Erasmus School of
Social and
Behavioural Sciences

# Breaking Barriers

## Peer-to-Peer Suicide Prevention

### Workshop manual

**Erasmus University Rotterdam**
Making Minds Matter

# Content

# Introduction

## Breaking Barriers: Peer-to-Peer Suicide Prevention

The workshop equips students with the skills, confidence, and understanding needed to recognize signs of suicidality and engage in meaningful peer-to-peer conversations. It aims to break the stigma around discussing suicide, create safer spaces for open dialogue, and empower students to support one another in moments of need.

Developed for students in higher education, this workshop is designed to be delivered within an educational setting. It is grounded in both research evidence and the lived experiences of young adults, including insights from students who have personally navigated challenges related to suicidality. By combining academic findings with real-world perspectives, the workshop provides a comprehensive, practical approach to addressing this sensitive topic.

Research shows that suicide is one of the leading causes of death among young people worldwide, with many students experiencing suicidal thoughts. Yet, despite its prevalence, conversations about suicidality are often avoided. Students may feel unsure about how to address the topic—whether for themselves or when supporting peers—and this silence can deepen feelings of isolation.

This workshop was designed to address that silence. While peers are not expected to act as professional counselors, studies indicate that open, supportive conversations can make a significant difference. Simply having the opportunity to share feelings with someone who listens without judgment can reduce the sense of burden and foster a sense of connection.

Its development was supported by ZonMw's "Wat Werkt voor de Jeugd" programme: Onderzoek voor en door Jongeren. The project is titled "Gesprekken die Levens Redden: Workshops Suïcidepreventie voor Studenten" [Conversations that Save Lives: Suicide Prevention Workshops for Students; 07440122230012].

This manual is your guide to facilitating the workshop. It includes detailed information, practical tools, and insights to help you feel prepared and confident in leading these critical discussions. Together, we can foster a culture where students feel safe to talk, listen, and support one another—because sometimes, a conversation really can save a life.



## Goal of the workshop

The goal of the workshop is to equip students in higher education with the knowledge, skills and confidence to recognize warning signs of suicidality and engage in open, empathetic conversations with peers who may be struggling with suicidality. Through an interactive format, students will learn to identify suicidal thoughts and behavior, understand how to approach the topic of suicidality, and practice effective communication in a safe and supportive environment.

Each session should be led by a sufficient number of facilitators to ensure adequate one-on-one support for participants. For instance, two trained facilitators for a group up to fifteen to twenty students. The facilitators should be comfortable discussing mental health topics and equipped to handle sensitive topics.

The workshop consists of several key components, each designed to enhance participants' understanding of suicide and equip them with practical skills for peer-to-peer prevention:

1. **Interactive quiz (10 min)**
   This part begins with an interactive quiz where participants' current knowledge about suicide is assessed. Facts, misconceptions and common myths are discussed to provide an evidence-based understanding of suicide. The aim is to educate students and challenge misinformation.

2. **Research findings & lived experience (10 min)**
   In this part, findings from both existing literature and the 'Conversations that Save Lives' project are discussed. This segment also features a personal story from someone with lived experience. The aim is to normalize discussions around suicidality, emphasize the importance of addressing the topic openly, and demonstrate that others have faced similar challenges.

3. **Theoretical background (10 min)**
   This segment introduces psychological models that explain the development and progression of suicidality. Facilitators provide a theoretical overview to help participants understand the underlying causes and pathways of suicidality. This deeper insight helps participants empathize with those experiencing suicidal ideation, fostering a more compassionate and informed response.

4. **The REACH OUT-method (15 min)**
   This part presents a step-by-step guide for approaching and supporting someone who may be suicidal. This includes practical tools and steps, key phrases, suggested questions and support strategies. The aim is to empower participants to feel more confident in initiating conversations and offering meaningful support.

5. **Role-play exercise (45 min)**
   The role-play exercise is the most interactive and substantial part of the workshop. Participants will engage in simulated conversations about suicide to practice their skills in a safe and controlled environment. This hands-on experience builds confidence, enhances communication skills, and allows for constructive feedback to refine participants' approach.

## About the manual

Facilitators should be comfortable discussing mental health topics. While formal training in psychology or suicide prevention is helpful, it is not required. This manual is designed to support you, the workshop facilitator, in preparing to lead the workshop. The information provided here expands on the content presented in the slides. Through more elaborate explanations and practical insights, the manual aims to equip you with the knowledge and confidence needed to adapt the workshop to your style.

In standard formatted text, you'll find the workshop content, background information, and additional explanation. Familiarizing yourself with this content will help you develop the foundational knowledge about suicide and suicide prevention necessary to guide the workshop.

**Bold text indicates instructions for facilitating the workshop. These segments provide practical and structural guidance, focusing on how to deliver the workshop effectively rather than its content.**

> *Italicized segments signal examples of how to present the workshop content. While using these examples is optional, they can be helpful as you develop your approach and find your unique style of presenting the material.*

## Care is advised

Be aware that some participants may have personal experiences with suicidality or know someone who has been affected by suicidality. It is important to maintain a safe, respectful environment where everyone feels comfortable expressing their thoughts and emotions. If sensitive topics arise, acknowledge the emotions and gently guide the group back to the focus of the workshop. Avoid turning the workshop into a support group and instead focus on guided discussions and practical skill-building to support peer-to-peer communication about suicide. If necessary, refer participants to professional support resources.



# The Workshop

## Start of the workshop

### Requirements:

- A room that ensures privacy and can function as a safe space for open conversations.
- The 'Breaking Barriers' PowerPoint.
- A smartboard where the 'Breaking Barriers' PowerPoint can be shown.
- The 'REACH OUT' flyer.
- Materials for the true-or-false game.

### Introduction: Slides 1-3

**Welcome the participants, thank them for attending and provide a brief introduction.**
**Introduce yourself and any co-facilitators, then organize a short round of introductions. If time is limited, ensure the introductions remain concise. You set the tone for the introduction round, so keep in mind that if you share detailed information, participants may feel inclined to do the same.**

### Workshop Goals: Slide 4

This workshop serves as gatekeeper training, meaning participants will not become clinical professionals but will gain the ability to recognize signs of suicidality in their peers and acquaintances. The goal is to empower participants to help suicidal individuals by providing a space to discuss their concerns and, whenever appropriate, by guiding them toward professional help.

To achieve this, participants will develop an understanding of:

1. **The prevalence and impact of suicide**
2. **Barriers to offering support and how to address them**
3. **The progression and lived experiences of suicidality**
4. **How to recognize warning signs and provide appropriate support**

The workshop consists of four core components and one additional practice segment where participants apply the skills they have learned.

**Explain the goals of the workshop and outline its agenda.**

**Goals:**

- Break the taboo around suicide.
- Debunk common myths about suicide.
- Recognize warning signs of suicidality.
- Understand the experience of suicidal thoughts.
- Provide practical tools on how to help.

**Workshop structure:**

- Interactive quiz to assess and expand knowledge about suicide.
- Discussion of research findings and personal experiences.
- A segment explaining the theoretical background of suicidality.
- Practical steps on how to help someone in need.
- A role-playing exercise for participants to practice their skills.

**Remind participants that the goal is NOT to train them to become professionals.**
Instead, the workshop aims to empower them with the skills and confidence to recognize signs of suicidality, have open and supportive conversations, and guide individuals toward professional help when needed.

## 1. The prevalence and impact of suicide

### Facts and Figures: Slides 5-10

Suicide is more common than many people realize. In the Netherlands alone, approximately five people die by suicide every day, and forty people a day pay a visit the emergency room following a suicide attempt. Globally, more than 700,000 people die by suicide each year. One in five people will experience thoughts of suicide at some point in their lives, and one in fifteen will attempt suicide.

Despite its prevalence, stigma often prevents open discussion about suicide. This lack of dialogue contributes to widespread misunderstanding of the seriousness of the issue. While stats cannot fully convey the personal tragedies and lasting impacts of suicide, they help raise awareness and reinforce that suicide prevention is a shared responsibility.

Hence, this next segment presents key facts and statistics related to suicide. The aim is to raise awareness among participants about the prevalence and severity of suicide, providing a realistic understanding of how often suicidality occurs (in the Netherlands).



**Present each fact and statistic one by one:**

1. **40 people arrive at the emergency room after a suicide attempt every day.**
2. **5 people die by suicide every day.**
3. **Suicide is the leading cause of death among people under 30.**
4. **60% of people who die by suicide were not receiving any care from the healthcare system.**
5. **1 in 5 teenagers who died in 2022 died by suicide.**

**Encourage discussion to enhance participant engagement and retention. People generally remember content better when they need to actively reflect on it rather than passively listening.**

For example, you might ask:

*Are these statistics surprising to you? Did you expect these numbers to be this high?*

**During these discussions, you may get questions which you cannot answer immediately, for example, questions about statistics from a specific country, or comparisons between countries.**

It is perfectly fine not to have all the answers. Instead, you can suggest that these questions could be something for participants to explore further after the workshop. Focus on facilitating thoughtful reflection during the session.

**Conclude this segment by emphasizing the importance of having accurate knowledge about suicide.**

Informed knowledge helps improve communication around this topic and prepares individuals for meaningful conversations they may need to have.

## 2. Challenges and issues related to providing help

### True or False: Slides 11-15

The stigma surrounding suicide and the barriers people face when talking about it perpetuate misunderstandings. These misconceptions also make it harder to provide help. Breaking this vicious cycle starts with debunking common myths and false beliefs about suicide.

Accordingly, the next part is a true-or-false game where participants will test their knowledge about suicide by guessing whether the statements presented are true or false. All the statements are false, as they reflect common misconceptions about suicide that many people believe to be true. The goal of this activity is to debunk these myths and to foster accurate understanding.

**Present each statement one by one and have participants indicate whether they think it is true or false by raising hands or by using flash cards and so on. Always review the statement briefly, as some participants might be unsure about their answer. If incorrect answers are given, use the opportunity to explain and address the misconception in more detail.**

#### Statement 1: "Talking about suicide increases suicidal intentions"

**False:** Discussing suicidal thoughts does not increase the likelihood of suicide. On the contrary, it can help individuals explore solutions other than death and reduce the stigma, stress, and loneliness they may feel.

