



**INDIGENOUS WHOLISTIC
HEALING SERVICES**

**INDIGENOUS SUICIDE
PREVENTION TRAINING**

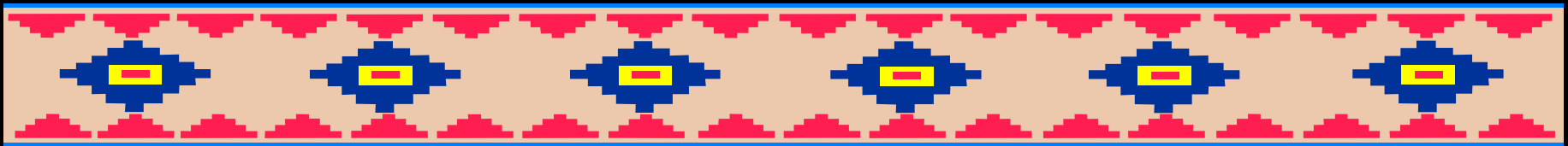
FACILITATED BY: ANDREW BEAR



Creator

GRANT ME THE SERENITY
TO ACCEPT THE THINGS
CANNOT CHANGE.

THE COURAGE TO CHANGE THE THINGS
AND THE WISDOM TO KNOW THE DIFFERENCE.





MY NAME IS

ANDREW

BEAR

I AM A METIS FROM

ST. LOUIS &

BATOCHÉ

SASKATCHEWAN

I AM A

MOTIVATIONAL

SPEAKER

I WORK WITH
INDIGENOUS
PEOPLE ALL OVER
CANADA, HELPING
THEM WITH SOME VERY
TOUGH ISSUES.

A yellow awareness ribbon is shown against a black background. The ribbon is tied in a loop at the top and has two long tails extending downwards. The words "Suicide" and "Prevention" are written in a black, serif font on the left tail of the ribbon. The entire image is framed by a thick yellow border.

*Suicide
Prevention*

**Suicide
Prevention
TRAINING**



FIRST NATIONS APPROACH



CHANGING OUR FOCUS

COLONISTIC TEACHINGS

CHANGING OUR ATTITUDES

IMPACTING LIVES

SHARING STORIES

CREATING MENTORS AND LEADERS

LIVING THE TRUTH



SUICIDE PREVENTION RESTRUCTURING



Understanding the roots of suicide



**Having a deep rooted understanding of self and of
our Identity**



**Understanding the warning signs associated with
suicidal ideation**



Developing a work based commitment



**Prior to engaging in front line activity; Our objectives,
our purpose, and our commitment should be evident.**

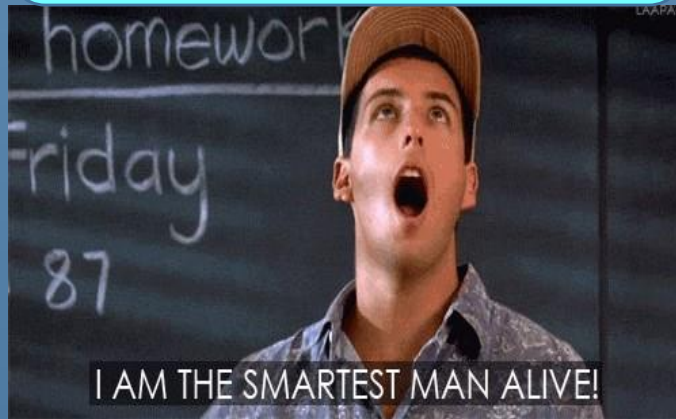
UNTEACHABLE

ONES



INSECURE

I don't want other opinions to be voiced.



INTOLERANT

so convinced that what I believe is right that I refuse to look at a situation from another perspective.



BITTER

I get easily angered because the rest of the world doesn't function the way that I think it should.



IMPATIENT

I want results now. I don't want to have to explain it or wonder how another might do it.



UNINTERESTED

People who have a high commitment level to the Sociopathic Style believe you don't exist.

MIMICKING



They may secretly admire you or what you stand for. Hence, they will mimic you and pass on the things you teach them, claiming them as their own.



I want to address
the

**SPIRITUAL
EMPHASIS**

necessary for
activating a

**HEALTHY
RESPONSE**

both in a
**CRITICAL
SITUATION**
and in the
**JOURNEY OF
LIFE.**

I believe all First Nations people are aware of something greater than just a higher power. I believe that they understand that

they are spiritual beings and that they need to be connected to the spiritual power in their life.



Some of us wish to call that God, others Creator, others the Grand Fathers, Some Jesus. Whatever you choose to call your spiritual force is your business and needs to be respected.

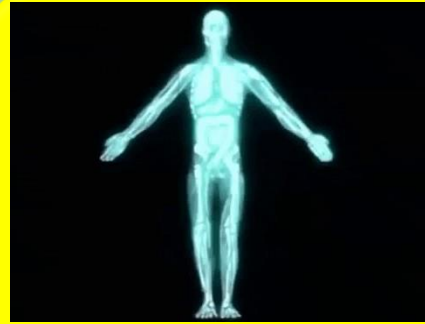


**First of all I want to introduce you to a not so brand new philosophy that has somewhat been placed on the back burner.
This philosophy is called**

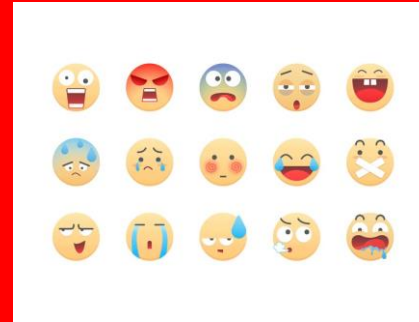
"WHOLISTIC THERAPEUTIC DEVELOPMENT"

In dealing with the concept of Wholistic healing, we deal with the whole human being.

BALANCE OF WELLNESS

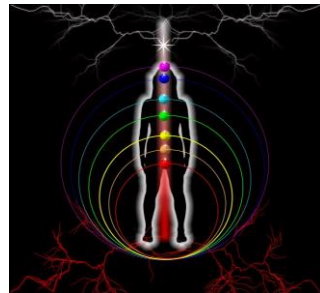


PHYSICAL



EMOTIONAL

SPIRITUAL



MENTAL



WHOLISTIC HEALING



SPIRITUAL

A sense of connectedness with other creations of the great Spirit.

EMOTIONAL

Recognition, acceptance,
Understanding, Love, privacy,
Discipline, limits

PHYSICAL

Air, Water, Food, Clothing,
Shelter, Exercise

MENTAL

Concepts, Ideas, Thoughts,
Habits, Discipline

Understanding the roots of suicide. Becoming totally aware of the



traumas of indigenous people.



Having a deep rooted understanding of self and of our Identity. Completing or engaging in self help healing practices. Entering into a healthy spiritual connection with Creator. This connection must exist on a daily basis. Prior to working with others this spiritual connection should be exhibited on a continual basis.



Understanding the warning signs associated with suicidal ideation and recognizing that many individual will camouflage their emotions.



Developing a work based commitment. Understanding that in life's circle we are all helpers, and as helpers our hours are continual meaning 24 hours a day. This is a commitment we make to ourselves, to our Creator and to others.



Prior to engaging in front line activity; Our objectives, our purpose, and our commitment should be evident.



**If there is a
break – down in
one area of our
life it is quite
possible that it
will affect
another area of
your life.**



One example:

Often times a thought arises, “I am a loser, I will never amount to anything, my life is a mess”. This thought process starts in the “Mental”

PLAN OF ACTION – INCREASE KNOWLEDGE

ROOTS OF SUICIDE

UNADDRESSED

ABUSE THOUGHT

INITIATION

NEGATIVE IMPACTS

ADDRESSING

DEPRESSION

FINDING HOPE

❑ CONVERSING WITH – NOT TO
INDIVIDUALS

ROOTS OF SUICIDE #1

UNADDRESSED ABUSE



UNADDRESSED ABUSE

Abuse of Child ■ Recurrent Severe
Emotional abuse ■ Recurrent
Physical abuse ■ Contact Sexual
abuse

⚠ SHARING THESE STORIES BRINGS HEALING

⚠ SHARING THESE STORIES WITH NO TRUST STOPS HEALING.



WARNING

ROOTS OF SUICIDE #2



THOUGHT INITIATION DISORDERS

Depression

Schizophrenia

Personality Disorders

Alcohol Abuse

Drug Abuse.

Object Loss

THE COMMONALITIES OF SUICIDE

1. The common purpose of suicide is to seek a solution
2. **The common goal of suicide is termination of consciousness**
3. The common motivation in suicide is intolerable psychological pain
4. **The common stressor in suicide is frustrated psychological needs**
5. The common emotion in suicide is hopelessnesshelplessness
6. **The common thought state in suicide is indecision**
7. The common action in suicide is aggression
8. **The common interpersonal act in suicide is communication of intention**

SUICIDE RISK FACTORS

CURRENT SUICIDAL IDEATION

❖ PRESENCE OF SPECIFIC PLAN

❖ ACCESSIBILITY OF LETHAL MEANS

BEHAVIOR SIGGESTIVE OF DECISION TO DIE
(Serving Relationships, giving away
valued possessions, inappropriate sense of
peace, calm or happiness, verbalizations
regarding the utility of death)

family history of suicide, especially parental
suicide when person was between ages of 5-12

SUICIDE RISK FACTORS

PSYCHIATRIC MEDICAL FACTORS

❖ **chronic psychiatric disorder**

❖ **Recent discharge from psychiatric hospital (within 3 months)**

❖ **Remission of psychiatric episode but continuance of secondary depression**

❖ **Impulsivity (violence toward others and self, reckless driving, spending money)**

❖ **Alcohol and Drug abuse**

CHARACTERISTICS OF SUICIDE ATTEMPTERS

COGNITIVE (THINKING STYLE)

- ✓ conflicting (either-or) thinking
- ✓ Rigid, inflexible thinking style (things just are the way they are)
 - ✓ Inability to think of long term effects of actions.
- ✓ Positive expectancies regarding the effectiveness of suicide as a solution to life problems.
- ✓ **LACK OF INSIGHT; ACTIONS SPEAK LOUDER THAN WORDS.**

CHARACTERISTICS OF SUICIDE ATTEMPTERS

COGNITIVE (THINKING STYLE)

- ✓ **Poor problem solving abilities**
- ✓ **Generalized feelings of hopelessness.**
- ✓ **Tendency toward chronic feelings of anger, guilt, depression, anxiety, and boredom;**
- ✓ **Inability to regulate emotional arousal in stressful situations (can't turn off feelings);**

CHARACTERISTICS OF SUICIDE ATTEMPTERS

AFFECT TOLERANCE

- ✓ **Belief that they “Can’t Stand” or tolerate negative affect.**
- ✓ **Restrictive and negative beliefs about the place of negative feelings in the world**
- ✓ **Tendency toward impulsive attempts to get rid of affect (i.e., cutting, drinking, drug taking, binge eating).**



Suicide is a Problem-Solving Behavior aimed at:

- ✓ **improving an unpleasant situation (chronic depression)**
- ✓ **preserving a threatened selfimage (embarrassment and humiliation)**
- ✓ **exercising omnipotence vs. helplessness (terminal illness/intractable pain)**

THINKING DISTORTION:

My feelings are wrong

My thinking is correct

RATIONAL

HOWEVER

CONFUSED AND ILLOGICAL THINKING

SUICIDAL PUZZLE

Suicide is a problem solving behavior, individuals become less anxious and symptomatic AFTER they have decided to kill themselves. Therefore, an actively suicidal individual will appear to be “back to

themselves". Thus, it is important to ask this person, "Are you better or have you decided to kill yourself?".

