

## Dragging suicide from the shadows

*Keeping the tragedy under wraps does more harm than good, some groups say*

By JENNY YUEN, SUN MEDIA

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Don't ask, don't tell.

That's how it has always been with suicides.

It stems from discomfort and out the fear that talking about suicide will drive copycats to harm themselves.

But some groups say that keeping quiet and ignoring the despair kills more people than the silence saves.

"There are many people who have thoughts of suicide, but don't act on it because they get the support that they need. And we could be saving a lot more lives if we were all working together and talking publicly about it," Tim Wall of the Canadian Association for Suicide Prevention (CASP) recently told the Sun.

"Often people have great difficulty and discomfort talking about this, but the only way we're going to prevent suicide is by talking about it. That's the first step."

And tragedy has turned into a travesty as thousands of fatalities are reported in this province alone.

According to the latest stats from the coroner's office from 2006, 238 people in Toronto committed suicide. Of those, 174 were men. The highest group among those numbers were in the age 50-59 category.

More shocking is the 6,008 Ontarians who have taken their lives in a five-year period beginning in 2000, according to Statistics Canada.

The city spent \$6 million on Luminous Veil safety guards only after nearly 500 people jumped off the Bloor St. viaduct. **TTC supervisors are trained to calm visibly distressed people from the platform and get them to available community resources, including hospitals and distress support centres.**

But is it enough?

CASP doesn't think so. It has been working since 2003 on a national blueprint for suicide prevention and says the federal government hasn't taken suicide seriously.

"While the World Health Organization has recognized suicide as a global health problem, every other G8 country has recognized suicide as a major health issue, the government of Canada has not," Wall says.

Having a blueprint strategy would effectively co-ordinate efforts across the country. It would look at which ways are best to deal with suicide and how to help the bereaved impacted by it.

There is a meeting this Friday with Health Minister Leona Aglukkaq to discuss moving forward.

"The hospitals can play a really big role in the first 72 hours but then when someone is then leaving the hospital, we must ensure that the person is linked to the right community resources," he says.

"Everyone needs to know what the warning signs are and how to talk to people with suicide. It's just not going to work if we put all the responsibility on social workers and hospitals."

In the meantime, the brunt of the weight lies on mobile crisis units, such as the Distress Centres of Toronto.

As the first distress centre in Canada, the DCT launched its program in 1967, five years prior to the laws changing to suicide no longer being illegal.

"We opened up at a time when it took a lot of courage for someone to call, because they were talking about something at that time, it was considered illegal," says DCT executive director Karen Letofsky.

They have several anonymous locations all over the city and act as a 24/7 helpline and receive 120,000 calls a year -- "a proportion" of them suicide-related.

"Our caller numbers are certainly growing year to year. In the last year and a half during the economic downturn, we saw the doubling of suicide calls," Letofsky says.

Letofsky, who was on the steering committee for the viaduct's veil, says safety barriers do help.

"Convenience is one factor (why they choose to jump off a bridge or in front of a train)," she says.

"They also believe they will be successful because they are more violent means, so that's what makes them such vulnerable places."

She emphasized the importance of face-to-face communication and making sure not only at-risk suicidal people get the help they need, but also "survivors" -- those who have lost someone they loved to suicide.

"There's a circular risk of experiencing suicides and yourself being at risk in the aftermath," she says.

"We want to reflect upon that this is a human condition. And every person that dies from suicide is not only a tragic loss but they impact so many other people."

But it's not just about the resources that are available to at-risk people, Letofsky says. There seems to be a disconnect of how people can access services and that's holding crisis centres back.

"We need to be able to network and work with each other, so for that person who's vulnerable, there's a seamless movement through the system at a time when they need it," she says.

For other types of "survivors" -- those who have tried to kill themselves two times or more -- there is a suicide studies group run by suicide intervention consultant Yvonne Bergmans at St. Michael's Hospital.

While Bergmans couldn't be reached for comment, many crisis workers have said it's the only program they know of in Toronto that helps that particular group.

Those who witness these abhorrent self-inflicted acts say no one needs to see it.

Two weeks ago, the Toronto Transit Commission was forced by the Privacy Commissioner's office to release suicide statistics of 150 deaths on the tracks over a 10-year-period with at least 11 more over the past two years.

Even though it was 20 years ago that Steve Smythe, 48, saw a high-speed train connect with a woman who chose to jump into its path, he still remembers it crystal clear today.

"It was when the SkyDome opened," he says. "My girlfriend and I were going to the game and this woman jumped in front of the subway. I was mad at the woman. It was 6:30 on a Friday night. Why would you jump in front of a subway train with a crowd of people around?"

He kept replaying the gruesome and horrific image in his head for months. And while he didn't seek therapy, he hopes that no one has to go through that traumatizing experience.

"There was an older lady in her 60s standing next to me and she just stared at me and said, 'Did I see what I just thought I saw?' and the poor woman burst into tears," he said.

"I wanted to give her a hug, but you just don't do that to strangers. But I felt worse for her than for me. She was in total disbelief. No one needs that."

It's not just the TTC. GO Transit reports that since 2004 to mid-October 2009 there have been 42 fatalities and, of those, at least three were suicides, because police don't always follow up their investigation with the transit authority.