**Background:** It is a common myth that talking about suicide can implant the idea or push someone toward acting on suicidal thoughts. If someone is not suicidal, discussing the topic will not make them suicidal. Similarly, for those already struggling with suicidal ideation, addressing the topic will not increase the risk of an attempt – in fact, it can have the opposite effect. Suicidal thoughts often stem from overwhelming despair and a sense of being a burden to others. Talking openly about their experiences can make people feel heard, understood, and connected, reducing isolation and stress. Conversely, avoiding conversations about suicide perpetuates stigma, leaving vulnerable individuals feeling even more alone.



#### Statement 2: "Suicidal behavior is always just a cry for attention"

**False:** Suicidal behavior can be a way to signal the severity of one's suffering, but this does not diminish its seriousness. Any expression of suicidal ideation requires attention and support.

**Background:** This myth is both harmful and dismissive. While some individuals may express suicidal thoughts as a way to communicate their distress, labeling it as "attention-seeking" trivializes their pain. Such attitudes can lead to neglecting or invalidating cries for help. Every instance of suicidal ideation should be treated with care and compassion, as it could be a crucial opportunity to intervene. Recognizing the underlying pain behind these expressions is essential to providing meaningful support and potentially saving lives.

#### Statement 3: "Suicide always happens suddenly and without any warning signs"

**False:** Suicide is rarely an impulsive act; it is often preceded by a series of events, setbacks, or patterns of thought. While warning signs can vary from person to person, they are usually present. However, people might not show these warning signs with everyone so you might not see them.

**Background:** Most of the time, suicide is not a sudden or unexpected action. It is a process that unfolds over several stages before a planned attempt. These stages often reveal themselves through signs, which can sometimes be difficult to detect, even in close relationships. However, in many cases, the signs are there. Understanding and recognizing these signs early can help identify suicidality when the risk of an attempt is not yet as high. This increases the likelihood that appropriate help can be provided in time, potentially preventing escalation.

### Statement 4: "Someone who talks about suicide, ultimately won't do it"

**False:** Talking about suicide is often an important warning sign that someone is suicidal. Research shows that more than half of those who die by suicide express their intentions beforehand.

**Background:** Individuals may communicate their suicidal thoughts through direct statements, subtle hints, or expressions of hopelessness. These signals should never be ignored, as they provide an opportunity for intervention and support. While someone may speak about suicide without intent to act, addressing the topic helps reduce stigma and shows care. Openly discussing it reassures individuals that they are heard and supported.

**After the activity, discuss the role these myths play in perpetuating stigma. Highlight that all the statements were false and represent widely held misconceptions that hinder effective suicide prevention. Encourage participants to consider how these myths contribute to the cycle of stigma and how debunking them can improve care and support.**

For further reading, you can recommend *"Mythen over zelfmoord"* by Derek de Beurs.

## Barriers + Focus Group Outcomes: Slides 16-17

Persistent myths about suicide often shape the "knowledge" people hold, creating barriers to providing help. These barriers, rooted in misconceptions, may include fears of making the situation worse or doubts about one's ability to provide meaningful help. Such fears often discourage individuals from initiating conversations about suicide and, ultimately, from offering support.

Before addressing the practical steps of suicide prevention, it is crucial to explore these barriers and the false beliefs that sustain them.

**Encourage participants to reflect on their own experiences with these barriers.**
To foster participation, you can use:

- Group discussions: This allows participants to engage directly and to respond to each other's barriers.
- Online platforms (e.g., Mentimeter): This enables all participants to share their thoughts anonymously, which may feel safer for those hesitant to speak aloud.



**Discuss the barriers identified by participants, focusing on the underlying myths and misconceptions to help debunk them. Compare these with findings from focus groups conducted during the development of the workshop, and address any additional barriers identified.**

### Barriers and Myths:

1. **"I don't want to bring the idea into their heads."**
   This barrier is rooted in the myth that discussing suicide can create suicidal thoughts. Research consistently shows that talking about suicide does not cause someone to become suicidal. For individuals already struggling with suicidal ideation, such conversations provide a safe space to share their feelings and feel less alone. For those who are not suicidal, it reassures them that open discussions about mental health are acceptable. Addressing suicide directly can help reduce stigma, foster connection, and create opportunities for support.

2. **"What if I make it worse?"**
   Similar to the first barrier, this stems from the myth that talking about suicide increases suicidal risk. Again, asking someone about suicide shows that you care and provides them with an opportunity to express their feelings. When approached thoughtfully, these conversations can ease their emotional burden and help clarify the next steps for seeking support.

3. **"Is my help enough?"**
   It's important to recognize that you are not expected to take on the role of a professional counselor. Your role as a peer is to listen, support, and encourage the individual to seek professional help. Many people who die by suicide never receive professional care. By acting as a bridge between the individual and professional resources, you play a vital part in their journey to recovery. While you cannot control their actions, showing empathy and care can provide hope and reduce their feelings of isolation.

4. **"I am afraid they might feel attacked."**
   This barrier reflects a fear that bringing up suicide may offend or upset the individual. In reality, people rarely feel attacked when approached with genuine care and concern. If someone does feel defensive, reassure them of your intentions by explaining that you are asking because you care about their well-being. Cultural differences or individual personality traits may sometimes make these conversations more challenging, but open, respectful communication transcends such barriers. Being clear, supportive, and empathetic can help ease the discomfort and build trust.

5. **“What if they are suicidal I can’t do anything about it.”**
   This barrier highlights the heavy emotional weight that many feel when supporting someone who is suicidal. It is crucial to remember that people’s actions are ultimately their responsibility, and you are not in control of other people’s decisions. Your role is to provide a compassionate space where they feel supported and connected. While you cannot guarantee an outcome, offering your care and guiding them toward professional help can make a meaningful difference.

6. **“I wouldn’t know how to respond.” or “It would be easier if I knew what to say.”**
   It’s normal to feel uncertain about what to say in such sensitive situations. However, there is no perfect script for these conversations. Simply being present, listening without judgment, and showing empathy are often enough. If you feel unsure, you can acknowledge this while emphasizing your willingness to listen and support. For instance, saying, “I might not have the right words, but I’m here for you,” can be incredibly impactful.

## Personal Experience: Slide 18

In response to the barriers discussed and to share some real-life experiences, this section will focus on a personal encounter with suicide.

The workshop was developed by Erasmus University student Selina as part of the research project ‘Conversations that Save Lives’. She has personal experience with suicide and her lived experience played an important role in the creation of this workshop. Her story can be shared to inspire meaningful discussion:

> *“I have been suicidal myself, and when I was having those thoughts, I really missed being able to talk about it with the people around me. Later on, I discussed this with my friends, and they admitted that they didn’t want to ask me about it because they were scared to make it worse. So, if you come from a good intention, there is not much you can say that will make it worse. Asking about it directly definitely does not make it worse. It also won’t put the idea of suicide in someone’s head if they aren’t already suicidal.”*

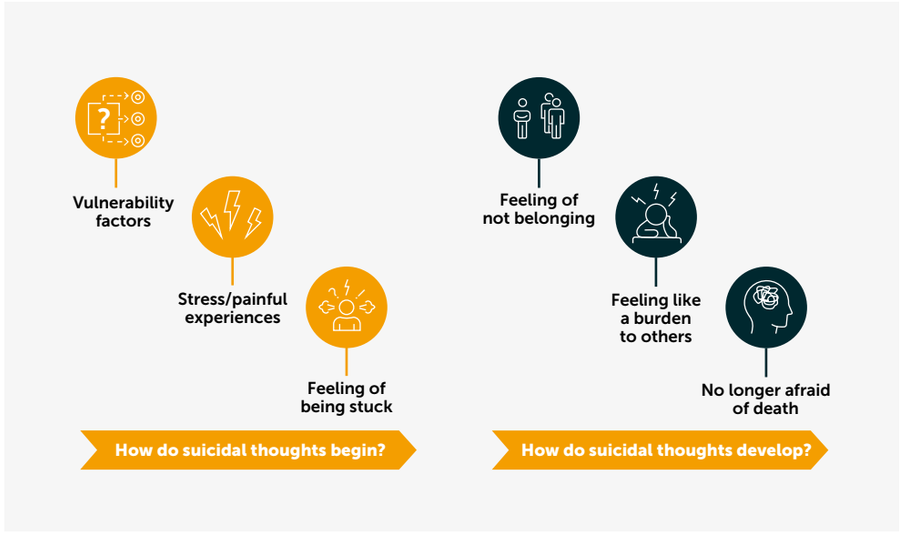
If you or someone in your group is comfortable sharing their own story, you can adjust this section to include their experience. Personal experiences help break down barriers and emphasize that asking about suicide directly is both compassionate and impactful.



## 3. The experiences and progression of suicidality

Now that we have discussed the common misconceptions about suicide and how they create barriers, let us build a genuine understanding. In this part, we aim to describe how suicidal individuals feel and what they are going through. When you talk to someone who is suicidal, it is important to have an understanding of their experience—what is happening, why, and what it might feel like for them. Although everyone’s experience is unique, research has identified some general patterns. Accordingly, we will use two psychological models to explain (1) the development of suicidal thoughts, and (2) the process of suicidality.

## Model: Development of Suicidal Thoughts: Slide 20




This model consists of two parts: the left side illustrates how suicidal thoughts arise and the right side shows how these thoughts can develop further.

**Discuss the left part of the model first, followed by the right.**

### How Suicidal Thoughts Arise

Suicidal thoughts can arise in several ways. Usually, they result from a combination of factors:

- **Vulnerability factors:**
  - Biological factors: issues with the serotonergic system or a predisposition to depression.
  - Psychological factors: coping mechanisms or emotional regulation.
  - Socialfactors: a lack of belonging or insufficient social support.
- **Stress/painful experiences:**
  - Suicidal thoughts often originate from stressful or painful experiences, such as loss, loneliness, or mental health issues.
  - How individuals respond to these stressors varies; some people are more sensitive to such experiences than others.
- **A feeling of being stuck:**
  - The combination of vulnerability factors and stress can lead individuals to feel trapped in their problems. This overwhelming despair may make suicide seem like the only solution.

### How Suicidal Thoughts Develop

Once suicidal thoughts begin, they can intensify due to:

- A sense of not belonging.
- Feeling like a burden to others.
- A growing belief that they would not be missed.

As these thoughts persist, the idea of death becomes less frightening, and the risk of suicide or an attempt increases.



