Understanding Suicidal Thoughts

Suicide is often described as an individual act, but its impacts reach far beyond one person. A suicide death can have lasting effects on families, friends, colleagues, and communities. This resource is designed to reduce stigma around suicidal thoughts and encourage people experiencing distress to seek support early.

Sensitive Content Warning | PSP | Families and Supporters | 10-12 min read

Information for Public Safety Personnel and Supporters

If you or someone else you know is experiencing thoughts of self-harm or suicide,:

- Call or text **9-8-8** or **proceed to your nearest emergency room for assistance.**
- In Canada, you can call or text 9-8-8 to reach the **Suicide Crisis Helpline (24/7).**
- *Support is bilingual, trauma-informed, and confidential.*

Purpose of This Resource

This document provides background information about suicide and suicidal ideation for Public Safety Personnel (PSP), families, peers, leaders, and supporters.

It is designed to:

- Increase understanding of suicidal thoughts and distress
- Reduce stigma through accurate, compassionate information
- Support early recognition and help-seeking
- Complement practical, action-oriented support tools

Who is Affected by Suicide

Everyone can be affected by suicide, including:

- Family members and loved ones
- Animals or pets
- Friends and peers
- Coworkers and teams
- Communities and workplaces

This resource is not a crisis guide or a substitute for professional or emergency care.

If you or someone else is in immediate danger, call 9-1-1.

Click here for the Suicide Prevention Safety Plan worksheet and instructions.

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This resource was informed by content from Canada's national suicide crisis helpline (9-8-8) and by Samra, J., & Bilsker, D. (2007). Coping with suicidal thoughts. Consortium for Organizational Mental Health.

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Suicidal Ideation: What It Is and What It Is Not

Suicidal ideation refers to thoughts about death or suicide, which may range from brief, passive thoughts (e.g., wishing pain/distress would stop) to more frequent, intense, or specific thoughts about self-harm or dying.

It is important to understand that:

- Suicidal thoughts do not automatically mean someone wants to die
- They often signal overwhelming stress, pain, or a sense of being trapped
- Many people experience suicidal thoughts at some point in their lives
- Thoughts can fluctuate and may pass with support and treatment

Experiencing suicidal ideation is not a personal failure or moral weakness.

Risk Factors and Protective Factors
There is no single cause of suicide. Suicidal thoughts and behaviours usually arise from a combination of factors that interact over time.

Factors associated with **increased risk** can include:

- A previous suicide attempt
- Depression, anxiety, PTSD, or other mental health concerns
- Prolonged feelings of hopelessness or helplessness
- Misuse of alcohol or other substances
- Chronic (long-term) physical pain or illness
- Exposure to trauma, violence, abuse, victimization, or suicide by a family member or friend
- Significant losses (relationships, work, health, financial security (job loss))
- Social isolation or lack of support
- Barriers to accessing mental health care
- Harassment, discrimination, or identity-related stress

Risk factors do not predict suicide on their own. Many people with these experiences never attempt suicide.

Protective factors can help **reduce risk** or buffer distress, such as:

- Strong social connections and sense of belonging
- Access to supportive peers, leaders, or family
- Mental health care that is timely and culturally safe
- Coping skills and problem-solving abilities
- Meaningful roles, responsibilities, or values
- Organizational cultures that reduce stigma and encourage help-seeking

Protective factors can change over time, and can also be strengthened.

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Common Contributors to Suicidal Distress in PSP

For PSP, suicidal distress may be influenced by:

- Cumulative exposure to trauma or critical incidents
- High job demands, fatigue, and shift work
- Moral distress or exposure to human suffering
- Injury, illness, or disrupted return-to-work processes
- Organizational stressors (e.g., lack of support, conflict, job insecurity)
- Cultural expectations of toughness or self-reliance
- Fear of career impact from disclosing mental health concerns



Organizational, peer, and leadership support are important. Don't rely solely on individual resilience.

