CONNECTIONS
Link Life

Training For Trainers

Professional Competency Building Course

LESSON 8

DELIVER TOPIC 2 CHALLENGE

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LESSON 8
Deliver Topic 2: Challenge

Lesson Overview

In this lesson we cover the important messages we must covey to challenge the impact of myths and stigma that exist about suicide. We will explore in detail how a person's mental and emotional health is a key indicator of their risk of suicide. Finally, this lesson explores the risks, vulnerabilities, and protective factors to people with poor mental health and thoughts of suicide.

Modules

1. Myths
2. Mental Health & Emotional Health
3. Risks & Vulnerabilities

CONNECT WITH THE LEARNING OUTCOMES OF DELIVERING THIS LESSON

CONNECTION LINK LIFE PARTICIPANT LEARNING OUTCOMES	
LESSON 8: Deliver Topic 1 Challenge Learners have thoughtfully considered and confidently implemented Challenge and are ready to help those in emotional distress or with thoughts of suicide.	
Topic 2: Myths	
✓ Learners will be clear of myths through exploring facts.	✅
✓ Learners will be clear of stigma surrounding suicide and mental health.	✅
✓ Learner will better understand attitudes about suicide, health, wellness, and help seeking.	
✓ Learners are aware of the uniqueness in each person's experience of suicide.	✅
✓ Learners are aware of factors contributing to a person vulnerability to suicide.	✅
✓ Learners will explore and reflect on the contributing factors behind The Elephant in the room	✅
✓ Learners will engage with information and lived experiences outlining the complex reasons contributing to poor mental health, emotional distress, and suicide.	✅
Topic 2: Mental Health & Emotional Health	
✓ Learners explore mental health as the biggest predictor of emotional well-being, not mental illness.	✅
✓ Learners understand the difference between mental health and mental illness.	✅
✓ Learners understand that people's mental health and some mental illnesses are not fixed but can flourish and languish throughout their lives.	✅
✓ Learners have knowledge of how people are impacted by emotions.	✅
✓ Learners will be familiar with the work of Corey Keyes model of mental health & mental illness.	✅
Topic 3: Risks & Vulnerabilities	
✓ Learners understand mental health and suicide are complex and there are many risk factors which increase vulnerability.	✅
✓ Learners are aware, through stories of lived experience, that contributing factors for poor mental health and suicide are unique and personal.	✅

✓ Learners are aware of the protective factors for people at risk of poor mental health and suicide.	✅
✓ Learners are familiar with the current issues social media and digital technologies play in relation to suicide.	✅
✓ Learners are familiar with the impact of drug misuse through substances in relation to suicide.	✅
✓ Learners are familiar with the impact of intoxication through alcohol in relation to suicide.	✅

MODULE 1

SLIDE 11: Stigma
DURATION: 2 mins 37 secs
FACILITATOR KEY POINTS:

- **Michelle:** Stigma around helping - even a stranger, doing it regardless.
- **Stephen:** Stigma of being a burden to others.
- **Gavin:** Stigma around taking it seriously – you cannot shake it off and stigma around its okay to get help for mental health.
- Stigma prevents people talking about their mental health.

Transition to Next Slide: Stigma has a huge presence within mental health and suicide. Let us pause for a moment and see where we are at before moving on.

CONNECT WITH THE PURPOSE OF THIS SLIDE

Senior Ambassadors will connect learners with complex nature of suicide, the myths, stigma and assumptions around it. Stigma prevents people talking about their mental and emotional health. Although mental health is responsible for how we view, process and understand ourselves and the world around us, in contrast our emotional health involves the ability to manage and express our emotions that arise from what we have learned and experienced.

In the video you will see;

- **Michelle** talks about the stigma around helping, that fear, not knowing what to do and she urges we do it anyway - even a stranger, doing it regardless.
- **Stephen** shares how the stigma of being a burden to others can prevent someone from reaching out for help.
- **Gavin** invites us to look at the stigma around taking suicide seriously. Gavin shares how you cannot shake off the stigma of emotional distress and thoughts of suicide around and that it's okay to get help for your mental health regardless.

Use the contributors' stories to connect your group to their key experiences of this and use this video to encourage them to share their opinions and reflections.

CONNECT WITH SLIDE DELIVERY SUGGESTIONS:

"You have heard from our contributors about their experiences of suicide and Stigma.

Was there anything you picked up from watching this clip? Was there anything around stigma that stood out for you?

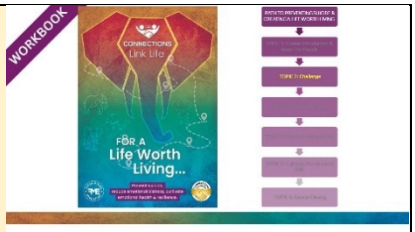
People find this very difficult, culturally it is reasonably new to articulate emotions through words, it is more common to push away emotions that are difficult, choosing to bottle them up, hide them away leading to dis-ease within our bodies. This dis-ease is a direct contributor to many health problems that people may face which is why looking after our mental & emotional health is crucial to our overall wellbeing.

To create the link between Mental Health & Suicide it requires us to speak of our own Mental Health, and actively encourage people to talk about their emotions and feelings, which is something that people often choose to ignore."

SLIDE 12: Topic 2- Challenge

FACILITATOR KEY POINTS:

- In topic 2 we will explore myths, taboos, stigmas, attitudes, and beliefs about health, wellness and help seeking.
- Vulnerabilities and resilience whilst Challenging the Stigma, Myths and Taboo that exist around Mental health and Suicide.



Transition to Next Slide: It's now time to hear from Cate again and some of our other contributors, Shauna, Gavin, Joe and Beverley. We will talk about what can increase someone's vulnerability, and how we might increase protection and resilience from suicide on the Path of Life.

CONNECT WITH THE PURPOSE OF THIS SLIDE

The Senior Ambassador (SA) will connect the learners with myths, taboos, stigmas, attitudes, and beliefs about health, wellness and help seeking. The SA will seek to explore with the group our true understanding of the subject separate to the myths and opinions that surround the topic.

The SA will raise the vulnerabilities and risks that that exist around Mental Health and Suicide. They will also connect with ways that these can increase protection against these.

SA's will establish that anyone can be at risk of suicide for a range of reasons.

