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Family Connections

AUGUST 2019—EDITED BY ISABELLA MORI



World Suicide Prevention Day
Working Together to Prevent Suicide
September 10, 2019



September 10th is World Suicide Prevention Day. In honour and support of this day we dedicate this issue of the Family Connections Newsletter to the topic.

This is the second year that the World Suicide Prevention Day's theme is "Working Together to Prevent Suicide." This theme has been chosen because it highlights the most essential ingredient for effective global suicide prevention - collaboration.

We can all play a role, and can collectively address the challenges presented by suicidal behaviour in society today. On September 10th, you can join others across the world who are playing their part in the prevention of suicide. More on page 3.

In this issue you will find ideas about how to cope if your loved one is suicidal, toolkits for people impacted by suicide, first person accounts of survival and resiliency, research that can help us understand why people make suicide attempts, local resources and more.

Sometimes supporting your loved one requires you to acknowledge that you are not able and/or capable of providing them with what they need.

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. In Vancouver, for non-emergencies please contact the Access and Assessment Center (AAC).

AAC Contact Information

Hours: 7:30 am - 11:00 pm 7 days/week; 365 days/year

Phone: 604-675-3700

Address: 803 West 12th Avenue (at Willow between 12th and 10th)

About us...

This Newsletter is brought to you by Vancouver Coastal Health's Family Support and Involvement Team. We assist families with resources, education, information, support, and with facilitating the inclusion of family in the care of their loved ones. We also work with patient and family partners to ensure that clients and families are involved in planning and decision making across Vancouver Coastal Health's Mental Health and Substance use Services. You can find our contact information on the front page.

The *Family Connections Newsletter* is available electronically, direct to your email inbox. If you don't already receive *Family Connections* via email and would like to stay up-to-date about programs and services for families who are supporting a loved one with mental illness and/or addiction, sign up at www.spotlightonmentalhealth.com

By going to this website and clicking on the [Family](#) tab you can find our [Community Resource Guide for Families](#), Vancouver Coastal Health's [Family Involvement Policy](#) and much more.

Thanks for reading!

A Message from the FAC...

Hello families!

August lets me know that September is just around the corner and September is a month when people start new projects or get back on track with established initiatives.

Its no different for us at the Family Advisory Committee (to Vancouver Coastal Health Mental Health and Substance Use). Its a great time to think about joining! Its easy to take the first step. Email us at vancouverfac@vch.ca, reach out to any Family Support and Involvement (FSI) Team member or any of our FAC members with a simple request like "I'm interested". That's it!

We are so fortunate to have an FSI Team. To the best of my knowledge we are the only BC FAC that has wonderfully dedicated people to work with, Jen, Isabella, Becky and Otto. And it all started with family members just like you.

Coming up, we'll have our 2nd Annual Regional FAC Video Conference on October 9th. This event is open to all FAC members.

As well, we now have a date for our 13th Annual Conference, April 25, 2020. We need your ideas for a theme and topics.

Looking forward to hearing from you,

Patti Zane, FAC Chair



THE INTERNATIONAL ASSOCIATION FOR THE PREVENTION OF SUICIDE



Every life lost represents someone's partner, child, parent, friend or colleague. For each suicide approximately 135 people suffer intense grief or are otherwise affected. This amounts to 108 million people per year who are profoundly impacted by suicidal behaviour, from suicide to suicidal ideation and attempts. For every suicide, 25 people make a suicide attempt and many more have serious thoughts of suicide.

Suicide is the result of a combination of numerous risk factors – they could be genetic, psychological, social, trauma and loss related, etc. Everyone's situation is unique. Preventing suicide is often possible through well-planned multilevel support.

There are many things that anyone can do at any time, and also on World Suicide Prevention Day. You can raise awareness about the issue, educate yourself and others about the causes of suicide and warning signs for suicide, show compassion and care for those who are in distress in your community, question the stigma associated with suicide, suicidal behaviour and mental health problems and share your own experiences.

This is the second year that the World Suicide Prevention Day's theme is "Working Together to Prevent Suicide." This theme will also be used for WSPD 2020. It has been chosen because it highlights the most essential ingredient for effective global suicide prevention - collaboration. We can all play a role, and can collectively address the challenges presented by suicidal behaviour in society today.