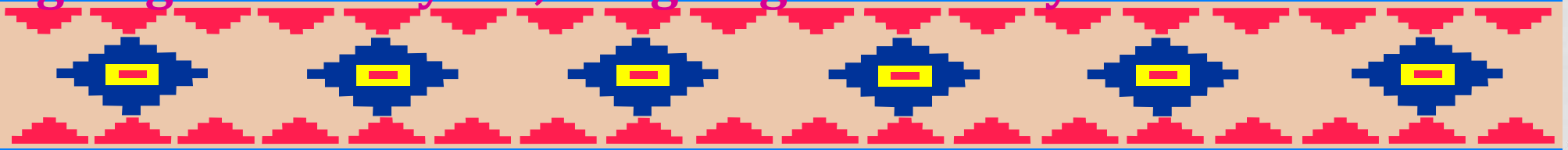
The Thinking Process of Someone Contemplating Suicide



- ❧ It has been done before.
- ❧ The world will be better off without me.
- ❧ I'm worth more to my family dead than alive.
- ❧ Everyone will get over it.
- ❧ This will end my pain.
- ❧ There is no other solution.

EUPHEMISM -A MILD OR INDIRECT WORD OR EXPRESSION
SUBSTITUTED FOR ONE CONSIDERED TO BE TOO HARSH OR BLUNT WHEN
REFERRING TO SOMETHING UNPLEASANT OR EMBARRASSING.

Euphemisms are “**watered down**” verbalizations of what a person is actually attempting to say. For example, a person may say, “You aren’t going to do anything stupid are you?”, or, “You aren’t going to hurt yourself, are you?”. A suicidal person (even if this person is your best friend) will manipulate this transaction by saying, “No”. The usage of the euphemism allows the suicidal person to avoid truthfully responding because **the internal talk of the person is, “No, I’m not doing anything stupid, I have given this a lot of thought, and I’m killing myself.”**, or, **No, I’m not going to hurt myself, I’m going to blow my head off”**.



KEY ISSUES FOR INDIGENOUS PEOPLE IN CANADA





POORER HEALTH

Indigenous people remain at higher risk for illness and earlier death than nonIndigenous people. Chronic diseases such as diabetes and heart disease are on the increase. There are definite links between income, social factors, and health.

LOWER LEVELS OF EDUCATION

Low rate of getting adequate education.

According to Statics Canada's 2011 Indigenous Survey, 22.8% of

Aboriginal Peoples had completed high school and post-secondary education.



INADEQUATE HOUSING AND CROWDED LIVING CONDITIONS

The conditions in so many communities drew national and international media attention to a housing situation that far too many Indigenous communities struggle with.

LOWER INCOME LEVELS

The median income for Indigenous people was lower than what median income for non-Indigenous people is getting.



HIGHER RATES OF UNEMPLOYMENT

Indigenous people have historically faced higher unemployment rates than non-Indigenous people.

HIGHER LEVELS OF INCARCERATION

Indigenous adults were over represented in admissions to provincial and territorial correctional services, as they accounted for 26% of admissions while representing about 3% of the Canadian adult

population. The over representation
of
Aboriginal adults was more
pronounced for females than males.

Children in Indigenous families
also have high rates of
unintentional injuries and early
deaths from drowning and other
causes.



HIGHER DEATH RATE
AMONGST
CHILDREN & YOUTH DUE
TO
UNINTENTIONAL INJURIES

HIGHER RATES OF
SUICIDE

Statistics in Canada report
found that more than one in five
off-
reserve First Nations, Métis and

Inuit adults reported having suicidal thoughts at some point in their lives.

FOSTER CARE CONDITIONS

"There are problems when you hear people from the front line talking about the fact that we're placing **kids in homes** where the study hasn't been done," "We've got kids being placed in homes where the home is over the allowable number of children."



ADDICTIONS

Addiction statistics are scarce because many destructive habits are not yet officially recognized as addiction.

✓ ALCOHOL ✓ TOBACCO
✓ DRUGS

And Many More...

ALCOHOL

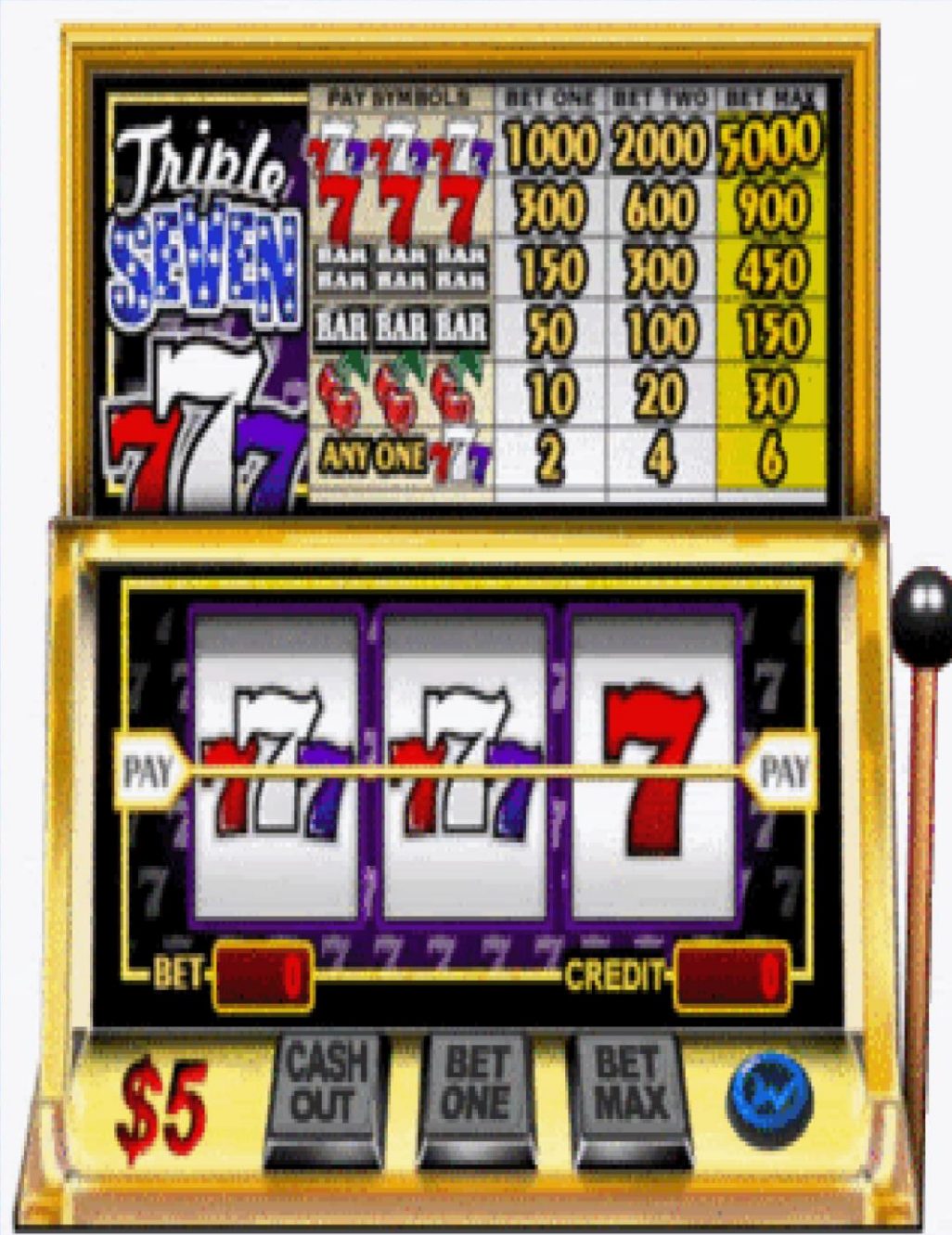
This legal intoxicant is incredibly destructive for both the individual and society at large.

TOBACCO

Tobacco use is rising worldwide and is expected to cause 10 million annual deaths

DRUGS

Both prescription medications and illegal drug use is on the rise throughout the world. Many addictive prescription medications have become as common as marijuana use among young people.



**GAMBLING HAS
THE HIGHEST
SUICIDE RATE
OF ANY
ADDICTION.**

GAMBLING

Gambling addiction is on the rise, partly due to

accessibility and partly due to a change in acceptability. Today, gambling is available in every corner store and on the Internet.

- ✓ **National lottery and scratch cards** ✓ **Bingo**
- ✓ **Other lotteries and raffles** ✓ **Horse racing**
- ✓ **Slot machines in pubs** ✓ **Casino gambling**

**BARRIERS
TO
HEALING**

SEXUAL
ASSAULT

RACISM

NEPOTISM

HIDDEN
VIOLENCE

FAMILY
VIOLENCE

MANY
MORE

RESIDENTIAL
SCHOOL

UNRESOLVED
TRAUMA

VENGEFUL
THINKING

HATE



WOUNDED PEOPLE



PHYSICAL
ABUSE

NAME
CALLING

GOSSIP

SLANDER

NEGLECT

REJECTION

HATRED

SEXUAL
ABUSE

SHAME

GUILT

FEAR

LONELINESS

REVENGE

DRUG
ADDICTION

BULLYING

HOPELESSNESS

ROOTS OF SUICIDE #3 NEGATIVE IMPACTS

COLONIALISM

- Colonialism is the extension of a nation's sovereignty over territory beyond its borders
- By the establishment of either settler colonies
- Or by ADMINISTRATIVE DEPENDENCIES in which Indigenous populations are directly ruled or displaced.

Principles of learning



Learning ultimately supports the well-being of the self, the family, the community, the land, the spirits, and the ancestors.



Learning is holistic, reflexive, reflective, experiential, and relational (focused on connectedness, on reciprocal relationships, and a sense of place).



Learning involves recognizing the consequences of one's actions.



Learning involves generational roles and responsibilities.

Principles of learning



Learning recognizes the role of indigenous knowledge.



Learning is embedded in memory, history, and story.



Learning involves patience and time.



Learning requires exploration of one's identity.



Learning involves recognizing that some knowledge is sacred and only shared with permission and/or in certain situations.

COLONIAL RACISM

COLONIALISM

- The culture of the colonist and the colonized;
- The exploitation of these differences for the benefit of the colonialist;
- The continued oppression upon Indigenous People to submit to a culture that was not their own.