## Model: Process of Suicidality: Slides 21-22


This model illustrates how suicidality develops from thoughts to actions. As overwhelming despair grows and suicide feels like the only solution, suicidal thoughts may evolve into a wish to die. This wish then turns into a plan, followed by concrete preparations for suicide.

### Steps in the Process:

- Suicidal thoughts develop.
- These thoughts become a wish to end one's life.
- The person formulates a plan, thinking about the time, method, and other arrangements.
- They prepare for suicide, which may include actions such as visiting friends or family, putting finances in order, or writing notes.
- They may then attempt suicide, which could result in death.

The further along someone is in this process, the higher the risk of suicide. Importantly, the first three stages (thoughts, wish, and plan) often remain internal, making them difficult to observe from the outside. This is why suicide can appear sudden and unpredictable. However, the process works like an iceberg: what is visible above the surface represents only a small part of a much larger underlying struggle.

**When You Open a Conversation About Suicide:**

Imagine someone is in the phase of forming a wish based on their suicidal thoughts. By asking them whether suicide is on their mind, you make the earlier, invisible phases visible. This opens the opportunity to offer help and support earlier in the process, at a point where the chances of attempting suicide are lower.

- In these earlier phases, the person may not yet be fully committed to suicide and might still consider other solutions.
- They may be more open to seeking professional help and engaging in conversations about their distress.
- The later the stage, the more convinced the person might be that death is the only solution.

**Move to the next slide:**


When you ask someone whether suicide is on their mind, you shed light on these earlier phases. While this might not stop their suicidal thoughts, it can reduce their sense of isolation. By giving them the opportunity to talk about their feelings, you create a sense of connection and support.



**Key Takeaways:**

These models summarize the unseen processes behind suicidality and emphasize the importance of initiating conversations about the topic. By making the invisible visible, these conversations can save lives. This understanding leads us to the next part of the workshop: learning practical skills to ask someone whether they are experiencing suicidal thoughts and how to offer help if they are.

## 4. Recognizing warning signs and offering support - REACH OUT

This is the heart of the workshop. Here, we introduce the 'REACH OUT' method, a structured, step-by-step plan designed to guide participants in having conversations about suicide. This method provides a clear framework for initiating difficult discussions, recognizing warning signs, and offering hope and support.

To help remember the steps, the acronym 'REACH OUT' has been created.

**The five steps are:**

**Go through each of the steps one by one and make sure each one is clear for everyone before you continue. This part focuses more on teaching, so less interactive participation is required, but encourage questions to clarify doubts.**

## 1. Recognize: Slide 25

The first step of the 'REACH OUT' method is 'Recognize.' Before initiating a conversation about suicide, it is crucial to identify clues or warning signs that someone may be struggling with suicidal thoughts or behavior. Recognizing these warning signs is the first key step to effective interventions.

Warning signs often present as changes in behavior, direct or indirect statements, and the presence of risk factors:

- **Behavior changes:** These can be subtle or significant and may take different forms:
  - **Withdrawal:** Avoiding interactions or isolating from loved ones
    Explanation: Isolation can reflect overwhelming feelings of hopelessness, a sense of burdening others, or a desire to avoid social situations that feel unmanageable.
  - **Sadness:** Persistent low mood that affects daily functioning.
  - **Risky behaviors:** Increased use of drugs or alcohol, reckless driving, or other actions that indicate a disregard for personal safety.
    Explanation: These behaviors may indicate emotional pain or act as a subconscious cry for help.
  - **Sudden cheerfulness:** Unexpected happiness or calmness after a period of despair.
    Explanation: This can be misleading, as it may reflect relief after deciding on suicide, rather than genuine improvement.

- **Statements:** Pay attention to both explicit and subtle expressions of distress:
  - **Direct statements:** Clear expressions of suicidal thoughts, such as: "I don't want to live anymore" or "Life is not worth it."
  - **Subtle statements:** Less obvious remarks, such as: "I'm done" or "I don't know how to go on."

- **Risk Factors:** While not causes of suicidality, these indicators can increase risk:
  - **Personal history:** Previous suicide attempts or mental health conditions like depression.
    Explanation: Past attempts significantly increase risk, while mental health conditions affect emotional regulation and coping ability.
  - **Recent life events:** Loss of a loved one, financial stress, or career setbacks.
    Explanation: Such events can overwhelm coping mechanisms, particularly for those lacking social support.



  - **Social environment:** Exposure to suicide within a person's social circle or in the media.
    Explanation: Exposure to suicide can increase the risk of suicidal thoughts. This is especially true if someone identifies with the person who has died by suicide, because they can believe that suicide might be a way to escape their own struggles.
  - **Demographics:** Certain groups are statistically more at risk for suicide, such as men, young people or the elderly.

Suicidal ideation rarely stems from a single factor. It is typically the result of a combination of emotional, social and biological influences. For example, you will not suspect all your young, male peers to be suicidal. However, if one of your young, male peers (demographic risk factor) experiences multiple career setbacks (distressing life events risk factor), while having few friends and little connection with their family (lacking social support risk factor), it can serve as an important heads-up that their situation is especially difficult. Recognizing the combination of these factors can prompt you to become more aware of behavioral changes and communication, and to address the topic with the person if you suspect they are suicidal.

## 2. Ask the Question: Slide 26

The second step is 'Ask the question', which focuses on how to ask someone if they are suicidal.

Asking about suicidal thoughts should be as direct as possible. This reduces the chance of misinterpretation and increases the likelihood of an honest answer. People who are asked directly are more likely to respond honestly. Things to take into account when asking the question:

- **Direct:** Ask the question as directly as possible, for example, "Are you thinking about suicide?" People are more likely to be honest when asked directly.

- **Clarity is essential:** Avoid vague or ambiguous questions, such as, "Are you feeling okay?" Instead, ask directly, "Are you thinking about suicide?"

- **Don't Be Afraid:** Address the topic openly and show that you are open to the conversation. Remember, there is no harm in asking. You show openness and care, which can strengthen the bond and trust, also if the person is not suicidal.

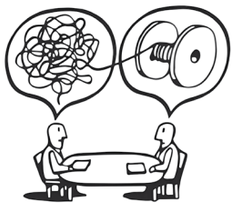
- **Non-stigmatizing language:** Avoid language that reinforces stigma, such as "You're not thinking of doing something silly, are you?" Instead, use clear and non-judgmental phrasing like, "Are you thinking about taking your own life?" or "Are you feeling suicidal?" Also, when discussing suicide, opt for respectful and neutral terms.
  - Use "died by suicide" or "took their own life" rather than "committed suicide" as the latter carries connotations of crime and sin.

  - Use "fatal" and "non-fatal suicide attempt" instead of "successful" and "unsuccessful attempt,". Referring to a suicide attempt as "successful" implies that death is an achievement, while "unsuccessful" can suggest that the person has failed at something they intended to accomplish. These terms can unintentionally reinforce harmful narratives about suicide.

## 3. Connect with despair: Slide 27

The third step is 'Connect with despair'. Here the aim is to explore the feelings of despair that the other person is experiencing and to understand their current state.

A visual metaphor can be used to illustrate the goal of this step:



This picture symbolizes how talking about feelings of despair can help the individual gain clarity and create more mental space.

The aim at this step is to gather as much information as possible about how the person is feeling and why they feel that way. Explore what is the most distressing for the other person with questions such as:

- "What's going on?"
- "What is most difficult right now?"
- "What would you like to get rid of the most?"

It is also crucial to understand where the person finds themselves in the process of suicidality (refer back to the pyramid model discussed earlier). Gaining insight into any plans they might have regarding suicide can provide valuable context for assessing the level of risk and clarifying their state of mind. For example:

- "Do you have a concrete plan?"
- "How long do you think you can keep going like this?"



Keep asking questions and don't be afraid to ask too much. When you think you've asked enough, ask one or two more questions. This can help the other person feel truly heard and understood. To get the most out of this part of the conversation, keep the following tips in mind:

**Do's:**
- Ask open-ended questions.
- Listen attentively and with empathy.

**Don'ts:**
- Don't try to solve the other person's problem.
- Don't give unsolicited advice.
- Don't judge or dismiss the other person's feelings.

Sometimes it is difficult to explore and listen to the other person's despair without trying to solve their problems. Showing empathy with sentences like "It must be really hard for you now" or "I can't even imagine what you are going through" never causes harm, and they are a good way to respond without giving advice or trying to solve the problem.

## 4. Hope connection: Slide 28

The fourth step is 'Hope connection', where the focus shifts from talking about the negative feelings of despair to reconnecting the other person with hope while still acknowledging the despair.

Often, when someone is suicidal, they feel disconnected from their feelings. In this part of the conversation, you help them reconnect with positive emotions and memories and thereby help them regain hope.

How to introduce hope:
- Ask about loved ones, things they like, pets, memories. For example:
  - "Who are the most important people in your life?"
  - "Can you describe your relationship with them?"
  - "What are your favorite memories?"

- Look for signs of positive engagement (e.g., smiling or reminiscing) and encourage them to reflect on these aspects further. Avoid making them feel guilty or invalidated for experiencing despair. Remember, introducing hope does not erase their pain-it simply offers a temporary light in the midst of their struggle.

## 5. Offer support: Slide 29

The final step is 'Offer support'. Here, participants learn how to guide the person towards identifying the next steps that best suits their needs. This involves summarizing the conversation, reinforcing any positive aspects discussed, and collaboratively exploring a course of action. Again, the goal is not to solve their problems but to ensure the person feels supported and knows that help is available.

Ask open-ended questions that help the person reflect on what they need. For example:

- **"And what now?"**
  This question helps the person think about what to do next.

- **"What do you need next?"**
  This helps to guide the person towards practical steps they can take.

- **"What will you do after this conversation?"**
  This encourages the person to think ahead and evaluate the safeness of the situation.

- **"What has helped you stay safe before?"**
  This helps the person draw on past experiences or coping strategies that might be helpful again.

**Important reminders for participants:**

- **You are not responsible for another person's choices.**
  While you can offer support, you cannot control the other person's actions. The decision to seek help or take further steps lies with the person who is struggling, not with the person who is offering their support.