- Certain risk factors can increase vulnerability.
- The presence of risk does not always lead to suicide.
- Suicide is complex, there are social, psychological, technological, and environmental factors which can increase vulnerability.

Here the SA will use the workbook Topic 2 Challenge explore and reflect on myths and facts with learners, challenging the assumptions we make about suicide and mental health.

CONNECT WITH SLIDE DELIVERY SUGGESTION:

"We are onto our second topic, here we will be exploring the Challenge. I want us to look a little closer at the myths, taboos, stigmas, attitudes, and beliefs around suicide, emotional and mental health and around seeking help for support.

It's an area we'll all have something to learn about, even if it's only about our own attitude to suicide and mental health. It's important that when we talk about suicide, we only use facts.

We will also explore the things which may contribute to vulnerabilities to suicide, and who might be at risk. We'll also hear how we can increase protection and resilience, the factors that can increase vulnerability and what measures needed to increase protection and enhance resilience from suicide on the path of life"

CONNECT WITH ADDITIONAL EXTENSION ACTIVITIES WHERE THEY ARE RECOMMENDED

Challenge exercise.

Myths make seeking help more difficult; it is important to be aware of the facts.

FACT - There are signs for suicide most of the time, but they may not be obvious.

Suicide can be impulsive but more often results from a build-up of feelings associated with life's stressful events.

Exception - "Impulsive Suicide"

There are signs for many people who die by suicide. Signs can be summarised as changes that we notice in the things we see, hear, know, or even feel about a person.

FACT - Suicide happens all year around.

We talk a lot about how tough the holidays can be for people who live with mental illnesses and other health conditions. But threaded within that important conversation is a false statistic that seems to pop up every year: that the number of suicides peaks during the holidays. This well-known "fact" just isn't true. In fact, the suicide rate is lowest in December and instead peaks in spring and again at the end of August in Northern Ireland.

FACT - Some people talk about suicide, talking doesn't mean they are less likely to act out on their thoughts - it is vital to take it seriously every time.

There is maybe a need for attention that isn't being not being met and they may not be at risk right now, but that could change. There is no way of knowing if someone is serious or threatening so treat them as if they are vulnerable. Take a discussion about suicide seriously that person needs support.

FACT - Reach into vulnerable people; they may not be able to reach out to you due to what they are going through.

As we have learnt with the metaphor of The Box that in many cases vulnerable people are unable to reach out directly for help, they have become overwhelmed and are unable to ask directly for support. Withdrawal exacerbates loneliness and makes it harder to pick up on signs. Loneliness can exacerbate pain. Isolated people don't have the benefit of gaining different perspectives through talking it out with others. You must reach in and connect with them.

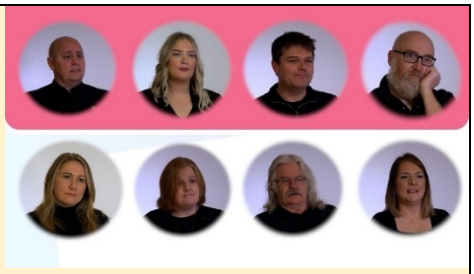
FACT - Suicide rates are high amongst vulnerable groups who experience discrimination.

Experiencing discrimination exacerbates isolation, overwhelm, and can cause trauma. People sometimes deal with pain and hurt through risk taking behaviours e.g. substance use. People who move home might also be less connected socially and with services.

FACT - Suicide is a gendered problem. All genders are at risk of thoughts, harm, injury, and death by suicide.

Regardless of gender or gender identity, a vulnerable person can be at risk of acting out on thoughts of suicide.

SLIDE 13: Vulnerabilities & Resilience



FACILITATOR KEY POINTS:

What are we hearing here about what can contribute to vulnerability in their experience?

- Shame – how we shame ourselves for being human.
- There is no stereotype of someone who may be struggling with their mental health and contemplating suicide, Gavin describes how Stephen may appear to have had no problems – into football/ badminton/brilliant at everything.
- Suicide wasn't within the caregiver's awareness.
- This can happen to anyone. Any person from any background can become vulnerable to suicide.
- We know when a person moves from the thinking stage to the planning stage, it makes it more likely that a person will follow through with suicide.
- Beverly gives us perspective on how a person's persistence and persuasiveness can make it more difficult for loved ones to pick up on potential signs.
- Someone with thoughts of suicide may be secretive about their thoughts and plans, increasing their vulnerability.
- We know a person bereaved by suicide can have their vulnerability increased by having their own thoughts of suicide.

Transition to Next Slide: Let's hear more about what contributes to vulnerability through hearing of the experience of others starting with Stephen, Michelle and Tiernan.

CONNECT WITH THE PURPOSE OF THIS SLIDE

The Senior Ambassador will connect and explore the learners with a range of contributors to vulnerability to suicide, directly from lived experience. These will include.

Shame
Anyone can become vulnerable.
Appearances of coping
Not reaching out/being unaware of Suicide
Secretiveness
Persistence and persuasiveness in their thoughts and plans
Bereavement by suicide

Explore with the group the vulnerability factors from the stories in the videos. This will include discussing the following key points with learners.

Shame – how we shame ourselves for being human, even amid a struggle, we shame ourselves for having thoughts, feelings, doing or not doing certain things.

This can happen to anyone. Any person from any background, or any demographic can become vulnerable to suicide.

There is no stereotype of someone who may be struggling with their mental health and contemplating suicide, Gavin describes how his loved one may appear to have had no problems – into football/ badminton/brilliant at everything. Suicide and emotional distress can happen to anyone.

Suicide wasn't within the caregiver's awareness. There might not be anything that makes us think suicide is what the person is thinking about, there might not have been any change or anything alarming in their behaviour.

Beverly gives us perspective on how a person's persistence and persuasiveness can make it more difficult for loved ones to pick up on potential signs. We know when a person moves from the thinking stage to the planning stage, it makes it more likely that a person will follow through with suicide.

We recognise that when someone with thoughts of suicide may be secretive about their thoughts and plans, increasing their vulnerability and making it more challenging for potential helpers to connect with Signs.

We also know a person bereaved by suicide can have their vulnerability increased by having their own thoughts of suicide.

CONNECT WITH SLIDE DELIVERY SUGGESTION

"Let's just recap on what we heard from our contributors:

- What did you pick up from the clip around shame?
- What are your thoughts on there not being a stereotype for a person who can be vulnerable to suicide?
- What were your thoughts on what Cate was saying around not thinking of suicide? What might contribute to this not being apparent?
- We also know a person bereaved by suicide can have their vulnerability increased by having their own thoughts of suicide.

