



A Guide for Early Responders Supporting Survivors Bereaved by Suicide

*“The anguish is a palpable pain in my heart,
so profound that it is a physical ache”*

-A father speaking of the suicide loss of his only child

Winnipeg
Suicide Prevention
Network

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Preamble:

“There are always two parties to death; the person who dies and the survivors who are bereaved. Unfortunately, many survivors of suicide suffer alone and in silence”

(Wolfelt, 2007)





Early responders play a vital role in supporting people who have lost someone they care about, someone they know who has died by suicide. Suicide loss is profoundly different than other loss and grief in that it is a intentional act that can have crippling effects for the family, friends and other survivors.

Suicide is recognized as an important public health problem and a major source of preventable deaths worldwide. (WHO, 2009) Many people die each year by suicide... it is a complex, multi-faceted problem leaving

some survivors who have a loved one die by suicide with their life as they knew it changed forever. Suicide can affect survivors in many life areas including having biological, psychological, social and spiritual impact.

Research shows those closest to the person who died by suicide are themselves vulnerable to self harm including substance-abuse. Survivors may be at 40X greater risk of suicide themselves because of the suicide loss. (LivingWorks Canada, 2006)

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The Purpose of this Guide:

This resource is intended primarily for Early Responders such as: Police, Ambulance, Firefighters, Emergency Personnel, Health Care Providers, Spiritual Care Providers, Medical Investigators, and Funeral Directors who all have close and often immediate contact with survivors bereaved by a suicide loss. However, other service providers may also find this information helpful in the work they do.

This guide offers information about suicide loss and will likely validate and enhance the many helpful things you already do. The guide may also offer new insights and guidance on suicide alertness highlighting prevention and intervention resources available, since we know that survivors may be at greater risk of suicide as well.

In supporting survivors bereaved by suicide we acknowledge your vital and influential role. We hope that working together we can lessen the impact of this trauma, reduce stigma and support survivors in their process of healing and recovery.

This guide was adapted from “*Supporting Survivors of Suicide Loss, A Guide for Funeral Directors*” used as per **Public Domain Usage Notice** SAMHSA Centre of Mental Health Services 2008 SMA 09-4375; CMHS-SVP-0194.

Developed by the Winnipeg Suicide Prevention Network in partnership with the Canadian Association for Suicide Prevention (CASP).



Death By Suicide: How Is It Different?

The end of life can come by many means. But death by suicide may be more complicated for those left behind. **WHY?**

Suicide is often violent, but so is homicide. Suicide is sudden and doesn't leave time for goodbyes, but so is a fatal car crash. So how is it different?

Death by suicide can encompass all these characteristics associated with traumatic events but how it differs from other deaths is inherent in the act.

Suicide is a deliberate end to one's life that many of us don't consider. It can be hard to understand why someone would engage in such behaviour. What we know is that suicide is complex and people are often in mental health distress, feeling overwhelmed, have a sense of hopelessness, feel helpless, isolated and are in despair. It is tragic and very sad when someone dies by suicide.

Suicide often occurs when someone's pain and despair completely overtakes their sense of hope and severs or impairs their connection to the world around them. It is tragic and very sad when someone dies by suicide.

A person who experiences a loss by suicide may be impacted in their body, mind, and spirit and there is no right or wrong way for them to react, respond, or manage this intense pain. Those who were close to or affected by a suicide are called suicide survivors. (SPRC, 2005) Survivors are often left with guilt and unanswered questions...

How could I have not known it was this bad?

Why didn't I see that something was terribly wrong?

Was I too hard on her/him?

Why wasn't my love enough to keep her/him here?

What did I miss?

How come I feel so angry at her/him?

Death of a loved one by suicide is jolting and crushing. The impact on survivors can be profound, long lasting and life changing. As an Early Responder, chances are good that a colleague of yours has lost a loved one to suicide.



Survivors though over time, and with support, can and do recover and can go on to feel joy and hope in their lives despite the reality and lasting memory of the loss.

It may be challenging for those bereaved by suicide to cope and function in the days and months following a loss by suicide. Some survivors compartmentalize their grief and keep it in a place deep within themselves. Most people are changed by this traumatic experience as it shakes their sense of security, sense of self, and causes people to question their ability and competence in other life areas.

