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Newsletter of the
CENTRE FOR RESEARCH AND INTERVENTION ON SUICIDE AND EUTHANASIA

Info CRISE

A brief overview of CRISE's 7th Summer Institute

By Jonah Engle

From June 1st to the 3rd, 2011, 80 people in the field of suicide prevention participated in CRISE's 7th Summer Institute. This year "*Life After a Suicide Attempt*" was the theme with a dozen presentations by researchers, psychiatrists, community



healthcare workers and anthropologists.

In his opening remarks, Professor Michel Tousignant, a member of the Institute's Organizing Committee, reflected on how the crisis of a suicide attempt is also an especially fertile moment that can lead to positive changes in a person's life. He illustrated this with the story of a young woman who was receiving kidney dialysis for severe diabetes. She decided to pull the

plug on the machine keeping her alive. "It was at that very moment, that she started to emerge from her depression," said Professor Tousignant. In contemplating taking her own life, she became aware of the power she had over her own life, and her ability to change it for the better.

Several specialists presented their specific approaches for working with suicidal patients to help them take charge of their lives. Professor Réal Labelle of UQAM's psychology department shared his enthusiasm

for the use of dialectical behavior therapy to treat people with Borderline Personality Disorder. Dr. Suzanne Lamarre, who is head of psychiatry at St Mary's Hospital, imparted insights she gained over the course of a long career. She described how, using the recovery model, she is helping patients and their families take greater control of the therapeutic process.

A number of researchers presented the results of studies on people who survived a suicide attempt and the care they received. One of the greatest risk factors for death by suicide is a previous attempt; knowing more about this population, the type of care they receive, and the effectiveness of that care is therefore crucially important.

CRISE director, Professor Brian Mishara, presented preliminary findings of an ongoing large-scale study following people who attempted suicide over 18 months. Professor Janie Houle of UQAM's psychology depart-

"We need to develop an understanding of different models...without adopting one and applying it to everyone."

ment and a member of CRISE, presented several promising types of follow-up programs that have been implemented in other countries after a suicide attempt. These approaches, she said, could serve as examples for Quebec. Meanwhile, Danielle

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Message from the Director

CRISE has always counted on close collaboration between researchers, practitioners, planners and students from diverse fields in Quebec, in association with numerous international partners. In recent years, the number of collaborators from various fields has grown enormously, at the same time we are welcoming more and more young researchers and we are beginning to develop new projects that are large in scope.

In this context, it is essential to increase communication between CRISE's members and their collaborators. This newsletter is part of a wider communication plan that we are developing which is part of our dedication to knowledge translation.

I invite you to share your thoughts on the newsletter, your suggestions for improvement as well as your ideas about how CRISE can better meet the needs of its members and collaborators and ensure that the entire community can share information on their activities and accomplishments.

Brian Mishara
mishara.brian@uqam.ca



Étude sur la dépression

Participants recherchés :
18 ans et plus; 1^{er} diagnostic médical de dépression au cours des 6 dernières semaines.
COMPENSATION MAXIMALE DE 50 \$
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Email (doc): crise.documentation@uqam.ca
Website: www.crise.ca

... Summer Institute (cont'd)

Routhier's research took a close look at the different degrees of medical care received by the mentally ill according to their diagnosis. Mental illness is a very significant risk factor for death by suicide and Routhier's work identified which populations are in greater need of medical attention.

There were engaging conversations between participants and presenters after each talk. The three-day event provided an opportunity for Quebec's suicide prevention community to share ideas and experiences. Sébastien Auger, clinical coordinator for *La Chrysalide*, a shelter for people with mental health problems in Bécancourt, found the range of approaches

presented at the Institute to be particularly helpful. "The themes were interesting be-



cause we receive many people after a sui-

cide attempt," Auger said. "We need to develop an understanding of different models...without adopting one and applying it to everyone." Auger said that when he returned to *La Chrysalide*, he would be presenting what he learned at the summer Institute to his colleagues.

Buoyed by the success of this year's conference, the organizers of the summer Institute are already planning next year's event.

Discussion on suicide in LGBT youth

By Jonah Engle

The problem of suicide by LGBT (lesbian, gay, bisexual, transgender) youth, was recently thrust into the spotlight in the US following a series of suicides by young people (some as young as age 11) and the national awareness campaign that followed called "It Gets Better". The general public is only starting to become aware of the problem but it is an issue Professor Michel Dorais has been studying for a long time. Mr. Dorais, who is a professor at the École de service social at Université Laval, shared the fruits of his years of study of the prevention of suicide with sexually diverse youth in a talk he gave at CRISE's meeting on June 10th. Professor Dorais began by exposing the issues and their links to gender. For him, sexual diversity encompasses people who are gay, lesbian, bisexual, ambisexual, questioning, transgendered, transsexual, or perceived as being gender non-conforming.

