereavement program (e.g. suicideTALK, safeTALK or ASIST)	establish a directory of trainers and other resources	promote professional development
resource	sponsor and/or organize a training of trainers (e.g. an ASIST Training for Trainers, Bereavement, etc.)	support the infrastructure that enhances resource networks (e.g. AAS, CSP)	promote and support educational and other research institutions

**COORDINATE
COMMUNITY**

	protect	preserve	promote
individual	identify your role and the resources that you bring	network with others of similar and differing roles and abilities	support mechanisms for formal and informal networking
helper	identify community or organization resources and needs	join a community or organization suicide prevention committee	start a community or organization suicide prevention committee
resource	formalize cooperation among organizations	implement and monitor protocols for coordinating services	share funds and resources to facilitate the collaboration of services

**DEVELOP
POLICY**

	protect	preserve	promote
individual	affiliate with supportive organizations (e.g., AAS, CSP, SPRC)	start a grassroots movement	believe that individuals can make a difference
helper	identify issues that require new or improved public health policies (e.g., mental health act; gun and poison safety procedures)	prioritize goals	develop relationships with decision makers and power brokers
resource	decide how to gain funding and create policy development momentum	work with supportive organizations, institutions, businesses	work with power brokers (e.g., legislators, business and community leaders)

First Steps in Suicide Prevention

Want to do something but no one to help?

If your community or organization is not sensitized to or aware of the problem of suicide, you may feel isolated and on your own with your desire to make a difference. We suggest a number of activities that might help you link with others just as concerned as you are.

- begin a discussion with anyone about the size of the problem of suicidal behavior and/or the availability of community resources.
- visit a funeral home and ask to see their resources on death and bereavement.
- ask your local schools if they have guidelines in place for responding to suicides.
- ask your local law enforcement agency about means for restricting access to firearms.
- contact your local crisis line and ask what resources they have available for education and training.
- contact your local emergency services to ask about procedures and follow-up for persons who self-injure.
- contact some of the resources on the resource list to find out how they help with suicide prevention.
- see if there is interest in having a *suicideTALK* session or *safeTALK* or *ASIST* training for any group that you belong to.

Found a few like-minded persons at the session?

A suicideTALK session is a great place to meet other people who want to work at preventing suicide. Building upon these partnerships, you may wish to do some of the things from the list above. You might also find some useful ideas in the following list.

- locate an interested "lead" agency or group willing to "take on" suicide prevention community development work.
- develop a community or organization policy statement. Something as simple as, "Suicide is a serious community health concern in our community" will connect you with others who might want to help.
- find ways of inviting and empowering instead of fueling competition over resources.
- make an inventory of services currently available for persons at risk including comments on strengths and gaps in services
- organize a conference, workshop or focus group activity that invites members to help document the "suicide situation" in your community or organization.



Self and other maintenance and promotion

Don't forget yourself! Only being against suicide is not self-maintaining or promoting. Take some of your colleagues and go for a walk, buy some ice cream, watch kids in a swimming pool, play with pets, go skiing. Talk to your partner, make love, play a game, take in a movie. Put your feet up, read a book, pray, meditate, fly a kite. *Live life.*

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Karolinska Institute, Department of Social Medicine. (1989). *World Health Organization. Manifesto for Safe Communities*. Adopted at Stockholm September 26, 1989. Stockholm, Sweden. <http://www.ki.se/presswcc.asp/publications.html>

Karolinska Institute (1999-2000). *Criteria for safe Communities*. Stockholm, Sweden: Karolinska Institute, Dept. of Public Health Services, Division of Social Medicine

- circulate fact sheets containing current suicide statistics and include information on the frequency of suicide-related calls to local crisis services.
- distribute overviews of the World Health Organization and United Nations guideline objectives for suicide prevention and the World Health Organization's *Safe Communities Model*.
- focus on ways to motivate broad-based community interest and commitments to work together.
- brainstorm creative ways of getting everyone in the community involved—donations of services, space, air time, including corporate and business support.
- develop a comprehensive suicide prevention plan, mutually created and agreed to by key community players.
- set priorities and find funds to support persons who can meet those priorities.
- educate and empower significant community players so that eventually they become their agencies' resident experts.
- set mutually determined goals and expectations for suicide prevention that are reasonable and measurable.
- work with a process that elicits ownership of the problem and solution, moving to written protocols and procedures only after the sense of ownership has been established.
- Use safeTALK to teach suicide alertness skills. Use ASIST to teach suicide intervention skills. Together, they will improve community or organization communication and networking as well as create a solid resource base. Do this before introducing community awareness and prevention activities that increase the demand for service.