It is common that survivors are preoccupied by questions. These questions can be incessant and may be part of coping with the suicide loss. The unanswered questions may lead survivors to feeling responsible for their loved one's death and survivors may experience feelings of guilt and shame.

These altered perceptions of self, while often not accurate, can be intensified by societal judgments that produce stigma related to suicide. Although well intentioned comments such as: "Why did he/ she do this to you?", "What a selfish act", "What a coward" these are all very demeaning and judgmental and can add to the stigma and contribute to the shame and guilt felt by the survivor.

In this guide we will offer suggestions of supportive comments and responses to encourage the survivor to express their feelings in a safe, non-judgmental and empathic dialogue.

SUDDEN LOSS:

What might survivors feel?

Grieving is necessary and everyone grieves differently after the death of a loved one. It takes time to process what has happened, and the way grief is expressed may range from reactions that are quiet and private to expressions that are loud and public or anywhere in between. Grief following a suicide is always complex. (Wolfelt, 2007)

One point to highlight is that **whatever reactions, feelings or questions the survivor has... this is understandable and alright considering the terrible situation and loss they have experienced. There is no right or wrong way to feel, respond or grieve.**

The best approach that Early Responders can take to allow survivors bereaved by suicide to process the trauma is:

- To recognize, acknowledge and allow the survivor to feel what they are feeling
- To be respectful of the person's needs, allowing the survivor to be in control of the pace of the conversation and the decisions to be made
- To let the person know you are there to listen IF they need to talk
- To let the person share their experience only IF they want to, not forcing disclosure or sharing that the person is not ready for

- To offer support and information about who else they could talk to such as people they have turned to for support in the past, resources in the community that help people who are bereaved by suicide

Being present and genuine with the person in their time of grief and acknowledging their tragic loss shows real concern and acknowledges for all involved the impact that death has had.



STIGMA OF SUICIDE: What's in a word?

Few issues in society are as stigma laden as suicide. People don't know what to say to survivors so either they say nothing or intensify the stigma by comments that have a judgmental tone. The language we use to describe suicide is very powerful and can either promote recovery or add to stigma. Stigma makes it difficult for survivors to reach out for help and for Early Responders to assist them.

Language that instills a caring, understanding, and non-judgmental viewpoint offers hope to the family members and communities grieving a death by suicide.

We no longer suggest using terms such as "committed" or "successful" suicide as these have negative connotations and wrong messaging INSTEAD it is suggested that we more accurately describe the reality of the manner of death and respect the needs of those bereaved by using: death by suicide, died by suicide, or suicide – this more accurately reflects what has occurred. (AMHB, 2006)

By using respectful language those bereaved by suicide will feel more supported as we all work together to reduce stigma and the barriers to talking openly about this trauma.

UNDERSTANDABLE EMOTIONS: How can you offer support?

Grieving is necessary and everyone grieves differently. The pain of a suicide death often has the survivor looking for answers to questions, answers that may or may not be found. The survivor may try to make sense of this significant loss which may include re-evaluating their own life values, meaning and life purpose as part of this experience.

Someone who is bereaved by suicide may find that they have a whole range of responses and their own emotions and reactions may even differ from others close to the loved one who died. This range and difference in feelings, responses and experience is common and expected and understandable given the tragedy that has happened.

There is no one way to respond to the trauma of suicide, as an Early Responder you may notice some emotions, responses, and reactions such as:

Shock and Numbness - turning off some emotions, not wanting or ready to feel the intense pain, feeling shaky, numb and empty.

Deep sadness - including helplessness, hopelessness, fear, anxiety, feelings of rejection and abandonment. Life may not seem to make sense anymore.

Anger and Blame - towards self or others including health care providers, family, friends, or the person who died, feeling angry at the unfairness of life.

Guilt - feeling like something was missed or that warning signs of distress were ignored, or the survivor may feel guilty about being alive while their loved one is dead.

Shame - intense fear of being judged, or judging and blaming themselves for the death.

Relief - may be experienced if the person who died was suffering in some way or if the relationship was very difficult or chaotic with the deceased.

Denial - may not fully accept what has happened, common in the initial phase of grief, some survivors find themselves searching for the loved one who has died or searching for another manner of death such as by homicide or by accident.

“Why” questions - in an effort to understand why the person died by suicide, why questions may surface and re-surface as part of the healing process.

