



## “Psychology Works” Fact Sheet: Suicide

### What Every Canadian Needs to Know about Suicide

**Some Facts.** Although death by suicide is relatively uncommon, on average there are more than 10 deaths by suicide daily in Canada. Thinking about suicide and engaging in self-harm and in suicidal behaviour are much more common. When feeling overwhelmed or in psychological pain, people might contemplate suicide to varying degrees. Sometimes people have passive suicidal thoughts such as wishing they wouldn’t wake up in the morning or wishing something fatal would happen. Sometimes suicidal thoughts are more active, and people think about how to actively end their lives. Although having suicidal thoughts does not necessarily mean that someone is on the verge of killing themselves, both active and passive thoughts need to be taken seriously because they suggest that something is not right at that moment in the person’s life. Approximately 4,000 people die by suicide in Canada each year<sup>i</sup>. This figure may be an underestimation since death by suicide may be misclassified<sup>ii</sup> as an unintentional injury or as the result of a chronic health condition. In addition, this figure does not include the deaths of people who are terminally ill and obtain medical assistance in dying (MAiD).

Risk for death by suicide differs by age (older), sex (male) and cultural group. Three-quarters of those who die by suicide are men. Most men and women who die by suicide are middle-aged. Middle-aged and older men have Canada’s highest rates of suicide. Suicide is the second leading cause of death for people between the ages of 15 and 34<sup>iii</sup>. Suicide rates do not take into account non-fatal suicidal behaviour; statistics estimate that suicide attempts outnumber deaths by suicide by somewhere between 10 and 20:1<sup>iv</sup>.

**Who is at risk for suicide?** There are many factors that contribute to suicide. Commonly, people who think about or die by suicide may feel overwhelmed with psychological pain<sup>v</sup>, which can be experienced as hopelessness, helplessness, loneliness sadness, anger, guilt or shame, or meaninglessness<sup>vi</sup>. Past behaviour tends to predict future behaviour; one of the strongest risk factors for death by suicide is having tried to end one’s life in the past. Studies show that suicide tends to be more common among people with one or more mental disorders, primarily mood disorders (like Major Depressive Disorder or Bipolar Disorder), psychotic disorders (like Schizophrenia), a substance use disorder, and personality disorders<sup>vii</sup>. Suicide risk may be elevated among people in pain and whose chronic illnesses restrict their daily functioning<sup>viii</sup>, although this typically occurs when a mood or other mental disorder is also present. It has been estimated that about 90% of those who die by suicide have a mental disorder, but most people with mental disorders do not die by suicide.<sup>ix</sup> Additionally, although depression and suicide risk often go hand in hand, not everyone who dies by suicide is depressed, and not everyone who is depressed thinks about suicide. Nevertheless, when someone is depressed, it is important to find out if they are having suicidal thoughts. To find out more about mental disorders go to

<https://cpa.ca/psychologyfactsheets/>.





**What are some of the signs to look for if you are concerned that someone is considering suicide?**

Specific signs of suicide risk include talking about suicide and death, talking about or collecting implements for self-harm or for suicide, preparing for death by writing a will or giving away prized personal possessions, previous suicide attempts, and recent experience or anticipation of serious personal losses. Some of the other signs that someone might be considering suicide are similar to signs of depression. These include changes in eating or sleeping habits, withdrawal from others, extreme emotional changes, a blunting of emotional expression or loss of interest in usual activities particularly those usually enjoyed, and neglect of personal appearance. There can also be increased use of alcohol or other drugs and increase in strange or risky behaviours. As mentioned, although depression is a risk factor for suicide, the majority of people with depression do not die by suicide. Sometimes people are most at-risk for suicide when their depression lessens, and they appear to be doing better. Suicide risk can be extremely high when someone is initially emerging from an episode of depression, especially if their energy returns but their thoughts of suicide remain strong. Some people are quite good at presenting themselves as being well put together even when they are not; support and the opportunity to explore their thoughts and feelings about life can be critical.

**How do talk to someone about suicide?** Asking a person about suicide will not make them suicidal. It is best to come right out and say that you have noticed some changes or signs that they may be hurting or in need of help, that you are worried or concerned and that you want to help. If the person admits to feeling sad or hopeless, ask directly if they have thought about hurting or killing themselves. Listen, don't judge, and don't try to solve their problems. You may not understand how or why someone feels the way they do but accept that they are in pain and in need of help. Don't try to convince them that their way of seeing the world, or the actions they are considering, are bad or wrong. If someone is thinking about suicide and discloses it to you, never promise to keep this information confidential. A person feeling suicidal is a person who needs help and you may need to talk to others to help them get it<sup>x</sup>.

**How do I get help if I or a loved one is thinking about suicide?** There are supports and services that are effective in helping people deal with their psychological distress and recover from mental disorders. Helping someone in need get help can be very important since less than half of people who have psychological problems actually get the help they need. Sometimes it is the stigma of mental disorders that gets in the way of people asking for and receiving help. Mental healthcare services are not always funded by public health insurance, which can also make it harder for people to get the help that they need. Keep in mind that helping loved ones doesn't mean you can or should solve their problems, treat their illness or take away their pain. Helping doesn't mean that you should assume personal responsibility for someone else's safety or for stopping their suicidal thoughts or actions. It means listening, caring, supporting, and helping the person get the professional mental health help they need, when and where they need it. It may also mean advocating for them. Navigating a complex health system can be daunting, especially when someone is in distress. Helping to make calls and appointments, and acting as their advocate, can be very important to getting someone help in a timely manner.

