

# WHY THIS IS A CONCERN ...

"Suicide is a significant public health issue recognized by the World Health Organization and the government of Canada. In 2019, suicide was the ninth leading cause of death in Canada. However, it was the second leading cause of death among people aged 15 to 34." (Public Health Agency of Canada)



"Suicide and self-harm among children and youth here in Ontario and across Canada may be more common than most of us are aware of. In fact, suicide is among the leading causes of death in 15–24-year-old Canadians, second only to accidents." (CMHO)

"Each year, there are roughly 20,000
hospitalizations that occur due to
self-harm. Rates differ from region to
region, with those in the territories
and some provinces being higher
than the national rate." (Public
Health Agency of Canada)



# WHY THIS IS A CONCERN ...



"About 4,000 Canadians per year die by suicide – an average of almost 11 suicides a day. It affects people of all ages and backgrounds." (CAMH)

"In Ontario about 4% of adults and 14% of high-school students report having seriously contemplated suicide in the past year. 4% of high-school students report having attempted suicide." (CAMH)



"In 2018, suicide accounted for 21% of deaths

among children aged 10 to 14, 29% among youth aged 15 to 19, and 24% among young adults aged 20-24." (CAMH)

> "Indigenous people, especially youth, die by suicide at rates much higher than non-Indigenous people. First Nations youth aged 15 to 24 die by suicide about 6 times more often than non-Indigenous youth. Suicide rates for Inuit youth are about 24 times the national average." (CAMH)



# Self-Harm and Sucidal Behaviour WHAT IS SELF-HARM ?

M

"People go to great lengths to protect themselves from pain and injury. But some people hurt themselves on purpose to help them deal with bad feelings or thoughts. This is called self-harm. People who self-harm don't do it to end their life—instead, selfharm may be the best way they know to survive." (CMHA)





"Self-harm, or self-mutilation, is the act of deliberately inflicting pain and damage to one's own body. Self-harm most often refers to cutting, burning, scratching, pinching, hitting oneself, biting, pulling hair out, dysregulated eating, substance abuse, strangulation, and other forms of external injury. It can, however, also include internal or emotional harm, such as consuming toxic amounts of alcohol or drugs or deliberately participating in unsafe sex." (Psychology Today)



"Self-harm means that you hurt yourself on purpose, but you don't intend to die as a result. It isn't a mental illness—and in many cases, it isn't a sign that someone has a mental illness. Instead, selfharm is usually a way to deal with difficult feelings or show distress." (CMHA)



# WHAT TO DO ABOUT SELF-HARM:



It is important to take it seriously while maintaining a supportive and non-judgmental approach.



Take note of any signs of unexplained or regular injuries, wounds, bruising, etc. and behaviours to cover it up.





Develop and maintain a rapport with the youth or child. Listen to what they share and pay attention to anything that feels off.



Be supportive, let them know you are there for them. Validate their feelings and experience. Inquire about how they are doing, and don't be afraid to ask direct questions.

Gather information to help understand where the young person is at. Make a safety plan with the young person, and seek trained support and help.



# SUICIDAL IDEATION AND SELF-HARM:

# HOW TO ASSESS RISK

- Don't avoid the conversation or shut it down
- Hold non-judgmental space and listen to the youth
- Ask outright, if they are thinking about suicide or hurting themselves (even on a scale from 1 – 10, how much they are considering hurting themselves)
- Inquire about if they have a plan (method, time, place)
- Ask what, if anything, triggers these thoughts and behaviours
- Ask about how often they feel this way
- Ask if they have shared this with anyone else
- Let the youth know that you will need to share this information with someone else (BBBSG case worker, school counsellor, parents, teachers, etc.) in order to keep them safe
- Ask what seems to help when they feel triggered
- Ask who is another safe person in their life who they can go to about this
- Create a safety plan with the youth
- Treat it seriously, even if you think they are seeking attention
- This is an important disclosure to report early as appropriate intervention is crucial
- Don't shame the youth for feeling this way or sharing this
- Thank them for sharing and reaching out, as it can be a very challenging thing to do



# WHAT IS A SAFETY PLAN?

A safety plan is a document that supports and guides someone when they are experiencing thoughts of suicide, or engaging in self-harm, to help them avoid a state of intense suicidal crisis or potentially lethal self-harm. Anyone in a trusting relationship with the person considering suicide can help draft the plan; they do not need to be a professional.

