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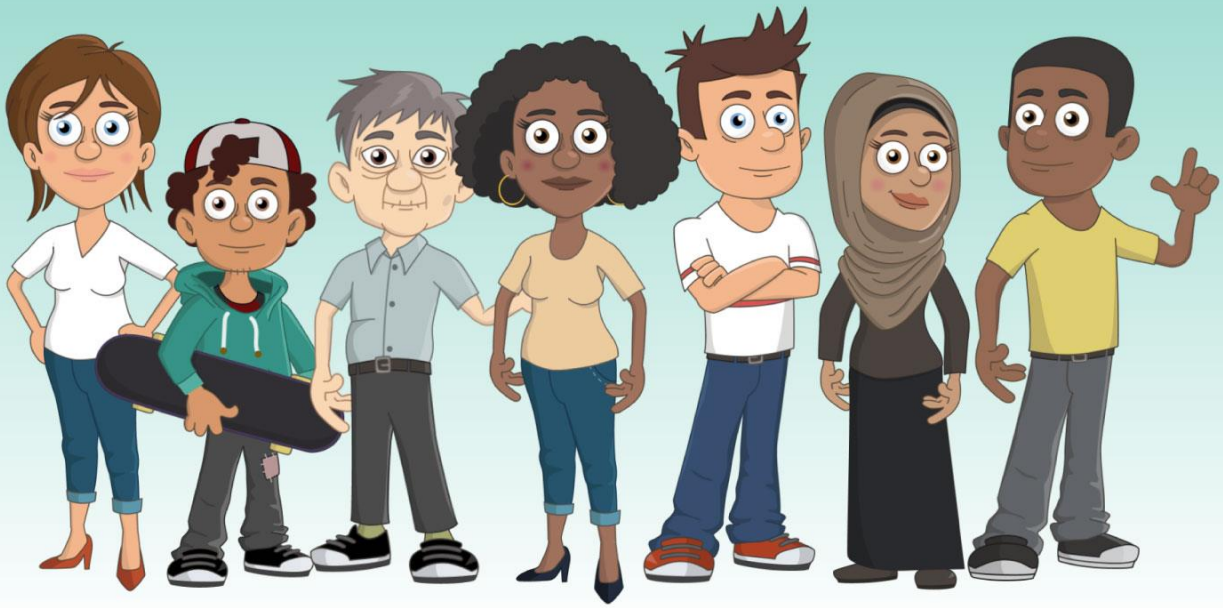
haveTHATtalk About Suicide

haveTHAT talk



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haveTHATtalk About Suicide Activity Guide

Disclaimer

This guide discusses suicide. Some people may find this topic emotionally difficult. If at any point you begin to feel overwhelmed, consider pausing the activity and reaching out to someone you trust, or a crisis support line like *988*. If you are facilitating this guide in a group, please remind participants that sharing is optional and support is available if anyone needs it.

For Facilitators: Safety Considerations

- Create a respectful and supportive space. Encourage listening without interruption or judgment.
- Acknowledge that suicide can be an emotional topic and that people may respond in different ways.
- Remind participants that it is okay to take a break if needed.

Facilitators should feel comfortable talking about suicide in a respectful and non-judgmental way, know how to respond to disclosures, and help connect them to support. Facilitators are not expected to provide counselling or crisis intervention.

Facilitators may find it helpful to review the *Recognize, Respond, Connect* factsheet included at the end of this guide, before delivering the activities.

Limits to confidentiality: Information cannot be kept private if someone is at immediate risk, intends to harm themselves or others, or is being harmed.

About This Guide

This activity guide accompanies the video *haveTHATtalk* About Suicide and is designed to support conversation about suicide prevention, stigma and help-seeking. It provides background information, key messages, and practical activities to help build comfort and confidence in talking about suicide in an open and direct way.

Who Is This Guide For?

This activity guide is for anyone who wants to learn more about suicide prevention and how to support someone who may be struggling. No prior training or experience is required.

This guide is intended primarily for adult audiences. It may be used with mixed-age groups that include older youth when trusted adults are present, but it is not recommended for youth-only groups.

Understanding Suicide Stigma and Its Impact

Stigma refers to negative attitudes, beliefs, and assumptions that can lead to silence, judgment, or discrimination. When suicide is stigmatized, people may feel unsafe talking about their thoughts or seeking help.

Stigma can increase feelings of shame, isolation, and fear of being misunderstood, which may delay or prevent help-seeking and contribute to increased suicide risk.

