# Youth Suicide Prevention in Primary Care: Navigating Risk, Relationships, and Community Supports

April 13, 2026 | 18:30–20:00 PT

THE UNIVERSITY OF BRITISH COLUMBIA
Continuing Professional Development
Faculty of Medicine

# TERRITORIAL ACKNOWLEDGMENT

We acknowledge that UBC CPD offices are located on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

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*What is your relationship to the territory or the land that you're on?*

# FUNDING ACKNOWLEDGEMENT

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# LEARNING OBJECTIVES

1. Address the spirit of suicide and suicidal ideation with patients in a culturally-safe, trauma-informed way utilizing the power of co-regulation

2. Validate the impacts of trauma as the root of suicidal ideation in youth.

3. Screen for and manage a patient presenting with suicidal intent - both acute and long term - using a relational approach

4. Identify appropriate resources to connect patients with ongoing support for collective healing

5. Name colonial genocide as the root of suicidality for Indigenous youth

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# DISCLOSURES

## Speakers

- **Tyler Black:** Nothing to disclose
- **Hayley Broker:** Receives payment from Shared Care - Doctors of BC, Vancouver Coastal Health, North Shore Division of Family Practice, Practice Support Program of BC, UBC Faculty of Medicine, UBC CPD for teaching QI development, and educational materials. **This funding has not influenced the webinar content.**
- **N'alaga (Avis O'brien):** Receives payment as Director and Facilitator for N'alaga Consulting, and for addiction recovery and suicide prevention services. **This funding has not influenced the webinar content.**
- **Shirley Sze (moderator):** Receives payments from Shared Care Committees, Joint Collaborative Committees, UBC CPD, PHSA, ChildHealthBC, and the Thompson Region Division of Family Practice. **This funding has not influenced the webinar content.**

## Planning Team

- **Stephanie Din, Caldon Saunders:** Are employees of UBC CPD.
- **Bruce Hobson:** Has received payments from UBC CPD, Doctors of BC, PHSA, PainBC, Cowichan Division of Family Practice and Qathet Division of Family Practice. **This funding has not influenced the webinar content.**

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# DR. TYLER BLACK

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BSC, MD, FRCPC

Child & Adolescent Psychiatrist; Clinical Assistant Professor, Department of Psychiatry, University of British Columbia

# Turning Suicide Prediction on Its Head

**Moving from futile prediction to present connection in the 10-minute GP visit.**

# *The Statistical Illusion of "Screening"*

- Suicide is rare (10 per 100,000 per year)
- Adolescent suicide is even rarer (10-19y: 5 per 100,000 per year)
- The best tools have a profoundly low *positive predictive value*.
  - "Columbia" – 50% sensitivity (FP=50%) and 85% specificity (FN=15%)
  - **Scenario 1 – screening all kids (5 die by suicide; 99,995 do not)**
    - **True Positives = 2 or 3   False negatives = 2 or 3**
    - **True Negatives = 84,996   False positives = 14,999**
    - **PPV = 2.5 / (2.5 + 14,999) = 0.017%**
    - **You would flag 15,001 kids to catch 2-3 out of the 5 who died**

# The Statistical Illusion of "Screening"

- Suicide is rare (10 per 100,000 per year)
- Adolescent suicide is even rarer (10-19y: 5 per 100,000 per year)
- The best tools have a profoundly low *positive predictive value*.
  - "Columbia" – 50% sensitivity (FP=50%) and 85% specificity (FN=15%)
  - **Scenario 2 – screening 10,000 high risk kids (5 die by suicide; 9,995 do not)**
    - **True Positives = 2 or 3  False negatives = 2 or 3**
    - **True Negatives = 8,499  False positives = 1,499**
    - **PPV = 2.5 / (2.5 + 1,499) = 0.17%**
    - **You would flag 1501 kids to catch 2-3 out of the 5 who died**

# The Trap of the Checklist

### Chasing False Alarms

Because of the low PPV, a checklist flags almost every distressed patient as a potential crisis. This forces clinicians into a reactive mode, managing the tool's anxiety rather than the patient's actual pain.

### Wasting Critical Time

GPs waste their critical 10 minutes chasing down false alarms and documenting defensively to cover liability. This steals time away from exploring the patient's present, unique psychological narrative.

# *The Statistical Illusion of "Screening"*

- At the whole population, a positive C-SSRS is wrong 99.98% of the time
- At an at-risk population, a positive C-SSRS is wrong 99.8% of the time

ANY SCREEN is a *conversation starter*, not a crystal ball. Use it to open dialogue, not to predict death.

# Checklists as Information

## A Starting Point, Not a Destination

You have permission to use checklists. Use them to identify areas of distress, but never as predictive oracles.

They are a tool for gathering information, not an algorithm for clinical decision-making.

Don't let a form replace your clinical judgment.

# The High-Yield Pivot

## The Checklist

**“Do you think about suicide?”**

**"Do you have a plan?"**

Focuses on ticking a box and predicting the future. Halts organic conversation and often feels mechanical and interrogative to the patient in distress.

