

# YOUR GUIDE TO SURVIVING SUICIDAL THINKING

- 2023 -



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YOUR LIFE MATTERS. PLEASE STAY.

# Dear Reader, I am so glad you are here.

My name is Michelle Pugle. I wrote this for anyone who lives with mental health challenges like depression and bipolar depression or chronic pain and eating disorders, all of which can lead to mental health crisis situations. Please know that while suicidal thinking is not abnormal, it's also not a healthy or safe state, and it should not be accepted as fate.

I have been living with episodes of passive and active suicidal thinking since childhood. I'm also a mental health journalist and lived experiences author trained in mental health first aid and suicide prevention. I respect the strength it took you to open this content, and the courage you're showing in choosing to look into resources on mental health and potential options for treatment and recovery from relapse.

You deserve help and hope at any stage in your mental health and wellness journey. While finding the right treatment, there are other active steps you can take today to reduce your risk of mental health crisis and suicide. I offer more information on suicide awareness in this booklet, a method on reducing your personal risk, and more resources on where to get help.

P.S. While I offer an introductory method for reducing risk of mental health decline, crisis, and suicide, it is for informational purposes. It is not intended as medical or mental health advice or treatment for suicidal thinking. If you or someone you know is experiencing suicidal thinking, please seek immediate support from a medical or mental health doctor or go to [Talk Suicide at www.talksuicide.ca](http://www.talksuicide.ca).

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# What Causes Suicide?

One of the first things I wanted to know when I first experienced suicidal thinking was, "Why?" There is no simple answer because there is no single cause of suicidal thinking and suicide in our communities.

However, risk factors can offer one reason why some people experience suicidal thinking while others do not.

It's important to note that **most of us who have risk factors for suicide will not act on suicidal thinking**, according to the National Institute for Mental Health.

So what are suicide risk factors?

Suicide risk factors suggest who is at risk for suicide based on factors that have been shown to be associated with death by suicide. In other words, suicide risk factors are what we want to watch out for, be aware of, work to change where possible, and help to prevent in future generations.

***Many factors contribute to someone considering suicide. Some of the risk factors may be personal (individual), relationship, community, and societal.***

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# Suicide Risk Factors

Some risk factors for suicide include:

- Major and stressful life changes like job loss, divorce, legal troubles, sexual assault, or domestic violence
- Unresolved or unmanaged childhood trauma
- Mental health conditions including depression, anxiety, and eating disorders, and posttraumatic stress
- Substance use disorders including alcohol use disorder
- Chronic pain of any kind
- Family history of a mental health challenges or substance misuse
- Family history of suicide
- Exposure to family violence, including physical and emotional abuse
- Any prior history of suicidal thinking or behaviours
- Presence of guns or other firearms and lethal weapons in the home
- Negative or harmful exposure, either directly or indirectly, to others' suicidal behaviour, such as that of family members, peers, or celebrities

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# Mental Health Crisis & Suicidal Thinking

Mental health crises involving suicidal thinking and self-harming are different for everyone. Generally speaking, though, there are two categories of suicidal thinking known as passive suicidal thinking and active suicidal thinking.

Having the right terms can help you better understand where you're at with your mental health. It can also help you in advocating for your needs with medical and mental health professionals.

**Passive** suicidal thinking is when someone wishes for their life to be over or for a sudden ending to their pain. With passive suicidal thinking, there is **no plan of action for dying by suicide**. Passive suicidal thinking can feel like not necessarily wanting to die, but also not wanting to live.

**Active** suicidal thinking is an emergency. It is the intrusive thoughts of hurting, harming, or unliving yourself. It is the difference between feeling like you wouldn't move out of the way of oncoming traffic and actively walking into high speed traffic with the intention of ending your suffering. It can involve experiencing **impulsive urges to act on thoughts or developing a plan of action**.

A person can experience one or both types of suicidal thinking. It's important to note that passive suicidal thinking can worsen or escalate to active suicidal thinking, and any thoughts of self-harm or suicide should always be taken seriously.

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# What Makes Symptoms Worse?

Aside from the big picture of suicide risk factors that contribute to overall risk, we also have to consider our [personal mental health symptom triggers](#).

We all have different needs and thresholds depending on our health status, trauma history, and coping capacity at any given time. Personal triggers are the acts and behaviours in your life that can contribute to worsening symptoms of suicidal thinking. I'm offering a general list of personal triggers common to many people to help you see what types of actions may be making matters worse. When we understand our personal triggers, we can work to reduce their impact on our life. this is part of suicide prevention.

- [Sleep disturbances](#) which lower our emotional resilience and ability to cope with everyday life
- [Not getting enough daily movement](#) which worsens symptoms of chronic pain and depression and anxiety
- [Not eating enough essential nutrients](#) which leads to deficiencies which increase symptoms of mental health and physical health conditions
- [Drinking alcohol](#) which worsens symptoms of depression and can cause increase in impulsive and risky behaviours
- [Social isolation](#) which includes physical or emotional or spiritual isolation from others
- [Lack of access to community services](#) or resources to get help

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# Warning Signs

Knowing the warning signs of suicidal thinking and behaviours that may precede or come before a person acts on suicidal thinking can help save a life.