On September 10th, you can join others across the world who are playing their part in the prevention of suicide. For more, visit <https://www.iasp.info/wspd2019/>, an event organized by the International Association For Suicide Prevent (IASP.) The International Association for Suicide Prevention (IASP) is dedicated to:

- preventing suicidal behaviour,
- alleviating its effects, and
- providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors.

Founded by the late Professor Erwin Ringel and Dr. Norman Farberow in 1960, IASP now includes professionals and volunteers from 77 countries.

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It's essential to take care of yourself when dealing with a suicidal loved one

IF A LOVED ONE IS (SOMETIMES) SUICIDAL...

By Donaleen Saul

Fifteen years ago, I lost my younger brother, Steve, to suicide. In the early months and years that followed, I often felt badly that I didn't do enough to prevent his death. Thanks to counselling, and writing a book about his death and the aftermath (*Did You Know I Would Miss You? – The Transformational Journey of the Suicide Survivor*), I no longer feel overwhelming guilt about how I might have let him down. I have forgiven myself. I am at peace.

I knew more about his struggles than I was able to admit at the time. Throughout our adult lives, Steve and I were not close geographically or socially, but we shared a common battle that we never spoke about. While writing his story and walking in his shoes, I found myself engaging with those dark thoughts that can take a life. They weren't new to me; over the years, I had occasionally grappled with suicidality. In fact, when everything was falling apart in my mid-twenties, I took an overdose of antidepressants, phoned my estranged husband to tell him, and woke up in the hospital the following day, relieved to be alive. Unlike Steve, who meant business, I was reaching out for help, however desperately.

If your friend or family member is struggling in the way that my brother and I struggled, or you suspect that they are, don't be afraid to talk to them. *How are you feeling? Are you considering harming yourself? Have you had thoughts like this before?* Giving a person who's feeling depressed and/or entertaining thoughts of suicide a chance to talk about what's going on can help them break out of that terrible shame and isolation that they're likely feeling.

If you find such conversations difficult, as I and my other family members did, contact friends and/or professionals in whom you can confide and who are able to talk about suicide in a non-dramatic, nonjudgmental way. You don't want to face this devastating challenge alone. It might be possible to arrange for a casual social situation with a supportive friend or acquaintance, in which you create a safe space for your loved one to share what they're going through.

Make sure you're aware of the resources in your community that support suicide prevention. Call the crisis line – 1-888-494-3888. They will direct you to local resources. You can also contact Canada Suicide Prevention and Support: 1-833-456-4566 (English): 1-866-277-3553 (French). In Vancouver, SAFER (Suicide Follow-up Education and Research) offers support and education for people 19 and over who are concerned about the risk of suicide in a significant other: 604-675-3700.

Of course, if the risk is serious and your loved one taken action and/or is intending to, take them to Emergency or call 911 immediately.

You can encourage someone to get help, you can support their focusing on the things that make life worthwhile for them, and you can assist them in accessing emergency services, but don't assume it's "your job" to save someone from taking his/her own life. Other than doing what you can and marshalling whatever resources are available, if a person makes the choice to end it all, there is little you can do to prevent it.

It's essential to take care of yourself when dealing with a suicidal loved one. Apart from providing for your own needs for food, rest, play, and contact with people who love you, it's im-

portant to stay connected with your own joy in being alive. In my book, I offer a journal writing exercise that invites you to choose from one of the phrases below and write for five to 20 minutes. If you are feeling low and are not in touch with that part of you that embraces life, choose one that begins with “I intend to...”

I find meaning in...

I intend to find meaning in...

I find hope in...

I intend to find hope in...

I live for...

I am inspired by...

I intend to find inspiration in...

I celebrate...

I intend to celebrate...

If journal-writing isn't your thing, it might be helpful to use one of these phrases as a conversation-starter with a friend, or just as something to ponder while taking a walk, or sitting quietly.

