

Overview

How many people accessed the Crisis Centre's services in 2009?

<u>Program Area</u>	<u>2009 #</u>
Calls: Distress Line & 1-800-SUICIDE	21,095
Distress Emails	26
YouthInBC.com chats	1,983
YouthInBC.com unique visitors	13,229
YouthInBC.com emails	136
Community Education workshop attendees (340 workshops x 26 students)	8,736
Professional Development workshop attendees	368
<u>Total</u>	<u>45,573</u>

How many staff & volunteers does the Crisis Centre have?

- 11 Full-Time and 6 Part-Time staff
- 350+ Frontline volunteers
- A volunteer Board of Directors of 12 people

How much training do volunteers get?

Distress Services volunteers provide emotional support to individuals in distress through the phone and the chat service at YouthInBC.com. Many of our volunteers progress into senior activities, such as becoming part of our peer support, monitoring and interviewing teams. All distress services volunteers are required to undergo over 100 hours of basic & advanced skill/follow-up training as well as 200 hours of distress services shifts over a 1-year period.

Community Education volunteers deliver interactive suicide prevention and stress management workshops to teens by empowering young people to help themselves and each other in times of stress or emotional crisis. Volunteers learn valuable public speaking, group facilitation skills as well as teaching techniques. All community education volunteers are required to undergo 68 hours of basic and in-service training and a minimum commitment of 1.5 years of service (three public school semesters).

All volunteers are trained by experienced professionals with post-secondary degrees in the field of counselling and/ social work. All trainers have experience and training working with individuals in crisis and/or at risk of suicide.

Crisis Intervention and Suicide Prevention Centre of British Columbia
Frequently Asked Questions and Statistics

What are the Crisis Centre's funding sources and expense allocations?

Revenues (2009)

Our Fundraising Efforts & Private Sources Foundations, Corporations, Gaming and Individuals	54%
Governments (Vancouver Coastal Health, 5 Municipal Governments, Provincial Health Services)	35%
United Way	11%

Expenses (2009)

Regional Distress Lines	28%
YouthInBC.com	22%
1-800-SUICIDE Lines	10%
Community Education	22%
Administration	9%
Suicide PIP Initiative	9%

DISTRESS SERVICES

What are the Crisis Centre's Distress Services?

- The distress services are delivered by highly-trained volunteers who believe that listening makes a difference. Volunteers offer emotional support, help explore options and solutions, and can provide referrals to other services available in the community.
- Our volunteers help people discover their own strength and how they can help themselves, by exploring feelings and options to manage their situation.
- Talking about what's going on in their life and how they are feeling to a Crisis Centre volunteer can help a person organize their thoughts and feelings so they may start to explore their options and find solutions.

How can you access the Crisis Centre's Distress Services?

- 604-872-3311 (Greater Vancouver Area) 24/7
- 1-866-661-3311 (Toll Free in BC) 24/7
- 1-800-SUICIDE (Province-wide Network of Crisis Lines) 24/7
- www.YouthInBC.com (Internet-based service for youth in crisis) between noon & 1am

Who can access the Distress line?

- The Distress Line is accessible to people of all ages.
- The Distress Line is equipped with an interpretation service for communicating in more than 140 languages & dialects
- The Distress Line is equipped with a TTY service for the hearing impaired.
- The Regional Distress Line covers Vancouver, Burnaby, the North Shore, the Sea-to-Sky Corridor and the Sunshine Coast (also takes calls from other regions of the Lower Mainland). 1-800-SUICIDE and YouthInBC.com are provincial services.

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What topics are discussed on the Distress Line and 1-800-SUICIDE?

Topic	% of 2009 Calls	% of 2008 Calls
Mental Health/Addictions	44%	39%
Relationships	27%	27%
Loneliness	17%	20%
Other	16%	15%
Information Request	12%	14%
Physical Health	14%	12%
Housing/Finances/ Employment/ Education	12%	11%
Suicide	14%	10%
Violence/Sexual Assault/Child Abuse	4%	4%

Who uses the Distress Line?

GENDER	%
Female	63%
Male	36%
Unknown	1%

AGE	%
0-12	0.1%
13-18	0.8%
19-24	3%
25-35	6%
36-45	8%
46-55	14%
56-69	12%
70+	1%
Unknown Adult	55%
Unknown Youth	1%

YouthInBC.com

What is YouthInBC.com?

- YouthInBC.com is an online resource for youth in distress. The newly redesigned site has four primary features where youth can:
 - **GET HELP** by having a real-time online chat with a trained volunteer or getting email support from the Crisis Centre's professional staff;
 - **LEARN MORE** about common issues and concerns such as bullying, disordered eating, depression and self-harm;
 - **FIND RESOURCES** by connecting to our online library of useful websites and community resources

What are the hours of operation of YouthInBC.com's chat service?

- Volunteers are available to chat from **noon -1am** every day of the year.

What are the goals of YouthInBC.com?

- To offer youth an alternative and relevant method of accessing high quality emotional support and community resources via web-based communication from extensively trained volunteers
- To reduce the social isolation of youth
- To increase the adaptive coping strategies of youth in distress

How many youth access YouthInBC.com's services?

