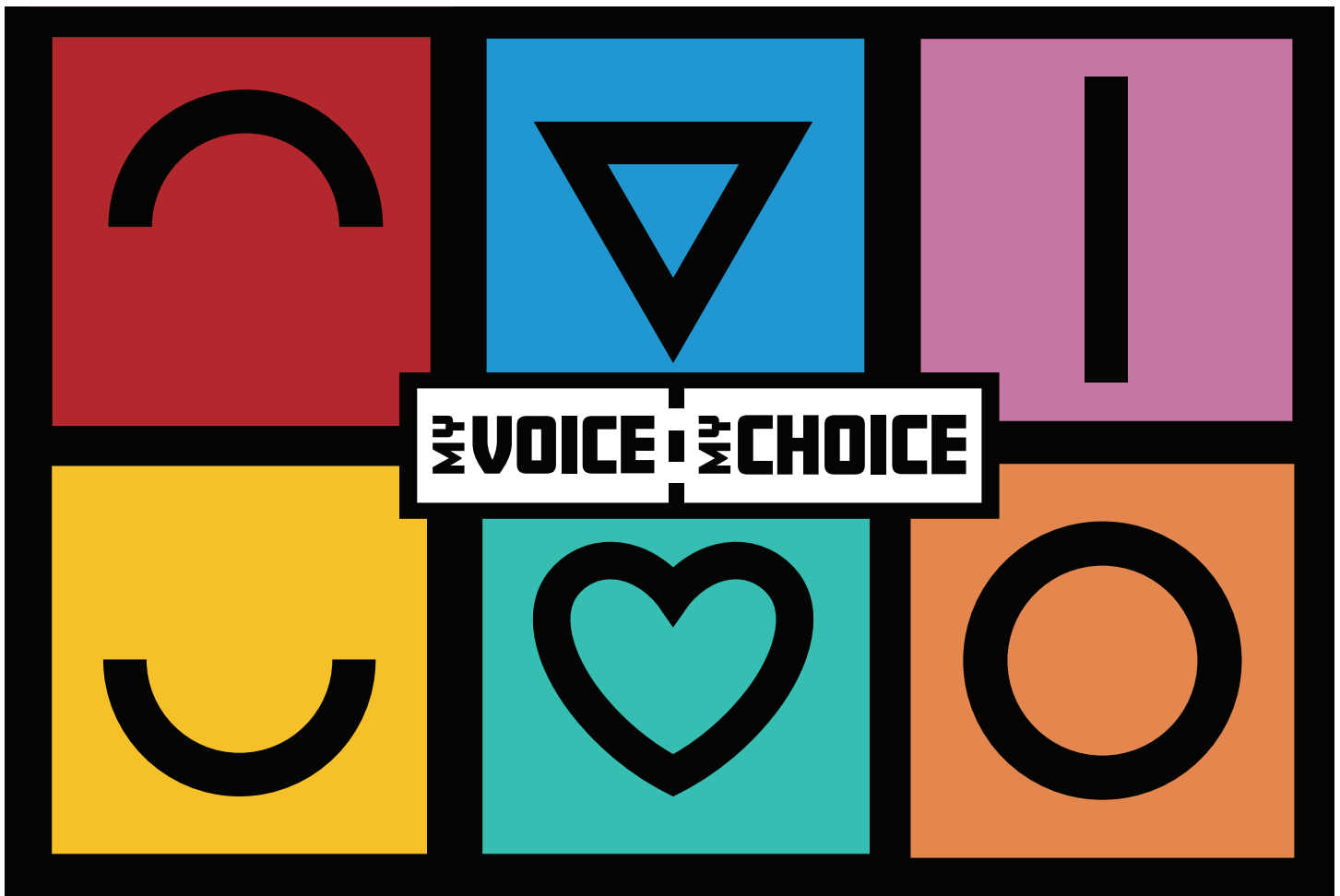


FACILITATOR'S GUIDE



VOICE CHOICE

SELF HARM AND SUICIDE



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BACKGROUND FOR FACILITATORS

My Voice My Choice (MVMC) was first created in 2011 as a program to empower youth to resist alcohol and drugs. Over the last ten years, the mission of MVMC has changed to focus more broadly on youth mental wellness throughout the Northwest Territories. The purpose for MVMC is to give youth the information they need to make positive personal choices and behaviours related to their mental wellness.

Discussing suicide is hard, but it's important to talk about it.

Suicide Prevention is on a continuum including prevention, intervention, and postvention. Here is a breakdown of what that means:

Prevention:

- Activities to minimize risk factors and increase protective factors.
- Promotes hope and resilience through positive mental health.
- Reduces stigma with mental health issues and help-seeking.
- Safe and supportive spaces to learn.

Intervention:

- Actions to support people immediately in a suicidal crisis
- Can involve mental health professionals

Postvention:

- Actions to support others following an attempted suicide or death by suicide.

This session may cover all three areas to some degree depending on the participants, but the main focus is on prevention.

The MVMC modules on self-harm and suicide have been designed with the following key elements in mind:

- A safe and supportive learning environment
- Meaningful involvement in learning activities
- Mental health promotion with a focus on resilience and social-emotional learning
- Support for young people in accessing help in a practical and timely way
- Information from research, best practices, cultural and traditional knowledge

Here are additional guidelines about involving youth in suicide prevention activities:

- Where possible, let parents and caregivers know about these sessions as some youth are vulnerable and would struggle with addressing this topic in a group setting.
- Include information about local resources in sessions.
- Be aware that sometimes young people have ideas about mental health promotion and suicide prevention that are not safe. Young people need to understand their own boundaries in order to protect themselves and others from harm.
- Be aware there may be significant social and emotional risks involved with young people who volunteer to speak about their own experiences.



KEEPING IT IN CHECK

Before the session begins, all facilitators are encouraged to self-reflect and assess their level of comfortability when it comes to leading discussions and activities on the topic of suicide and self-harm.

