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**- Shoghi Nikoo**

**Director, Peer Support Centre**

head and they’re contemplating it and they’re writing notes. But the majority of people who commit suicide don’t leave notes and they don’t leave an explanation for their loved ones. It’s not this dramatic moment of decision and, ‘I’m going to set my affairs all in order.’ It’s a moment of quiet desperation, I think.”

Shoghi Nikoo, director of the Peer Support Centre, agrees there are many false impressions surrounding suicide. She says it’s a common misconception that suicide is about wanting to end your life.

“It’s not so much wanting to die as it is a struggle between wanting to live and [not] wanting to deal with the pain that they’re in,” Nikoo says. “A lot of people — and these are the people that then think of suicide — can’t think of any way to get rid of that pain except by ending their life.”

Another notable misconception about suicide is that people who hint about ending their lives are only looking for attention. However, Nikoo says that oftentimes, suicidal comments made jokingly may be serious, and are often a lot more deserving of attention than many people might think.

“A lot of the clues that you get are actually jokes,” Nikoo says. “So somebody will joke about, ‘well, if I’m not here, then this won’t be a big deal,’ or ‘why don’t you just kill me?’ Those are often very subtle clues that the person might be thinking about suicide.”

Located in the lower level of SUB, the Peer Support Centre exists as a way for students in any kind of distress to reach out for help. Somewhere between 13 to 14 per cent of its clients report having thoughts of suicide. One of the important things that they do is to redefine suicide, and then directly address it.

“We’re not afraid of asking the person if they are having thoughts of suicide. A lot of people are afraid that if they ask them, then they might be planting the idea or encouraging them to go in that direction [...] and that’s simply just not the case. Talking about suicide or asking people if they’re having thoughts of suicide will not lead them to thinking about it more than they already are.”

Cases can occur where somebody commits suicide seemingly out of the blue. But this is actually fairly rare, Nikoo says. Often, friends and family members simply aren’t familiar with the signs.

Giving away valued gifts, no longer taking pleasure in things that they used to, isolating themselves, not attending class, poor hygiene, and a change in diet or sleeping patterns are

all other signs that someone might be having thoughts of suicide. If somebody does suspect a friend or family member is contemplating suicide, besides asking directly and being willing to support that person, one of the things that they should do is turn to help as well.

“It’s basically impossible to support somebody without having support yourself. So whether that’s talking to friends and family, or coming to a center like the Peer Support Centre or phoning the Edmonton Distress Line, getting support yourself is one of the best ways you can support somebody else.”

Getting mental health issues out into the open is of utmost importance, as suicide is far more common than most people think. According to the Canadian Association for Suicide Prevention, suicide was the second leading cause of death among people between the ages of 15 and 34 in 2005.

According to the American College Health Association National College Health Assessment, which measures mental health across universities in North America, 81.2 per cent of students had never seriously considered suicide. Of the respondents, 12.6 per cent had considered it in the 12 months prior to the survey being taken, and 7.7 per cent had at some point attempted suicide.

Across Canada, it’s also a major concern. Rates in the country have remained relatively stable, with about 3,600 cases every year between 2003 and 2007, which are the latest years that Statistics Canada has data available.

Students’ Union President Nick Dehod said that suicide is directly related to the greater spectrum of mental health problems that plague university students.

“I’m not going to discount the fact that suicide is a very serious thing, but it’s part of a greater problem,” Dehod says. “It’s not about suicide specifically, but it’s about preventing people from getting into the sort of situation where suicide starts to become something they would consider, and I think that’s indicative of a larger problem — how are people connected to the campus, how are people supported, and how are you making sure they have the tools they need.”

For this reason, Dehod has made mental health awareness a key focus of his presidency. He has also pushed for a fall reading week, which he hopes will give students a break in November from the stresses of university life. Student Counselling Services, which provides support for undergraduate students, has hired more counsellors this year, though Dehod



notes that it has also seen an upswing in use and he would like to see a larger increase in counsellors.

“There’s still just a general lack of understanding of what mental health is, and what depression and anxiety do to students. There’s still this mentality at times that university is tough, and you’re going to have times that you’re stressed out, but that’s not necessarily a good reason to just accept things [...] There is stress and anxiety related to going to school, but it shouldn’t become debilitating.”

Dehod says that undergraduates face a number of stressful situations that can cause their mental state to spiral out of control. Students are worried about finding employment when they graduate, and many are living away from home and lack the support network that guided them when they were younger. Such stressful situations in university are made worse by a generation that is too hard on itself, something reflective of larger societal issues, he says, noting that today, “more is just demanded of people.”

“People are so hard on themselves all the time. What continually comes up with all these mental health issues is, ‘it’s your fault because you’re not budgeting your time efficiently, it’s your fault because your

grandfather died, and that’s the first time you’ve experienced death, so it’s your fault you can’t handle it.’ That’s an issue. People are too hard on themselves.”

Beth says that she knows that she will always deal with suicide in her life. It’s a reality accompanying her mental illness, but she says that it can get better.

She hasn’t attempted suicide since she was 13, but Beth knows it will always be at the back of her mind if she’s having a particularly bad day. But she stresses that building a support network and being able to confide in loved ones who will help without judgment is the best way to continue living a healthy life.

“As an educated adult, I know that it’s not a good option and I need to change my thought patterns [...] but I know that suicidal thoughts aren’t going to go away magically. And it is something I’m going to struggle with. And just because somebody is suicidal doesn’t mean that their life isn’t going to change or that they can’t get better. And I think that’s the biggest thing people need to understand.”

There are a number of resources on campus and in the city for people who need help. From anxiety and depression, to addiction, suicidal thoughts or other mental conditions, the first place to turn is the **University Health Centre (UHC)** on the second floor of SUB. They are open from 8:30 a.m. to 4:30 p.m. during the school year. There are a number of general practitioners on staff, and they can recommend other options.

**Student Counselling Services**, across from UHC on the second floor of SUB, has drop-in hours throughout the week. Check out the UHC website at [www.uhc.ualberta.ca](http://www.uhc.ualberta.ca).

The Students’ Union runs the **Peer Support Centre** in the basement of SUB, 0-30N. They have drop-in hours from 9 a.m. to 8 p.m. during the fall and winter semesters. You can also reach them by phone at (780) 492-HELP (4357). The City of Edmonton also runs a **Distress Line** that can be reached 24 hours a day at (780) 482-HELP (4357).