1876 Act Indian

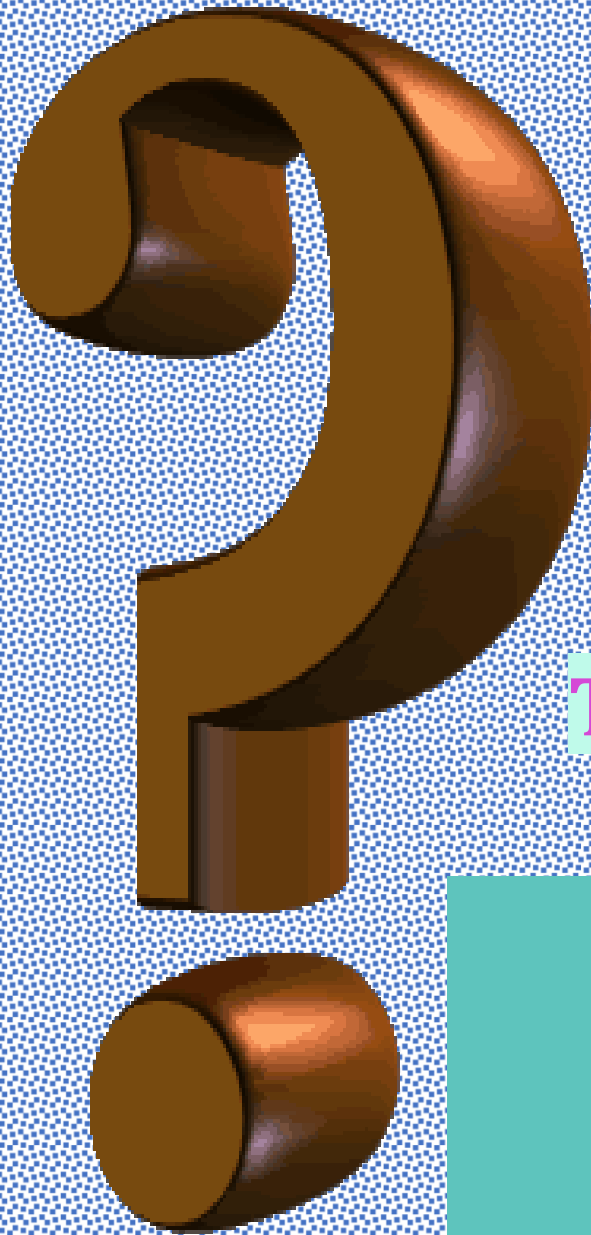
European customs were built into the right for freedom 1876

Alternative Non Status Indian

THE RIGHT TO FREEDOM MEANT
LOSS OF NATIVE IDENTITY

WHO AM I

WHO THE HECK AM I ???



LOSS OF IDENTITY



Traditional language and culture have an important and sacred role to play in Aboriginal communities all across Canada. Many communities assert that their language and culture is at the heart of what makes them unique and what has kept them alive in the face of more than 150 years of colonial rule.

**BUT WHAT ROLE DOES THE USE OF
TRADITIONAL LANGUAGE AND
CULTURE PLAY IN MAINTAINING
HEALTH AND REDUCING SUICIDE IN
INDIGENOUS COMMUNITIES?**



- **Loss of land**
- **Loss of a whole social structure including culture and identity in its entirety (cultural genocide)**
- **Loss of traditional lifestyle**
- **Loss of safety**
- **Loss of language in whole communities**

(threat of extinction)

IMPACTS ON COMMUNITY AND NATION:

Kill the 'Indian' in the Child

The goal was to eradicate Indigenous peoples from existence, to adopt policies of assimilation, and whether intentional or not this allowed perpetual physical, emotional, spiritual, mental and sexual abuse to be committed against generations of children



LESSONS LEARNED...

✓ Don't ask questions

✓ Don't talk or tell

✓ Don't feel or show
emotions...

✓ Don't challenge
AUTHORITY **JUST OBEY**

INDIVIDUAL IMPACTS

Relative comfort with rejection: discomfort with positive recognition

Difficulty with emotional expression

- Few teaching/learning skills

Problems with acceptance and trust

Difficulty with intimacy

Loss of self-respect, self-esteem, self-determination

Loss of emotional connection (ie. inability to express love)

➤ **Loss of respect for each other**

Loss of traditional roles

➤ **Loss of voice**

➤ **Loss of life**

Self-destructive behaviors



Loss of inherent identity



➤ **Loss of language and culture**

IMPACTS ON FAMILY

Loss of
relationships

Loss of
children to
Gov't care

Loss of
parenting roles
and skills

Loss of emotional
connection (i.e. inability
to express love)

Loss of family
connectedness and
bonding

COMMUNITY WILLINGNESS TO END THE SILENCE, SHAME AND GUILT

“In our communities, silence has been mistaken for acceptance...What used to be hush, hush, don't tell anyone is now an epidemic.”



SILENCE

IS KILLING OUR
COMMUNITIES

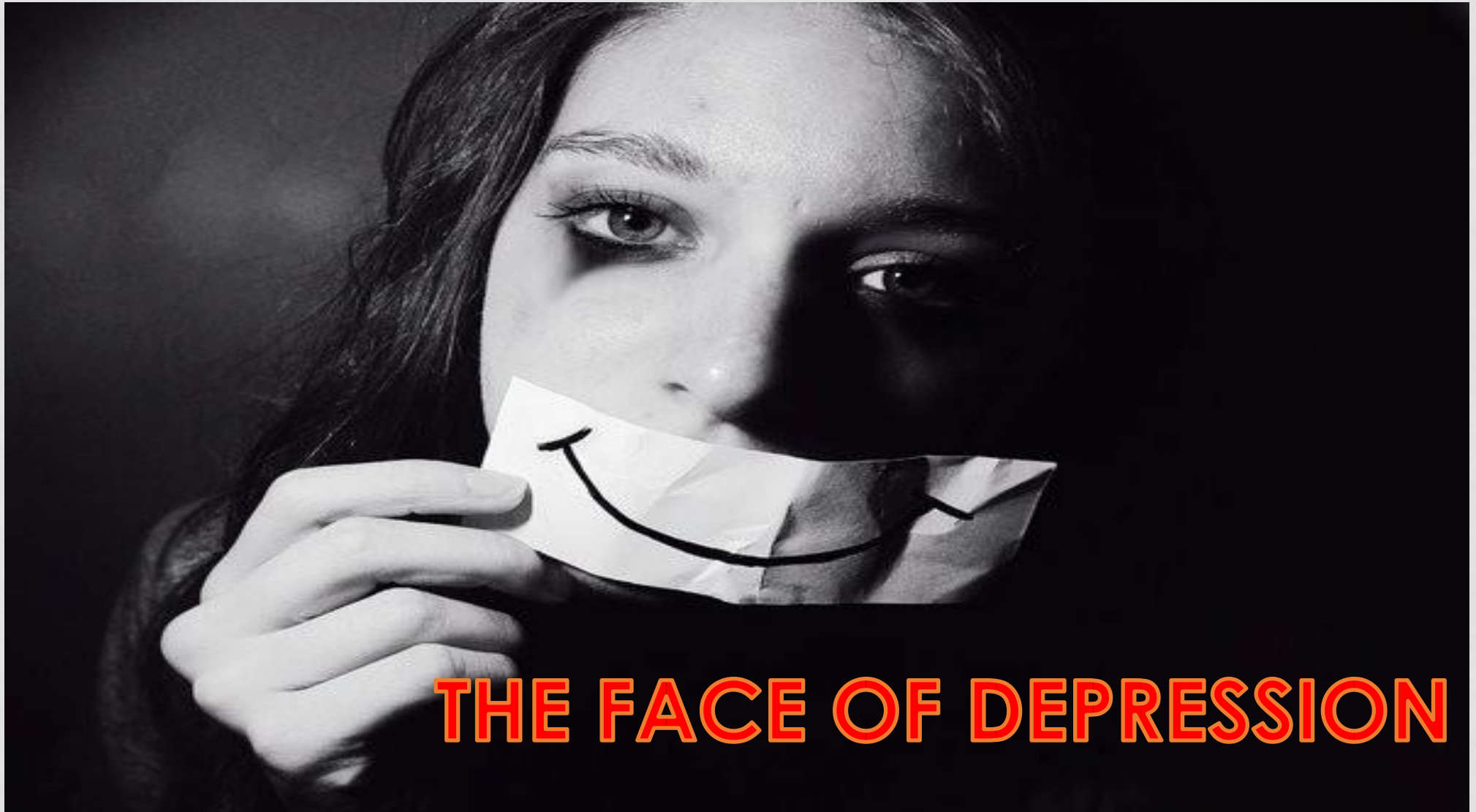
HAVE A GOOD EVENING



CLASS STARTS 9:30AM

ROOTS OF SUICIDE #4

ADDRESSING DEPRESSION



MOOD DISORDERS

- Mood disorders are not character flaws or signs of personal weakness, nor are they conditions that will just “go away” if a

MOOD DISORDERS

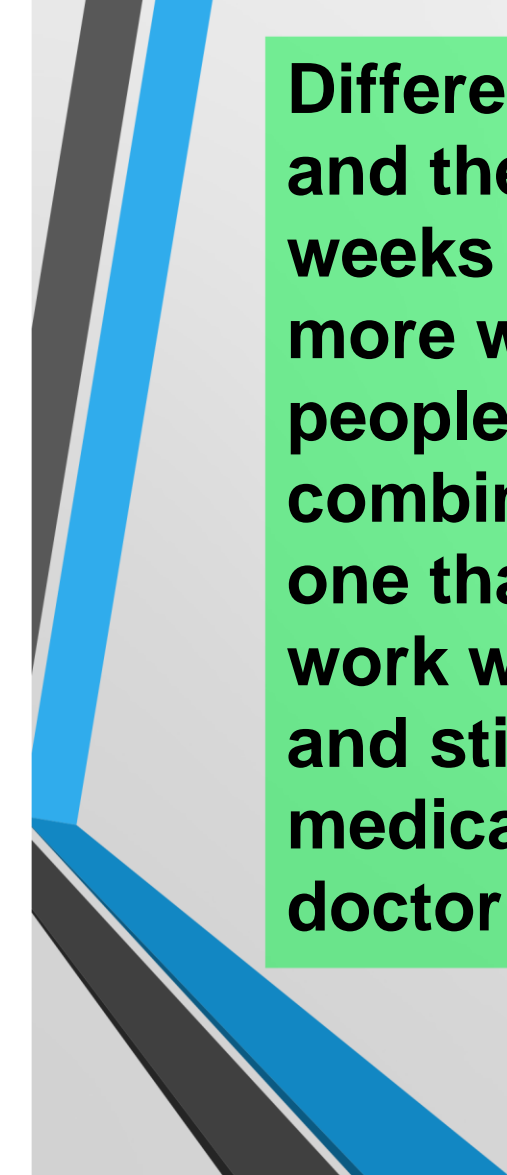
- Mood disorders are medical conditions caused by changes in the chemistry of the body and brain. Depression and bipolar disorder may cause

symptoms such as intense sadness, hopelessness, low energy, loss of appetite, changes in sleep

patterns, inability to concentrate, decreased ability to perform everyday tasks, loss of interest in once-enjoyed activities and thoughts of death or suicide that can be difficult to ignore or overcome.

DEPRESSION & MOOD DISORDERS


Depression and bipolar disorder are treatable with medication, psychotherapy, support from others and changes in lifestyle. With the right treatment, all symptoms can improve, including suicidal thoughts.



Different people respond differently to medication and therapy. Medication usually takes two to four weeks to reduce symptoms and may take several more weeks to provide complete relief. Some people need to try more than one medication or combination of medications before they find the one that works best. Keep this in mind as you work with your doctor to develop a treatment plan and stick with it. Never stop taking your medication without first discussing it with your doctor.