It is recommended that the facilitator engages in self-reflection beforehand. Questions a facilitator may ask themselves include:

- What messages was I given about the subjects I am planning to teach?
- Are there any personal experiences that shape my own attitudes, values, and beliefs about this subject?
- Do I know what I need to do to support myself to facilitate something that may be triggering or in contradiction to my own values and beliefs?

Remember that even those who consider themselves to be content experts and experienced facilitators have moments of unease!

If the facilitator decides they are not comfortable leading the session with the activities and discussion points provided, they should speak with the organization sponsoring the session for ways to adapt or adjust the content in a way that works for them.



ACTIVITY OPTIONS

This facilitator's guide contains several options for group activities. Facilitators should use their judgement to decide what activities are best suited to the participants based on factors such as age and group dynamics. The colouring sheets in the appendices can be made available at the beginning of the session as an option for the youth to stay focused and calm.



PREPARING TO ADDRESS SESSION CONTENT

Discuss group guidelines in advance

The facilitator will ask the group to establish a set of guidelines for a safe learning environment. Suggestions from the group should be written on paper and kept in the space as a visual reminder of the expectations. If the following “rules” are not suggested by the group, the facilitator should consider adding them to the list:

- Confidentiality (also discuss what it means as well as limits of confidentiality)
- Discuss what may be considered “oversharing” or “TMI”. It is important to establish a balance with youth feeling safe to share their experiences and ask questions, but also not offer gratuitous information that may monopolize the session or alienate other participants.
- Suggest participants “challenge ideas, but not each other”; it’s okay to disagree on things, but it should be done respectfully.
- No derogatory language.

Youth in your session need to know what the term “confidentiality” means. Explain that it means you cannot tell anyone what is shared in your sessions. However, sometimes we need to tell someone about what is shared when it’s about safety. “Limits to confidentiality” include any safety concerns such as abuse, neglect, self-harm, or threats to harm themselves or others. If you have questions about your role in protecting the safety of children and youth, speak to your organization’s leaders about learning more.

Note: Facilitators should make sure they offer participants a way to ask questions or share experiences they may not feel comfortable asking in front of others. For example, the facilitator can begin the discussion by giving out post-it notes and a pen/pencil to participants. Participants can write down any questions they do not want to ask in front of the group and the facilitator would collect the notes at the end of the module to address the questions.



FACILITATORS AND MANAGEMENT OF PERSONAL BOUNDARIES

Many people have personal experience or know someone who has been impacted by self-harm and suicide, and facilitators are no different. It is common for youth to ask personal questions to a facilitator. At the start of the session, the facilitator should set clear boundaries. Remember that your personal life is your own and you are not obligated to share anything you are not comfortable with sharing. Even if you are open to making personal disclosures, it may not always be appropriate.

Consider the following:

- What is the context in which the young person is asking these questions? They may assume you are open to these conversations, they may be trying to make you uncomfortable, or they may be genuinely curious to gain information about something they are not familiar with.
- If you disclose personal information, what is the motivation? Is it being done as a way to establish credibility or build relationships? Always ask yourself why you think it would be necessary for the young person to know this information about you.
- Will there be unintended consequences to your co-workers or other youth participants if you make personal disclosures? (e.g., a co-facilitator of a group participant may feel pressured to self-disclose or a young person may think it is okay to ask similar questions that others may find invasive.)
- Young people need to understand that people have reasons for not wanting to share personal stories. For example, someone who is grieving a loss may prefer to do it privately instead of in a group setting.

Here are some examples of how a facilitator may respond to personal questions:

“I actually don’t discuss my personal life, but since you brought up _____, let’s discuss that.”

“How would this be helpful for you to know?”

“If you have questions about this, how about you see me after the session is done and we can talk about it more.”



SELF HARM AND SUICIDE



Another important boundary is related to the role of the facilitator. The facilitator plays an important part in addressing a serious topic, but they are not intended to play the role of a doctor or therapist. The responsibility of the facilitator is to be non-judgemental and realistic about their limitations. Remember, that these sessions are about the youth, not the facilitator.

Because this topic is heavy, self-care must be taken seriously. Facilitators are human beings and it's normal to get overwhelmed. Facilitators are encouraged to be compassionate toward themselves, use their healthy coping strategies, and reach out for support when needed. This work is rewarding, but it can also be challenging.

Here are some resources for facilitators when it comes to considering their role in supporting youth and the importance of self-care and boundaries:

<https://bethere.org/Know-Your-Role>

<https://www.suicideisdifferent.org/for-caregivers>



RESPONDING TO SUICIDE RISK FROM PARTICIPANTS

There is always a chance that a participant will say or do something related to self-harm and suicide. If the participant claims to be joking, the facilitator should still respond to those comments. Some people use humour when they are uncomfortable, but everyone still needs to be sensitive. On the other hand, making inappropriate comments and gestures can also be a warning sign. Take all comments and behaviours seriously. Follow up with the youth individually after the session to assess risk/safety.

If a facilitator is concerned about self-harm or suicide, they can go through the following steps in a private and safe space:

5 Action Steps for Helping Someone in Emotional Pain



ASK:

“Are you thinking about killing yourself?” This may feel awkward to ask, but it’s necessary.



KEEP THEM SAFE:

“How do you plan to hurt yourself?” This is about knowing how easily the person can follow through with a plan and trying to find a way to interrupt it. For example, this could involve calling law enforcement to remove a gun or making sure the person is not alone to go somewhere to hurt themselves.



BE THERE:

“You can talk and I’ll listen.” Listen to how they are thinking and feeling without judgement.



HELP THEM CONNECT:

“I’m concerned and we need to talk to someone.” Save crisis numbers in your phone so they are ready if needed. Refer to community resources to support the person.



STAY CONNECTED:

“I wanted to follow up and see how you’re doing.” It’s good to check in with someone after a high risk situation..

