

**Cadet Suicide Prevention by 2nd Lt. McFee with 810 Squadron in Edmonton –
Power point presentation**

Recently done this presentation at a Central Zone Meeting, this presentation was on suicide awareness. A few years ago, my brother and I came home from Cold Lake and had discovered that a cadet had taken his life. There was no such resource about suicide was available in the cadet program so I am here to discuss with you today. Please feel free to bring up any questions or concerns throughout the presentation.

- Definition of suicide – Self inflicted behaviour, done with the intention to die, resulting in either injury or death.

Introduction:

- Suicide is the second leading cause of death among Canadian youth following motor vehicle collisions. (Center for Suicide Prevention)
- The risk of someone committing suicide is ever present.
- Early intervention reduces the chances of someone completing suicide.
- “The closer suicidal people are to the actual act of self-harm or self-destruction, the more dangerous the situation”. To audience – Why do you think this is? Discussion from audience.
- It is rare that a suicidal person does not send out some type of cry of help.
- The cues may be very subtle, but they are there if you know what to look for.

The Whole picture not just the tip of the iceberg.

Region- Alberta, Year -2003, Population – 3 158,600:

- Reported suicides: 436
- Unreported suicides: 22 – 109 of the deaths in Alberta.
- Non-fatal suicidal behaviours: 17.5 k – 44k
- People with thoughts of suicide: 1 in 20
- How many people are affected: everyone

- Men are 3 times more likely to **complete** suicide than women BUT women are 3 times more likely to attempt suicide than men. These statistics are from Stats Canada.
- People with prior suicide behaviour are at **40 time's** greater risk of attempting suicide again.
- Men are more likely to use hanging or a gun as their method, whereas women are more likely to use poisoning.

Myth: Young people rarely think about suicide.

Reality: teens and suicide are more closely linked than adults might expect. In a survey of 15, 000 grade 7 to 12 students in B.C:

- 34% knew of someone who had attempted or died by suicide;
- 16% had seriously considered suicide;
- 14% had made a suicide plan;
- 7% had made an attempt; and
- 2% had required medical attention due to an attempt.

That means, in a squadron of 60 cadets:

- 20 cadets know of someone who have attempted or died by suicide
- 10 cadets have seriously considered suicide
- 8 cadets have made a suicide plan

- 4 cadets have attempted suicide
- 1 cadet required medical attention due to a suicide attempt

That means that, statistically, more than two thirds of that squadron have been affected by suicide.

Myth: talking about suicide will give a young person the idea, or permission, to consider suicide:

Reality: talking calmly about suicide, without showing fear or making judgements, can bring relief to someone who is feeling terribly isolated. A willingness to listen shows concern; encouraging someone to speak about their feelings can reduce the risk of an attempt.

- Talking about suicide will never give someone the idea to take their own life. If you approach it calmly they more often than not will open up and discuss their feelings. On the other hand, if you approach the person horrified and judgemental, or if you, “tell them to get over it,” they will most likely shut you out and deny everything, and will probably never want to speak to you about it again.

Myth: Suicidal people are determined to die.

Reality: suicidal youth are in pain. They don't necessarily want to die; they want their pain to end. For some youth, suicide may feel like the only way out.

Warning Signs:

- May be blatant: a note or a direct statement.
- May be a subtle gesture, posture or roundabout statement, different for each individual.
- Always view as a request for help.
- Behavioural: Recklessness, giving things away, withdrawal, miss a lot of school or work
- Verbal: talking about a specific suicide plan, talking and joking about saying good-bye
- Emotional: crying, angry outbursts, indecisive
- Physical: change in appearance, weight loss/gain, sleeplessness

Contributing Factors:

- Break up of a close relationship
- Difficulties in interpersonal relationships
- Death of a loved one
- Worry about performance at work or school
- Loss of social status
- Sudden poverty
- Drugs and/or alcohol
- Bullying

Do these contributing factors explain or justify why an individual would commit suicide? NO! Loss and loneliness may have resulted from any of the factors mentioned.

Risk Factors: Do they have a plan?

- What is it?
- How are they going to carry it out?
- Do they have the means to do so?
- When are they going to do it?

Has There Been Past Suicidal Behaviour?

- Have they tried suicide before?
- Are they unwilling to seek help because they think suicide is a “dirty word”?

- Has someone in their family attempted suicide before? Does this influence their own beliefs about suicide?

Helping a Suicidal Person:

- Be observant
- Know and recognize possible warning signs
- Pay attention to your suspicions and trust your “gut” feelings
- Talk to them – ask them about the signs you have noticed.
- Ask them if they have been thinking about suicide or killing themselves.

If You Think Someone May Be Suicidal TELL SOMEONE! There are many resources to contact if you think someone may be suicidal:

- You can call the Support Network: 780-482-4357
- Victim Services
- You can call the Kids Help Phone: 1-800-668-6868
- You can tell an officer at the squadron
- You can tell a school councillor
- You can tell the persons parent or your own parent

Contact information:

- 2nd Lt Michael McPhee, 810 Grant McConachie RCACS, 780-271-7741, email at michael.mcphee@cadets.gc.ca
- Applied Suicide Intervention Skills Training (ASIST), Edmonton Military Family Resource Centre, and 780-973-4011 ext. 6300, open to all military personnel.

The ASIST course offered by the MFRC through the Edmonton Garrison and is an invaluable tool for anyone interacting with youth. It is offered, free of charge, to any military member through the MFRC. It is essentially first-aid for suicide. The ASIST workshop is for people who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. It is a two-day, highly interactive, practical, practice-oriented workshop.

Questions or comments from the floor:

Question: Is this course being given to cadets?

- The course has not been given to cadets yet, but I would like to the same way as CHAPs is presented to cadets.

Question: Who can present this course to the cadets?

- Could be presented by someone from their own Squadron if they so desire and if they have the required course.