



# shalem Digest

FALL 2013

TOPICS OF INTEREST TO FRIENDS OF SHALEM MENTAL HEALTH NETWORK

## Suicide Prevention: Bringing Light to Darkness

BY JENNIFER BOWEN, M.DIV., RMFT

*Many of us have heard the phrase “dark night of the soul”. St. John of the Cross coined it in during his long season of suffering and isolation as he walked with God.*

His journey of spiritual healing was marked by painful times of doubt, guilt and isolation, before his faith was restored and he again experienced closeness with God.

St. John of the Cross was not alone. Like him, for many people the “dark night of the soul” is a place of despair through which healing comes. But for others, the darkness ends in tragedy. Some of us, in the grip of awful despair, choose to die as a way of escaping our pain.

Most of us have been affected in some way by suicide. We remember our first encounter with it. When we learn about an acquaintance, friend, or family member who has taken

their own life, we are horrified and often left confused, sad, angry and perhaps feeling some guilt. You yourself may also have a very personal encounter with suicide, with your own thoughts of hopelessness and escape.

Many people I meet who have known someone who has committed suicide are deeply confused by the choice to die. Why, we wonder, would someone consider suicide? We may have never experienced a pain so severe as to make suicide an attractive option. Likely too the supports and coping strategies available to us when we need them have been adequate to cope with our own severe pain. It may be that during our own seasons of despair, our minds have remained

sharp, able to hold on to hope. But when we have lost hope that our situation will change, then we are vulnerable to suicidal thoughts. The suicide option then becomes a simple means of stopping the pain that we believe will never go away.

The uncomfortable reality is that these deep struggles are happening all the time in our communities. In the house next door, in the pew behind us – people are wrestling with the impact of suicide or with thoughts of suicide.

### RAISING THE SUBJECT

Despite the discomfort, at Shalem we want to broach the topic. Let’s start the conversation. One of the most harmful aspects of suicide is the silence within which we cloak it. The silence can create a profound sense of shame among those who have suicidal thoughts: “no one talks about this – I must be the only one with these crazy dark thoughts. I should keep them to myself... I don’t want to bother anyone.”

One way of describing the pain is to imagine a large hand held so close to one’s face that it blocks out the light. As the hand moves in we first lose sight of our surroundings, then of the periphery. Finally, as it wraps itself around our face, we lose all light. Our vision is gone and we see only the dark. Emotionally, this type of pain and loss of hope can be called despair. It may be what St. John of the Cross was describing. In this place, with no way to see light, there is only hopelessness. If we ourselves have not experienced that complete loss of light, we can’t know how suicide can make sense in the darkest of places. Yet, standing in light, we can see the landscape in



## Who is at risk?

- ✓ Statistics Canada reports that 4,000 Canadians complete suicide each year, or 11 per day. Of these, 75% are men, but women make 3-4 times more attempts than men do. Attempts are very dangerous. In Canada, suicide is the second leading cause of death among young people. And aboriginal youth are 5-6 times more likely to die from suicide than non-aboriginal youth.
- ✓ People with significant mental illnesses can be at risk for suicide, as mental illness impacts our mind's ability to cope, problem-solve or see hope. The use of alcohol or drugs lowers life-saving inhibitions. Serious physical illness, such as chronic pain, cancer, or degenerative diseases, can also make us vulnerable.
- ✓ Those of us who have suffered a major loss – a death, a job loss, divorce, or relocation – are at an increased risk. Such losses can impact our ability to cope especially if what we have lost was our key source of coping. For example, losing a spouse can make us vulnerable if the lost spouse had acted as our sole source of support to help us cope.
- ✓ If we have a family history of suicide, we are at a higher risk of self-harm. Further, impulsive personalities are more likely to attempt. Another significant risk factor is having easy access to lethal means of suicide, like weapons or medication.

front of us. We can hold hope and offer it to those in despair.

### SIGNS AND SYMPTOMS

What then do we look for? There are signs and symptoms of suicidality. Not everyone who speaks of it attempts suicide, but most who complete suicide have reached out to someone about it. Any suicidal reference is worth taking seriously.

A sudden change of mood or behaviour and social withdrawal are significant signs, as is a discussion of hopelessness or helplessness. Other signs are actions that may be construed as preparing for the end of life, like giving away possessions or pets, or preparing a will in the midst of a depression.