"We heard from Beverly about her husband who was persistent and persuasive, we know when a person moves from the thinking stage to the planning stage, it makes it more likely that a person will follow through with suicide. Beverly talked of her husband getting bags ready and having plans with friends. We recognise that someone with thoughts of suicide may be secretive about their thoughts and plans, increasing their vulnerability and making it more challenging for potential helpers to connect with the Signs."

CONNECT WITH ADDITIONAL EXTENSION ACTIVITIES WHERE THEY ARE RECOMMENDED

Exercise: Vulnerability - In pairs/groups discuss how these issues can increase a person's vulnerability to suicide. Ask the group to feedback on their discussions.

CONNECT WITH ADDITIONAL KNOWLEDGE RELEVANT TO THE THEMES DISCUSED IN THE SLIDE

Bereavement by Suicide: Exposure to suicide can lead to the normalisation of suicide. People bereaved by suicide have an increased risk of dying by suicide. You can help by:

- Provide a safe space and a listening ear for people to talk about how they feel.
- Help grieving people remember their happy and their difficult memories.
- Help the person remember how the person lived, don't simply focus on how they died.

Vulnerability to suicide. A complex phenomenon involving a wide range of factors.

Sexual Orientation

Mental Illness
Anorexia Nervosa
Severe depression
Bipolar disorder
Borderline Personality Disorder
Schizophrenia
PTSD and cPTSD

Lifestyle
Alcohol / Drugs / Medication – prescribed drugs
Personal care

Experience of trauma
Traumatic events and experiences
War veteran / Armed forces / Security forces / Paramilitary
Survivors

Vicarious trauma
Community Caregivers / Clergy / Counsellors / Fire Service / Working in the field.

Access to means
Vets / Nurse / Pharmacist / Farmers / Police / Dentist / Doctors

People unable to ask for help
I don’t need help.
I will not be promoted.
They might take away my responsibility.
But I help others.
It will change their impression of me.
I might lose my job.

Personal faith can make it hard
Fear of consequences
No one can help me.
They won't take me seriously.
Who can I ask?
No one understands.
Fear of other reactions
Fear, Shame, Guilt

Life Events
Homelessness
Stress
Exams
Financial Difficulties
Terminal Illness
Family problems

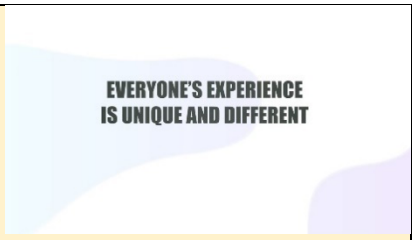
Relationships
Relationships with parents
Family breaks up.
Few friends
Socially Isolated
Bullying

In trouble with the law
Perpetrator of crime
Victim of crime
Been in prison.
Recently released from prison

Life story
Traumatic life event
Physical and emotional abuse
Parental neglect
Sexual abuse

Work circumstances.
Redundancy / Poor job security / Pressure / Low job satisfaction / Unemployment / Stress

SLIDE 14: Everyone's experience is unique and different



FACILITATOR KEY POINTS:

- Avoidance by the person with thoughts to helpful friends – "lights were on but nobody home. Looked over tried to catch his eye, it looked like it was taking everything he'd got to stay/be here." Stephen tried to get to him, but he'd gone.
- Poor mental health - left Christmas card, "suddenly it struck me, suddenly I realised how ill he was."
- "His mental health had made him become detached/disconnected from reality."
- Role of Mental illness - he didn't have a choice his illness took that choice away from him.

Transition to Next Slide: Let's have a look at what mental health and mental illness means for us and those around us.

CONNECT WITH THE PURPOSE OF THIS SLIDE

You will connect learners with this story. Although all the experiences from our Connections Contributors are unique and different, we can still discover important learning in each example. In this slide we will focus on the experience of Stephen, whose friend died by suicide. Note the following from Stephen's story:

Listening to Stephen's experience with his friend, he talks of his avoidance, we hear him talk about how his friend physically moved to avoid Stephen, even tried to avoid eye contact.

We hear Stephen talk about how he didn't realise how ill his friend was until that point, he described his friend ad being detached/ disconnected from reality.

Stephen leaves us with the words "His decision was taken away from him by his illness", we understand that when someone dies by suicide, their choice has been taken from them by their mental illness, emotional distress and this is something we do not always consider this when we think about the thoughts and plans a person with suicidal thoughts might have.

CONNECT WITH SLIDE DELIVERY SUGGESTION

Stephen helps us to learn about some things that contribute to suicide through sharing his experience with his friend. What did you learn from listening to Stephen?

What did Stephen say about how it suddenly struck him how ill his friend was?

His mental health had made him become detached and disconnected from reality, we hear Stephen say, "Lights were on, but nobody was home" What do you think he means by this in relation to mental health and suicide?

What do you do you understand by Stephen saying, "His decision was taken away from him by his illness"?

CONNECT WITH ADDITIONAL EXTENSION ACTIVITIES WHERE THEY ARE RECOMMENDED

TOPIC 2 Elephant in the Room Learners Workbook

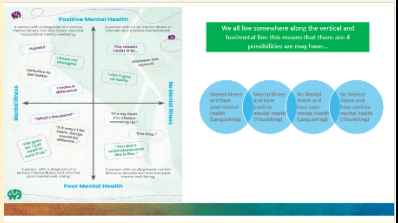
Using the TOPIC 2 The Elephant in the room workbook, ask learners to reflect on the weight the elephant is carrying. These are the contributing factors for poor mental health and thoughts of suicide.

Ask which issues resonate with you and why?

Ask individuals to share with the group their choices and why this was important to them.

MODULE 2

SLIDE 15: Corey Keyes Model / Mental Health



FACILITATOR KEY POINTS:

This can be discussed if there isn't the time in your session to engage in an activity.