## The Narrative

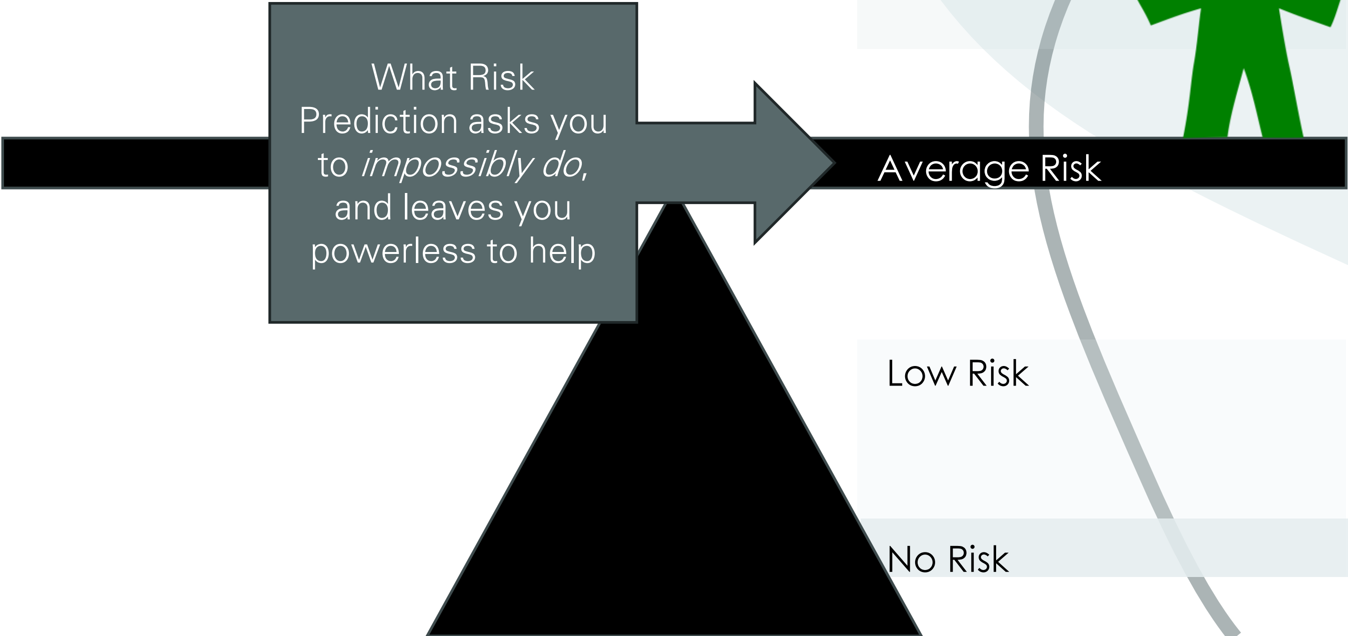
**“Do you think about suicide?“**

**“Tell me what’s happening when that occurs”**

Demonstrates genuine curiosity. Following up on a specific stressor is an active intervention that is far more helpful than asking the next question on a list.

# CONNECTION IS INTERVENTION

- In a ten-minute visit, taking even a minute to understand your patient’s situation better will do far more to make them feel supported and heard than finishing your checklist will
  - Genuine approach
  - Organize follow-up
  - Reach out for resources


Will Occur
Imminent Risk
High Risk
What Risk Prediction asks you to *impossibly do*, and leaves you powerless to help
Average Risk
Low Risk
No Risk

Protective Factors

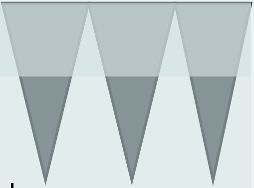
Risk Factors

What's really going on for them, and what you can do to help

Protective Factors

Add
protective factors!

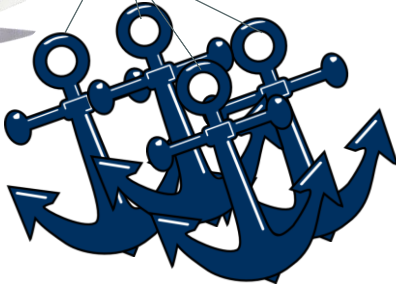
Will Occur

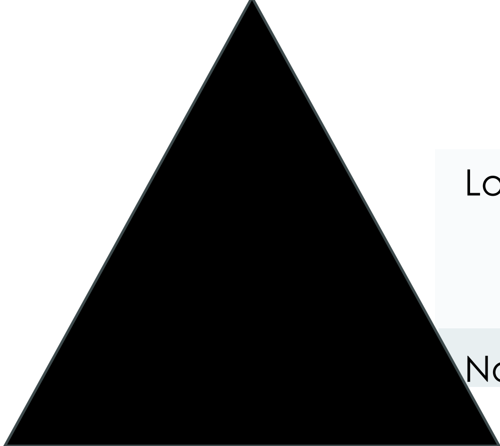


Imminent Risk

High Risk

Average Risk





Low Risk

Remove
risk factors!

Risk Factors

No Risk

# Thank you

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# DR. HAYLEY BROKER

MD, CCFP

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# suicide thoughts - what you can do

# *SETTING THE STAGE FOR A TRUSTWORTHY RELATIONSHIP*

**Help patients feel safe and supported**

Greet patients while they are fully clothed

Emphasize the patient’s control of the session

Attend to body language and follow up on signs of discomfort

Establish sensible and fair rules that are clearly explained

Focus on what patients can do vs. what they can’t

Assume individuals are doing their best

Acknowledge and validate feelings

Honor behaviors that help the patient cope with trauma, acknowledge progress, and build on strengths

**An approach that works: You want to be CALM.**

| | | |
|---|---|---|
| **C** | Cooperate | **Work together with them** and be with them in their distress, rather than pulling or pushing them to do something. |
| **A** | Accept | **Be non-judgmental** for suicidal thinking often comes with guilt, self-criticism and judgment, and any further judgment will make this much worse. |
| **L** | Listen | **Listen more than speak** and resist advice giving, which can make young people feel judged, scolded, and unheard. Ask, don't tell. |
| **M** | Mirror | **Validate and acknowledge** because this is the most common thing youth who have had suicidal thinking have told us they wanted when they reached out. |