If You Are Feeling Suicidal The belief that there is no hope is not the truth. When you feel this way, **IT'S YOUR ILLNESS TALKING** your mind is lying to you. Remind yourself that suicidal thoughts are not reality.

Depression is a "whole-body"



illness, involving your body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things.

What Is Mental Illness?

Illness - A disease/sickness

Mental - involving the mind

The sickness can affect thinking, mood (feelings), or behavior (action).

As heart disease is an illness of the heart, ulcer is an illness of the stomach, mental illness is a disease of the brain. Just as certain illnesses like diabetes is lifelong, mental illness can also be chronic or lasting throughout a lifetime. **About 1 in 10 people in each community has a chronic/lifelong mental illness**

Just as diabetes can be controlled by medication and treatment, mental illness can also be controlled by medication and proper treatment.





❖ **Suicidal people have had their self esteem attacked**

❖ **Anger at self and others**

❖ **They are experiencing shame**

❖ **They have lost their identity**



identity

WHO AM I?

**CONDITIONED TO
SPEAK DOWN TO
EACH OTHER**

**WE HAVE CREATED A
CONDITIONED
ATMOSPHERE**

**LACK OF COMMITMENT TO
THE PURPOSE.**

**YOU CANT GIVE
IF YOU AINT GOT.**

**RACIST DIVISIONS
RELIGIOUS DIVISIONS**

**WHO AUTHORIZED PEOPLE TO
SPEAK NEGATIVELY INTO
ANOTHER'S LIFE.**

WE LIVE IN OUR HURTS

**ACCEPTING COLONISTIC
TEACHINGS AND LIFESTYLES**

BAD MEDICINECURSES

OUR TALK IS KILLING OUR PEOPLE



REBUILDING CHARACTER

**THINKING, TALKING AND
LIVING HEALTHY**

BRINGING HEALTH INTO LIFE OF OTHERS

**Most people who commit
suicide don't want to die - they
just want to stop hurting.**



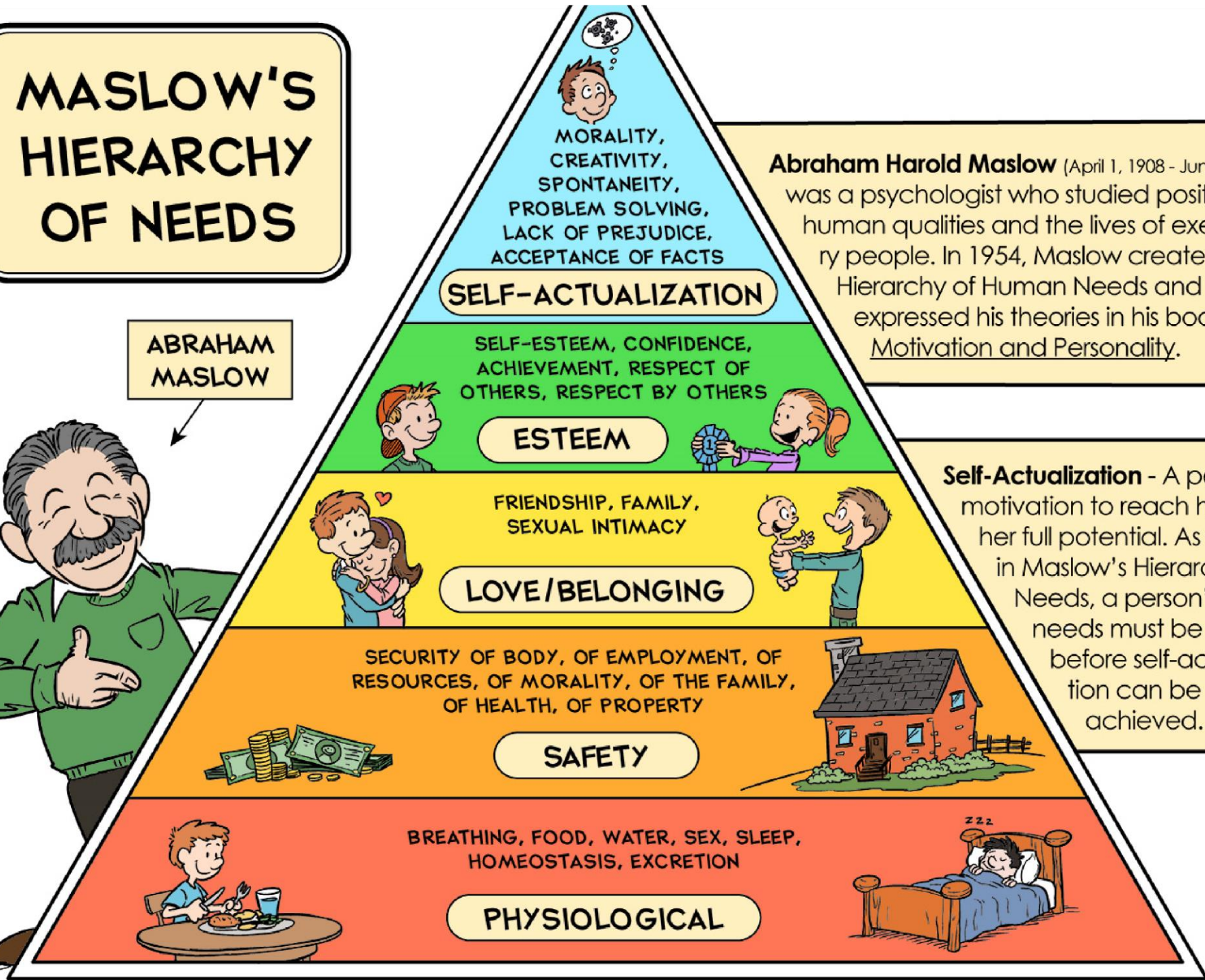
MASLOW'S HIERARCHY OF NEEDS

ABRAHAM MASLOW



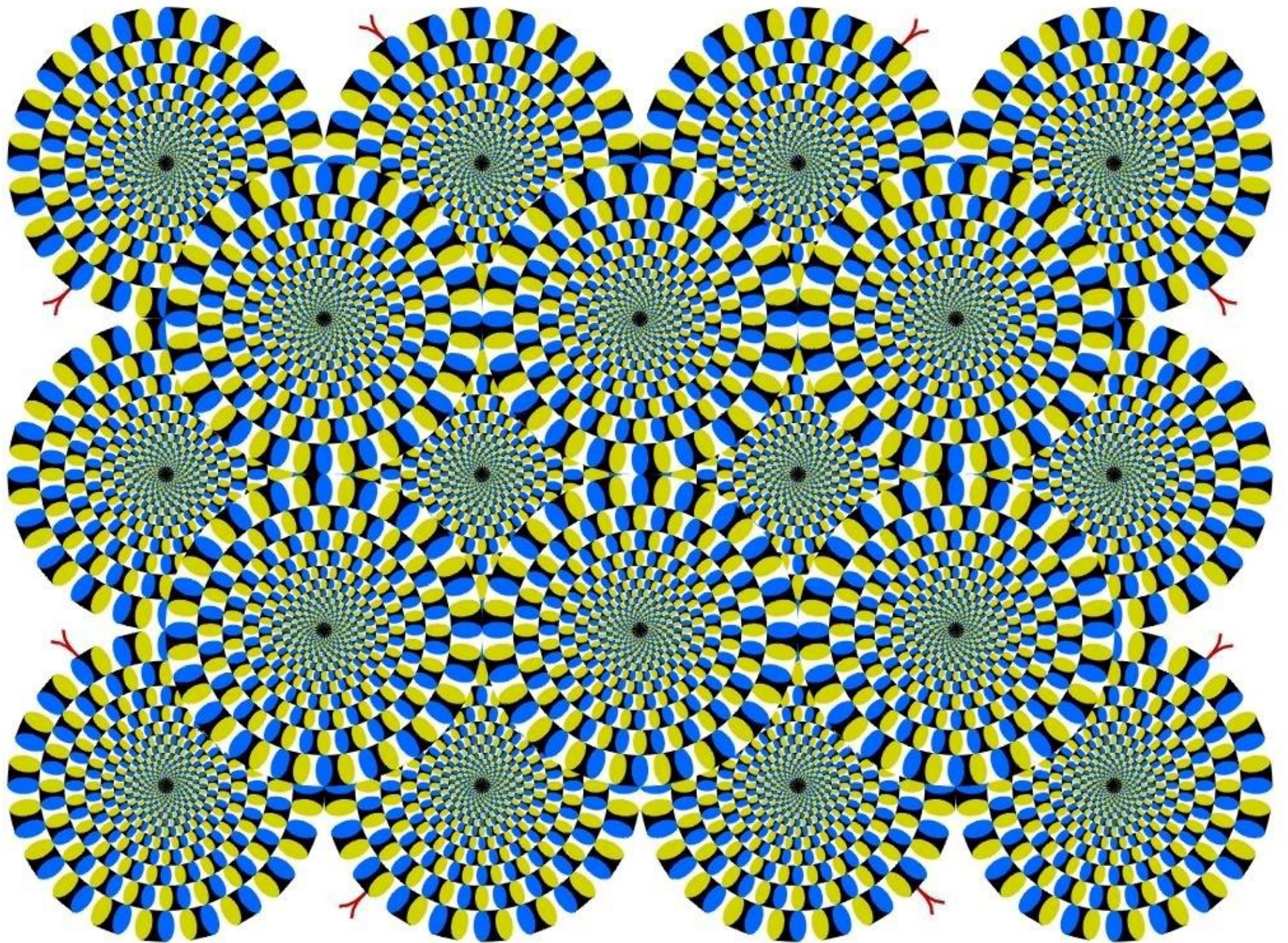
Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, Motivation and Personality.

Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

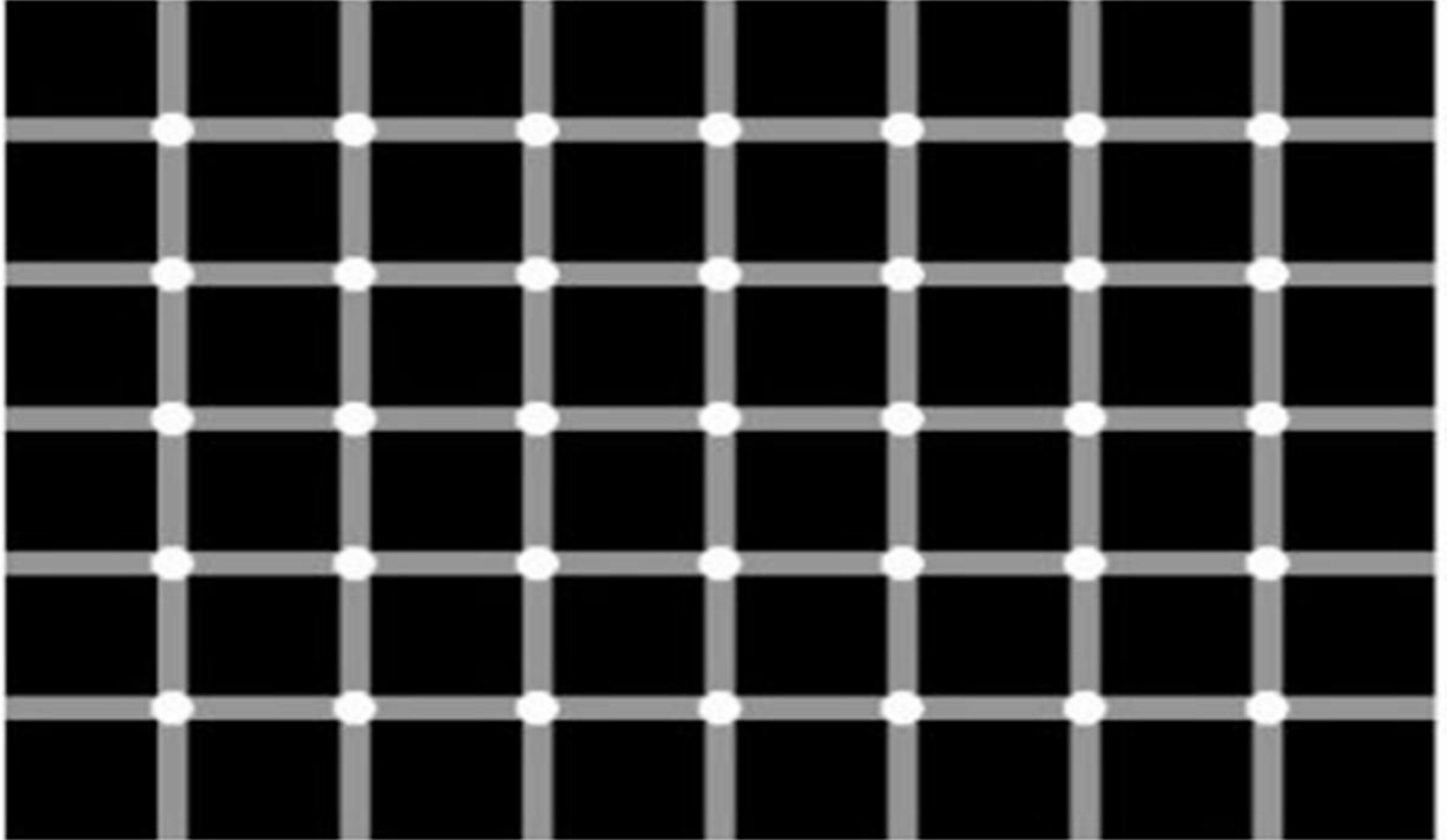


Which middle line is the longest?





How many gray dots do you see?



Say the color of each word

YELLOW **BLUE** **ORANGE**

BLACK **RED** **GREEN**

PURPLE **YELLOW** **RED**

ORANGE **GREEN** **BLACK**

BLUE **RED** **PURPLE**

GREEN **BLUE** **ORANGE**

Do you see a face or a word?



PREVENTION STRATEGIES

Use effective *communication skills* “I Messages”

KNOW the signs and symptoms

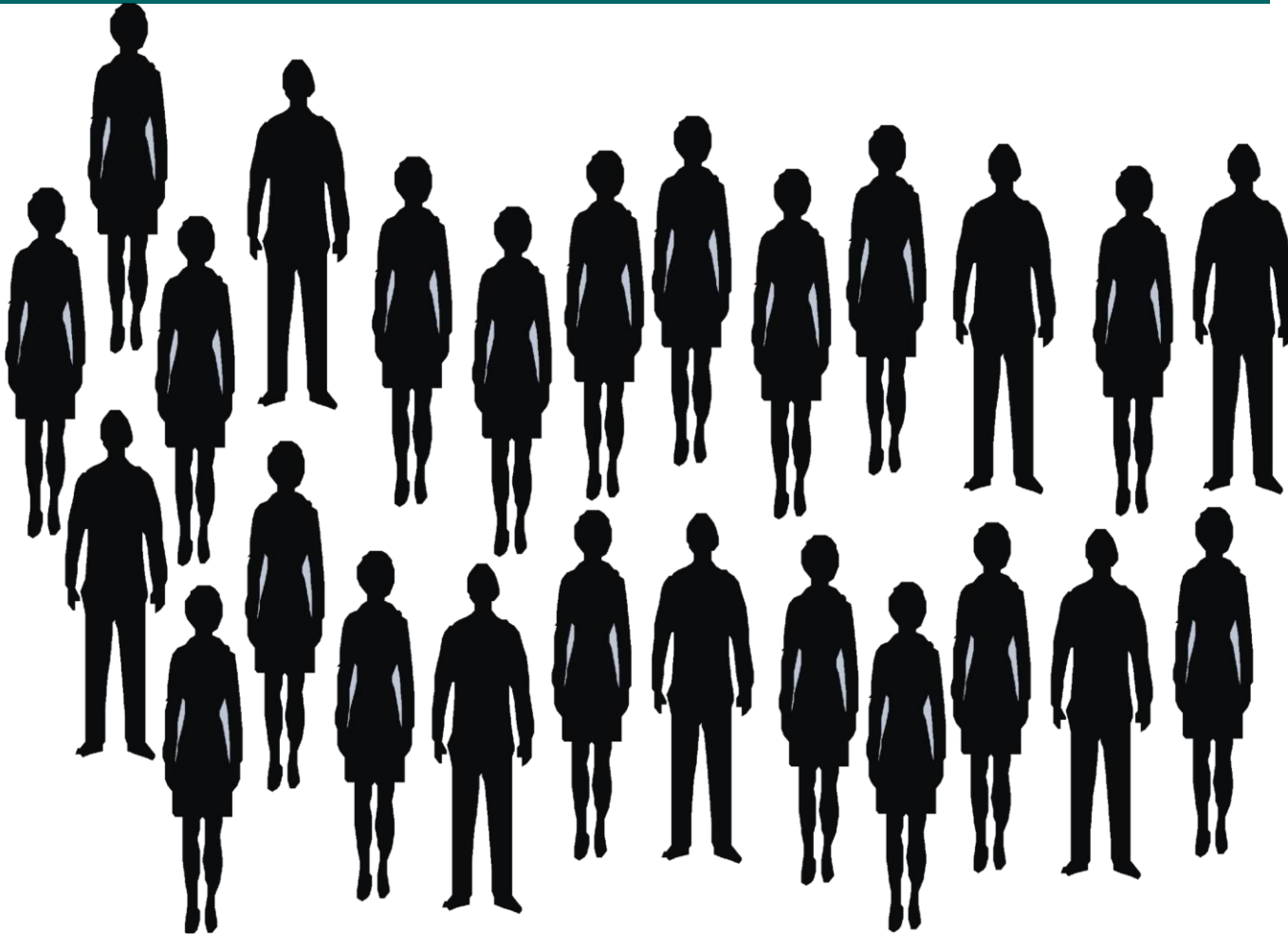
Use healthy *decision making skills*

Manage stress with *stress management skills*

Use positive self talk

Share your feelings and emotions
with someone you trust

Attempted Suicides

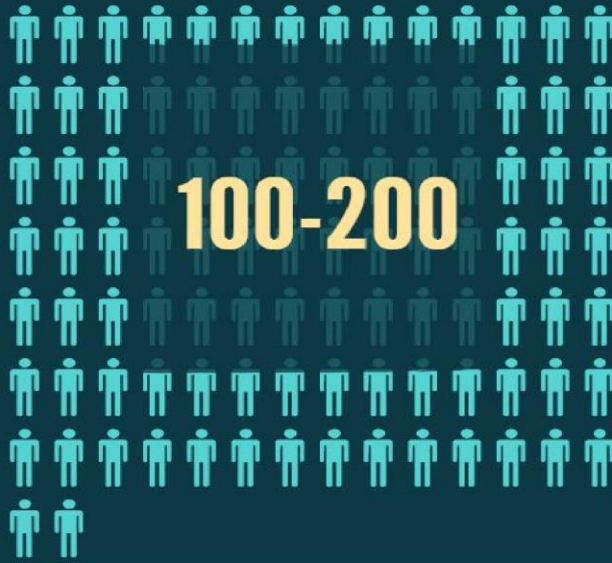


Suicide

Attempted Suicides

Attempted Suicides

Among youth
15-25
years old
there are:



suicide
attempts
for every:



death by
suicide

Among
adults
75+ years
old
there are:



suicide
attempts
for every:

ROOTS OF SUICIDE #5

FINDING HOPE



**Hope is being able to see that
there is light despite all of the
darkness.**

Desmond Tutu

THE POWER OF HOPE!

REGENERATING HOPE IN LIFE

I FOCUSED
ON OTHERS
AND HELPING
ETC.

I STOP
THINKING
SO MUCH &
CHOOSE A
PATH

ITS OKAY TO FAIL BUT
NEVER LOSE HOPE

I MADE
MISTAKES
AND
CHANGED MY
MIND

I WORK TO
MAKE
EVERY
MINUTE
COUNT



You might notice in your own life that you use the word “hope” often but you have not thought much about what hope is. Even the scholars have been unable to agree on a definition. No one, however, doubts the value of hope. No one questions that life is difficult without it. .

PRACTICING HOPEFUL LANGUAGE

USE WORDS OF POSSIBILITY Washington, D. C.
journalist Natalie

Davis Spingarn who has lived with

The use of “WHEN” instead of “if”: cancer for 10 years claims that :
“WHEN this difficult time passes” “hope is the essential
ingredient.

“WHEN you find a remedy for this pain” Without it, people find no
reason

The use of "COULD" instead of "should": for struggling to survive;
without

"I COULD try that now" it, we find it easy to give up and
The use of "YET" instead of "but" stay in bed."



Suicide
is **NOT**
the Answer

SEVEN STEPS IN DEALING WITH SUICIDE



WE NEED TO AWAKEN SPIRITUALLY. **PRAY OFTEN**



WE NEED TO BECOME AWARE OF THOSE AROUND US – ESPECIALLY OUR LOVED ONES.



WE NEED TO BECOME DETERMINED TO CHANGE THE WAY WERE LIVING.



WE NEED TO FIND OUT BY ASKING THE QUESTION “ARE YOU HAVING THOUGHTS OF SUICIDE”.



WE NEED TO ENGAGE IN CONVERSATION WITH THE INDIVIDUAL UNTIL HELP CAN REACH THE INDIVIDUAL



WE NEED TO TELL SOMEONE THAT CAN HELP WHEN WE NOTICE SUICIDAL BEHAVIOURS



WE NEED TO PRACTICE HEALTHY SKILLS AND HEALTHY ATTITUDES ALWAYS. LIVING A SPIRITUALLY HEALTHY LIFESTYLE OPENS DOORS TO COMMUNICATION AND HEALING.