- There is an important difference to understand between mental health and mental illness. This diagram is adapted from a model created by Corey Keyes.
- Imagine a line that goes horizontally across from east to west – one side represents people living with diagnosed mental illness and the other side represents people living with no diagnosed mental illness.
- Imagine a line that goes vertically from north to south – one side represents people living with poor mental health and the other side represents people living with positive mental health.
- We all live somewhere along the vertical and horizontal line this means that there are 4 possibilities we may have…
- Mental Illness and have poor mental health (Languishing)
- Mental Illness and have positive mental health (Flourishing)
- No Mental Illness and have poor mental health (Languishing)
- No Mental Illness and have positive mental health (Flourishing)

Transition to Next Slide: Let's continue to explore what other factors can contribute to vulnerability to suicide.

CONNECT WITH THE PURPOSE OF THIS SLIDE

Senior Ambassadors will connect learners to examine their own Mental Health a little closer, using the Corey Keyes Model to decide where they might sit on the diagram. They will look at how mental health can be positive or poor, also looking at whether they are experiencing mental illness or no mental illness. We all sit somewhere on this scale.

We all live somewhere along the vertical and horizontal line meaning that there are 4 possible areas people can inhabit.

- Mental Illness and have poor mental health (Languishing)
- Mental Illness and have positive mental health (Flourishing)
- No Mental Illness and have poor mental health (Languishing)
- No Mental Illness and have positive mental health (Flourishing)

It is important we acknowledge this as a hopeful reminder, people can move around on this diagram depending on life circumstances. This is not fixed. We can move into Flourishing and strive for positive mental health through our attitudes and behaviours.

CONNECT WITH SLIDE DELIVERY SUGGESTION:

"In this model Corey Keyes presents the difference between what we describe as mental health and a mental illness.

Imagine a line that goes horizontally across from east to west – one side represents people living with diagnosed mental illness and the other side represents people living with no diagnosed mental illness.

Imagine a line that goes vertically from north to south – one side represents people living with poor mental health and the other side represents people living with positive mental health.

There is an important difference to understand between mental health and mental illness. This diagram adapted from a model created by Corey Keyes shows us how we can live with mental illness but still have positive mental health. Our mental health is the biggest predictor of a person's emotional well-being, not mental illness.

Can you think of examples of what people might say when in different parts of the model? "We know that our mental health is languishing when we hear ourselves say things like ...?"

"We know that our mental health is flourishing when we hear ourselves say things like ...?"

CONNECT WITH ADDITIONAL EXTENSION ACTIVITIES WHERE THEY ARE RECOMMENDED

Ask the learners to imagine where they see themselves on this model. Note that this is not a fixed place, it moves and changes.

- It's helpful to participants if the facilitator can share where they are on this line now first and where they may have been at another time in their lives demonstrating the fluidity of mental health at different times in our lives. This also demonstrates that everyone has times that are more difficult than others.
- Point out that not all mental illnesses are equal, whilst some mental illnesses are temporary others are not.
- The top half of the quadrant the individual is said to be flourishing, the bottom half the individual is said to be languishing. Why might a person be flourishing / languishing?
- Ask the groups to determine where they might be at this point in your life?
- Ask the group for their understanding of the difference between mental health and mental illness?
- Reiterate, whilst some mental illnesses can be a factor significant for suicide, not all mental illness is.
- It is possible to be diagnosed mental illness but to have good mental health due to taking positive steps in creating wellness i.e. taking correct medication/dosage, exercising, talking, walking, eating well, nourishing body with good food and water, know their limitations etc.

- Equally it is possible to live with no mental illness and have poor mental health.
- The biggest predictor for suicide is a person's mental health.
- Therefore, the focus for suicide prevention must be cultivating mental health regardless of the presence or absence of mental illness.

CONNECT WITH ADDITIONAL KNOWLEDGE RELEVANT TO THE THEMES DISCUSED IN THE SLIDE

Does Mental Illness Increase Risk?
While some mental illnesses increase your vulnerability to suicide e.g. depression and psychosis, not all mental illness carry these risks equally. We need to be careful with our messages around mental illness and suicide, it is not appropriate to generalise as it is possible to have a mental illness and not have suicidal thoughts in the same way it is possible to have no mental illness and have thoughts of suicide. It can also be frightening to hear these generalised messages if you are suffering from mental illness.

Can overwhelming emotions can lead to suicide?

- Pain can be the perception of being a burden to others, feeling of not belonging or any type of mental anguish.
- Pain + Hopelessness can lead to suicidal ideation.
- Healthy connections help prevent acting out on thoughts of suicide.
- When pain is greater than the number of healthy connections available a person can be vulnerable to suicide.
- Access to means and capabilities can result in someone acting out on thoughts.
- Fear from death can be a protective factor, loss of fear can increase your vulnerability.

EMOTIONS ARE FEEDBACK

Our emotions are simply feedback, there are no right or wrong emotions, they are simply telling us whether we are thriving or surviving. They are telling us when something needs to change.

EMOTIONS ARE TO BE EMBRACED, UNDERSTOOD AND SUPPORTED.

Developing emotional wellbeing is the pathway to a life worth living. Finding your truth often means opening yourself up to falling, and somehow summoning the courage to bravely feel the anguish and hurt present in that place.

It is our quest in this space to get curious about our feelings and challenge our narratives. Stories left unheard and unfelt weigh heavy, working with emotions is tough work but running away is tougher.

Through wrestling with our stories and feelings we begin to deepen our understanding of ourselves, creating the possibility of self-compassion, self-forgiveness and self-acceptance. We can become robust again, more capable, more able, stronger.

The important thing is to lean into the pain and hurt of that comes with the wrestle, perhaps you have the skills to do this alone, perhaps you need to wrestle with a practitioner like a youth worker or therapist, it doesn't matter where or how, the important thing is that you do it for yourself.

For those of you who are wrestling right now remember that your willingness to be vulnerable also requires you to be brave as you journey towards connecting with your true light within.

So just like you and me, people thinking about suicide have their own black dog and as we discussed earlier sometimes when our black dogs aren't getting what they need to flourish they turn on others and at other times they turn inwards.

However, there are times when something extremely overwhelming happens or a string of ongoing events over a lifetime hurt a little deeper, cut a little sharper, bruise a little sorer and break. There are times when we no longer feel that we have the strength to get back up and weather the storms of life which cause pain that can at times feel unbearable.

The gift we have to give is the gift of our presence felt in that moment when someone is feeling alone in the dark, when they are shouting for help, but no one hears, when they try to reach out but no one holds their hand and they are left in the turbulent stream of life facing into their vulnerability alone. We need to know how to help someone who is struggling to cope with the storms of life, we need to notice that it is happening and know how to connect with that person and connect them to help. We can't sort out all this person's problems but our job or role as a care giver will be to help the person get through the pain of now rather than "fix suicide" forever.