(National Institute of Mental Health, 2021)



IMPORTANCE OF TRAUMA-INFORMED PRACTICE (TIP) IN EDUCATION ON SUICIDE AND SELF-HARM

Trauma is an experience which can overwhelm a person and make them feel helpless, unsafe, and harm their emotional and/or physical wellbeing. Being “trauma-informed” means the facilitators need to deliver content in a way that assumes program participants may have experienced trauma in their lives. It is reasonable to believe that any person who has been affected by suicide has experienced trauma. Many people who self-harm or have thoughts or attempts of suicide have done so because they are coping with trauma. In these sessions, youth with trauma histories may present in the following ways:

- Irritability
- Difficulties engaging in sessions (not participating, being argumentative or generally disruptive)
- Dissociation or being “spaced out”

Sometimes these behaviours are just “typical” adolescent behaviour and not always related to trauma. Being trauma-informed means the facilitator is aware that certain behaviours may be connected to trauma and can try and make sure everyone feels as safe as possible.

Here are other practical ways facilitators can be trauma-informed throughout this session:

- Having a welcoming and non-judgemental space to learn
- Making sure the participants know what to expect in sessions including group “rules”

- Building positive relationships
- Believing in the strengths and resilience of the participants

For more information on providing trauma informed spaces to learn, please refer to Klinik’s Trauma-informed: A resource for service organizations and providers to deliver services that are trauma-informed (http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf)

What’s in the box?

- Pencil crayons or markers
- Plain paper
- Colouring pages
- Activity sheets
- Myths and Facts cards
- Pencil sharpeners
- Scissors
- Tape
- Gift box template
- Stickers
- Participant guides

Note: There are activities in Module 4 which can be done with the support of technology if it is available.



MODULE 1

Language, Stigma, and Understanding Why

OBJECTIVES

- Address how we talk about suicide and why it matters
- Learn about stigma surrounding suicide
- Discuss myths and facts about suicide
- Understand risk and protective factors related to self-harm and suicide
- Learn about warning signs

LESSON STYLE: Group discussions and activity

MATERIALS NEEDED:

- “How We Talk About Self-Harm and Suicide Matters” poster
- “Myths and Facts” cards (Appendix 2)

Note to facilitator: Having a conversation about how we talk about suicide is one of the most important topics to address after the group expectations are established.

Tell the group: There are certain ways we should talk when it comes to self-harm and suicide.

Show the group the poster and go through each area. If participants are comfortable, they can take turns reading.



HOW WE TALK ABOUT SELF HARM AND SUICIDE MATTERS

Don't say it...	Why shouldn't we?	Instead, say...
Successful suicide Unsuccessful suicide	Because the word "success" is a positive term and is not how a tragedy should be described.	Died by suicide Took their own life
Committed suicide Commit suicide	It makes the death sound like a crime.	Died by suicide Took their own life
Failed attempt Suicide bid	Because it means someone <i>didn't</i> die, and that is not a "failure".	Suicide attempt Non-fatal attempt
Social suicide Suicide mission	It is an incorrect use of the word "suicide"	Just don't use the word "suicide" if that's not actually what you are talking about.
Cutter Self-harmer Ideator (someone who thinks about self-harm, but does not do it)	The way someone copes with pain is not who they are as a person. Not everyone who self-harms cuts themselves.	"Person-first language" is best, such as "person who self-harms".

*Remember: If you catch yourself using the wrong words, it's okay to correct yourself!



Understanding Self-Harm

Tell the group the following facts about self-harm:

After the group understands what boundaries are, they can start to explore their own boundaries in their relationships in the next part of the lesson which is broken into two steps.

- Self-harm is when someone hurts themselves on purpose but does not want to die.
- Common ways people self-harm can include cutting, burning, or scratching their skin or hitting themselves.
- People self-harm to try and cope with emotional pain:
 - o Hurting the body “outside” distracts from painful “inside” feelings.
 - o Wanting to feel “something,” even physical pain.
 - o Self-punishment because they feel badly about themselves.
 - o A sense of control.
 - o Wanting to let someone know something is wrong.

- Trying to understand self-harm can be difficult. Signs someone may be self-harming:
 - o Cuts, bruises, burn marks and/or scars on skin
 - o They say the marks on their skin are from accidents
 - o Covering body, even if in a warm environment
 - o Other changes in behaviour

Remind the group that you will talk about ways to support someone later in the session.

ASK: Do you know what the word “stigma” means?

Possible answers:

- Judging someone
- Talking badly about people

Tell the group: The word “stigma” used to refer to a way to punish people like criminals. “Stigma” is a mark they would put on to show others that this person was supposedly bad. Today, when we talk about stigma, we’re referring to harm caused by the way someone is judged.



ASK: What are some ways suicide and self-harm are stigmatized?

Possible answers:

- People who are experiencing suicidal thoughts/ ideation can be called things that aren't nice like selfish, attention seeking, and untrustworthy
- People can be ignored or not taken seriously
- Losing friends
- Families of people who die by suicide may not feel as supported as they would in comparison with other kinds of deaths
- People who are experiencing suicidal thoughts/ ideation may also have "self-stigma" and feel even more ashamed

Tell the group: When we stigmatize suicide, we make it harder for people to talk about it and get help. We all have a responsibility to try and stop stigma.

ASK: What are some ways we can reduce stigma?

Possible answers:

- Use different words to talk about it
- Don't joke about it
- Take it seriously if someone talks about hurting themselves
- Educate ourselves



ACTIVITY

Myths and Facts

Instructions:

Explain to the group: Educating ourselves about myths and facts about suicide can help end stigma. When we work to end stigma, we can better support people having a hard time.

- Hand out “Myths and Facts” cards from the box to the group. Depending on the size of the group, participants may end up with more than one.
- Take turns reading the “myth” and turning the card over to read the “fact”.
- Note that natural conversation can occur after each myth and fact is read. Asking questions like “Have you ever heard of that before?” or “What does the group think of that?” can help get discussion going.

There are lots of other myths out there. After you are done reading through the cards, you can [ASK](#) the group if there are any other myths they have heard about.

Tell the group: “Risk factors” are things that may make someone more likely to want to hurt themselves or die by suicide. Remember, having these risk factors doesn’t mean someone is going to hurt themselves.