To help myself heal from losing Steve, I had imaginary conversations with him in my journal. In one of them, I asked him what he would say to someone who feels suicidal and is seriously considering taking their life. This was his response: *Please don't. Reach out to someone who loves you, and if they're not available, reach out to God, the Universe, whatever you want to call it. You don't have to be a believer... The word, 'help' is all you need to say. It's only four letters long, but it can turn everything around.*



Donaleen Saul is a writer and writing coach who lives on Saltspring Island. A sample of her book “Did You Know I Would Miss You?” can be found here <http://www.didyouknowiwouldmissyou.com/>

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'help' ... is
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TOOLKITS FOR PEOPLE IMPACTED BY SUICIDE

Contributed by Becky Hynes

Taken from <https://www.mentalhealthcommission.ca/English/resources/toolkit/suicide-prevention-toolkits>

The Mental Health Commission of Canada, in collaboration with the Canadian Association for Suicide Prevention, the Centre for Suicide Prevention, and the Public Health Agency of Canada has developed two toolkits to support people who have been impacted by suicide. An Advisory Committee comprised of people with lived experience related to suicide participated in development of these resources.

One toolkit is tailored for [people who have attempted suicide](#), and the other is focused on resources for [people impacted by suicide](#).

The Toolkits include:

- ⇒ Strategies for coping
- ⇒ Crisis planning
- ⇒ How to support someone who has lost someone to suicide or is having thoughts of suicide themselves
- ⇒ Hopeful messages
- ⇒ Background information about suicide, and why people attempt to die by suicide

You can access the toolkits by clicking on the links above, or by doing an internet search for “Mental Health Commission of Canada” and “suicide prevention”.



FIRST-PERSON ACCOUNTS

Compiled by Isabella Mori

Below are a few links to stories of people who have attempted suicide, survived it and share what they have learned:

From *Life after attempting suicide: What 4 survivors want you to know*: “Right before my suicide attempt, I looked like I had it all. A job in my field, a good relationship, and the first undergraduate published in The New York Times. I also thought about killing myself constantly.

Why didn't I reach out to anyone? Well, the truth is that I had. I quietly tried to share that I was struggling, but instead of help, I was told that I was selfish, being dramatic, and needed to pray. None of these messages was helpful. I felt like a burden and learned to hide my pain and pretend.” <https://www.goodmorningamerica.com/wellness/story/life-attempting-suicide-survivors-55841545>

The story of an Indigenous woman: “The key to reducing the number of suicide deaths is listening to the stories with alternate endings. Although I still think about suicide most days, my last suicide attempt was in 2014. It took three years to find a combination of medications and therapy to keep me sane. “ From *I tried to kill myself. I survived. When Canada's health care system failed me, I tried again, and again* <https://this.org/2018/07/10/i-tried-to-kill-myself-i-survived-when-canadas-health-care-system-failed-me-i-tried-again-and-again/>

From “them”, an online LGBTQ magazine: “It's been over 20 years since my hospitalization, and I can't even begin to describe the gratitude I feel over being alive today. I didn't just survive suicide — I went on to live a life that is joyful, rewarding, constantly fascinating, challenging in the best way, and full of love. I've traveled the world, participated in community organizing, fell in love a dozen times, learned through yoga and dance and athletic pursuits that my body is amazing. “ <https://www.them.us/story/i-survived>

From *Back From the Brink: Living With Borderline Personality Disorder*: On a glaring July day in 2001, having just received a breakup email from my boyfriend, I walked into the bathroom and tried to kill myself. ... It was the latest in a long line of suicide attempts, after 17 years of having an eating disorder. ... I haven't had a psychiatric hospitalization since 2005. I don't think of myself as a sick person anymore, because I found a therapy that turns chronic psychiatric patients into an army of compassion. https://www.huffpost.com/entry/back-from-the-brink-livin_b_1022820

From the stunningly beautiful site *7 Billion Ones*: “My dream is to be off the streets. To live in my own home and see my great grandbabies I ain't ever seen. All I gotta say is you gotta think positive 'cause help is out there. You can't give up, especially on yourself, 'cause I thought I was worthless and now I feel like somebody. To be honest, I'm tired of having my head down with my tail between my legs. I mean, that's what I been goin' through lately. The last several days have been better, ya know, but if there's any advice that I can give anybody, it's that your life is worth something. Your life is precious because a little sadness, a little whatever you got goin' on don't mean you have to give up, because I almost did, and I'm glad I didn't. 'Cause life is valuable and we all have a valuable gift of life, there is no sense in taking it away. Live it....live it!” <https://www.7billionones.org/it-knows-no-face>

