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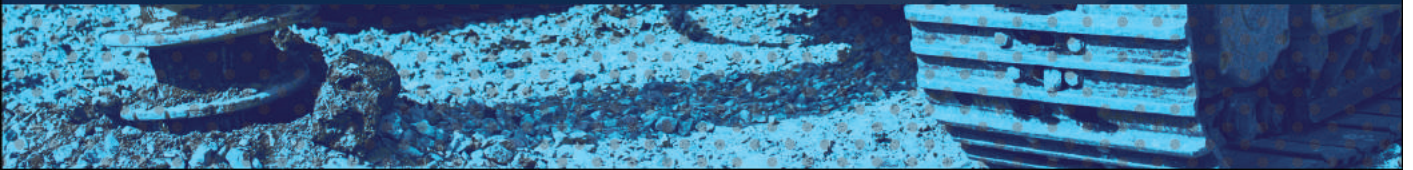
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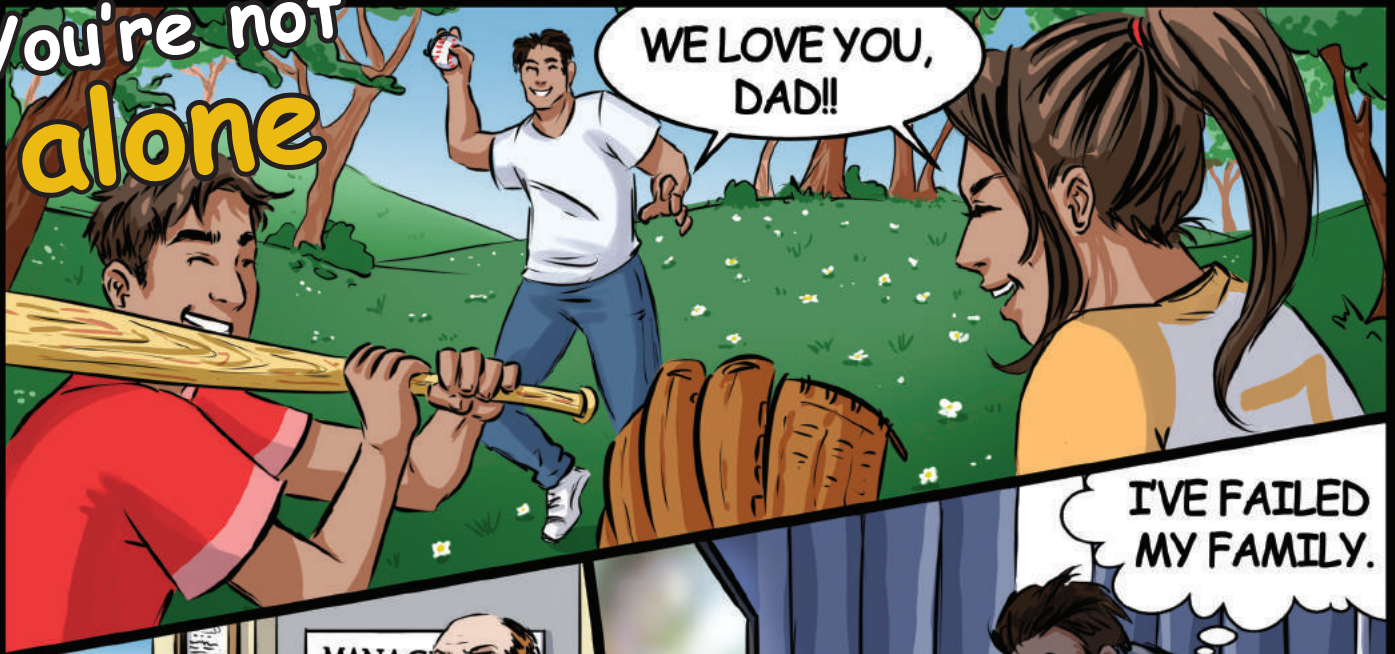


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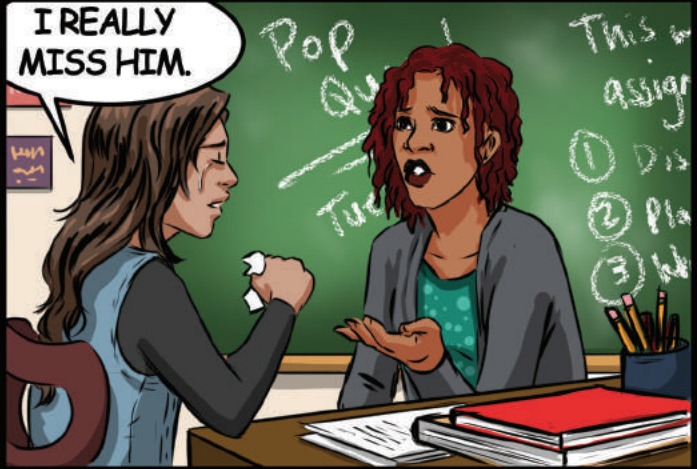
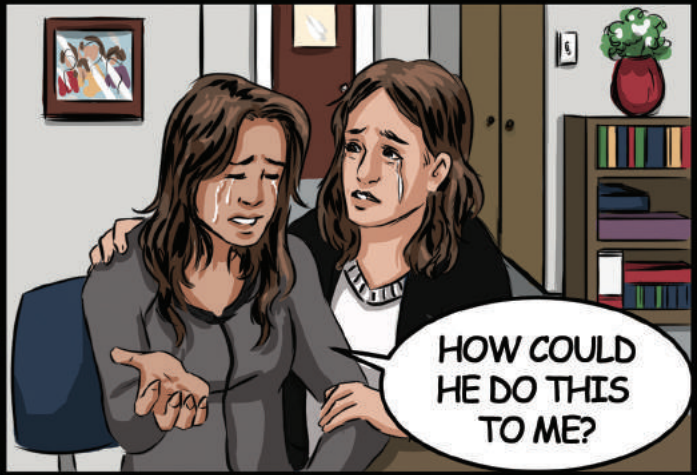