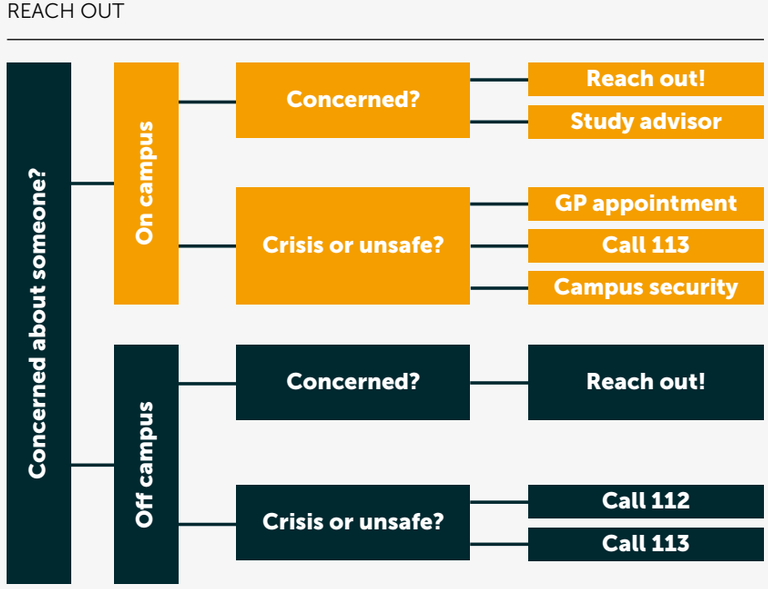
- **Their wellbeing is not your responsibility.**
  While it is natural that you want to help someone, you are not expected to solve the other person's problems or take on their emotional burden. Offering support means creating a safe space for open dialogue and encouraging the individual to seek professional help.

- **Talking about suicide is difficult. Ensure that you also look after yourself.**
  Engaging in conversations about suicide can be emotionally challenging. It's important to take care of your own emotional wellbeing afterward. Make sure to talk to someone you trust and share the responsibility. You don't have to handle everything on your own.



## Concerned about someone? Slide 30

We have created a flowchart specifically designed for Erasmus University Rotterdam students to guide them in determining the appropriate steps to take when they are concerned about someone. The flowchart distinguishes between on-campus and off-campus situations, as well as different levels of urgency.




**Given different educational organizations may have different resources and protocols, we encourage you to adapt the flowchart to your specific setting. In the presentation, a slide with a template is provided for this purpose.**

**When customizing the flowchart, consider the following:**

- Availability: suicide can happen at any time, so ensure resources are available 24/7 for urgent situations.
- Context: take into account where the situation occurs: on or off campus.
- Levels of concern: address varying levels of urgency, from general concerns to crises.
- In-house support: identify resources within the institution, such as first aid responders, emergency response teams, campus security, student psychologists, counsellors, well-being officers.
- External resources: general support services, such as: GP, emergency number 112, crisis hotline 113.

## Practice with simulated conversations - Role-play

Suicide prevention and supporting individuals in crisis are skills that require practice. In this section, participants will apply their newly gained knowledge through role-playing exercises. The role-play will consist of one or two rounds. Ideally, participants will work in groups of two, with one playing the role of the listener and the other playing the struggling peer. If the number of participants is uneven, a group of three can be formed where one participant will observe the interaction and offer feedback afterwards.

To help participants immerse themselves in their roles, we provide example cases (short scenarios) that offer context about the situation participants will act out, such as the struggles the peer is facing and the possible warning signs that they show. These scenarios are designed to guide participants and make it easier to empathize with the roles they are playing. The provided four scenarios vary in terms of gender, background, and warning signs, however, workshop facilitators are welcome to adapt the cases or create their own to better suit the specific group of participants.

Each round allows participants the chance to practice asking direct questions, recognizing signs of distress and offering support. Participants will swap roles between rounds so that everyone gets the opportunity to practice both roles. This ensures that each person experiences both the challenge of being the listener and the vulnerability of being the struggling peer.

It is important to acknowledge that engaging in these types of conversations can be challenging, especially for those doing it for the first time. This is why it is so important to practice in a safe and supportive environment. The role-play aims to help participants build the necessary skills and confidence to approach conversations about suicide in real life. By practicing in a controlled setting, they will feel better prepared when they encounter similar situations in real-life.



**Go through the instructions and answer any questions participants may have.**

### Instructions for participants:

- **Explanation of role-play:** A role-play is a practical exercise where you act out a specific case or scenario to practice skills in a realistic, but safe and supportive environment. The goal of role-playing is to help you apply what you have learned, explore how you might respond in a real-life situation, and become more confident in handling sensitive conversations.
- **Get into pairs:** One participant will play the listener, and the other person will play a peer who may be suicidal.
- **Go through the 5 steps of REACH OUT:** Use the flyers with the steps and suggested questions to guide you.
- **Get into the character:** Focus on the situation and empathize with the character, but don't worry about getting every detail of the story right.
- **Switch roles:** After the first round, participants will switch roles so that everyone has a chance to be the listener.

**Emphasize that feeling uncomfortable at first is normal. Each attempt helps participants become more equipped to handle conversations about suicide in the future.**

**Scenario 1:**

John is doing his master's in marketing. He has been struggling to find a job. He faces constant job rejection and feels like a failure. His student loans are piling up, adding to his stress. He has always been the "successful" one among his friends and family so opening up about it feels like admitting defeat. John feels trapped and thinks there is no other way out. He started isolating himself, withdrawing from social activities, and ignoring calls and messages from his loved ones.

**To get the conversation started, give participants a prompt.** For example:

> *You run into John, who seems down. The listener can now start the conversation by using the first step: recognize. For instance: "Hey John, you seem kind of down lately."*

**If students are unsure how to start, encourage them to just give it a try. The aim is to practice, not perfection.**

Each round will take up a minimum of 10 minutes and a maximum of 20 minutes in total. The exact duration depends on the time available for the role-play sessions.

**Notify participants 2 minutes before the time is up. If the students have not yet gotten to step 2: ask the question, encourage them to get to that step so that everyone has asked the question during this round.**

**The role-play ends with a debrief. You can use the questions on the PowerPoint to start the debrief.**

- Ask participants playing the struggling peer first. How did it feel to be asked these questions?
- Then ask the listeners. How was it to ask the question?
- Ask at least two participants from each role. Were there similar experiences?

**Discuss what was challenging, what worked well and what can be applied to real-life conversations. Is there anything they need before continuing to round 2?**

After completing the first role-play, participants will now move on to scenario 2, where the roles will be switched.

## Instructions for participants:

- **Switch roles:** if you were the struggling peer, you will now be the listener. If you were the listener, you will now be the struggling peer.
- **Start the conversation:** you will begin by recognizing signs of distress in the struggling peer and asking about her feelings.
- **Apply REACH OUT:** make sure to go through all five steps of the REACH OUT method.
- **Focus on the flow** of the conversation and remember that it is okay if it still feels uncomfortable.



### Scenario 2:

Emily is studying law. She used to be outgoing and involved in various extracurricular activities, but lately, she has been feeling overwhelmed by the difficulty of the coursework. She is afraid that she will not pass this academic year and disappoint her parents who have high expectations for her academic success. She is constantly comparing herself to her peers thinking that she will never be enough. Recently she has started having thoughts of giving up altogether.

**Again, to get the conversation started, you can give students a prompt.** For example:

*You notice Emily has been distant and withdrawn lately. You have been friends for quite some time, and you are concerned. Begin by recognizing the signs.*

**Notify participants 2 minutes before the time is up. If the students have not yet gotten to step 2: ask the question, encourage them to get to that step so that everyone has asked the question during this round.**

**Just like the first one, this round is also closing with a debrief. Use the questions on the PowerPoint to start the debrief.**

- How did you feel in your new roles? Did switching roles change your perspective?
- Ask those playing the struggling peer first. How did it feel to be asked these questions?
- Then ask the listeners. How was it to ask the question?
- Ask at least two participants form each role. Were there similar experiences?

**Discuss what was challenging, what worked well and what can be applied to real-life conversations.**

### Scenario 3:

Liam is a 22-year-old engineering student. He recently experienced a breakup with his long-term partner, which has left him feeling emotionally devastated. His grades have started slipping, and he feels ashamed about not living up to his usual academic standards. Liam has also been struggling with chronic pain from a sports injury that prevents him from engaging in his favorite hobby—playing basketball. With limited social support and no outlet for his stress, Liam has begun to withdraw from friends, skipping classes and avoiding any form of communication. He feels like his life is spiraling out of control and has started to think that things would be easier if he were gone.

### Scenario 4:

Sophia is a 19-year-old international student majoring in computer science. She feels isolated as she struggles to adapt to life in a new country far from her family and friends. Her cultural background discourages open conversations about mental health, making it

difficult for her to express her feelings. Despite working tirelessly, Sophia is having trouble keeping up with her coursework and feels like she's failing to meet her own expectations. She also works part-time to support herself financially, leaving her exhausted and with little time to form connections. Recently, Sophia has started to feel hopeless and has begun searching online for ways to cope with the overwhelming stress.

## Closing the workshop

In the final part of the workshop, participants are given the opportunity to reflect on their experiences and the insights they have gained. This is important in ensuring they feel prepared to engage in meaningful conversations about suicide. It also allows them to address any areas of uncertainty or lingering questions and evaluate the effectiveness of the workshop.

**Invite participants to think about their experiences and how their understanding has evolved. Facilitate an open discussion where they can share their thoughts.**

- Do you feel more prepared to enter into a conversation like this with a peer?
- Why or why not?
  - If not, what additional support or information do you feel needed?

**Remind them that developing these skills takes time and ongoing practice. As the discussion concludes, thank participants for their presence and their openness to learning about this topic.**

**Some participants may prefer to share questions or remarks privately with facilitators. When planning the timing, consider allowing extra time for these one-on-one interactions after the workshop concludes.**



## FAQ

Throughout the workshop, participants may have questions. To help you address these, here we have compiled some potential questions along with suggested responses. Having these responses prepared can help you provide clear and supportive guidance during the workshop.

- **What do I do if someone stays reluctant to talk?**
  If someone is reluctant to talk, respect their space but continue to offer your support. Let them know you are available whenever they feel ready to open up. Sometimes people need time to feel comfortable sharing their feelings, but your consistent support shows you care and are there for them.

- **What if the other person wants me to keep what we discuss a secret?**
  Explain that you respect their privacy but may need to share their situation with someone who can help. Emphasize that their safety is your priority and that involving others is sometimes necessary to get them the support they need.

- **What if I'm worried that someone wants to act immediately?**
  If you believe someone is at immediate risk, call emergency services (112) without delay. You can also contact 113 for advice. Both services provide English-speaking support, so they are accessible for international students.