*“There is
no sense
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life away
... live it!
Live it!”*

UNDERSTANDING SUICIDE: PAIN, HOPE AND CONNECTEDNESS

By Isabella Mori and Becky Hynes

Approximately 9.2% of the population thinks about suicide (“suicide ideation”) at one or more points in their life, and 2.7% will make an attempt. Most people who have made a serious attempt never attempt again; they have a 93% survival rate.

If we know what leads a person who thinks about suicide to making an attempt, hopefully we can interrupt their path. A recent idea in that area has been developed by Dr. David Klonsky and colleagues of the University of British Columbia. Among other things, it revolves around the amount of emotional or physical pain a person is experiencing, how much hope they have, and how connected they are.

Pain

According to Klonsky, it is the combination of pain and hopelessness that can lead a person to thinking about suicide. (Of course this does not mean that everyone who feels pain and hopelessness will start thinking about suicide.) Pain can show up in different ways, e.g. chronic physical pain was present in 9% of suicides in a large 2018 study. Emotional pain has many faces. For instance, a feeling of defeat or of being trapped can play a role, and so can negative self-perceptions. Social isolation, a lack of a sense of belonging, or perceiving that one is a burden to others can be extremely painful as well.

Hope

Klonsky et al add that “if someone in pain has hope that [their] situation can improve and that the pain can be diminished, the individual will strive to achieve a future with diminished pain rather than consider suicide.”

One definition of hope is that it is a combination of “I can” and “I see a way.” However, when trying to understand hopefulness in people who experience mental illness, it may be more useful to measure how they are not entirely without hope rather than how “big” their hope is. A person who is not depressed may often have thoughts like “sure, I can do this” or “I’m just going to figure out a way to get to XYZ.” Those types of thoughts are often miles away for a person with a mental illness such as depression. In such a case, we may treasure even the slightest glimmer of hope. “Sure, I can do this” could be unattainable, but “I guess it’s possible that one day I can do some of it” can seem like quite the victory.

How do researchers and care providers measure hopelessness? One way is through a tool called the Beck’s Hopelessness Scale. According to this scale, hopelessness can be experienced, among other things, by a person feeling that their future seems dark; that it is foolish to want anything because it is unattainable anyway; that they might as well give up, because they can’t make things better for themselves.

If someone in pain has hope their situation can improve, they will strive to achieve a future with diminished pain

What About Depression?

How does depression factor in? Of course, experiences such as self-loathing, isolation, and feeling defeated are often significant in depression. However, Klonsky and colleagues have the theory that depression is only a significant factor when the depression is about pain and hopelessness. A diagnosis of depression alone does not seem to predict a move from thinking about suicide to trying to following through on it. The theory is that what makes the difference is a lack of connectedness.

Connectedness

Klonsky's theory proposes that when pain is greater than connectedness, suicide ideation can become stronger. Connectedness has a broad definition; it is not only about feeling connected to people: "Connectedness can also refer to one's attachment to a job, project, role, interest, or any sense of perceived purpose or meaning that keeps one invested in living."

Capacity

If ideation is strong, the last important factor to consider is whether the person has the capacity to carry out an attempt. Can or will the person act on suicidal thoughts?

There are a number of factors to think about when it comes to "capacity". A person's disposition and the life experience they've had can influence their capacity. *Practical* factors are particularly important – does the person have the means? Indeed, one of the most frequent recommendations for suicide prevention is restriction of means, e.g. making sure that the person has no access to guns.

This research is very promising. The more we know about what increases the risk that someone might make an attempt, the more we can work together to try and address those risks.

Here is more on Dr. Klonsky's research: <https://www2.psych.ubc.ca/~klonsky/publications/3ST.pdf>



The more we know about what increases the risk that someone might make an attempt, the more we can work together to try and address those risks.

