

Becoming your healthy self

Your monthly self-help toolkit

COLOUR ME IN!



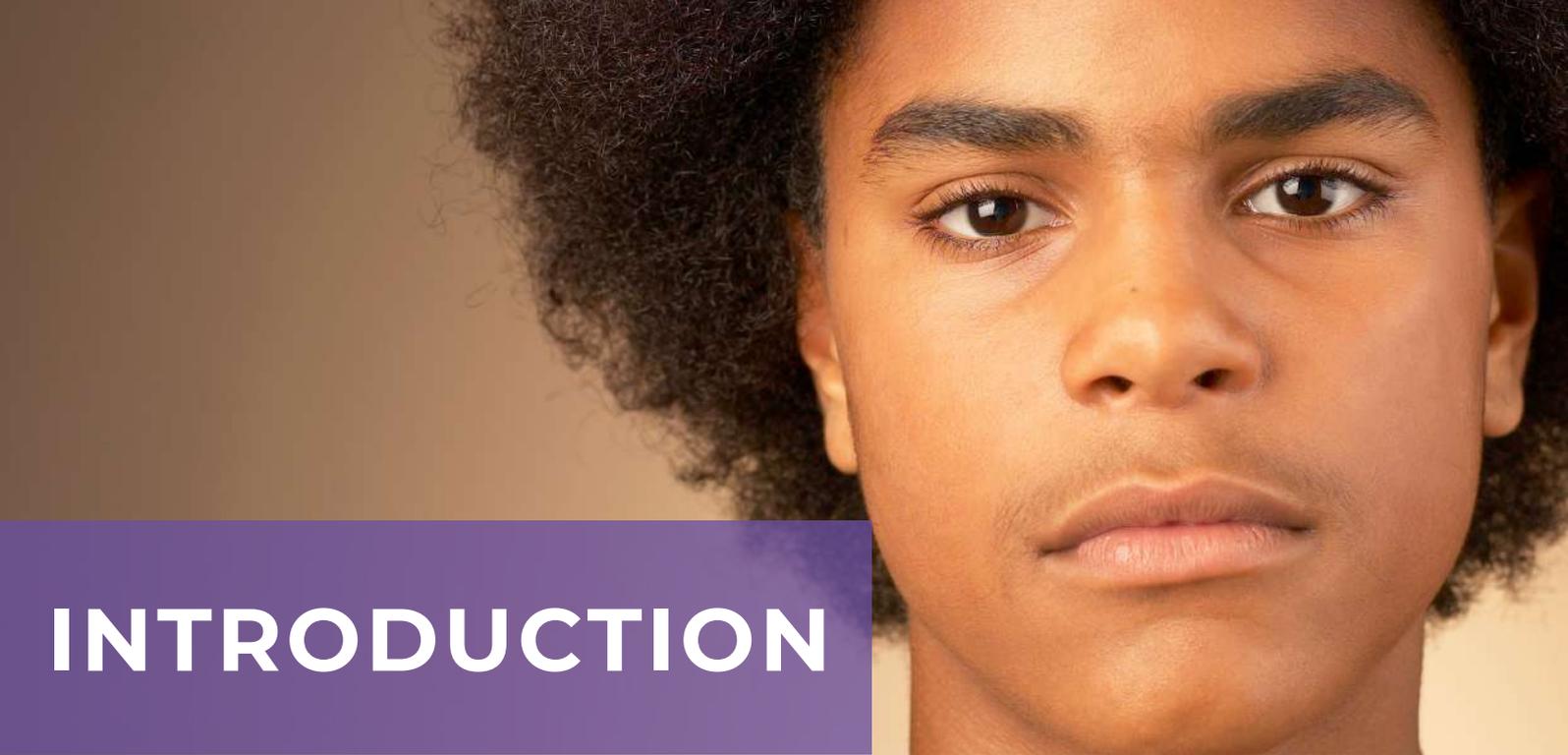
**VOLUME 5:
SUICIDE**

advocacy
focus

www.advocacyfocus.org.uk/healthyself

CONTENTS

3	Introduction
5	Questions and Answers
7	Facts and Myths about Stress
10	Real Life Experience
14	Self Help Resources
17	Conversation Tips
19	Wellbeing Tips
20	Gratitude Tracker
22	Brainteasers
25	Self-care Check-in
26	My Safety Plan
29	Help and Support
30	Apps, Podcasts and Books
35	About Advocacy Focus



INTRODUCTION

“The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have.”

It may not be the most popular topic round the dinner table, but suicide is something we need to get out into the open.

Even the way we talk about it – when we eventually do – is all wrong. How often do you see that someone has ‘committed’ suicide – or tried to ‘commit’ suicide? The word committed stems back to when suicide was a crime, and to this day is still used to explain somebody who has chosen to die this way, provoking thoughts that suicide is wrong or disapproved of.

Suicide is a journey. Most people don’t wake up suddenly thinking about suicide, people go on a journey with their mental health, which results in thoughts and plans of taking their own life. So how about we start to use the term ‘completing suicide’ instead?

Until suicide impacts your life – whether it be by suicidal thoughts, or the death of a loved one – we bet you have probably never discussed or debated this topic out loud. We have a long way to go in our understanding of suicide as a society and our acceptance of mental illness.

Often people who die by suicide don’t want to take their own life, they just want to escape the situation or feeling they are in and feel this is their only way to do so. This highlights the importance of being able to feel confident to speak to others about what we’re going through – most of the time we do not want to die, we just are desperately unhappy with our current situation and cannot see a way out. It is important to speak about suicide and mental health before people get to that part of their journey.