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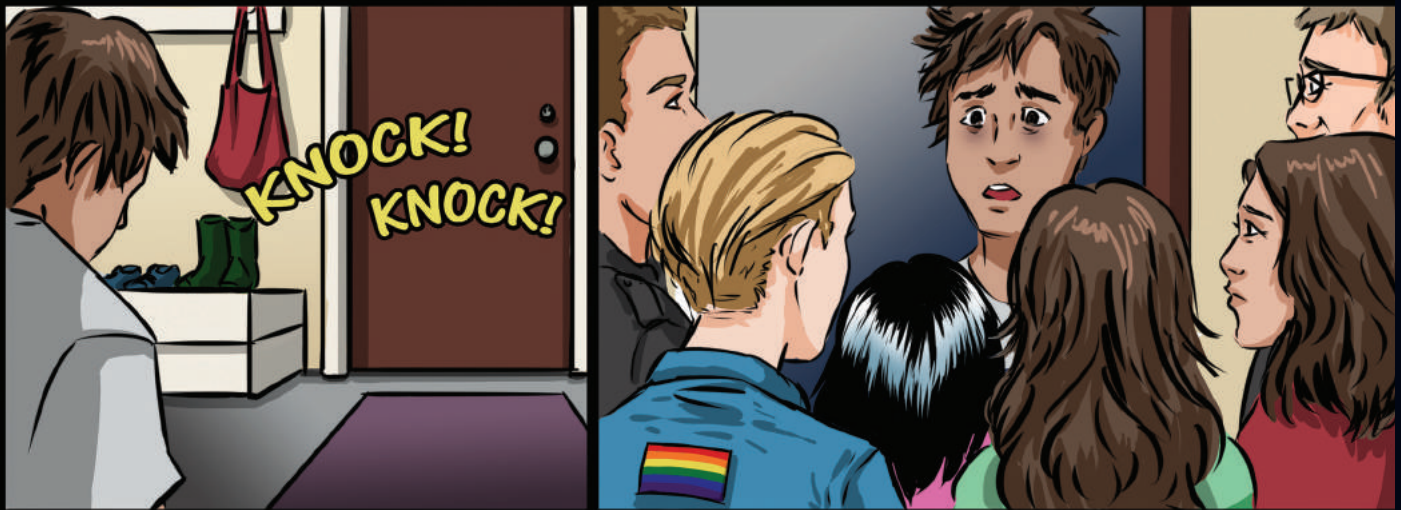
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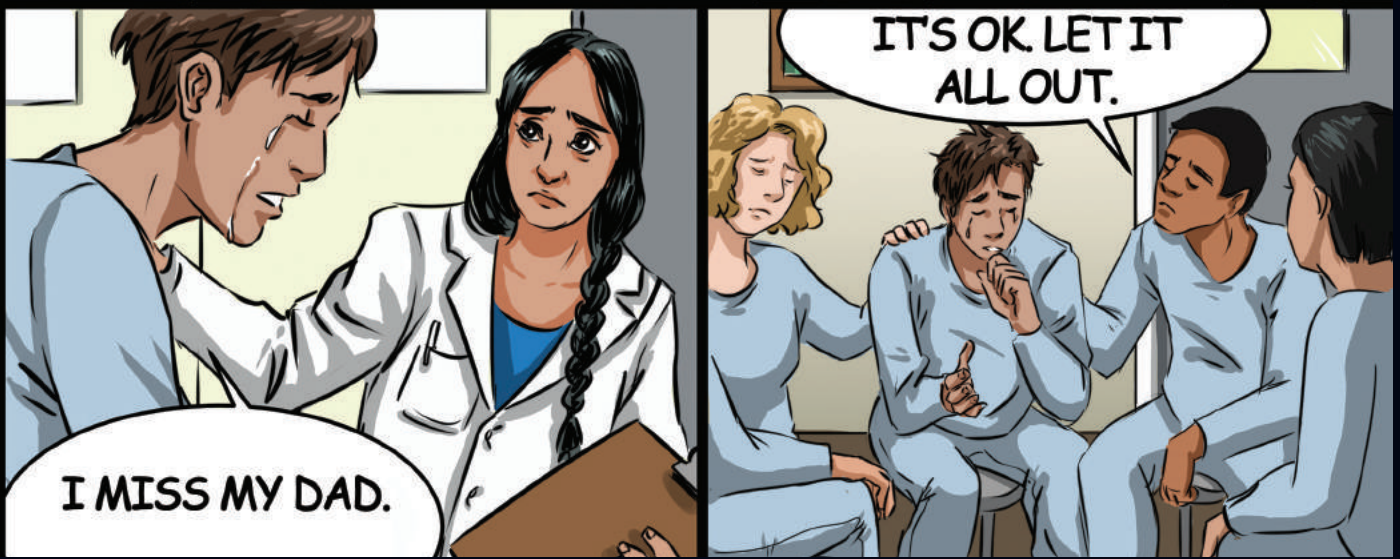


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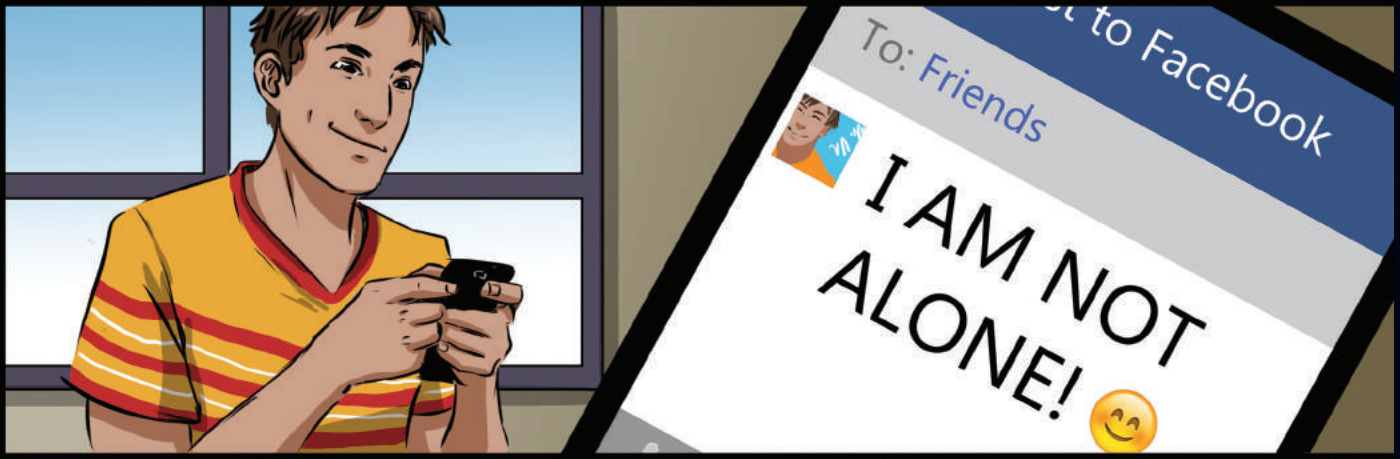
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SUICIDE IS PREVENTABLE

BY THE CENTRE FOR SUICIDE PREVENTION

People who think about and attempt suicide don't want to die: they want a way out of their deep, psychological pain. They describe feelings of being overwhelmed, being stuck, of not being able to see a way out. We work to prevent suicide because it can be prevented: we can shine the light in a person's life to help them see that there is hope in living, that help is available and that they're not alone.

LEARN THE WARNING SIGNS

We all can learn the warning signs of suicide. Any significant change in behaviour is a warning sign for suicide, and this includes things like:

- Change in mood, from happy to sad or even from sad to happy, and anything in-between
- Increase in drinking alcohol or taking drugs
- Change in outlook on life, for example, if someone talks about feeling hopeless and being a burden, this is a warning sign
- Talk about killing oneself and having a plan of how to do it is a major warning sign – contact 9-1-1 if you're seeing these signs.

If you see that someone in your life is exhibiting these warning signs, reach out and talk to them. You can start the conversation that could save their life.

STIGMA REMAINS THE GREATEST BARRIER

Before you can reach out, you have to examine your own attitude toward suicide. Stigma remains one of the greatest barriers to suicide prevention, and if you believe that suicide can't be prevented, then you won't be able to help someone at risk. Ask yourself:

DO YOU BELIEVE SUICIDE CAN BE PREVENTED?

Do you think that, with adequate knowledge and active listening skills, you could help someone at risk?

Do you think that anyone could theoretically get to the point of considering suicide or do you think that only people with certain characteristics and traits would consider suicide?

If you answered "no" to any of the above questions, you may want to learn more about suicide and suicide prevention.

SUICIDE CAN BE PREVENTED

A person who is at the point of suicidal crisis has typically lost all hope and sees no other alternative to their deep, psychological pain than to end their life. When someone reaches out to the person thinking about suicide, they see that people do care about them, and that their life does matter.