"When a train crew is involved in a railway incident that results in a fatality, a trauma response unit responds to the scene and removes the train crew from the scene," says GO Transit spokesman Vanessa Thomas.

"All operating crew members are provided access to counselling following a post-traumatic incident, including fatalities. The crew is also provided the opportunity to take time off until they are able to return to work."

**Mary Lynn Porto, who heads the Gatekeeper training program at Trillium Health Services for TTC operators to look for signs of distress from passengers at platform level, says from that point at-risk people are brought to hospitals if they pose a danger to themselves.**

**When the person arrives in hospital, they are assessed by a crisis intervention team. If they've sorted themselves out but still want to stay for help, they can. If they're still a threat, the doctor can keep them there up to 72 hours by involuntary admission.**

#### **OFFER HOPE**

**"Once you're assessed for safety and that person is safe, then you want to give them hope and a means of looking at their situation to make some changes so they don't feel so desperate," she says.**

**"While you may not be able to impact on that person's situation right then and there, you can at least connect them with resources and professionals to sort out their problems."**

**The problem, however, is continued treatment, where waiting lists can be very lengthy, Porto notes.**

**"People can go to [ConnexOntario.ca](http://ConnexOntario.ca), where they will not only refer you to services, but tell you the wait time," she says.**

It's also important to remind the public that a misconception of those who are suicidal is that they're mentally ill, which is not necessarily the case, Wall said.

"Suicide happens when a person's sense of hope is overwhelmed by the sense of the person's despair and so people lose sight of any feeling of hope. It's a sense of unimaginable pain and hopelessness and helplessness," he says.

And suicidal thoughts can begin very young -- sometimes as early as grades four, five and six.

A Grade 7 student at a Toronto public school who showed obvious signs of distress was a victim of her despair.

Two years ago, the girl's parents found her in her room inches from the floor, her body was hanging limp from the ceiling.

On a desk nearby, a website explaining instructions on how to hang yourself without much pain was still vivid on the computer screen.

"Her parents had been wonderful. They linked her up with counselling and at school she was supported. And even still, she chose to hang herself," said Marcia Powers-Dunlop, the chief of social work in the northwest quadrant at the Toronto District School Board (TDSB).

The TDSB spreads a social worker between five schools and there are presentations on suicide prevention, but Powers-Dunlop still doesn't think there are enough resources. In this year alone, she has seen six student suicides in her area and says suicide is the second-leading cause of teen deaths.

"We had a kid taken from school to the hospital for a drug overdose and what did they do? They give her a prescription for more pills," she said.

"Sometimes when kids are taken to a mental-health agency, the waiting lists are so long. By the time it takes you to emergency, whatever the initial crisis is has passed so the psychiatrist makes a quick assessment and they're almost back in school before we are. You get frustrated."

Powers-Dunlop admits there isn't a lot of consistency on suicide prevention strategies and how to adequately teach students how to deal with stress and relationships across the school board.

"Kids are under a tremendous amount of stress and we don't do a great job teaching them strategies about dealing with disappointment and relationships," she says.

"We're such a society where we make little hurts and boo-boos go away so quickly, we don't take the time to help kids process the feelings and realize that not every goes away with a five-minute magic wand cure."

What needs to happen is to be frank about talking about suicides.

"I think we need some straight talk. Are you thinking of killing yourself? Maybe 10 years ago, you would've been strung up for even putting the idea in the student's head," Powers-Dunlop says.

"But the idea is already there and you're just opening up a really good line of conversation. You're labelling it for them and you can see the relief on some of the students' faces when you do."

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## WHERE TO GET HELP

### Numbers to call in Toronto

- Distress Centres of Toronto: 416-408-HELP (4357)
- The Gerstein Centre: 416-929-5200
- Kids Help Phone: 1-800-668-6868
- Distress Centres Ontario: 416-486-2242 or [dcontario.org](http://dcontario.org)
- ConnexOntario: 1-866-531-2600 or [connexontario.ca](http://connexontario.ca)
- Canadian Association for Suicide Prevention (based out of Winnipeg): 204-784-4073 or [casp-acps.ca](http://casp-acps.ca)
- Centre for Suicide Prevention (online list of resources): [suicideinfo.ca](http://suicideinfo.ca)
- Suicide Studies Group at St. Michael's Hospital (headed by Yvonne Bergmans): 416-864-6060, ext. 4078

## PREVENTION

### Look for suicide warning signs

Most people who commit suicide give warning signs.

They may threaten suicide, talk about wanting to die, show sudden changes in behaviour or mood or appear depressed and sad.

If you know someone who shows signs of suicide, you can help by listening calmly and openly.

Don't be afraid to talk about suicide. Show you care and tell them you care.

Most importantly, help them get professional help.

The Canadian Association for Suicide Prevention publishes a list of suicide prevention and crisis centres on its website, [casp-acps.ca](http://casp-acps.ca).

## BY THE NUMBERS

### A decade of TTC train jumping

Year	Suicide	Attempted	Total
1998	12	13	25
1999	22	4	26
2000	21	2	33
2001	12	7	29
2002	16	11	27
2003	17	9	26
2004	15	8	23
2005	14	6	20
2006	8	11	19
2007	13	9	22