“Suicide is a journey. Most people don’t wake up suddenly thinking about suicide, people go on a journey with their mental health.”

Suicide is a mental illness; it is not selfish or ungrateful. It has been linked to a rise in social media usage and has even been called a ‘silent epidemic’ in the media, with children as young as six taking their own lives. Mental illnesses such as depression and anxiety continue to increase amongst a population rife with debt, identity crises, unemployment and more, and now, as a result of the ongoing pandemic.

Currently, 1 in 4 people will experience mental ill health in a given year, however many professionals state this is probably much higher. It is important to remember that mental health is a part of your overall health and needs taking care of, just as you would your physical self.

We all take road safety very seriously. 'Stop, look, listen and think,' is ingrained to us from a young age and taught in schools all over the UK. But about 1,700 people die on the roads in the UK each year, compared to nearly 6,000 by suicide.

We need to accept suicidal thoughts as a society and learn to teach young people to recognise mental illness symptoms and teach them that there is help and hope. We can do this by starting small and starting to open up discussions about thoughts and feelings.

We hope this booklet can provide some information and awareness, we believe that one death by suicide is too many. Check out our facts, myths, tips on having a conversation about suicide and creating a safety plan, so that you can feel more confident in the topic of suicide.

"We need to accept suicidal thoughts as a society and learn to teach young people to recognise mental illness symptoms and teach them that there is help and hope."



QUESTIONS & ANSWERS

Q Why do people choose to end their lives?

A. There is no simple answer to this question. Most people who are considering suicide are wanting to escape the situation they are currently in and the feelings that accompany this. There are many factors which can contribute to a suicide risk such as traumatic and difficult life events. Those with a mental health condition may also be at a higher risk of suicide, most commonly if the condition is left untreated.

Q How do I know whether someone is thinking of suicide?

A. There can be warning signs to look out for that can be related to someone considering suicide. These include talking about feeling hopeless and having no purpose, increased feelings of anxiety and agitation, seeking ways to end their life, acting withdrawn and getting rid of possessions, and a change in presentation such as their hygiene routine. Although these signs can be linked to thoughts about suicide, they can also be related to other factors. Some people may not show any warning signs, therefore the best way to know is to ask them directly.

Q Does having these thoughts mean someone will act on them?

A. No, research shows that many people have thoughts about suicide throughout their lives, but do not act on them. At times, thoughts about suicide can be fleeting, whereas at times they may be more intense. No matter what type of thought this is, it is best to talk to someone about it and get the help you need.

Q What should I say to someone having suicidal thoughts?

A. The best way to support someone is to not judge them for their thoughts. Ensure that you create a safe environment to talk about suicide and that you are listening to them. Have an open conversation about how they got to this point and help them make a plan on how to keep themselves safe. This will include key contacts and professional help for when they are in crisis. **Top Tip: You can use our plan template on page 26.**

Q Will someone feeling suicidal always feel this way?

A. There is always support to access when feeling suicidal. Often, feelings about suicide can be brief at times of crisis and with the right support, the feelings can be managed. Having thoughts about completing suicide can make someone feel out of control and it can take time for these feelings to lessen, so it is important to regularly check in on feelings and take positive steps when they appear.

Q Is self-harm related to suicide?

A. Self-harm is an indication of distress, however this can be different to suicidal ideation so don't assume that if someone is self-harming that they are having suicidal thoughts, but do recognise it as a cry for help.



SUICIDE - THE FACTS

Every year, around 800 000 people die by suicide globally.

4,902 suicides were registered in England in 2020.

75% of all UK suicides are male.

Suicide is the third leading cause of death in 15-19-year-olds.

Thoughts of suicide in the general population increased by 5% during the pandemic.

Suicides of those with diagnoses of personality disorder, drug dependence / misuse and eating disorders were more common.

Despite having a low number of deaths overall, rates among the under 25s have generally increased in recent years.

Sources: <https://www.mentalhealth.org.uk/a-to-z/s/suicide> , <https://www.ons.gov.uk/>, <https://www.thecalmzone.net/>, <https://www.who.int/>, <https://sites.manchester.ac.uk/ncish/reports/annual-report-2021-england-northern-ireland-scotland-and-wales/>, <https://www.samaritans.org/wales/about-samaritans/research-policy/suicide-facts-and-figures/>

THE MYTHS WE NEED TO STOP BELIEVING

Myth: People who talk about suicide aren't serious and won't go through with it.

FACT

People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. It's possible that someone might talk about suicide as a way of getting attention, in the sense of calling out for help. It's important to always take someone seriously if they talk about harming themselves. Helping them get the support they need could save their life. Remember, the majority of people who feel suicidal do not actually want to die - they do not want to live the life they have.

Myth: If a person is serious about killing themselves then there's nothing you can do.

FACT

Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

Myth: You have to be mentally ill to think about suicide.

FACT

1 in 5 people have thought about suicide at some time in their life, and not all people who die by suicide have mental health problems at the time they die. However, many people who complete suicide do experience mental ill health, typically to a serious degree. Sometimes it's known about before the person's death and sometimes not.

FACT**Myth: People who are suicidal want to die.**

Fact: The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. The distinction may seem small but is very important. It's why talking through other options at the right time is so vital.

FACT**Myth: Talking about suicide is a bad idea as it may give someone the idea to try it.**

Fact: Suicide can be a taboo topic. Often, people who are feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it. But, by asking someone directly about suicide, you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing. Once someone starts talking, they've got a better chance of discovering options that aren't suicide.

