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Discussing Suicide Safely

Discussing suicide safely and ethically offers everyone the valuable opportunity to change public attitudes and correct myths, which may encourage those at-risk or feeling vulnerable to seek help. Using correct language is important.

We all have a role to play in suicide prevention. Responsible, culturally-sensitive discussion and use of social media should consider:

When	Use	Avoid
Describing the act of suicide	"Death by suicide," "died by suicide", or "took his/her own life."	"Committed suicide" as this implies a crime and "successful" as death is not a matter of success.
Describing a person at risk	"At risk for suicidal behaviour."	Describing a person as "at risk."
Describing suicide among Inuit communities	"Suicide among Inuit."	"Suicide by Inuit" and "Inuit suicide.".
Describing a person who has died by suicide	See "Warning Signs of Suicide" and "What to Do" below to encourage help-seeking behaviour.	Saying the individual showed "no signs" or that the event was "sudden" as it diminishes the complexity of suicide and disempowers people who may reach out for help.

Additionally, be aware of the following:

- **Suicide is a preventable** public health crisis in Inuit communities. The challenges that contribute to suicide risk in our population are well documented; they are rooted in historical trauma and enduring social unfairness that have existed for decades. Suicide among Inuit is not an unexplainable event nor can it be blamed on any single event.
- Suicide is complex. Many risk factors can contribute to suicidal behaviour yet individuals are never destined to die by suicide. There is no "recipe" for suicide and prevention and intervention are always possible.
- Suicide risk factors are the experiences, events or conditions that research has linked to suicidal behaviour within a population. This means that the lives of people who have died by suicide are more likely to share certain characteristics. These risk factors, such as experiencing childhood violence, are <u>not</u> necessarily "causes".
- Suicide protective factors include the ability to cope with acute stress, mental wellness, and living in a safe and supportive environment. Protective factors reduce suicide risk.



- Participate in suicide intervention training: ASIST, safeTALK, or Mental Health First Aid, to name a few.
- Share stories of hope and recovery, and information on how to overcome suicidal thoughts and increase coping skills.
- Inform yourself about <u>suicide warnings</u> and <u>risk factors</u>, the language of suicide to help reduce the risk of suicide. Seek advice from suicide prevention experts.
- Remember to use and remind individuals of community supports and/or crisis lines such as the Nunavut Kamatsiaqtut Helpline at 1-800-265-3333.

Warning Signs of Suicide

The following can be warning signs of suicide in person or on social media:

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- There is also the less obvious talk like "you might not find me here tomorrow"
- Jokes about death
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.

What to Do

If someone you know exhibits warning signs of suicide:



- Do not leave the person alone.
- Ask them clearly and directly if they are thinking about suicide.
- Listen to them. If you are unable to be a good listener, pass the person on to an ASIST trained adult they are willing to talk with.
- Remove any firearms, alcohol, drugs, belts or sharp objects that could be used in a suicide attempt.
- Call Kamatsiaqtut Helpline at 1-800-265-3333 or the Hope for Wellness Helpline at 1-855-242-3310.

Take the person to the health centre, emergency room, or seek help from a medical or mental health professional or from a peace officer such as RCMP.