- **What if someone denies that they are suicidal, but I'm still worried?**
  Continue to express your concern and offer support. Let them know you care and are there for them. Even if they deny being suicidal, encourage them to seek professional help or talk to someone they trust.

- **What if I don't know the person well, but I'm concerned about them?**
  It's okay to reach out even if you're not close. Be honest and tell them you're concerned about their well-being. You don't have to be a close friend to offer support; you can help by encouraging them to talk to their loved ones or seek professional help.

- **What can I do if someone doesn't want to seek professional help?**
  Respect their wishes but continue to offer your support. Gently encourage them to consider professional help, explaining that trained professionals can provide the assistance they need. Offer to help them find resources or accompany them if that feels appropriate. Reassure them that seeking help is a sign of strength, not weakness.

- **How can I tell the difference between typical sadness and warning signs of suicide?**
  Typical sadness is often temporary and tied to specific events, while suicidal warning signs are more persistent and severe. Look for significant changes in behavior, withdrawal from others, or expressions of hopelessness. Patterns that impact daily functioning or safety should raise concern.

- **How do I respond if someone gets angry or defensive when I ask about suicide?**
  Stay calm and express empathy. Let them know you are asking because you care about them. Avoid being confrontational and reassure them that your intention is to support, not judge.

- **How do I follow up after offering support? Should I check in regularly?**
  Yes, follow up with the person a few times. When concluding a conversation, you can agree to check in with them soon to see how they're doing. Let them know they're on your mind and that you're available to talk. However, remind yourself that ongoing care is not your responsibility and encourage them to seek professional help.

- **What resources should I recommend to someone who is struggling?**
  Suggest professional resources such as therapists, crisis hotlines, or local mental health services. If applicable, mention study advisors, who can help students navigate academic or personal challenges and refer them to appropriate services.

- **What if I feel overwhelmed after a difficult conversation about suicide?**
  Take care of yourself. Talk to someone you trust, debrief with a colleague or friend, and seek support if needed. Remember that the suicide prevention hotline (113) is also available for those indirectly affected by suicidality. Feeling emotionally drained is normal, so practice self-care and set boundaries.

- **What if I make a mistake during the conversation or say the wrong thing?**
  It's okay to make mistakes. The most important thing is showing you care and are willing to listen. Apologize if needed and continue the conversation with empathy. You can also be honest and say, "This is hard for me to put into words, but I want to help and listen."

- **How can I build confidence in having these conversations?**
  Familiarizing yourself with the REACH OUT method will help you feel more prepared (see the flyer). Discussing the topic with trusted friends or family can also make it feel less taboo and normalize talking about suicide.



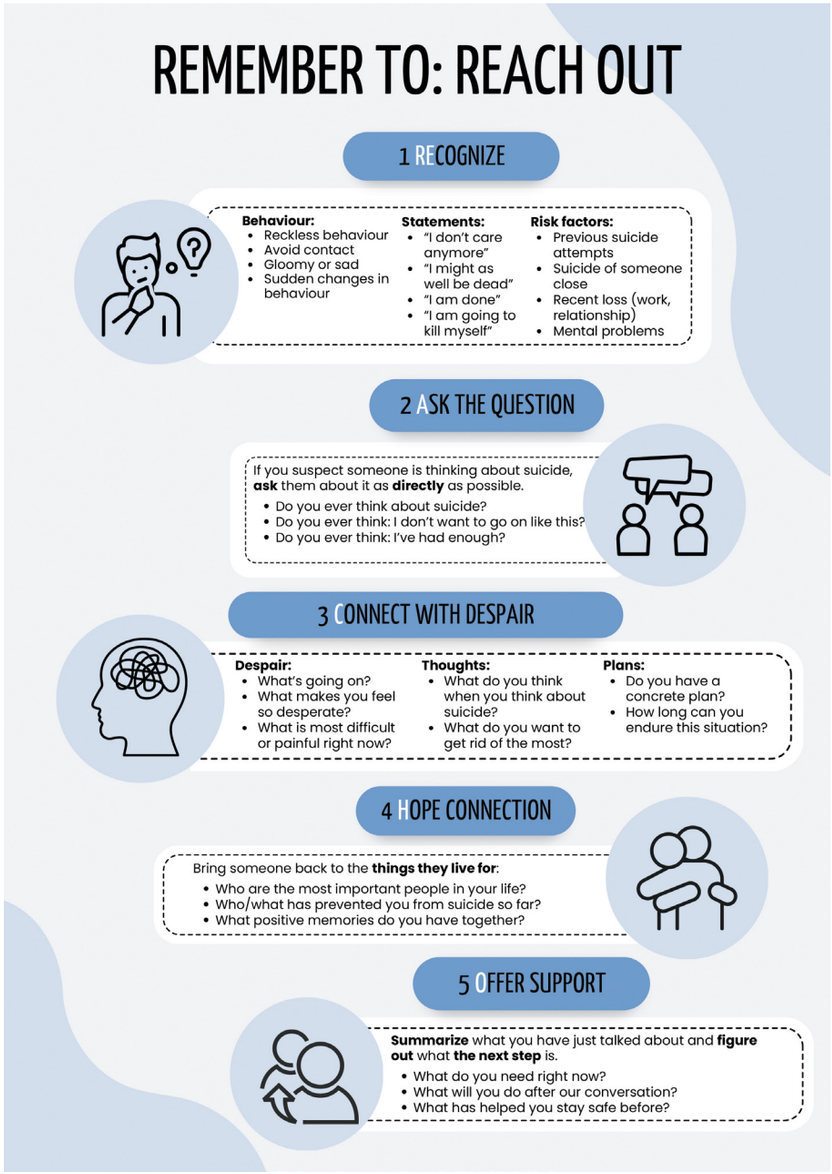
- **What role does culture or personal background play in how I approach these topics? Is it different, for example, when talking to men or women?**
  Cultural and personal beliefs about mental health and suicide can vary widely. Approach these conversations with sensitivity and respect for the individual's background, but always prioritize openness, care, and directness. A person's safety should take precedence over cultural or personal discomfort.

- **When should I involve emergency services, and how do I decide?**
  If someone has a plan and the means to act on it, or if you believe their safety is at immediate risk, involve emergency services immediately. Trust your judgment.

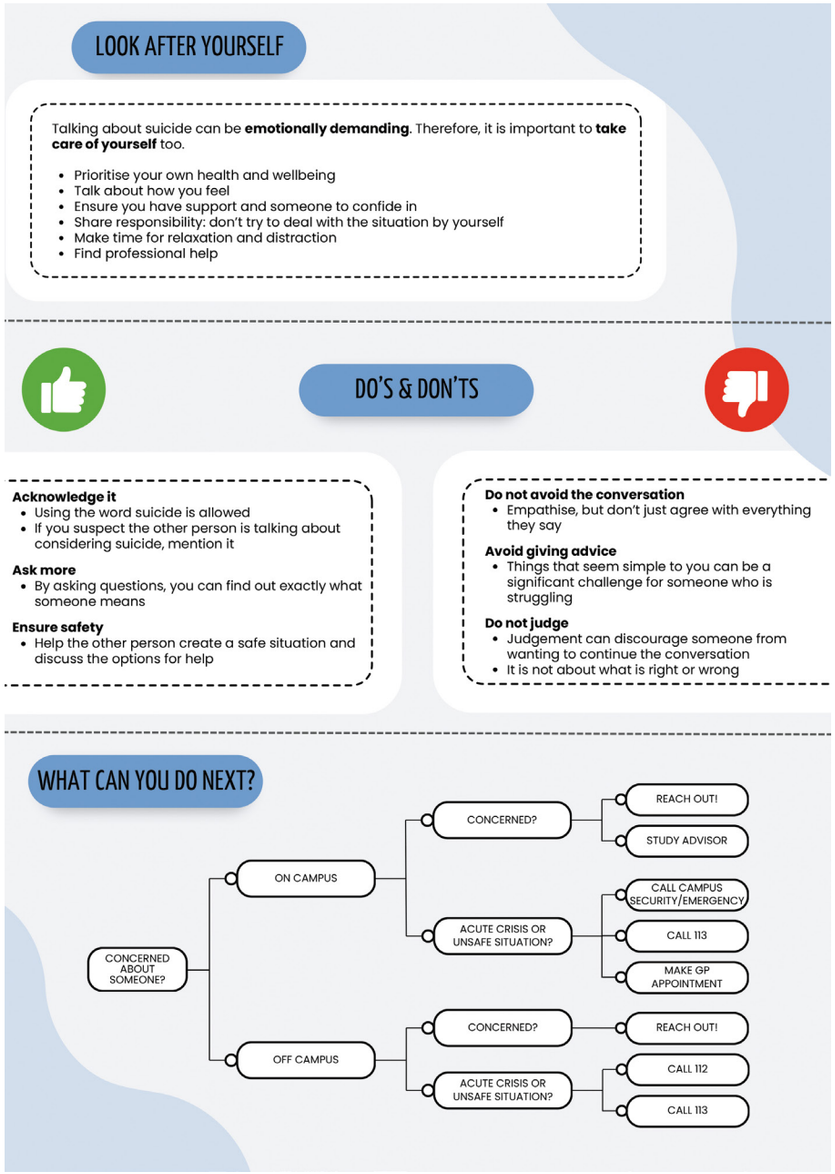
- **Why does the language that we use when talking about suicide matter? And what if I say something inappropriate?**
  The words we choose can shape the way suicide is understood and perceived. Stigmatizing language can reinforce shame, guilt, or misconceptions, making it harder for people to open up about their struggles. Using non-judgmental and neutral terms—like "died by suicide" instead of "committed suicide"—helps reduce stigma and encourages open, compassionate conversations. The goal is not to be perfect with words but to create an environment where people feel safe discussing their feelings without fear of judgment.

# Attachments

REACH OUT flyer





# BREAKING BARRIERS:

# PEER-TO-PEER

# SUICIDE PREVENTION

ERASMUS UNIVERSITY ROTTERDAM



## Help us with our research!

To make sure that our workshops fulfill its purpose, we kindly ask you to fill in our survey now.

We will ask you to fill it in again at the end of the workshop and in two weeks from now.

Students who fill in **all 3 surveys** will have a chance to win one of the **15 euro vouchers**!