FACT**Myth: Most suicides happen in the winter months.**

Suicide is complex, but it is not related to the seasons, the climate being hotter or colder or having more or less light. In general, suicide is more common in the Spring, and there is a noticeable peak in risk on New Year's Day.

FACT**Myth: People who say they are going to take their own life are just attention seeking and shouldn't be taken seriously.**

People who say they want to end their lives should always be taken seriously. It may well be that they want attention in the sense of calling out for help and helping them get support may save their life.



REAL LIFE EXPERIENCE

Siobhan's Story

Arriving back from a short trip, we were met by police at the airport. Our world was about to collapse. "Your son has taken his own life."

It's hard to remember exactly what happened next. We were driven home by two young police officers who handed us a number to call for information. They left quickly, I remember thinking how shocked and upset they looked. We were on our own.

There is no manual to guide you through what to do next. There was no offer of support from police or health professionals. It was left to our devastated friends and family to try and support us emotionally and practically through the next few days and weeks: mortuary visits, post-mortem, funeral preparations. We were all in shock trying to make sense of what had happened. Three weeks later, confused and grieving, my sister-in-law Vanessa took her life.

More than two years have passed now since we lost Dylan and Vanessa and I still wake every day wondering how this could have been possible. Could things have been different? How can we prevent this happening to other families?

Dylan was 18 when he took his life. Few people knew that he had been suffering from body dysmorphic disorder, social anxiety, and depression for several years. As a loving family we kept our issues close, never feeling that we

need reveal our struggles beyond a close few. We tried to respect our son's wishes by not telling people he was struggling. Without realising it, by keeping his secret, we had validated his feelings of shame. Would we have done the same had he had diabetes, cancer, or heart disease?

Dylan's illness crept up slowly through his teens. He'd never learned about mental ill health. He didn't have a vocabulary to describe how he was feeling. He didn't understand when his thoughts and feelings had become unhealthy, or how to ask for help. He'd never heard of social anxiety or body dysmorphic disorder. By the time he did ask for help he was already very ill.

Astonishingly, despite 50% of mental health problems starting before the age of 14 (and 75% by 24), mental health is not openly talked about in schools and is not a standard part of the curriculum. If it was, then perhaps Dylan would have understood better what was happening. He may have been able to speak with his friends. He may have asked for help earlier. I am certain that he would have felt less alone. Perhaps it could have saved his life!

Suicide is the second biggest killer of 15-29-year olds. We need to start talking and teaching this at school as part of suicide prevention. We need to actively support devastated families bereaved by suicide. Suicide is preventable!

Jon's Story

I was diagnosed with anxiety and depression at the age of 19, but I have suffered with the effects of both for as long as I can remember. I was at university studying nursing when I was diagnosed and was under a bit of pressure with my placement and assignments. I also had three bereavements very close together. It was tough.

I can recall one particular day; I was feeling extremely sad. I couldn't sleep, didn't want to eat, didn't want to socialise and all those things added up to me realising I wasn't ok. I went to see my GP and it was the first time that the doctor spoke to me about stress, depression and anxiety, but they explained that I had been through a lot and that I would feel better in time.

The following summer, I still wasn't right, so I went back to my GP. We talked about depression and they offered me medication for the first time, and I took that.

Ever since then, I've been through a process of flying and falling. What I've found is that depression and anxiety doesn't leave you alone. A few years later, I was losing sleep, I was worrying all the time, off my food and wasn't comfortable in social situations or at work. I went back to see my GP – and I was given treatment again. History was almost repeating itself. I still have episodes that vary in nature and length. I always come through and have learnt what triggers those episodes off.

What led to me contacting Samaritans was the feeling of being low and that I really needed to talk to somebody. At the time, I felt like I wanted to speak to someone impartial and it was night-time. I didn't want to pick up the phone or disturb anyone. It seemed the natural thing to do and that's what Samaritans are there for. Despite feeling anxious, I'm really glad that I did as the volunteer was really helpful.

After that I felt like a huge weight had been lifted off my shoulders – the relief and the difference in mental clarity and my thinking and how I was feeling changed.



REAL LIFE EXPERIENCE

I was able to go sleep well that night and wake up the following morning feeling better, more empowered, and ready to face what was troubling me. It alleviated a lot of the worries that I had.

One of the ways I manage my emotions and mental wellbeing now is when I'm feeling low, I share those feelings. I talk to somebody. I feel being open and sharing how you are feeling is ok. One of the things that stopped me before, was shame, but it's ok to speak and tell somebody. Sharing and talking is the start and it really does help. It's therapeutic to talk through things and it really helps put things in perspective.

One of the positive things about the future is that there is not just one path to life, there are several paths. If one path is not working for you whether it's a job or in any sense, then there is another path. You can be happy.

The reason I thought it was important to share my story, is for other people to hopefully feel empowered that they can open up to someone if they are feeling low. It's as normal as any other condition that exists in our society. If you don't feel like you are being heard, try a helpline or a crisis team. Eventually you will be signposted to someone who can help you.

It's important to seek help. It isn't possible to fight it alone.



REAL LIFE EXPERIENCE

Anonymous' Story

It is not just hotlines that can help people. It is a basic tenet of psychology that sharing one's concerns with someone, especially a trained listener, can help alleviate suffering and can often provide resolution to one's problems. I learned this the hard way from my own experience.

One day I woke up feeling stressed about some functions I had to attend to in my life. I was feeling negative, and the thought occurred to me that if I just checked out all my troubles would be eliminated. The more I thought about it the more convinced I became that this was the answer.