THE KELTY PATRICK DENNEHY FOUNDATION: PREVENTING DEPRESSION RELATED SUICIDE IN YOUNG PEOPLE

By Isabella Mori

The mission of the Kelty Patrick Dennehy Foundation is to prevent depression related suicide in young people. When Kerry and Ginny Dennehy's son Kelty died of suicide in 2001, they felt it was their duty to warn other people of the dangers of depression. They were deeply shocked when their tragedy happened and wanted to do whatever they could to prevent other families from experiencing such anguish. Both business people, they also realized that to do this, money was needed, so they started the foundation with a golf tournament in Whistler, which ran from 2001 to 2008.

Over the years, the foundation has raised over \$7 million. They have held many other fundraisers, such as fashion shows, rides for mental health, yoga for mental health, and dances for mental health. The funds are supporting many important initiatives, such as a standalone mental health facility at BC Children's, a chair in depression research at UBC, and VCH projects such as Kelty Online Therapy and the Kelty Mental Health Resource Centre at the HOpE Centre in North Vancouver. The Foundation is also a big supporter of the Crisis Centre.

But Kerry and Ginny Dennehy go further than fundraising; often they also support people one on one. "People still often don't know where to go when they notice their children become depressed," says Kerry. Because the foundation is so much in the news, the Dennehys regularly get calls and emails from people asking directly for help. This is because some people want to remain anonymous. There is still so much shame and stigma but since the Dennehys have always been open about the issue, people feel they can approach them. Sometimes the Dennehys have been able to even facilitate hospitalizations.

But often, what people just need someone to listen. Kerry remembers one person who left a message saying that they were depressed and suicidal: "If I can't talk to someone today, I'll kill myself." Kerry was able to meet with the person that afternoon. "They need someone who understands and is compassionate. They need hope and knowing that they're not alone. Often people have no one to talk to at all. They need to be heard."



If you happen to be in Whistler on September 12, join the Dennehys for a fundraiser. A ticket of \$50 will include dinner at Buffalo Bill's, a brief summary of The Kelty Patrick Dennehy Foundation's ongoing initiatives during dinner, followed by dancing to performances by Fab George and The Zodiacs as well as Vancouver's renowned Barney Bentall. <https://www.thekeltyfoundation.org/were-back/>

In 2018, the Dennehys received the Order of British Columbia for their work in suicide prevention.

They need someone who understands and is compassionate. They need hope and knowing that they're not alone. Often people have no-one to talk to at all. They need to be heard.

safeTALK and ASIST COURSES IN SUICIDE PREVENTION

By Isabella Mori

This article is based on a conversation with Dolly Scarr. Dolly is a safeTALK and ASIST trainer at CMHA Vancouver-Fraser.

safeTALK is a ½ day course where people learn how to become suicide alert by recognizing signs, engaging someone, and connecting them to an intervention resource for further support. <https://www.livingworks.net/safetalk>.

ASIST – the Applied Suicide Intervention Skills Training – is a 2 day course to learn suicide intervention skills. <https://www.livingworks.net/asist>

Dolly talked about her gratitude for this training. “It has helped enrich and support my conversations around suicide. Suicide is not rare. It is part of the human condition. I’m grateful for these trainings that have helped me to be able to open up conversations about suicide.”

What I have learned from this interview is how important it is for anyone—not just family members—to take care of themselves in the face of suicide, perhaps the most severe symptom of mental illness. But we can equip ourselves: we can deal with the situation head-on, be aware of our feelings and vulnerabilities, find people we can talk to, and use a framework for having difficult but important conversations with people who are desperate.

When we started talking, you mentioned that suicide has been close and real for you in the last few days – how do you take care of yourself around that?

That’s an important question. Self care is important! It’s my new project of taking self care more seriously. Just in terms of my life as a whole I need and want that to be a primary focus.

My plan for today is to walk in the forest and to connect with friends – friends and nature are an important source of nurturing for me. And then there is informal debriefing with colleagues or support from a supervisor if I feel the need for support. It is good to be able to debrief with someone after a challenging conversation with a client.

What happens in a debrief?