EMOTIONS IMPACT RELATIONSHIPS

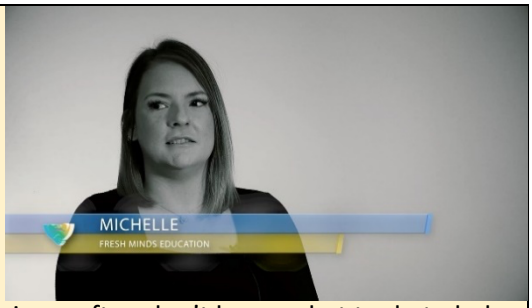
This can be the trouble with our feelings, at times they can even turn on other people, unexpected by passers and more often those closest to us. Causing harm not only to ourselves but to those we love, in our homes and at work. We harm important relationships when our bodies are dealing with the toxic energy that comes with these feelings. So, our emotions and feelings just don't impact us, others are affected too.

Emotional Health is Modelled and Learnt

We know that the culture of our families, our schools, our communities, our places, and spaces take their toll. Research has now proved that it is children's modelling of us and our emotional health that forms their emotional health. We know that saying... "If you tell me that I'm not perfect then others will see me as imperfect''. It is therefore paramount that we all work hard to cultivate our wellbeing and it starts by promoting a culture of kindness, compassion, forgiveness, self-love and acceptance towards ourselves, in our family homes, in our schools and within our communities.

MODULE 3

SLIDE 16: What contributes to suicide through contributor stories



FACILITATOR KEY POINTS

What are we learning about what contributes to suicide through hearing these experiences?

- Care givers not knowing the signs.
- Signs are often not clear – they can be very subtle.
- Even if sensing something could be wrong, caregivers often don't know what to do to help.
- Not wanting to be nosey/respecting people's privacy
- Is it one bad day or a whole number of things?
- It's rarely just one reason.
- Suicide can be impulsive.
- People saying goodbye, putting their affairs in order.
- Acting in ways unusual for them, out of the ordinary
- Sometimes a person with thoughts can be overly happy – either masking pain or relieved at having decided.
- Person with thoughts wanting to protect family members.
- Role reversal – parent – child / client – therapist / patient – doctor / pupil – teacher / player – coach / congregation member – clergy / employee – manager
- The impact Drugs and Alcohol might have

Transition to Next Slide: We have discussed the potential impact of alcohol and drugs, let's explore another relevant theme… Any ideas on what it might be? Yes, that's right… social media.

CONNECT WITH THE PURPOSE OF THIS SLIDE

Connect learners with Michelle story, who shares her experience where the usual parent child roles felt reversed. We can understand that quite often roles can be reversed, and it might be a person in a 'caregiving' role who needs support and connection.

Connect with the opportunity to discuss signs of suicide, why they are not always clear to see, how they can be subtle and often difficult to connect them with suicide.

Recognise that we may sense something is wrong but not know what to do, or how to approach it. We might be afraid to seem intrusive or to be invading someone's privacy if we approach someone and to bring up the topic of suicide.

Explore what might contribute to someone taking their own life. Discuss how this is rarely just one bad day, and although suicide can be impulsive it is also often not impulsive.

It is often several things, usually a build up over time, events and experiences contributing to our emotional and mental wellness.

Connect learners with how different everyone's experience was when they looked at their loved one's behaviours leading up to their death. We know that sometimes people act in ways that are unusual for them. They may give away a lot of their possessions, say goodbye or profess their love/ admiration for those close to them.

They may display behaviours of being overly happy, this is often put down to the person being relieved that they planned to end their life. They are also often masking how they are feeling and thinking. They often want to protect those around them, their family members and loved ones.

Connect learners with the possibility of a role reversal, where social expectations of vulnerability are challenged (Parent – child / client – therapist / patient – doctor / pupil – teacher / player – coach / congregation member – clergy / employee – manager.) Reinforce that we have established there is no stereotype of a person who could be having suicidal thoughts, this includes their societal role and who they might be to others.

Tiernan touched on the potential role of alcohol in his experiences. He described the 'love buzz' he thought his friend had, and he put this down to alcohol. Senior Ambassadors will raise how substance use further increase vulnerability to suicide.

CONNECT WITH SLIDE DELIVERY SUGGESTION:

"What did we pick up on when Michelle talked of the role reversal in her experience? How might this look in other areas of our communities? We talked about stereotypes, and how anyone can be vulnerable to suicide and emotional distress, meaning roles can be reversed; parent – child / client – therapist / patient – doctor / pupil – teacher / player – coach / congregation member – clergy / employee – manager.

What did we pick up on about the vulnerable behaviours we heard from the loved ones?

That Everyone is different, some people may give possessions away, profess their love. They may mask how they are feeling and be overly happy. **Why might people mask emotions?**

Because often when a person has planned to end their life, they may be secretive about this and wish to protect their friends and family.

Access to means can result in someone acting out on thoughts, Tiernan touched on the potential role of alcohol in his experiences.

How do you think substance use further increase vulnerability?

Fear from death can be a protective factor, loss of fear can increase your vulnerability.

It is important for us to recognise that it is rarely just one bad day that leads to suicide, although suicide can be impulsive it is more commonly several events, feelings and distress that builds up over time, contributing to our emotional and mental health, coping and resilience.

Let's remember overwhelming emotions can lead to suicide, pain can be the perception of being a burden to others, feelings of not belonging or any type of mental anguish. We know that pain and hopelessness can lead to suicidal ideation.

Healthy connections help prevent acting out on thoughts of suicide. When pain is greater than the number of healthy connections available a person can be vulnerable to suicide."

CONNECT WITH ADDITIONAL EXTENSION ACTIVITIES WHERE THEY ARE RECOMMENDED

Reflect on what are we have heard from people's experiences about what can contribute to vulnerability to suicide.

- Shame – how we shame ourselves for being human.

- There is no stereotype of someone who may be struggling with their mental health and contemplating suicide, Gavin describes how Stephen may appear to have had no problems – into football/ badminton/brilliant at everything.

- Suicide wasn't within the caregiver's awareness.