Although talking about suicide can feel uncomfortable, open and compassionate conversations help reduce isolation, increase safety, and support help-seeking. When people feel seen, heard, and supported, they are more likely to reach out for help.

Key Messages

- **Anyone can talk about suicide.** You don't need special training to listen, ask directly, and connect someone to help.
- **Asking about suicide does not put the idea in someone's head.** Research and people with lived experience show that asking directly gives people relief, reduces distress, and opens the door to support. Many people feel grateful to be asked because it shows someone cares.
- **Language matters.** Using person-first and non-judgmental language reduces stigma and encourages help-seeking.
- **Early support improves outcomes.** Reaching out early builds safety and reduces risk.
- **Help is available.** Crisis lines, trusted adults, walk-in clinics, and health providers can support someone who is struggling.
- Suicide affects people across all ages, cultures, identities, and backgrounds.

Using The Activities

The following activities are designed to support reflection, discussion, skill-building and increase your comfort in talking about suicide. You may complete them individually or in a group. The goal is not to say the "perfect" thing. What matters most is showing care, listening without judgment, and helping someone connect to support.

Activity 1: Using Person-First Language

Goal

- To understand how language can reduce stigma and support safer conversations about suicide.

Key Messages

- The words we use matter. It can either increase stigma or reduce it.
- Person-first language focuses on the individual rather than defining them by their experience, struggle, or condition.
- Using respectful, non-judgmental language can help people feel supported and more willing to talk or reach out for help.

Time

- 10-15 minutes (depending on group size and discussion).

Supplies

- Video: *haveTHATtalk* About Suicide
- Handout: *Using Person-First Language*
- Pens or pencils

Activity

- View the video *"haveTHATtalk* About Suicide*"*
- Provide participants with the handout *Using Person-First Language*
- Ask participants to rewrite the statements using person first, non-judgmental language.
- This activity can be completed individually, in pairs or as a group.

Discussion (optional)

- What felt easy or challenging about rewriting the phrases?
- How did the meaning change when the language changed?
- What phrases do you hear in everyday life that could be made more respectful?

Discussion Guide (For Facilitators)

Instead of saying…	Try saying… (examples)	Explanation
He's suicidal.	A person who is having thoughts of suicide. Or A person who is experiencing suicidal thoughts.	Focuses on what the person is experiencing rather than labelling them.
She committed suicide last year.	She died by suicide last year.	Avoids language linked to crime or blame.
They're a suicide risk.	A person who may need support for thoughts of suicide.	Shows care and support rather than defining the person by risk.
People like that are unstable.	A person experiencing mental health challenges	Avoids judgmental language and reduces stigma.
He's just attention-seeking.	A person who is asking for help. Or A person who expresses a need for support.	Focuses on what the behavior they may be communicating, rather than judging the person's intent.
They're threatening suicide.	A person who is talking about suicide or about ending their life. Or A person who is expressing thoughts of ending their life by suicide.	Keeps language factual and avoids alarmist wording.

Reinforce that **there is more than one appropriate way** to use person-first language.

- Avoid correcting participants harshly; instead, explore:
  "How does that wording feel?
- If participants struggle, remind them
  "*Focus on describing what the person is experiencing, not who they are.*"

Using Person-First Language

Rewrite each phrase using person-first, non-judgmental language.

Instead of saying…	Try saying…
He's/she's suicidal.	
They committed suicide last year.	
They're a suicidal risk.	
People like that are unstable.	
He's just attention-seeking.	
They're threatening suicide.	

There is more than one respectful way to rewrite each phrase.

Activity 2: Suicide Myths or Facts

Goal

- To challenge common myths about suicide.

Key Messages

- Myths about suicide increase stigma and can prevent people from reaching out for help.
- Talking openly about suicide supports safety and connection.

Time

- 15-20 minutes (depending on group size and discussion.)

Supplies

- Video: *haveTHATtalk* About Suicide
  "True" and *"False"* signs posted on opposite ends of the room.

Activity

- View the video: *"haveTHATtalk* About Suicide*."*
- Read the statements below out loud, one at a time.
- Ask participants to walk to the *"Myth"* or *"Fact"* sign based on what they think is correct.
- Discuss each statement as a group before moving on to the next.
- Use the discussion guide below to support conversation.

If movement is not possible, participants can indicate their answer by raising their hand, using cards or responding verbally.