In 2009:

- 13,229 youth obtained useful information and access to local resources
- 1,983 youth obtained one-on-one support with our highly trained volunteers by accessing our instant online chat service
- 136 youth obtained one-on-one email support with professional staff

Who can access YouthInBC.com?

- Youth who need a safe, respectful forum to access support and information, or just someone to listen without judgment
- Our "helpful info" section is great for parents and/or professionals looking for topic-specific information and resources for various youth-related issues

Why is YouthInBC.com needed?

- Youth today are facing issues that we never dreamed of when we were growing up: self-harm, street drugs, and a far more sexualized social environment. At the same time, they are communicating in a different way - through the web.
- Based on current research, youth prefer the online medium as a venue to seek help on serious issues such as suicide and self-harm as the internet offers a more anonymous and confidential option than traditional crisis telephone line services
- Contact with a caring adult can make a big difference in a young person's life, giving hope and allowing them to express themselves. Often when troubles and fears are discussed a person feels a sense of relief and can begin thinking about positive ways to overcome life challenges and get through what once seemed an impossible situation.

Why did you develop YouthInBC.com?

Between 2001 and 2003, calls to our distress line from 13-24 year old youth dropped by 70%. Youth focus groups told us that they prefer using computers connected to the internet as a means of communication.

YouthInBC.com, a web-based hotline, was implemented in 2004. It has been very successful, offering the same empathy, confidentiality and security as the phone line, but in a format that youth feel more comfortable using.

Who is using the online chat at YouthInBC.com?

AGE	2009 #	2009 %	2008 #	2008%
0-12	32	2%	64	4%
13-18	1,126	57%	815	57%
19-24	587	30%	314	22%
25+	103	5%	63	1%
Unknown	135	7%	172	15%

GENDER	2009 #	2009 %	2008 #	2008%
Female	1560	79%	980	69%
Male	340	17%	261	18%
Unknown	83	4%	187	13%

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What topics are youth chatting about?

Topic	% of Chats 2009	% of Chats 2008
Relationships	34%	32%
Mental Health/Addictions	28%	19%
Suicide	24%	23%
Loneliness	19%	20%
Other	17%	16%
Violence/Sexual Assault/Child Abuse	13%	23%
Housing/Finances/Employment/Education	12%	9%
Physical Health	8%	8%
Information Request	8%	7%

*** 24% of chats on YouthInBc.com relate to suicide.**

Community Education

What are the Crisis Centre's Community Education Workshops?

- Suicide Awareness & Response Workshops
 - Grades 8-12 (1 class period)
 - Realizing that youth suicide is a serious problem
 - Understanding that many youth suicides are preventable
 - Recognizing the key roles youth play in preventing suicide among their peers
 - Featuring our new evidence-based Choices2: Reaching Out classroom video
 - Learning key warning signs to watch and listen for
 - Knowing how to ask, listen and connect to helping resources
 - Boundary setting and self-care for peer helpers

- Mindfulness-Based Stress Management Workshop
 - Grades 8-12 (1 class period)
 - Acknowledging stress is a common experience
 - Understanding stress is a physiological reaction to a perceived threat or danger (Fight, Flight, or Freeze response)
 - Identifying our physical, emotional, cognitive, and behavioural indicators of stress
 - Learning mindful awareness principles and techniques to recognize, avoid, and mediate stress
 - Identifying effective and ineffective coping strategies to alleviate stress
 - Understanding implications of unmanaged stress for overall well being
 - Changing perceptions to reduce or eliminate stress

What are the goals of the school-based workshops for youth?

Our goal is to give youth practical skills and information to use in their own lives for personal stress management, and for recognizing and reaching out to friends in distress.

We also want students to know what to do if they themselves are feeling suicidal, so they know how to reach out if they are in crisis.

Why is it important for youth to be educated about warning signs and how to support a friend in crisis?

If we can educate youth about common warning signs to look and listen for,, they'll be better prepared to recognize when friends are in crisis, as well as when friends are reaching out for their help. Research indicates that most suicides are probably preventable. We know that 80% of people present warning signs before taking their lives. Research also suggests that youth are much more likely to share their distress with a friend than an adult.

How many Community Education workshops were delivered in the last year?

In 2009, 340 Stress Management and Suicide Awareness & Response workshops were delivered to more than 10,000 students between Grades 8-12 throughout the Lower Mainland & Sea-to-Sky Corridor.

Suicide and Mental Health

What are the warning signs that someone may be considering suicide?

About 80 % of people who attempt or complete suicide present warning signs to those around them. These warning signs may not include a direct plea for help. Warning signs associated with suicidal ideation include:

- Talking or joking about suicide or dying;
- Making preparations for death (giving away significant possessions, making a will, writing a suicide note, clearing up loose ends, etc.);
- A previous suicide attempt; the suicide of someone important;
- Being persistently depressed or down for more than a couple of weeks; protracted anxiety or agitation; extreme mood swings/bipolarity; outbursts of rage, grief, violence;
- Isolation, withdrawal from previously enjoyed relationships and activities;
- Lethargy, lack of interest, low energy, insomnia or over-sleeping;
- Increased use of alcohol or drugs;
- Uncharacteristic high risk activity, impulsive behaviours;
- Expressions of hopelessness, helplessness, purposelessness;
- Low self-esteem, low self-worth, self-contempt, anger toward self;
- Significant loss(es), such as an important relationship, health, identity, economic security, freedom.