Ten years ago, Professor Dorais was commissioned by the Fondation Émergence which oversees Gaie Écoute, two organizations which defend LGBT rights and offer counseling, to conduct the first study of suicidality among sexually diverse youth. At the time, there had been no studies on this subject in Quebec, and there are still few today. Professor Dorais began an exploratory study. "We interviewed 40 people. The idea wasn't to generate statistics, it was really to explore the experience of youth who, in many cases, had attempted suicide, and to understand the rationales they gave to their acts."

Professor Dorais provided a context with an overview of studies from around the world on suicidality and sexually diverse youth. Since the end of the 90's, the amount of information on the topic has increased dramatically, that is in part because many states in the US produce regular studies on risk behaviour among youth in schools.

All the studies have found that sexually diverse youth are at a higher risk



of suicide than their peers in the general population (by a factor of anywhere from 2 to 10 times more risk). "What we don't know is about completed suicides," Professor Dorais pointed out. "It's hard to get loved ones to talk about taboo subjects... which is why we don't have any conclusive studies on this. Parents won't say, 'my son committed suicide because we didn't accept the fact he was gay.'" There's a lot to be done in psychological autopsies of sexually diverse youth. Because of his work, people are constantly confiding in Profes-

sor Dorais about loved ones, usually an adolescent or young adult, who committed suicide because the people around them did not accept their homosexuality.

Michel Dorais emphasized that homosexuality was not the issue, it is the way people are mistreated for their orientation that leads to higher rate of suicide attempts in this population. Despite significant legal gains for adult gays and lesbians (particularly in Quebec, which has arguably the most progressive legislation in the world), the fact remains that many sexually diverse youth are marginalized and mistreated. "You can't change mentalities like you can change clothes," Michel Dorais said. "It takes a long time."

"There's a lot of intimidation, a lot of harassment, a lot of violence both physical and sexual," said Professor Dorais, including the rape of young lesbian women. The low self esteem this abuse creates leads many to run away and abuse drugs and alcohol. Sexually diverse youth are over-represented among drug and alcohol abusers, and these behaviours are also risk factors for suicide. Many find themselves on the street and involved in survival sex in adolescence because of their parents' rejection.

It is particularly troubling that for some youth, rejection and violence come from their peers and/or their parents. Professor Dorais told the story of a teenager whose father injured him with a hunting rifle after he learned his son was gay. "I

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...LGBT youth (cont'd)

have parents in my office who tell me 'I'd rather he was dead.'" This further isolates sexually diverse youth and there aren't spaces for them like there are for LGBT adults."

The professor described the different archetypes of sexually diverse youth. There is the *perfect boy*, who blends in, everyone confides in him but he confides in no one. Everyone praises him. He tells himself that when people find out he is gay, people will "forgive" him but he always puts off that frightening revelation. Then there is the *chameleon*, who does everything he can to prevent people from finding out he is attracted to other boys. He is often an athlete and a leader. He believes he has a lot to lose in the eyes of his peers and he lives in fear of what would happen if he shared his secret. He feels like an impostor and will often sadly be the first to bully others for their homosexual orientation.

On the opposite end of the spectrum, is the *"fif de service"*, who from an early age, even as early as kindergarten, will begin being bullied. "His life is hell on earth," said Professor Dorais and the fact that he is labeled and bullied every day makes him a pariah, further cutting him off from the support of his peers.

The rarest and most resilient is the *rebel*. "He accepts his homosexuality but he does not accept homophobia," Professor Dorais said. It is often he who will start

the LGBT youth group, something that more and more schools in Quebec have today. Instead of turning his anger on himself, he channels it into militancy.

Michel Dorais believes that the most important places to intervene are in families and schools. After *Mort ou fif – La face cachée du suicide chez les garçons* (VLB, 2001), he published a book focusing on prevention called *Sain et Sauf* (VLB, 2005). It is a handbook for youth on how to protect themselves from homophobia and

"...homosexuality was not the issue, it is the way people are mistreated for their orientation that leads to a higher rates of suicide attempts in this population"

it features a lot of first person accounts, many of them positive. Support networks are also very important, and there are more and more of them. They help sexually diverse youth realize that they are not alone. This is important, argued Professor Dorais, because not knowing other people like you, who have the same affective and sexual preferences, often contributes to social isolation and shame.

Professor Dorais emphasized that prevention needs to occur on several levels simultaneously. "What I'm saying is not that we need to create ghettos for sexually diverse youth, quite the opposite. What I

am saying is that until sexual diversity becomes trivial, there will continue to be a need for places where youth can find each other. Society must therefore open spaces where youth can be safe from violence, all the while focusing on combating stereotypes everywhere else." All children must be taught to accept diversity, be it cultural or sexual. Prevention needs to happen from the beginning, believes Professor Dorais.

Despite all the work that remains to be done to change people's attitudes, Professor Dorais, who helps schools implement prevention programs, notes that in the past few years there is a greater will on the part of school administrators to act. This is something he cherishes, "By talking about it, we end up raising people's awareness, the same people who for a long time believed these kids couldn't be helped."