- This can happen to anyone. Any person from any background can become vulnerable to suicide.

- We know when a person moves from the thinking stage to the planning stage, it makes it more likely that a person will follow through with suicide.

- Beverly gives us perspective on how a person's persistence and persuasiveness can make it more difficult for loved ones to pick up on potential signs.

- Someone with thoughts of suicide may be secretive about their thoughts and plans, increasing their vulnerability.

- We know a person bereaved by suicide can have their vulnerability increased by having their own thoughts of suicide

CONNECT WITH ADDITIONAL KNOWLEDGE RELEVANT TO THE THEMES DISCUSED IN THE SLIDE

ALCOHOL / DRUGS Additional knowledge.

The risk of suicide is as much as 8 times greater when someone is misusing alcohol. It is commonly known that the misuse of alcohol and drugs reduces inhibitions meaning people can act out on thoughts we would not otherwise.

Many people who act out on thoughts of suicide, have not thought about acting out on thoughts of suicide before intoxication. What is it about intoxication that makes alcohol such a risk factor?

Vulnerability + Pain + reduced inhibition = increased risk of acting out on suicide. Drinking alcohol reduces inhibitions - we can act out on thoughts we would not otherwise.
Pain + reduced inhibition = increased risk of acting out on suicidal ideation

We emphasise the 'unpredictability' of intoxication and it is intoxication that is the important point and not alcohol use in general.

How can I keep someone who is intoxicated and talking about suicide safer from the risk of acting out on their thoughts?

If someone you know has taken drugs or alcohol and is talking about suicide, the only way to keep them safe at that time is to ensure someone is with them until they are over the high also making sure they are emotionally supported throughout the come down after, as this is when existing depression etc. can be impacted significantly.

Why do we drink alcohol?
We often drink alcohol to relieve hurt and pain.

Did you know?
Many people who act out on suicide have not thought about acting out on thoughts of suicide before intoxication.

When are intoxicated at most risk?
People drinking alcohol who are talking about suicide are most at risk when distressed, crying, upset and angry.

WHAT CONTRIBUTES TO SUICIDE: Additional learning points

- Everyone connected to the person who has died will have their own beliefs about 'why' they died. However, this is only their part of the picture.
- The person who died is the only one who knew how all the pieces added up to a situation that they could not bear any longer.
- Only the person who died knows how all the 'why's' joined with their feelings and thoughts and emotional history to make suicide seem like their only choice.
- Only the person who died knows what their 'final straw' was.
- Each person's journey, experience of suicide and story is unique to them. We can find learning in all of these stories.

DRUGS INFORMATION

These are some of the drugs in our communities and the possible affect each have on Mental Health. As you read each try to link with suicide or allow your group to discuss

CANNABIS

Cannabis can affect short-term memory and ability to concentrate. It can also make some users paranoid and anxious, depending on their mood and situation.

COCAINE

Anxiety, paranoia, and depression are all possible side effects of using Cocaine. Sleep and concentration are also affected. People who use can develop a strong psychological dependence on cocaine and often take more to deal with the comedown.

ECSTASY

Users may experience an initial rush of nervousness and uncertainty. Some users have reported a very bad experience with ecstasy. Experiencing feelings of paranoia and confusion. It is very common for the user to suffer minor depression in the days following the use of ecstasy. There are no conclusive findings on the long-term psychological effects of ecstasy. Some users have experienced memory problems, insomnia, and restlessness.

LSD

LSD can have a powerful effect on the mind and is often unpredictable. Users' perception of their reality becomes confused. Objects can become distorted, and this distortion can include objects, movement, vision, and their hearing. Hallucinations are also very common when taking LSD, and many users have reported that they have experienced flashbacks of past 'trips' long after they've taken the drug, some as long as ten years later. The user could also suffer dizziness, disorientation, fear, and paranoia. The likelihood of a bad trip will increase 10 x when users mood is low, if they're anxious, or have a history of mental problems.

SPEED

Some users can become tense or anxious while on speed. In the short term, memory and concentration are all affected. The comedown (which happens after you have used it) can last for a couple of days, leaving users feeling tired, depressed and irritable.
It is possible for long-term users to become dependent on the buzz that Speed gives them. Heavy abuse over long periods has been linked to mental illnesses such as psychosis.

HEROIN

Heroin is a depressant with analgesic/painkilling properties. The effects last for 2-3 hrs, and withdrawal symptoms appear 8-24hrs after the last dose. It slows down people, giving them a feeling of warmth and detachment. Higher doses lead to drowsiness and sedation. Nausea and vomiting can accompany these reactions especially with first time use. Intravenous injection (into the veins) maximizes the effects of Heroin and produces a much more intense and immediate experience.
Smoking Heroin can lead to respiratory complaints. The consequences of injection are much more serious and can lead to poor hygiene, skin lesions, tetanus, and infection from HIV and Hepatitis. Decreased appetite and apathy can contribute to disease caused by poor nutrition. Repeated sniffing can damage the structures in the nose. Deaths from the use of Heroin alone are infrequent. However, the overdose risk increases if Heroin is mixed with other drugs such as Cocaine or Alcohol, or after a period of abstinence. Tolerance develops quite quickly so that users must increase the dose or change the method of administration (usually to injection). There is much evidence of physiological dependency and withdrawal symptoms can be very nasty and resemble severe flu like symptoms. These symptoms peak around the third day and fade after about 5-10 days although sleeplessness may continue for some months.

KETAMINE

Ketamine is a general anaesthetic, so it reduces sensations in the body. Trips can last for a couple of hours. Taking ketamine can make you feel dream-like and detached chilled, relaxed, and happy confused and nauseated. Ketamine can also:
alter your perception of time and space and make you hallucinate (see or hear things that aren't there) stop you feeling pain, putting you at risk of hurting yourself and not realising it. Mixing with alcohol, benzos, or opiates is dangerous.

ARE SOME PEOPLE MORE AT RISK THAN OTHERS?

People with existing psychological problems such as anxiety, depression and schizophrenia are more at risk of multiplying their complications by taking any of the drugs above.

STAGES OF DRUG USE:

1. Experimental
2. Recreational
3. Dependent
4. Abstainers

WHAT DRUGS DO PEOPLE USE MOST?

