

SOMETHING TO REMEMBER TODAY:

IT'S OKAY TO NOT BE OKAY

YOUR MENTAL HEALTH MATTERS

9-8-8 Suicide Crisis Helpline

IF YOU NEED HELP, JUST REACH OUT.



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*Information reference from the Government of Canada Website



About 9-8-8: Suicide Crisis Helpline

Suicide is a significant public health issue that affects people of all ages and backgrounds. Some communities in Canada are disproportionately impacted by suicide, including, men and boys, people serving federal sentences, survivors of suicide loss and suicide attempt, 2SLGBTQIA+ groups, and some First Nations, Métis, and Inuit communities.

Today, an average of 12 people die by suicide every day in Canada. While we have made progress towards talking openly about our mental health and suicide prevention, we still need to do more to make it easier for anyone who is struggling to get help.

On November 30, 2023, 9-8-8: Suicide Crisis Helpline, a national three-digit number for suicide prevention and emotional distress support will launch, providing people in Canada with free access to 24/7/365, bilingual, traumainformed, and culturally appropriate suicide prevention support by phone and text.

The 9-8-8: Suicide Crisis Helpline is funded by the Government of Canada, and delivered by the Centre for Addiction and Mental Health and their partners.

This toolkit provides ready-to-use messaging to help support your communication efforts around 9-8-8. In addition to suicide prevention help, there are many resources and supports available for mental health and substance use. If you get questions or have questions about 9-8-8 and the 9-8-8 network, please reach out to the Public Health Agency of Canada.



Key Messages

- People anywhere in Canada can now call or text 9-8-8 to have access to 24/7/365, bilingual, trauma-informed, and culturally appropriate suicide prevention support.
- If you are thinking about suicide, or worried about someone else thinking about suicide, call or text 9-8-8 for suicide prevention support, at any time of day or night.
- Trained crisis responders will listen to you and provide support with compassion, providing a safe space for you to talk.
- You can either call or text 9-8-8. 9-8-8 responders are here to help in whichever way feels most comfortable for you.
- When you call or text 9-8-8, you will receive a brief message assuring you that you have reached the right number. You will then be asked a few questions to make sure you get the best response possible, for example if you would like to talk to someone in English or French.
- Calls or texts to 9-8-8 are confidential. No personally identifiable information will be disclosed or shared outside of the 9-8-8 network, except as required or permitted by law, or in cases where emergency intervention is required to support the safety and well-being of the caller or texter, and/or the safety of others.



Key Messages

- 9-8-8 is committed to collaborative, person-centred approaches that use the least intrusive interventions to increase safety. In cases where there is immediate risk to a person's safety, emergency services may need to be called. Please know this happens rarely and only when there is imminent risk to someone's life or safety is in immediate danger.
- The Hope for Wellness continues to provide immediate non-judgemental, culturally competent, trauma-informed emotional support, crisis intervention, or referrals to community-based services for Indigenous Peoples. You can reach Hope for Wellness by calling 1-855-242-3310.
- Children and young adults in Canada in need of mental health supports and crisis services can continue to contact Kids Help Phone by calling 1-800-668-6868 or texting CONNECT to 686868 from anywhere in Canada, at any time.

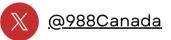


Social Media Shareables

Social media shareables are one way to reach out to your network and share credible mental health and well-being information and resources. Suicide affects people of all ages and backgrounds.

Help spread the word about 9-8-8 and encourage more people to reach out for help when they need it.

- Print the 9-8-8 poster to put up in your local community
- Ask your local businesses and organizations to display the 9-8-8 poster and/or 9-8-8 wallet card
- Post about 9-8-8 on social media and tag 9-8-8







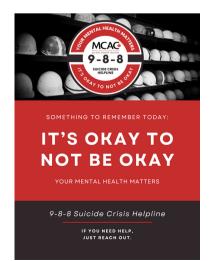


MCAC 9-8-8 Suicide Crisis Helpline (LINKEDIN POST)





MCAC 9-8-8 Suicide Crisis Helpline (POSTER)





How To Talk About Suicide Prevention

In Storytelling: Need for a Positive Narrative

Coverage of suicide that is sensational, portrays suicide as common or expected, and conveys negative narratives can result in significant harm. For example, media reporting of a celebrity suicide death or suicide portrayed as inevitable in an entertainment storyline can increase the risk of suicide contagion (the phenomenon by which exposure to one suicide death can trigger suicidal behavior in others) and contribute to increased risk of suicide.

Conversely, safe and responsible portrayals and messaging about suicide and its prevention can have a positive impact in preventing suicide deaths. Focusing on survival, hope, resilience and the hope that is available in messaging and stories may contribute to reducing the risk of suicide, and help prevent suicide deaths.

To have a real and positive impact, the emphasis of a narrative should portray the actions that one takes to prevent suicide, convey narratives that demonstrate hope and resilience about recovery, while also showing the resources available for help and support.



How To Talk About Suicide Prevention

Words Matter

Talking about suicide factually and responsibly can play an important role in the well-being of a community and help to prevent suicide.

Using safe language that is helpful and respectful encourages an environment free of stigma, where we can talk more openly and safely about suicide, suicide ideation and emotional distress. Please consider the following wording in messages regarding well-being.

Put people first

Using people-first language avoids stigmatizing words or phrases and emphasizes people while respecting differences and experiences rather than referring to their actions, conditions, or diagnoses.

Use people-first language:

- People with (...mental illness, depression, addiction, etc.)
- Person who has died by suicide
- Person thinking about suicide
- People who have attempted suicide
- Person with lived and living experience



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