Studies have found that 90% of people who were in the process of acting on their plan to die by suicide but were stopped before attempting – either by a passerby, security staff, or police – did not go on to attempt suicide again.

People who think about suicide are desperate for human connection. One man who died by suicide on the Golden Gate Bridge in San Francisco wrote in his suicide note: "If one person smiles at me, I will not jump."

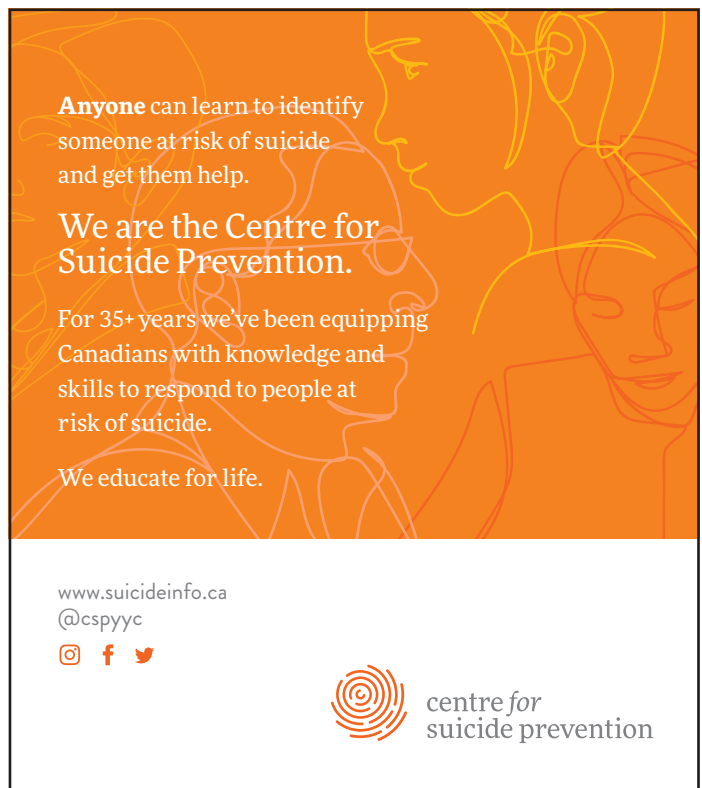
ASK AND LISTEN

With this in mind, your role is to help the person at risk gain back the perspective that they've lost, by helping them identify what they have to live for. While this may seem simplistic, its effects are powerful.

Asking someone about suicide, listening to their response, and helping them see the hope in their lives is an extremely effective form of suicide prevention.

If you are in crisis, call 1-833-456-4566 or visit crisisservices-canada.ca. First Nations people and Inuit can also call 1-855-242-3310 or chat at hopeforwellness.ca.

To learn more about suicide prevention, visit Centre for Suicide Prevention at www.suicideinfo.ca.






Anyone can learn to identify someone at risk of suicide and get them help.


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WHAT DOES A HEALTHY RELATIONSHIP LOOK AND FEEL LIKE?

Everyone wants and deserves a healthy relationship. Unfortunately, many young people have been exposed to so many unhealthy relationships in their lives that they don't know what a truly healthy relationship looks and feels like.

Help youth gain the knowledge and skills to develop healthy relationships and prevent relationship violence

The Canadian Red Cross Healthy Youth Relationships program supports provincial/territorial curriculum outcomes. Teachers can purchase the Healthy Youth Relationships grade-specific lesson packages from shop.redcross.ca and integrate healthy relationship skills into classroom teaching. Youth can take the free Healthy Youth Relationships online course at myrc.redcross.ca.



For more information visit redcross.ca/healthyrelationships

CHARACTERISTICS OF A HEALTHY RELATIONSHIP



SUPPORTIVE

You and your partner can ask each other for help when you need it, and count on each other for support when you need it.



RESPECT

Acting in a way that shows you care about your partner's feelings, needs and rights.



SAFETY

Each person feels comfortable and safe, and not threatened by violence, bullying, discrimination or harassment.



INDEPENDENCE

Making choices and decisions outside of a relationship.



COMMUNICATION

Each person can express their needs, expectations, and boundaries.



TRUST

Having confidence in your partner and knowing they will be there for you.

HOW I SURVIVED DEPRESSION AND FOUND THE COURAGE TO TELL MY STORY



My depression began with spontaneous spurts of crying. I cried on the bus on the way to school. I cried looking at pictures of my neighbor's cat. I cried when I woke up and I cried before going to sleep. At a certain point in time, however, you run out of tears and your body reacts by damaging itself further, so I stopped eating. Food became the least important activity of the day. I ate for sustenance, and at times, water was all I needed to keep going. Until I looked in the mirror and saw the outline of my ribcage poking out, my cheekbones contouring my otherwise chubby face, my legs so thin and weak and unable to carry the weight of what was left of me.

When I no longer enjoyed food, I decided to take things a step further. I was no longer content with crying and lack of food ... I needed something physical to override the mental battle I was enduring. I came up with the theory that when the emotional pain becomes too much, one should occupy themselves with physical pain. And then I believed this theory. And then I lived by it. I saw a pair of orange scissors in my room, and they became my best friends.

I was covered in band-aids and then when time passed by, I ended up with clear scars on several parts of my body. I had lost complete control

of myself. I did not recognize myself anymore. I was never taught about mental illness, and I was far too ashamed to seek help. To admit that you have depression is to validate its existence. I refused to believe I was sick, and I refused to let anyone in. I bottled up all the negative feelings that rendered me a 90lb mess of a person.

A few months went by and my depression became a part of me. I went about my life, thin as a feather; careless as a whisper. Waking up in the morning was the start of a new battle that I could not avoid. My life was going. I continued to suppress the pain by keeping it inside, and it seemed

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to work. Until my most feared – yet awaited – day came. The day I decided to end it all. The day where everything became nothing. The day I became nothing. The day the pain became too much to handle and I decided I never wanted to see another sunrise.

I could see a reflection of myself, attempting to end the life I was given. I had no purpose. I did not belong. And atop the feeling of emptiness, I knew that I no longer needed to exist. I started to imagine my life 15 years ago, but I couldn't remember anything about it, and I thought that death will be exactly like that: a permanent feeling of nothingness. I grabbed my weapon with committed hands, ready to let everything go in spite of the protests inside my head. I saw my reflection crying, screaming, wanting to be gone.

But I couldn't do it.

I woke up the next day, trying to remember the events that occurred before I blacked-out. My eyes were puffy and my hair a mess. I felt so

weak, yet so empowered. I put on my clothes and went to school. I ran into the arms of my best friends, and I bawled my eyes out, trying to recall the disgust I felt and the pain I endured. One minute I was crying with my head buried in my hands, the next, I was in the waiting room of the counselor's office. I still remember the feeling of fear that consumed me. I had never told anyone of my depression and what it caused me to do. I wasn't ready to show that side of me to anyone, but I was frozen still in my seat, waiting for my name to be called out.

I never knew what a therapist's job was, but I know that when I was sat in that very well-lit office, venting out all of the trapped feelings inside of me, I felt a sense of relief like never before. My body was sweating and my eyes crying, endlessly. I can safely admit that I felt good for the first time in years. I never understood the impeccable impact of human connection. The moment I opened up to another person, I felt a heavy weight lifted off my chest, freeing my caged

soul from all the darkness I endured for far too long. I felt free for the first time, and it wasn't until that moment that I realized that I just want to be free.