Notes to the facilitator: Make accommodations for participants who are not comfortable or have difficulties with reading aloud. Other participants can volunteer to read, or the facilitators can read them. There are extra cards in Appendix 2 of this manual which can be copied if necessary.

Notes to the facilitator: The last part of this module is about understanding *why* some people want to die by suicide. The content may be especially difficult to get through. Remind the group that there will be an opportunity to talk about how we can help ourselves and each other after the discussion.



ASK: What are some things that you think may put someone at risk?

Refer to this list and share any points the group does not come up with on their own:

- Having a mental health disorder such as depression or anxiety
- Troubles with alcohol or drug use
- Previous suicide attempts
- Self-harm (without wanting to die)
- Low self-esteem
- Loneliness
- Easily stressed
- School problems
- Bullying and/or discrimination
- Family or friends who have died by suicide
- Family problems
- Limited mental health support

ASK: What are some signs that someone may want to die?

Possible answers:

- Making a threat
- Suicide notes and plans
- Previous attempts
- Making final arrangements
 - o Planning a funeral, giving away special items, etc.
- Obsessed with death
 - o Examples can include talking, drawing, reading, and/or writing about death a lot.
- Changes in behaviour, appearance, thoughts, and/or feelings.
 - o Examples can include depression, pulling away from friends and family, giving away personal things, not wanting to participate activities they used to enjoy, etc.



MODULE 2

Seeking Help and Supporting Others

OBJECTIVES

- Learn ways to support someone who may be suicidal
- Learn about importance of limits and boundaries in supporting others
- Explore ways to get help when needed

LESSON STYLE: Group discussion and writing activity

MATERIALS NEEDED:

- “Tough Talks” activity sheet (Appendix 3; have copies ready in advance).
- Pencils or pens
- Flipchart paper/Whiteboard and markers (optional)



Introduction:

Now that everyone has learned more about appropriate language, myths, facts, and reasons why people may want to die by suicide, they can move forward into discussing how they can support themselves and others who may be struggling.

Tell the group: If someone wants to talk about self-harm or suicide, it can be hard to find the right thing to do or say. Remember, every situation is different and having a serious conversation with someone is not always going to sound the same.

ACTIVITY

Tough Talks

Instructions:

- Hand out worksheets to participants.
- Read the content on the sheets aloud or ask participants to volunteer reading.
- Participants will take a few minutes to fill out answers on their sheets.
- After the group has completed writing their responses, the facilitator will go through each question and participants can share responses.
- Note: This activity can be adapted to a group discussion instead of an activity that involves writing.

Here are some potential responses to the “Tough Talks” activity:

1. Say what you see.

What are the changes you have noticed? Ask them if they are okay. Write an example of what that can sound like:

“I noticed you stopped playing basketball and I know how much you loved it. Is everything okay?”

“I missed you at school last week. I want to check in and see if you’re doing alright.”

“You don’t seem like your unusual self. Is something going on that you want to talk about?”

2. Show you care.

Tell them you are there for them somehow. Remember, this can be words, a text, or another action to show you care. Write an example of how you can show you care:

“Talk to me whenever you’re ready.”

“Can I give you a hug?”

“Did you want to hang out after school?”

3. Hear them out.

Really listen to them. This isn’t the time to talk about yourself and tell them whatever you want to say. Try and think about what they must be feeling. Write an example of how you can show that you are really listening to someone:

Put your phone away when you’re with them.

Ask questions instead of talking about yourself.



4. Know your role and don't judge, preach, or downplay their experiences.

You are someone who cares, but you are not a professional. You are here to listen and support, but not provide therapy.

You may not understand the other's person's feelings, but it's not your role to judge them. It's your role to help them feel heard.

Try not to give your opinion unless they ask for it.

Don't downplay how they feel by saying things like "it can't be that bad" even though you are trying to make them feel better. Their feelings are real, and they likely don't want to be told they are overreacting.

What are some other things someone might say that can sound judgemental, preachy, or make it seem like their experiences aren't a big deal?

"If you think that's bad, try having MY life."

"You just have to get over it."

"You should choose to be happy instead."

5. Connect to Help

As someone who cares, you can help them to find other ways of getting support. You can also ask them how you can support them in finding help and you may have some ideas. Write down some ideas on how you can connect someone to help:

Walk with them to see the school counsellor.

Look online with them to see what resources are in your community.

Responding to Self-Harm: Extra Tips:

- Try not to act shocked if you see signs of self-injury.
- Don't judge them.
- Listen and let them know you care.
- Educate yourself on self-harming (this session is a great place to start).
- Encourage them to speak to a trusted adult.
- Seeing someone you care about struggling is upsetting. Get support for yourself too.

Asking for Help

Tell the group: Being able to ask for help is an important life skill, but some people struggle to do it.

ASK: Why do you think it can be hard to ask for help?