I’m a verbal processor. It helps me to ask, what did I miss? Is there any follow up that is needed? Is there anything I should be doing right now? What can I learn? And to just have a check-in with my emotions. I’m a team player – reflecting on the conversation with someone in my team is helpful. ASIST training gives a framework that is not only helpful during the conversation with the person thinking about suicide but to reflect or debrief the conversation to see if any further follow up is needed.

Sometimes I can have a bit of a fear reaction that maybe I’m not supporting the person in the way they need. That’s one of the ways in which debriefing helps. It helps me decipher if it is a fear reaction or and instinct I need to follow.

What is the procedure – when DO you call 911?

When there is imminent danger of harm to self or others or if someone can’t or won’t participate in the suicide intervention. When the person can’t agree to keep themselves safe, for

ASIST training gives a framework that is not only helpful during the conversation with the person thinking about suicide but to reflect on or debrief the conversation afterwards

Anyone who wants to attend ASIST or safeTALK is welcome. There is no need to have any previous training

example when someone appears to be affected by recent substance use, or they can't be present in the conversation – e.g. maybe they don't understand what I'm saying, or I can't understand what they're saying. Or if they are not willing to enter into the conversation about them being able to keep themselves safe.

Then there are also situations when the health care system has been involved but the person still has thoughts of suicide. I had someone come to my office the other day who had just been discharged from hospital. I'm grateful that I have the framework of ASIST that backed me up in the conversation with that person. I can touch base on the points that need attention, and that gives me a bigger capacity to be present with the person. Before I had that training, my capacity to connect and be present was more shallow – "Oh my gosh, they're talking about suicide, oh my Gosh!" Now I can be more present with that person, to what is going on for that person as a whole.

Who participates in safeTALK and ASIST trainings?

Anyone who wants to attend is welcome. There is no need to have any previous training to attend. Everyone with an interest is welcome to take the trainings to play their part in creating suicide safer communities. When I first did the Safetalk training, I knew the background of some of the participants in a few of the workshops who were health care professionals, had lots of formal training – e.g. in counselling – and experience including suicide intervention training. Then I had a conversation with one of them afterwards who said while they knew the general principles that were brought up in the training, what they found really helpful was the way they were organized and presented. Clinically trained counsellors have reported finding ASIST helpful in their practice.

Personally, I had also had some suicide training before but was still wishing after those trainings that I had a handy checklist for conversations about suicide. For example, I found IS PATH WARM helpful overall but not as helpful as a framework of support while having a conversation with someone about suicide. The framework doesn't make the conversations mechanical, to the contrary, I find the framework frees me up to be more present.

What is the most important skill in these trainings?

Listening. Being able to talk openly and ask directly about suicide. And it's one thing to know about these skills but in the training, we also put them into practice. Safetalk and ASIST give people a language to talk about suicide.

I'm also grateful for 1 800-SUICIDE, the Crisis Line and SAFER. They provide vital resources in creating suicide safer communities. It's good to have places to refer people to.

In Vancouver, these trainings are held at CMHA <https://vancouver-fraser.cmha.bc.ca/programs-services/community-gatekeeper-training/>. The next public courses are: safeTALK Sept 23rd, and ASIST Nov 23rd & 24th <https://vancouver-fraser.cmha.bc.ca/programs-services/community-gatekeeper-training/> Private courses can be booked as well.

VCH's Suicide Attempt Follow-up, Education & Research (S.A.F.E.R.)

S.A.F.E.R. is a free of charge, time-limited counselling service offered at Mental Health and Substance Use Outpatient Services.

Services offered

A S.A.F.E.R. counsellor can help you if:

1) You are feeling suicidal

Counselling (for up to 6 months) may help you learn new ways to cope with difficult times and painful feelings. S.A.F.E.R. can help you:

Discuss ways to keep you safe

Deal with painful feelings

Talk about what has happened in your life that causes you pain

Begin to set goals and feel more hopeful

Learn how to work on and solve problems

Build on your strengths

2) You are concerned about someone who is suicidal

S.A.F.E.R. offers up to three appointments with a counsellor to a person concerned about someone who is suicidal. During these sessions you can:

Learn about what to do, how to get help, and where to go for support.