I was taught to create an outlet for my anger and sadness, and so I did. I picked up my pen and I found the old, dusty, empty notebook that I was gifted on my doomed 18th birthday, and I began to tell my story. I never wanted people to know what I went through, but I knew that I may have some helpful advice for those who feel trapped. I too felt alone and without purpose, like the world was a piece of paper crumbling up around me. But I persisted. And I lived.

Talk to your parents; talk to your friends; talk to the countless amount of counselors that are available to you. When you feel like drowning and unable to breathe, there is always a way out, and it will be worth it in the end when you look back at the turmoil that took place and see yourself as the wounded hero.

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WHEN CHILDHOOD HURTS: **KANE BLACQUE**

“I don’t see myself as a victim anymore, I see myself as a champion,” Kane, a survivor of child welfare, abuse, drug addiction, suicide, and more, said stoically. His demeanor confident, warm, and passionate.

His story began as soon as he came into the world. His entire life had been a constant fight for survival – until now as he stands strong as an activist.

Kane Blacque was born in January 1976. His birth mother was a young woman and a struggling addict. She was only 15 years old when she fell pregnant with Kane.

Only shortly after his birth, Kane would become introduced to unspeakable physical abuse at the hands of his mother, who was addicted to alcohol and sniffing glue.

By his third birthday, his birth mother had been charged with second degree murder in the death of his 14-month-old sister.

At this point, Kane was apprehended and handed to the foster system. He was placed in his first foster home shortly after that, and instead of finding a place of solitude and safety, Kane was repeatedly violated.

The physical abuse from his birth mother would spiral into sexual abuse from his

foster brother – who repeatedly raped and molested Kane. Records state that the Child Welfare system had record of this abuse but didn’t intervene. This was Kane’s first taste of how brutal and corrupt the foster system could be – and would continue to be for many following years of Kane’s young life.

At six years old, Kane was finally adopted out of the foster system with his sibling and moved to a much smaller city with his new adoptive parents.

Kane was hopeful that this transition would put an end to the abuse that he had suffered throughout his life. However, his six years with his adopted family posed their own problems.

Moving away from the big city atmosphere, Kane found himself outcasted by a smaller, close-minded town. He was a gay, Aboriginal boy that often found himself to be the target of bullying in school. He had a difficult time fitting in – and often found his interests being different from that of his peers.

The other children were cruel.

And so was his home life.

His adoptive father was unsupportive of Kane’s flamboyant interests. Kane was

interested in theatre, drama and dance. He had a personality that was larger than life, and his adoptive father tried to shrink that. When Kane wanted to enroll in artistic extracurricular activities, his father would often respond with enrollment in activities that were “better suited” for boys.

The struggle of his adoptive father’s inability to accept Kane for face value was only emphasized with his mother’s fiery temper. Though Kane and his adoptive mother had a more supportive, comfortable relationship, she would become abusive when she was in a violent rage. She would beat Kane with nearby objects when she became angry.

In result, Kane became withdrawn and anti-social. Child Welfare reports cite his frequency to act out with both physical and sexual aggression.

At only 13-years-old, Kane’s adoptive family had requested Kane be removed from the household and put back into the foster system. The province became his permanent guardian. Over the next three years, Kane would be moved throughout over twenty placements.

By 14-years-old, Kane began prostituting himself – often hired by older men, in their late 30-40s. He would go to school during

the day, and then to diving practice. For years, he would finish his day by picking up johns.

In 1991, Child Welfare documents report Kane being allegedly kidnapped and severely assaulted while working as a prostitute. Despite this, there was no resources provided to the boy.

By 16 years old, he became the victim of child predator, Doug Butler.

Butler enticed Blacque into “auditioning” for a sexually explicit film about a gay boy’s coming of age. Butler filmed the “audition” which made Kane a victim of child pornography. Butler was eventually charged with sexual exploitation of a minor and rape years after Kane had first reported the abuse to police, where it fell on deaf ears.

Eventually, Blacque began using drugs and alcohol. He would shoplift, set fires and continued prostituting. He dropped out of high school and quit diving. He attempted suicide many times, however, his attempts were never taken seriously by his case-workers. Help was never offered to the boy that was failed repeatedly by the system.

Psychiatrists would label him as “extremely manipulative” and would suggest that his suicide attempts “can not be taken seriously”. The healthcare and child welfare system refused to intervene and offer Kane help. Years later, Blacque would end up being diagnosed with major depressive disorder and bipolar disorder. These disorders are now being treated with medication, however, they went untreated for decades due to the disinterest of help from the system.

By 18, Kane was fueled by drug addiction and began with a high-end escort agency in

Edmonton. He was one of the highest paid escorts in the city and the agency supplied him with a car and bodyguard.

Alongside all of the abuse, neglect and trauma that Kane Blacque has suffered throughout his life, he also was completely stripped of his Aboriginal identity by the province. Throughout the years, child welfare documents have switched from naming him as “Metis” to eventually “Caucasian”.

Blacque is a survivor of the “Sixties Scoop”. From the early 1950’s to the late 1980’s, Canadian Indigenous children were taken from their homes and placed into predominately non-Indigenous families. This was fueled by the Indian Act of 1952, where the province had jurisdiction over Indigenous child welfare. This act was devastating to Aboriginal communities across Canada, and ultimately, to the Indigenous children that were completely assimilated into a primarily Caucasian culture – with no recognition or respect paid to their roots.

Decades later, Blacque is still fighting with the Federal Government to be granted his status as Metis, that was unfairly denied to him years ago.

Though faced with years of unimaginable adversity throughout his life, Kane Blacque now finds himself in a loving and supportive relationship with a meaningful job. He is a proud dog dad to his Beagles.

Today, Kane’s only vice is smoking cigarettes and he has worked for SOS Safety Magazine full-time for five years now. He has been with his fiancé for six years.

Kane is an example of a man that came out on top and conquered every difficulty that



was imposed on him.

When asked what advice he would give to somebody else going through similar circumstances, he answered, “Find a reason to fight. Just keep fighting. You fight to stay alive.”

He is now a keynote speaker for the magazine and is currently writing a book about his life experiences. He strives to be an advocate for men, boys and LGBT youth.

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OVERCOMING SUICIDE CRYSTAL'S STORY



At 9:30 AM, I received a call from my brother's girlfriend. She told me that my brother had taken his own life. I dropped to my knees and I screamed in horror: "NOOOOOO!" over and over again. I screamed in great pain. My heart was shattered. Nobody in the office stopped me from screaming. At that moment I felt uncomfortable in my skin. I wanted to tear my clothes off.

POST-TRAUMATIC STRESS

I dealt with more than a year of post-traumatic stress and my biggest fans were my soul sisters. They would come over to clean my house, bring me food, go for walks, and to just be there for me. I was devastated. My brother was my best friend and I was his mother hen. I always wanted the very best for him and tried to give him guidance and love. I lost my desire to live. I felt this incredible need to pray for him and myself every day. I even walked into a church five days after the funeral. I begged the priest for help. I asked him to pray for my brother and for me because I was concerned with what would happen to his soul.