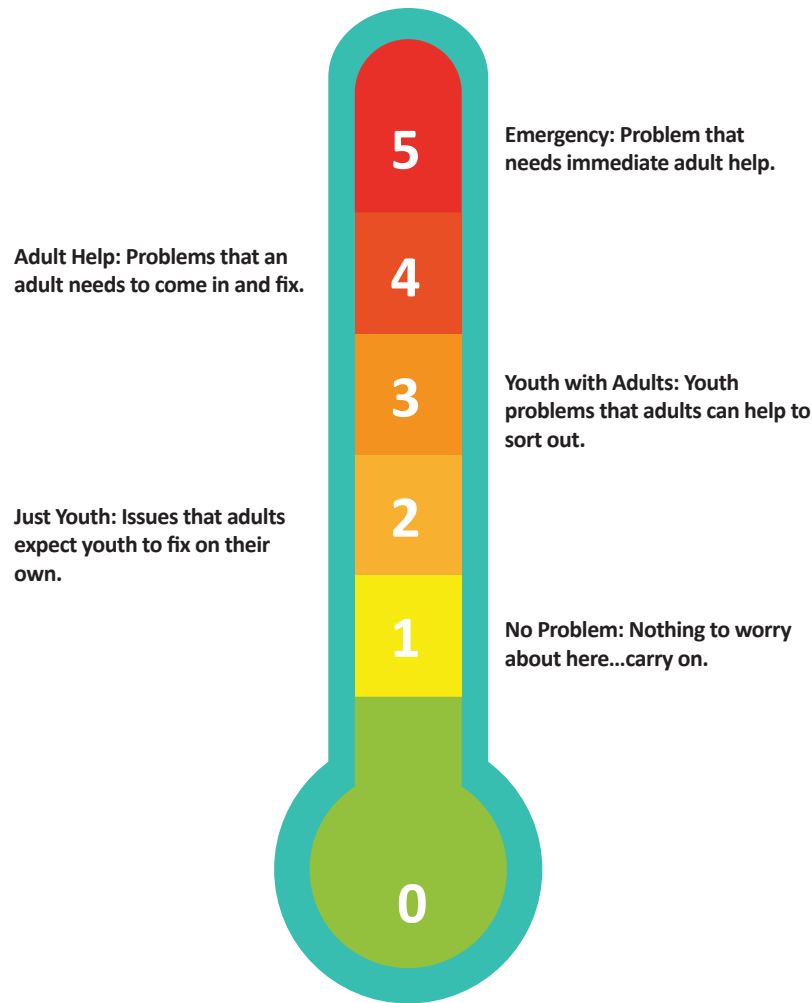
Possible answers:

- Embarrassed
- Don't want to bother people
- Thinking it's a sign of weakness

Tell the group: Sometimes there are things we can do on our own, there are some things we can get trusted adults to help us with, and then there are emergencies when professional help is necessary.

Show the group the Help Thermometre poster.

(Adapted from Driscoll, 2021)



ASK: What are some examples of problems that fit into each area of the scale?

Note: If the group is having difficulty thinking of scenarios, here are some suggestions:

1. You enjoy art classes. (No problem)
2. Your library books are often overdue. (Fix on your own)
3. You're struggling in math class. (Youth problem that an adult can help with.)
4. You noticed your friend has been self-harming. (Adult help)
5. Your friend says they want to die and have a plan. (Emergency)

Next, **ASK** the group "Who are trustworthy people you can ask for help from?"

As an option, write down their suggestions on a whiteboard or piece of flipchart paper.

Possible answers include: family members, friends, teachers, coaches, elders, counsellors, etc.

Note: This can be a difficult conversation for youth who are feeling isolated and do not feel they are well supported. Be sensitive to those experiences and offer to connect with them later to explore supportive resources.



Asking for Help: Step by Step

Tell the group: Asking for help is a sign of strength, not a sign of weakness. There are some steps you can take to support yourself in asking for help. Go over them as group by reading them aloud or getting the youth to take turns reading.

Step 1: Pick the best person to talk to.

- Think of someone you feel comfortable talking to who may be able to help with the kind of problem you're having.

Step 2: Think of what you want to get out of it.

- Have you ever wanted someone to just LISTEN to you and they ended up giving you advice you didn't ask for? Or do you want some advice? It's good to think about this in advance so you have a better chance of having your needs met.

Step 3: Pick a time and place.

- Make sure the person has time for you and pick a place where you feel comfortable.

Step 4: Tell the person what's going on and ask for what you need.

- People can't read minds. Tell the other person what's going on and let them know if you need advice or just someone who will listen. If the other person knows this, they are more likely to know how they can help.



MODULE 3

Resilience Building and Coping

LEARNING OBJECTIVES:

- Understand what “resilience” is
- Explore ways to be resilient
- Examine and celebrate positive qualities

LESSON STYLE: Group discussion and crafting activity

MATERIALS NEEDED:

- Paper
- Scissors
- Stickers
- Tape
- Pencil crayons
- Gift box templates
- “My Gifts in Life” handout (Appendix 4)



Tell the group: Life can be really hard sometimes. Resilience means you can go through these really hard times in life and still be okay. Other ways of understanding resilience include being able to “bounce back” from a stressful situation and trying your best to get through the day.

ASK: Can you think of someone you know who has had hard times and is still okay?

Note for facilitator: Resilience looks different for different people. Youth in the session may name people who don’t seem resilient, but they are. For example, people who use substances to cope with trauma are still resilient despite their way of coping not being as healthy.

ASK: What are some ways we can try and be resilient?

Possible Answers:

- Look after yourself
- Talk to someone you trust
- Find healthy activities that make you feel calm
- Learn from mistakes
- Keep trying
- Focus on things you change instead of the things you can’t

Gifts of Life Activity:

This activity can help to build resilience by having participants look at strengths they have, healthy coping strategies, and positive resources in their lives.

Notes to facilitator: It is recommended to try the activity first before introducing it to the group so it can be better explained.

Instructions:

- Give each participant a handout of the gift box template and “My Gifts in Life” sheets as well as scissors, glue, craft supplies from the box, or anything else there is access to.
- Guide the group through the process of making the box.
- Get the group to fill out the “My Gifts in Life” sheet and cut out the strips of paper.
- If participants feel comfortable, they can share what they write down on their papers or support others who may be struggling to come up with ideas.
- If any participants feel stuck for answers, just tell them they can finish it later when they think of something.
- They can put their “gifts” inside of their gift box when they are done.

Tell the group: You have many gifts in life you can offer. You can open this box any time you think you need a reminder of the gifts you have. You can also add more “gifts” when you think of them.



MODULE 4

Resource Exploration

LEARNING OBJECTIVES:

- Learn more about community resources
- Explore online resources

LESSON STYLE: Group discussion and online activity (resource permitting)

MATERIALS NEEDED:

- Resource list from participant guide
- Computer and projector if available



ASK: If you are worried about yourself or someone else, where are some places we can get help in our community?

The facilitator can get feedback from the group with or without them referring to their Participant Guides.

Refer to the following online resources and explore them together as a group or recommend they check them out on their own:

WE MATTER CAMPAIGN

Tell the group: This is a site designed for Indigenous youth who are struggling or know someone who may be. Anyone can benefit from the information on this site whether they are Indigenous or not.