Run out of ideas?

Start or re-visit *A Matrix of Suicide Prevention Activities*. Return to it whenever it feels like nothing is working and you need some fresh ideas. The matrix is packed with ideas and may need an orientation to use effectively. Definitions of protect, preserve and promote are on the matrix handout. There are two other dimensions: three perspectives and six activity sites.

A Matrix of Suicide Prevention Activities

About this matrix
The matrix is a tool for organizing ideas for suicide prevention. It is organized into three perspectives (Individual, Helper, Resource) and six activity sites (Home, Informing Others, Learn Helping, Help Others Learn, Coordinate Community, Develop Policy). The matrix is designed to help you brainstorm ideas for suicide prevention activities.

Perspective	Home	Informing Others	Learn Helping	Help Others Learn	Coordinate Community	Develop Policy
Individual	... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...
Helper	... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...
Resource	... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...

A Matrix of Suicide Prevention Activities

The **individual** role or perspective is concerned with what an individual can or might want to do as a helper or might need as a person at risk. The individual may or may not be or even see him or herself as a helper. The perspective is personal and centered on immediate family and close friends.

A second perspective is that of someone who is in a designated or potential **helper** role. Such an individual is now aware of the value of being a helper in a larger context than only with persons who are personally significant. This broader perspective now consistently includes self-care for the helper.

The **resource** perspective is the broadest. It includes resource needs and/or mobilizing individual/helper resources, and increasingly, as movement down the activity sites occurs, with organizing the community with the objective of supporting resources or creating life-assisting community conditions.

We also distinguish six areas in which suicide prevention activities could be focused: **home, informing others, learn helping, help others learn, coordinate community and develop policy.**

Although these three dimensions are not completely independent, they create a matrix that is very useful. We are reasonably certain that you will discover new ways to help prevent suicide by working with this matrix. Our confidence stems from having had that happen to us.

Suicide Prevention in Schools

System-wide policies

Hopefully your school's central and local administration recognize suicide as a significant community health problem. A system-wide policy increases the chances that students will receive needed support and assistance. If you find that there is little or no policy—a common occurrence—there is much that you can do to be helpful.

Schools are not solely responsible for youth suicide prevention but they can play an important role in a community suicide prevention plan. Seek an opportunity to tell an administrator about your interest in suicide prevention. Ask a suicide information resource for copies of some of their guidelines. Tell a trustee about the community-wide nature of suicide. Ask if they would like brochures and other factual information to sensitize them. Encourage them to invite a *suicideTALK* presenter to one of their meetings. Listen for possible taboo attitudes towards open and honest *TALK* about suicide. Tell them the importance of school personnel helping students *KeepSafe* from suicide. Encourage the involvement of community services in training initiatives.

School procedures should be in place

Schools should have a procedure that assists those who identify at-risk students to refer them to designated staff. If there are no procedures, Tell someone you know in the school that there are community-wide awareness and education programs for school and community participants. Ask them if they would invite a *suicideTALK* presenter to explore a range of suicide prevention activities. Obtain and circulate suicide prevention protocols from other school districts for their information and reference.

Using school and community personnel to intervene

School personnel can be trained to provide immediate intervention help and to work with community personnel who have similar training. Knowing that training programs are available tells you that a school is concerned about helping students *KeepSafe* from suicide. Offer your support for their actions, but also ask if their programs include awareness information for all personnel and intervention education for designated personnel. Listen for signs that intervention training is not conducted in partnership with community and organization helpers. Tell them the value of



Ask the central and local administration of your school about their prevention policies and procedures. There are a number of guidelines that schools can use. This document offers some suggestions from a template policy developed by the *New Jersey Adolescent Suicide Prevention Project* and other guidelines that might be of interest.

Resources

American Association of Suicidology (AAS)

4201 Connecticut Avenue NW, Suite 408
Washington, DC, USA 20008
Tel: +1 (202) 237-2280
www.suicidology.org

Centre for Suicide Prevention (CSP)

Suite 320, 1202 Centre Street SE
Calgary, Alberta, Canada T2G 5A5
Tel: +1 (403) 245-3900
E-mail: info@suicideinfo.ca
www.suicideinfo.ca

CSP is one of the best sources of up-to-date information and research on all aspects of suicide prevention including prevention in schools.

viewing suicide as a community health problem and the importance of working together.