I wanted to run away. I didn't want anyone else to say, "Sorry for your loss!" I was beyond sorry. I had bags

under my eyes from crying so much – I was like a fountain of tears. I couldn't turn it off. I went from this confident, bubbly woman to a person I didn't recognize. A very good friend kept bugging me to try yoga and finally, almost 10 months after his death, I agreed to meet her. I attended a sixty-minute class and I walked out amazed. For sixty minutes, I didn't cry. I didn't think of my brother. I wasn't an emotional rollercoaster. Being the victim of a suicide is a ride of emotions: fear, anger, and sadness. It is a ride down a deep hole of darkness that I don't wish upon anyone. I knew I wanted off that ride. I wanted out of that hole and I knew that for me, the answer was yoga. Five classes later, I decided to be a yoga teacher.

A JOURNEY OF HEALING

This was the beginning of my journey of healing. I started seeing a therapist, Travis Pederson, who helped me with my daily panic attacks. They were always in my chest; it felt as if I was suffocating. Every night, when I closed my eyes, I would see my brother on the stretcher, dream about kissing him on the cheek, and saying goodbye. Travis used hypnotherapy and tapping treatment to wipe out that memory and after many treatments it

truly began to work. I did all of this while taking my yoga instructor training course. I had to learn how to fall in love with myself all over again; fall in love with the simplicity of life like the changing of the seasons. Most importantly, I had to learn how to be grateful for the good things in my life. It's like being reborn and learning everything all over again.

A good friend had me see an East Indian guru. The guru told me to give my brother's favorite food to the homeless shelters every month for a year on the day of his death. I enjoyed how this made feel. A fellow yoga teacher and I went every Sunday for a year to hand out donuts and pastries to the homeless standing outside the Bissell Centre in Edmonton. That same year, a few of my good friends and I helped feed a Christmas Day dinner to over five thousand homeless people at the Shaw Conference Centre. To give my love unselfishly was the best feeling in the world. My heart began to open up and I started to love again. I understand now, five years later, why the guru said that giving with the heart heals all wounds. Caring, showing acts of kindness, and sharing love brought me back to the woman I once was.

CONNECTING MIND, BODY, AND SOUL

Another good friend of mine took me to the Telus World of Science to see the “Body Works” exhibit, and I was fascinated with the fact that the neurons in our brain run down our spine at a speed between two hundred and fifty, and one thousand miles per hour. After learning this, I put science, meditation, and the physical act of yoga into my recovery. This was my “Ah-ha!” moment: Learning how to bring my focus to the present and feel peace, to feel comfortable in my own skin; learning how to release happy hormones or love hormones upon demand. This was the beginning of taking control of my mind and beginning to live for myself, the beginning of understanding my vibration of life, and the beginning of connecting my mind, body and soul. I now mediate morning and night and always give gratification to a “higher love”, including loving myself and all living things around me.

Now, I encourage you to find your outlet. Find your passion and let your loved ones back into your heart. Stop being a hermit! Ignite your fire.

I was touched by Angel.



I saved myself.



I have a desire to be happy.



I have a desire to love me.



I have a desire to help other people.



Believe in a higher love



Whether you take dance lessons, sing, climb, or run, these things allow you to live in the moment and release your happy hormones: serotonin and oxytocin. This is the best high in life. Surround yourself with people that make you laugh and giggle because that will also put your mind in a state of natural high; a state of living in the now. As I said, it's like being reborn, so try to put yourself in a playful, child-like state. Ask yourself: What did I like doing when I was a child? Whatever the answer, just do it! This is your true self. Playing, laughter, and love will heal your heart and connect your mind, body, and soul.

It's been five long years of healing and I continue teaching, evolving, and taking workshops. Post-traumatic stress is just a roadblock on the journey to happiness and bliss.

I AM NOW A SURVIVOR OF SUICIDE.

Namaste

CRYSTAL LOZINSKI
SOS SAFETY MAGAZINE

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4 UNSPOKEN WAYS TO SUPPORT A FRIEND WHO'S LOST SOMEONE TO SUICIDE

A photograph of two people sitting on a sandy beach, viewed from behind. They are wearing hooded sweatshirts, one dark and one grey. They are looking out at a calm ocean under a bright, overcast sky. The person on the right has long hair that is blowing in the wind.

Suicide accounts for nearly one-quarter of deaths of people aged 15 to 19 in Canada, making it one of the leading causes of death for teens. That means many of us know someone who's lost a friend or loved one to suicide.

It can be hard to know how to react when a friend loses someone to suicide. They're grieving, and when someone is grieving, sometimes words fail us. What can I say to make them feel better? What will make it all go away?

The truth is, while there's nothing wrong with offering words, support doesn't always have to come through what you say. So here are four unspoken ways to support your friend when they're grieving a suicide.

JUST DO SOMETHING

After a suicide, it's easy to worry about saying or doing the wrong thing. Many people, afraid of doing something wrong, choose to do nothing.

Don't.

Your friend is dealing with a lot of strong emotions. He may not have the presence of mind to do the little, everyday things that he normally does. Anything you can do to help him in small ways can be majorly helpful.

You can do things like collect your friend's homework and bring it to his house, or offer to drive his younger sibling to basketball practice so that he doesn't have to. Buy his lunch on his first day back at school so he doesn't have to pack one, or bake cookies and drop them by his house. Offer to mow his lawn so he can focus on other things.

Whatever you say you're going to do, follow through with it. Be reliable. If you've promised you'll brush the snow off his car after school, make sure that you get to the car before he does, armed with your snowbrush so that when he gets there, he can just get in and drive.

If you're not sure about a specific chore or action, ask your friend if it's ok for you to do it. Be specific; don't say, "Let me know if there's anything I can do." Say, "Could I come over tomorrow after practice to drop off this card that our whole team signed?"

Bottom line: Don't worry too much about whether you're doing the right thing. Just show up in the best way

you know how.

BE PATIENT

Your friend may not seem like herself during the time immediately after the suicide. She may act in ways that surprise you or say things that seem out of character.

Just remember, if your friend seems to be acting differently, or saying things that don't sound like her or don't make sense, it's because something huge has just changed in her life. So don't expect every decision she makes or every word she says to seem rational to you, especially when the grief is fresh. She's finding her own ways to cope. Your friend will eventually be able to return to something resembling normal, but it may take some time.

And that's ok.

Try not to take it personally. It's not about you. What your friend needs most is for you to just be patient and let her do what she needs to do to cope with what she's feeling.

LISTEN AND BE THERE

When your friend is grieving, sometimes the best thing you can do is listen. You may want to share your thoughts, but he may need to talk it out.

If your friend opens the conversation and starts to share, don't offer your words. Just listen. Let your friend process his thoughts, questions, and feelings verbally. Let your friend feel heard. Sometimes, the most important thing to a person reeling from a loss is

not what you say – it's your presence. He may not say it, but he will appreciate that you took the time to listen to his pain and make no attempt to tell him how to grieve.

After a suicide, more than ever, your friend needs to feel connected and cared for, especially if he's just lost a friend or family member who was part of his support system. Make sure you listen to him if he needs to talk.

KEEP CHECKING IN

Many people will tell you that grief often lasts longer than sympathy. During the first few days and maybe even weeks after a suicide, there is usually a massive outpouring of love and support. But one by one, the goodwill begins to fade as sympathy-bringers get over the shock and start to move on.

But one of the most helpful things you can do is check in with your friend months after the suicide. Chances are that, if she was close to the person, her grief didn't end when the well-wishers stopped coming by. Set a reminder in your phone to check in on your friend on especially difficult days – like their friend's birthday, or the anniversary of their death, or maybe even just a random Tuesday. And keep it up months later – or even a year or two later.

