

The hardest conversation: Changing the way health-care providers talk about suicide

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By: Suzanne Westover | Posted: August 11, 2026

Only a month after Joy McNabb completed [Talking About Suicide](#) — a refreshed, free, self-directed three-hour course available to all health-care providers — she found herself drawing on her newfound knowledge.

She was caring for a patient at a foot clinic in Fort Qu'Appelle, Saskatchewan, where she works for the File Hills Qu'Appelle Tribal Council (FHQ) as a licensed practical nurse (LPN).

“People are more than a wound, or a diabetes diagnosis, or a chronic illness,” says Joy. “And when you’re sitting with them in a vulnerable space, if you build up trust and confidence, you can become someone they feel safe to confide in.”

This is exactly what happened when the patient she was treating began to talk to Joy about their situation. They had made choices, they said, they wished they hadn’t. They were on a different path now, but they felt lonely and confused. Were they worthy of a better situation? Was there really something to continue to fight for?

“In that moment, having just finished the training, I thought to myself: I can handle this.”

Trust is earned slowly and lost quickly

When Joy discovered the patient was considering self-harm and experiencing suicidal ideation, she slowly floated the idea of a safety plan. “I was cautious. Always conscious of asking for permission. Of listening without judgment.” The relief her patient felt at feeling seen and heard was a turning point.



“I told them, hey, we’ve all had bad days,” say Joy, who allowed herself to be vulnerable to better empathize with her patient. “This is a judgment-free zone. You’re safe here.”

After some consideration, the patient agreed to Joy’s suggestion to build a safety plan. Putting their heads together, they created a blueprint for what to do if the patient felt unsafe again. This was empowering for Joy, and life-changing for her patient.

The Talking About Suicide training, which is informed by people with lived and living experience, left her recasting many of her previous interactions with patients in a new, more compassionate light.

“Now that I know better, I will do better.”

A three-hour investment for a lifetime of confidence

In the feedback we gathered from course participants, the Mental Health Commission of Canada heard from health-care professionals from across the country working in diverse settings, each of whom took something away from the course that has helped them refine their approach to life promotion and suicide prevention.

From Indigenous health services to veteran communities, rural emergency departments to mobile crisis teams working in lockstep with police, these providers are on the front lines where suicide prevention skills matter most.

Today in Canada, 13 people will die by suicide, and nearly half of them will have seen their primary care provider in the four weeks before their death.

A Métis Elder working with both veterans and Indigenous communities described the training as “enlightening” and indicated that it provided new tools and approaches for discussing what he says remains a deeply stigmatized subject in both populations.

For Samira Smith, an LPN in Alberta, the course was revelatory. Once afraid of speaking openly about suicide, she now recognizes that silence is the truly dangerous response.

Her learning has spilled over into her personal life in profound ways. Recently, when her daughter confided that an eight-year-old friend had tried to self-harm, Samira was able to help her daughter’s friend to talk about his feelings and let him know he is loved and never alone — a conversation she says she would have panicked through or avoided entirely before the training.

The long game: Changing the system one provider at a time

As providers learn new language, gain confidence, and build trust, the result can be transformative, both individually and systemically.

For Anna Spilker, a cognitive behavioural therapy (CBT) team lead in Alberta, the training gave her the effective questioning techniques she needed when she encountered a client experiencing active suicidal ideation. Her newfound assurance led her team to overhaul their suicide intervention charting template, ushering in systemic change that will impact countless clients.

Wade Norquay, who works in emergency medicine in rural Prince Edward Island, shared how the training reminded him of the importance of simply taking a moment, no matter how busy the emergency department gets, to be truly present for patients in crisis.

Across providers, a recurring theme emerged. Talking About Suicide does more than build skills. It’s a complete reframe of a worldview that has swept suicide under the rug for too long, labelled it as taboo, and propagated the dangerous misperception that asking even thoughtful, empathetic questions could “plant a seed” of suicidal ideation.

The result is a slow but steady cultural shift within health-care settings that prioritizes what actually works: direct, clear, compassionate language. Naming suicide, asking point-blank about plans and means, and being a non-judgmental listening ear are the best practices that will ultimately help reverse the distressing upward trend we’re seeing in deaths by suicide in Canada.

The impact is measurable: following the Talking About Suicide training, 96 per cent of graduates reported feeling confident about discussing suicide with their clients and patients.

Talking About Suicide is meaningfully changing conversations, creating safe spaces, and building a more empathetic and responsive system, one provider at a time.

“My patient, once experiencing a feeling of hopelessness, is now thriving,” says Joy. “That helps me sleep better at night.”

Learn more: Talking About Suicide: Empowering Healthcare Providers, Instilling Hope in Clients

This free, three-hour self-directed online course is accredited by the College of Family Physicians of Canada and the Canadian Nurses Association and is designed for health-care providers of all

types. Developed with guidance from people with lived and living experience and featuring testimonials from suicide attempt survivors, the training provides practical skills for having direct, compassionate conversations about suicide.

To register: [Talking About Suicide](#)

This training is part of the Mental Health Commission of Canada's broader commitment to suicide prevention and complements the Roots of Hope initiative.

Resources, sources, and documents

[Talking About Suicide – Infographic](#)

[Suicide Prevention Initiatives](#)

Author: Suzanne Westover, An Ottawa writer and former speechwriter, and Manager of Communications at the Mental Health Commission of Canada. A homebody who always has her nose in a book, she bakes a mean lemon loaf (some would call her a one-dish wonder) and enjoys watching movies with her husband and 14-year-old daughter. Suzanne's time with the MHCC cemented her interest in mental health, and she remains a life-long learner on the subject.

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