Health education and suicide

Health education should address topics of stress, depression and suicidal behaviors. Knowing that suicide issues are covered is an encouraging sign. Explore a bit further. Ask if different forms of harassment and their association with suicide attempts are covered. Ask if students are encouraged to TALK openly and honestly about suicide as a common aspect of human life. Ask students you might know (or yourself if you are a student) to TALK about forms of harassment that are common in school. Listen for evidence of racial, sexual and homo-negative experiences. Tell influential contacts that a school climate that keeps all students safe from denigrating behaviors is important in suicide prevention.

Parents and suicide

School policies should direct that parents be notified of any suspected suicidal behaviors and their cooperation sought in helping the student. If cooperation is not possible, legal and other resources should be asked to help the student. Knowing that parents and others are included tells you that the school is working towards a community health approach to suicide. If there is no parental involvement policy, ask why parents are not contacted. Tell influential contacts that parental involvement is generally crucial to the success of school-based and broader suicide prevention programs.

After suicide plans

School policies should have a specific plan in place in advance of a sudden death like suicide. The plan should require the assistance of a trained school and community/organization response team, provision of factual information to staff, students and others, plans for responding to the reactions of staff and students, and guidelines for contact with family members and responding to media requests. If there is no such plan in place, ask if there have been any suicides or suicidal behaviors in the school community and

ask how the school has responded to these situations. Listen for fears related to the taboo of TALKING about suicide, glamorizing an “unnatural” death or fueling the risk of copycat actions. Tell influential contacts the value of including an after suicide plan to minimize these fears. Obtain and share guidelines and protocols for schools responding to suicide such as those prepared by the *American Association of Suicidology (AAS)*.

Remain vigilant

In large organizations, things can change rapidly. Macro level budget changes can eliminate small scale funding to support a comprehensive suicide prevention approach with little warning. One S* shy principal, counsellor or trustee can pose a significant threat to suicideTALK. Involve new key decision and policy makers as soon as they come on board. Have them attend a suicideTALK session, *safeTALK* or *ASIST* training. Encourage schools to review protocols or policies by engaging in mock exercises using them. Involve key decision makers in this kind of review. Do not assume that support is automatic or permanent. There are just too much S* talk around to take anything for granted.

Suicide and Mental Health

There are common challenges in promoting a community climate which supports mental health and suicide-safety.

With both suicide and mental disorders:

- open TALK has been severely restricted by stigma;
- more accepting attitudes are increasingly seen as a key element in encouraging an informed, compassionate response;
- a community- or organization-wide approach is needed to achieve better outcomes.

People affected, and those in a position to help need to come together to nurture mental well-being, support suicide prevention and invite life-sustaining initiatives. While this vision needs to be realized on a community scale, changes typically begin on a personal level.

Promoting mental well-being

Since mental disorders have been clearly shown to increase vulnerability to suicide in some people, measures supportive of mental health will contribute to suicide safety. Finding informal support and professional treatment for those with mental disorders will enhance their well-being, strengthen life links and help them deal with problems in living.

Both mental health concerns and suicide safety need to be separately explored and specifically addressed.

While the presence of mental disorders invites particular vigilance about suicide, the absence of a mental disorder does not eliminate risk. Far from it. Indeed, as suicideTALK has emphasized, suicide touches a wide range of people in any community.

Strengthening life links

Even when mental health problems are present, it is essential that suicide risk is explored openly and safety addressed directly. Promoting an organization, community, clinic or hospital climate supportive of open, honest suicide TALK is a basic standard of care in any mental health setting.



A community perspective

The World Health Organization and several nations have developed strategies to enhance mental health and reduce suicide. In all of them, the promotion of attitudes and practices which support well-being and safety are emphasized as vital to effective prevention activities.

At a personal level, these prevention activities rely on the willingness of individuals, families, communities and organizations to talk openly about mental health and suicide. Concerns about mental health or suicide must be raised openly rather than marginalized or fearfully avoided. Part of this open, direct and honest conversation can explore the common concerns and shared goals for sustaining life links and promoting mental well-being. Some elements which might feature in that conversation are discussed here.

Some ideas

These are some of our suggestions for applying this approach in a mental health context. Add your own—talk these suggestions and your thoughts over with others.

Tell

Tell someone you trust about any personal symptoms and thoughts of suicide.

Create a climate where people with mental health problems or thoughts of suicide are encouraged to tell others and receive appropriate care.

Encourage families, clinics, hospitals or other settings to be places where people freely talk about how to stay alive, promote wellness and live with mental disorders.

Ask

Ask about symptoms and suicide.