**An organized, CALM approach will allow the youth to:**

- Feel safe enough to talk to you again if they need to
- Open up about their true thoughts and feelings
- Accept help if you can offer it

| HELPFUL | UNHELPFUL |
|---|---|
| **Cooperative** | **Not Cooperative** |
| "What would you like to do next?" | "OK here's what we're going to do…" |
| "Is there anything you need right now?" | "You need to get off of social media right now." |
| "I'm here with you." | "You need to…" |
| **Accepting** | **Not Accepting** |
| "I believe you and thank you for telling me." | "You can't be! You have everything you need." |
| "I understand why you're worried about them." | "Your friends are such a bad influence." |
| "I care about you, the you that you are." | "It's just a phase, you're not really…" |
| **Listening** | **Not Listening** |
| "Do you notice anything that makes it worse?" | "You need to just let go of things." |
| "Do you notice anything that makes it better?" | "You need more exercise." |
| "Tell me more, if you'd like?" | "I can't listen to this." |
| **Mirroring** | **Not Mirroring** |
| "That must be really upsetting." | "But what they say doesn't matter!" |
| "They're really important to you, and it hurts." | "They're bad for you, you should ignore it." |
| "It really sounds like you're so overwhelmed." | "You're stronger than this." |

# Screening for suicide ideation

# Tool for Assessment of Suicide Risk: Adolescent Version Modified (TASR-Am)*

**Name:**___________________________ **Chart #:**___________

| | Yes | No |
|---|---|---|
| Family History of Suicide | | |
| Psychiatric Illness | | |
| Substance Abuse | | |
| Poor Social Supports/Problematic Environment | | |
| Depressive Symptoms | | |
| Psychotic Symptoms | | |
| Lack of Pleasure | | |
| Anger/Impulsivity | | |
| Suicidal Ideation | | |
| Suicide Plan | | |
| Access to Lethal Means | | |
| Suicide Attempt | | |
| Current Problems seem Unsolvable | | |
| Command Hallucinations (Suicidal/Homicidal) | | |
| Recent (24 hrs) Substance Use | | |

6-Item KADS score:___________

Level of Immediate Suicide Risk

High ______
Moderate ______
Low ______

Dispositions:_________________________________________________________________

Assessment Completed by:_________________________ Date:_____________

** The TASR-Am has been modified from its original version of TASR-A.

## Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No

2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No

3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No

4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

   If yes, how? ______________________________

   ______________________________

   ______________________________

   When? ______________________________

   ______________________________

*If the patient answers* **Yes** *to any of the above, ask the following acuity question:*

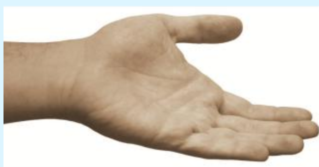
5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

   If yes, please describe: ______________________________

## Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen).*
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**

they are thinking of suicide, have thought of a few plans, now what??



# Coping with Suicidal Thoughts

## I'm seriously thinking about suicide. What should I do?

If you are thinking about suicide, you are not alone. Many people have thoughts of suicide, for a number of reasons. Thoughts of suicide can be very scary. You probably feel hurt, confused, overwhelmed and hopeless about your future. You may feel sadness, grief, anger, guilt, shame, or emptiness. You may think that nothing can be done to change your situation. Your feelings may seem like they are just too much to handle right now. It is important to know that thinking about suicide does not mean that you will lose control or act on these thoughts. Having thoughts of suicide does not mean you are weak, or 'crazy'. Many people think about suicide because they are looking for a way to escape the pain they are feeling.

Even though your situation seems hopeless and you wonder if you can stand another minute of feeling this bad, there are ways to get through this and feel better. You don't have to face this situation alone. Help is available. Here are a few ideas that you can use right now.

**Connect with others:** If you are worried that you may lose control or do something to hurt yourself, tell someone. Make sure you are around someone you trust. If you live alone, ask a friend or family member to stay with you. If you don't know anyone or can't reach friends or family members, call 1-800-SUICIDE (1 800-784-2433).

**Keep your home safe by getting rid of ways to hurt yourself:** It is important to get rid of things that could be used to hurt or kill yourself, such as pills, razor blades, or guns. If you are unable to do so, go to a place you can feel safe.

**Develop a safety plan:** It is very helpful to have a written safety plan when you have thoughts of hurting yourself. Have a trusted family member, friend, or professional help you to complete this safety plan. Keep this plan somewhere you can see or find easily. Write down the steps you will take to keep yourself safe (see the following example). Follow the steps. If you follow these steps and still do not feel safe, call a crisis line, get yourself to a hospital emergency room or call 911.

Dr. Joti Samra, R.Psych. and Dr. Dan Bilsker, R.Psych. (Lead Authors; 2007), Consortium for Organizational Mental Health (COMH; www.comh.ca), Faculty of Health Sciences, Simon Fraser University, Vancouver, BC. Inquires may be directed to: info@comh.ca.

*This document is not intended to replace professional care with a therapist or physician.*

# what happens in your community when you call 911?

# SAFETY PLANS

# Suicide and Relapse Prevention Plan

## My Activators

What activates the spirit of suicide to show up in my life?
(thoughts, feelings, sensations, experiences, people, etc.)

What activates the spirit of addiction to show up in my life?

## Identifying my Anchors

What has helped you through these difficult times in the past?

What brings you a sense of calm and ease? Is there a place that brings you a sense of connection?

What motivates you to want to change your relationship to substances if that relationship is causing difficulty?

*You are never alone. Your ancestors are always with you and can be accessed through connection to land*

# Solidarity Team

What are the signs to look for to know when I need to ask for help from my solidarity team?

Who are the people who will walk with me, who I can reach out to when I am feeling like using, or am visited by the spirit of suicide?

| Name | Relationship | Phone # |
| --- | --- | --- |
| | | |
| | | |
| | | |
| | | |

# New Strategies in Place of Self Harm

What practices will I utilize in place of using substances or self harm? (cold water bathing, drumming, singing, etc.)