These signs are adapted from:

the National Institute of Mental Health,  
Canada Suicide Prevention Service, and  
SAVE (Suicide Awareness Voices of Education).

If you see signs of suicide in yourself or someone else, please tell someone. If you're worried about yourself or someone else, call talk suicide at 1.88.456.4566. In immediate emergency, reach out to your local emergency services.

It's always better to speak up than to stay silent. Your voice could help save a life.

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# Signs of Suicidal Thinking

There are well-known signs experts say to be aware of in order to intervene with yourself or someone else, if and when necessary. The following are all reasons to seek support for overall mental health or suicidal thinking:

- Talking about death, wanting to die, or wanting to die by suicide
- Talking about not wanting to be alive anymore
- Talking about feeling empty or hopeless or having no reason to live / nothing to stay alive for
- Talking about feeling stuck, trapped, imprisoned, or without any other options (ie., life sucks and there is no way out)
- Feeling severe (life-altering) emotional or physical pain
- Withdrawing from family and friends (may look like ditching plans, avoiding calls, disconnecting emotionally, and breaking bonds)
- Displaying extreme and sometimes sudden mood changes
- Looking online for ways to unalive themselves
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing eating or sleeping habits (eating or sleeping much more or much less than their average)
- Showing rage or talking about seeking revenge
- Expressing unending tiredness with their everyday situation



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# Signs Symptoms are Getting Worse (Escalating)

Suicidal thinking can ebb and flow. When symptoms are increasing or getting worse again, it's called escalating- and it is associated with death by suicide. If you see the following signs in yourself or others, please take it seriously and seek immediate support for mental health from a trauma-informed therapist, psychiatrist, or your healthcare provider.

Serious signs of mental health decline, according to experts, include:

- Giving away important or meaningful possessions (ie., sentimental, valuable, necessary, adored items)
- Saying goodbye to friends and family or putting pressure on making amends
- Putting legal affairs in order, such as making a will through written or verbal agreements
- Taking extreme risks that could lead to death, such as risky driving, risky drug use, and excessive alcohol use
- Talking or thinking or writing about death often (e.g. bringing it up in conversation, posting on social media about death or thoughts of dying or feeling hopeless for the future)

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# Taking Control and Reducing Your Risk

Some risk factors, like childhood trauma and family history of depression or suicide, are outside of your realm of personal control.

Even still, you can still work to reduce their impact on your life.

Other risk factors are inside your realm of control. These include daily habits, thinking patterns, and how you respond to stress.

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# Your Turn: The **WELL** Method for Reducing Your Own Risk

The WELL method brings together everything you've learned about what causes suicide, risk factors and personal symptom triggers, and offers a space to uncover personal next steps.

This method is based on cognitive behavioural therapy techniques.

## *WELL Method*

### *W*

Write down your own personal risk factors based on the list provided in this booklet.

### *E*

Explore your personal mental health symptom triggers by monitoring and being honest with yourself about what makes symptoms worse.

### *L*

Lead the charge by asking for support or help in making changes to reduce your risk of suicide.

### *L*

Leave room for changing needs along your mental health journey.

## STEPS TO RECOVERY

# WELL METHOD

A METHOD FOR ASSESSING WHERE YOU ARE AT AND WHERE YOU  
NEED TO GO NEXT WITH YOUR MENTAL HEALTH

W	<u>WRITE</u> MY PERSONAL RISK FACTORS ARE...	
E	<u>EXPLORE</u> MY SYMPTOMS ARE WORSE WHEN...	
L	<u>LEAD THE CHARGE</u> HOW CAN I CHANGE AND WHO CAN HELP?	
L	<u>LEAVE ROOM FOR CHANGE</u> REMAIN OPEN TO NEW AVENUES OF SUPPORT	

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# Real Life Examples on Reducing Risk Factors

Here are some of the ways I work to reduce my risk. I'm sharing these to give you an idea of what has helped and where you can get started.

- I no longer drink alcohol and that has helped considerably
- I take naps because the world looks better through rested eyes
- I take long baths where I unplug and unwind to reduce stress
- I use acrylic painting when possible to "play"
- I practice yoga and guided meditation
- I spend time with my cat to reduce stress and increase positive feelings
- I drink water regularly and snack often
- I do regular body scans to see where the pain is coming from (e.g., is my pain physical, emotional, or both?)
- I read content from people with lived experiences who have survived themselves
- I accept that this list is not the end all to be all
- I have a suicide safety plan
- I explore new avenues of mental health care, treatment, and relapse prevention including reiki energy work and EMDR therapy

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# When to Seek Support for Suicidal Thinking

How do you know it's time to seek support for suicidal thinking? If you have thoughts of suicide, it's time to seek support for your health. Your mental health is part of your health. Your healthcare provider can help you decide next steps appropriate to your overall health.

If you think your mental health is not that bad or that you are not sick enough to seek help, but are reading this and relate to its contents, it's time to talk to someone.