What are some risk factors associated with suicide?

- Suicidal ideation and/or behaviour
- Family history of suicide, suicide ideation, mental illness
- Mental illness (can include):
 - Any mental disorder, co-morbidity
 - Major depressive disorder
 - Any mood disorder
 - Psychotic disorder
 - Substance misuse disorder/addictions
- Medical illness (especially debilitating, chronic, painful, and/or terminal)
- Negative life events and transitions
 - Family discord, separation, death or other important losses
 - Financial or legal difficulties
 - Employment/retirement difficulties
 - Relocation stresses

What can you do if someone shows signs of being suicidal?

- Ask about their feelings
- Ask about their suicidal intent
- Ask about a suicide plan
- Ask about their reasons to live and other supportive factors in their life
- Do not leave a suicidal person alone until you have arranged for the involvement of another appropriate care provider or source of protection
- Establish a safety plan for them to use when they are feeling suicidal
- Consider care needs:
 - Emergency services
 - Telephone and/or in-person crisis/distress/support services
 - Mental health services
 - Medical services
 - Social service providers, community supports
 - Responsible adult they can stay with
- Ensure that follow-up care is arranged
- Where possible, restrict access to lethal means.

Will talking about suicide to a person make them suicidal?

There is no research evidence that indicates talking to people about suicide, in the context of care, respect, and prevention, increases their risk of suicidal ideation or suicidal behaviours. Research does indicate that talking openly and responsibly about suicide lets a potentially suicidal person know they do not have to be alone, that there are people who want to listen and who want to help. Most people are relieved to finally be able to talk honestly about their feelings, and this alone can reduce the risk of an attempt.

What can we do if we think someone is suicidal?

It is important to show a potentially suicidal person that we care and that we are concerned for their safety. It is also important to directly ask the person if they are considering suicide. This shows that we are taking their feelings seriously, and helps to establish if the risk for suicide is real. If you feel uncomfortable asking, it is important that you get someone else to ask. We need to listen to the person – without judgment and by showing empathy. If the person says they are considering suicide, we need to get help for that person by enlisting the help of professionals, such as a family doctor, a mental health professional, a 24-hour crisis line, or even a hospital emergency room if the person is imminently at risk. It is also important to enlist familial, friendship and social supports. If the person is at imminent risk of harming themselves, do not leave them alone until they have been assessed and received help from a competent and trustworthy professional, or until another trustworthy adult arrives to stay with them.

What is the link between mental health and suicide?

Research suggests that 70 to 90 per cent of people who have made a lethal attempt, or died by suicide, were suffering from one or more unmanaged mental health issues – such as protracted depression or anxiety, bi-polarity, psychosis, and/or substance abuse. While the presence of an unmanaged mental health issue is strongly associated with suicide, it is important to note that most people assessed with a mental illness are not at risk of suicide, and that few suicides are wholly the result of a mental illness.

Some additional facts and stats:

- Suicide rates in Canada have been rising sharply for nearly five decades.
- Suicide deaths in Canada numbered 3764 in 2003
- In the past three decades, more than 100,000 Canadians died by suicide.
- Of the 82 countries reporting suicide statistics to the World Health Organization, Canada ranks 26th putting it in the top third.
- BC's suicide rates have remained fairly stable, at roughly 500 per year
- In Canada, men 85+ have the highest rate of completed suicides.
- Suicide is the leading cause of death for men aged 25 to 29 and 40 to 44
- The rate of completed suicides is three to four times as high for males, while females are more likely to attempt suicide than are males
- Suicide is the second leading cause of death for youth aged 15 to 19 in BC, Canada, and worldwide. The Canadian suicide rate for this age group increased five-fold between 1952 and 2002
- In a survey of 15,000 grade 7 to 12 students in BC, 34% knew of someone who had attempted or died by suicide; 16% had seriously considered suicide; 14% had made a suicide plan; 7% had made an attempt and 2% had required medical attention due to an attempt
- In 2003, 4% of male and 10% of female high school students in BC reported making a suicide attempt
- The suicide rate for First Nations people in BC is almost three times higher than for the total Canadian population

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- The suicide rate in Inuit communities ranges from two to six times higher than the national average
- In 1999, suicide was the leading cause of death for First Nations youth between 10 and 19 years.
- A 2003 survey of BC youth reports that in the previous 12 months, attempted suicide rates for bisexual males were four times higher, and for gay males three times higher than for heterosexual males. Attempted suicide rates for lesbians were five times higher, and for bisexual females four times higher than for heterosexual females.
- 70 to 90 per cent of people who have made a lethal attempt, or died by suicide, were suffering from one or more unmanaged mental health issues – such as protracted depression or anxiety, bi-polarity, psychosis, and/or substance abuse.