<https://wemattercampaign.org/>

THE TREVOR PROJECT

Tell the group: The Trevor Project is the largest suicide prevention and crisis intervention organization for youth with diverse sexual orientations and gender identities.

<https://www.thetrevorproject.org/>

YOUR LIFE YOUR VOICE FROM BOYSTOWN

Tell the group: This page is based out of the USA, but it has a lot of resources about supporting yourself or someone else.

<https://www.yourlifeyourvoice.org/pages/suicidal-thoughts.aspx>

Exploring resources online can be short or long activity based on how much time is spent on each website. There are extra resources listed in the appendices as well.

Notes to the facilitator: If sharing videos with the group from one of the listed resources, it is recommended to watch and select a few in advance of the session.



Wrapping it Up

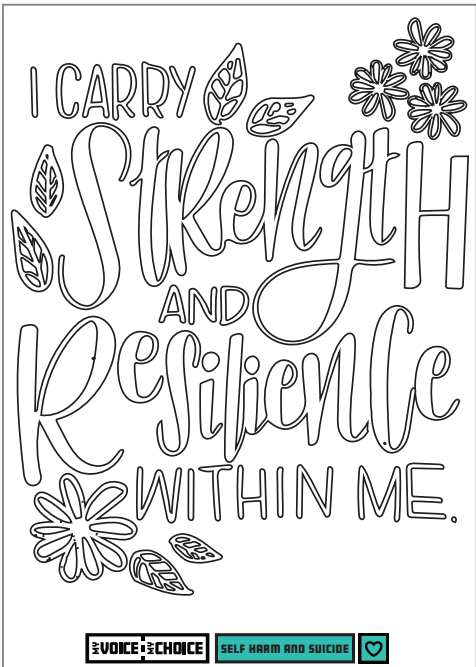
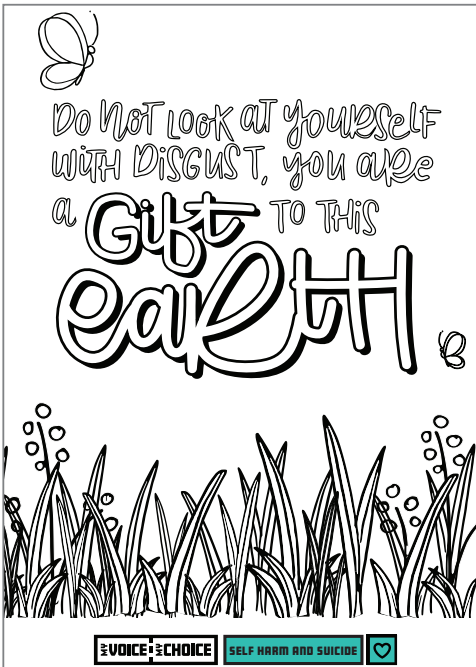
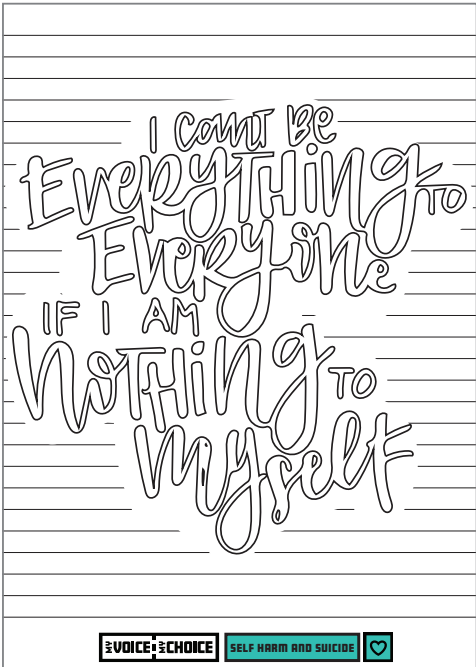
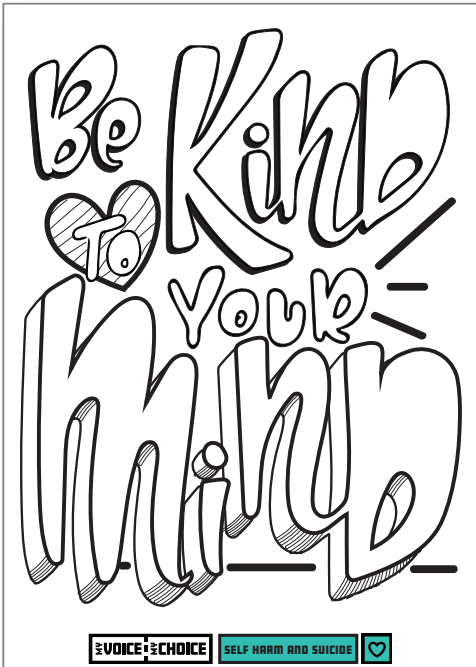
Congratulations on working your way through this subscription box! At this point, facilitators can also congratulate the youth for making their way through the lessons and activities, and express thanks for their participation, openness, and bravery in discussing these important topics.

If facilitators or youth require additional support after these discussions, a list of community resources can be found in Appendix 6.

Youth may want to speak more about the lesson topics privately or later. This guide has a section of additional resources on healthy relationships which may be helpful for those conversations, or to pass directly to the youth.



APPENDIX 1: COLOURING SHEETS



Images from University of California, Riverside’s CARE Program



APPENDIX 2: MYTHS AND FACTS CARDS

VOICE CHOICE

SEXUAL HEALTH

MYTH

People who died by suicide are selfish

VOICE CHOICE

SEXUAL HEALTH

FACT

Many people are driven to end their lives by suicide because they believe they are a problem for others.

VOICE CHOICE

SEXUAL HEALTH

MYTH

Suicide is the easy way out.

VOICE CHOICE

SEXUAL HEALTH

FACT

There is nothing easy about suicide.