Asking for help as soon as possible is crucial for your recovery and to get relief because no matter which treatment avenues you explore, there is a typical trial-and-error period to find what works, to feel better, to assess progress, etc. This is true of finding a medication that works well enough to warrant its side effects and potential risks and finding a mental health professional you can trust to talk openly and honestly the kinds of suicidal thoughts you're having and your mental health history.

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Create a suicide safety plan  
today at the Centre for Suicide  
Prevention.

[www.suicideinfo.ca](http://www.suicideinfo.ca)

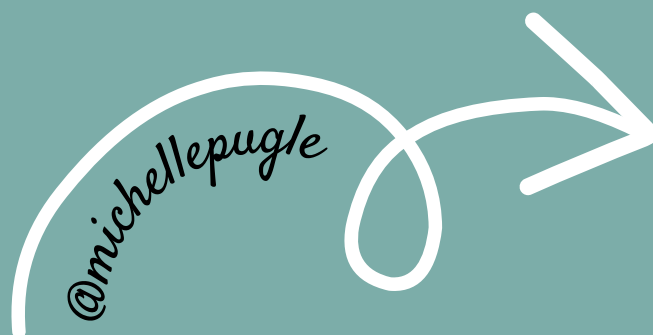
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# Please keep advocating for your own wellness.

Asking for help is brave, and it can be distressing when you put yourself out there to discuss your mental health and you're not met with the appropriate response. Please keep advocating and speaking up for what you need in order to heal, recover, or live your life in a safer space. If you are not sure what you need, seek support from someone you can talk to who you trust and who is (ideally) trained in mental health or has their lived experiences and coping resources to help you on your own journey.



Your Life Matters.  
Hope Still Exists.  
Keep Going.



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## Keep Going

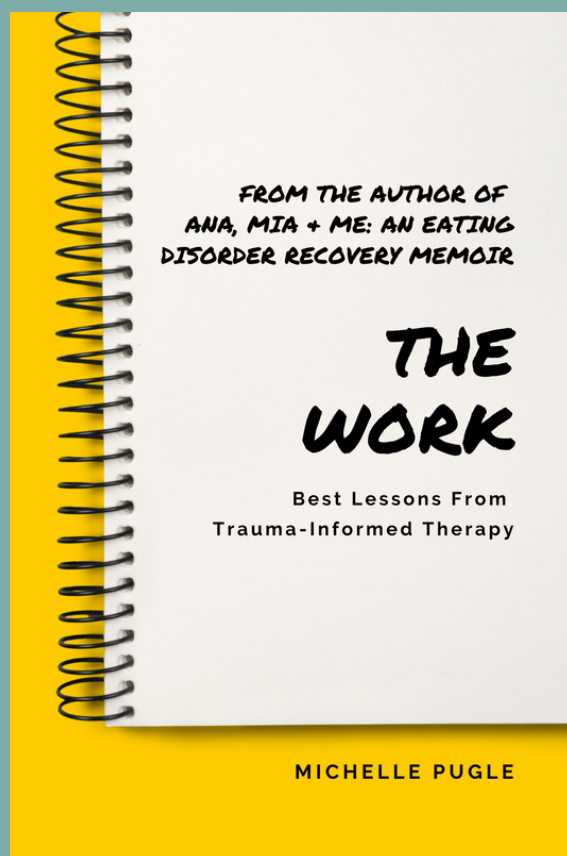
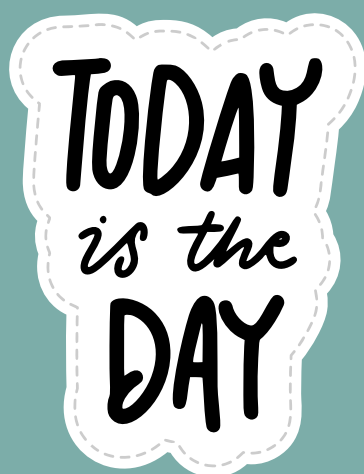
When you find a medication and/or mental health professional to work with, know that dealing with suicidal thinking is complex and may require more than one method of treatment and lifestyle change. Types of professionals you build a care team with include medical doctors, psychologists and psychiatrists, social workers, mental health first aiders, and private (ideally trauma-informed) counsellors trained in suicide prevention.

If you're in a crisis and need immediate support please do everything you can to stay safe. Also know if you call a helpline and don't get what you needed, you can try again or try another crisis line to talk to a trained professional.

### **Safe resources to keep close**

- 1-800-SUICIDE (1-800-784-2433) to speak with crisis line workers anytime of the day or night
- Talk Suicide Canada @ [talksuicide.ca](https://talksuicide.ca)
- Suicide Prevention @ [suicideprevention.ca](https://suicideprevention.ca)
- The National Indian Residential School Crisis Line for Survivors and Family 24 hours a day, 7 days a week at 1-866-925-4419 (toll-free)
- Missing and Murdered Indigenous Women and Girls and 2SLGBTQQIA+ Crisis Line 24 hours a day, 7 days a week at 1-844-413-6649 (toll-free)

The Work: Best Lessons Learned From Trauma-Informed Therapy by Michelle Pugle gives access to 19+ best lessons learned from two decades of cognitive behavioural therapy (CBT) because you deserve access to help no matter what your budget or trauma history is.



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