Fear - of losing other loved ones, or a loss of self-esteem and confidence in problem-solving and decision-making.

Depression - grief impacts everything including sleep and eating patterns, concentration, energy and motivation.

Spiritual or Religious beliefs - may challenge own beliefs or values previously held or fear rejection by religious community, or question the meaning of life.

Suicide Ideation - may have their own thoughts of suicide because of the intense pain, this is common and the person should be connected to help resources. (Hill,1997) (CASP, n.d.)

Understandably, any of these reactions and responses can be compounded and the trauma heightened for survivors who have been the one to find their loved one after the suicide death.

Other common reactions could include physical sensations such as chest pain, headaches, stomach and digestion difficulties, exhaustion and memory problems. Early Responders should encourage the survivor to have these medical concerns assessed and treated as needed.

Encouraging the survivor to try to do something to care for themselves during this difficult time such as journaling, walking, exercising, breathing exercises, spending time with people they feel close to, and reaching out to talk to others who know how to help such as counsellors and suicide bereavement groups can be useful.



WHAT TO SAY:

Helpful Ways to Communicate



death is not officially a suicide until it has been called that by the Medical Examiner's Office which may be days or weeks after the death. The following is some general guidance on how to communicate with those bereaved during this time period.

With any type of sudden death it may be a challenge to find the right words to say. As an Early Responder you may be the initial contact, the first one to connect with and speak with the survivor bereaved by the sudden death (possible suicide.) As such, you play an important role as your interactions with the survivor will help set the stage for future conversations, reflections, stigma reduction and efforts to reach out for help.

You can assist the survivor in their healing process, regardless of your Early Responder role by showing compassion, empathy and patience. The secrecy of a possible suicide can also contribute to guilt and

shame and the stigma of suicide so it is important to be factual yet non-descriptive of the way the person has died.

After the manner of death has been determined by the Medical Examiner's Office as suicide, the person may need some guidance and someone to talk to. Depending on your role, it may be okay to confirm the Medical Examiner's Office determination that death was by suicide, and then listen non-judgmentally to allow the survivor to pace the conversation and how much is discussed about the suicide. When we show our comfort level talking about suicide, this provides permission to the survivor to speak about the loss and its profound impact.

After the suicide has been determined by the Medical Examiner's Office, the person may need prompting about what to do next.



Comfort in talking about suicide often comes with training that provides accurate information about suicide and societal myths.

Education offered by LivingWorks Canada www.livingworks.net can enhance your knowledge, skills and comfort in supporting survivors or people at risk of suicide.

Here are some suggestions about what can be said and helpful to the person bereaved by suicide:

“What do you need right now?”

- Then try to meet a basic need (water, food, comfort) and or facilitate connections to what is needed (ride home, calling a support person).

“Can I call someone for you?”

- Providing a phone, sitting with the person if they want while they make a call to a support person.

“Who and what has helped you before during a difficult time?”

- A supporting family member or neighbour, a counsellor, a spiritual care provider or self-care strategies.

“This is a very difficult time for you, can I help in any way?”

- Validates the person’s experience and opens the door to offer access to resources such as basic needs, security and comfort, connecting the person to help resources if needed (SPRC, 2005).

“Would it be helpful for you to talk about what has happened?”

- Taking the time to listen, and be present with the person allowing them to share as much as they want. Validating and normalizing their feelings can contribute to the survivor feeling heard, understood, and supported.
- Respecting the person’s privacy if they chose not to talk and open up about their feelings is very important.

“Sudden death can be a traumatic, shocking and overwhelming. Your reaction and feelings are quite normal and understandable”

- Recognizes the range of reactions and emotions that are understandable given the tragic loss and validates the person’s feelings and experience.

“When you are ready, you may want to talk to someone who can help you sort through this experience and all the feelings and thoughts you are having”

- Letting people know that it is okay to reach out for help. Sometimes, knowing that they are not alone, and that there are help resources (counsellors) who work with people everyday who have gone through what they have, can make a difference.

“When someone dies by suicide, it may seem to overshadow everything else, even the way we think about the person who died. How someone died does not define who your loved one was or your relationship with them”

- Suicide is a trauma and it is okay to say that the way a person has died does not determine their value, identity, and their importance. It does not diminish love felt for the person who has died or the love he or she may have had for others.