VOICE CHOICE

SEXUAL HEALTH

MYTH

Most people who die by suicide don't make future plans.

VOICE CHOICE

SEXUAL HEALTH

FACT

Most people thinking about suicide go back and forth in their mind about whether or not they want to live or die.

VOICE CHOICE

SEXUAL HEALTH

MYTH

Asking someone about suicide will make them want to do it.

VOICE CHOICE

SEXUAL HEALTH

FACT

Asking someone about suicide is more likely to help them to talk about what has been bothering them instead of keeping it a secret.



VOICE CHOICE

SEXUAL HEALTH

MYTH

Suicide usually happens without warning.

VOICE CHOICE

SEXUAL HEALTH

FACT

There is almost always warning signs, but they are not always obvious.

VOICE CHOICE

SEXUAL HEALTH

MYTH

If someone really wants to die by suicide, they won't talk about it.

VOICE CHOICE

SEXUAL HEALTH

FACT

Most people will tell at least one person they are not okay or their plan to die. They may not come right out and say it, so it's important to know the signs.

VOICE CHOICE

SEXUAL HEALTH

MYTH

Suicide is not preventable.

VOICE CHOICE

SEXUAL HEALTH

FACT

Suicide can be preventable. Some actions known to prevent suicide include talking to the person as well as treatment programs to help them cope.

VOICE CHOICE

SEXUAL HEALTH

MYTH

If you take away someone's method of ending their life, they will just find another way.

VOICE CHOICE

SEXUAL HEALTH

FACT

Removing something that someone can use to hurt themselves can help save their life. (Note, please get help if you need someone to take away a weapon such as gun.)



≡ VOICE : ≡ CHOICE

SEXUAL HEALTH

MYTH

Suicide only happens to certain groups of people.

≡ VOICE : ≡ CHOICE

SEXUAL HEALTH

FACT

Suicide can happen to anyone.

≡ VOICE : ≡ CHOICE

SEXUAL HEALTH

MYTH

People who talk about suicide are trying to make someone do whatever they want.

≡ VOICE : ≡ CHOICE

SEXUAL HEALTH

FACT

People who talk about suicide are often in pain and need support. It's not helpful to say they are just doing [it](#) because they want something. If someone talks about suicide, always take it seriously.



APPENDIX 3: TOUGH TALKS YOU'RE WORRIED ABOUT SOMEONE....NOW WHAT?

(Adapted from the Be There organization's "The Golden Rules")

1. Say what you see.

What are the changes you have noticed? Ask them if they are okay.

Write an example of what that can sound like:

2. Show you care.

Tell them you are there for them somehow.

Remember, this can be words, a text, or another action to show you care. Write an example of how you can show you care:

3. Hear them out.

Really listen to them.

This isn't the time to talk about yourself and tell them whatever you want to say. Try and think about what they must be feeling. Write an example of how you can show that you are really listening to someone:



4. Know your role and don't judge, preach, or downplay their experiences.

You are someone who cares, but you are not a professional. You are here to listen and support, but not provide therapy. You may not understand the other's person's feelings, but it's not your role to judge them. It's your role to help them feel heard.

Try not to give your opinion unless they ask for it.

Don't downplay how they feel by saying things like "it can't be that bad" even though you are trying to make them feel better. Their feelings are real and they likely don't want to be told they are overreacting.

What are some other things someone might say that sounds judgemental, preachy, or make it seem like their experiences aren't a big deal?

5. Connect to Help

As someone who cares, you can help them to find other ways of getting support. You can also ask them how you can support them in finding help and you may have some ideas. Write down some ideas on how you can connect someone to help:



APPENDIX 4: GIFTS IN LIFE ACTIVITY

Building a Kindness Box is a fun and easy way to give yourself or someone you care about a boost of positive energy.

Step 1: Use the Gifts in Life box lid construction pages and fold them according to the instructions. You can also use any two sheets of paper, as long as they are both square and the same size.

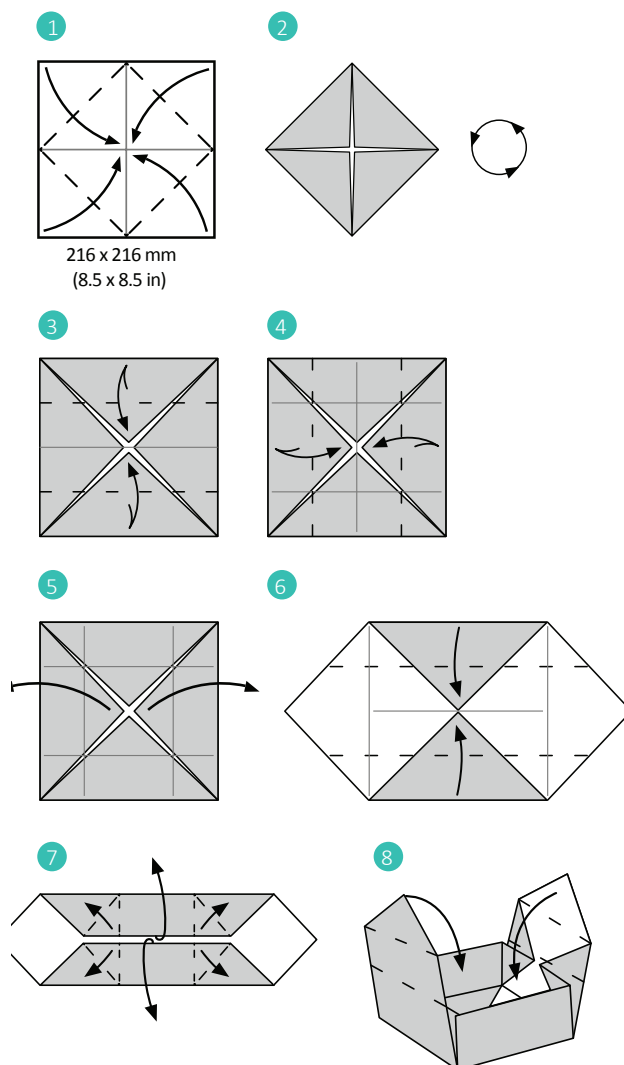
Step 2: Fill out the messages sheet with personalized statements or write down your messages on a separate sheet of paper.