Talk about your concerns

Get facts about suicide risk

Learn when to get help

Discuss ways to look after yourself

3) You are experiencing suicide bereavement

S.A.F.E.R. offers individual counselling (for up to a year) to individuals who have lost someone to suicide. We also offer counsellor-led groups for those who are ready to work on their grief with others.

Referrals

To refer yourself for any of these services, please contact the [Access and Assessment Centre](#) at (604) 675-3700.

Educational workshops

Our S.A.F.E.R. counsellors offer educational workshops in Suicide Intervention and Suicide Bereavement for mental health workers and members of the Greater Vancouver community.

For more information contact the Clinical Educator at (604) 675-3710.

SUICIDE PREVENTION IN SCHIZOPHRENIA

By Isabella Mori

Unfortunately, an estimated 5–13% of people diagnosed with schizophrenia die by suicide. The research on preventing these premature deaths is not complete; however a lengthy review in the *Annals of General Psychiatry* provides some insight.

Aspects that make a person with schizophrenia more likely to fall into the category of the 5-13% who die of suicide are: young, male, white, never married, with good function before the illness, with depression after psychosis, and histories of suicide in the family, substance abuse and suicide attempts. Other factors include hopelessness, social isolation, hospitalization, recent loss or rejection, limited external support, and family stress or instability. Of interest is also that insight into the illness can sometimes contribute to suicidal behaviour because the person might feel discouraged.

Knowing that these might be risk factors is useful (although the authors of the article point out that relying on them would be a mistake.) What else helps to prevent suicide? Suicidal behaviour among people with schizophrenia can be so impulsive that approaches such as traditional risk scales are less effective.

A considerable amount of research seems to show that the medication clozapine reduces the risk of suicide, and articles appearing later than the one cited here still agree with that. In addition, people with schizophrenia need empathic support from clinicians who “should acknowledge the patient's despair, discuss losses and daily difficulties, and help to establish new and accessible goals.” Social isolation and work impairment are also risk factors, therefore social skills training, vocational rehabilitation and supportive employment can be crucial.

It appears to be very helpful to have a therapist who can assist with working out daily problems rather than achieving psychological insight. Evidence shows that supportive, reality-orientated therapies are valuable, especially discussing the difficulties encountered in daily life such as concerns about medications and their side-effects, social isolation, money and stigma. However, these interventions seem to work best when the person is not acutely psychotic.

The article stressed that the prevention of suicide in schizophrenia should include information for the person's family, especially to reduce conflict with the person and to reduce stigma within the family.

Just as mentioned in the article about ASIST and safeTALK, people, including those diagnosed with schizophrenia, always benefit from direct questions about suicide. There is often a feeling of relief when the person has an opportunity to share their feelings.

The article mentioned here can be found online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1845151/> Readers who are familiar with the work of Dr. Xavier Amador will be interested to know that he is one of the contributors to the article.

A considerable amount of research seems to show that the medication clozapine reduces the risk of suicide

B.C. Schizophrenia Society presents

FAMILIES HELPING FAMILIES

Strengthening Families Together

Are you living with a family member struggling with mental illness?

YOU ARE NOT ALONE

Strengthening Families Together is a ten-session course for families and friends who have a loved one living with mental illness. The course provides information, tools and support to help people cope with these challenges they face.

Through the course, participants will learn:

- about different types of mental illnesses
- about medications and treatments for mental illness
- how to cope with and support a loved one who is living with a mental illness

Next Strengthening Families Together begins

Tuesday, September 17 - December 10, 2019 | 7:00 PM - 9:00 PM

Marpole Oakridge Community Centre

990 West 59th Ave, Vancouver, BC

This is FREE for participants. Class size is limited and registration is required.

Noleen, Vancouver Regional Educator

For more information and to register:

B.C. Schizophrenia Society

778-836-1886 | 1-888-888-0029 | vanrich@bcss.org

<http://www.bcss.org>

The Family Connections Support Group

The *Family Support and Involvement Team* has a support group for family and friends of individuals with mental illness and/or substance use concerns. The group is co-facilitated by a Family Support & Involvement Coordinator and family member.

We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened in their efforts to help their loved ones. The group has a small educational component. Participants also receive twice-monthly emails with the contents of the educational part.