Be patient, sometimes the survivor may find processing information and their ability to communicate is affected. You may find yourself needing to repeat the same information or answer the same question.

Those bereaved by suicide may also find themselves replaying and reconsidering over and over again the circumstances of the death. This is both normal and necessary. (Wolfelt, 2007). Normalizing that it is common to have difficulties concentrating and offering to write down for them any information they want for reference later can be a very helpful gesture.

One of the most responsible and compassionate actions is to encourage the survivor to reach out for help. It is important that all family members be provided with adequate care and support. (WHO, 2009)



ASSESSING FOR RISK OF SUICIDE

Is the survivor at risk of suicide?

Even though the survivor may be surrounded by supportive, caring and loving people after their loved one has died by suicide; the survivor may feel despair that overwhelms them and this may interfere with their ability to reach out for help.

The survivor bereaved by suicide can be at greater risk of suicide themselves. He or she may be thinking about suicide when you are interacting with them, but may not necessarily have a plan to act upon those thoughts.

Talking about suicide is not an everyday conversation that we have with people; yet your role as an Early Responder means that you will encounter people who may be experiencing intense emotion and pain related to trauma so it would be important to check out if they are thinking about suicide.

People who have had someone they know and care about die by suicide are at 40 X greater risk of suicide. (LivingWorks, 2006) and having these thoughts at a time of significant grief and acute stress is not uncommon. As an Early Responder it is helpful if you are the one to start the conversation about suicide so that the person has permission to talk about their thoughts and feelings and then you would have the opportunity to connect them to suicide intervention helpers if it is needed.

One evidence-based approach that you could use is called SafeTALK which focuses on being suicide alert and then activating help resources in the community. Below is a quick summary of the SafeTALK steps, for more information or to attend the SafeTALK training visit: www.livingworks.net

SafeTALK could be incorporated into your department's CPR and First Aid training. This training is highly recommended for all Paramedics, Police and Firefighters.

Here is an example of how you may approach and ask the survivor about suicide using the **TALK** steps from the SafeTALK educational program (LivingWorks, 2007):

T-TELL: We would like the person to tell us openly and directly that they are thinking about suicide but often this does not happen. Instead we may need to tune into more subtle “invitations” to begin the conversation about suicide and inquire if thoughts of suicide are present.

The “invitations” may be things we see, hear, sense, or learn about the person, such as:

SEE: The person may be weepy or crying, unkempt in appearance, withdrawn or not communicating, giving away their possessions or those of the loved one who died by suicide (normal for people grieving but may also be something you see in people at risk of suicide).

HEAR: The person may use statements such as: “I understand why my loved one died the way he/she did”, “I can’t take this anymore”, or “I hope others understand when I am gone” (these statements may be subtle messages of distress and hopelessness that needs to be explored).

SENSE: The person may have a range of emotions like feelings of hopelessness, despair, anger, numbness (common reactions in grief but also may be present when people are thinking about suicide).

LEARN: The person may share information with you about the trauma of losing other loved ones to suicide or other life events that have happened recently or in the past. (Life events that may put people at greater risk of suicide include rejection, loss, abuse, and their trauma experiences).

The above “Invitations” give us a starting point to inquire about suicide in a more conversational way.

A-ASK: It is okay to ask openly and directly about suicide.

This is not always the easiest question to ask but if the person is thinking about suicide it is important to do. **How can you ask?**

Here are some ways to ask about suicide after you have connected with the person and have seen, heard, sensed or learned about the person in your brief conversation.

Ways to ask about suicide:

Ask Directly- It is a yes or no response and we need to be okay talking openly about suicide so that the person has permission to disclose their own thoughts of suicide to us:

“You have been through a very difficult experience, I need to ask, are you thinking about suicide?”

“Are you having thoughts about killing yourself?”

Summarize- It may feel more natural to restate to the person what we have seen, heard, sensed or learned about them and then ask about suicide:

“You look very sad and have told me that you can’t take it anymore, sometimes when people are feeling this way they are thinking about suicide, are you thinking about suicide?”

Another example of a summary might be:

“You seem very overwhelmed and this is understandable given your tragic loss, sometimes when people have a loved one die by suicide they think about suicide themselves, are you?”