### THERE IS HOPE!

We may feel that the feelings of despair and suicide are so overwhelming that we are

reluctant to hold hope and hesitant to start a conversation about it. But there is hope! People choose life every day, usually because a loved one or member of their community has reached out. A senior official at the Center of Addiction and Mental Health in Toronto once wisely said, "Fear of mental illness still comes from the myth many people have that it's untreatable. Available treatments for depression, for example, probably have better outcomes than those for high blood pressure."

It brings such comfort as Christians to know the character of God. Despite our inability at times to see or hear God's presence in our pain, God draws close to the broken-hearted and has mercy on the weak. The New Testament is filled with examples of Christ reaching out and caring for the marginalized, having great compassion for their pain and brokenness. Jesus sets a powerful example for us to follow in caring for those close to us. Biblically speaking, we know too that hope emerges

precisely in the context of *shared lament* (see Shalem's Fall 2012 Digest, "Hope in the Presence of Pain").

As you consider reaching out, read the material accompanying this article for more background. When your vantage point is one of light and visibility, when you can see hope and love, and articulate them to someone in despair, you are in a position to make a difference. We have all been called to be this light. ◀

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## Tips for Helping

If you know someone who might be struggling with thoughts of suicide, here are some helpful things to try, or keep in mind:

### Don't:

- ✓ Avoid the conversation.
- ✓ Argue with them or act shocked. Don't try to lecture them on the value of life, or that suicide is wrong.
- ✓ Promise confidentiality—you will likely need to bring in other supports to help them cope and would have to break that promise.
- ✓ Blame yourself. You can't fix someone's depression—their mental health is not your responsibility. Your role is to love and support.

### Do:

- ✓ Be caring, concerned, sympathetic and offer hope—be yourself. Listen. Let them express anger, guilt, fear, despair. Expressing emotion is helpful in itself.
- ✓ Ask if they are thinking about suicide. Mentioning it will not make it more likely for someone to harm themselves - it may make them feel more understood, and less shamed.
- ✓ Tell them that they are loved, not alone, and that you will support them in getting help.
- ✓ Ask them who they'd like support from, a counsellor, pastor, doctor, crisis line and offer to go with them. If they refuse, and are not able to promise that they will stay safe in the immediate future, call a crisis line or 911.

## People Creating Change

There are many reasons for hope, including examples of ways that communities are creating change around suicide. A group in Calgary called LivingWorks has become a world leader in suicide prevention. They are a dynamic organization that grew out of volunteer work being done at the Canadian Mental Health Association in the 1980s. Their two-day "ASIST" training (Applied Suicide Intervention Skills Training) is now considered "best practice" in suicide prevention, and they train groups all over the world.

LivingWorks has applied the approach of CPR and First Aid training to suicide. Imagine standing at a bus stop on your way to work. You notice that your left hand is aching, you're suddenly feeling dizzy, your chest is tight and it's hard to breathe. Heart disease in your family makes wonder if you are having a heart attack.

Who do you hope is beside you? It's unlikely a heart surgeon is near you at the moment your collapse. However, you may expect that



one person nearby is trained in CPR and will know how to respond. Their care will help you survive until the ambulance brings you to a hospital equipped to care for your needs.

In the same way, with ASIST LivingWorks trains community members to identify the warning signs of suicide, making it far more likely to catch people in distress and helping them access the supports they need in time. This is not about training therapists. It's about training anyone in our communities who connects with the public – all of us!

Shalem has found ASIST so effective that we've adopted it as our preferred way of intervening during moments of suicide crisis. All of our staff have all been trained in the model, and we are currently considering becoming trainers ourselves, able to travel to churches and community groups across Ontario to train people to use its first aid techniques. *But we need your input. Would you find it worthwhile for Shalem to offer suicide prevention training? Would you and your community make use of it if we offered it?* We'd love to hear your feedback on this question. Please email Jennifer Bowen or contact us on Facebook.

## You are Not Alone

If you are someone fighting to cope, please know you are not alone. The thoughts that tell you that you are alone are likely distortions of depression. Depression is a horrible liar. Please ask for help.

Reach out to anyone in your life that you feel safe with and tell them that you need help. Bring this article with you, if that makes the conversation easier. Tell your doctor, your pastor, your family or friends. If you are not comfortable with any of those options, call 911 or go to your local emergency department and tell someone you are having thoughts of suicide and need help. Call a counsellor at Shalem or elsewhere. If you belong to a church which is part of Shalem's Congregational Assistance Plan (CAP), make a confidential call to the CAP Intake number, 1-866-347-0041, to be connected anonymously to a local counsellor, at no cost to you. No one deserves to be in the kind of pain and fear you are living with. With support and treatment, you can get better. You can find hope again.