Invite questions or disclosures about threats to life and well-being which people might otherwise be afraid to either name or discuss.

Inquire about current supports to help a person at risk, and others, identify and contact further treatment and service options when needed.

Listen

Listen for links between suicidality and mental well-being.

Listen for stressful events contributing to any past suicidal acts.

Hear what people have in mind: how their mental outlook may be affecting well-being and their will to live.

Acknowledge themes of aloneness which may relate not only to circumstances past and present but also to stigma and isolation associated with mental disorders or suicidal acts.

KeepSafe

Helper (custodian, minder, guardian, trustee...) contributes to:

Safety from self-harm and suicide;

Safety until further help and support is available and accessed;

Safety by employing the least restrictive option compatible with minimizing immediate danger and promoting longer-term well-being;

Safety which engages a person at risk to the fullest extent possible in decisions about a risk management plan;

Safety through an accepting environment where people can trust enough to explore fears and to entertain hopes about their mental health, problems in living and decisions to stay alive.

Living with Risk at Home

Someone close to you...

If someone close to you has just made a suicide attempt, then this is certainly a difficult and confusing time.

There are often many unanswered questions for everyone involved. Why and how did this happen? Did they really want to die? How could they do this to us? Will they try again? What can I do?

Now is not the time to drill for answers. Now is the time to put what you know about suicide first aid into practice. Although there is a lot you can do, remember that you do not have to do it all. You should never be a person at risk's only source of help.

Tell

Tell someone that you trust about what has happened. Choose someone who will be discreet and supportive of you during your efforts to support the person who has attempted suicide.

Tell the person who has survived a suicide attempt that you are thankful that they are alive. Say that you are willing to work with them to find the help and support that they need to work on the things that led to the attempt.

If you are concerned and do not know what to say or are afraid to say anything, say exactly that. Tell the person that although you may have run out of ideas and opportunities, you will help them find someone who can help.

Tell a helper that you need guidance and support in caring for a person who has attempted suicide.

Ask

Ask the person who has survived an attempt if they are still thinking about suicide. If they tell you they are not, ask, "Why not, what has changed?" If they answer yes, find out what they are thinking and who they might be willing to talk to about their current risk.

Ask if medical or mental health personnel provided service following the suicide attempt. With the permission of the person, contact the service to learn what you can about the attempt and about the recommendations they made for ongoing help and support. Enquire about helper support as follow-up to any initial



If the someone is you...

If it was you who just made a suicide attempt, this is likely a difficult and confusing time for you as well.

Know that you are not alone. Others care, will try to understand and will do their best to help. Reach out to as many people as you feel are needed. Do not expect any one person to have all the answers.

A lot of attention will be paid to your safety for a while. Sometimes it may feel like more than is needed but it is better to "err on the side caution." Do not let this focus on safety prevent you from talking about the underlying issues that led to the suicide attempt. You can get past those issues but you will need to work through them to reach that goal.

interventions and assist the person to meet with their helper as directed.

Ask who the person's supports and resources are. Obtain his/her permission to share with those supports the facts surrounding the attempt.

Ask the community or organization resources identified on your resources list for guidance in accessing their services. Be aware of and prepared to access the 24-hour crisis services if needed. Call them and find out more about what they do.

Listen

Listen more than talk. Although there is a lot to learn by Telling and Asking, it is imperative that you now emphasize Listening more than talking.

Listen for strong emotions that are often difficult to put into words. Although your mind may be working quickly to think of questions to ask or things to say, the person who has attempted suicide and survived may struggle to find words that will express their feelings. Initially they may just feel numb—without feeling, without words. Be patient!

Listen for their life links—those things that hold them to life. Encourage them to find ways of strengthening these life-preserving resources.

Listen to what they need to say even if it involves you. Be patient with both them and yourself as you work through the specific problems or needs identified. Demonstrate your hopefulness and support by acting quickly and confidently to seek the help of appropriate community or organization caregivers.

KeepSafe

KeepSafe by consulting the *suicideTALK* handouts *Invitations to Tell and Ask* and *More Keys to TALKing*.

They provide additional information on indicators of increased risk and guidelines for helping. Also trust that your own instincts can alert you to behavioral and emotional changes that may indicate times of increased risk.

Keeping safe is a priority when you are concerned: do not leave the person at risk alone. Act immediately. Have an emergency number that you can contact, 24 hours a day, for personal support and guidance.

Keeping safe may mean being directive, particularly if the person at risk is a young adult. Being safe does not mean isolating them from family and friends however. For example, if you want them to stay at home and not be out with their peers, do not restrict their phone privileges.