Myth or Facts Statements

1. Suicide doesn't happen in certain cultures or communities. (Myth)
2. Talking about suicide makes people more likely to act on it. (Myth)
3. Only people with mental illness consider suicide. (Myth)
4. People who talk about suicide are just looking for attention. (Myth)
5. Asking someone if they are thinking about suicide can save a life. (Fact)
6. Once someone decides to die by suicide, nothing can stop them. (Myth)
7. You have to be a mental health professional to help someone who has thoughts of suicide. (Myth)
8. Suicide hotlines and crisis services (calling, texting, chatting online) can save lives. (Fact)

Discussion Guide (For Facilitators)

Myth Buster Statement	Myth vs Truth	Answer
1. Suicide doesn't happen in certain cultures or communities.	MYTH	Suicide can affect people of every culture and community. Stigma and cultural beliefs may lead to underreporting or silence.
2. Talking about suicide makes people more likely to act on it.	MYTH	Asking someone if they are thinking about suicide doesn't increase their risk. It shows you care, and it can open the door to getting the help they need.
3. Only people with mental illness consider suicide.	MYTH	Suicide is complex and it can happen for many reasons. Mental illness alone doesn't predict it. While some mental health conditions can increase a suicide risk, not everyone who experiences suicidal thoughts has a diagnosed mental illness. Stress, grief, trauma, loss and lack of support can all add to the risk. Getting help and staying connected can reduce the risk.
4. People who talk about suicide are just looking for attention.	MYTH	This mindset increases the stigma surrounding suicide. Any talk about suicide should be taken seriously. Talking about suicide is often a sign of deep emotional pain and a call for help. Dismissing it as "attention-seeking" can prevent them from getting the support they need and may increase their risk.
5. Asking someone if they are thinking about suicide can save a life.	FACT	Research shows that asking directly in a calm and non-judgmental way can help them feel seen and open the door to getting the help they need. Asking this question and being supportive is something anyone can do; however, intervention should be done by trained individuals. *Trained individuals can be found by calling 988*
6. Once someone decides to die by suicide, nothing can stop them.	MYTH	Many people feel torn between wanting to live and wanting to end their pain. Supports like therapy, medication, help from loved ones or crisis services can and do save lives. Reaching out can make a real difference.
7. You have to be a mental health professional to help someone who has thoughts of suicide.	MYTH	Anyone can help prevent suicide by asking the person if they have thoughts of suicide, listening, showing empathy, and connecting the person to resources. You don't need to have all the answers, just being there and helping them connect to support can be lifesaving. Asking and supporting is something anyone can do; interventions should be done by trained individuals.
8. Suicide hotlines and crisis services (calling, texting, chatting online) can save lives.	FACT	These services offer immediate and confidential support from trained responders who are skilled in crisis intervention. Whether it's through a phone call, text or online chat, these services offer a lifeline during moments of intense emotional distress and can guide someone to safety.

Activity 3: Getting Comfortable Asking About Suicide

Goal

- To build comfort and confidence by asking directly about suicide in a clear, respectful way.

Key Messages

- Asking directly about suicide does not put the idea in someone's head.
- Asking directly about suicide can feel uncomfortable, but it is a powerful way to show care and help keep someone safe
- Clear and compassionate questions can reduce distress and increase safety.
- You do not need to say the "perfect" words — showing care matters most.

Time

- 10 minutes (depending on discussion).

Supplies

- Video: link to "*haveTHATtalk* About Suicide"
- Handout: *Asking About Suicide: Clear questions*
- Pens or pencils

Activity

- View the video: *haveTHATtalk* About Suicide.
- Provide participants with the handout.
- Ask participants to review the examples and notice which questions feel clearer, more respectful or easier to say.
- Practice (optional): Invite participants to practice one of the questions in a way that feels comfortable to them. This might include reading it silently, saying it out loud to themselves, practicing with a partner, or rewriting it in their own words.

Asking About Suicide: Clear Questions

Why This Matters

Vague or minimizing questions can make it harder for someone to share honestly. Clear and direct questions can help reduce confusion and support safely.

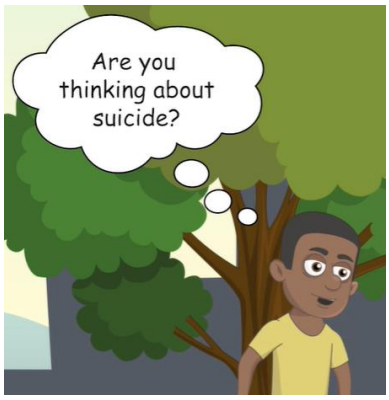
Unclear or Indirect ways of asking

- "Are you thinking of hurting/harming yourself?"
- "You're not thinking of doing something silly, are you?"
- "You're not going to do anything, right?"