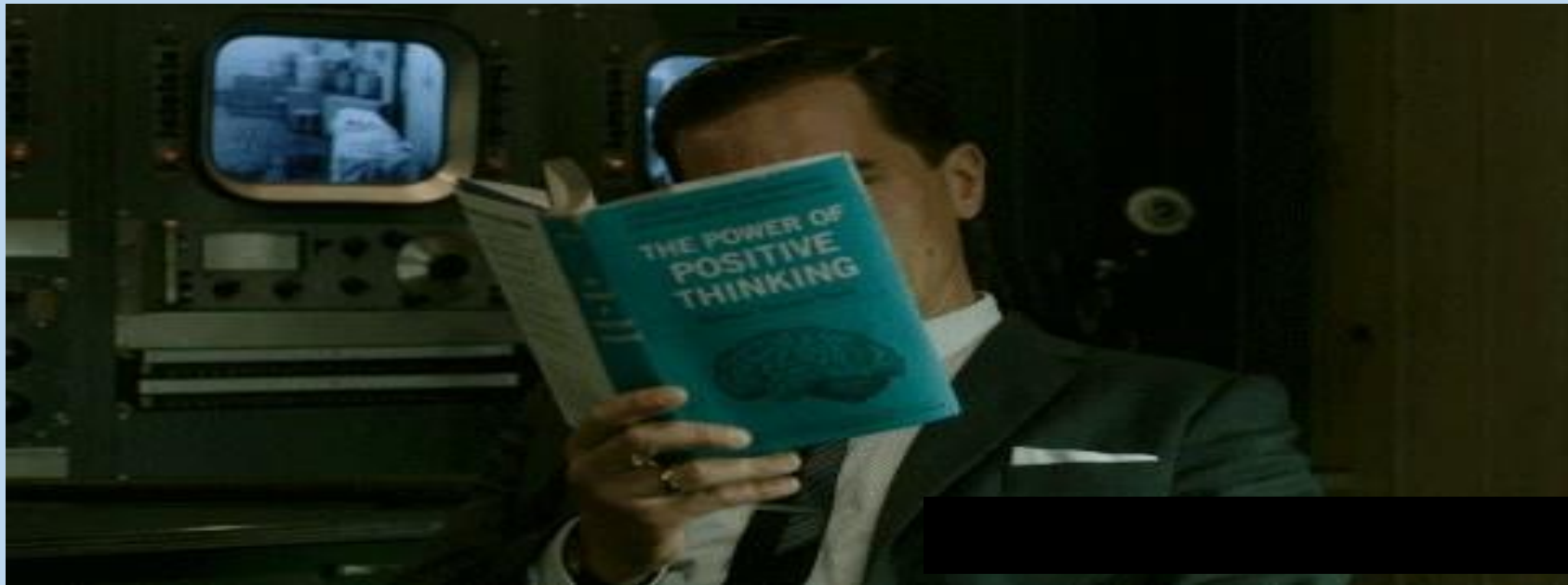


Battles Our Youth Go through

LIVING A POSITIVE LIFE



START YOUR DAY STRONG



POSITIVE PEOPLE create a morning ritual that reinforces how great life is and how happy they are to be alive.
You can start the day in whatever state you prefer.



YOUR LANGUAGE SHAPE YOUR THOUGHTS

Little changes in your language can change the way you think and how you act.

I always answer with

“GREAT”

“AMAZING”

“FANTASTIC”

HANG OUT WITH POSITIVE PEOPLE



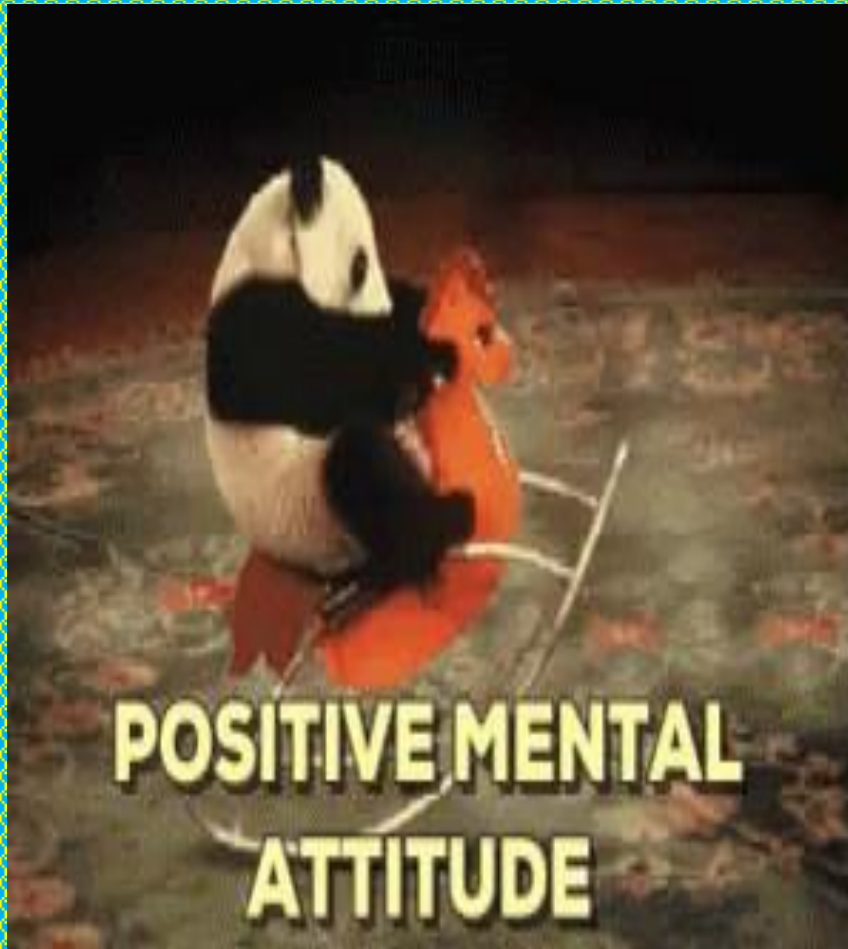
“If you want to be positive make sure you’re hanging out with positive people.”

SHOW YOUR APPRECIATION FOR OTHERS



By appreciating others for a job well done, their outfit or their smile you start to cause a positive chain reaction.

STOP NEGATIVE THOUGHTS IN THEIR TRACKS



It's hard to be a constantly positive person and negative thoughts are going to bubble up from time to time.

When you start to notice negative thoughts you can use a pattern to interrupt and stop them in their tracks

LIVE WITH GRATITUDE



So many positive things happen during our day and we often ignore them while letting one negative comment or event ruin our mood.

It can help to **keep a gratitude journal where you jot down things you are grateful for each night or during the day**

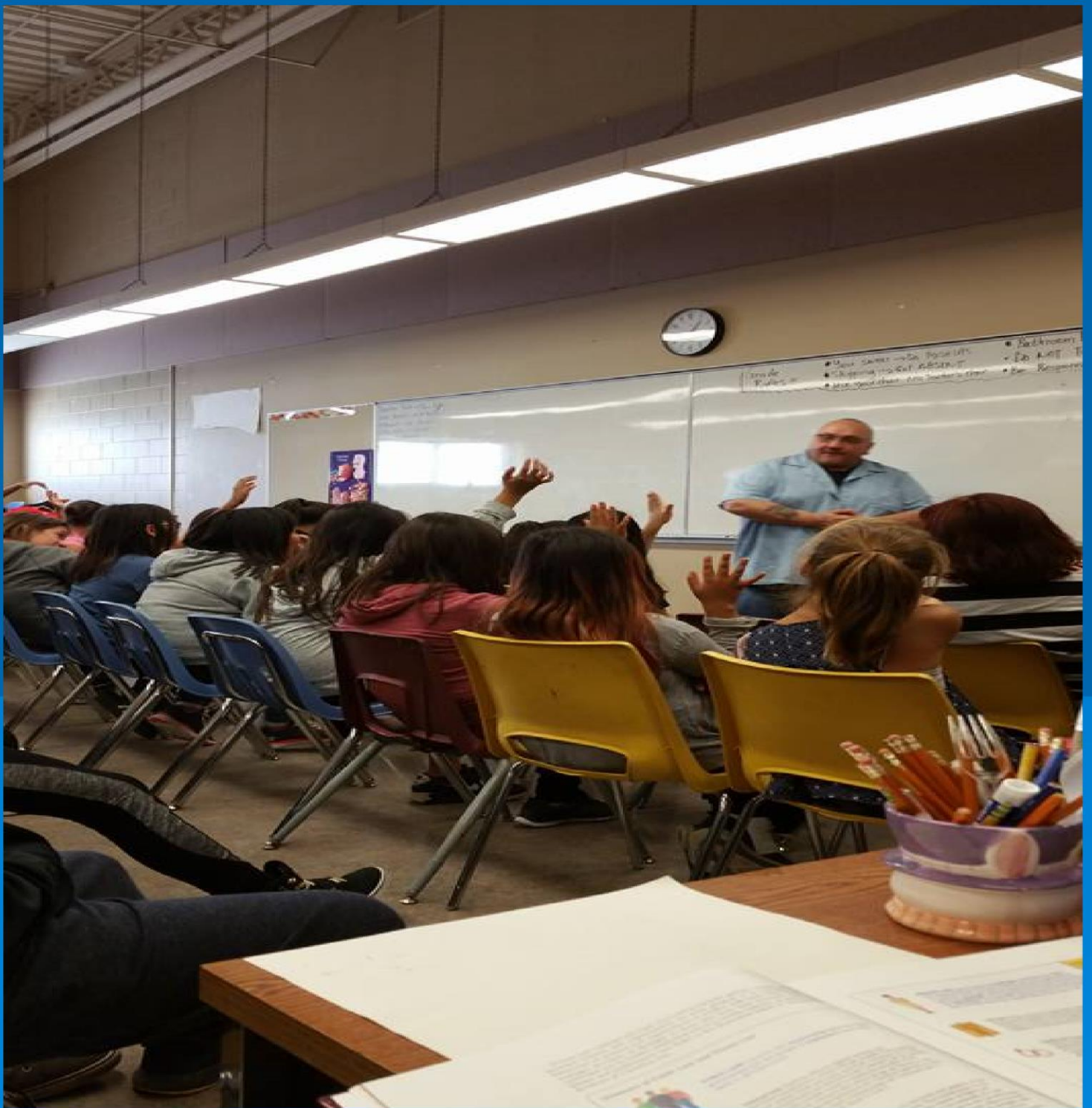
RECHARGE YOUR BATTERIES



A key to maintaining your positive attitude is taking the time to recharge your batteries.

This might mean taking a few hours on the weekend to read a positive book or taking a few weeks for a holiday.