# Words of Remembrance & Sacred Commitments

What are the  the teachings, words, songs and prayers that keep me strong?

# Safety Plan

If you have thoughts of hurting yourself, start at Step 1. Go through each step until you are safe. Remember: Suicidal thoughts can be very strong. It may seem they will last forever. With support and time, these thoughts will usually pass. When they pass, you can put energy into sorting out problems that have contributed to you feeling so badly. The hopelessness you may feel now will not last forever. It is important to reach out for help and support. You can get through this difficult time. Since it can be hard to focus and think clearly when you feel suicidal, please copy this and put in places where you can easily use it, such as your purse, wallet or by the phone.

1. Do the following activities to calm/comfort myself:

2. Remind myself of my reasons for living:

3. Call a friend or family member:
   Name: Phone:

4. Call a backup person if person above is not available:
   Name: Phone:

5. Call a care provider (psychologist, psychiatrist, therapist):
   Name: Phone:

6. Call my local crisis line:
   Phone:

7. Go somewhere I am safe:

8. Go to the Emergency Room at the nearest hospital.

9. If I feel that I can't get to the hospital safely, call 911 and request transportation to the hospital. They will send someone to transport me safely.

# 9-8-8: Suicide Crisis Helpline

# Suicide Crisis Helpline

- Get Help
- Understanding Suicide

## You deserve to be heard. We’re here to listen.

A safe space to talk, 24 hours a day, every day of the year.

Call 9-8-8

Text 9-8-8

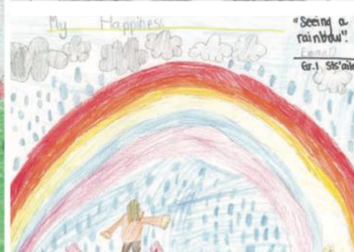
What happens when you call or text

*If your safety is at risk, call 9-1-1 right away.*

First Nations Health Authority
Health through wellness

# Hope, Help, and Healing

## A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide



# Suicide and Suicidal Thoughts

**If your child is at immediate risk and has tried to end their life or they are threatening to do so in the near future, call 911 or go to your local hospital's emergency room.**

**If your child is thinking about ending their own life, or needs someone to talk to about suicidal thoughts:**

- **Call 1-800-SUICIDE (1-800-784-2433) for the BC Suicide Prevention and Intervention Line. Available in over 140 languages using a language service.**
- **Call 1-800-588-8717 for the BC KUU-US Indigenous Crisis and Support Line.**
- **Call or text 988 for the National Suicide Crisis Helpline. Available in English and French.**

What is it? How do I know? What can be done? Where to from here?

## What is it?

Suicide is not an easy subject to talk about and it can be very difficult to learn that a loved one is struggling with thoughts of suicide, particularly when it's a child or youth in your life. While suicidal thoughts can seem scary and overwhelming, it's helpful to remember it's not shameful or unusual for families or communities to experience . If you or someone in your life is having thoughts of suicide, you are not alone.

In many cases, having thoughts of suicide is not about wanting to die, it is about wanting the pain to stop. When a person is having thoughts of suicide, they are likely feeling intense emotional pain and are unable to see other options as possible solutions to their pain. Often, they feel like they are a burden to others, and are filled with a sense of worthlessness, self-hatred, rejection or hopelessness. While they may not actively seek it, people who are struggling with suicidal thoughts are often open to (and greatly benefit from) support from others.

While most children and youth who have thoughts of suicide don't act on them, it's important to take all thoughts of suicide seriously. It's not useful to try to determine whether someone's thoughts of suicide are "real". It is also not helpful to disregard thoughts of suicide as "manipulative" or "just a cry for help". Even if a child or youth does not intend to attempt suicide, thinking or talking about suicide is a sign that they are in acute distress and need support.

## Get Support

Talk with someone

Find support services

### Featured Resources

**Crisis: 1-800-SUICIDE [1-800-784-2433] | Mental Health Support & Information: 310 6789 [no area code]**

**Crisis Centre**

Available 24/7 these phone services provide mental health support, information, and resources for people who are distressed as well as their friends and families. Available in over 140 languages using a language service.

**1-800-588-8717**

**KUU-US Crisis Line Society**

Crisis intervention trained phone operators assist those in crisis 24hrs a day. KUU-US provides crisis services to all Aboriginal people across BC.

**BC Ministry of Children & Family Development**

**Suicide Prevention and Self Harm Video Series and Resources**

The aim of these prevention and early intervention videos and resources is to reduce stigma, increase mental health literacy, and build capacity of parents & caregivers, educators and others who are supporting youth experiencing suicidal and self-harm behaviours.

# Foundry Virtual BC

Young people aged 12-24 and their caregivers living in British Columbia can access free mental health and wellness same day services virtually through the Foundry BC app.

**Unsure if your community has a Foundry centre? Click here to find out!**

Foundry Virtual BC is here to fill the gaps and complement existing services in communities that do not have a Foundry centre. We are also here to support young people and caregivers that have barriers to accessing their local centre.

# Getting Help for Mental Illnesses

## On this page:


- How do I know if I need help?
- Why should I get help?
- Who can provide help?
- How do I find help?
- Not sure where to start?
- Where can I learn more?


One day, you develop a nagging cough, or get sharp back pain. You wait a few days to see if things get worse or improve, then do some research or go to friends and family for advice. If the problem still doesn't go away on its own, you go to the doctor to get it checked out to find out what it is and what to do about it.

One day, you wake up and realize that you've been feeling different lately. You're not sure exactly what's wrong, but you've having a hard time getting through the day and just don't feel like yourself. Two months later, you're feeling even getting worse. You think it will go away on its own, that it's not serious, that it's all in your head. Maybe it's just your personality or your age or stress. You've tried a few things on your own, but nothing works. You're worried about what others might think of you. So you keep everything to yourself and hope it passes.