➔ *Why these questions are not helpful.*
Indirect or vague questions can make it easier for someone to answer "no," even if they are thinking about suicide. They may also minimize how serious the person is feeling or leave room for misunderstanding.

Clear and Respectful ways to ask

- "Are you thinking about suicide?"
- "Have you had thoughts about killing yourself?"
- "Are you thinking about ending your life?"
- "Sometimes when people feel overwhelmed, they think about suicide. Are you having thoughts like that?"



Practice in a way that feel comfortable

You may choose to:

- Read a question silently
- Say it out loud to yourself
- Practice with a partner
- Rewrite the question in your own words

Try it your way

Write one question that feels natural to you:

_____

_____

There is more than one respectful way to ask directly.

_____

_____

How to Support Someone Who May Be Thinking About Suicide

This information is not meant to be used in an emergency. **Call 911 immediately** for emergencies, life threatening situations or if concerned about safety.

- **Suicide Crisis Helpline:** call or text 9-8-8 (24/7)
- **Distress Centre:** call 613-138-3311
- **Youth Services Bureau:** call 613-260-2360 or text 613-686-8681
- **To be connected to services:** connect with 1Call1Click.ca (birth to 21) or AccessMHA.ca (16+)
- **Short-term counselling:** walkincounselling.com
- **List of local Mental Health Services:** scan the QR code below

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Recognize, Respond, Connect

1. Contributing Factors

- Prior suicide attempt(s)
- Mental illness
- Problems occurring with substance use
- Significant loss (loss of a life, job, divorce, etc.)
- Major life stressors
- Trauma and/or abuse
- Lack of access to health services
- Lack of support
- Social isolation

2. Recognize: Things to Look For

- A sudden change in mood or behaviour
- A sense of hopelessness and/or helplessness
- Expressing the wish to die or end their life
- Increasing substance use or risky behaviour.
- Withdrawing
- Changes in sleeping patterns
- Decreased appetite
- Giving away prized possessions

3. Respond: Listen & Be Supportive

- Lead with what you see and hear: "I noticed you have been (quiet/distracted/other) lately, how are you feeling?"
- Validate their feelings and encourage them to get help
- Ask about suicide in an open and clear way. **Do not leave room for miscommunication**

4. Connect: Ask About Suicide & Get Help

"Are you thinking of suicide?"
"Are you thinking of killing yourself?"
"Are you thinking of taking away/ending your life"

"What you're going through sounds really difficult to manage on your own. Let's connect to someone/an organization that can help. I know just who to call."

If You or Someone Else Needs Support

If you are someone you know is struggling or in distress, support is available. If there is immediate danger, call 911.

- 9-8-8 National Suicide Crisis Helpline
- Ottawa Mental Health Crisis Line (EN/FR) : 613-722-6914, 1-866-996-0991 if outside Ottawa
- Hope for Wellness Helpline (Indigenous support): 1-855-242-3310
- Distress Centre of Ottawa and Region (EN) : 613-238-3311
- Youth Services Bureau 24/7 Crisis Line (EN/FR) : 613-260-2360 or 1-877-377-7775 (Eastern ON)
- Kids Help Phone (EN) : 1-800-668-6868
- Centre d'aide 24/7 (FR) : 1-866-277-3553
- Tel-aide Outaouais (FR) : 613-741-6433
- Post Suicide Support Team (PSST) group sessions for non-family after a suicide: 613-737-7791

Learn more

For more information and additional suicide prevention resources, visit **Suicide Prevention - Ottawa Public Health**. You'll find tools, activities, and guidance to help reduce stigma, and encourage help-seeking in your community.

- SafeTALK or ASIST training - LivingWorks
- Person-First Language factsheet
- Person-first-language--Suicide-Prevention-Quick-reference
- Person-first-language--Suicide-Prevention-with-explanation
- Mental Health Online Trainings - Ottawa Public Health
  - Stigma: How You Can Impact Change
  - Practical Tips for De-Escalation
- *Mental Health, Addictions and Substance Use Health Services and Resources*

By talking openly and with care,
we can help reduce stigma
and support suicide prevention
in our communities.