Peer Problems



Bullying: 3 defining characteristics



Intentional—behavior is deliberately harmful or threatening

Repeated—a bully targets the same victim again and again

Power Imbalanced—a bully chooses victims he or she perceives as vulnerable

$$M + E = B$$

- **M = MENTAL PROCESS**
- **E = EMOTIONAL
PROCESS**

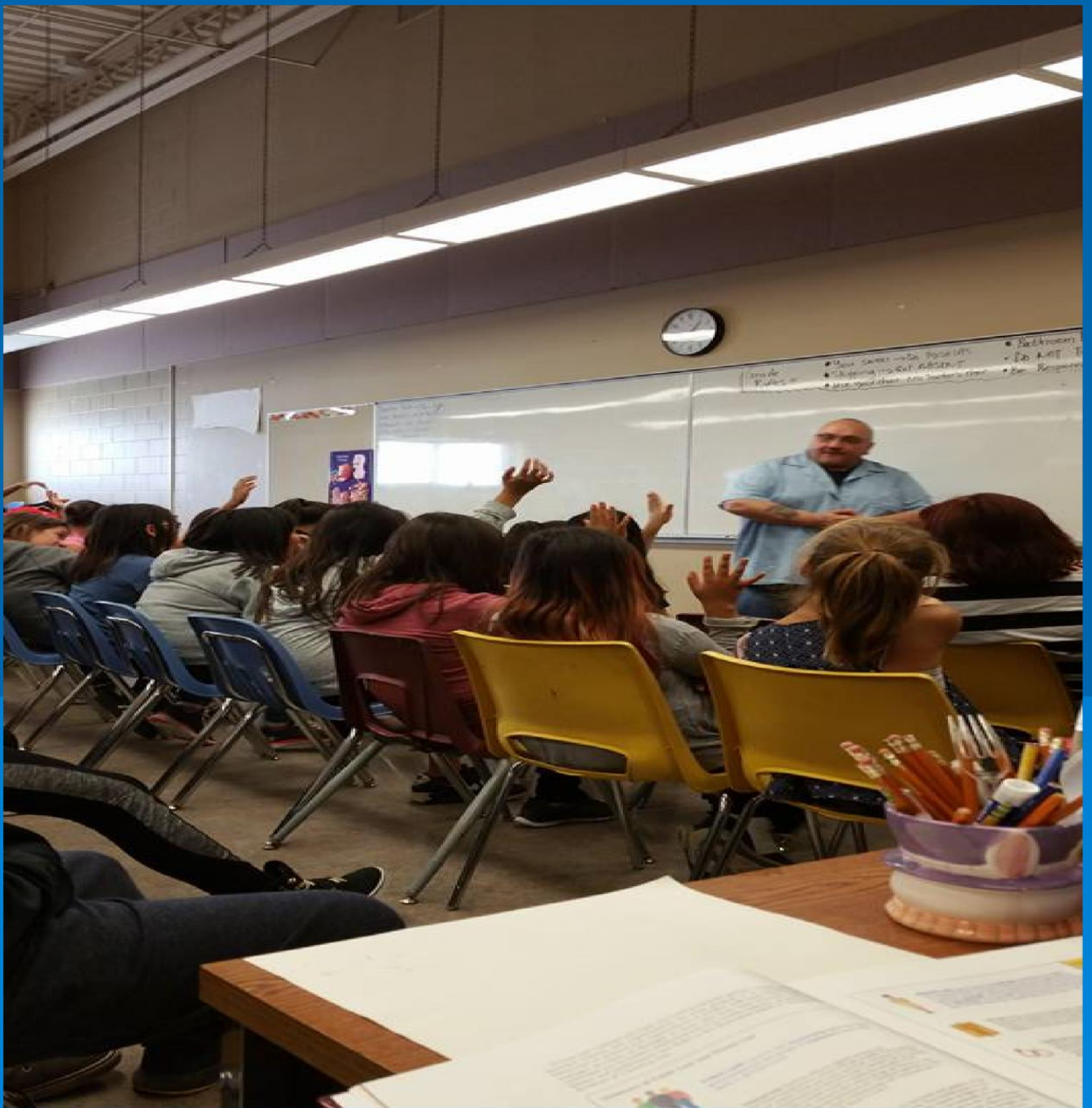
■ **B = BEHAVIOUR**

A suicidal person is feeling so much pain that they can see no other option.

They feel that they are a burden to others, and in desperation see death as a way to escape their overwhelming pain and anguish.

**The suicidal state of mind has been described
as constricted, filled with a sense of
selfhatred, rejection, and hopelessness.**

Peer Problems

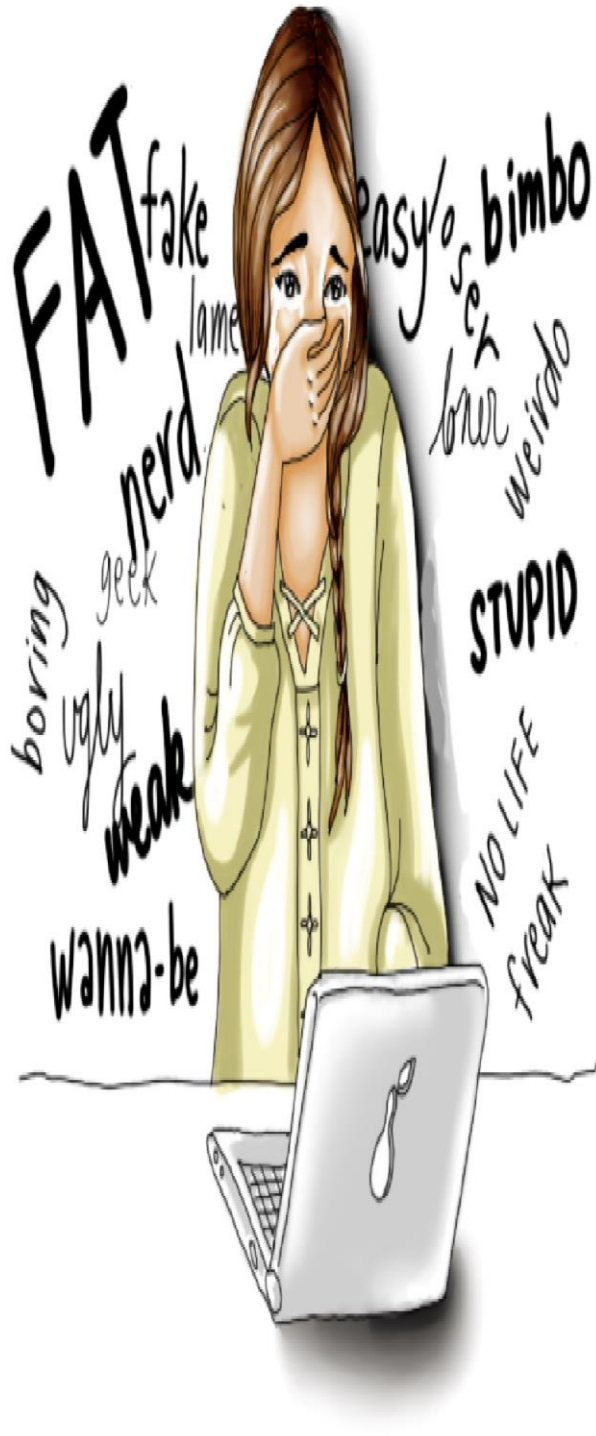


CYBERBULLYING is

Harassment and bullying that takes place online or through other mobile devices

EXAMPLES:

- **SPREADING RUMORS ABOUT SOMEONE THROUGH INSTANT MESSAGING**
- **THREATENING SOMEONE ON A WEB (BLOG)**
- **CREATING HURTFUL WEBSITES AGAINST SOMEONE**



**GOOD VALUES HELP TO
DEVELOP
POSITIVE CHARACTER**

**BAD VALUES CREATE
NEGATIVE CHARACTER**



A suicidal person may not ask for help, but that doesn't mean that help isn't wanted.

Most people who commit suicide don't want to die-

THEY JUST WANT TO STOP HURTING!!!



**WHEN A TEEN COMMITS SUICIDE,
EVERYONE IS AFFECTED**

Family members, friends, teammates, neighbours, and sometimes even those who didn't know the teen well might experience feelings of grief, confusion, guilt — and the sense that if only they had done something differently, the suicide could have been prevented.

**SO IT'S IMPORTANT TO UNDERSTAND THE FORCES
THAT CAN LEAD TEENS TO SUICIDE AND TO KNOW
HOW TO
HELP.**

Lets take a look
at the planning
necessary for
**SUICIDE
PREVENTION**

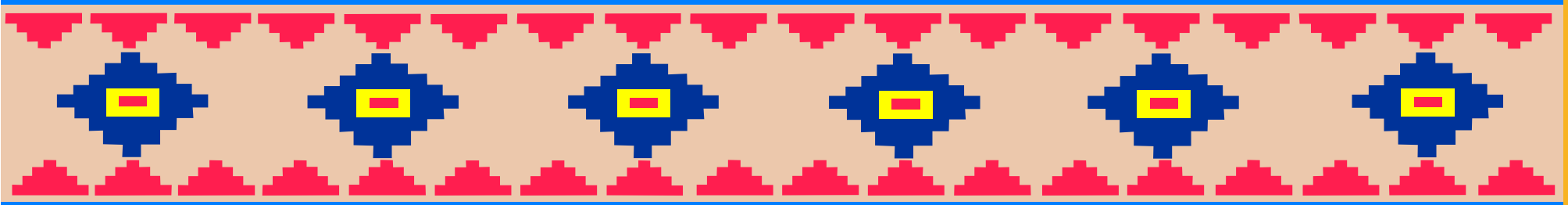
The Warning Signs



#1



WARNING



SUICIDE WARNING SIGNS AND BEHAVIOR

Giving away
prized
possessions

Talking about
feeling hopeless or
having no purpose

Showing rage or
talking about
seeking revenge

Isolating from
family and
friends

Acting anxious,
agitated, or
reckless.

Visiting or calling
people to say
goodbye

Not eating or
eating endlessly
Increased use

of alcohol or
drugs

Looking for a way to kill themselves, such as
searching online for materials or means

2.) HEALTHY TALK ON SUICIDE



➤ EXPRESS EMPATHY FOR THE PERSON & TELL THEM
THAT YOU CARE & WANT TO HELP.

➤ **ENCOURAGE THE PERSON TO DO MOST OF THE TALKING AND LISTEN TO THEM WITHOUT EXPRESSING JUDGEMENT**

➤ **ALLOW THE PERSON TO TELL ABOUT HIS/HER FEELINGS AND THEIR REASONS FOR WANTING TO DIE**



3.) MAKE NO DEALS

Never keep secret a Friend's suicidal plans or thoughts.

YOU CAN NOT
promise that you
will not tell **YOU**
HAVE TOTELL to
save your friend!



4.) There are no RIGHT OR WRONG things you can say if you are speaking out of love and concern.

Show that you care by talking to them, holding them while they cry, or whatever else is necessary.



5.) A suicidal person usually is carrying around some burden that they feel they just can't handle anymore.

Offer to listen as they vent their feelings of despair, anger and loneliness.

Sometimes this is enough to lighten the



load just enough for
them to carry on.

6. Don't be afraid to ask, "Are you having thoughts of suicide?"

You are not putting ideas in their head. This will give you some valuable



information about how to proceed in helping him.