Why do we treat our mental health so differently from our physical health?


## MENTAL HEALTH

FIND HELP NOW

IMPROVING MENTAL HEALTH

MENTAL ILLNESSES

ALCOHOL AND OTHER DRUGS

THE BIGGER PICTURE

SIGN UP FOR NEWS FROM CMHA BC

SUICIDE PREVENTION & LIFE PROMOTION

## Child and Youth Mental Health Crisis Program - Short-term Child and Adolescent Response Team (CART)

Provides urgent response (within 72 hours), short-term mental health service to school-aged children and youth who are experiencing acute psychiatric or emotional crises.

Services include urgent assessment and consultation, clinical intervention, and coordination with community resources.

A referral is required. To make a referral, call 604-874-2300

**Eligibility:** Serves residents of Vancouver aged 5-18.

Clients with a private psychiatrist or who are working with a VCH Child and Youth Mental Health team are not eligible for short term treatment.

## WHAT IS IN YOUR COMMUNITY?

# thank you

(the support you provide can help, but in the end, you are not responsible for their actions, forgive them and forgive yourself….)

# Suicide Prevention from an Indigenous Lens

*Child and Youth Mental Health and Substance Use Community of Practice*

April 13, 2026

**N’alaga̱ / Kaaw Kuuna (Avis O’Brien)**

**** Activation Warning ****

# Introduction

**N'ala̱ga**

Bringer of Daylight

**Kwakwa̱ka'wakw**

Giga̱l'ga̱m Namima

sa the Ligwiłda'x̱w

**Kaaw Kuuna**

One Who Sits Great

**Haida**

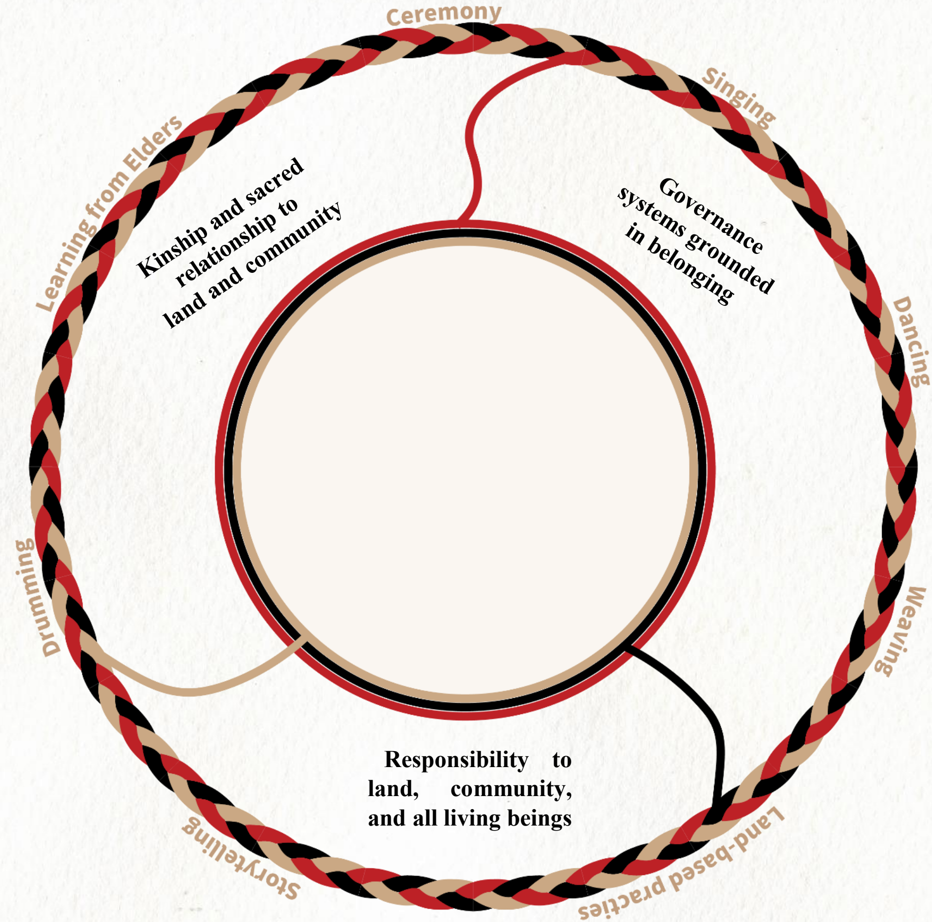
Kaa'was

Staa'stas

EagleClan

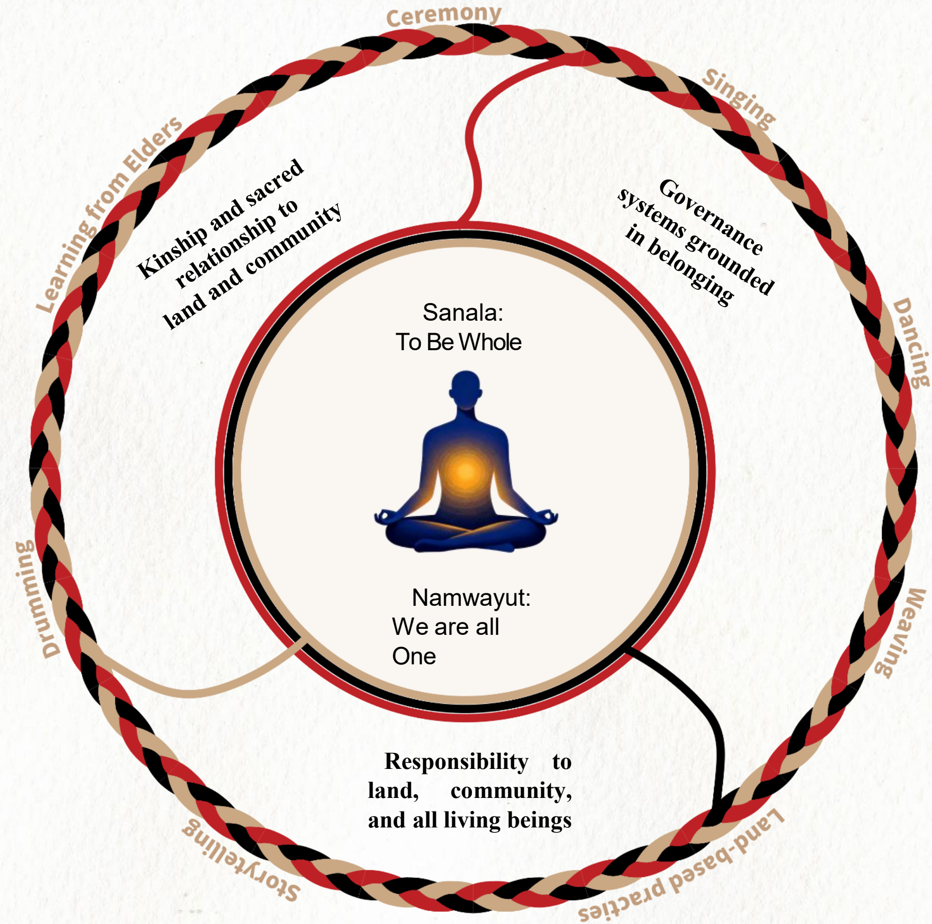
# Pre-Contact Life Rooted in Connection & Wholeness

Systems, practices & worldviews that sustained life & connected us to creator and the land



# Connection & Wholeness as the Foundation

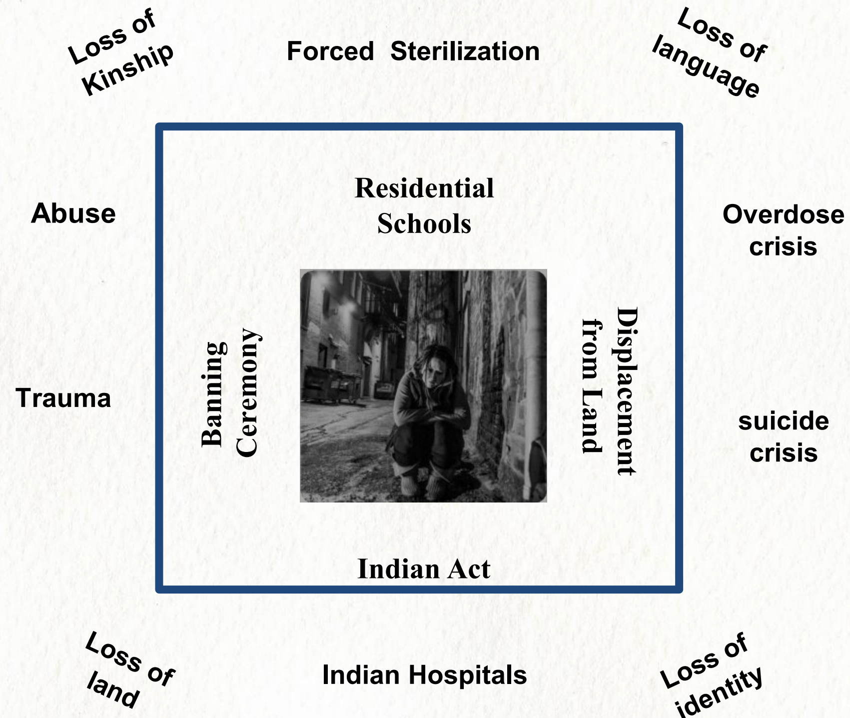
These ways of being helped sustain a sense of wholeness and wellbeing in our bodies, minds and spirits



# Colonial Disruption & the Soul Wound

Colonization imposed systems of oppression, disconnection, assimilation, and genocide.

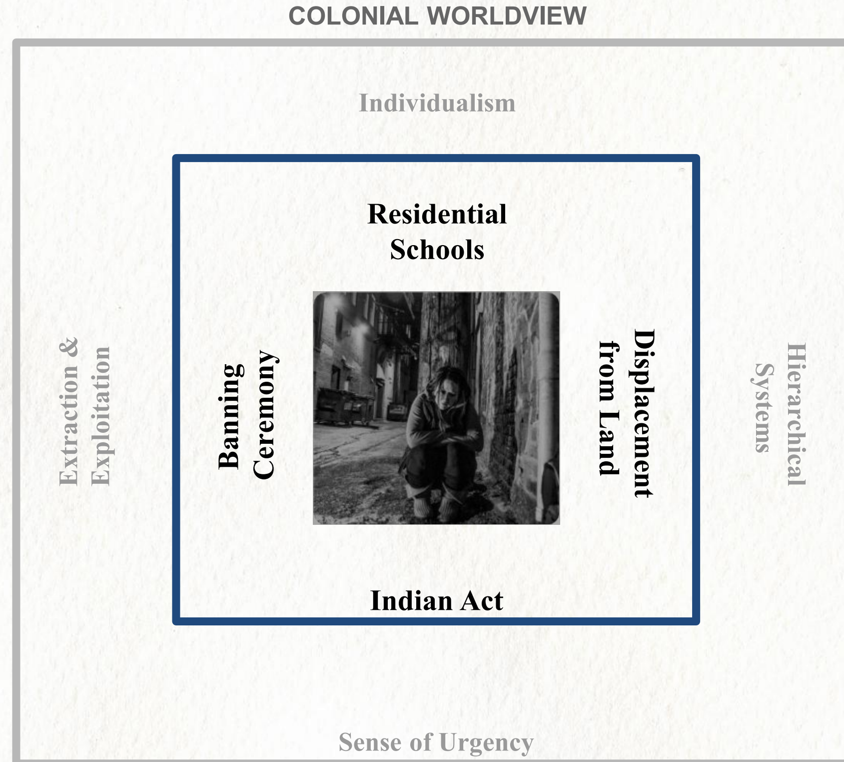
This created a *soul wound* that Indigenous peoples still carry.