By asking about suicide you are validating the person’s pain and trauma and then taking the risk to check out how bad it is for the survivor, *“Is it so bad for them that they are thinking of killing themselves?”*

If the answer is yes, and the survivor bereaved by suicide is having her or his own thoughts about suicide this is serious, very important and as an Early Responder your next steps could be:

L-LISTEN: Allow the person to share with you more about how they are doing and what has them thinking about suicide. By listening you are showing empathy and understanding, building rapport with the person so you can express your concern about needing to get help to keep the person safe.

K-KEEPSAFE: You need to get resources or helpers that can do a suicide intervention involved **today** to support the survivor so that they can keep safe.

Here is what you might say to introduce the topic of getting help:

“You shared with me that you are having thoughts of suicide, this is serious and I am concerned about you... we need to get other people involved, can I share with you some options of helpers/resources who support people thinking about suicide”

See Resource Listing on page 17 of the Guide.

Encouraging the use of other supports:

“Who else have you told or who else can you tell about your thoughts of suicide so you have support?” This last statement is about natural supports such as friends or family who can perhaps stay with the person after your conversation with her/him ends.

It is important that a person with thoughts of suicide is not left alone and that they are connected to a helper or resource that can do a comprehensive suicide assessment and intervention today. (LivingWorks Canada, 2007)

If you would like more information on being suicide alert or to develop skills in suicide intervention please visit: www.livingworks.net or reasonstolive.ca to find SafeTALK and ASIST trainings offered in your area.



FREQUENTLY ASKED QUESTIONS:

FAQ #1: Is it okay to talk about the manner of death with those closest to the deceased?

Answer:

No, not until the manner of death is determined by the Medical Examiner's office. Yet, family members know that as an Early Responder you might already have some knowledge about the death. Be cautious though about sharing details about their loved ones last moments. The Medical Examiner is best suited to answer questions about manner and cause of death, and the person's last moments. Your role is to acknowledge the loss and support the survivor in determining what it is that they need right now.

FAQ#2: What about a discussion about whether the death was accidental or by suicide?

Answer:

No. This is not recommended. In the days (and weeks) immediately following the death, survivors will grapple with a whole host of emotions and realities. The survivor needs to process that a loved one has died, that the death was sudden, and that the death likely left no time for goodbyes. It may be too soon for the survivor to accept the additional reality that this tragic loss may be by suicide. You may even encounter families that adamantly deny that death by suicide is even a possibility.

As an Early Responder, you may be the one to inform the loved ones about the death but it is not appropriate to provide details about location, wounds or method of injury. .. this is yet to be investigated by the Medical Examiner's Office. The best help you can offer is to show empathy about the loss and provide information in a way that is appropriate upon immediate identification of their loved one.

FAQ #3: Doesn't it aid the grieving process if the true manner of death is acknowledged?

Answer:

Yes and No. It depends on the survivor's openness and readiness to talk about suicide and not everyone (even within the same family) may be ready to acknowledge that death by suicide is the one person's reality. As an Early Responder validating the survivor's pain and loss by naming the death as tragic and sudden; while talking about the lost potential of the person's life may be more helpful early on in the grieving process.

The fact that someone dies by suicide (manner of death) is not as important as the survivor's love for them, what the person meant to loved ones, the contributions they may have made to society and the need to remember and celebrate the person who lived. How a person dies does not define their life. (Klinic, 2011)

COMPASSION FATIGUE

What about You?

Early Responders are exposed to trauma almost every day that is the nature of the important work that you do. Suicide and suicide attempts take an emotional toll beyond those of unintentional injuries. Any sudden death is a shock to the family and friends of the deceased, as well as to bystanders and the Early Responders. (SPRC, 2005).

You may find as an Early Responder that survivors bereaved by suicide (not knowing how to manage all the intense emotions that are overwhelming them) may direct some of those emotions towards you. This intensity of emotion although misdirected may be difficult at times to just disregard.

As well, there may be situations that you respond to that leave you feeling bothered. Maybe it is a situation that reminds you of someone you care about, maybe it was the impact and trauma that you witnessed amongst the family, or a post trauma you yourself experienced, or maybe it is just the repeated exposure to such violent, tragic events.