## Thank you!

# Who are we...

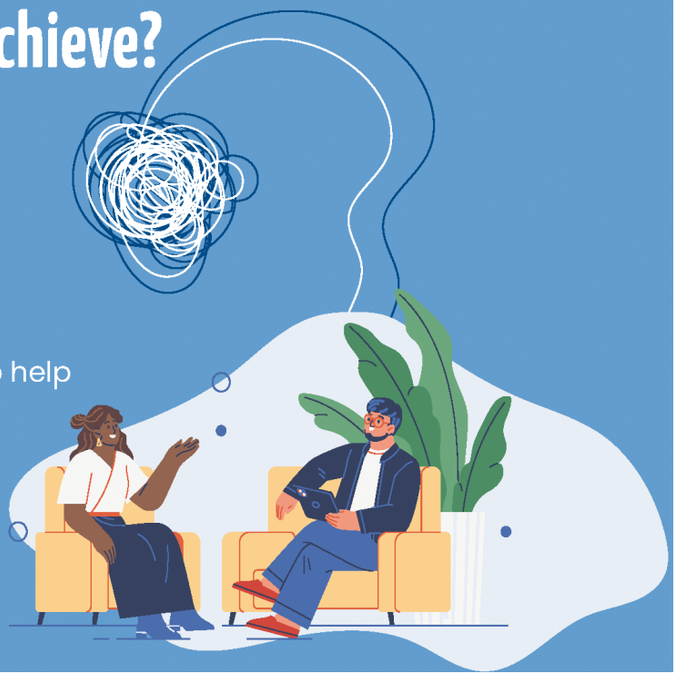
... and who are you?



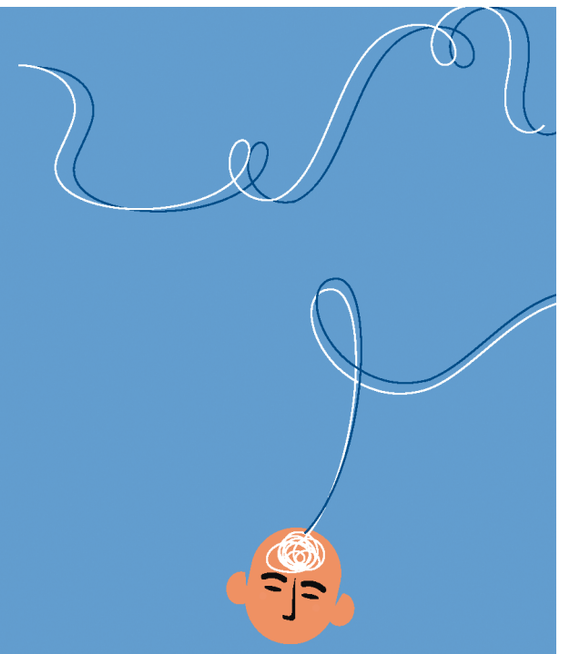


# What do we want to achieve?

1. Break the taboo around suicide
2. Debunk common suicide myths
3. Recognise suicidal symptoms
4. Understand suicidal thoughts
5. Provide practical tools on how to help



# Suicide is more common than you think...

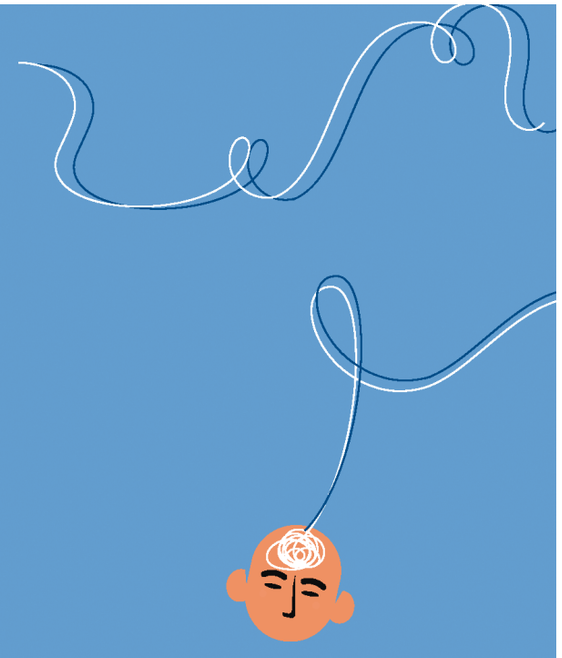


Breaking Barriers - Peer-to-Peer Suicide Prevention

Suicide is more common than you think...

**40**

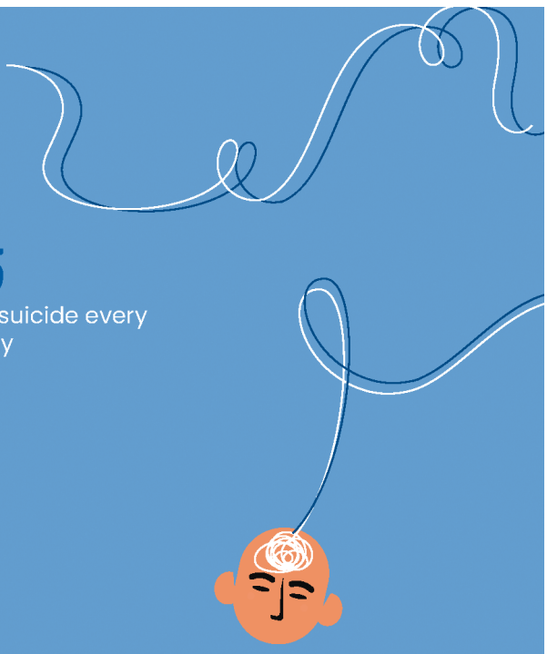
people arrive to emergency room after attempted suicide every day



# Suicide is more common than you think...

**40**
people arrive to emergency room after attempted suicide every day

**5**
people die by suicide every day



Breaking Barriers - Peer-to-Peer Suicide Prevention

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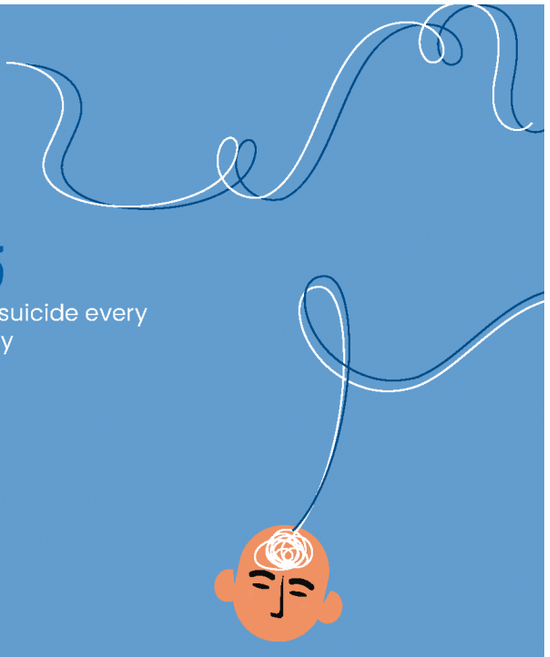

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**60%**
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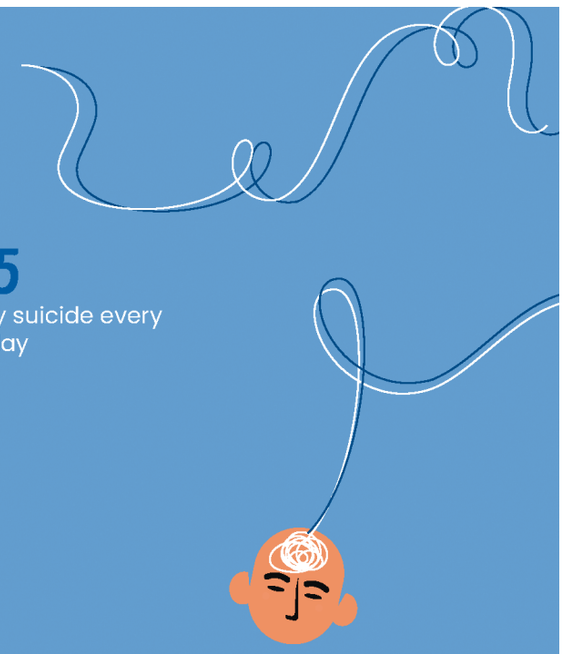

Breaking Barriers - Peer-to-Peer Suicide Prevention

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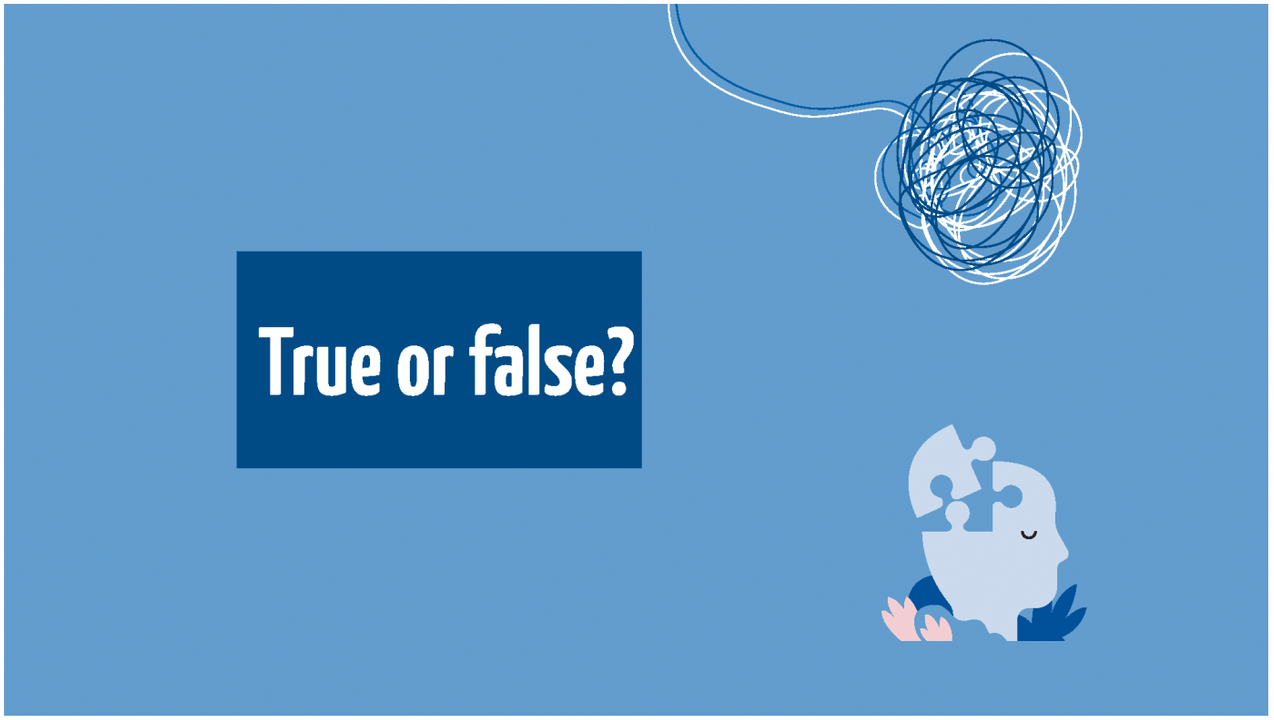
people arrive to emergency room after attempted suicide every day