### Restoring HOPE The Shalem Blog

## Introducing Shalem's New Blog and E-newsletter!

This summer we were excited to launch both a blog and e-newsletter, and we'd love to connect with you in that way.

To view our blog visit our website at [www.shalemnetwork.org](http://www.shalemnetwork.org) and to sign up for our e-newsletter please email [daniellev@shalemnetwork.org](mailto:daniellev@shalemnetwork.org)



## Attachment CRADLE to GRAVE

Intimate and interactive  
conversations with  
Dr. Sue Johnson and Dr. Dan Hughes

March 3 and 4, 2014

For more information  
and to register, visit:  
[attachmentconference.shalemnetwork.org](http://attachmentconference.shalemnetwork.org)



Shalem gratefully acknowledges the support of World Vision Canada, Partners to End Child Poverty, to RE-create Outreach Art Studio. RE-create recently received a three year funding partnership with World Vision through a project entitled "Building Healthy Youth through Involvement in the Arts". This is alongside of World Vision's support of Shalem's "WrapAround Relational Ministries" project, supporting churches to provide WrapAround in their communities.



## { DIRECTOR'S CORNER }



**MARK  
VANDER VENNEN,**  
MA, M.ED, R.S.W.  
Executive Director

WOW! Shalem's 50th Anniversary event had just happened—October 5, 2013, at Peoples Church in Hamilton. Jacob Moon, an outstanding musician, and Paul Young, author of *The Shack*, had helped us celebrate and give thanks to God for 50 years of mental health service in the name of the Gospel. 250 of you had come from around Ontario to make the celebration complete. We had been riveted as Paul Young told his story of childhood abuse, of a crash and burn in his 40s, and of an 11-year struggle to confront the shame he felt, resist suicide and stop holding secrets. Psychotherapy and a deep encounter with the Gospel were crucial in his journey. Since then, with extraordinary courage and faith, he has sought publicly to break down the stigma surrounding mental health issues.

The night was electric, and when it was finished, I found myself whispering, WOW!. *What just happened?*

But I've been saying "WOW!" a lot this year. Here are a few reasons why:

✿ through our affiliation with Wrap Canada, the government of Saskatchewan has contracted with Shalem to provide

WrapAround training and coaching for a child welfare pilot project, using Wrap-Around to support the reintegration of youth aging out of care into communities. We also have a contract with La Maison Des Jeunes Par La Grand'Porte in Quebec, a youth gang-diversion initiative funded by Justice Canada.

✿ Dan Hughes and Sue Johnson, leading practitioners internationally, have graciously agreed to lead a two-day training for us called "Attachment from Cradle to Grave", March 3 and 4, 2014. This event promises to be one of the signature social work training events in Ontario in 2014!

✿ On October 23 Anne Martin and I participated in a keynote address at the International Institute of Restorative Practice (IIRP) world conference on "Restorative Practice and Faith Communities". This was a watershed event for our work. The IIRP recently announced that our FaithCARE training can now be applied as credit towards their Master's Degree in Restorative Practice. FaithCARE has now worked with over 40 congregations from 8 denominations around Ontario, using restorative practice to help build healthy relationships.

✿ World Vision Canada recently blessed Shalem with a three-year funding partnership in support of our RE-create program in downtown Hamilton, with street-involved youth. And around Ontario there are now 35 congregations from several denominations participating in our Congregational Assistance Program.

There is one more WOW! So many of you have stepped up and either added to or begun financial support for Shalem, as part of our Anniversary Fundraising Campaign. We still have time to reach our goal: \$400,000. If you haven't yet, please consider supporting and solidifying our work. I would be delighted to send you a prospectus and to visit with you. Don't hesitate to email me at [markvv@shalemnetwork.org](mailto:markvv@shalemnetwork.org).

Thank you for your extraordinary, essential part in our spontaneous declarations of WOW!. You continue to make Shalem's anniversary year memorable, and for that we thank God, and you. Above all, thank you for all that you do in your own environments to reach out to those who are vulnerable.

Yours,

Shalem is committed to best practices in mental health and is a member of Family Service Ontario. All services are offered in strictest confidence.

Shalem Digest is a publication of Shalem Mental Health Network, a non-profit, charitable organization. RN 130566011 RR00011

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Mental Health Network  
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Paul Young, author of *The Shack*, speaking at Shalem's 50th event. Photo: Susan Winter Fledderus