Your friend will appreciate that you have shown care long after the funeral is over. It doesn't have to be big – even a simple text saying, "Thinking of you" or, "I'm here for you" can mean a lot.

A DIFFERENT APPROACH

After a suicide, the thing that matters most is you showing up to support your friend in whatever way you know how. Be there for your friend, listen, and remember: a lot of the time, the best support you can offer isn't your words – it's your presence and your actions.

WHEN A CHILD DIES BY SUICIDE

Joy Pavelich lost her son, Eric, to suicide in September 2013. She shares her own reflections on loss and grief.

There are elements of common thought that, as a grieving parent, I found myself suddenly immersed in after my son died by suicide: the most significant loss that you can face is the death of a child, the most complex grief is suicide, and it doesn't get better – you simply learn to live with it.

In the days, weeks and months – now extending past the first year – since Eric died, experience proved itself to being the ugliest teacher of all. In the lessons that emerged as part of my grief journey, there certainly were elements of truth in these simple statements, but they weren't necessarily my truth.

While I can say with certainty that my grief is unlike anything I've ever experienced in its intensity and capacity to endure despite the passage of time, I have learned my grief isn't any more or less difficult than that of my two sons – it's just different. Birth order meant that Eric was the glue in the middle of the sandwich of brothers, and his presence equally valuable to each of us; mother and siblings.

My grief is great, but as I watch his brothers struggle to learn to live again, without one of their best friends, I have become acutely aware that I don't have a monopoly on grieving Eric's death.

As for me, a parent who for years watched her son struggle under the weight of a mental illness, I would have to say my personal journey has been less focused on the 'How?' or 'Why?,' but instead on a life that ended out of the natural death order.



The loss of my son left me with far more than a few dark days. Some I was prepared for, others caught me by surprise.

The early days were almost unbearable, and I didn't think I could survive the intensity of the loss. His belongings remained (and remain) untouched, and his photos grace our home as though he still lives.

His birthday and Christmas came in rapid succession after his passing. As a family, we were paralyzed. We learned that the anticipation of those days, the worry that preceded them and how we would get through, was hard to navigate. But, the day itself was often more bearable than the days and weeks before.

Mother's Day was different. I wasn't worried about it being difficult. After all, I was still a mother and in my mind, nothing had changed, not even losing a child had changed that fact. But nothing could have prepared me for the dark hole I fell into the days leading up to it. Other than the day Eric died, no other day has caused my mother's heart as much pain.

The one year anniversary has passed, and we suffered as a family leading up to this critical date. After that anniversary, we seemed to collectively realize we had passed all of the firsts, and living with the loss was becoming our new normal.

Nowadays, I continue to vacillate between moments of "normalcy" and difficulty finding my breath; although, the days of normalcy are beginning to outnumber days of panic.

If there is a lesson in this for me, it has perhaps been that grief is an individual journey. There is no right way through it; we can't predict or control much; we simply have to make our way through to the other side, or wherever it is that we end up. In that process, there is no right or wrong way.

As a family who was exceedingly close – so much so that it was often a conversation piece – the fracturing of our family unit found us floundering for personal survival, and realignment took time and continues to reconfigure itself.

Although I continue to wish back the years, I go on with the understanding that I will never be the same. The tragic passing of the ones you hold dearest to you is life-changing, but life itself does eventually go on. You slowly learn how to breathe again, and, eventually, to laugh. How that looks will ultimately be up to you.

For more information, please visit YouthSMART

Article written by V. Joy Pavelich and originally appeared on CMHA Calgary



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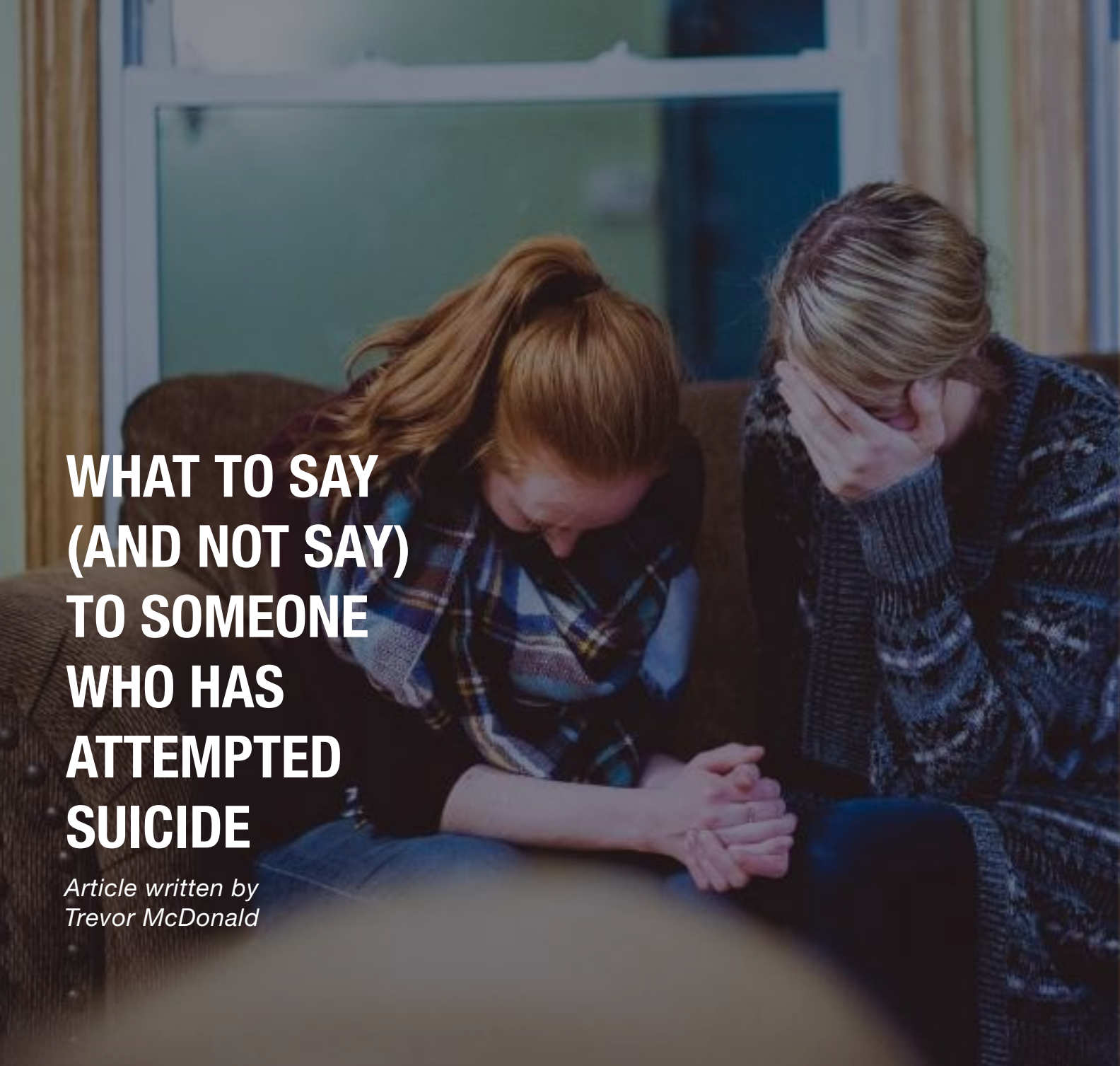


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WHAT TO SAY (AND NOT SAY) TO SOMEONE WHO HAS ATTEMPTED SUICIDE

Article written by
Trevor McDonald



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When someone you care about attempts suicide, the news can rock you to your core.