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New publications by CR/SE members

- Mishara, Brian L., & Chagnon, François. (2011). [Understanding the relationship between mental illness and suicide and the implications for suicide prevention](#). In R. C. O'Connor, S. Platt & J. Gordon (Eds.), *International Handbook of Suicide Prevention: Research, Policy and Practice* (pp. 609-623). Chichester: Wiley-Blackwell.
- Daigle, Marc. (2011). [Évaluation des activités du CPS de Lanaudière reliées à la Semaine de prévention du suicide 2010: Rapport d'évaluation](#). Notre-Dame-des-Prairies: Centre de prévention du suicide de Lanaudière et Joliette.
- Burrows, Stephanie, Auger, N., Gamache, P., St-Laurent, Danielle, & Hamel, D. (2011). [Influence of social and material individual and area deprivation on suicide mortality among 2.7 million Canadians: A prospective study](#). *BMC Public Health*, 11(1), 577.
- Pouliot, Louise, Mishara, Brian L., & Labelle, Réal. (2011). [The Werther effect reconsidered in light of psychological vulnerabilities: Results of a pilot study](#). *Journal of Affective Disorders*, 134(1-3), 488-496.

Our members in action...

On September 6th, Ms. Tyna Payette obtained her doctorat in psychology after she defended her thesis on the use of psychoactive substances by adult men. Dr. Payette focused on the factors of rejection, abandonment and life events that led men to their suicidal behaviour.

A delegation from CR/SE went to China in mid-September to attend the 26th World Congress of the International Association for Suicide Prevention. They return having had good experiences with interesting exchanges and new acquaintances. In addition, Brian Mishara was back with CR/SE's winning bid to host the 28th Congress of the Association in 2015 in Montreal.

Suicide attempts follow-up: Some interesting preliminary findings

By Jonah Engle

People hospitalized following suicide attempts are much more likely to die of suicide than the general population. For the past year, CRISE has been undertaking a major study (financed by the Canadian Institutes of Health Research) seeking to understand : 1) why some people who have attempted suicide will attempt again, 2) why others from the same risk group won't attempt again, and 3) what must be done to reduce the risk of future suicide attempts. CRISE Director and the study's lead researcher, Professor Brian Mishara, presented preliminary findings at CRISE'S 2011 summer Institute.

The study is being carried out in collaboration with 8 hospitals in the Montreal region and the South Shore. Emergency room staff recruits participants. When a person is admitted to emergency for a suicide attempt, they are asked for their consent to participate in the study. If they agree, project coordinator Elise Ménard immediately dispatches a research assistant to the hospital to interview the person.

The multi-year study aims to follow 700 people over 18 months, with interviews in the hospital and one, six, 12 and 18 months after. The questionnaires are extensive and cover everything from a person's medical and psychiatric history, to their work and personal life, their suicide attempts and their outlook on the future.

One year in, 100 people have been interviewed and the study is already suggesting original avenues of research in suicide prevention that warrant further exploration. Professor Mishara highlighted a number of particularly interesting early findings in his presentation.



While over 80 percent said that at the time of their attempt they wanted to die, more than 40 percent said they were happy to still be alive after their attempt. This is a hopeful finding as the continued desire to die after a suicide attempt is one of the highest risk factors for death. The finding also "justifies interventions to keep people alive against their will," said Professor Mishara. Along those lines, in half the suicides, the person either sought help during the attempt or did it in a place

where they believed they could be found and saved.

People generally described multiple problems in the lead up to their suicide attempt, including troubles with relationships, family, health and finances. Many come from troubled families. Over a third of respondents had relatives who had attempted or committed suicide. Nearly half the people interviewed had been exposed to violence (as a witness) and a significant number had either been a victim and or a perpetrator of violence, leading Professor Mishara to remark that there can be a link between violence and suicide, something Freud thought was the inverse (more violence=less suicide).

Of special interest to the summer Institute's audience were respondents' assessments of different types of treatment they had received. Nearly a quarter of participants in the study told their pharmacists about their problems prior to their suicide attempt. Of all the groups and professionals they were in contact with, pharmacists were judged most helpful. Also highly rated were support groups, religious leaders, and bosses. On the opposite end of the scale, 42 percent said psychologists offered little help.

It is hoped that the knowledge gained over the course of the study will eventually foster the development of more effective prevention and intervention strategies.

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Twice a month, CRISE's Documentation Centre sends out a list of new publications in the field of suicide and euthanasia to over 400 subscribers. Every list has a different theme, the last were: 1- the military; 2 – the media; 3 – economic factors; 4 – multiculturalism. To subscribe, simply send an email to the documentation centre at crise.documentation@uqam.ca

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INFO-CRISE's team:
Jonah Engle, Jean-Yves Boucher & Charles Cardinal

Mailing address:
CRISE/UQAM
C.P. 8888 Succ. Centre-Ville
Montréal, Qc
H3C 3P8
Canada

Street address:
CRISE/UQAM
305 rue Christin, Local DS-4815
Montréal, Qc
H2X 1M5
Canada