Restrict accessibility to potential means of suicide. Ensure that there are no unsecured weapons in your home. Empty the medicine cabinet of old prescriptions and potentially lethal medications. Remove misplaced ropes, vacuum hoses, belts or knotted cords found in the bedroom, vehicle or other personal space of the person at risk.

Seek out ongoing sources of support. Create a safety net. Involve the person at risk in deciding who among trusted individuals should be involved. Create or suggest a role that each resource person might play and encourage their regular contact with the person at risk. Share with each of them the *Invitations to Tell and Ask* and *More Keys to TALKing*, and the *Helpers in Your Community* list. Make sure that they are also aware of 24-hour crisis support (some resources are listed below).

Find longer-term help for the person at risk to work on underlying sources of pain or need. Do not wait for a future crisis to seek assistance.

24-hour crisis line in the USA:

**National Suicide Prevention
Lifeline (NSPL)**
Tel: 1-800-273-TALK (8255)
suicidepreventionlifeline.org

Crisis line listings in Canada:

**Centre for Suicide Prevention
(CSP)**
Tel: +1 (403) 245-3900
suicideinfo.ca

24-hour crisis line in Australia:

Lifeline
Tel: 13 11 14
lifeline.org.au

safeTALK and ASIST in the US Army

safeTALK (suicide alertness for everyone) and ASIST (Applied Suicide Intervention Skills Training) are both skills-oriented training programs that advance beyond the awareness of suicide you received in suicideTALK.

safeTALK: The half-day safeTALK teaches suicide alertness skills, appropriate for first line supervisors and members of the chain of command. Specific MOS's would also benefit from the half-day program including military police and trial defense lawyers. In safeTALK, the goal is to learn how to do the *TALK* action steps (*Tell, Ask, Listen* and *KeepSafe*) and activate a suicide alert. It provides powerful reminders of the difference suicide alert helpers can make, which in turn, motivates practice and skill development.

ASIST: The intensive two-day ASIST workshop is designed specifically for gatekeepers (those that are most likely to come in contact with a person at risk for suicide) and teaches the only *Suicide Intervention Model™* known in the free world. Chaplains, Chaplain Assistants and all counselors would benefit from the skills learned from ASIST.

Together, these programs help fulfill the Army's primary health care philosophy, which is to treat the soldiers as far forward, and as quickly as possible. safeTALK and ASIST help in other ways.

Utilizing a multi-tiered training platform, each aimed at a particular group with specific learning objections has other benefits, but the bottom line is instilling confidence in our soldiers (at all levels) to be willing, ready and able to help a person at risk for self-harm. Used together, suicideTALK, safeTALK and ASIST create a synergy that leads to suicide-safer communities.

"This is great training—just enough information in the right amount of time. This should be mandatory for all soldiers."

A participant comment following a safeTALK training Fort Bragg AB, July 2007

"It is an easy to understand and practical way for every individual to approach a potential suicidal person."

A participant comment about the ASIST workshop Fort Hill GK, July 2004



The "big three" benefits

- 1. Fewer false positives:** With enough gatekeepers and unit members trained in suicideTALK, safeTALK and ASIST, the Army can reduce the number of false positive referrals to mental health (MH). Only soldiers that indicate that they are thinking of suicide, or those that are believed to be suicidal are referred to a keepsafe, intervention-trained MH professional. With the proper training, the chain of command can be proactive and utilize the trained resources immediately available to them to ascertain whether or not one of their soldier's life or well-being is in jeopardy of self-harm. Those trained in safeTALK and ASIST have sufficient skills to help the commander make an informed decision as to the immediate well-being of the soldier. ASIST trained members help reduce the number of false referrals to MH that contribute to a more expedient referral system and increased time that MH can spend with a soldier who is at risk.
- 2. Triage at the unit level:** In theory and application, ASIST is similar to the Army's Combat Lifesaver Program. Army combat lifesavers are trained in advanced first aid to stabilize a soldier until the medic can arrive, or until the soldier is medevac'd. ASIST provides soldiers at the unit level with special skills to intervene when the Chaplain or Chaplain Assistant is not immediately available. This was crucial during the early stages of OIF when MH units were scattered across vast unit boundaries and small units were operating on their own or far away from their parent unit. safeTALK makes those trained in ASIST more visible, and therefore, useable.
- 3. Common language:** suicideTALK, safeTALK and ASIST provide a common language to foster understanding and communication between the MH provider, gatekeepers, various counselors and the entire chain of command.