Step 3: Cut out your messages and put them in the box.

Step 4: Decorate, wrap or secure the box with ribbon (optional).

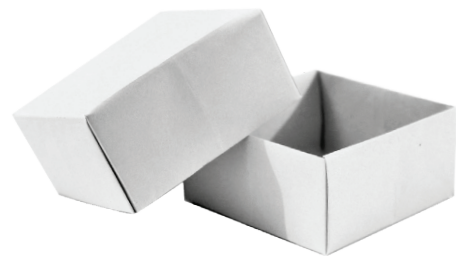
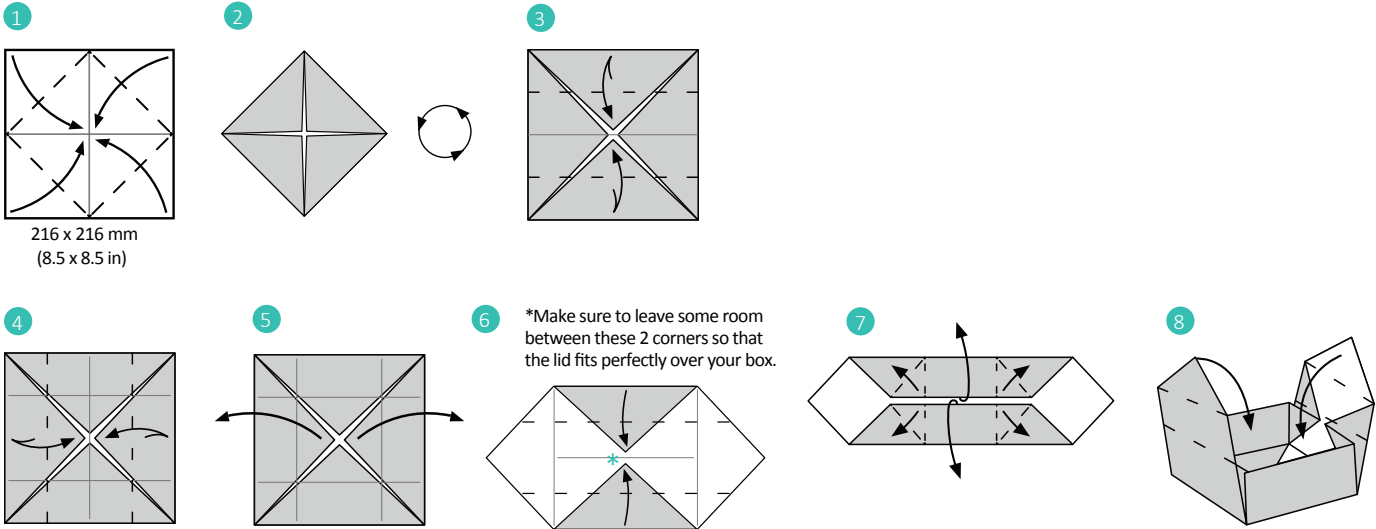
Step 5: Open the box and read the messages inside when you need a pick-me-up.

BOX






BOX LID







APPENDIX 4: GIFTS IN LIFE ACTIVITY (CONTINUED)




My greatest strength:




Something that makes me laugh:




A place I love to be:




An activity I enjoy:




A song that makes me feel good:




A book, tv show or movie that makes me feel good:




Something I am thankful for:




Something I am proud of:



A good memory:



Someone who makes me happy:



Someone I can talk to:



APPENDIX 5: COMMUNITY SUPPORT RESOURCES

Kids Help Phone

- Web: <https://kidshelpphone.ca/>
- Call: 1-800-668-6868
- Text: 686868
- Live chat counselling: <https://kidshelpphone.ca/live-chat-counselling>

NWT Community Counselling Program (CCP)

- Web: <https://www.hss.gov.nt.ca/en/services/nwt-community-counselling-program-ccp>
- Call: 867-767-9061
- Email: mha@gov.nt.ca

NWT HelpLine

- Web: <https://www.hss.gov.nt.ca/en/services/nwt-help-line>
- Call: 1-800-661-0844.

Rainbow Coalition of Yellowknife

- Web: <http://www.rainbowcoalitionyk.org/>
- Call: 867-444-7295
- Email: info@rainbowcoalitionyk.org



APPENDIX 6: SUICIDE PREVENTION RESOURCES

Government of Canada's "Preventing Suicide and Knowing How to Help"

<https://www.canada.ca/en/public-health/services/suicide-prevention/warning-signs.html>

Mental Health Commission of Canada

<https://mentalhealthcommission.ca/what-we-do/suicide-prevention/>

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/childrens-awareness-day/past-events/2019/resources-suicide-prevention>

Suicide Prevention Resource Centre

<https://www.sprc.org/>



APPENDIX 7: ADDITIONAL RESOURCES FOR FACILITATORS AND PARTICIPANTS

AMAZE

This website is full of free and fun educational resources such as videos, toolkits and lesson plans on sex and sexuality for youth, parents, caregivers, and educators.

<https://amaze.org/>

BREATHINGROOM™

This is a multimedia experience designed for youth to help improve mental health. The app can be downloaded from Google Play or the App Store. Enter the code XXQTGPUE for full access.

<https://app.breathingroom.me/register?code=XXQTGPUE>

7 CUPS

7 Cups provides on demand emotional health support and online therapy services. People accessing this site can have 1-on-1 conversations, group chats, participate in forums, and read up on advice from experts.

<https://www.7cups.com/>

WELLNESS TOGETHER CANADA (GOVERNMENT OF CANADA)

This website connects users of all ages and backgrounds to a variety of free resources to support mental wellness. Users can get personal recommendations based on their needs and track their progress. "

<https://wellnesstogether.ca/en-CA>



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NOTES:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Government of | Gouvernement des
Northwest Territories
Territoires du Nord-Ouest