**5**
people die by suicide every day

**suicide**
is the leading cause of death among people under 30

**60%**
of suicides are not receiving any care by the healthcare system

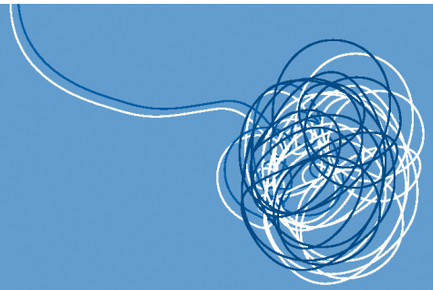
**1/5**
teenager that died in 2022 died by suicide


True or false?



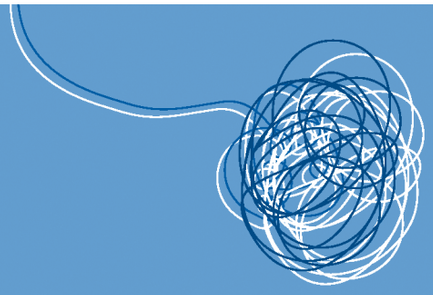

Talking about suicide increases suicidal intentions

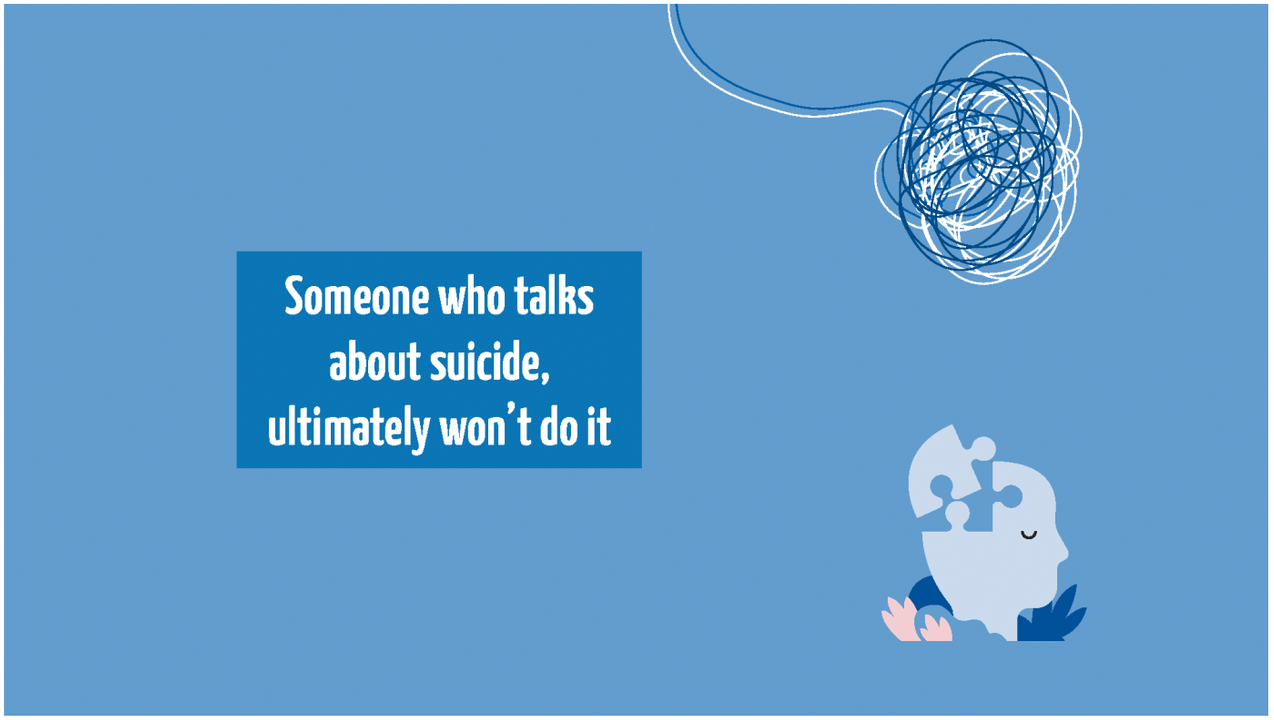
**Suicidal behaviour is always just a cry for attention**



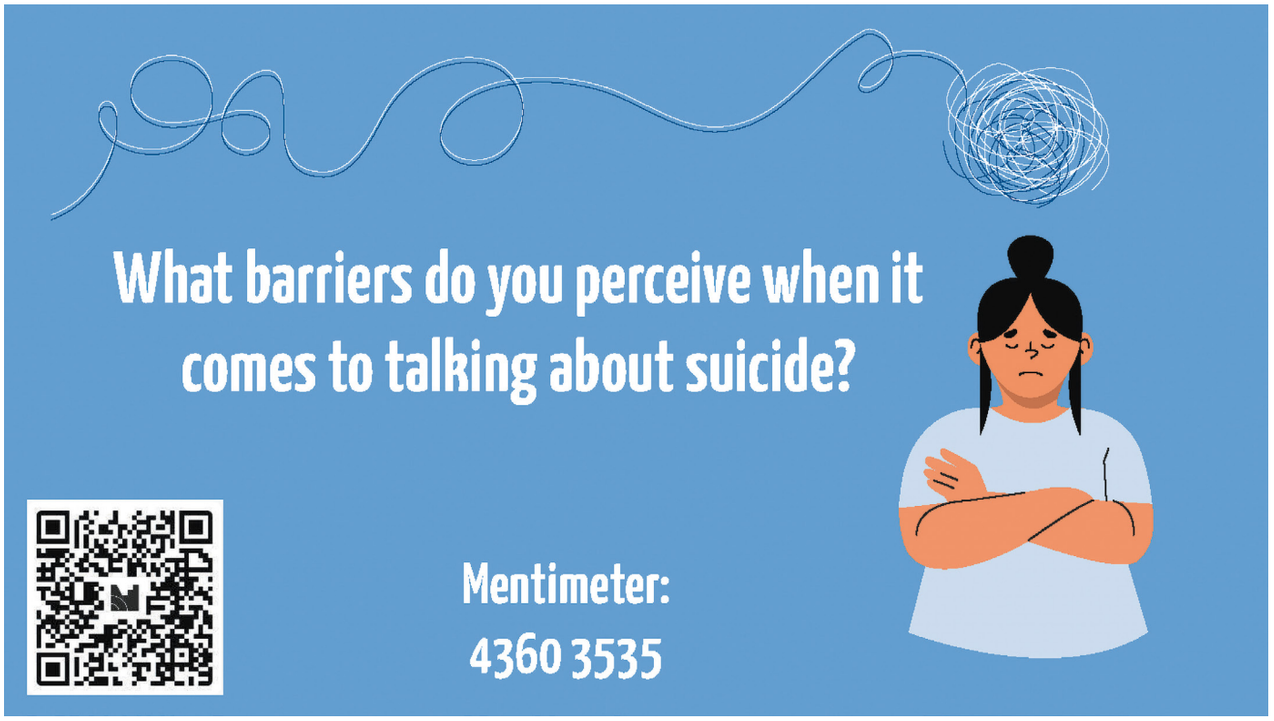


**Suicide always happens suddenly and without any warning signs**






Breaking Barriers - Peer-to-Peer Suicide Prevention



*"I don't want to bring that idea into their heads"*

*"What if I make it worse"*

*"Is my help enough?"*

*" I am afraid they might feel attacked"*

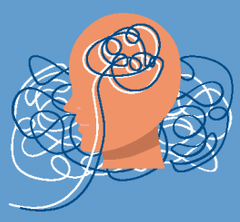
*"What if they are ... and you can't do anything about it"*

*"I wouldn't know how to respond"*

*"It would be easier if I knew what to say"*



# Personal experience



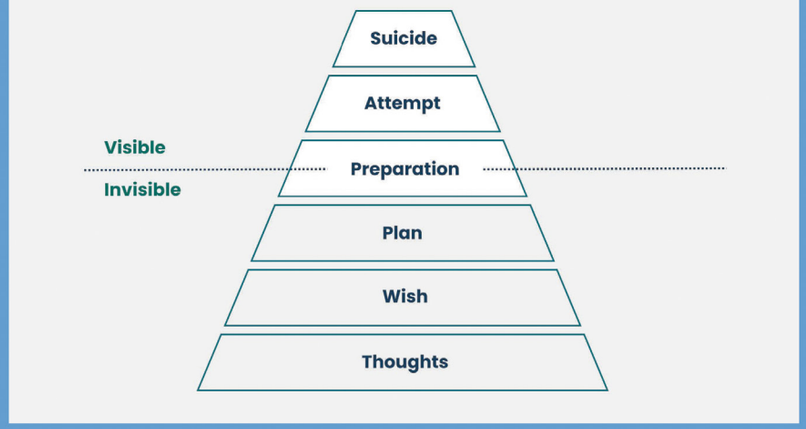
# How do suicidal thoughts develop?

