

A group of four people are gathered around a table in a meeting. A man in a striped shirt and glasses stands in the center, leaning over the table. Three women are seated around the table, looking at documents and laptops. The background is a brick wall with a staircase. The text 'SUICIDE PREVENTION TOOLBOX' is overlaid on the image.

# SUICIDE PREVENTION TOOLBOX

FOR  
STAKEHOLDERS

# FOR STAKEHOLDERS

In intervening and supporting men experiencing suicidal distress, **it is important that healthcare professionals do not get sucked into the heaviness of the situations they encounter, and that they pay attention to compassion fatigue and vicarious trauma.** To do this, they need to call on their managers and colleagues for support, and identify training courses that might be relevant to their practice.





# BEING VIGILANT

What are the signs of suicidal distress? What are the risk factors to watch out for?



STAKEHOLDERS WHO OVERWORK, OVER-INVEST AND NEGLECT THEMSELVES



COMPASSION FATIGUE, VICARIOUS TRAUMA, BURNOUT



LACK OF EMPATHY WITH CLIENTS AND COLLEAGUES



REFUSING SUPPORT FROM COLLEAGUES



WITHDRAWAL, CHANGE OF ATTITUDE, BECOMES EXTREME



ADOPTING THE ROLE OF BEING OVERLY STOIC AND BRAVE, SAYING THAT EVERYTHING IS NORMAL AND OKAY



EXPERIENCING SIGNIFICANT CHANGES ON THE PERMISSIVE-RESTRICTIVE CONTINUUM IN TERMS OF SUICIDE PREVENTION (E.G.: 'IS MY CLINICAL JUDGMENT STILL RIGHT?')



QUESTIONING THE SYSTEM (E.G. "AM I REALLY MAKING A DIFFERENCE?")



RECOGNIZING VULNERABLE EVENTS:

- Remedial action plan or disciplinary measure
- Negative experience with a patient/ user/client



## ELEMENTS TO EXPLORE

1. Recognizing signs of distress
2. Welcoming distress (active listening, validation, empathy, highlighting strengths)
3. Check for suicidal ideation
4. Exploring if there is any planning (and imminence) of a suicidal act
5. Encouraging help-seeking (such as a suicide prevention centre, crisis centre, psychologist, emergency service, etc.)
6. Creation of a safety net (family, loved ones and professionals as needed)
7. Designing and evaluating a needs-based plan with the individual on an ad hoc basis



Equipping loved ones (e.g. educating them about the signs of distress, steps to better support the person at risk of suicide, providing information, etc.)

## EMPATHY AND ACTIVE LISTENING TO NURTURE HOPE

What are the best practices for reaching out to stakeholders, listening to them and inviting them to ask for help?

- Normalize, de-dramatize and validate the request for help
- Avoid comparisons between colleagues
- Supportive and positive work culture, no negativity, gossip, etc.
- Emotional involvement, warmth (do not minimize because it is a stakeholder)
- Maintain confidentiality between colleagues
- Pay attention to the search for meaning and to defeatist statements (e.g.: "What's the point of my job?", "Is what I'm doing worth it?")



## SUPPORT

What are the best practices for inviting them to use the resources?



**RAISE AWARENESS OF THEIR OWN EXPERIENCE**

**MAINTAIN CONFIDENTIALITY BETWEEN COLLEAGUES**

**IDENTIFY OUT-OF-TERRITORY RESOURCES (E.G., SOME HEALTH WORKERS IN MONTREAL WILL HAVE TO BE REFERRED TO A RESOURCE OUTSIDE MONTREAL)**



## PROTECTING THEMSELVES

What protective factors can be put in place to reduce risky behavior? What would an action plan or safety plan look like for someone working with men?

1. Peer support
2. Avoid competitive environments
3. Introspection, encouragement, including the person in their treatment
4. Engage in fun and pleasurable activities
5. Reinforce the protective elements named by the person
6. Reduce or eliminate dangerous elements identified by the individual



Useful resources

# SUICIDE PREVENTION TOOLBOX

FOR  
STAKEHOLDERS

2024 ©ROHIM



McGill

Douglas  
CENTRE DE RECHERCHE  
RESEARCH CENTRE



Pères Séparés Inc.  
Separated Fathers Inc.



Mdp  
MAISON DU PÈRE