Eduardo Duran describes historical trauma as a soul wound.

# Colonization Imposed Systems of Disconnection

These worldviews brought by colonization are embedded within wider systems built on separation.



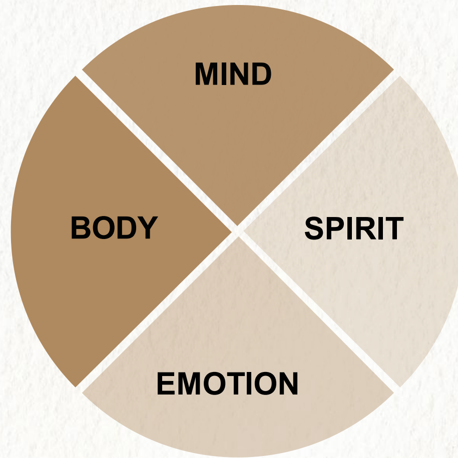

*Indigenous peoples were targeted directly, but these systems also shape the suffering many non-Indigenous youth experience*

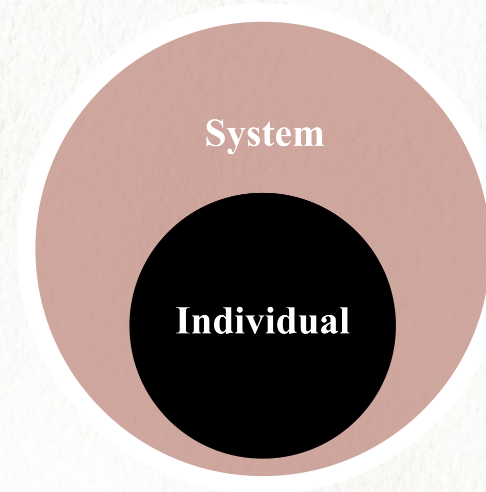
# Limits of Western Medical Systems

Fragments body, mind, emotion, and spirit

Treats distress as an individual problem, not a systemic one

Leaves little room for relational or culturally grounded care

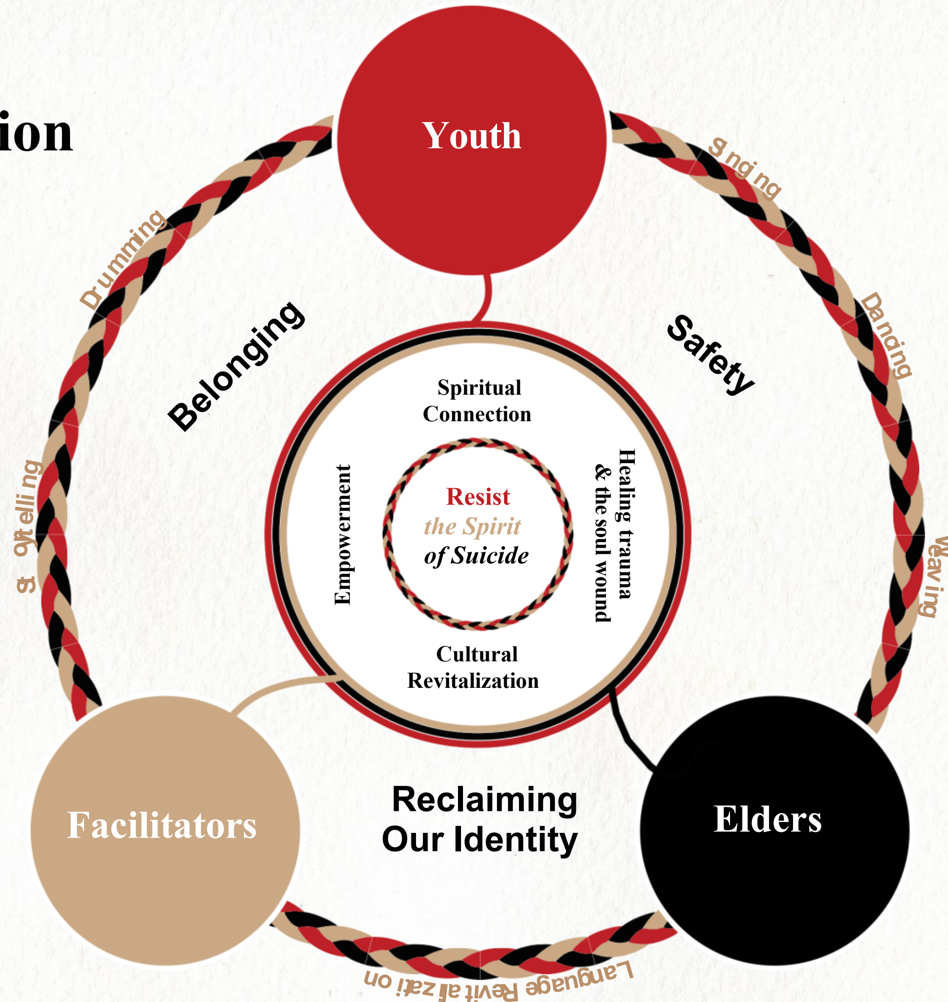


# Indigenous suicide prevention

We gather for collective healing by naming colonial genocide as the root cause of our suffering.

