

SOURCES

“Take Action”
Injury Prevention Centre
(formerly Alberta Centre for Injury Control &
Research
(ACICR))
www.injurypreventioncentre.ca

Suicide Prevention Program
Alberta Health Services
www.albertahealthservices.ca

Centre for Suicide Prevention
Canadian Mental Health Association
(CMHA)
www.cmha.ca

Suicide Prevention Protocol
Homewood Health (formerly Human
Solutions)
www.homewoodhealth.com

Talk About It!!

**Facing Facts Resources: Tackling the Stigma
of Mental Illness**
www.virtualwellness.ualberta.ca



CAMPUS RESOURCES

Counseling and Clinical Services (Students)
phone: 780.492.5205
www.uwell.ualberta.ca

Assistance Programs: (staff, faculty, PDFs &
graduate students)
24 hours a day/7 days a week
phone: 780.428.7587 or 1.800.663.1142 (English)
1.866.398.9505 (En Français)

Faculty, Staff and eligible dependents (EFAP)
www.hrs.ualberta.ca/efap

Post Doctoral Fellows (PDAP)
www.hrs.ualberta.ca/pdap

Graduate Students (GSAP)
www.hrs.ualberta.ca/gsap

Protective Services—U of A
24 hours a day/7 days a week
phone: 780.492.5050
www.uaps.ualberta.ca

Organizational Health and Effectiveness—HRS
Phone: 780.492.7124 or 780.492.4555
email: org.health@ualberta.ca
www.hrs.ualberta.ca

Helping Individuals at Risk
phone: 780.492.4372
email: hiarua@ualberta.ca
www.disclosure.ualberta.ca

EXTERNAL RESOURCES

24 hours a day/7 days a week

Emergencies & Immediate need:
ph: 911

Edmonton Support Network
phone: 780.482.HELP (4357)

Health Link Alberta
phone: 1.866.408.5465

**Community Urgent Services and Stabilization
Team**
phone: 780.342.7777

Suicide

TALK ABOUT IT

*Suicide Awareness
and Prevention
Information*



UNIVERSITY OF
ALBERTA

SUICIDE

Each year, **1 in 6** Albertans will seriously think about suicide. Annually there are approximately **2400** hospital stays and more than **6000** emergency room visits for self-inflicted injuries. The result of suicide attempts. More than **400** people will die by suicide.

The University is committed to supporting faculty, staff and students in both their work and personal lives by providing comprehensive, preventative programs and services.

Suicide has no boundaries. It can affect our family, friends and coworkers. This information is being made available to raise awareness and provide access to necessary information on suicide prevention, but also to ensure that all of us can adapt our behaviour and respond appropriately in these situations.

THE MYTHS

Talking about suicide may “plant the seed”.

Having open, honest and frank discussions about suicide does **not** create or increase the risk.

People who talk about it don’t really mean it.

Few people commit suicide without attempting to notify someone of their intent. It may be their way of asking someone to help them live.

A suicidal person wants to die.

What most are looking for is a way to stop the pain or escape a situation. Most are ambivalent about the decision and are caught between wanting to live and finding a way out of their current situation.

After a person tries to commit suicide—it is unlikely they will try again.

Studies suggest that 4 out of 5 individuals who die by suicide have made at least one prior attempt.

There were no signs

One third of deaths by suicide are preceded by warning signs.

Suicide is only a risk through adolescence and early adult years.

No age group, race, religion or gender is immune to the risk of suicide.

RISK FACTORS

- Family history of suicide
- Stressful life events (e.g. leaving home for the first time, family changes)
- Living with a serious illness or injury
- Seriously injuring or causing the death of another (e.g. vehicle accident)
- Suffering a major loss of a friend, family member, relationship or possession
- Fear of embarrassment/humiliation (failing school, job loss, not meeting other’s expectations)
- Substance abuse

WARNING SIGNS

There are no guaranteed predictors for suicide. However, there are important warning signs to recognize.

- History of previous attempts or threats
- Preoccupation with death and/or dying
- Talking about suicide or death
- Taking unnecessary risks
- Giving away possessions/cherished items
- Change in personality/behaviour
- Change in sleep/eating habits
- Loss of interest in previously enjoyed activities
- Feeling of hopelessness / despair
- Loss of self esteem
- Increased use of substances
- Family disruptions



HOW CAN I HELP?

- Talk about it. Talking about suicide will help remove the stigma and encourage people to reach out for help.
- Educate yourself on the risk factors, warning signs and available resources
- Trust your instincts and follow through with action if you have suspicions
- Be alert to changes in behaviour
- If someone’s intentions are unclear, ask for clarification. Ask them if they have a plan.
- Have an open, honest and frank discussion
- Listen without judgment
- Allow the person to talk freely
- Acknowledge their feelings
- Ask if there is anything you can do
- Remain calm, supportive and patient
- Be genuine and honest in your concern
- Encourage and support them in seeking the assistance of a mental health/medical professional. Offer to make the call for them.
- Stay with them or make a plan with the person for the next few hours or days
- If they are reluctant to get help, be firm in your intentions to get assistance for them.
- **Call 911** if you think the person is at immediate risk for suicide. Trust your instincts and don’t be afraid to call.