And then the emotions come rushing in like a tidal wave.

You're thankful that your friend is still here, but completely shaken by how close you came to losing him or her. You almost can't help your emotions as they gush out in the form of words.

But it's important that you practice some restraint.

Because this is a very delicate time in your loved one's life, and you don't want to say the wrong thing. Now is the time to take a deep breath. You're in the right place.

Here are some ideas for what to say (and what not to) when someone has attempted suicide.

Let's start with some words of encouragement:

I LOVE YOU

These are simple words that you may have said a thousand times before. But in a time like this, don't let those words go unspoken. This one is for your sake as much as it is for your friends. But you should know that now, more than ever, they need your love and support. Give it freely.

I'M SORRY THINGS GOT SO BAD FOR YOU

When someone attempts suicide, oftentimes, others will try to mini-

mize the struggle with platitudes that simply aren't helpful. And it's easier to fall into that camp than you may think. Instead, express your sympathy in a way that's supportive. Acknowledge that he or she must have felt like suicide was the only option (because no one actually wants to feel this way). Acknowledge the very real pain that brought your friend to this point.

I'M HERE FOR YOU

Now is a good time to remind your friend that you're there for him or her. You may invite your friend to call or text at any time, and be there to talk. You don't have to understand the struggle or the suicide attempt. You only have to be there to listen.

But don't stop reading with the words of encouragement. What not to say is just as important as what to say to a friend who attempted suicide.

Here's what NOT to say to someone who has attempted suicide:

I UNDERSTAND WHAT YOU'RE GOING THROUGH

Even if you've had suicidal thoughts or made an attempt yourself, you don't know what this person is going through. Everyone's struggle is unique, and you run the risk of trivializing their feelings this way.

When you say something like this, what you're really trying to communicate is that your friend isn't alone.

So, try approaching it from that perspective. Instead of trying to relate to your friend's very personal experience, spend time telling him or her that you're there for the long haul and whatever it takes.

WHY DIDN'T YOU GET HELP SOONER?

You may be feeling this question on a deep level – because you're also filled with many emotions right now. But be very careful about actually saying something like this. This falls into the category of victim blaming, and it's counterproductive. Remember that your friend is at a low point, and now is not the time to suggest they've done something wrong.

SUICIDE IS SO SELFISH

This is something else people say that blames the person who attempted suicide. Again, it's not productive right now. Your main goal should be to lift your friend's spirits instead of breaking them down. Think of this time as depression management, and avoid saying anything that could potentially worsen your friend's depression.

When you get to talk to a friend who has attempted suicide, remember that this is an extremely fragile time. Before you say anything, think about whether it will benefit your friend. In cases like these, you may find that the words you really want to speak are for your own benefit. And while your feelings are important too, this time is for your friend.

FIGHTING SUICIDE & AMPLIFYING HOPE WITH THE CENTRE FOR SUICIDE PREVENTION

SOS Safety Magazine had a chance to speak with Crystal Walker, Communications Coordinator at the Centre for Suicide Prevention, about suicide in Canada, how families and teens can start an effective dialogue around the subject, and what their organization is doing to provide resources, support, and leadership to those who need it most.

CAN YOU TELL OUR READERS A LITTLE BIT ABOUT THE CENTRE FOR SUICIDE PREVENTION?

The Centre for Suicide Prevention is a centre of excellence based in Calgary, Alberta, Canada and a branch of the Canadian Mental Health Association. We are educators. For over 35 years, we've been equipping Canadians with the information, knowledge and skills necessary to respond to people at risk of suicide. We educate online, in print, and interactively. Our library of over 45,000 suicide-specific items, which is the largest English-language collection of its kind, informs the work we do.

What are some of the ways your organization helps people?

Education is a best-practice in suicide prevention: anyone can be the person who helps someone at risk of suicide. Each year we train thousands of people from hundreds of different organizations to be able to recognize someone at risk and connect them to the help they need.

TYPICALLY, WHAT IS THE AGE RANGE OF PEOPLE YOU ARE HELPING?

Our online resources are accessible to anyone with a computer, and we do have resources specifically for youth, on our [suicideinfo.ca/youth-at-risk](https://www.suicideinfo.ca/youth-at-risk) website. Our workshops are for anyone over the age of 18.

WHAT KIND OF RESOURCES DO YOU PROVIDE TO PEOPLE IN NEED?

Our resources range from infographics providing general information about a topic to editorial articles that delve into the research to present an informed, thoughtful discussion. Our workshops equip people with the skills and knowledge to help someone at risk of suicide.

DO YOU HAVE ANY ADVICE FOR PARENTS TO TALK TO THEIR TEENS ABOUT MENTAL HEALTH AND SUICIDE PREVENTION?

When speaking about suicide generally, it's important to note that: Suicide is complex because people are complex. There is never any one reason that a person will die by suicide, instead, there are several factors involved, often including mental illness and external life stressors.

It's also important to recognize that people who are suicidal don't actually want to die, they want the pain of living to stop, and that's not the same thing. People who consider and die by suicide are in such deep, psychological pain that they can see no other way out of that pain than death. However, when given the option of help, people will take it.

More often than not, people do show some sign to others that they are struggling. It's important to know the warning signs of suicide and to be there for our friends and family members so we can recognize when a significant change, which is a major warning sign for suicide, has occurred. That way, we can reach out to them, ask if they're okay, if they're thinking of suicide, and if they say yes, we can connect them to mental health supports.

Suicide is also not anyone's fault. No one can be blamed for the suicide of a friend or a loved one, including the person who died,

themselves. Again, suicide is complex and there is a whole host of factors that play a role in someone's decision to die, not the least of which is their deep psychological pain.

Here's some info from our Youth at Risk page for adults (<https://www.suicideinfo.ca/youth-at-risk-adults/>) – this is specifically about how to talk to a teen you think is suicidal.

HOW TO TALK TO A SUICIDAL TEEN

Communicating with a teen who may be thinking of suicide is difficult, but it could save their life.

DO:

Assure them that help is available and that you're there for them.

Stay calm, be compassionate and non-judgmental.

Listen and let them express themselves.

Gently ask questions until you have a clear understanding of what they're feeling.

Be patient if things are not immediately apparent or reasonable to you.

Start the conversation with "I" statements: "I heard you say you don't want to be here or that everyone would be better off without you. I am really concerned and want to talk more about this with you."

Use open-ended and direct questions to get them talking. When necessary, encourage them to elaborate or clarify. "Tell me more..." "I am not sure what you mean..."

Remember their perspective and validate their feelings. "It must've been hard for you when your friends didn't invite you to come out with them. It hurts to feel left out."

Identify the positives, and remind them that they have reasons to live. "You've talked a lot about your friend, it sounds like they're really important to you and you have a good time together."

Pay attention to their body language; even if they say they are fine, they may show their true thoughts and feelings through their gestures and facial expressions.

Trust your instincts.

DON'T:

React with anger, shock or frustration at what you may hear.

Jump in to try to fix their problems.

HOW TO ASK IF THEY'RE SUICIDAL

First, it's important to accept the possibility the teen may be at risk of suicide.

Then, make them feel comfortable; it helps to let them know feelings of suicide are nothing to be ashamed of. "Sometimes when people are going through a really hard time they think about suicide."