When developing the plan, the person experiencing thoughts of suicide or impulses to self-harm identifies:



- their personal warning signs
- coping strategies that have worked for them in the past, and/or strategies they think may work in the future
- people who are sources of support in their lives (friends, family, professionals, crisis supports)
- how means of suicide can be removed from their environment
- their personal reasons for living, or what has helped them stay alive



#### Understand Common Warning Signs

While it's not always possible to know that a child is considering hurting themselves – indeed, it can happen without warning – there are some common warning signs that a child may be thinking of hurting themselves. Feeling hopeless, isolating themselves or withdrawing socially are all important warning cues to look out for. Ask the child about what they think triggers them or what are the warning signs that they are feeling this way. Try to understand how to identify when the child may be escalating and starting to think about suicide, so a safety plan can be implemented



#### immediately.





Ask the child or youth about suicide plans and self-harm. Don't be afraid to dig a little deeper to try and understand what is on the child's mind. For example, a child who says they want to harm themselves can mean different things, so ask them specifically what it means to the child when they say that. Here are some examples of other questions you could ask: "What have you done? What is your sadness like for you? How have you been feeling? What are your thoughts on death?"





#### Keep Your Home Suicide Proof

If suicide or self-harm is an ongoing concern, build a checklist of highest risk items (or items that are hardest to be near). Work together to put away/limit the things that are the highest risk and any items connected to any plans the child/youth has shared (medicines, knives, matches, razors, belts, ropes, etc.). Remove dangerous things, but do it together if possible. This allows the child/youth to be aware that this is a joint decision for their safety. Develop code words/phrases that help you both to know when things are good and when they are not. Agree upon ways to communicate so that you and the child/youth feel safe.







#### Identify Safe People

You can help the child/youth identify a few safe people around them for times when you are not available or when they need someone other you to speak to. It's helpful if these safe people are aware of the plan and have specific information. It's a good idea to support the child in any way possible to foster these relationships.





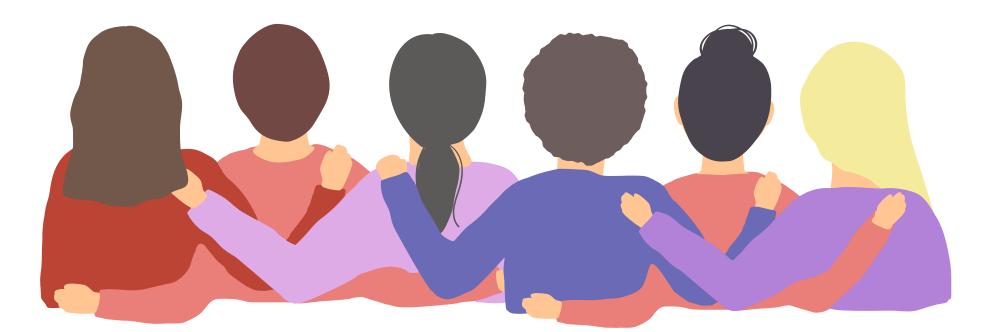
#### Manage Online Time

Depending on the child's age and the impact internet use and social media has had on their mental health, they may need your help with managing their time online. For older children or youth, it can be helpful to create a plan and agreement together about their online use. Try to work together to develop a system of communication about how their online activities are making them feel and if they are helping them to develop skills of benefit.





It can be challenging speaking to children about these difficult topics. For younger children, children with autism spectrum disorder or cognitive impairments, having pictures to explain feelings and emotions is good to help communicate complicated feelings. Also, consider using simple language or images to help the child when you are creating safety plans.









#### Listen To Your Child

When there is any concern about suicide, self-harm or a significant escalation of symptoms, it is important to be aware any indications the child may give. When communicating with the child, listen for responses and comments like "doesn't matter anyway," "you would be better off without me" or "it won't matter soon." Listen carefully to their words and try to take time to ask them why? "Why do you think we would be better off without you?" Reassure the child that they are indeed very much valued and important to you and the others around them.





#### Try Problem Solving

Understanding the child's perspective can help determine what is causing a crisis. Try this problem-solving approach:

- 1. Define the problem
- 2. Review ways that you have already tried to correct the problem
- 3. Decide what you want when the problem is solved
- 4. Brainstorm alternatives
- 5. Select alternative(s) and commit to following through with them
- 6. Follow-up