By supporting survivors bereaved by suicide, you are exposed to vicarious trauma and within your valuable role we encourage you to take a moment to reflect on how you are doing and maybe what you can do to minimize some of this exposure.

Vicarious trauma is manageable if the provider realizes it is impacting **him or her** in a negative way, and then takes immediate steps to address it. (Klinic, 2008).

There are ways to minimize and reduce compassion fatigue. One suggestion is the ABCs approach:

Awareness:

- Ask yourself, or have someone you trust to give you feedback on...
- How am I doing?
- Being aware of your needs, limits, emotions and resources.
- Practice being in the moment and having acceptance of what is.

Balance:

- Ask yourself: *“How am I doing in other areas of my life?”*
- Do you have work life balance? Do you have time for rest and leisure activities?
- Practice reflection, and make time for peaceful, restful periods throughout your day.

Connection:

- Ask yourself: *“How am I doing in my relationships with others?”*
- How are your connections and communication with others at work or home?
- Staying and getting connected to people we like to spend time with has real overall health benefits.

(Adapted from Saakvitne & Pearlman, 1996).

Stress is a normal part of everyday life, but at times it may feel out of control. Here are some things you can do to be mentally healthy everyday:

10 TIPS TO ENJOY LIFE MORE:

- 1) Accept the moment as it is
- 2) Reduce tension by breathing
- 2) Enjoy things and people that are important to you
- 3) Deal with things that bother you
- 4) Take your work breaks
- 5) Eat sensibly
- 6) Exercise more
- 7) Use and develop your sense of humor
- 8) Try something new, a hobby or interest.
- 9) Plan ahead, make a list
- 10) Ask for and reach out for help if you need it (MHP, 2010)

Another recommended on-line resource to find more ways to take care of yourself is: www.de-stress.ca

This web-site has ideas and resources to enhance your mental health and well-being.



RESOURCES:

What kind of support do people / families bereaved by suicide need?

There are a variety of needs from personal support to practical assistance. It is suggested that people bereaved by suicide are provided with the *After a Suicide: A Practical and Personal Guide for Survivors* adapted by SPEAK, a program of Klinic Community Health Center. The guide provides a comprehensive information regarding personal and family concerns including what needs to be done and how to complete these tasks after a suicide death has occurred.

Suicide Intervention Resources available 24 hours, 7 days a week:

This listing of available and accessible suicide intervention resources could be added to your current protocols:

Manitoba Suicide Line: 1-877-435-7170

Klinic Crisis Line: 786-8686
Toll free: 1-888-322-3019

WRHA Mobile Crisis Services
(Adult- Winnipeg): 940-1781

Mobile Crisis Services (Youth): 949-4777
Provincial toll free: 1-888-383-2776

Winnipeg Emergency Services Operator:
911
OR
visit a Hospital Emergency Department

ONLINE RESOURCE LINKS:

www.reasonstolive.ca
(Manitoba Suicide Line)

www.livingworks.net

www.klinic.mb.ca

www.suicideprevention.ca
(Canadian Association for Suicide Prevention)

www.siec.ca
(Suicide Information and Education Centre)

www.kidshelphone.ca

www.sprc.org
(Suicide Prevention Resource Centre)

www.leftbehindbysuicide.org

SUICIDE RESOURCES AVAILABLE FOR LONGER TERM SUPPORT:

Klinic Community Health Centre
870 Portage Avenue, Winnipeg

- 1) After Suicide Bereavement Group and individual counselling regarding a suicide loss. 784-4059
- 2) SPEAK (Suicide Prevention Education Awareness Knowledge) Survivors of Suicide Support Group. 831-3610 toll free: 1-877-838-3610
- 3) TTY Deaf Access Counselling 784-4097
- 4) *After a Suicide: A Practical and Personal Guide for Survivors* available through SPEAK

Compassionate Friends-Winnipeg Chapter 787-4896
Self help organization for parents grieving the death of a child

Jewish Child and Family Services 477-7441
Bereavement and Suicide Support groups

Victims Services Unit, Winnipeg Police Services
986-6350 Resource Centre for families who have been victims of tragedy

Suicide Information and Education Resource
www.siec.ca

Suicide Prevention Resource Centre
www.sprc.org

Aboriginal Healing Foundation
<http://ahf.ca>

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Mental Health Programs Programmes de Santé Mentale
Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