Breaking Barriers - Peer-to-Peer Suicide Prevention



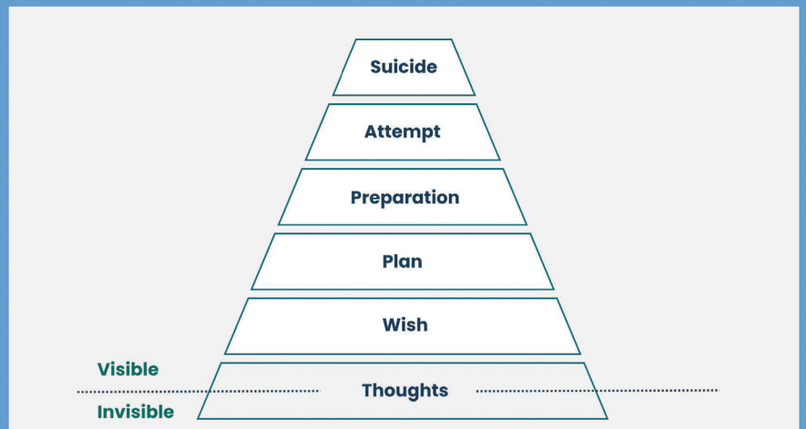
# Model suicidal thoughts

# Model process of suicidality



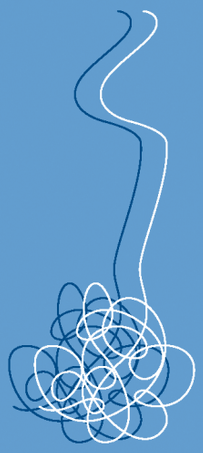

Breaking Barriers - Peer-to-Peer Suicide Prevention

# Model process of suicidality



## The conversation surrounding suicide ideally consist of 5 phases:

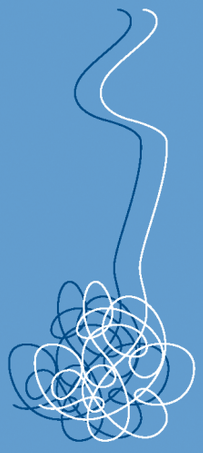
## REACH OUT



Breaking Barriers - Peer-to-Peer Suicide Prevention

## ReACH Out

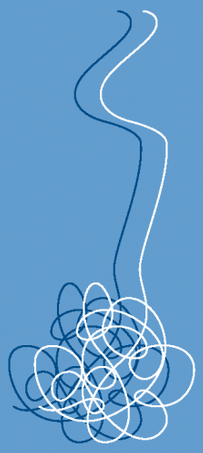
1. **Re**cognize
2. **A**sk the question
3. **C**onnect with despair
4. **H**ope connection
5. **O**ffer support



# PHASE 1: RECOGNIZE

REACH OUT

- ➔ Behaviour
- ➔ Statements
- ➔ Risk factors



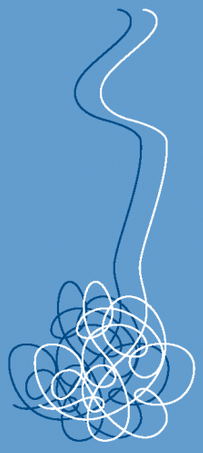




# PHASE 2: ASK THE QUESTION

REACH OUT

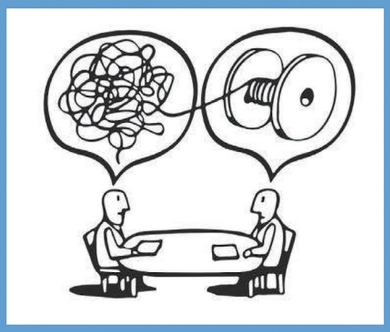
Do you ever think about suicide?



# PHASE 3: CONNECT WITH DESPAIR

(WANHOOP)

REACH OUT





# PHASE 4: HOPE CONNECTION

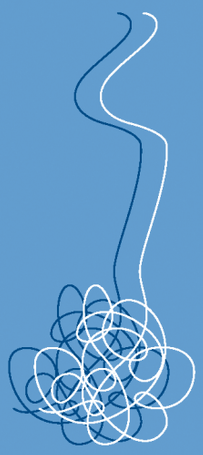
REACH OUT

Bringing someone back to the things to live for

# PHASE 5: OFFER SUPPORT

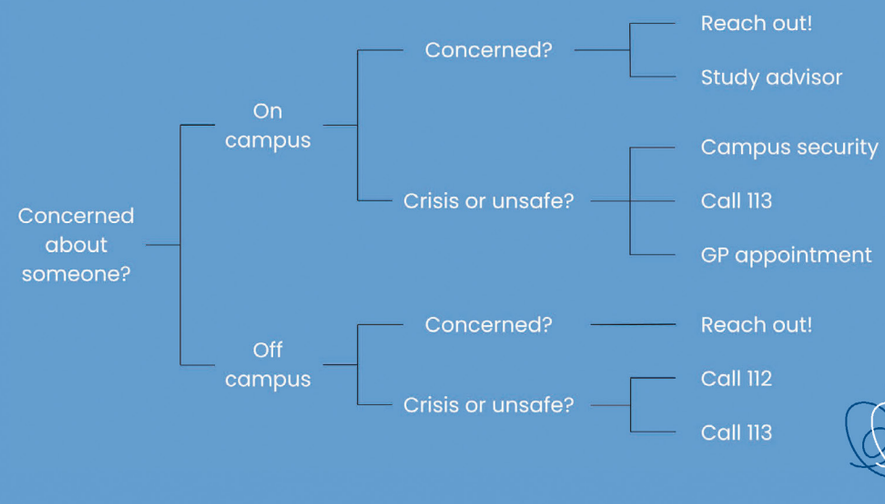
REACH OUT

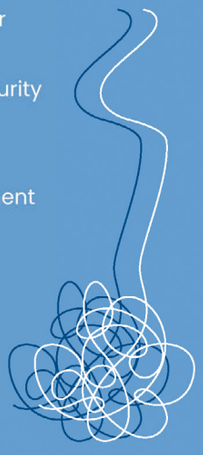
Summarize what you have just talked about and figure out what the next step is





REACH OUT



# Practice
## Role-play

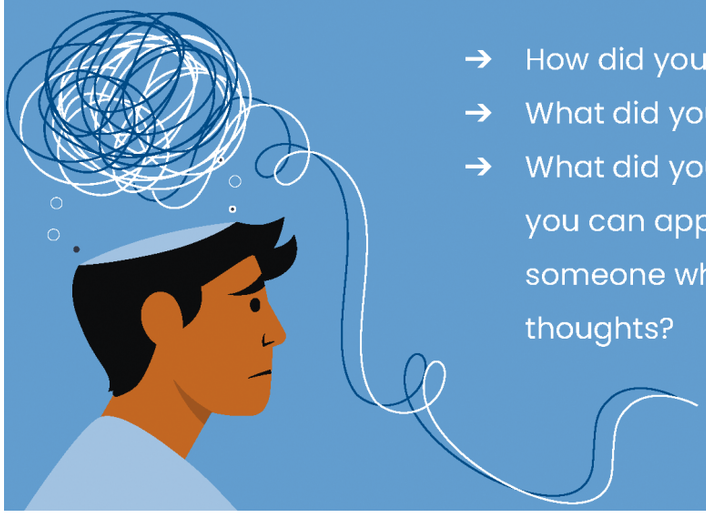
1. **Get into pairs**
2. Remember to go through the **5 steps of ReACH Out**
3. **Get into character** as much as possible
4. **Don't focus on all the details** of the story

Breaking Barriers - Peer-to-Peer Suicide Prevention

# Scenario 1

John is **doing his master's** in marketing. He has been **struggling to find a job.** He faces **constant job rejection** and **feels like a failure**. His student **loans are piling up**, adding to his stress. He has always been the "successful" one among his friends and family so **opening up about it feels like admitting defeat**. John **feels trapped** and **thinks there is no other way out.** He started **isolating himself**, **withdrawing from social activities**, and **ignoring calls** and **messages** from his loved ones.

# Debrief 1



- ➔ How did you feel during the role-play?
- ➔ What did you find most challenging?
- ➔ What did you learn from this experience that you can apply to real-life conversations with someone who may be struggling with suicidal thoughts?



# Scenario 2

Emily is studying law. She **used to be outgoing** and **involved in** various **extracurricular activities**, but lately, she has been **feeling overwhelmed** by the **difficulty of the coursework**. She is **afraid** that **she will not pass** this academic year and **disappoint her parents** who have high expectations for her academic success. She is **constantly comparing herself to her peers** thinking that **she** will **never be enough**. Recently she has **started having thoughts of giving up altogether**.

# Debrief 2

- ➔ Did anything surprise you during the role-play?
- ➔ What aspects of the role-play do you think went well?
- ➔ What areas do you think could be improved?



## Do you feel more prepared to enter in a conversation like this with a peer?

## Why or why not?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SUICIDE PREVENTION
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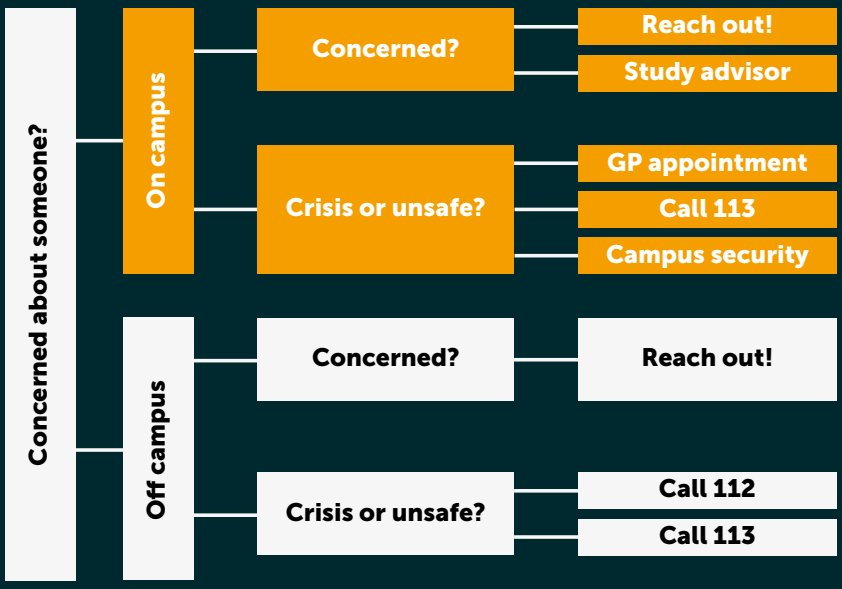
## Notes

REACH OUT




**Erasmus Universiteit Rotterdam**
**Erasmus School of Social and Behavioural Sciences**
Burgemeester Oudlaan 50
3062 PA Rotterdam
Project leader: Ruth Van der Hallen
E supportoffice@essb.eur.nl
W www.eur.nl/essb