In a straightforward manner, ask them if they're thinking of suicide. "Are you thinking about suicide?" "Are you thinking about killing yourself?"

If they say yes, ask them if they have a suicide plan. "Do you have a plan of how you would do it?"

If they say yes, ask them if they have the means to do it (access to the way they plan to kill themselves). "Do you have access to the pills you're thinking about using?"

If the teen answers yes to the last two questions:

Get them help immediately.

Do not leave them alone.

Take them to the emergency room or call a crisis line (1-833-456-4566) for advice.

IS THERE A CERTAIN AGE RANGE THAT IS MORE AFFECTED IN CANADA THAN OTHERS?

Yes. Middle-aged men die by suicide most often.

In Canada, in 2015, there were 4405 suicides. 3269 of these suicides were male (Statistics Canada, 2018). Men aged 40-60 have the highest number of suicides. Women attempt suicide more often than men BUT men die by suicide three times more often than women (Statistics Canada, 2014).

As for youth, suicide accounts for 24% of all deaths among 15-24-year-olds (2011). Teens are admitted to hospital for suicide attempts more than any other age group; some accounts suggest as many as 1/4 of all suicide attempt admissions are for teens. However, the number of suicides for both boys and girls in Canada has been relatively consistent

in the last 10 years and suicide remains the 2nd leading cause of death for young people in Canada.

DO YOU HAVE SOME INTERESTING STATS FOR OUR READERS?

Besides the stats we've already shared, we would like readers to know that all suicidal thoughts or threats must be taken seriously. If you are concerned about someone, tell an adult about it or call the crisis line at **1-833-456-4566**.

If your friend is thinking about suicide, do not keep a secret. You need to tell an adult who can help.

You can make a difference in the lives of your friends and family. Really being there for people and letting them know you care is as simple as asking questions about how they're doing and being a good listener.

What's some advice you would give to someone struggling with depression and suicidal thoughts?


Help is always available. If you're struggling with thoughts of suicide or with your mental health in general, reach out to a friend, a family member, or an adult that you trust. You can always call the national crisis line at **1-833-456-4566**, text at **45645** or chat at www.crisisservicescanada.ca

Being unwell, whether physically or mentally, is not a sign of weakness or failure. Looking and asking for help is a sign of strength. As difficult as it is, the first step to finding solutions other than suicide is to ask for help.

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Text 45645 or call 1-833-456-4566.

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www.suicideinfo.ca centre for suicide prevention



SURVIVING SUICIDE AND THE PAINFUL AFTERMATH

No one talks about life after a suicide attempt – because there isn't supposed to be an after.

This month, National Geographic is featuring the story of Katie Stubblefield. To quote their first line “This story is difficult to look at.” But it is also difficult to talk about. Her story is unique, not only because she attempted suicide and survived, but also because afterwards, she needed 22 surgeries to reconstruct her face. At age 21 she has become the world's youngest face transplant recipient.

The story in National Geographic mostly covers the 31 hours that the procedure took. But Katie's story is

so much more than a surgery. You can read her story here. And as you do, keep these things in mind.

1: HEALING AFTER A SUICIDE ATTEMPT IS MORE THAN MENDING PHYSICAL WOUNDS.

For Katie, there was lots of physical damage that needed to be repaired – but for others, the wounds are less visible. For all, however, the emotional pain is deep. Suicide is a traumatic experience. There is no other way to think of it. It's traumatic for everyone involved. The pain that drove someone to the point of suicide doesn't just “go

away” if they survive. In fact, that pain is probably compounded by feelings of guilt, shame, and also feelings of failure. Suicide survivor and Mighty writer, Lucy, put it this way in her article “Returning to Life After a Suicide Attempt”:

“When you attempt suicide, there's not supposed to be an afterwards. It's supposed to be an ending, not the beginning of a whole new horrendous chapter. No one tells you what it's going to be like to live through the aftermath...”

Yes, I still bear the mental scars of my suicide attempts. Those attempts have changed me in a way I can never undo. I'm a different

person than I was before. I crossed a line we're not supposed to go near. I prepared, when I took those tablets, for one outcome. The one I got was entirely different.

I've lived through an experience I wouldn't wish on anybody else. I'm glad to be alive, something I once thought I would never be."

The healing process needs to be more holistic, and just because someone looks OK on the outside doesn't mean that they are well on the inside.

2: THE MEANS IS PART OF THE STORY, BUT NOT THE FOCUS.

Most reporting guidelines say to leave out how a person attempted suicide. However, there are exceptions. Katie shot herself in the face, this is part of her story. It explains the need for such extensive surgeries and ultimately her face transplant.

The reason for leaving out the attempt used is because these details can inadvertently be used as a "how to" for people thinking of suicide. The guideline states "Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death."

However, in some cases — like this — hiding the means hides a significant element of the story. National Geographic offers more detail than necessary when describing the type of gun she used.

We only need the bare minimum on these types of details, to help explain the story — not to steal the focus.

3: KATIE'S SURGEONS WORKED VERY HARD TO GIVE HER A SECOND CHANCE, BUT NOT EVERYONE IS TREATED SO WELL.

More than not, suicide attempt survivors are treated with an air of contempt for "doing it to themselves". It's fair to assume that not every doctor Katie came across was supportive and compassionate, but through the depiction of her story in National Geographic, we see her surrounded by smiling nurses and applauding surgeons. For many people who find themselves in the ER after a suicide attempt, their team of medical professionals come across a lot less caring. Many patients report feeling like they aren't taken seriously. Another Mighty writer and suicide attempt survivor wrote it this way:

"I felt like I wasn't even a patient, let alone a person. He talked to the other nurses about my cut like someone gossiping about some drama. They made it seem like my wound wasn't even attached to a person..."

Holding back tears, I tried to explain that for me self-injury is an addiction. But [the doctor] told me this was a choice.

'Why should I even help you?' she said. 'You're just going to do it again.'

Those words cut me deeper than I have ever cut myself. This doctor —

a person who has taken an oath to help those who need it — was telling me I wasn't worthy of help or compassion. I finally got myself to go to the emergency room for a self-inflicted injury, something I probably should have done in the past, and I was being treated like I was wasting their time."

Suicide attempt survivors need and deserve as much effort, care, and resources as anyone else. They won't be ungrateful, and they are not unworthy.

IN SUMMARY

Katie is not a cautionary tale of what might happen if you attempt suicide, she is inspirational in what healing can look like after an attempt. Her story is dramatic and revolutionary (in that her face transplant is being funded by the US Department of Defence to pave the way for young soldiers with similar injuries).

However, not every survival story needs to be dramatic to be relevant.

Katie's story deserves to be told just as much as yours. Even if it's just to a friend or family member — you matter. Katie is just an example of one woman, and we hope she sets that bar for the level of care that each survivor deserves.

Suicide prevention and help resources:

If you or someone you know is struggling in this area, please visit our "Get Help" page for your region.

If you are currently in crisis, please call 911. If you are not in a state of emergency, please visit the Canadian Association for Suicide Prevention and find the number for your area.



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Fax: (204) 484-2016



We are a non-medical unit offering an eight-week, gender-specific, in-patient, KNOW Drug and Alcohol Residential Treatment Program with six sessions per year – three for men and three for women. The emphasis is on indigenous cultural, spiritual and traditional practices, blended with contemporary techniques and treatments.



In-House Workshops



Cultural Ceremonies



Recreational Activities