We heal the soul wound through language & Cultural reclamation



# The Polyvagal Theory

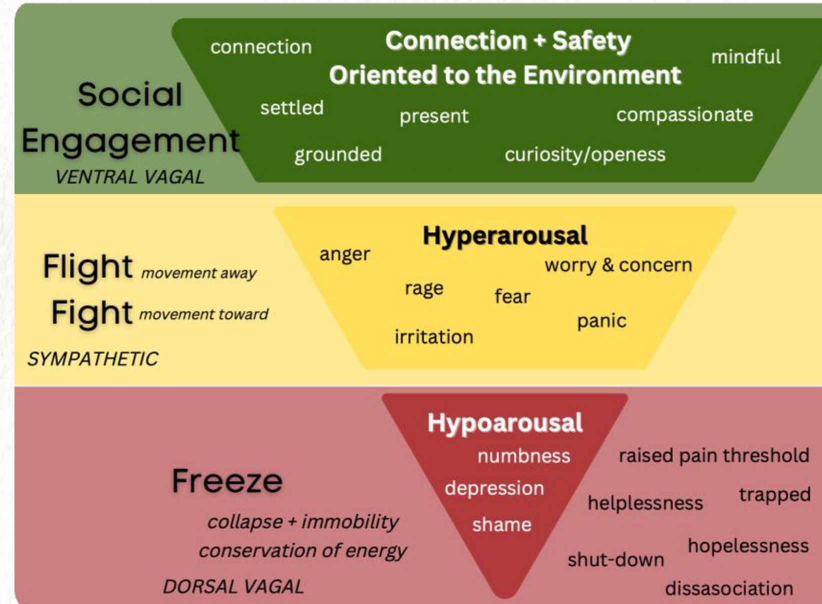
*The work of Dr. Stephen Porges*

Trauma keeps the nervous system in survival states

Survival states show up as fight, flight, or freeze. This is when the spirit of suicide shows up.

Our work is to help youth move toward safety,

connection, and regulation through cultural practices




*Every aspect of Indigenous cultural practices can offer co-regulation and support healing*

# Co-regulation & Neuroception

***The spirit of suicide visits us when our nervous system is in survival***

Co-regulation is the experience of safety and connection between two nervous systems

Trauma can leave the nervous system scanning for danger because of neuroception.

Relational and culturally grounded support can help youth move toward safety and regulation

*Co-regulation saved my life from the spirit of suicide and I thank Dr. Michael Dumont at Luma Medical Clinic for that support*

# Suicide prevention safety plans

A practical tool for doctors and caregivers supporting youth who are navigating the spirit of suicide

## Suicide and Relapse Prevention Plan

### My Activators

What activates the spirit of suicide to show up in my life? (thoughts, feelings, sensations, experiences, people, etc.)

What activates the spirit of addiction to show up in my life?

### Identifying my Anchors

What has helped you through these difficult times in the past?

What brings you a sense of calm and ease? Is there a place that brings you a sense of connection?

What motivates you to want to change your relationship to substances if that relationship is causing difficulty?

*You are never alone. Your ancestors are always with you and can be accessed through connection to land*

# Suicide Prevention Safety Plans

A practical tool for doctors and caregivers supporting youth who are navigating the spirit of suicide

## Solidarity Team

What are the signs to look for to know when I need to ask for help from my solidarity team?

Who are the people who will walk with me, who I can reach out to when I am feeling like using, or am visited by the spirit of suicide?

| Name | Relationship | Phone # |
| --- | --- | --- |
| | | |
| | | |
| | | |

## New Strategies in Place of Self Harm

What practices will I utilize in place of using substances or self harm? (cold water bathing, drumming, singing, etc.)

## Words of Remembrance & Sacred Commitments

What are the the teachings, words, songs and prayers that keep me strong?

# How Non-Indigenous Doctors Can Improve Care

**Name**

- suicide as a spirit
- colonial genocide
- trauma

# How Non-Indigenous Doctors Can Improve Care

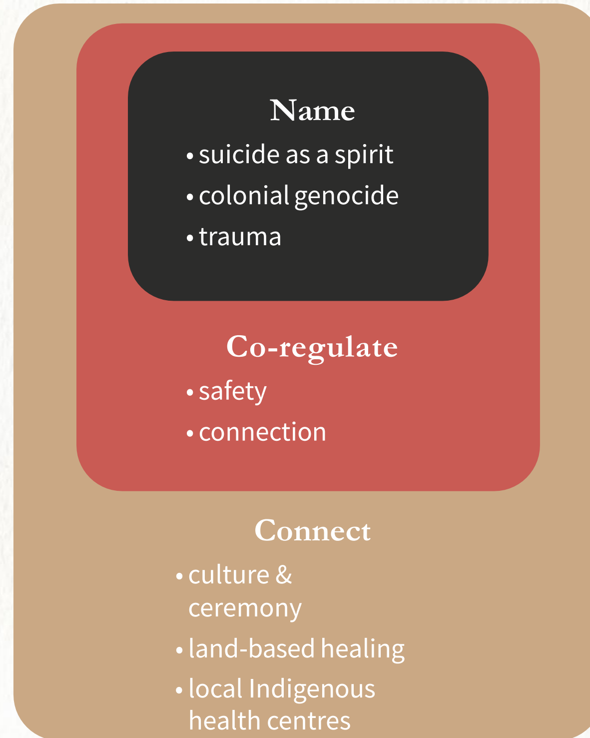
**Name**

- suicide as a spirit
- colonial genocide
- trauma

**Co-regulate**

- safety
- connection

# How Non-Indigenous Doctors Can Improve Care



# G̃ilakas'la / How'aa

*Thank You*

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