I loaded up a backpack with my sleeping bag and tent, left my apartment, and went to a private place in the woods just outside of town. I did not know how I was going to take my life, but I thought that I was going to go through with it in some way and escape my responsibilities.

However, after laying in my tent for two nights and truly coming to grips with my action, I realised I did not wish to die. I wanted to live. I went back to my apartment and called my

therapist and case manager and arranged to see them right away.

Over the next several days I talked with people about what was stressing me, my yearning to somehow get out of it, and what I learned about my desire to live. I ended up feeling much better after receiving their support. I could have saved myself a lot of stress and hassle had I talked to someone when I was feeling challenged.

When it comes down to it, very few people wish to end their lives. It is common knowledge among emergency responders that many attempters try to get help after going through with some process of taking their lives.

The good news is that one does not have to back oneself into a corner in order to get help. We can all help ourselves and one another by learning to talk about our concerns and intentions. This includes asking about and listening to the other person as well.

By reaching out to one another we will create a world in which everyone shares themselves instead of sometimes harming themselves.



MENTAL HEALTH TRACKER

Throughout the day, use the symbols below to track how you are feeling, what you are doing, and anything else that you think may be significant to your mental health and wellbeing. If your moods, thoughts or behaviour are getting in the way of your everyday life, consider sharing your tracker with someone you trust and feel able to talk to. A friend, family member or even your GP.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I felt...		How much (many) _____ did I...				Other			
	Happy		Hyper	zzz	Sleep	D	Drugs		
	Sad		Anxious	F	Food	AI	Alcohol		
	Tired		Irritable	E	Exercise	SH	Self Harm		
	Angry		Calm	C	Cigarettes	S	Thoughts of suicide		

WELLBEING ASSESSMENT

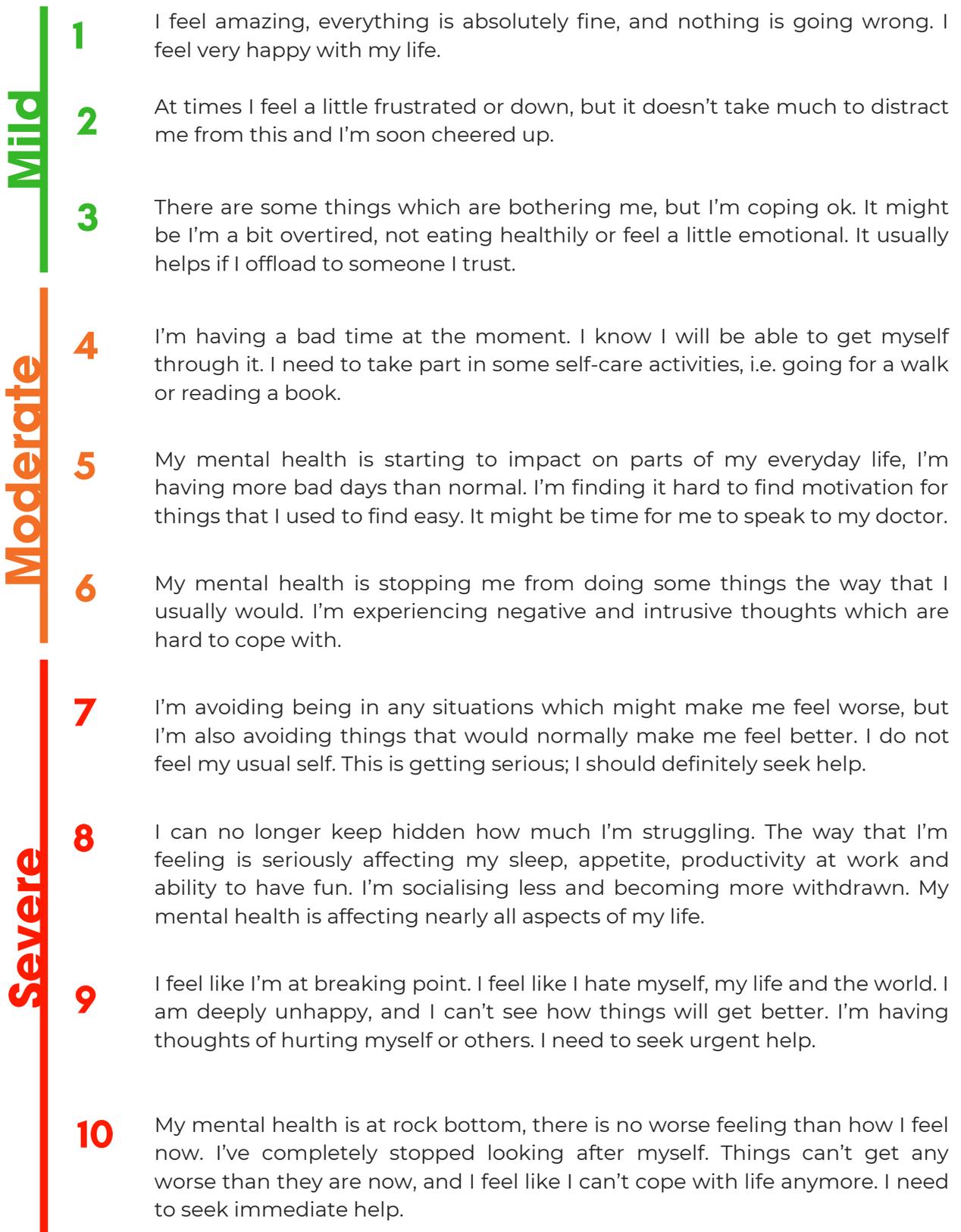
In the last week I have:

- Felt upset or cried for no reason
- Avoided a situation because I was worried how I would cope
- Been awake all-night thinking about things
- Found it very difficult to get out of bed in the morning
- Felt unable to talk about my feelings to someone close to me
- Felt unable to focus or concentrate
- Constantly felt tired and lethargic
- Felt as though nothing is going right
- Worried that friends/ family/ colleagues don't like me
- Had feelings that I don't deserve what I have got
- Felt as though I don't want to engage in hobbies/ leisure activities
- Felt anxious or uncertain about the future
- Used drugs or alcohol excessively to try and make myself feel better
- Been bothered by a lack, or increase, in appetite
- Felt angry or irritated by minor things
- Felt as though I can't control my emotions
- Been unable to relax
- Experienced persistent, negative thoughts

If you have ticked six or more symptoms, you may be experiencing difficulties with your mental health. Take some steps to improve your own wellbeing, or speak to your GP about further support. If you need immediate support, refer to our signposting section on page 29.

MY MENTAL HEALTH TEMPERATURE

Our mental health is fluid; sometimes we have good days and sometimes bad days. It's useful to regularly assess where we are so that we know if we need extra support.



CONVERSATION TIPS

Have a conversation

It can feel quite scary and overwhelming to have a conversation about suicide however there is no need to feel this way. Remember that by starting a discussion on suicide, you will never give someone the idea of suicide or push someone into it, all it does is allow the subject to be explored openly, and maybe that's what that person needs.

Often, just asking someone how they are, or how their day has been can really help. Sometimes it can help to repeat phrases that the person is using and asking, "what do you mean by that?", to try to expand their thoughts and feelings. Openly using the word suicide or asking "have you ever thought of ending your life?" gets the subject brought up easily without any confusion. Most people will say no and not think anything of your question, however if they are feeling that way, it will be a relief that someone has been so open and non-judgemental.

If you know somebody that is struggling with mental health or thoughts of suicide, don't be afraid to ask them how they are coping. Maybe take them out for the day or just relax with them doing something they enjoy so that they don't feel alone or isolated.



TIPS FOR STARTING & SHARING

CONVERSATIONS ABOUT SUICIDE

Firstly, choose somewhere warm, comfortable and quiet, where you won't be interrupted. We'd always recommend a hot brew and a couple of biscuits too. Then follow the steps below.



Ask the question, explore feelings and ask what happened to get to this point.



Don't judge their feelings and choices. Listen to what they have to say and thank them for being so open.



Suggest to create a support plan to keep them safe, include what they would like to do now and during future crises.



Encourage them to seek support and offer your support in helping them. Speaking to a confidential helpline, or a professional such as a GP, really is the most important step in getting the help they need.



If you are feeling suicidal yourself, try to speak to someone about it and explain how you are feeling.



Always ensure that you are in a good place yourself to have a conversation about suicide. If you aren't, signpost to someone who can and look after yourself.

WELLBEING TIPS



MAKE TIME FOR YOU

Do something you love whether that's reading, watching a new TV series, or spending time in nature, taking time for yourself is a great way to stay mentally well.



SPEAK TO FRIENDS

Connect with others either in person or virtually to ensure that you are not isolated and can offload to someone if you need to.



EXERCISE

Keep moving - exercise is a natural way to feel good. It doesn't need to be a sweaty gym session, but regularly staying active will help your wellbeing.



JOURNAL

Writing down our thoughts and feelings is a great way to self reflect and understand what is affecting us. It doesn't have to be a 'diary,' have a google for things like self care journals which give you prompts.



START A HOBBY

Learning something new and giving yourself a different purpose is a great way to feel good. Plus, you can even join a social group around your new hobby for extra wellbeing points.



SPEND TIME AWAY FROM SCREENS

It seems simple but we don't do it enough! We use screens at work, at home, we watch tv, use our phones - take some regular time away from all that blue light.

GRATITUDE TRACKER

On this page and the next, is a box for each day of the month. Try and write down one good thing that has happened in each box every day. If you struggle to remember, try and do it weekly, or monthly.

INSTRUCTIONS:

1. Write the date;
2. Write down what made you happy, try to focus on something that YOU have done;
3. Write down how it made you feel happy;
4. Keep this list to look back at over the month, or pop it into a memory jar for future reflection. Try opening it at the start of the New Year to look back on all the happy memories for the old year!

Day 1 Date:

Day 2 Date:

Day 3 Date:

Day 4 Date:

Day 5 Date:

Day 6 Date:

Day 7 Date:

Day 8 Date:

Day 9 Date:

Day 10 Date:

Day 11 Date:

Day 12 Date:

Day 13 Date:

Day 14 Date:

Day 15 Date:

Day 16 Date:

Day 17 Date:

Day 18 Date:

Day 19 Date:

Day 20 Date:

Day 21 Date:

Day 22 Date:

Day 23 Date:

Day 24 Date:

Day 25 Date:

Day 26 Date:

Day 27 Date:

Day 28 Date:

Day 29 Date:

Day 30 Date:

Day 31 Date:

Notes:

BRAINTEASERS

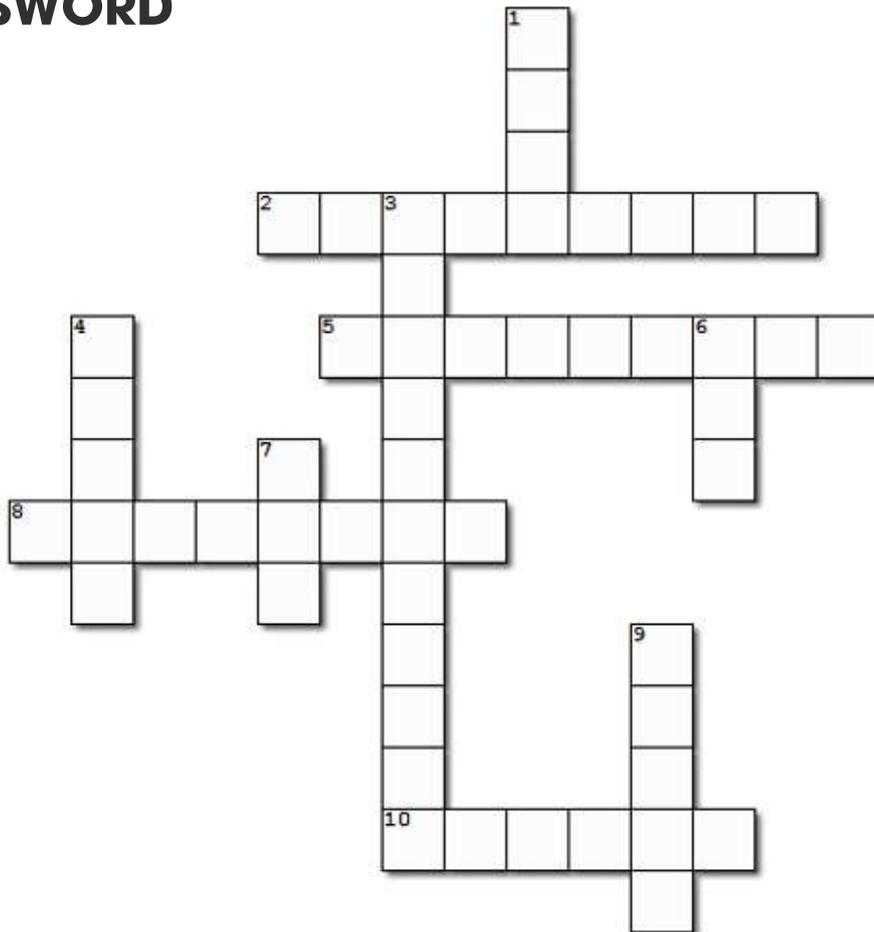
WORDSEARCH

I	M	T	P	R	E	V	E	N	T	A	B	L	E
E	C	R	I	I	D	E	N	T	I	F	Y	T	D
S	O	E	N	C	A	R	E	O	S	E	S	E	A
U	M	A	T	S	P	N	A	E	O	I	P	S	M
P	M	T	E	E	U	M	Y	O	N	R	S	N	G
P	U	M	R	O	B	I	R	C	E	O	A	O	I
O	N	E	V	B	E	G	C	S	D	H	W	I	T
R	I	N	E	I	A	N	S	I	E	K	A	T	S
T	T	T	N	D	D	I	M	L	D	N	R	C	I
O	Y	A	T	N	O	N	P	E	I	E	E	U	E
S	T	B	I	N	I	I	A	T	T	R	N	D	P
M	E	O	O	T	A	A	S	R	T	A	E	E	O
E	E	O	N	E	R	R	K	C	I	Y	S	R	F
P	R	E	V	E	N	T	I	O	N	I	S	R	S

INTERVENTION
REDUCTION
DEPRESSION
SUPPORT
ASK
HELP
STIGMA
PREVENTABLE
TABOO
IDENTIFY
PREVENTION
COMMUNITY
TREATMENT
TRAINING
AWARENESS
CARE
SUICIDE

BRAINTEASERS

CROSSWORD



Across

2. Responsible by the media will help prevent suicide
5. Feeling actively suicidal is often....
8. Non-specialised health workers receiving this can help in the assessment of suicidal behaviour
10. Deaths Per 100,000 people in the UK in 2018 from suicide

Down

1. ...times more men than women kill themselves
3. Suicides are
4. Leading cause of death in 15-19 year olds.
6. It is ok to do this if you are concerned for someone
7. Suicide can affect at ... age
9. Men are ... more likely than women to attempt suicide

Answers on page 26



**DON'T
BELIEVE
EVERYTHING
YOU THINK**

ALWAYS BE KIND TO YOUR MIND

Self-care Check-in

CHECK THE BOXES OF THE ACTIVITIES YOU DO TO TAKE CARE OF YOURSELF - IF YOU DON'T DO THEM - NOW IS THE TIME TO START! AIM FOR AT LEAST ONE PER DAY.

- EAT THREE MAIN MEALS
- GO ON A 24-HOUR SOCIAL MEDIA DETOX
- FIND A QUIET SPOT TO MEDITATE
- LIGHT AN AROMATIC CANDLE
- DO A GRATITUDE LIST
- PRACTICE DEEP BREATHING
- LISTEN TO GOOD MUSIC
- EXERCISE
- CATCH UP WITH A FRIEND
- VISIT A FAMILY MEMBER
- SPEND TIME OUTDOORS
- HAVE A MINI PAMPER SESH
- CUDDLE A PET
- TRY SOMETHING NEW
- READ A BOOK

MY SAFETY PLAN

Remember: Help is always available.



1

MY REASONS FOR LIVING:

2

MY WARNING SIGNS ARE:

*These can be thoughts, feelings or behaviours that indicate you are at risk.

3

MY COPING STRATEGIES ARE:

*These are things you can do to help lift your mood, like meditation or exercise.

4

PEOPLE I CAN REACH OUT TO FOR HELP:

Person 1:

Contact No.

Person 2:

Contact No.

Person 3:

Contact No.