7. IF THE ANSWER IS YES, ASK THESE THREE QUESTIONS:



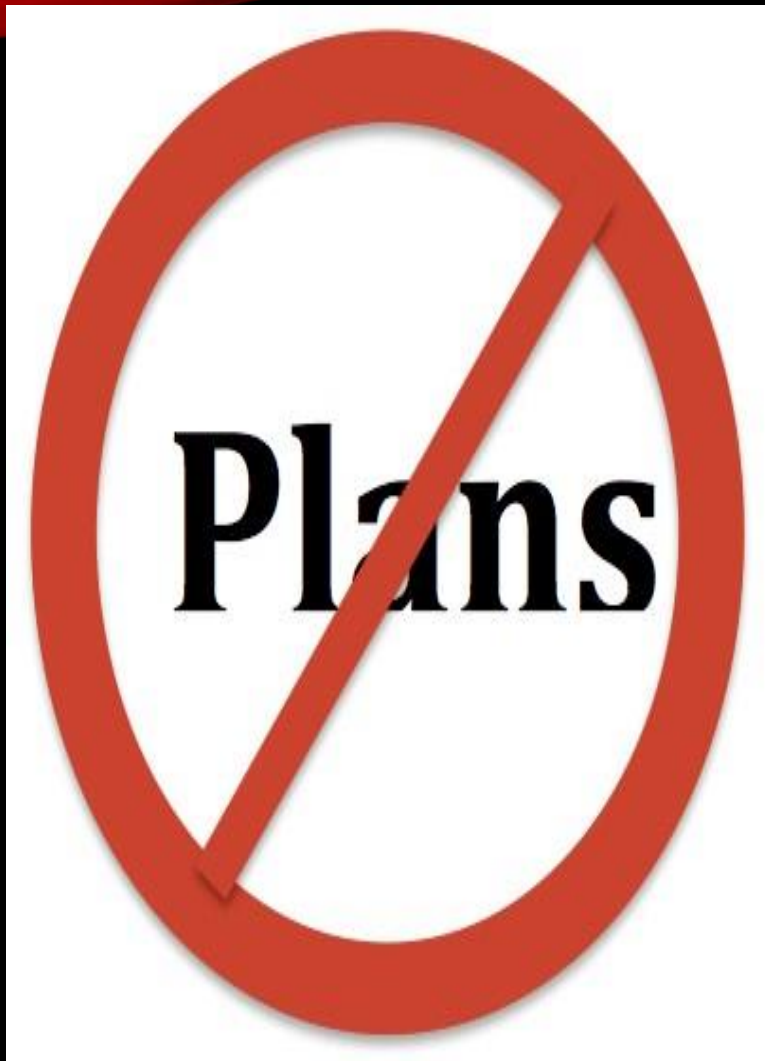
HAVE YOU THOUGHT ABOUT HOW YOU WOULD DO IT?



DO YOU HAVE WHAT YOU NEED TO CARRY OUT YOUR PLAN?



**DO YOU KNOW WHEN YOU
WILL DO IT?**



Fortunately the majority of people will either say that they have no definite plans or that they don't have the nerve to do it themselves.



Although this is still a serious situation, you know that they are probably not in imminent danger of hurting themselves.

8. KEEP THEM TALKING

This will allow them to reduce the emotional burden they are carrying and give them time to calm down. The longer you keep them talking, the more you can take the edge off their desperation. As their momentum winds down, it's harder for them to act on their feelings.

9. AVOID TRYING TO OFFER QUICK SOLUTIONS OR BELITTLING THE PERSONS FEELINGS.

How big he perceives the problem to be and how much he is hurting over it is what counts. Rational arguments do little good to persuade a person when they are in this state of mind. Instead offer your empathy and compassion for what he is feeling without making any judgments about whether he should feel that way.



10. IF THE PERSON HAS ALREADY

STARTED A SUICIDE ATTEMPT, CALL FOR HELP IMMEDIATELY.



If they are still conscious, get what information you can about what substances they have ingested, how long ago did they ingest them, how much did they take, are they also consuming alcohol, when did they last eat, what is the general state of their health. Call 911, Poison Control, or an appropriate emergency contact number in your area and explain the situation. **Keep calm and follow any steps they may give you to assist your friend.**

Level of Suicide Risk

LOW

Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.

MODERATE

Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.

HIGH

Suicidal Thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.

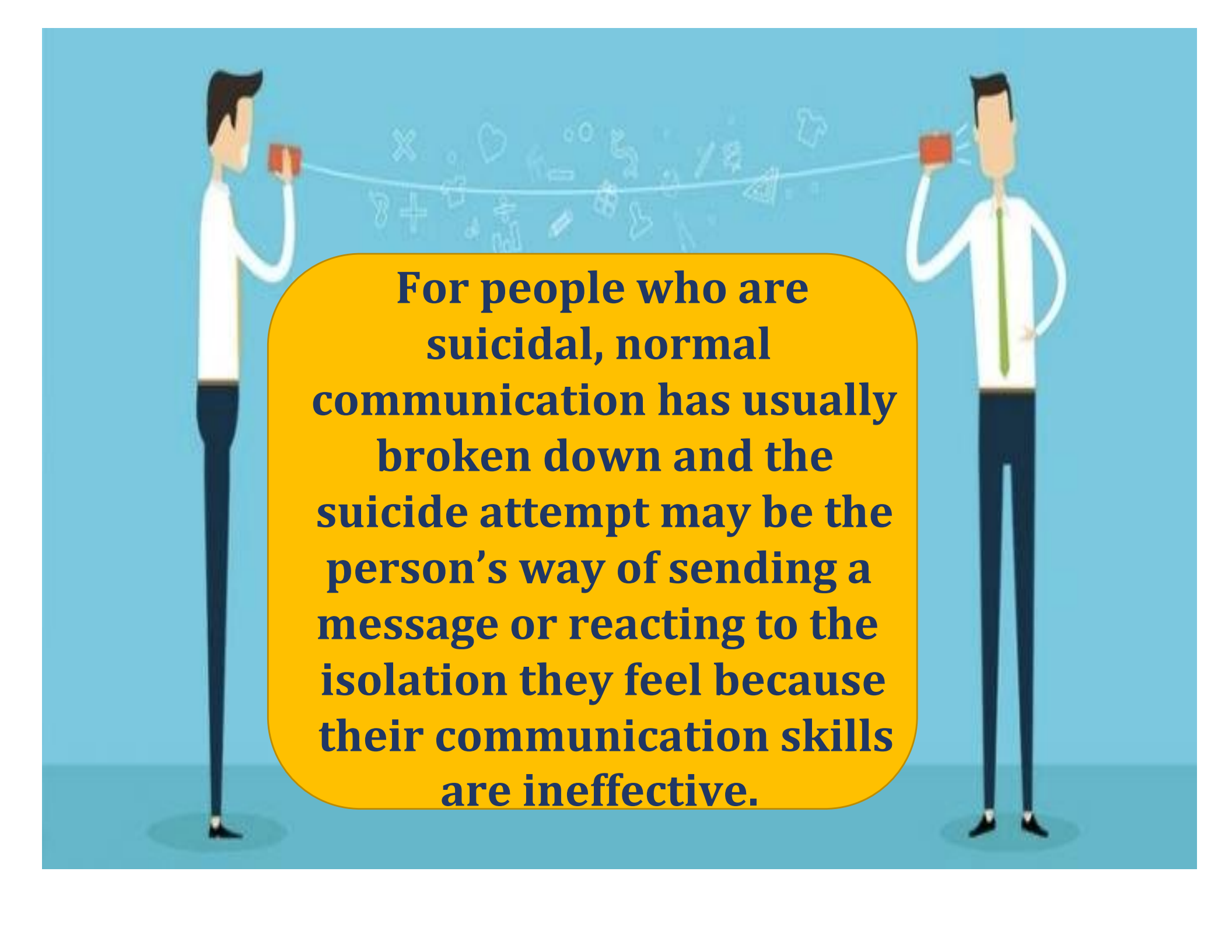
SEVERE

Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.



Suicide is a form of communication



An illustration of two men in white shirts and dark trousers talking on red mobile phones. A white line connects the phones, with various symbols like a heart, plus, minus, and dollar sign floating around it. In the center, a yellow rounded rectangle contains text.

For people who are suicidal, normal communication has usually broken down and the suicide attempt may be the person's way of sending a message or reacting to the isolation they feel because their communication skills are ineffective.

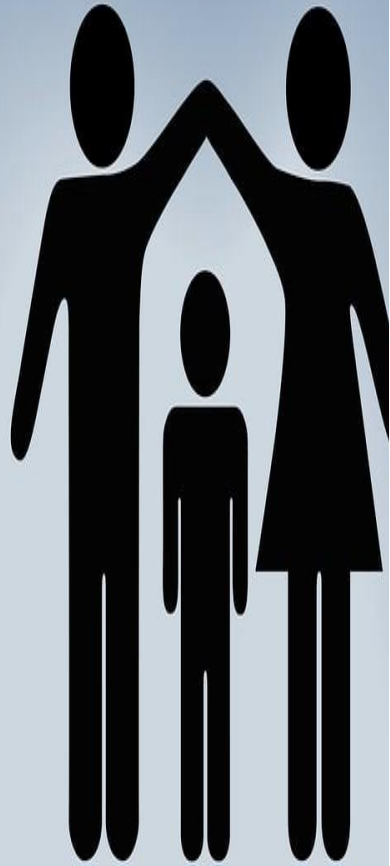
TELL AN ADULT. TELL CHILDREN TO TALK TO YOUR PARENT,
YOUR FRIEND'S PARENT, YOUR SCHOOL'S
COUNSELOR, TRUSTED ADULT.

AND DON'T WAIT! Don't be afraid that the adults will not believe you or take you seriously—keep talking until they listen!

Even if you are not sure your friend is suicidal, talk to someone.

It's OK if you “jump the gun” **this is definitely the time to be safe and not sorry!**





One of the most important jobs a parent can do is provide safety and structure for their child. Parents can do much to stop the violence children act out on each other as well as themselves. A lot of a little four-letter word (L-O-V-E) goes a long way towards preventing suicide.



Understanding the roots of suicide. Becoming totally aware of the traumas of indigenous people.



Having a deep rooted understanding of self and of our Identity. Completing or engaging in self help healing practices. Entering into a healthy spiritual connection with Creator. This connection must exist on a daily basis. Prior to working with others this spiritual connection should be exhibited on a continual basis.



Understanding the warning signs associated with suicidal ideation and recognizing that many individual will camouflage their emotions.



Developing a work based commitment. Understanding that in life's circle we are all helpers, and as helpers our hours are continual meaning 24 hours a day. This is a commitment we make to ourselves, to our Creator and to others.



Prior to engaging in front line activity; Our objectives, our purpose, and our commitment should be evident.

SUICIDE PREVENTION RESTRUCTURING



SUICIDE WARNING SIGNS



IDENTIFICATION OF SUICIDE PLAN



DEVELOPING SUICIDE PREVENTION PARTNERS IN
COMMUNITY



ASKING LEADING QUESTIONS



UNDERSTANDING THE PAIN, AND IDENTIFYING POSSIBLE
MEANS OF ADDRESSING THE PAIN



DISCUSSING PREVENTATIVE MEASURES



KNOWING OUR RESOURCES AND BUILDING MORE RESOURCES



RECREATING PUBLIC AWARENESS AT A MAXIMUM LEVEL AND ENGAGING THE
COMMUNITY TOWARDS TRANSPARENCY IN ADDRESSING SUICIDAL IDEATION. THIS
MUST BE PRACTICED IN ALL AREAS OF COMMUNITY LIVING SCHOOL, WORK, FAMILY,
PEER INTERACTION, ETC.



**SUICIDE IS
PREVENTABLE**

HELP IS ALWAYS AVAILABLE. You can
make a big difference and maybe even
save
someone's life and/or your own. Recognize
the signs, break the silence, save lives!

www.iwhscanada.com



**“THANK YOU FOR ATTENDING
THE SUICIDE PREVENTION
TRAINING”**





**3 THINGS ARE NEEDED TO END
THE SUICIDE NOW:**

PRAYER



AWARENESS



DETERMINATION

TAKE CARE & REMEMBER

You are special