Family and supporters are free to attend on a regular basis or drop in as needed. We hope that having the group on the VGH campus makes it easier for families to attend who are supporting a loved one at the Psychiatric Assessment Unit (PAU), Inpatient Psychiatry or Willow Pavilion, though all family members and supporters are welcome.

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: 2nd floor boardroom, Joseph & Rosalie Segal & Family

Health Centre, 803 W 12th Ave (at Willow; can be approached from W 10th Ave, behind the Blusson Spinal Cord Centre at 818 W 10th Ave).

A map is at <http://www.spotlightonmentalhealth.com/segal-building-map/>

For questions or more information please contact:

becky.hynes@vch.ca, 604-313-1918, isabella.mori@vch.ca, 604-314-9032, or otto.lim@vch.ca, 604-290-3817



A space in which family members can share their experiences with each other and feel supported

MORE FAMILY SUPPORT GROUPS



Parents Forever – For families of adults living with addiction. Group meets every 2nd Friday at St. Mary's Kerrisdale, 2490 W 37th Ave., Vancouver. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

BC Schizophrenia Vancouver Family Support Group - for family members supporting someone with serious mental illness. No meeting in August. Starting September, the group will be meeting on the 2nd Tuesday of the month. Marpole Community Centre, 990 W 59th Ave, Social room 2nd floor, 7:00-8:30 pm

GRASP Support Group – Peer-led, for families or individuals who have had a loved one die as a result of substance abuse or addiction. 2nd Thursday of each month, 7-9 p.m. at Gilmore Community School 50 South Gilmore Ave, Rm 207. Please email graspvancouverarea@gmail.com to register.

First Nations Talking Circle - Weekly Talking Circle co-ed group for adult family and clients interested in learning more about First Nations Culture, sharing, expressing thoughts, and experiencing traditional ceremonies. Every Wednesday from 10:00 at the Carnegie Community Centre. Third floor 401 Main Street/Hastings, Vancouver. Contact Perry Omeasoo @ 604-306-7474

St Paul's Hospital Family Support Group- Support for families who have a loved one living with mental illness. Last Thursday of each month, evenings at St Paul's Hospital, 1081 Burrard Street. Please pre-register at 604-682-2344 local 62403

VCH Eating Disorder Program – Family Support Group – for friends and family members of individuals living with an eating disorder. 1st Wednesday of each month, 6-7:30 pm, 3rd Floor, 2750 East Hastings, Vancouver. Contact Hella @ 604-675-2531 ext 20689.

Borderline Talks - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Every Wednesday from 6:00-8:00. Coast Mental Health: 293 E. 11th Ave., Vancouver, BC Contact: Coral More, coralmore@gmail.com

Family and Friends SMART Recovery Meeting, Raven Song Community Health Centre, 2450 Ontario Street. Every Tuesday 6-7pm. No registration required. Contact: Jimmy Sigmund at 604-675-3988 x20258

Richmond, Tri-Cities, North Shore & Beyond

Pathways Clubhouse Chinese Family Support Group – Education sessions for Chinese families who have a loved one living with mental illness. 2nd Saturday of each month 1-4:00 pm, Room 345/50, 7000 Minoru Blvd, **Richmond**. Contact Lorraine Ng Lorraine.ng@pathwaysclubhouse.com or 604-276-8834, ext 215.

Hope 4 Families Support Group

This group is a regular support and information meeting for family members of those in the acute care unit at the Hope Centre in **North Vancouver**. Meetings are held every second Thursday from 4-5 PM at the HOPE CENTRE MAIN FLOOR, GROUP ROOM 4. A social worker or family therapist and a family member from the North Shore Family Advisory Committee attend each meeting. The remaining 2019 dates are: Apr.11,25; May 9,23; June 6,20; July 11,25; Aug.8,22; Sept.5,19; Oct.3,17,31; Nov.14,28; and Dec.12.

Pathways Serious Mental Illness (formerly Northshore Schizophrenia Society) - groups in **West Vancouver, Tri Cities, Squamish and Whistler**. Call 604 925 0856 or email info@pathwayssmi.org