5

STEPS I CAN TAKE TO MAKE MY ENVIRONMENT SAFER:

-
-
-

6

IN THE EVENT OF A CRISIS:

Call Emergency Contact #1:

Call Crisis Hotline:

Call Emergency Services:



EVERY 40 SECONDS, SOMEONE LOSES THEIR LIFE TO SUICIDE.

It's time to make suicide prevention a priority.

1.

REACH OUT

2.

LISTEN

3.

SEEK HELP





HELP & SUPPORT

SAMARITANS

Provide confidential support for people experiencing feelings of distress or despair.

Helpline: 116 123 (Everyday, 24 hours)

email: jo@samaritans.org

Web: www.samaritans.org

MIND

Provide information on mental health problems and where to get help.

Infoline: 0300 123 3393

Text: 86463 Mon – Fri 9 am – 6 pm

Web: www.mind.org.uk

SHOUT

If you're experiencing a personal crisis, are unable to cope and need support.

Text: 85258 (Every day, 24 hours)

Web: <https://giveusashout.org/>

CALM

National helpline for men to talk about any troubles they are feeling.

Helpline: 0800 58 58 58 (5pm-midnight every day)

Web: <https://www.thecalmzone.net/>

Webchat available on their website 5pm-midnight.

PAPYRUS

National charity dedicated to the prevention of young suicide.

Helpline: 0800 068 41 41 (9am-midnight every day), email:

pat@papyrus-uk.org

Web: <https://www.papyrus-uk.org/>

SURVIVORS OF BEREAVEMENT BY SUICIDE (SOBS)

Organisation offering peer support to those impacted by suicide loss in the UK, including online forums and support groups.

Helpline: 0300 111 5065 (9am-9pm every day), email:

email.support@uksobs.org

Web: <https://uksobs.org/>

CRUSE BEREAVEMENT CARE

National helpline offering emotional help and signposting for those bereaved by suicide.

Helpline: 0808 808 1677 (see their website for opening times).

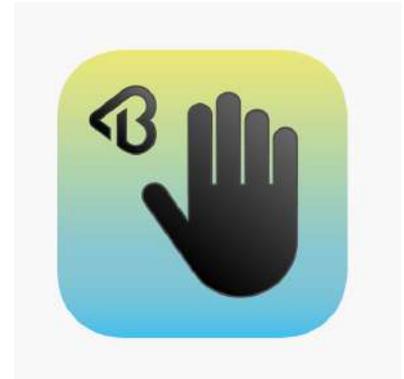
Web: <https://www.cruse.org.uk/>

Webchat is available on their website 9am-9pm Monday to Friday.



BETTER STOP SUICIDE

Better Stop Suicide is a free app which has many features designed to help when feeling suicidal, including life saving messages, calming audio files and key phone contacts. It has other features to help maintain positive mental health such as gratitude checklists, sleep audios and feel better tasks.



STAY ALIVE

Stay Alive is a pocket suicide prevention resource for the UK, packed with information to keep you or someone safe. The app includes a safety plan, customisable reasons for living and a life box where you can store photos that are important to you.



HUB OF HOPE

Hub of Hope believes that no matter what you're going through, you shouldn't have to do it alone. Find services local to you using the app's geolocation technology. The stigma associated with mental health can make it difficult to talk about, however there are services out there with people who understand and are ready to help.



MEDITO

Medito is an app run by volunteers to provide a free meditation service. The app includes a beginner and intermediate course, sleep sounds & meditations, breathing exercises, a stress & anxiety pack, and much more.



PODCASTS



THE MENTAL HEALTH FOUNDATION

The Mental Health Foundation podcast brings you a range of mental health topics, real life stories, expert comments and mental health tips. This episode brings many conversations with those who have personal lived experience of mental health and suicide prevention.

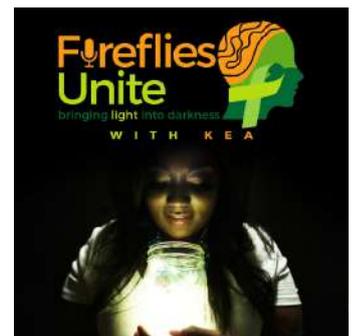
<https://www.mentalhealth.org.uk/podcasts/lets-talk-about-suicide-prevention>



FIREFLIES UNITE PODCAST WITH KEA

Fireflies Unite Podcast With Kea is a weekly podcast from the perspective of individuals thriving with a mental illness created by suicide survivor T-Kea Blackman. The mission of the podcast is to bring light into darkness (just like the fireflies), encourage people to seek treatment and end the stigma and raise awareness. Showing that mental illness doesn't have 'a look'; it includes everyday high-functioning people. Designed for people to see how everyday decisions impact their mental health and overall wellness such as finances, relationships, and nutrition.

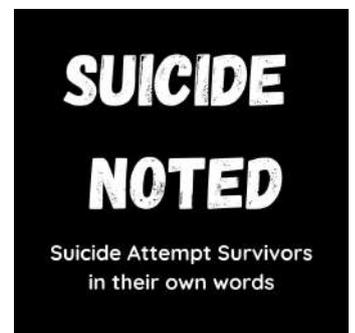
<https://www.firefliesunite.com/podcast>



SUICIDE NOTED

Each year, millions of people around the world attempt to take their own lives- millions. And we almost never talk about it. This podcast talks with suicide attempt survivors, so we can hear their stories- in their words. They release new episodes every Monday morning.

<https://redcircle.com/shows/suicide-noted>



UNDERSTAND SUICIDE

Understand Suicide aims to create a safe community to fight the stigma surrounding suicide, interviewing specialists, survivors, and individuals who have a story to tell. It covers a variety of themes: grief, warning signs, risk factors, contagion, youth, and most importantly, what can be done to prevent suicide.