Apart from medicines and caffeine, the drug most Irish people use is alcohol, followed by nicotine. Illegal drugs that people are most likely to try are:

- Cannabis
- Cocaine
- Amphetamine
- Nitrites, poppers
- Cocaine
- Ecstasy
- LSD
- Magic mushrooms
- Solvents (aerosols, gases, and glues)
- Minor tranquilizers (not prescribed)
- Heroin
- Crack cocaine

ALCOHOL OR DRUGS WERE KEY FACTOR IN 80% OF CORK SUICIDE CASES IN STUDY

The analysis is one of the first to compare young people (aged 15-24) and adults (aged 25-34) in terms of socio-democratic factors, substance abuse and method characteristics.

The study was conducted by researchers attached to the National Suicide Research Foundation in University College Cork, the university's Department of Epidemiology and Public Health, and St Patrick's Mental Health Services in Cork.

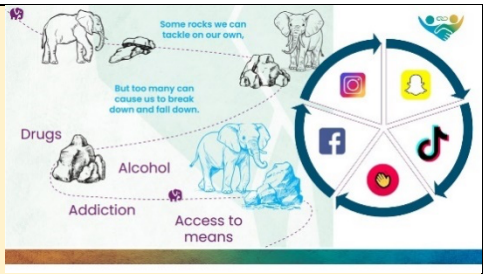
The study looked at 61 suicides of young people and 60 of adults between 2007 and 2012. Toxicology tests showed that 80% of the total sample had used either alcohol or drugs at the time of the death.

The study, published online in the academic journal Polson, showed alcohol was found in toxicology tests of 52% of people.

It said the results did not reveal a significant association between alcohol and age among those who died by suicide — with similar rates between young people and adults.

"Approximately 50% of individuals who died by suicide had alcohol detected at the time of death," said the report. **UPDATE**

SLIDE 17: Vulnerabilities & Protective Factors (social media)



FACILITATOR KEY POINTS

What are your experiences of the negative impact of social media in relation to mental health or suicide?

- There are studies making clear correlations between the impact of overuse of social media and poor mental health.
- There are also additional negative impacts around bullying, grooming, and seeking out support for suicide.
- On the flip side it is important to remember that social media is often many peoples source of connection and can be the very place where help seeking begins! Chris explains how scrolling on social media was for him, a Link to Life.
- **Alcohol and drugs**

Transition to Next Slide: Chris, a County Antrim GAA player will shed light on several difficulties he experienced on his path of life. Chris considers himself lucky, as he found a way through his personal crisis and wants to share his experience with you, to help others. Let's listen to hear what hurt, and what helped Chris. This is a longer video – around 4mins so get comfortable.

CONNECT WITH THE PURPOSE OF THIS SLIDE

Senior Ambassadors explore with learners the connections between the impact of overuse of social media and poor mental health. This is an opportunity to discuss why this might be with your group. You may want to bring up 'doomscrolling' associated with social media and the endorphin hit when you receive a notification on these platforms.

Discuss the negative impacts social media may have on our mental and emotional health. How there is risk of bullying, grooming. Connect learners with the inevitable comparison and assumptions made when we look at others and their lives through a social media lens.

It is an opportunity to discuss with your group about any positive impacts social media may have, such as a source of connection, positive messaging, campaigns and a place where people can source safety and support starts. There may be string opinions expressed in any discussion here based on leaners emotions and understanding of social media. Ensure any discussion stays on the theme of vulnerabilities, rick factors and protective factors.

CONNECT WITH SLIDE DELIVERY SUGGESTION:

There may be strong opinions on the role of social media plays in vulnerabilities and protective factors for suicide. As we have seen people are struggling with their mental health may turn to alcohol and drug use, which can increase the risk factor of them acting on thoughts of suicide. These behaviours can be contributors to that person vulnerability, and we need to support them in choices they make.

Let's explore social media and factors that might increase risk and vulnerability to our mental health and those that can be protective.

What are they negatives you can think of around social media in relation to mental and emotional health?

What are they positives you can think of around social media in relation to mental and emotional health?

We'll hear from our next contributor, Chris about difficulties he has and what roles alcohol and social media played.

CONNECT WITH ADDITIONAL EXTENSION ACTIVITIES WHERE THEY ARE RECOMMENDED

Social Media Supports

Ask the group if they are aware of any support or awareness campaigns for people experiencing emotional distress of through of suicide available on social media platforms or channels.

Discuss and share these amongst the group.

CONNECT WITH ADDITIONAL KNOWLEDGE RELEVANT TO THE THEMES DISCUSED IN THE SLIDE

Social Media and Suicide

Most people on the planet have access to social media platforms via mobile devices. The combination of popular social media platforms and incredibly powerful smart technology now play a central in the lives of many people, it's a convenient way to stay connected to family, friends and the world around us. Smart mobile technology allows us to view and interact with the entire online world with tech products that sit comfortably in the palm of our hand giving us 'anytime anywhere' access. Social media platforms offer the instantaneous gratification of friends, news, likes, views, hits, comments, trends, celebrities and followers create an environment that's hard to resist. These platforms and devices are not designed to replace current forms of human interaction where tone, facial expressions and body language all play a vital role, but enhance it. The benefits of that come with accessible mobile technology and global online connectivity have seen us witnessing rapid changes in individual and societal behaviours and the way we connect with one another. This is leading to particular concerns

and questions over how use of these devices and social media can impact our mental health and overall wellbeing.

Currently there is little direct evidence of the impact the long-term use of social media or mobile devices on our attachments, behaviours, relationships, human interactions and mental health. However, we recognise that we are in a period where social norms are being disrupted at high speed and massive scale and that despite increased opportunities for positive global change there is growing concern over new dangerous ways in which vulnerable people are and can be taken advantage of.

There is increasing concern that content found on both the internet and social media can influence suicide-related behaviour. Internet use can bring exposure to graphic content and lead to cyberbullying, which can lead to cases of self-injury and suicide.
Provisional data compiled in 2018 by the Office for National Statistics (UK) shows the suicide rate in children and young people aged 15-19 has increased, while it dropped in older age groups. The numbers indicate a growing concern about the impact social media is having on young people. Recent studies have suggested British children are some of the unhappiest in the world – leading some to announce that social media is playing a part on the most impressionable in our society.

We have seen high profile incidents of children as young as 14 years old attempting and taking their own life after viewing material on social media linked to anxiety, depression, self-harm, and suicide, despite no obvious signs of severe mental health issues.