Recognizing Warning Signs

Warning signs can indicate that someone may be experiencing elevated distress or suicidal ideation. These may include:

1

Emotional or Psychological Signs

- Persistent hopelessness or feeling trapped
- Severe anxiety, depression, agitation, or emotional numbness
- Noticeable changes in mood (increased anger, irritability, mood swings)
- Expressions of unbearable pain or being a burden

It's okay to ask for help.
You're not alone.
Support is available:

If you or someone you know is in crisis, contact:

9-1-1
Immediate emergencies

9-8-8
Suicide Crisis Helpline (24/7)

1-866-531-2600
ConnexOntario (mental health and addictions)

1-833-677-2668
Peer Support: Boots on the Ground

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Recognizing Warning Signs (continued. . .)

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Behavioural Signs

- Withdrawal from others or usual activities
- Taking more risks than usual (e.g. increased substance use or unsafe sexual behaviour)
- Giving away possessions or saying goodbye
- Changes in sleep, appetite, or behaviour

3

Thoughts or Beliefs

- Feeling stuck or without hope
- Unusually focused on violence, death, or dying
- Believe you are a burden to others or they would be better off without you
- Talking about wanting to die or disappear
- Statements about having no reason to live
- Increased references to death or suicide

Everyone is Different

Warning signs vary between individuals. Noticing changes from someone's usual behaviour is often most important. Suicide does not have a single cause. To learn more about what contributes to thoughts of suicide, visit: 9-8-8: Facts About Suicide



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Myths and Facts About Suicide

MYTH	FACT
• Talking about suicide puts the idea in someone's head. • Strong people don't think about suicide. • Suicidal thoughts mean someone is weak or selfish. • People who talk about suicide won't act on it.	• Talking openly and respectfully about suicide can reduce isolation and encourage help-seeking. • Suicidal thoughts can affect anyone, regardless of strength, role, or experience. • Suicidal thoughts are signs of distress and unmet needs, not character flaws. • Talking about suicidal thoughts should always be taken seriously.

When and How to Seek Help

Help can be sought at any stage—not only in crisis.

Consider reaching out when:

- Suicidal thoughts are frequent, intense, or persistent
- Distress is interfering with work, relationships, or functioning
- Coping strategies are no longer helping
- You feel unsafe or unsure you can stay safe

Support Options May Include:

- Employee and Family Assistance Programs (EFAP)
- Mental health professionals familiar with PSP work
- Primary care providers
- **Crisis services such as 9-8-8 (Canada)**

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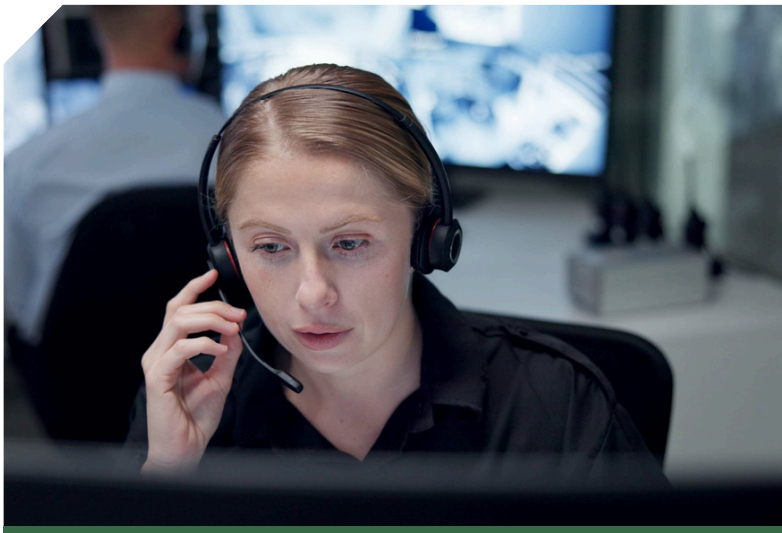
Remember:

- Suicidal thoughts are common, treatable, and often pass
- They signal distress and a need for support, not failure
- Risk and protective factors interact and change over time
- Connection, support, and timely care can reduce risk
- Recovery is possible, even when things feel overwhelming



If you or someone you know is in crisis

9-1-1
Immediate Emergencies

9-8-8
Suicide Crisis Helpline (24/7)

1-866-531-2600
ConnexOntario (mental health and additions)

1-833-677-2668
Peer Support: Boots on the Ground

Seeking help early can prevent distress from escalating and support recovery.



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