<https://www.understandsuicide.com/podcast-1>



THE LEFTOVER PIECES; SUICIDE LOSS CONVERSATIONS

Join Melissa, a mother who lost her 21-year old son, Alex, to suicide, as she has real conversations with other loss survivors, awareness advocates and mental health experts looking to explore the topics and ask questions we all need to talk about. Melissa believes that we learn to live with grief - not get over it - and only through real, honest talk can we get there. Let's fill our 'grief toolbox' with some good thoughts and learn to love, our new self along the way.

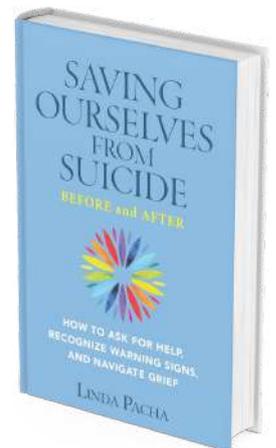
<https://theleftoverpieces.buzzsprout.com/>



BOOKS

SAVING OURSELVES FROM SUICIDE - BEFORE AND AFTER: HOW TO ASK FOR HELP, RECOGNIZE WARNING SIGNS, AND NAVIGATE GRIEF

Linda Pacha has firsthand knowledge of the devastation caused by a loved one's suicide and the excruciating pain from losing a child. In 2013, her teenage son, Nick, died by suicide while away at college. Using the insights gained from his painful life, his tragic death, and her personal grief journey, Linda founded Nick's Network of Hope, a nonprofit that provides resources, support, education about life challenges with an emphasis on mental health awareness, suicide prevention, and grief and loss.



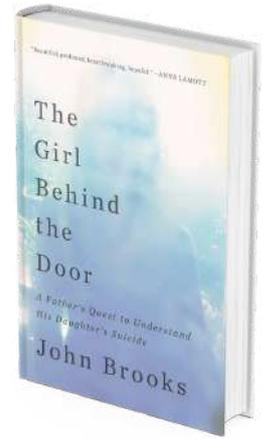
TRAGEDY PLUS TIME

Adam Cayton-Holland is a hilarious stand-up comedian. Variety called him one of the "10 Comics to Watch." So why on earth would he delve into such a serious subject matter? In TRAGEDY PLUS TIME, his heartbreaking but often funny memoir, Cayton-Holland grapples with his younger sister's depression and eventual decision to take her own life. He begins to navigate life without her just as his career is taking off. And in the end, he chooses hope to propel him forward. This is a brilliant book for anyone struggling to move on after a tragedy.



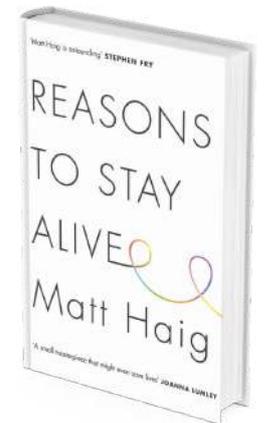
THE GIRL BEHIND THE DOOR

When John Brooks's teenage daughter jumps off the Golden Gate Bridge, he is left with many questions. In a pragmatic and determined journey, Brooks speaks to everyone around him—friends, teachers, counselors, therapists, specialists—to try to find the underlying cause of his daughter's suicide. He researches her early days in a Polish orphanage and the first fourteen months of her life that she spent there. Ultimately, he believes that she had attachment issues from birth that led to deep depression later in her life. This is a story of finding reason in unthinkable hardship to help the surviving parent move on.



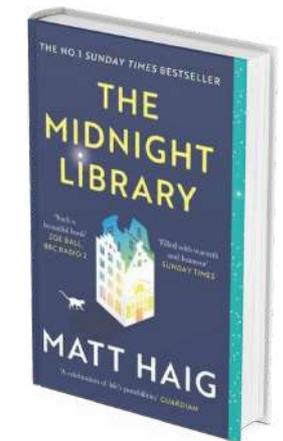
REASONS TO STAY ALIVE - MATT HAIG

This is the true story of how Matt Haig came through crisis, triumphed over a mental illness that almost destroyed him and learned to live again. Moving, funny and joyous, Reasons to Stay Alive is more than a memoir. It is a book about making the most of your time on Earth.



THE MIDNIGHT LIBRARY - MATT HAIG

Nora's life has been going from bad to worse. Then at the stroke of midnight on her last day on earth she finds herself transported to a library. There she is given the chance to undo her regrets and try out each of the other lives she might have lived. Which raises the ultimate question: with infinite choices, what is the best way to live?



BRAINTEASER ANSWERS

ACROSS

- 2. Reporting
- 5. Temporary
- 8. Training
- 10. Eleven

DOWN

- 1. Four
- 3. Preventable
- 4. Third
- 6. Ask
- 7. Any
- 9. Three





WE OFFER WORKPLACE TRAINING TOO!

Ask us about our mental health training for workplaces or visit www.advocacyfocus.org.uk for more information.

We are a registered charity providing free health and social care advocacy across the North West.

We support people to become more involved in important decisions about their care and treatment. Our Advocates help people who have difficulty communicating their thoughts, needs and wishes or making decisions about things such as how or where they are cared for. This includes people with mental ill health, learning difficulties and those with degenerating diseases such as Dementia and Alzheimer's.

We help people live to the lives they want to live.

Coming up in the next issue: **Relationships**
Stay up to date by signing up to our newsletter at:
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