**Where do I turn if the situation is urgent?** Thinking about suicide can be a health emergency and needs to be treated the same way as any other crisis. Don't assume that people who think about or talk





about suicide are not serious, are being dramatic, or that their suicidal thoughts will simply go away on their own - they often don't. This is no time for "cautious waiting." If you or someone you know is thinking about suicide, cannot make the thoughts go away, feels like acting on the thoughts, have a plan for how to die by suicide, or have access to the means with which to end life, you need to get help immediately! Call 911, go to the nearest hospital emergency room or urgent care clinic, or call a crisis line or distress centre. Crisis Services Canada can be reached at 1-833-456-4566. The Canadian Association for Suicide Prevention has a directory of crisis lines across Canada <http://suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre>.

**Where can I get mental health help?** If the situation isn't urgent but you or the person you are concerned about is distressed, help is available. Research shows that psychological treatments are effective for mental disorders and can reduce or resolve thoughts of suicide, or prevent suicide behaviour. Provincial and territorial associations of psychology maintain referral services so that you can find a psychologist in your area <https://cpa.ca/public/findingapsychologist/>. To find out what to expect when seeing a psychologist, see <https://cpa.ca/public/>.

Other avenues to get help include bringing your concerns to your family physician, primary health care team or community health centre. Some primary health providers like family physicians may be able to offer help directly or refer you to a health care provider or program that specializes in mental health treatment. If the person in crisis is a student, the school or university may have mental health providers on staff. The Canadian Mental Health Association can also be a helpful source of information and support. When choosing mental health help, it is always a good idea to seek the services of a regulated and specialized mental health care provider (like a psychologist or psychiatrist) to make sure that mental health problems are accurately assessed and diagnosed. Not all mental health issues, disorders or treatments are the same. Not all healthcare providers have expertise in assessing and treating mental disorders. An accurate assessment and diagnosis is critical to making sure that you receive the right care.

## **Additional resources include:**

### **CANADIAN RESOURCES:**

Mental Health Commission of Canada

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

Indigenous Services Canada

<https://www.sac-isc.gc.ca/eng/1576089278958/1576089333975>

Veterans Affairs Canada

<https://www.veterans.gc.ca/eng/health-support/mental-health-and-wellness>

Mood Disorders Society of Canada (MDSC)

<http://www.mooddorderscanada.ca/>

The Canadian Association for Suicide Prevention (CASP)

<http://www.mentalhealthcommission.ca/English/issues/suicide-prevention>

Video: Let's Talk about Suicide -- <http://vimeo.com/98177990>





The Canadian Coalition for Seniors' Mental Health (CCSMH)  
<http://www.ccsmh.ca/en/projects/suicideAssessment.cfm>  
<http://www.ccsmh.ca/en/booklet/index.cfm>

The Canadian Mental Health Association (CMHA)  
<http://www.cmha.ca/mental-health/understanding-mental-illness/suicide/>

The Centre for Suicide Prevention  
<http://suicideinfo.ca/>

## AMERICAN RESOURCES:

Suicide Prevention Resource Center  
<http://www.sprc.org/>

The American Association of Suicidology (AAS)  
<http://www.suicidology.org/home>

The American Foundation for Suicide Prevention (AFSP)  
<http://afsp.org>

The American Psychological Association (APA)  
<http://www.apa.org/topics/suicide/index.aspx>

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)  
<http://www.samhsa.gov/prevention/suicide.aspx>

## INTERNATIONAL RESOURCES:

The International Association for Suicide Prevention (IASP)  
<http://www.iasp.info/>

The World Health Organization (WHO)  
[http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/)

## Where can I get more information?

Provincial associations of psychology: <https://cpa.ca/public/whatisapsychologist/PTassociations/>

Psychology Foundation of Canada: <http://www.psychologyfoundation.org>

American Psychological Association (APA): <http://www.apa.org/helpcenter>

**You can consult with a registered psychologist** to find out if psychological interventions might be of help to you. Provincial, territorial, and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, please visit: <https://cpa.ca/public/whatisapsychologist/PTassociations/>

*This fact sheet has been prepared for the Canadian Psychological Association by Dr. Karen R. Cohen (Canadian Psychological Association) and Dr. Marnin J. Heisel (Western University)*





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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: [factsheets@cpa.ca](mailto:factsheets@cpa.ca)

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<sup>i</sup> <http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/hlth66a-eng.htm>

<sup>ii</sup> [http://www.med.uottawa.ca/sim/data/Suicide\\_e.htm](http://www.med.uottawa.ca/sim/data/Suicide_e.htm), <http://www.apa.org/monitor/2012/12/suicide.aspx>

<sup>iii</sup> <http://www.phac-aspc.gc.ca/publicat/lcd-pcd97/table1-eng.php>

<sup>iv</sup> <https://www.afsp.org/understanding-suicide/facts-and-figures>

<sup>v</sup> Shneidman, E.S. (1993). Suicide as psychache (commentary). *The Journal of Nervous and Mental Disease*, 181 (3), 145-147.

<sup>vi</sup> <http://suicideprevention.ca/understanding/why-do-people-suicide/>

<sup>vii</sup> Bertolote JM, Fleischmann A, De Leo D, Wasserman D. Psychiatric diagnoses and suicide: revisiting the evidence. *Crisis*. 2004; (25(4): 147-155.

<sup>viii</sup> Kaplan, M.S., McFarland, B. H., Huguet, M.S., & Newsom, J.T. (2007). Physical Illness, Functional Limitations, and Suicide Risk: A Population-Based Study. *American Journal of Orthopsychiatry*. 77(1), 56-60.

<sup>ix</sup> [http://depts.washington.edu/mhreport/facts\\_suicide.php](http://depts.washington.edu/mhreport/facts_suicide.php)

<sup>x</sup> More information about suicide prevention and about talking about suicide can be found at <https://www.helpguide.org/home-pages/suicide-prevention.htm>