In addition, our new hyper connected world allows for rumours and sensational stories, including hoax suicide challenges to spread across the world, person to person that can put vulnerable young people at unnecessary risk. Interventions in this area have been few but include recommendations on the optimum amount of daily 'screen time' for children and adults and the restriction and removal of harmful material be widely available online by technology and social media platforms. In the UK, official guidelines for social media use were set to be drawn up as health experts realised just how significant an impact social media was having on child mental health.

Social media platforms if used correctly are safe and enjoyable for many people and today's young people have never known a time without smart mobile technology and the internet. Vulnerable people will be at risk in the physical and online world, both requires attention.

"This is the person thinking about suicide's only way to tell you that something is wrong. This is the life's way of reaching out to you to ask you for help. The part of the person that wants to live is saying help me as I can't do this alone."

SLIDE 18: Vulnerabilities & Protective Factors (Substances & Social Media Case Study/Chris)

FACILITATOR KEY POINTS

- What did you notice, hear about what contributed to Chris's vulnerability?
- What did you notice, hear about what contributed to Chris's protective factors?

Transition to Next Slide: We have spent time becoming familiar with the different types and textures of rocks in people's lives. Let's now take some time to think about our own path of life. Let's acknowledge our own boxes, our own rocks. Thankfully, there is more to each of our lives than our rocks, let's look at what else might be along our path of life.

CONNECT WITH THE PURPOSE OF THIS SLIDE

The key purpose of this slide is to connect learners with the contributor's story, exploring what vulnerabilities they experienced and how they identified protective factors. This is an opportunity for learners to use the story to identify what can make any of us vulnerable to poor mental health and thoughts of suicide. This is longer video so ensure that people can hear in more detail some of the subtleties of how experiences, opinions, behaviours, and life circumstances can combine to result in both making them vulnerable and protecting them.

In this case Chris has the following factors.

Vulnerability and Risk

- Bereavement – experiencing loss of his father.
- Hangovers – felt down.
- Feelings of out of control
- Poor self-talk
- Self-hate
- Captain of a team – Expectation
- Alcohol – out with friends with his mask on
- Middle of the day "great summers day" - suicide can happen any time of year.

Protective

- Breaking down – breaking through
- His judgement of suicide being stupid
- Care for mother - not wanting her to have another bereavement.
- Got himself into a safe place (taxi & bed)
- Scrolling – social media
- Kept ringing back.
- Courage to speak out and courage to go to the counselling appointment.

CONNECT WITH SLIDE DELIVERY SUGGESTION

"Chris' story is our opportunity to get to grips with the complexity of poor mental health and thoughts of suicide for some people. It's important for us to understand that everyone's experience is unique and personal, but we can use this an opportunity to learn and connect with vulnerability and protective factors that may help us understand others.

Let's discuss these.

What did you notice, hear about what contributed to Chris's vulnerability?

What did you notice, hear about what contributed to Chris's protective factors?

Why were they effective?

The stories and experiences we have heard can give us powerful insight to others' lives. Next, we can connect with our own lives as we continue our journey on the path of life"

CONNECT WITH ADDITIONAL KNOWLEDGE RELEVANT TO THE THEMES DISCUSED IN THE SLIDE

Additional Social Media Support:

Anyone, regardless of background can contact Shout 85258 in Northern Ireland (www.giveusashout.org).

- Lifeline: 0808 808 8000
- Samaritans 116 123
- HOPELINE247 0800 068 41 41

A new **free wellbeing support text service** offered by the Women's' Gaelic Players Association (WGPA) and Gaelic Players Association (GPA) will provide another pathway for inter-county players who need emergency support to reach out for help.

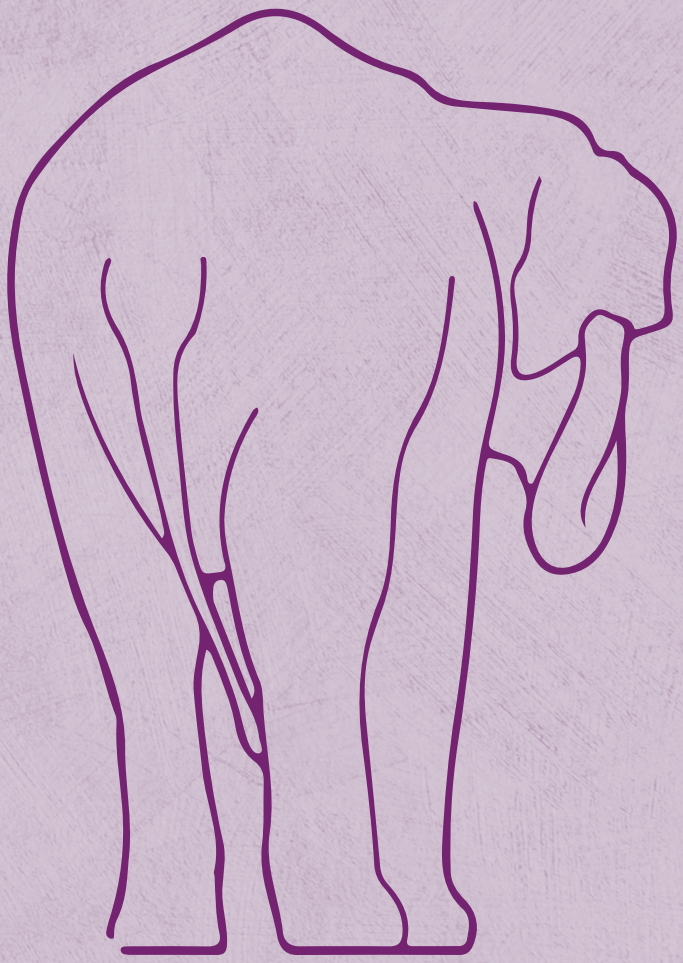
The service is completely anonymous and is available around the clock, seven days a week and 365 days of the year. 88 GPA members availed of counselling support in 2019 while 21 WGPA members sought help.

- ***Text WGPA or GPA to 50808 in Republic of Ireland***
  Text WGPA or GPA to 85258 in Northern Ireland

"No player should feel they are on their own no matter the issue or situation they face. I would encourage any player who is going through a difficult time to avail of this confidential & free service or call our confidential WGPA counselling helpline. You are not alone."

CONNECTIONS

For a life Worth Living...



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